

**Hong Kong Red Cross Report  
on the Operation of the PCSSA Scheme and  
Recommendations for the Review of the Scheme**

**1. Introduction**

- 1.1 The Portable Comprehensive Social Security Assistance Scheme (PCSSA) is a pilot scheme launched by the Social Welfare Department in April 1997. According to the Director of Social Welfare, the scheme is a response to requests from the community to provide the elderly people with a choice to retire in Guangdong Province.
- 1.2 The Hong Kong Red Cross was appointed as the agent of the Social Welfare Department to follow the cases of the scheme for two years in April 1997. This report includes an overall review on the implementation of the PCSSA scheme for the year 1997/98. The recommendations made in this paper are also drawn from a research conducted in this year by Dr Joe C B Leung, to study the characteristics and needs of the participants of the Scheme during the year. Among the 598 cases that were approved to join the Scheme between April and December 1997, interviewers successfully interviewed more than 350 elderly before they returned to Guangdong. Follow-up interviews were conducted with 41 elderly who settled in Guangdong for four to six months (see Annex).
- 1.3 The Hong Kong Red Cross submits this report in order to bring the situation and needs of the Scheme participants in front of the policy-makers. It is hoped that the authorities concerned can improve the Scheme, so that more elderly would benefit from it. This may help solve the retirement problem of the elderly who are now relying on the government for their living.
- 1.4 Cases received and services rendered by the Hong Kong Red Cross in 1997/98:
- 1.4.1 In the year 1997/98, the Hong Kong Red Cross (HKRC) received 747 approved cases. These cases were dispersed in the 21 administrative districts of Guangdong:

<b>Administrative Districts of Guangdong province</b>	<b>Frequency</b>	<b>Percent</b>
江門市 (Jiangmen)	130	17.4%
廣州市 (Guangzhou)	127	17.0%

佛山市 (Foshan)	92	12.3%
東莞市 (Dongguan)	85	11.4%
惠州市 (Huizhou)	53	7.1%
深圳市 (Shenzhen)	45	6.0%
汕尾市 (Shanwei)	32	4.3%
雲浮市 (Yunfu)	31	4.1%
中山市 (Zhongshan)	31	4.1%
肇慶市 (Zhaoqing)	25	3.3%
清遠市 (Qingyuan)	23	3.1%
梅州市 (Meizhou)	14	1.9%
汕頭市 (Shantou)	14	1.9%
珠海市 (Zhuhai)	12	1.6%
揭陽市 (Jieyang)	10	1.3%
河源市 (Heyuan)	7	0.9%
潮州市 (Chaozhou)	6	0.8%
湛江市 (Zhanjiang)	6	0.8%
茂名市 (Maoming)	2	0.3%
韶關市 (Shaoguan)	1	0.1%
陽江市 (Yangjiang)	1	0.1%
Total	747	100.0%

1.4.2 Services rendered by the HKRC between April 1997 and March 1998:

Services	Frequency
No. of Pre-migration contact made:	562
No. of Postal Review Form (PRF) sent:	133
No. of enquiries received:	897
No. of cases received escort service-Guangdong to Hong Kong	4

1.4.3 Cases, after they settled in Guangdong, will be selected for spot check. The HKRC paid spot-checking visits to 45 cases between April 1997 and March 1998:

Administrative Districts of Guangdong province	No. of Cases Visited by Spot Check
廣州市 (Guangzhou)	13

江門市 (Jiangmen)	12
東莞市 (Dongguan)	6
佛山市 (Foshan)	5
深圳市 (Shenzhen)	2
中山市 (Zhongshan)	2
肇慶市 (Zhaoqing)	1
清遠市 (Qingyuan)	1
珠海市 (Zhuhai)	1
河源市 (Heyuan)	1
陽江市 (Yangjiang)	1
Total	45

## 2. Recipients' Profile

2.1 During the period 1st April 1997 to 31st December 1997, there were 598 approved PCSSA cases referred to the Hong Kong Red Cross. Sixty percent of PCSSA recipients are over 80 years old and another 34% are 70 to 79 years of age (Table 2). A little bit more than half (56%) are females (Table 1). Almost 15% of recipients are classified as 100% disabled and another 4% requiring constant attendance (Table 3). Among 357 cases interviewed, about half of them (49.6%) admitted that they require regular medication or visit to doctors even while they were in Hong Kong (Table 9). Obviously, **the participants of the Scheme are the relatively “old-old”; they are potentially high risk and dependent because of their old age and precarious health status.**

2.2 It is also interesting to note that some 45% of the participants lived in public housing before moving to Guangdong and another 8% gave up their residence in homes for the aged in Hong Kong (Table 4).

2.3 The survey has found that it is neither financial pressures nor difficulties in livelihood in Hong Kong that motivated this group of elderly to move to Guangdong. Over 75% of the respondents claimed that **the availability of family support and care in the mainland was the reason for them to migrate to Guangdong** (Table 7). In fact, the participants of the scheme admitted that they benefited from their decision of moving back to Guangdong. **Almost 95% of the respondents said that the scheme can meet their needs** (Table 6). Besides the benefits of being with one's relatives whom they trust to look after them, the PCSSA scheme gave the elderly a choice to an improved

quality of life. Almost all the surveyed elderly claimed that they could enjoy better social care and relationship, better housing facilities and living environment in general in Guangdong as compared to Hong Kong (Table 13).

- 2.4 The survey findings pointed out a fact that the PCSSA Scheme is appreciated by and benefiting its users. However, the Scheme's users are a group of relatively old and dependent elderly, who are particularly vulnerable to deteriorating health and the reliability of family support and care that they have chosen. The Scheme has a potential attraction to the large population of CSSA elderly recipients who may have relatives in the mainland. **However, if more of the PCSSA recipients are returning back to Hong Kong for their remaining years, because of unbearable medical costs and inadequate care, the scheme will be a failure and a disaster for the elderly psychologically and physically.** Hence we do see that for the Scheme to be truly successful, it should not be just giving a choice to these elderly but a “SUPPORTED CHOICE”.

### **3. Recipients' Needs and Recommendations**

According to the profile and needs of PCSSA recipients found in the survey and operation, there are two dimensions that the government can consider to support recipients' choice to join the PCSSA scheme.

#### **3.1 Pre-migration Preparation**

- 3.1.1 **In order to enable PCSSA recipients to have a better preparation for the migration, pre-migration interview is essential.** To the elderly joining the PCSSA Scheme to move into Guangdong means packing out and giving up their residence in Hong Kong. Among those surveyed almost all said that they had no desire to return to Hong Kong and only 3 had considered returning, all because of health reasons. Hence to these elderly such a migration decision is complicated and assistance is desirable. The interview can help them to appraise their needs, the reliability of family support and the availability for social service support in the mainland. This service can enhance the well being of the elderly, as well as reduce the number of cases withdrawing from the scheme due to unrealistic expectations and lack of information.

- 3.1.2 **Assistance should be rendered to ensure effective remittance of benefits.** The critical concern of the recipients is whether they can receive the monthly allowance on time. However, overall 80% of the recipients are over 70, and many of them are illiterate and unable to walk properly. The present practices of requiring the elderly to arrange remittance by themselves are too complicated and very much beyond their capacities. Many elderly have difficulties to inform the bank if they are required to make changes to their instructions, (like to increase the amount of remittance upon the inflation adjustment granted in April). To avoid mistakes and confusions, the Social Welfare Department could liaise with the banks to arrange for remittance instructions directly, so that the allowance could be remitted to the recipients without delay.
- 3.1.3 **Physical condition of PCSSA recipients should be assessed before their migration.** Some of the very old elderly that have returned to China under the Scheme may be eligible for higher standard rates for 100% disabled or constant attendance. For other recipients, medical assessments may expire after they settled in Guangdong. To avoid confusion and the trouble for the elderly to return to Hong Kong for medical assessment, it is suggested that medical assessment can be arranged for all recipients before they return to Guangdong. Government of the Special Administrative Region should also consider arranging recognized medical assessment in Guangdong. It is exceedingly difficult for those elderly who are likely to be eligible for allowances for 100% disabled and constant attendance to be able to travel back to Hong Kong, where they may not even have a home to stay, while they undergo medical assessment which require a period of time.
- 3.1.4 **Subsidized escort service should be introduced for the needy recipients.** At present, the Social Welfare Department only acknowledges that reimbursable escort service is to be provided to PCSSA recipients in critical situation to return to Hong Kong from Guangdong. However, demand for escort service from Hong Kong to Guangdong is high. There are frequent requests from the recipients for escort service from their homes in Hong Kong to Shenzhen, train stations, bus stations or piers. These recipients are old and very often require walking aid, without much assistance and having difficulties to carry their luggage. It is suggested to extend subsidized escort service from Hong Kong back to Guangdong.

