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## INFORMATION NOTE

### Poverty alleviation policy for the needy elders in Hong Kong

#### 1. Background

1.1 The Chief Executive pledged in his manifesto for election to reinstate the Commission on Poverty ("CoP")<sup>1</sup> to "undertake an overall review of the forms and manners by which poverty is manifested and their underlying causes" and "study, systematically address the issues identified and adopt measures to alleviate the causes leading to poverty". Specific work of the new CoP would include studying how to introduce short, medium and long-term measures to solve the problem of elderly poverty and improve the present social security and retirement protection systems.

1.2 The new CoP was formally established on 9 November 2012 with a term of two years from 1 December 2012 to 30 November 2014. It is chaired by the Chief Secretary for Administration, and comprises 18 non-official members and four ex-officio members. In order to conduct in-depth study on specific areas of concern, the new CoP is underpinned by six Task Forces, i.e. (a) Social Security and Retirement Protection Task Force; (b) Education, Employment and Training Task Force; (c) Societal Engagement Task Force; (d) Special Needs Groups Task Force; (e) Community Care Fund Task Force; and (f) Social Innovation and Entrepreneurship Development Fund Task Force. The new CoP has identified setting a poverty line in light of the actual situation in Hong Kong as one of its priorities. The poverty line serves three functions, namely (a) quantifying the poverty situation in Hong Kong; (b) investigating the causes of poverty and serving as a guiding reference for policy formulation; and (c) assessing the effectiveness of the poverty alleviation policies.

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<sup>1</sup> The former CoP was established in February 2005 by the then Government to study and identify the needs of the poor and make policy recommendations to alleviate poverty, including the elderly poverty. Prior to its dissolution on 30 June 2007, the former CoP submitted a report to the Government summarizing its work and making 53 recommendations on the direction for future work to prevent and alleviate poverty. Since then, there have been calls from various quarters of the community to re-establish CoP for following up its recommendations made in 2007 and formulating new poverty alleviation initiatives.

1.3 In October 2012, the House Committee of the Legislative Council ("LegCo") appointed the Subcommittee on Poverty to study relevant policies and measures to ease the disparity between the rich and the poor and alleviate poverty, follow up the work of the Government's CoP and make related recommendations. The Subcommittee will discuss the subject of elderly in poverty at its meeting on 22 January 2013. This information note aims at providing information on the current situation of the needy elderly in Hong Kong, the government's policy to alleviate elderly poverty, and relevant deliberations related to the issue of elderly poverty at LegCo.

## 2. Current situation of the elderly in Hong Kong

2.1 In Hong Kong, the proportion of people aged 65 and above increased from 11% in 2001 to 13% in 2011. The corresponding number of people aged 65 and above increased from 747 052 in 2001 to 941 312 in 2011.<sup>2</sup> The ageing trend of Hong Kong population is expected to be more apparent in the years ahead. According to the projections made by the Census and Statistics Department, the proportion of people aged 65 and above is forecast to rise from 13% in 2011 to 30% in 2041, accounting for one out of every three Hong Kong people.<sup>3</sup>

2.2 Median age of the population is also forecast to rise from 41.7 in 2011 to 49.9 in 2041, while life expectancy will increase from 80.5 years to 84.4 years for males and 86.7 years to 90.8 years for females over the same period. As a result, the elderly dependency ratio<sup>4</sup> will increase from 177 in 2011 to 497 in 2041. The overall dependency ratio<sup>5</sup> will correspondingly rise from 333 to 645 due to the increase in the elderly dependency ratio.<sup>6</sup>

2.3 Population ageing becomes an increasingly challenging issue for Hong Kong in view of the number of needy elders, insufficient retirement protection and growing demand for healthcare and residential care services by the elderly.

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<sup>2</sup> Census and Statistics Department (2012a).

<sup>3</sup> Census and Statistics Department (2012b).

<sup>4</sup> Elderly dependency ratio refers to the number of persons aged 65 and above per 1 000 persons aged between 15 and 64.

<sup>5</sup> Overall dependency ratio refers to the sum of child and elderly dependency ratios. Child dependency ratio refers to the number of persons aged under 15 per 1 000 persons aged between 15 and 64.

<sup>6</sup> Census and Statistics Department (2012b).

