Learning and Teaching References

1. Personal Needs and Development across Lifespan
2. Health and Well-being
3. Physical Well-being – Healthy Body
4. Mental Well-being – Healthy Mind
5. Social Well-being – Inter-personal Relationship
6. Healthy Community
7. Caring Community
8. Ecology and Health
9. Building a Healthy City
10. Healthcare System
11. **Social Welfare System**
12. Medical and Social Care Professions
13. Health and Social Care Policies
14. Social Care in Action
15A. Health and Social Care Issue – Ageing Population
15B. Health and Social Care Issue – Discrimination
15C. Health and Social Care Issue – Domestic Violence
15D. Health and Social Care Issue – Addiction
15E. Health and Social Care Issue – Poverty
S4 – Concepts and Framework

- Booklet (1) Personal development
- Booklet (2) Health and well-being

S4 – Holistic Health

- Booklet (3) Physical
- Booklet (4) Mental
- Booklet (5) Social

S5 – Macro Level

- Health Management
  - Booklet (6) (8) (9) (10)
- Social Care
  - Booklet (7) (11)

Round-up: Booklet (13) Health and Social Care Policies
### Learning Targets

#### Values and Attitudes
- Make commitments to family, community and groups

#### Knowledge
- Identify and understand the roles of formal and informal care
- Identify the support and services available for people / families in need and suggest other possible means or solutions
- Develop basic understanding of the social welfare in Hong Kong and/or in other regions /countries
Concept of Social Care

Social Care

- Informal social care
  - Booklet (7)
- Formal social care
  - Social Services
  - Social Security

Booklet (11)
11.1 Concept of Social Care

Topic 1 - Personal Development, Social Care and Health Across the Lifespan

1E The need for and the role of social care in the community and the private sphere across the lifespan

- 1E2 The role of social care
- 1E3 Forms of social care

➢ To understand the importance of social care for personal and social well-being

➢ To identify and understand the roles of formal and informal care
Informal Care

- Carers: friends, family members, neighbours or relatives
- Role: Booklet 7 – Social Support Network
- Informal care is usually the first choice to solve problems. Only when it fails, will individuals or families seek help from formal care
Formal Care

- Care:
  - provided by the public/statutory sector, private sector or Non-governmental Organisations (NGOs)
  - provided on an organised and paid basis
  - provided by the carers who are trained e.g. nurses, doctors, social workers, health care assistants

- Role:
  - to provide information and support services
Care provided by Volunteers

Topic 4 - Promotion and Maintenance of Health and Social Care in the Community

4E Volunteers complementing primary / private care

4E3 Community care complementing private care

- Volunteer
  - As a form of demonstrating social concerns and responsibility
  - Roles of volunteers in complementing to the private care

➢ To examine the roles of volunteer in complementing primary care
Care provided by Volunteers

• Voluntary work overlaps the spheres of formal and informal care

• **Roles of volunteers** :
  - *Complementing informal care*: volunteers are trained and organised to provide care services
  - *Complementing formal care*: they do not belong to any organisations and are able to enjoy their autonomy and independence from the government and the market. They do not charge the clients for their services.
11.3 Social Welfare

Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care

3C Implementing health and social care policies

- 3C1 Development of the welfare system in Hong Kong
- 3C3 Responsibilities, financing and structure of public agencies

➢ To explain the welfare system of Hong Kong and comment on its role in policy implementation
➢ To categories and analyse the relevant organizations and agencies
### Social Welfare – Formal Social Care

#### Broad Sense: Social service

<table>
<thead>
<tr>
<th>Housing</th>
<th>Medical and health</th>
<th>Education</th>
<th>Personal welfare</th>
<th>Income maintenance</th>
</tr>
</thead>
</table>

#### Narrow Sense: services provided by the Social Welfare Department (SWD) and Non-governmental Organisations (NGOs)

Social security, family and child welfare services, medical social services, group and community work, services for young people, services for the elderly, rehabilitation services for people with disabilities, as well as services for young offenders etc.
Planning and Funding

Central Planning
(White /green paper– 5-year Plan– Program Plan)

Funding
Planning (Advisory Committees/Executive Council/Legislative Council) – Policy Address– Implementation (Bureau/Departments) – Funding/ Monitoring