- 3.1.5 **Procedures to apply for a guarantee of getting back a unit from the Housing Authority should be improved.** PCSSA recipients living in public housing estates in Hong Kong are entitled to get a certificate from the Housing Authority that guarantees them to get back a unit if they decide to return to Hong Kong. However, the present arrangements could not match with the application procedures of the PCSSA Scheme. The Housing Authority will only process the issuing of certificate, which will take one to three months, after the recipients have returned the keys. Many elderly may hesitate to join the Scheme without a guarantee of getting back a resident, because they may feel that they will never have a chance of return once they join the Scheme. Therefore, the Social Welfare Department should liaise with the Housing Authority to make better arrangements.

## 3.2 Facilitating Settlement

- 3.2.1 **The elderly prefer living with family members in their hometowns to collective settlement.** Ninety percent of the respondents of the survey lived with their family members or relatives, and they all receive care from the people they lived with or lived nearby (Table 10). Their preference should be respected (Table 11). Only three cases moved into homes for the aged in Guangdong (Table 12). Since most of the PCSSA recipients live in their hometowns and are dispersed in the 21 administrative districts of Guangdong (Table 5), collective settlement to this group of elderly is not a preferred way.
- 3.2.2 **Follow-up visits should be conducted to ensure the adaptation of the PCSSA recipients to the new living environment and the sustainability of family support to the elderly.** Under the present scheme, the Social Welfare Department appoints a monitoring agent to perform 5% spot check and administer an annual postal review of the participants of the Scheme. This distance and limited monitoring is inadequate for a group of “old-old” elderly who will become more and more fragile and dependent with age. Follow-up visits should be paid within the first year to ensure that these elderly are settled in the new living environment and receiving their social security payments, then all cases should be visited again at least once every two years from hence.

Furthermore, the success of this scheme hinges on the availability of adequate care for the elderly from their families. The caring responsibilities will increase as the elderly becomes more aged. The Hong Kong Red Cross,

now acting as the monitoring agent is piloting a case management service for 50 relatively high-risk elderly living in Guangzhou City. The experimental service employs a social worker to visit these elderly, to understand their needs and work with their families to find available supporting caring service for the elderly to relief the family's burden, if necessary.

3.2.3 **The high medical expense in Guangdong is one of the major concerns of the PCSSA recipients and their families.** The elderly recipients often have several long-term illnesses that require continuous medication; they have to pay for the medication from the standard rate, which is the only cash allowance under the PCSSA scheme. Hospitalization often brings immediate financial crisis, it involves deposit of several thousands RMB and medical expense of up to several thousands RMB. If the elderly are unable to pay for the medical expenses, he/she either have to return to Hong Kong for medical treatment, or simply receive inadequate treatment. To ensure the success of this Scheme, issues of medical assistance must be solved. Medical allowance paid in a monthly lump sum is one of the possible solutions. The Social Welfare Department could also discuss with the Guangdong government to explore possible health schemes with standardized charges in hospitals; medical expenses incurred in these hospitals could then be reimbursed. One argument to solve this problem is through the escort service. However, this is not a good solution when considering the distance and recipients' health.

3.2.4 **Burial subsidies should be introduced to lessen PCSSA recipients' worries and avoid fraud cases.** Burial expenses in Guangdong range from RMB ¥5,000 to RMB ¥15,000, which is a big burden to recipients' families. It is also one of the worries of the elderly. Recipients of the CSSA Scheme in Hong Kong are entitled to up to HK\$11,730 burial expenses on a reimbursement basis. Providing burial expenses does not only reduce the burden and worries of the recipients and their families, it also helps to avoid fraud cases by encouraging recipients' families to report the death of recipients and obtain reimbursement for the funerals. The Social Welfare Department could consider reimbursing the burial expenses, with an upper limit set.

To conclude, the scheme will be a **real** choice for the elderly to improve their quality of life and an effective one if the government can provide more support to it.

## Appendix (附表)

**Table 1(表 1)**

Sex (性別)	<i>Frequency(人數) Percent(百分比)</i>	
Male (男)	264	44.1%
Female (女)	334	55.9%
Total (合計)	598	100%

**Table 2(表 2)**

Age (年齡)	<i>Frequency(人數) Percent(百分比)</i>	
60-69	39	6.5%
70-79	203	33.9%
80-89	293	49.0%
90 or above	63	10.5%
Total (合計)	598	100%

**Table 3 (表 3)**

Standard Rate (標準金額)	<i>Frequency(人數) Percent(百分比)</i>	
able-bodied (身體健全)	485	81.1%
100% disabled (百分百傷殘)	88	14.7%
CA(需長期護理)	25	4.2%
Total(合計)	598	100%

**Table 4 (表 4)**

Housing type (Hong Kong) (在港時住屋類別)	<i>Frequency (人數) Percent (百分比)</i>	
Public Housing (公共屋村)	270	45.2%
Homes for the aged (安老院)	46	7.7%
Houses in villages (村屋)	56	9.4%
Private residences (私人住宅)	209	34.9%
Others (其他)	17	2.8%
Total (合計)	598	100%

**Table 5 (表 5)**

Distribution	(分佈地區)	
	<i>Frequency (人數)</i>	<i>Percent (百分比)</i>
中山市 (Zhongshan)	28	4.7%
江門市 (Jiangmen)	105	17.6%
汕尾市 (Shanwei)	24	4.0%
汕頭市 (Shantou)	12	2.0%
佛山市 (Foshan)	68	11.4%
東莞市 (Dongguan)	68	11.4%
河源市 (Heyuan)	6	1.0%
茂名市 (Maomin)	2	0.3%
珠海市 (Zhuhai)	11	1.8%
梅州市 (Meizhou)	10	1.7%
清遠市 (Qingyuan)	16	2.7%
深圳市 (Shenzhen)	32	5.4%
惠州市 (Huizhou)	47	7.9%
揭陽市 (Jieyang)	8	1.3%
湛江市 (Zhanjiang)	4	0.7%
陽江市 (Yangjiang)	1	0.2%
雲浮市 (Yunfu)	24	4.0%
肇慶市 (Zhaoqing)	20	3.3%
韶關市 (Shaoguan)	1	0.2%
廣州市 (Guangzhou)	107	17.9%
潮州市 (Chaozhou)	4	0.7%
Total (合計)	598	100%

**Table 6 (表 6)**

<b>How do you find this Scheme?</b>		
<b>你覺得這個計劃好不好？</b>		
	<i>Frequency (人數)</i>	<i>Percent (百分比)</i>
Good (好)	330	94.8%
Hard to say/don't know (很難講 / 不知道)	18	5.2%
Total (合計)	330	100%

**Table 7 (表 7)**

**What is (are) the reason(s) for you to move to Guangdong?**

**(multiple response)**

你返廣東省定居，主要的原因是甚麼？（可選多項）

	<i>Frequency (人次) Percent (百分比)</i>	
	<i>(N=357)</i>	
1. No one can take care of me in Hong Kong (在香港沒有人照顧)	228	63.9%
2. Family reunion (與直系親屬團聚)	74	20.7%
3. Want to die in my own place of origin (落葉歸根)	29	8.1%
4. Cost of living in Hong Kong is high (香港生活費太高)	17	4.8%
5. I like the living of that place (喜歡當地生活)	6	1.7%
6. Not getting well along with relatives in HK (與香港親屬合不來)	3	0.8%
7. Other reasons (其他)	179	50.1%
Total (合計)	536	
	<i>Frequency (人次) Percent (百分比)</i>	
	<i>(N=357)</i>	
Chosen (1) or (2) [選擇(1)或(2)]	269	75.3%

**Table 8 (表 8)****Is there anyone taking care of you in HK?**

你在香港有無人照顧起居？

	<i>Frequency (人數)</i>	<i>Percent (百分比)</i>
Yes: children/children-in-law (有一子／女／媳／)	14	3.9%
Yes: grandchildren (有一孫／外孫)	4	1.1%
Yes: relatives (有一親戚)	16	4.5%
Yes: friends (有一朋友)	3	0.8%
Yes: neighbours (有一鄰居)	4	1.1%
Yes: nursing staff (有一護理人員)	26	7.3%
Yes: others (有一其他)	19	5.3%
No (無)	271	75.9%
Total (合計)	357	100%