### Number of needy elders

2.4 The former CoP, which was established in 2005 by the then Government to study poverty alleviation issues, considered that no single factor or figure could be relied upon to provide an in-depth understanding of the poverty situation. As such, it devised a set of poverty indicators to reflect the situations across different age groups and districts, thereby capturing the multi-faceted nature of poverty. For elderly people, the former CoP considered that the concern was about income support, health and living conditions.

2.5 The former CoP set out three relevant indicators to identify the needy elders, namely (a) recipients of old-age Comprehensive Social Security Assistance ("CSSA"); (b) elderly patients under the medical fee waiver mechanism of public hospitals and clinics; and (c) elderly persons living in private temporary housing and private shared units. If CSSA is employed as the sole criterion to define poverty, the size of the needy elders (or the number of old-age CSSA recipients who are aged 65 and above) would have been 158 500 in 2011, equivalent to 16.4% of the aged population.<sup>7</sup> There are some needy elderly who qualify for CSSA, but do not apply for it due to various reasons.

2.6 According to a study conducted by the Hong Kong Council of Social Service<sup>8</sup> in 2012, the total number of people living in low-income households decreased by 55 000 in 2011 over a year earlier to 1.151 million or 17.1% of the total population. However, the proportion of persons aged 65 and above living in low-income households stood at 32.7% (or 288 000 persons) in 2011, compared with 32.5% (or 277 000 persons) in 2010. The Hong Kong Council of Social Service defines low-income households as those domestic households with monthly household income which is less than or equal to half of the median monthly domestic household income of the corresponding household size.

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<sup>7</sup> Labour and Welfare Bureau (2012b).

<sup>8</sup> 香港社會服務聯會(2012)。

### Insufficient retirement protection

2.7 The Mandatory Provident Fund ("MPF") system, a mandatory contributory retirement scheme for the working population, has been criticized for being unable to provide sufficient retirement protection for the elderly. The MPF system, which was set up in 2000, takes 30 to 40 years to mature. The current generation of elders may not be able to accumulate sufficient amount of MPF savings to support their retirement life. Low-income earners also find it difficult to accumulate adequate savings for their retirement given their low contributions to the MPF system during the working life. Furthermore, people outside the labour force such as housewives are not covered by the MPF system.

### Growing demand for healthcare and residential care services

2.8 The elderly population has greater healthcare needs and relies more on the public healthcare system than the youth population. This was evidenced by increasing number of elderly patients suffering from cancer, stroke, heart diseases and other chronic illness. In 2010, persons aged 65 and above required 11.8 hospital beds per 1 000 persons, compared with 1.3 hospital beds required for every 1 000 persons aged under 65.<sup>9</sup> Moreover, a person aged 65 and above uses on average six times more in-patient care (in terms of bed-days) than a person aged under 65.<sup>10</sup>

2.9 For elders with long-term care needs, the Government provides community care and support services, such as nursing care, meal delivery and escorting, to enable them to remain staying in their homes. Residential care services are available when elders can no longer be adequately taken care of at home. Population ageing has boosted the demand for residential care services in view of the waiting time required by frail elders for places in subsidized residential care homes. As at December 2012, there were a total of 28 692 elderly applicants waiting for such places. Their average waiting time ranged from 25 months for care and attention homes to 37 months for nursing homes.<sup>11</sup>

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<sup>9</sup> 醫院管理局(2012)。

<sup>10</sup> Food and Health Bureau (2012a).

<sup>11</sup> Social Welfare Department (2013).

### **3. Government's policy to alleviate the elderly poverty**

3.1 In recent years, the Government has implemented a number of poverty alleviation measures to assist the needy elders. These include provision of financial assistance, subsidized healthcare services, re-establishment of CoP and other support measures.