2000
Major Change
Lump Sum Grant Subvention
Existing Structure of Planning and Implementation (2009)

- Policy Agenda
  - Welfare Policy
    - Labour and Welfare Bureau
      - Draft Policies
        - Consultation
          - Social Welfare Advisory Committee
          - Rehabilitation Advisory Committee
          - Elderly Commission
          - Women's Commission
        - Decision Making
          (Chief Executive and Executive Council)
          - Legislation
            - Panel on Welfare Service
            - Public consultation
          - Monitor and Implement Policies
            - Social Welfare Department
              - Funding/Monitoring
              - Reporting
            - Non-governmental Organisations
## Categorization of Welfare Services

<table>
<thead>
<tr>
<th>Categories</th>
<th>Examples</th>
<th>Booklets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different Target Groups</td>
<td>Family and Child Welfare Services for the Elderly</td>
<td>11 – Welfare Services in Hong Kong</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation Services for Offenders</td>
<td></td>
</tr>
<tr>
<td>Different Purposes of Intervention</td>
<td>Preventive or Crisis Intervention Center-based or Community-based</td>
<td>14 – Purposes of Intervention and Development of Services</td>
</tr>
<tr>
<td></td>
<td>Integrated or Specialized Services</td>
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<tr>
<td>Different Professional Areas</td>
<td>Outreaching Social Work</td>
<td>12 – Working in Different Professional Institutions</td>
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<tr>
<td></td>
<td>Social Work in Integrated Family Service Centres</td>
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<tr>
<td></td>
<td>Medical Social Work</td>
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</tbody>
</table>
11.4 Social Security

2A Structural issues related to social care

- 2A5 Social security: social security as a safety net, social security systems in Hong Kong, their dependence on politics and economic fluctuations
  
  To identify the support and services available for people / families in need and suggest other possible means or solutions

2D Developments in the health and care industries

- 2D6 Changes in Hong Kong Social Security System

  To understand how the development of health and care industries are affected by the systemic factors, issues and concerns
Concept of Protection (Insurance)

**Present vs Future**

- Income protection in times of uncertainty (e.g. illness, unemployment, maternity, ... etc.) and helping to alleviate individual suffering;
- Distribution of resources over one's lifetime for future possible risks.

**Collective vs Individual**

- Communal/societal pooling of resources for sharing of risk, mutual help in modern industrial society;
- Social stabilisation for economic production;
- Egalitarian income redistribution
Social Security

United Nations
The Universal Declaration of Human Rights

- Everyone, as a member of society, has the right to social security

International Labour Organisation

- Social security is the protection that a society provides to individuals and households to ensure access to health care and to guaranteed income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner.
Types of Protection

Protection

Social Protection

Social Insurance
- Universal

Provident Fund
- Universal

Social Assistance
- The Poor

Personal Insurance / Saving

Individual Protection

Support Network
**Contribution**

**Contributory Programmes**
- Assistance provided is earnings-related
- Social insurance, Provident fund

**Non-contributory Programmes**
- Assistance provided by the government to the vulnerable groups or specific target groups
- Means-tested
  - Needed: subject to the means and needs of the recipients (or)
  - Not needed: a universal rate applied
- Public assistance, old-aged living allowance or old aged allowance
# Social Security in Hong Kong

## Contributory Programmes
- **Retirement Protection**
  - The Mandatory Provident Fund
  - Voluntary savings and insurance

## Non-contributory Programmes
- **Provided by the Social Welfare Department**
  - Comprehensive Social Security Assistance (CSSA) Scheme
  - Social Security Allowance (SSA) Scheme
  - Criminal and Law Enforcement Injuries Compensation (CLEIC) Scheme
  - Traffic Accident Victims Assistance (TAVA) Scheme
  - Emergency Relief

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1995 *Mandatory Provident Fund Schemes Ordinance (MPFSO)*
2000 The Mandatory Provident Fund System came into operation
11.2 Development of Social Care in Hong Kong

2D Developments in the care industries

- 2D6 Changing infrastructure of social care
  - To understand how the development of care industries are affected by the systemic factors, issues and concerns

3C Implementing social care policies

3C1 Development of the welfare system in Hong Kong
  - To explain the welfare system of Hong Kong and comment on its role in policy implementation
## Structural Changes and Factors