**Table 9 (表 9)****Do you require to regular meditation or visit to doctors while you were in HK?(multiple response)**

你在港時需要長期吃藥或經常覆診嗎？(可選多項)

	<i>Frequency (人次)</i>	<i>Percent (百分比)</i>
		(N=357)
1. Regular meditation (長期吃藥)	166	46.5%
2. Regular visit to doctors (經常覆診)	91	25.5%
3. No (不需要)	161	45.1%
4. Others (其他)	19	5.3%
Total (合計)	437	
		<i>Frequency (人次)</i> <i>Percent (百分比)</i>
		(N=357)
Chosen(1)or (2) [選擇(1)或(2)]	177	49.6%

**Table 10 (表 10)**

<b>Who do you live with in Guangdong?</b> 你在廣東省與誰同住？		
	<i>Frequency(人數)</i>	<i>Percent(百分比)</i>
Parents (父母)	6	1.7%
Spouse (配偶)	41	11.5%
Children/children-in-law (子／女／媳／婿)	145	40.6%
Grandchildren (孫／外孫)	14	3.9%
Relatives (親戚)	94	26.3%
Friends (朋友)	1	0.3%
Others (其他)	12	3.4%
Myself (自己住)	44	12.3%
<b>Total (合計)</b>	<b>357</b>	<b>100%</b>

**Table 11 (表 11)**

<b>Is there any persons to take care of you in Guangdong?</b> 在廣東有無人照顧你起居？		
	<i>Frequency (人數)</i>	<i>Percent (百分比)</i>
Yes: spouse (有一配偶)	40	11.2%
Yes: children/children-in-law (子／女／媳／婿)	147	41.3%
Yes: grandchildren (有一孫／外孫)	17	4.8%
Yes: relatives (有一親戚)	86	24.2%
Yes: nursing staff (有一護理人員)	4	1.1%
Yes: domestic helper (有一傭人)	11	3.1%
Yes: others (有一其他)	9	2.5%
No (無)	42	11.8%
<b>Total (合計)</b>	<b>316</b>	<b>100%</b>

**Table 12 (表 12)**

<b>Housing type in Guangdong</b> 你在廣東省居住的房屋類別		
	<i>Frequency (人數) Percent (百分比)</i>	
Residential institutions (安老院／敬老院)	3	0.8%
Privately owned residence (住宅)	322	90.4%
Rented private residence (租住私人住宅)	24	6.7%
Others (其他)	7	2.0%
Total (合計)	356	100%

**Table 13 (表 13)**

<b>Comparison between the quality of life in Hong Kong and in GD</b> (比較在港時與在廣東的生活)				
<u>Area(範圍)</u>	<u>Frequency(人數)</u>			
	HK better (在港時較好)	GD better (在廣東較好)	The same (差不多)	Hard to say (很難講)
Living Environment (居住環境)	6	18	5	8
Housing Facilities (房屋設施)	7	13	6	11
Medical Service (醫療服務)	16	5	7	9
Food (食用)	6	8	15	8
Recreation (娛樂生活)	9	4	6	18
Social Relationship (親有關係)	1	15	9	12
Social Care (生活照顧)	0	22	1	14
Expenditures (生活開支)	3	10	9	18

# **A Review of the Portable Comprehensive Social Security Assistance for Elderly Persons Retiring to Guangdong Province**

**Submitted to the**

**Hong Kong Red Cross**

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**July 1998**

**\*\*For Internal Circulation Only**

## 1. Introduction

This is a preliminary report of the study to investigate the motivations, views and living conditions of the recipients of the Portable Comprehensive Social Security Assistance Scheme (PCSSA) who chose to retire to Guangdong province (GD), China. With an informed understanding of the situation and views of the participants, the effects and functions of the Scheme can be assessed. Accordingly, recommendations to policy-makers to improve the operation of the Scheme can be explored. Most of the information used in this study was provided by the Hong Kong Red Cross (HKRC), and permission to publish the information had been obtained from respondents of the surveys.

## 2. Backgrounds

Comprehensive Social Security Assistance (CSSA) is a program aimed to provide cash assistance to bring the income of needy individuals and families up to a prescribed level to meet their basic and special needs.<sup>1</sup> The recent public attention has focused on the dramatic increases in the number of CSSA applications, particularly related to the categories of unemployment, low-income families, and single-parent families. The emerging issues of spiraling costs and moral hazard have put pressure on the government to seek comprehensive reform in the CSSA.

The number of CSSA applicants jumped from 72,969 in 1991-92 to 181,600 in 1997-98.<sup>2</sup> In terms of expenditure, CSSA expenses soared from \$1.5 billion in 1991- 92 to \$7 billion in 1996-97. It is estimated that expenditures in CSSA in 1998-1999 will reach \$16.5 billion, and account for two-thirds of the total welfare expenditures. In 1992, the monthly standard rate for an elderly person aged 60 or above was only \$825, and by April 1998, the rate has already increased to \$2,555. Besides the public concern of escalating cost and moral hazard, there were reports of abuses and welfare cheats.<sup>3</sup>

Among the CSSA recipients, elderly people comprise the largest category. In

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<sup>1</sup> Social Welfare Department, *A Guide to Comprehensive Social Security Assistance*, June 1997.

<sup>2</sup> *South China Morning Post*, 15 February 1998, p.4.

<sup>3</sup> Abuse cases or welfare cheats usually involved deliberately providing the wrong information.

Because of increasing public criticisms, SWD has pledged to increase surveillance on CSSA recipients. 明報，1997年3月19日，第4頁；*South China Morning Post*, 2 March 1998, p.4; 明報，1998年6月28日，第7頁。

terms of proportion, it dropped gradually from 65.1 per cent in 1992-93 to 59.2 per cent in 1996-97. In terms of actual number in 1996-97, it was 98,765, doubled the figure five years ago. The number further jumped to 114,089 in May 1998, and will reach 120,000 to 130,000 toward the end of 1998.<sup>4</sup> The rate of increase is almost four times more than that of the elderly population. Even though the rate of increase is less dramatic as compare with the unemployed and single parent families, elderly recipients will continue to account for the majority of the CSSA recipients in the near future. In fact, 13 per cent of the elderly population in Hong Kong are recipients of CSSA.<sup>5</sup> Among the elderly recipients, 70 per cent live by themselves. According to a study by the Hong Kong Social Security Society, one in four of the elderly population in Hong Kong lived in poverty.<sup>6</sup> As Hong Kong is turning into an aging society and retirement schemes are still underdeveloped, more elderly are expected to turn to CSSA for assistance.

On the one hand, elderly recipients are long-term recipients with little exception, they have to rely on the CSSA benefits until the day they die. On the other hand, as compare with other types of recipients, elderly recipients are more perceived as “deserving recipients”, and there is an unanimous support in the community to improve their benefits.<sup>7</sup> Apparently, there is very little the government can do to contain the staggering costs of this welfare commitment. In a similar vein, government subsidies to health care and personal social services such as social centers for the aged, home help teams, and homes for the aged have soared in recent years.<sup>8</sup> As a way to reduce the government financial burden, laws to force adult children to provide financial support for their parents are being considered by the Hong Kong government.<sup>9</sup>

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<sup>4</sup>Hong Kong Government, Census and Statistics Department, *Hong Kong Annual Digest of Statistics* (Hong Kong: Government Printer, various years); 蘋果日報，1998年6月11日，第13頁。

<sup>5</sup>周永新，“老人領取綜援會否增加？”信報，3月18日，第10頁。

<sup>6</sup>香港社會保障學會，滅貧季刊，第四期，1998年六月。

<sup>7</sup>According to an opinion poll carried out by the Social Research Center of the University of Hong Kong, some 72% of the respondents felt that the government should do more to take care of the elderly either in the form of increasing their monthly payments under the CSSA or in the form of better provisions in medical services, care home and housing. *Convocation Newsletter* (The University of Hong Kong, Autumn 1997), p.12.

<sup>8</sup>Government subsidies to non-governmental organizations in residential care, together with \$100 million for purchases in privately-operated homes for the aged amounted to \$1,080 million. *Apple Daily*, 13 June 1998, p.10.

<sup>9</sup>*South China Morning Post*, 25 June 1998, p.4.