#### Financial assistance for the elderly

##### *Existing arrangement*

3.2 The Government provides financial assistance to the needy elders through various non-contributory social security assistance schemes, particularly the CSSA Scheme and Old Age Allowance ("OAA") under the Social Security Allowance Scheme. Means-tested CSSA serves as a safety net of last resort for the needy elders to meet their basic needs. Eligible CSSA recipients aged 60 and above receive a monthly standard rate<sup>12</sup> ranging from HK\$2,660 to HK\$4,810. Meanwhile, OAA offers a flat-rate cash allowance of HK\$1,090 per month to eligible elders for meeting special needs arising from old age. Elders aged between 65 and 69 can apply for means-tested Normal OAA, whereas those aged 70 and above are eligible for non-means-tested Higher OAA. According to the Government, about 80% of the people aged 65 and above are receiving assistance or allowance of different types under the social security system.<sup>13</sup>

##### *New Old Age Living Allowance*

3.3 In July 2012, the Chief Executive announced that the Government would introduce the Old Age Living Allowance ("OALA") scheme as an additional form of financial assistance for the needy elders. The funding proposal related to the creation of 90 non-directorate civil service posts for implementing the OALA scheme was approved by the Finance Committee on 7 December 2012. The Government has estimated that the new scheme will entail an additional expenditure of around HK\$6.2 billion in the first year of implementation, and benefit about 400 000 elders. The Government intends to implement the scheme in April 2013, under which payment to the eligible elders will be backdated to December 2012.

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<sup>12</sup> In addition to standard rates, supplements and special grants are also available to meet the specific needs of CSSA recipients.

<sup>13</sup> Legislative Council Secretariat (2012b).

3.4 Under the OALA scheme, eligible elders aged 65 and above will receive an OALA of HK\$2,200 a month if they meet the income and asset requirements, including an income cap of HK\$6,660 a month and an asset limit of HK\$186,000 for one person<sup>14</sup>, which are identical to those for Normal OAA.<sup>15</sup> Elders aged 70 and above are still eligible to receive the Higher OAA of HK\$1,090 if their income or assets exceed the relevant limits.

#### Healthcare support to needy elders

3.5 Needy elders who cannot afford public medical fees can obtain assistance under the medical fee waiver mechanism and drug subsidization policy. Under the medical fee waiver mechanism, all CSSA recipients are entitled to free medical treatment at public hospitals and clinics. Non-CSSA recipients meeting the relevant criteria may be granted a one-off or time-specific waiver. As to the Government's drug subsidization policy, needy patients are entitled to apply for means-tested financial assistance from the Community Care Fund Medical Assistance Programmes and the Samaritan Fund to purchase self-financed drugs or medical items required in the course of medical treatment.

3.6 In another effort to help the elders, the Government launched the three-year Elderly Health Care Voucher Pilot Scheme in January 2009 and extended the Pilot Scheme for another three years from January 2012 to partially subsidize elderly aged 70 and above for their use of private primary healthcare services. The Pilot Scheme was converted into a recurrent support programme for the elderly with effect from 1 January 2013 and the annual voucher amount per eligible elderly person was increased from HK\$500 to HK\$1,000.<sup>16</sup>

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<sup>14</sup> The asset limit of HK\$186,000 for one person will be adjusted to HK\$193,000 according to the established adjustment mechanism for the Social Security Allowance Scheme should the OALA scheme be implemented in April 2013.

<sup>15</sup> Existing Normal OAA recipients and former Normal OAA recipients who are receiving Higher OAA will be converted to the OALA scheme through an "auto-conversion" arrangement unless they report to the Social Welfare Department that they have exceeded the relevant income and asset limits or opt not to switch to OALA. These recipients have to make a means declaration afresh in the second year after the OALA scheme has been launched. Other Higher OAA recipients who have not undergone a means test before will have to make a means declaration for conversion to OALA. OAA recipients who are converted to the OALA scheme will cease to receive OAA thereafter.

<sup>16</sup> The annual voucher amount per eligible elderly person was increased from HK\$250 to HK\$500 when the Pilot Scheme was extended in January 2012.

### Other support measures

3.7 The Government has also provided other measures to support the elderly population, which include:

- (a) the Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities ("the Public Transport Fare Concession Scheme"), under which elders aged 65 and above can travel on designated modes of public transport at any time at a concessionary fare of HK\$2 per trip;
- (b) the Community Care Fund to support those in need who fall outside the safety net or those within the net but have special needs that are not covered<sup>17</sup>;
- (c) the Priority Public Rental Housing Schemes consisting of (i) the Single Elderly Persons Priority Scheme for those who wish to live alone, and (ii) the Elderly Persons Priority Scheme for two or more elderly persons who are willing to live together; and
- (d) reverse mortgage to help the elders who are asset rich but income poor to turn their property into a source of stable income to help improve their quality of life.