<table>
<thead>
<tr>
<th>Structure</th>
<th>Systemic factors</th>
<th>Issues and concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare Services</td>
<td>Political, economic, and social environment</td>
<td>Social problems and concerns that need to be solved by government policies</td>
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<tr>
<td>Social Security</td>
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## Structural Changes and Factors

<table>
<thead>
<tr>
<th>Social Security</th>
<th>Social Welfare</th>
<th>Systemic Factors</th>
<th>Issues and Concerns</th>
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<tbody>
<tr>
<td>Emergency Relief in a Community of Immigrants (Early Settlement to 1950s)</td>
<td>Social security was in the form of mutual help in the private sphere and was mostly taken up by voluntary agencies like The Tung Wah Group of Hospitals</td>
<td>Mainly in form of informal care</td>
<td><strong>Political</strong>&lt;br&gt;• Not much government intervention in the initial stage of the colonial period.</td>
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<td><strong>Social</strong>&lt;br&gt;• Society of immigrants&lt;br&gt;• Chinese and religious groups became more important</td>
</tr>
</tbody>
</table>

No Policy Paper/Related Report
<table>
<thead>
<tr>
<th>Social Security</th>
<th>Social Welfare</th>
<th>Systemic Factors</th>
<th>Issues and Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Social Assistance (1950s to 1960s)</td>
<td>Social Assistance • Mainly provided by Chinese organisations, overseas relief organisations and government (started to assume greater responsibility) • Emergency Relief Fund Scheme (since 1962) (formerly known as the Community Relief Trust Fund) provided immediate relief in both cash and material aid to disaster victims • Social Security was understood in a conservative way. Complying with the Chinese tradition, poverty, illness and disasters were regarded as personal troubles that could be resolved by families</td>
<td>• Based on government revenue, limited funding was reserved for social welfare • Social service was regarded as charity rather than a government responsibility. • Overseas relief organisations and government played more important role as the increasing demand of social assistance exceeded the capacity of the voluntary agencies</td>
<td>Social and Economic • A large number of refugees arrived in Hong Kong after World War II • Industrialisation was in the initial stage and economic development was limited</td>
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<tr>
<td>Social Security</td>
<td>Social Welfare</td>
<td>Systemic Factors</td>
<td>Issues and Concerns</td>
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<tr>
<td><strong>Golden Decade of Welfare Development (1970s)</strong></td>
<td><strong>Establishment</strong></td>
<td><strong>Economic</strong></td>
<td><strong>Riots</strong></td>
</tr>
<tr>
<td>• Gradually establish a comprehensive social insurance system</td>
<td>• Government gradually took over the role of the voluntary agencies to provide basic welfare services</td>
<td>• Hong Kong became an industrialized society. The relief-oriented social security would be unable to keep up with the economic development if it kept on relying on mutual help. Local residents began to strive to improve their living conditions (housing)</td>
<td>• Star Ferry increased their fares: riot (1966)/1967 Leftist Riots</td>
</tr>
<tr>
<td>• Means-tested &quot;public assistance&quot; was introduced</td>
<td>• Need for long-term planning in social welfare</td>
<td>• In 1973, the world oil crisis led to an economic downturn with high inflation and unemployment rates</td>
<td>• Accumulation of anxiety among young people and discontent towards the Government</td>
</tr>
<tr>
<td>• The scheme of disability and infirmity allowances (later renamed as Special Need Allowances) and the Criminal and Law Enforcement Injuries Compensation Scheme were established for residents who are severely disabled or who are 65 years of age or above</td>
<td>• Development of social services, especially the youth service</td>
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<td></td>
<td>• Ten-year Housing Programme</td>
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**Policy Paper/Related Report**
White Paper: Integrating the Disabled into the Community: a United Effort (1977)
Green Paper - “Services for the Elderly” (1977)
Green Paper: Help for Those Least Able To Help Themselves (1977)
Program Plan on Personal Social Work Among Young People (1977)
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<tbody>
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<td></td>
<td>Comprehensive Social Security Assistance Scheme</td>
<td>• Introduced (1993)</td>
<td>Concepts of cost control and payment by users</td>
<td>• Ageing population (Healthcare reform)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Standard rate reduced (1999)</td>
<td>Privatisation - outsourced social services through open tenders</td>
<td>• Unemployment, family problems, drug abuse, AIDS (no long-term policy and social policy / services set for solving social problems)</td>
</tr>
<tr>
<td></td>
<td>Means-tested Old Age Living Allowance (2013) - supplement the living expenses of elderly aged 65 or above who are in need of financial support</td>
<td>• Implementation of Lump Sum Grant system in 2000</td>
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<tr>
<td></td>
<td></td>
<td>• Social Workers Registration Board was established.</td>
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</table>