In 1995, the government established a leading group, chaired by the Director of Social Welfare to review the CSSA Scheme. One of the recommendations of the group was to allow those elderly CSSA recipients to retire to mainland China and at the same time, continue to receive their CSSA payments. In the past, elderly and disabled recipients cannot leave Hong Kong for more than 180 days in a year (60 days for other recipients).<sup>10</sup> Since it would be difficult to assess the adequacy of CSSA benefits in relation to the living standard in mainland China, it was recommended that eligible recipients can receive standard rates only.<sup>11</sup>

### 3. The Program Design

In February 1997, the Social Welfare Department (SWD) publicly announced the Portable Comprehensive Social Security Assistance for Elderly Persons Retiring to GD, to be implemented in 1 April 1997. According to the SWD, PCSSA is cash assistance payable under the CSSA Scheme to elderly recipients taking up permanent residence in GD who meet the prescribed criteria. The criteria are:

- a) Hong Kong permanent resident and has lived in Hong Kong for at least seven years;
- b) Aged 60 or above; and
- c) CSSA recipient for three years immediately before the application for PCSSA.

The amount of benefits includes only the monthly standard rate, but no other special grants. Currently, the standard rate is \$2,555 per month. For the 100% disabled elderly, the benefit rate is \$3,095 per month, and for the elderly requiring constant attendance, it is \$4,355 per month. In case of a public housing tenant, he or

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<sup>10</sup>The restrictions were based on the following assumptions:

- a) The CSSA is financed by general government revenue, and is primarily aimed to take care of the welfare needs of Hong Kong residents;
- b) The level of benefits is formulated according to the living standards in Hong Kong;
- c) The current leave allowance is already lenient by international standard.
- d) If a recipient has no limited period of staying in Hong Kong, it would be difficult for the authorities to continuously monitoring his/her needs and financial conditions.

社會福利署 綜合社會保障援助（綜援）計劃檢討報告書，1996年3月，第24頁。

<sup>11</sup>社會福利署，綜合社會保障援助（綜援）計劃檢討報告書，1996年3月，第25頁。

she has to surrender the unit to be qualified for PCSSA.<sup>12</sup> If the recipient is a resident of a home for the aged, he or she has to give up the residential place. In essence, the recipient has to cover all living expenses in GD with their monthly standard rate. These expenses include food costs, rent, medical care, transportation, recreational activities, and remittance charges. Finally, the recipient has to live in GD for no less than 180 days each year.

Application can be made in person at any social security field unit. Payments would be credited to the bank account of the recipient in Hong Kong. Recipient has to make self-arrangement with the bank to remit payments to him or her in GD and pay for the expenses incurred.

The HKRC has been appointed on a two-year contract to handle checks and emergency help for the elderly in case they need to return to the territory. Each year, five per cent of the cases would be randomly selected for visits to ensure that elderly recipients have properly receive their benefits.

The Scheme provides an alternative for people to move to a place where family and social support is available, the cost of living is lower, and presumably, cheaper residential care is accessible. In theory, the arrangement would possibly relieve the demand for places in the homes for the aged in Hong Kong. SWD estimates that 20,000 elderly people are looking for residential places. On average, it takes an elderly three years to enter a care and attention home or 17 months for a home for the aged. Specifically, 5.6 per cent of the CSSA recipients are on the waiting list for admission into subsidized homes for the aged.<sup>13</sup> Meanwhile, two welfare organizations in Hong Kong are building homes for the aged in GD for the Hong Kong people which would also include PCSSA recipients. Homes for the aged in mainland China can offer a better living environment, yet they are less expensive to operate.<sup>14</sup> In effect, the Scheme can provide the elderly CSSA recipients an opportunity to improve their quality of life by choosing to live in a place where the cost of living is lower and family support is available.

According to the Director of Social Welfare, the Scheme is a response to requests

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<sup>12</sup>The Housing Department would keep the unit for a period of three months, and the PCSSA recipients can return any time to resume tenancy if they are not satisfied with the livelihood in GD, on the condition that they have to pay the normal rent. If a PCSSA recipient who was a public housing tenant decide to return to Hong Kong, the Housing Department promises to make prompt housing arrangement. 明報，1997年3月26日，第4頁。

<sup>13</sup>*South China Morning Post*, 30 October 1995.

<sup>14</sup>明報，1997年5月21日，第5頁 *South China Morning Post*, 2 June 1997, p.4; 蘋果日報，1997年10月15日，第26頁

from the community to provide the elderly people with a choice to retire in their hometowns. In so doing, it is not a systematic arrangement to move them back to GD so as to save government money.<sup>15</sup> But from another perspective, there were press reports which claimed that the Scheme served to “export” or “exile” aged people to mainland China, and transfer the responsibility of care to the mainland government.<sup>16</sup>

Indeed, the Scheme would cost the government half the amount it spends on elderly recipients staying in the territory.<sup>17</sup> Conservative estimates on special grants for each elderly person would amount to \$2,000 a month, not to mention the hospitalization costs of \$2,000 to \$3,000 per day.<sup>18</sup>

According to the SWD, the CSSA standard rate is already double the average wage paid in GD. Recipients, therefore, can have a more comfortable life there. This is in fact a misleading calculation. Besides bonuses, most urban residents in China are entitled to a variety of subsidies from their work units. These “invisible subsidies” in cash and in kind which cover housing, medical care, food, recreation, and social security expenses would enable them to live a comfortable life with apparently low wages.

SWD figures showed that each year, about 2,000 CSSA elderly recipients were disqualified from CSSA benefits because they had left Hong Kong for more than 180 days.<sup>19</sup> A survey in 1993 showed that 10 per cent of elderly CSSA recipients, or 10,000 recipients would consider retiring to the mainland provided that the government continues to provide them with the CSSA benefits.<sup>20</sup> In another study, 6.9 per cent of the CSSA respondents had remitted money and 6.1 per cent had sent gifts back to relatives in the mainland.<sup>21</sup> Based on these figures, the SWD was convinced that the Scheme will be popular. It estimated that the number of applicants would reach 6,500 in the first year of implementation. Then the number would increase to

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<sup>15</sup> 明報，1997年3月26日，第4頁；*South China Morning Post*, 26 March 1997, p.5.

<sup>16</sup> 信報，1997年6月11日，第14頁；松柏之聲，第236期，1997年4月15日，第3頁。

<sup>17</sup> *South China Morning Post*, 26 March 1997, p.5.

<sup>18</sup> A CSSA elderly recipient is eligible for rental allowance of \$1,545 a month; together with special grants of water/sewage, electricity and gas monthly charges and deposits; removal grant; telephone installation and, monthly charge; emergency alarm system; renewal of electrical wiring; medical and rehabilitation expenses: extra diet allowance; appliances and hygienic items, dental treatment; care and attention allowance; home help service.

<sup>19</sup> 基督教服務通訊，第164期，1997年4月，第2頁。

<sup>20</sup> 信報，1997年2月12日，第18頁。

<sup>21</sup> N. Chow (unpublished internal documents).

7,400 in 1998-99, 8,000 in 1999-2000, and finally to 9,100 in 2000-2001.<sup>22</sup> On average, an additional 1,000 applicants each year after 1998. Besides these estimates, there is very little study to find out the actual demands and the size of the potential users of the Scheme.

Finally, the Scheme will be reviewed after two years of implementation.

#### **4. Program in Operation**

According to Table 1, the caseload in March 1998 was only 700. Even though the number of cases received each month may fluctuate a little bit, the number remains small (average 70). The size of the potential pool of users remains uncertain. Perhaps, some people are still waiting for the end of the three-year requirement before making their applications. While there is no sign of diminishing applications, it is also unlikely that the number, without any significant changes in publicity, support and application procedures, would increase dramatically in the near future. In short, the demand or the need for the service is largely uncertain, and the program is far from being institutionalized. Noteworthy is that there is a growing number of cases deleted. These cases refer to those who had withdrawn from the Scheme, or died subsequently. Withdrawal from the Scheme included those who had never left Hong Kong, and those who had stayed shortly in GD, and then gave up the livelihood there and returned to Hong Kong.

Some 16 per cent of the applications were rejected because they were not qualified, mainly because of the requirement to be a CSSA recipient for three years immediately before the application for PCSSA.

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<sup>22</sup>明報，1997年3月26日，第4頁；*South China Morning Post*, 26 March 1997, p.5.

