

Policy Paper on the Living and Health Conditions of Poor Elderly not on Comprehensive Social Security Assistance and their Attitudes towards Social Security

1. Introduction

Like many other places in the world, Hong Kong's population is ageing. The proportion of the population aged 65 or above will grow from 13% (876,000 persons) in mid-2009 to 21% (1,610,000 persons) in mid-2024 and 28% (2,380,000 persons) in mid-2039 (Census and Statistics Department, July 2010). The elderly are one of the groups that suffer most from poverty. According to government statistics, there are 351,548 elderly people aged 65 or above living in poverty. This is a poverty rate of 40%, the highest among all age groups.

In Hong Kong, there are two social security schemes for older persons provided by the government: Comprehensive Social Security Assistance (CSSA) and Old Age Allowance (OAA). Currently, the Old Age CSSA scheme offers a standard rate for an able-bodied older person of HK\$2,590 per month. In August 2010, 18.3% of Hong Kong people, or 1,288,300 persons, were aged 60 or above, of which 14.6%, or 187,934 persons, were recipients of Old Age CSSA (Social Welfare Department, August 2010).

Alternatively, older persons in Hong Kong aged 65 or above can receive OAA (but not together with Old Age CSSA) from the government. There are two types of OAA: Normal OAA (for older persons aged 65-69 and subject to income and assets tests) and Higher OAA (for older persons aged 70 or above, requiring no income or assets test). The amount of OAA is fixed at HK\$1,000 per month (with effect from 1 January 2009). In August 2010, there were 500,145 older persons (or 38.8% of the Hong Kong elderly) under the OAA scheme (Social Welfare Department, August 2010).

To conclude, in August 2010, there were 688,079 older persons (or 53.4% of the Hong Kong elderly) benefiting from the Old Age CSSA scheme or OAA scheme.

Apart from CSSA and OAA recipients, there is a significant number of poor elderly who are eligible to receive CSSA but are not currently receiving this assistance. Many are trapped in abject poverty, lacking adequate attention and protection from the government and society. As no research had been conducted to study the situations of this group of people in Hong Kong, Oxfam Hong Kong commissioned Policy 21 Limited to conduct this research on the living and health conditions of this specific group of poor elderly, as well as their attitudes towards social security. We hope that the research will shed new light on their plight, with a view to achieving poverty reduction. Our ultimate objective is to call on the government and related stakeholders to work together and provide adequate social security protection for the elderly people in Hong Kong.

2. Research methodology

2.1 Target respondents

The target respondents of the survey were older persons aged 60 or over who were eligible to receive CSSA but did not apply for CSSA.

2.2 Household survey

Data required for the study were collected through face-to-face household interviews. The target population was not likely to be evenly distributed across the territory. Thus, the survey only covered districts with a high proportion of older persons aged 60 or over and a high

proportion of low-income households. This would help reduce the sample size required for the survey.

Based on findings of the 2006 Population Census on the proportion of older persons aged 65 or above¹ and the average median monthly household income in different constituency areas, 10 areas with high proportions of older persons and low-income households were selected. The 10 constituency areas are shown in Table 1 of the Appendix. The survey findings therefore reflect the conditions of those living in these 10 areas. In addition, about 10 street sleepers in Sham Shui Po and Yau Tsim Mong were interviewed to gather qualitative information useful to the study.

2.3 Survey results

The survey was conducted during the period from 24 July 2010 to 23 August 2010. After excluding 10,472 living quarters found to be unoccupied or with no target respondent, 728 residences with target respondents were identified, and occupants of 541 of these participated in the survey, constituting a response rate of 74%. In each of these households, a resident aged 60 or over was interviewed. Details of the results are shown in Table 2 of the Appendix.

3. Profile of respondents

3.1 Target population

The survey findings showed that 12.7% of persons aged 60 or above were eligible for CSSA but had not applied for this assistance. About 16.9% were receiving CSSA and 70.5% were not eligible for CSSA (See Figure 1 in Appendix).

According to this survey, 16.9% of those aged 60 or above were receiving CSSA. This figure is quite close to the actual percentage (14.6%) of persons aged 60 or above receiving CSSA in Hong Kong in August 2008. Therefore we can estimate that the number of persons aged 60 or above who were eligible but did not apply for CSSA was about 163,614 (1,288,300 x 12.7%). This group of poor elderly should not be neglected.