**Policy Paper/Related Report**
Scott Report (1985): Hospital Authority was suggested to establish and introduce a series of policies on cost recovering and out-of-pocket payment
11.6 Related Issues

• **Topic 2 - Health and Social Care in the Local and the Global Contexts**
  
  **2D Developments in the health and care industries**
  
  - 2D3 Conflicting agendas - Private vs. public responsibility; allocation of resources to different parties
  - 2D5 Conflicting direction and potentials
    - To analyse the viewpoints or issues from different perspectives
    - To understand that value judgments may vary among different individuals or parties

• **Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care**

  **3D Cultural and political disagreements and tensions**
  
  - 3D2 The debates and practical / political conflicts between the roles of the individuals (private sector) and the public or government in the provision of social care and health services responsibility of the government, e.g. privatisation
  - 3D4 Tensions among different institutions: competing for clients or resources / resultant crisis in service delivery
    - To understand the conflicts and tensions in the health and social care context
    - To analyse the possible crises resulted from these tensions and disagreement and explore the possible solution(s)
Privatisation

- Transfer of ownership or management of the services from the public sector to the private sector
- Privatisation of Social Services
  - Relationship between the government and NGOs changes from partners to funder (government) and service operators (NGOs)
  - Funding and Service Agreement - NGOs list the purpose and objectives, nature, performance standards and funding arrangement of the service.
  - Service Quality Standard defines the level of which, in terms of management and service provision, service units are expected to attain to ensure the quality of service to the clients
## Using Lump Sum Grant in financing social services

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• NGOs have greater autonomy and flexibility to deploy resources and plan their services to meet changing social needs in a timely manner</td>
<td>• It may undermine the quality and sustainability of welfare services when the amount of the subsidy is capped</td>
</tr>
<tr>
<td>• It simplifies the administrative processes (like vetting of staff qualifications and reimbursement of expenses) and improves the efficiency and cost-effectiveness of the subvention system</td>
<td>• Based on the principles of ‘out-of-pocket payment’ and cost effectiveness, the charges for the activities and services will increase</td>
</tr>
<tr>
<td>• It provides NGOs with the flexibility needed for introducing initiatives which would improve their services</td>
<td>• To achieve cost effectiveness, staff workload may increase and affect the quality of services</td>
</tr>
<tr>
<td>• It increases accountability of the NGOs</td>
<td>• The turnover rate of social workers increases as the salary for both newcomers and experienced staff are cut due to limited budget</td>
</tr>
</tbody>
</table>
11.5 Welfare Systems in Different Countries

Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care

3B Developing health and social care / welfare policies

- 3B2 Comparison of policies between Hong Kong and other regions / countries (e.g. United Kingdom, United State of America)

➢ To compare health and social policies in Hong Kong with other regions /countries
Welfare States (e.g. UK)

- **Policy assumptions**
  - Social welfare is an integrated institution in the society and is used for resources reallocation

- **Policy objectives**
  - Social services are provided on a universal basis outside of the market and based on individual needs.

- **Feature of service provision**
  - Universal Coverage and Insurance:
    - Benefits from National insurance to protect an individual from birth to death
Market-oriented countries (e.g. USA)

- **Policy assumptions**
  - Individual needs should be satisfied by the private market and family. Only when these break down should social welfare institutions come into play and then only temporarily.

- **Policy objectives**
  - To minimize government intervention and dependence on welfare.

- **Feature of service provision**
  - Federal Social Insurance
  - The funding of social security is from the tax on the employers of enterprises and business.
  - Company and private insurances are important parts.
Mixed model (e.g. HK)

- Like market-oriented countries
  - welfare services only aim to assist people and families in need
- Like welfare states
  - the Government has played the roles of policy-making, resources distribution and service monitoring
  - Due to increasing reliance on government funding, most of the non-governmental organisations choose to be in line with government social welfare policy
- The parties participating in social welfare include government, non-governmental organisations, families, charitable organisations and private sectors