Table 1: Number of Approved PCSSA Recipients in 1997-98

Month	No. of Cases Received	No. of Cases Deleted	Net Caseload
1997			
4	19	0	19
5	79	0	98
6	78	2	174
7	64	0	238
8	62	1	299
9	66	1	364
10	65	8	421
11	93	4	510
12	73	2	581
1998			
1	48	8	621
2	28	5	644
3	72	16	700
	747	47	700

Source: Monthly Statistics from the Hong Kong Red Cross

Among the 644 recipients, almost 60 per cent of them lived in Guangzhou, Jiangmen, Foshan, and Dongguan.<sup>23</sup> Most of them are living in the Pearl Delta, not too far away from Hong Kong in traveling distance.

From press reports, feedback from elderly CSSA recipients showed that the lack of family members in GD and the worries about the cost of medical care in GD are the major reasons deterring people from joining the Scheme.<sup>24</sup> It is reported that a brief period of hospitalization can cost the recipients their whole month of benefits. Understandably, elderly recipients cannot afford to have a major medical operation in GD. Legislators and political parties urged the government to work out a feasible medical care insurance program for the PCSSA recipients.<sup>25</sup>

Meanwhile, the GD government publicly criticized SWD for designing and

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<sup>23</sup>明報，1998年2月13日，第4頁。

<sup>24</sup>South China Morning Post, 25 March 1998, p.8.; 明報，1997年2月11日，第7頁；蘋果日報，1997年4月16日，第2頁。

<sup>25</sup>South China Morning Post, 14 February 1997, p.4; 27 February 1997, p.8..

implementing the whole Scheme unilaterally with no consultation with the Chinese authorities.<sup>26</sup> SWD only tried to contact the Chinese authorities in GD shortly before the implementation of the Scheme. According to an official from the GD Civil Affairs Department, preparation for the participants of Scheme to return to GD was essential to facilitate their settlement and adaptation to new life in GD. Preparation included planning and arrangement in housing, homes for the aged, medical care and custom.<sup>27</sup> In another occasion, a GD Civil Affairs official suggested that the Hong Kong government could reimburse the Civil Affairs Department the medical expenses of the recipients. In short, the GD government expected SWD to work jointly with the mainland authorities. With no prior agreement, the mainland authorities claimed that they had no responsibility to facilitate the implementation of the Scheme.<sup>28</sup>

Since February 1997, SWD had proposed to visit the mainland authorities in GD. But the first formal meeting between the two parties was only possible in September 1997 after Hong Kong became the Special Administrative Region. A task group was set up to meet regularly to handle issues involved in the implementation of the Scheme. Issues discussed involved medical care, remarriages, and household registration. But so far, no specific arrangement has been made. The intractable problem of developing and financing a medical care program for the PCSSA recipients remains unresolved.<sup>29</sup>

There were reports of problems in receiving the benefits promptly because of the complicated bank procedures in remittance.<sup>30</sup>

## 5. Research Objectives and Methodology

This study has three main Objectives:

- a) To understand the reasons of the recipients to move back to live in GD;
- b) To find out what are their socio-economic backgrounds;
- c) To find out their living conditions and difficulties in adapting to livelihood in GD;
- d) To understand the dynamics and patterns of their family support; and
- e) To make recommendations to improve the operation of the Scheme.

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<sup>26</sup>明報，1997年3月7日，第4頁。

<sup>27</sup>蘋果日報，1997年4月3日，第2頁。

<sup>28</sup>明報，1997年2月11日，第7頁；1997年4月15日，第6頁。

<sup>29</sup>蘋果日報，1997年9月24日，第2頁；明報，1997年9月25日，第12頁。

<sup>30</sup>明報，1997年9月25日，第12頁；1998年2月13日，第5頁。

This study is divided into four parts. First, based on the information available in the fact sheet of the cases, the profile of the PCSSA recipients is compiled. By December 1997, 598 cases were recorded. Second, individual interviews were carried out based on a structured questionnaire on their reasons for choosing the scheme, living conditions in Hong Kong, and living arrangements in GD. (See Appendix 1 for questionnaire design) Recipients, before leaving for GD, would be invited to attend an orientation briefing by the HKRC staff. By December 1997, 357 cases were interviewed. Some cases could not be interviewed because of language difficulties, the poor mental state of recipients, or the absence from the orientation meetings.

Third, interviews were carried out with recipients who had returned to settle down in GD for at least 4-6 months. Since the recipients are spread all over GD, it would be too costly to carry out an independent survey of the recipients. According to the contract with SWD, the HKRC staff have to visit a randomly selected sample of five per cent of the recipients six months after the implementation of the Scheme (after September 1997). As the number of recipients was unexpectedly small (230 cases by July 1997), only 37 cases could be interviewed successfully. These cases had been settled down in GD for three to six months already. (See Appendix 2 for Questionnaire design) Because of difficulties in communication and expression, some of the interviews received incomplete answers. In some cases, respondents were cautious and hesitant in providing answers to sensitive questions, such as the financial situation and conditions of caregivers. Understandably, elderly people are often reluctant to admit their difficulties.

To be sure, these 37 cases cannot form a valid and representative sample of the recipients. Data derived from these interviews are not intended for overall generalizations and conclusive description. If finance and administration are possible, more interviews should be carried out in the near future so as to increase the representativeness of the sample size, and document the probable changing profile of recipients. Nevertheless, these 37 cases can provide a general and tentative impression concerning their livelihood in GD. Instead of the use of accumulative statistics to group these cases together, these cases are used individually to show what can happen to these recipients and what are some of their views.

Fourth, four case illustrations are used to show the detail of the living arrangements of the recipients living in GD. Special focus is on understanding the dynamics of family support. These cases were referred by the HKRC, and recipients and their caregivers were interviewed by the research assistant of the researcher.<sup>31</sup>

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<sup>31</sup>Y. O. Suen, *A Study on the Family Support Systems of the Recipients of Portable Comprehensive*

Overall speaking, this study focus is on those recipients who joint the Scheme within nine months of its implementation. They are the “early birds”, and presumably, they are more motivated and determined to make use of the Scheme. Some of them would definitely return to GD even without the support from the Scheme. Perhaps, those who joint the Scheme later, the “late-comers”, may have other considerations, or they were waiting for the end of the three year requirement before making their applications.

## 6. Recipient Profile

Based on the analysis of 598 cases received between April and December 1997, the profile of the recipients is:

**1. Sex, Age, Disability and Housing Type in Hong Kong (Table 2, 3, 4 & 5):** Most of them were single elderly living in Hong Kong because of widowhood, divorce, or separation. Only seven were family cases. In terms of age, 93.5% of them were over 70 years old, and 59.5% over 80 years old. On average, this population is much older than the CSSA elderly applicants. According to a study, only 23.4% of the CSSA recipients were over 80 years old.<sup>32</sup> There were slightly more female recipients (55.9%).

Some 45.5% of them lived in public housing before moving to GD. Significantly, 7.7% gave up their residence in homes for the aged in Hong Kong. With almost 15% of them classified as 100% disabled (88 persons), and another 4 per cent requiring constant attendance (25 persons), disability is not an impediment for people to join the Scheme.

### 2. Places of settlement (Table 6):

The residence of recipients was dispersed in 21 cities all over GD. The majority of these cities are in the Pearl Delta. Almost 60% of the recipients lived in the four cities, namely Guangzhou (17.9%), Jiangmen (17.6%), Faoshan (11.4%), and Dongguan (11.4%). At first glance, it seemed that they all lived in cities. But because of the city-centered government administration, even villages are under the auspices of the city government. Without going into their actual addresses, we

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*Social Security Scheme Retiring to Guangdong Province*, MSW Dissertation (Department of Social Work and Social Administration, The University of Hong Kong, 1998).

<sup>32</sup>N. Chow, (unpublished internal document).

do not know the actual distribution of the recipients in cities, towns and villages.

From the profile, significantly more old-old are using the Scheme. Moreover, there are more female users because they represent a higher proportion in this age group (They have longer life expectancy). In a way, it turns out that the Scheme in fact receives slightly more support from the male elderly (In China, only one-third of the elderly population aged over 80 are male). Disability is not a factor discouraging people to go back. One in five of the users are severely disabled. People are prepared to give up their public housing units and places in the homes for the aged in order to join the Scheme. In sum, the users of the Scheme are not predominately healthy, mobile and able-bodied. In fact, this group of people can consist some “high-risk” and dependent populations requiring intensive and ongoing social support.