## **4. Deliberations at the Legislative Council**

4.1 Issues relating to poverty alleviation for the needy elders have been discussed by Members at meetings of the Council, the Panel on Welfare Services and a number of subcommittees such as the Subcommittee to Study the Subject of Combating Poverty and the Subcommittee on Poverty Alleviation. Major views and concerns of Members are summarized in the ensuing paragraphs.

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<sup>17</sup> Assistance programmes for supporting the needy elders launched under the Community Care Fund includes "Subsidy for Elderly Tenants in Private Housing", "Elderly Dental Assistance Programme", and "Subsidy for Elders who are on the Waiting List of Integrated Home Care Services (Ordinary Cases) for Household Cleaning and Escorting Services for Medical Consultations".

## Provision of financial assistance to needy elders

### *Application for Comprehensive Social Security Assistance on a household basis*

4.2 Members were concerned that some needy elders were ineligible for applying for CSSA because of the requirement to apply for CSSA on a household basis. Under this requirement, needy elders could only apply on their own if their children signed a statement stating that they would not provide financial support to their parents even though they live together. Members suggested relaxing the above requirement to allow the elders to apply for CSSA on an individual basis.

4.3 The Administration explained that the general requirement for applying CSSA on a household basis was to encourage family members to render assistance and support to each other. In addition, CSSA was funded by the government revenue and it should be provided to those most in need. Income-earners should take up the responsibility of supporting their family members who had no financial means, instead of transferring the responsibility to taxpayers. Nevertheless, the Social Welfare Department might allow an elder in need to apply for CSSA on his or her own under special circumstances, for example, where an elderly applicant has poor relationship with his or her family members or there were special reasons that children of an applicant could not provide support to him or her.

### *Review of the adequacy of Comprehensive Social Security Assistance*

4.4 As the methodology and approach for determining the CSSA rates had been set out as a result of a review conducted in 1996, Members held the view that the basic items of goods and services referred to in the review were outdated and incompatible with the present needs. Members urged the Administration to conduct a comprehensive review of the CSSA standard rates so that the rates were adequate to meet the essential needs of different categories of CSSA recipients, including the elders.

4.5 The Administration considered that the annual review of the CSSA standard rates, which was based on the changes in the 12-month moving average of the Social Security Assistance Index of Prices ("SSAIP")<sup>18</sup>, had worked effectively. As such, the Administration did not see the need for conducting a fresh review of the adequacy of the standard rates. Moreover, notwithstanding the repeated requests from Members to review the basis for determining the items of goods and services included in SSAIP, the Administration reiterated that it would update the relative weighting of individual items of goods and services covered by SSAIP every five years.

#### *Imposition of a means test for Old Age Living Allowance*

4.6 Some Members called on the Administration to scrap the means test for the OALA scheme so that the retirement life of all elders in Hong Kong could be better protected. Some were of the view that as elders aged 70 and above were eligible to receive Higher OAA without a means test, the same eligibility criterion should apply to these elders under the OALA scheme.

4.7 As explained by the Administration, OALA was a new allowance to alleviate elderly poverty. This contrasted with OAA or "fruit money" which served as a token of respect for the elderly for their contributions to society. Means testing was, therefore, necessary for the new OALA in order to identify and benefit those genuinely in need, thereby allowing the Government to make use of its limited resources in a targeted and effective way. Without means testing, the extra financial cost would increase significantly in the future amid a fast growing elderly population.<sup>19</sup> The Administration also stated that the income and asset thresholds for the OALA scheme were the same as those of the existing OAA scheme and were less stringent than those under the CSSA scheme. The Administration would conduct a review of the scheme one year after it had been implemented.

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<sup>18</sup> The index is compiled by the Census and Statistics Department on a monthly basis to reflect the impact of price changes on CSSA recipients insofar as the items of goods and services covered under the CSSA standard rates are concerned.

<sup>19</sup> According to the Government, should no limits be set for the financial means of people aged 70 and above, the additional expenditure in the first year is estimated to increase from around HK\$6.2 billion by HK\$3.7 billion to almost HK\$10 billion. Should there be no such limits for all aged 65 and above, the extra cost will rise to HK\$13.6 billion. See Labour and Welfare Bureau (2012c).