## **7. Survey Findings of Recipients before Leaving Hong Kong**

Based on the interviews by HKRC staff with a total of 357 PCSSA recipients, their views are summarized as followed:

### **1. Reasons for Choosing the Scheme (Table 7, 8, 9):**

The drive of settling in GD may be multi-factorial; hence the design of the question asking main reason(s) of settling in GD allowed respondents to give more than one reason. The data, therefore, should be interpreted in this light.

Among the reasons given, almost two-thirds of them included that it was the “push factor” of not having people in Hong Kong to take care of them as the main reason for them to go back to settle down in GD. Some 20% chose the “pull factor” of having relatives in GD to take care of them as the main reason. Eight per cent expressed the strong traditional desire to die in one’s own place of origin. Less than 5% of them included the high cost of living in Hong Kong as a reason for leaving Hong Kong. Other reasons frequently given by the clients include: not getting well along with neighbours or flatmates in Hong Kong; fear of a deteriorating health; feeling lonely in Hong Kong; difficulty to find a suitable place to live in or unwillingness to move to another district as a result of urban redevelopment; unwillingness to be cremated after death in Hong Kong; retiring in GD upon relatives’ request; fearing of having passed away unnoticed/having no one to take care of his/her funeral; and no need to go up stairs if living in GD

etc.

Evidently, economic consideration is not a major reason for joining the Scheme. Most of them are based on social reasons to move back to GD, and not because of the desire to improve their living standard through living in a place with a lower cost of living. As old age turns them increasingly socially isolated in Hong Kong, they turned to relatives in the mainland for social support.

About half of the respondents would not go back to GD to live without the support from the Scheme, and 44.9% would possibly go back even without the Scheme. Presumably, some of them have already considered this alternative before the implementation of the Scheme. Most of them were supportive of the Scheme, and perceived it as a way to improve their quality of life.

Finally, they seemed so determined to move to GD that about 71% of them would not consider coming back to Hong Kong even though they might, in the future, find the living conditions in GD unsatisfactory. Only 12.8% had considered the possibility of returning to Hong Kong.

## **2. Living in Hong Kong (Table 10, 11, 12, 13)**

Some three-quarters of the respondents claimed to have no one to take care of them while living in Hong Kong. This is consistent with the views that they wanted to go back to GD for better social support. Some 60.4% of them had relatives in Hong Kong, but apparently moral obligation is no longer a reliable source of assistance.

Some 26.6% of them used social centers for the elderly (Some of the cases were referred by social centers for the elderly), 9.2% of them were residents in homes for the aged, and 5.9% received home-help services. Slightly over half of them received no services at all.

While living in Hong Kong, 46.5% of them were on medication, and 25.5% required regular visits to clinics. Some 45% claimed to be rather healthy.

## **3. Understanding livelihood in GD (Table 14, 15, 16, 17, 18)**

Three-quarters of them had visited GD in the past five years. For this group of people, about half of them were frequent visitors, going back to GD three times or more each year. In contrast, some 22.8% of them had seldom or never live in GD in the past five years. For those who made visits to GD, two-thirds of them stayed for less than a month and the rest stayed for more than a month. In terms of familiarity with the livelihood in GD, the majority of them should have good understanding of livelihood in GD. This would facilitate their effective adaptation and adjustment to the livelihood in GD. Noteworthy is the fact that

there is a group of people who possibly are frail or disabled. They may not be familiar with livelihood in GD because of limited mobility.

Regarding knowledge about social services available in GD, one-third claimed to know what were available, one-third knew that there were little available, and one-third did not know what services were available.

At this stage, most of the respondents were determined to live in GD, and had expressed little worries. Only 5.9% of them worried about the possible costs of medical care in GD. Over half of them had the experiences of consulting doctors in GD. Medical costs have been a major reason deterring other elderly people from joining the Scheme. Have the respondents seriously considered how medical costs can be paid before making the move? Do they understand that as they become older, accompanied invariably by deteriorating health, their need for medical care will be on the increase?

#### **4. Living in GD (Table 19, 20, 21, 22, 23)**

Almost two-thirds of them claimed to have people (family members, relatives and friends) to accompany them to return to GD. The rest returned by themselves. Another one-third expected no one to receive them when they returned to their place of settlement.

Some 57.7% of the respondents lived with their family members (40.6% with children, 3.9% with grandchildren, 1.7% with parents, and 11.5% with spouses). Another 26.3% lived with relatives. Only 12.3% lived by themselves. Apparently, they all received care from the people they lived with or lived nearby, and only 11.8% of them claimed to have no one to take care of them. We do not know whether those who live alone are in need of practical assistance in daily living. Overall speaking, in contrast with their situation in Hong Kong, most of them now live with their caregivers.

Only three respondents moved into homes for aged. To move into institutional care in GD is not a popular option for this group of respondents. Only 6.7% of the respondents rented a place to live. As such, most of them have no need to pay rents.

In summary, it is neither financial pressures nor difficulties in livelihood in Hong Kong that push this group of people to move to GD. The consideration of lower cost of living in GD is not a major attraction. It is the availability of support and relationship inside China that motivates them to decide to migrate to GD. In contrast, their social relationships in Hong Kong is weak. Even though some of them may still have relatives in Hong Kong, they are willing to give up these relationships. Most of

them are able to live with family members and relatives in GD, and receive care from them. A small number of them who live by themselves may require closer understanding: they may be healthy and independent requiring little assistance; they may receive care from caregivers who live nearby; or they may be in urgent need for support.

In terms of health conditions, half of them claimed to be healthy, while the other half required regular medication and visits to doctors. While living in Hong Kong, their reliance on social services in Hong Kong is not heavy. Most of them can afford to give up the opportunities of social service support in Hong Kong, and move to a place where social services are largely under-developed.

The majority of them seem to have sufficient understanding about livelihood in GD, and have sufficient experiences of living in GD before migration. But a small proportion of them are not too well prepared, with little knowledge about livelihood inside, and possibly with little support. Apparently, they seem to underestimate the possible difficulties, notably medical expenses, they have to face while living in GD.

## **8. Settling Down in Guangdong**

For the 37 recipients interviewed, all of them had returned to live in GD for over three-six months. In marital status, 12 were married, 17 widowed, seven single and one with no answers. In terms of age, most of them except three were over 70 years old, and 20 were over 81 years old. They lived in a total of 16 cities in GD. Most of them (26 persons) were cared by family members, four were capable of self-care, and one by a maid. One person lived in a home for the aged, and was cared by the home staff. The rest gave no answers regarding caregivers. Seven were 100% disabled.

### **1. Reasons for Moving to GD**

Among the major reasons given, 24 respondents, as expected, claimed to have no one in Hong Kong to take care of them, and on the other hand, four claimed to have relatives in GD to take care of them. Two expressed the desire to settle down in one's place of origin. Only three complained about the high cost of living in Hong Kong. On top of these, there is a variety of other individual reasons including:

#### Push factors:

The lack of living space in Hong Kong; dislike living in homes for the aged; poor neighborhood relations; not able to employ a maid to take care of her; poor health conditions and disability requiring someone to take care of them; and rejection by

family members in Hong Kong.

Pull factors:

Availability of housing in the village; good living environment in GD.

There is a strong sense of dissatisfaction and loneliness of life in Hong Kong. They primarily expect life in GD can be improved because of the availability of social support there. Again, the cheap cost of living in GD is not necessarily a major consideration for most recipients.

## **2. Living in GD**

Some 25 of them claimed to have settled down satisfactorily to livelihood in GD. Only six respondents expressed hesitation to give a definite answer, and four gave no answers at all. Apparently most of them were satisfied, with no major complaints. They seemed to enjoy living with relatives, the availability of social support, and the access to clean air. In a sense, because of the commitment they had made to move to GD voluntarily, they, somehow, had to accept the life situation in GD. By giving up their livelihood in Hong Kong, it would be difficult for them to move back to Hong Kong in case of disillusionment regarding livelihood in GD. In this way, they may have a higher degree of tolerance of difficulties. So far, they seemed to live like any other mainland residents, and had no feeling of being discriminated.

In GD, only two persons lived by themselves, yet they had relatives living nearby. The rest lived with family members including spouses (7), children and children-in-law (15), grandchildren (11) and relatives (11). In this sense, no one seemed to live in isolation. Only two persons claimed to have no one to take care of them because relatives had to go to work. Most of them were cared by their family members. One had employed a maid to take care of her.

In living arrangements, 30 respondents had their own rooms while others had to share the rooms with relatives and one had to sleep in the sitting room. Most of them were accessible to TV (28 persons), tap water (31 persons), toilets (27 persons), refrigerators (20 persons), fans (32 persons), washing machines (12 persons), and cooking facilities (33 persons). Some houses were equipped with modern facilities such as microwave, hot water supply, sound and video system, air-conditioning, etc.

Some 22 respondents claimed that transportation was convenient, and only one claimed that he was not accessible to public transport. In fact, some said that they seldom went out, except for doctor consultation. Also some 22 respondents found that shopping was convenient, with markets nearby, and a plentiful and cheap supply of food. Only two expressed difficulties of shopping.

Only four persons expressed the need to carry out domestic duties of buying food, cooking, and house cleaning. Half of them found that after moving to GD, they were

exempted from these household chores. This is an obvious difference between the livelihood in Hong Kong and in GD. In living with family members, they were assisted in household chores, receiving the CSSA payments, visiting doctors, managing finance, bathing and toileting. More importantly, they were able to have someone to talk to. In terms of daily activities, most of them had little regular activities, except sleeping, watching TV, reading newspapers, praying to Buddha, playing mahjong, and visiting friends.

Besides companionship and social care, people found life in GD more free, with more living space, healthy physical environment, plenty of sleep, and fresh and cheap food. Most of them expressed little complaint about life in GD. The only worry was about their health conditions and the cost and accessibility of medical care. Some 11 respondents still missed their friends in Hong Kong. Only three had explicitly considering returning back to Hong Kong, mainly because of medical reasons, while 27 respondents had no desire to return to Hong Kong.

The comparison between life in Hong Kong and in GD is as follows:

Table 24: Comparison Between the Quality of Life in Hong Kong and in GD

Area	HK better	GD better	The same	NA
Living Environment	6	18	5	8
Housing Facilities	7	13	6	11
Medical Service	16	5	7	9
Food	6	8	15	8
Recreation	9	4	6	18
Social Relationship	1	15	9	12
Social Care	0	22	1	14
Expenditures	3	10	9	18

With reference to Table 24, the majority of the respondents found their living environment and housing facilities in GD are better than those in Hong Kong. There is no significant difference in terms of food. More people were hesitant about expressing their views on social care, expenditures, and recreation. For those who had expressed their views, social relationship and social care were much better in GD than in Hong Kong. Although they might be ambivalent about their relationship or the quality of care, no one seemed to find the situation in Hong Kong much better. In terms of their expenditures, half of them did not express their views, and about one-quarter found that it was more less the same. Another one-quarter explicitly found

their financial situation had improved after moving to GD.

In terms of expenditures, for those who were willing to reveal their budgets, 15 respondents used less than 1,000 yuan a month on food, and four respondents had to spend more on food. In addition, three respondents paid a lump sum of 500 to 700 yuan to their relatives to cover the costs. Only one respondent had to pay a small sum of eight yuan a month for rent. Their medical expenses ranged from very little to 2,000 yuan a month. Some 12 respondents used less than 500 yuan a month on medical costs. In terms of recreational expenses, only five respondents claimed to spend 100 to 300 yuan a month. In addition, two respondents had to pay for the wages of their maids (around 500 yuan a month), and miscellaneous expenses on wine, cigarettes, traveling, teahouse, and lucky money.

Among the respondents, seven did not express views on the adequacy of the CSSA to cover the necessary expenses. Nine admitted the assistance was sufficient, eight claimed to make the ends meet, and six complained about the inadequacy. They all seemed to worry about the medical costs.

For the present moment, most of them claimed that their relationships with family members were satisfactory. They received respect and care from family members. Only three persons expressed hesitations, claiming that children had to work and had little time to take care of them.

In terms of health, most of them complained about some kinds of ailments, illnesses and disabilities, including 弱聽, 氣喘, 手腳痺, 柏金遜, 糖尿, 風濕, 眼失明, 白內障, 血壓, 骨退化, 尿道炎, 腳痛, 關節炎, 腳水腫, 哮喘, 咳, 失憶, 皮膚病, 胃潰瘍, 頭痛。After coming to GD, 30 respondents had consulted doctors in clinics, hospitals, and Chinese herbalists. Some had to rely on medicine taking with them from Hong Kong. Most of them had people escorting them to see doctors. In terms of medical fees, it ranged from 14 yuan to 60 yuan for each consultation, and several hundreds yuan to 3,000 yuan for hospitalization. Half of them expressed satisfaction with the service, while four complained the poor staff attitudes and expensive charges.

Looking into the future, most of them had little expectations on the Hong Kong government, except if possible, to increase their monthly benefits and provide them with medical allowances. For the GD government, they hoped medical expenses could be reduced.

## **9. Case Illustration**

The names in these four cases are pseudonyms.

1. **A Paralytic Widower with Incontinence:**

Mr. Cheung is a widower, aged 91. He has a daughter, aged 65, and several nephews. After the death of his wife, he left his daughter in the village, and came to Hong Kong in 1949 for jobs. Several years ago, his son-in-law had invited him to live with them. After an accident, Mr. Cheung was paralyzed, and required ongoing care. Because no one was available to look after him in Hong Kong, he therefore moved to a village in Huiyang so that his daughter and other relatives could take care of him. In the village, he lived in a small wooden house opposite to the two-storeyed new house of his daughter and her family.

Mr. Cheung was mainly looked after by his daughter, son-in-law, and grandchildren. The son-in-law assisted him in bathing, feeding, meal preparation, house cleaning and clothes washing. The grandchildren also shared some of the responsibilities. Mr. Cheung relied on barefoot doctors for medical consultations. He could walk slowly with a walking stick. Visiting a clinic or hospital was inconvenient.

2. **A Married Man Living with his Elder Son:**

Mr. Wong is now 90 years old. He has two daughters and two sons, all around the age of 50. One of his sons is mentally handicapped and deaf. Mr. Wong left for Hong Kong for jobs, and was later joined by his wife in the 1960s. Initially, he worked as a manual worker, and later had to depend on CSSA for a living because of poor health. Still, he provided assistance to subsidize the education of his grandchildren. He lived in a home for the aged, while his wife visited him once or twice a month. After half a year, he decided to move to a village in Huidong so that he could be looked after by his children and grandchildren. But his wife chose to remain living in a public housing unit in Hong Kong.

Mr. Wong now lived on the ground floor while one of his sons lived on the upper floors. His son and grandchildren were responsible for taking care of his daily needs. His unemployed grandson was his main carer, assisting Mr. Wong in bathing, walking, and dressing. His other children seldom visited him. After paying the hospitalization fees of 2,000 yuan, his children were in debts. Mr. Wong now was in the process of getting his children to come to Hong Kong to take care of him and his wife.

3. **A Childless Widow Living Near to Her Relatives**

Mrs. Tang is a childless widow, aged 85. Because of an unsatisfactory relationship with his brother, she came to Hong Kong in the 1940s. After the death of her husband, she lived by herself. She moved out from the home for the aged because

of dissatisfaction with institutional life. With poor health, she had to depend on neighbors and volunteers from a community center to help her in daily activities. Because of her failure to get into a public housing unit, and the condition of her small cubicle in private housing was unsatisfactory, she decided to move to live in a village in Huidong. Another reason for retiring to Guangdong was the fear of cremation after death. She only made a brief visit to Huidong to work out the living arrangement before making the movement.

Mrs. Tang now lived on the ground floor of an old house of his nephew, while the family of her brother lived in a new house nearby. Mrs. Tang received some assistance from her sister-in-law and neighbors in washing clothes, buying food and delivering water. Other relatives seldom pay visits to her. In fact, they wanted her to go back to Hong Kong.

She found herself lonely, facing a rather hostile social and physical environment. Her relatives often asked her for money in return for caregiving. She was making arrangements to return to Hong Kong.

#### 4. **A Childless Widow with Alzheimer's Disease**

Mrs. Chan is a childless widow aged 84. Mrs. Chan came to Hong Kong in 1953 and worked as a domestic helper, and later as a part-time dim sum seller in a restaurant. Her husband died in 1983. Due to poor health, she turned to CSSA for assistance. Because of her dissatisfaction toward life in the home for the aged, she chose to move to Guangzhou to live with her adopted daughter, Mrs. Lee, now aged 68. Mrs. Lee had four adult children. Their relationship had been satisfactory, and Mrs. Chan often paid visits to see Mrs. Lee.