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## Introduction of a universal retirement protection scheme

4.8 According to the Administration, the social security system, the MPF system and voluntary private savings form the three-pillar retirement protection system of Hong Kong. The system was developed basing on the model proposed by the World Bank in 1994.<sup>20</sup> However, Members expressed concern about the efficacy of the three-pillar model in protecting the retirement life of elders in view of the inadequacies of the existing social security system and the MPF system. They called on the Administration to make reference to the five-pillar model<sup>21</sup> put forward by the World Bank in 2005 and introduce a universal retirement protection scheme in Hong Kong.

4.9 The Administration responded that the community had not yet reached a consensus on making fundamental changes to the existing retirement protection system. Meanwhile, the Administration had taken initiatives to improve the livelihood of elders by optimizing the existing system, such as introducing the new Guangdong Scheme to provide OAA for eligible Hong Kong elders living in Guangdong. In addition, the Social Security and Retirement Protection Task Force under the new CoP, with the Chief Secretary for Administration as chairman and the Secretary for Labour and Welfare as vice-chairman, would study in-depth issues related to the social security and retirement protection systems of Hong Kong, including ways to further strengthen the existing systems.

## Provision of healthcare services

4.10 To enhance the healthcare support to the elderly, Members proposed that medical treatment at public hospitals and clinics should be provided to all elderly at half-price. The Administration responded that the limited public resources should be used efficiently and targeted at the areas of greatest needs. Those who had the means should bear an affordable share of their medical expenses. This overriding principle should continue to apply to all users of the public healthcare system, irrespective of their age.

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<sup>20</sup> According to the model, the three pillars are non-contributory basic pension, mandatory earnings-related pension and voluntary occupational or personal savings.

<sup>21</sup> Based on the three original pillars, the World Bank adds two more pillars to its pension model. The five pillars are (a) non-contributory basic pension, (b) public earnings-related pension, (c) private earnings-related pension, (d) occupational or personal savings, and (e) non-financial support including access to informal support (e.g. family support), formal social security programmes (e.g. healthcare and/or housing), and individual financial and non-financial assets (e.g. homeownership and reverse mortgages where available).

4.11 As for the Elderly Health Care Voucher Pilot Scheme, some Members were of the view that the annual voucher value per elderly person should be further increased and the scope of the Scheme should be extended to elderly people aged 65 and above. According to the Administration, the Scheme aimed at providing partial subsidies for the elderly to receive private primary healthcare services, as additional choices on top of the existing public primary healthcare services. In view of the calls from community to increase the voucher amount, the Chief Executive made a pledge in his election manifesto to raise the voucher amount to HK\$1,000 per year. The Administration subsequently raised the voucher amount to HK\$1,000 with effect from 1 January 2013. With regard to the suggestion of lowering the eligibility age to 65, the Administration advised that it needed to assess the long-term financial implications in terms of affordability and would not consider making any changes at this stage.

#### Supply of public rental housing for the elderly

4.12 Members called on the Administration to increase the supply of public housing so as to further shorten the waiting time of the elderly. According to the Administration, a total of 75 000 new public rental housing flats would be built during the five-year period from 2012-2013. Meanwhile, the Administration would continue to identify suitable sites for developing public housing in order to meet the needs of the community, including the housing demand of the elderly.

#### Coverage of the Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities

4.13 While Members welcomed the introduction of the Public Transport Fare Concession Scheme, they were of the view that the scheme coverage should be extended from the general Mass Transit Railway lines, franchised buses and ferries to cover other modes of public transport, notably trams and minibuses.

4.14 The Administration advised that it had set up a working group with the green minibus trade to study the feasibility of including green minibuses into the Scheme. As for tram service, the Hong Kong Tramways Limited had been offering concessionary fares for the elderly since 1994 and the current tram fare for elderly aged 65 and above was HK\$1.1. The Administration indicated that it had no plan to subsidize the Hong Kong Tramways Limited to offer further concession to the elderly at this stage. The Administration would also conduct a comprehensive evaluation of the Scheme three years after it had been fully implemented to assess the long-term financial, transport and welfare implications.

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