Now in Guangzhou, she lived with a maid on the ground floor of a two-storey house. The family of one of her granddaughters, Mrs. Ho lived on the upper floor. The main caregiver was the maid who took care of her personal needs of bathing, changing napkins, and toileting. Mrs. Ho accompanied her for morning and evening walks on a wheelchair, going to restaurants, and seeing doctors. Other family members visited Mrs. Chan once a week, and more in case Mrs. Chan was sick. Mrs. Ho suffered from insomnia because Mrs. Lee often screamed at night, and she had to check on her condition.

During the four months stay in Guangzhou, Mrs. Chan was hospitalized for nearly two months. Besides taking turn to care for Mrs. Chan, the family had to pay the medical fees of 10,000 yuan. The family was in debts.

These elderly recipients decided to move to live in Guangdong for similar reasons: they were dissatisfied with their physical living conditions in Hong Kong,

including living in homes for the aged. They expected that living conditions in Guangdong could be better, particularly with the availability of informal support from family members and relatives. In general, both physical and social support are considered as important factors contributing to their decision to leave Hong Kong.

All these elderly are either disabled or in poor health. They require daily assistance. In some of the cases, the family members including grandchildren can provide the needed assistance. Their relationships are satisfactory, and family members are more willing to take up the caregiving tasks. Time available is important. In one of the cases, the main carer is an unemployed person. Otherwise, family members have to employ a maid to provide the daily assistance. During hospitalization, the demand from the caregivers escalates, and family members have to be mobilized to meet the need. More importantly, they have to pay for the medical bills. Only in one of the cases, family relationship was poor, and family support was not available. In this case, the recipient has underestimated her need for family support and overestimated the support she can receive from her relatives. Poor previous relationship means that relatives would not take up the caregiving role.

## **9. Conclusion**

This Scheme is one of the most innovative programs launched by the Social Welfare Department in recent years. The Scheme can provide an alternative arrangement for the CSSA elderly to improve their quality of life. To a certain extent, it provides an opportunity for the elderly recipients to exercise self-control over their future. From another perspective, the Scheme evidently can reduce the administrative and financial responsibility of the government.

Elderly people are neither adventurous nor rational decision-makers. In exercising their choice, they may not be motivated simply by the apparent difference in cost of living between Hong Kong and the mainland, and then make a decision to move back to live in the mainland. Users of the Scheme are largely motivated by their dissatisfaction over their living conditions in Hong Kong, particularly their lack of social relationships and support. On the other hand, they have relatives and family members in GD who promise to take care of their needs. Not surprisingly, the Scheme is popular among those frail and older elderly, often with disabilities. They aspire to spend their remaining years with their family members. Noteworthy is the fact that some of the users even give up their places in homes for the aged in Hong Kong in order to receive family support in the mainland. Given the choice, elderly people in general do not prefer institutional care. Finally, the Scheme does not appeal to those

where informal support in GD is not available.

While each individual user may have her or his own history and reasons of going back, and why they retain family relationship in GD, they are willing to give up their relatively secure livelihood in Hong Kong (with free medical care, possibly in public housing or homes for the aged) in return for social support in GD. With the exception of a few who live in homes for the aged in GD, most of them live with their family members, and receive both practical assistance and personal care from them. Care is in a variety of forms, depending on the need of the users. For those healthy users, support is in the form of visits and companionship. For those with disabilities, family members are mobilized to provide daily care including bathing, feeding, shopping, toileting, and dressing. In fact, a lot of them after moving to GD are exempted from some of the household chores, such as cooking, shopping and washing. A few of them can afford to employ domestic helpers to take care of their daily needs. In some cases, family members have to contribute to the medical costs of hospitalization. On the whole, as recipients become older, their need for care increases, and their dependency on their family members for care escalates. The capacity and commitment of family members to provide long-term care become pivotal in determining their well-being.

The general impression of this study is that the users of the Scheme are largely benefited from their decisions. Besides the availability of caregivers and social relationships, the CSSA benefits can provide them with an improved quality of life, particularly living environment. The cost of living usually is affordable in the GD, and most of them do not have to pay rent. But to most of them, the high cost of medical care is worrisome. Fortunately, there is little serious complaint about the quality of medical service in GD. Yet the need for health care is often unpredictable and can be unaffordable. In the event of hospitalization, financial support from relatives and family members is essential. Their anxiety over the costs of medical care is justifiable and understandable. The uncertainty around medical expenditures is one of the major reasons deterring more people from joining the Scheme. Besides medical services and institutional care, recipients do not seem to receive any other formal and local social services supporting the caregivers and the elderly recipients themselves.

The whole Scheme is not yet an institutionalized program because the demand for this Scheme is largely uncertain. Applications may decline gradually, and the Scheme would therefore, serve only the existing recipients until they all die in ten to twenty years time. Or the Scheme, with a thorough review and modifications, would tap a larger potential market. To improve the Scheme and attract more applications, there are several impending issues to be settled:

1. Cooperation with the GD government

Cooperation between the two governments is paramount to resolve problems such as household registration status, medical costs, and social service support. A breakthrough has to be achieved. Otherwise, there is little opportunity for the Scheme to become an institutionalized and effective program. In fact, the mandate of this program would continue to be challenged by the GD authorities. In view of the growing interdependency of the two regions in social issues, coordination and cooperation between the two regional governments in social welfare is paramount. To express the goodwill, SWD may provide assistance in staff training and program development for the GD government.

2. Medical allowance and arrangement

To our understanding, medical insurance in GD for this group of high risk elderly is neither feasible nor practical. Two alternatives can be considered. First, a monthly allowance of several hundred dollars can be granted to all recipients, disregarding their health conditions. Second, an office can be established in GD. The office can develop contracts with selected hospitals in several large cities. Recipients requiring hospitalization can be referred to these hospitals, and the office would negotiate and pay for the expenses.

3. Understanding the family support

This group of recipients is a potentially high risk and dependent population. Caregiving provided by family members and relatives can be a very stressful experience. Many of these caregivers are, for the first time, doing the caregiving tasks. The amount of caregiving tasks can be unexpected and often staggering. We cannot take for granted that family care is unlimited, open-ended, and continuous. Without support from social services, the capacity and commitment of the caregivers can deteriorate rapidly.

4. Reviewing the eligibility and criteria for application:

To enable more people eligible for the Scheme, the Scheme can be extended to cover CSSA recipients retiring to other provinces in the mainland, such as Fujian. The three-year of receiving CSSA requirement can be relaxed. Finally, the Scheme can consider covering disabled adults on CSSA.

5. Office in GD

This group of people, together with their caregivers, necessitates ongoing and prompt assistance. There should be an office and a hot-line service available for recipients to contact in case of need. This office can on the one hand carry out the normal checking duties and on the other hand, provide service to the recipients, such as providing local information, connecting them to local services, and providing support to caregivers. Above all, experiences tell us that the elderly people appreciate these contacts and support. This gives them a feeling that they

are not neglected. In a sense, it can facilitate the accountability of the caregivers toward the elderly. In short, case managers overseeing the needs of these elderly people are essential.

6. Pre-migration interview

In order to enable recipients to have a better preparation for the migration, pre-migration interview is essential. To many elderly recipients, exercising control over their livelihood through making a migration decision is complicated, and assistance would be most desirable. These interviews can help the recipients to appraise their needs, the reliability of family support, and the demands for social service support in the mainland.

7. Follow-up study

As mentioned in the foregoing sections, the respondents of this study are the “early birds”, who have settled down in mainland China for 3 to 6 months only. A follow-up study after one year or so is important to learn about their long-term adjustments and life changes. In addition, it is important to learn about the probable changing profile of those who have joined the Scheme recently.

Finally, the effectiveness of this Scheme hinges on the successful adaptation of the recipients toward livelihood in the mainland. The Scheme will be a complete failure if more of the recipients are returning back to Hong Kong for their remaining years. In specific, successful adaptation depends on the continuity of the family support. In the light of the escalating demands for family support, the capacity of the family support for the elderly recipients can become fragile and volatile. Most worrisome is the mounting medical costs which can get families deeper and deeper into debts. If the situation of the elderly recipients turns desperate, they would be forced to come back to Hong Kong to start their livelihood all over again. By so doing, the Scheme users will become “victims of their own choices”. In essence, the availability of affordable medical support and the facilitation of family support are two pivotal factors contributing to the effectiveness of the Scheme.