Among those respondents who were eligible for CSSA but had not applied for it (estimated at 163,614 persons), about 80.4% had no intention of applying for CSSA and 19.6% either intended to apply for CSSA or had done so previously.

3.2 Socio-economic characteristics

Age: Of the 541 respondents to the survey, 10.2% were aged 60-64, 13.3% were aged 65-69, 15.7% were aged 70-74 and 60.8% were aged 75 or above. A much higher proportion of the respondents were aged 75 or above (60.8%), as compared to the Hong Kong average of 33.3% (See Table 3 in Appendix).

Sex: The proportion of female respondents (60.6%) was much higher than male (39.4%), and higher than the Hong Kong average of 51.7%. (See Table 4 in Appendix).

Marital status: About half (50.5%) of the respondents were married. Another 40.7% were widowed, 4.3% were divorced / separated, and 3.7% were never married. Compared with the Hong Kong average of 25.1%, the proportion of respondents who were widowed was higher (See Table 5 in Appendix).

Children: Most (92.4%) of the respondents had children; the percentage was only slightly higher than the Hong Kong average of 90.3% (See Table 6 in Appendix).

Education: About 45.7% of the respondents had pre-primary education and below, while 42.7% had a primary education. Some 9.8% had attained secondary / sixth-form education

¹ Since no figures of older persons aged 60 or over analyzed by constituency area was available, the figures of older persons aged 65 or over were used as reference indicators.

and 1.8% had attained post-secondary education. Compared with the Hong Kong average, the educational attainment of respondents was much lower (See Table 7 in Appendix).

Household composition: About 17.0% were living with both spouse and children while 35.2% were living with either spouse or children. About 30.9% were living alone and a further 17.0% were living with persons other than their spouse or children. Compared with the Hong Kong average, the proportion of respondents living alone was much higher (See Table 8 in Appendix).

Housing: About 95.6% of the respondents were residing in public rental housing and 2.6% in private permanent housing / subsidized sale flats. Compared with the Hong Kong average, the proportion of respondents residing in public rental housing was significantly higher. This is probably due to the fact that older persons who were residing in private permanent housing / subsidized sale flats are less likely to qualify for CSSA (See Table 9 in Appendix).

Conclusion: Compared with the profile of all older persons in Hong Kong, it is worth noting that a higher proportion of the respondents were aged 75 or above, widowed, living alone, residing in public rental housing and had a low level of education.

4. Health

The survey revealed that about 25.1% of the respondents considered their health to be poor or very poor and a further 35.1% considered their health to be fair (See Table 10 in Appendix).

About 78.0% of the respondents reported suffering from chronic diseases (See Table 11 in Appendix).

About 10.2% of the respondents had been admitted to hospitals during the six months before the survey (See Table 12 in Appendix).

5. Living conditions

5.1 Perceived living conditions

In order to collect the respondents' perceptions of their living conditions, six questions were used based on a Likert scale of 10, with "1" denoting "completely insufficient" and "10" denoting "completely sufficient". The survey revealed that 60.2% of the respondents considered that they had sufficient money (scored "6" or above) to pay for casual social activities required in daily living. 72.6% of the respondents considered that they had sufficient money to pay their medical expenses; the corresponding percentage for three regular meals and other daily foodstuffs was 75.6% (See Table 13 in Appendix).

On the whole, the majority of the respondents were satisfied with their current living conditions: 72.6% scored "6" or above, with the mean at 6.6 (See Table 13 in Appendix).

5.2 Relationship with children

For those who had children, 87.9% considered their relationship with their children to be good, giving a score of 6 or above, based on a Likert scale of 10 with "1" denoting "very bad relationship" and "10" denoting "very good relationship" (See Table 14 in Appendix).

5.3 Happiness

More than half (53.7%) of the respondents considered themselves to be happy, while 17.4% of respondents indicated the opposite, with an average score of 4.6 based on a Likert scale of 7 with "1" denoting "completely unhappy" and "7" denoting "completely happy" (See Table 15 in Appendix).

5.4 Seeking help or advice

When they encountered financial or emotional problems, nearly half (49.5%) of the respondents said they sought help or advice from their children, and about 36.2% of those who were married sought help or advice from their spouse. Only 8.1% of the respondents sought help or advice from social services organisations (See Table 16 in Appendix).

6. Understanding of CSSA

6.1 Attitudes towards social security

Regarding the traditional belief that "raising children is protection for old age": About 78.0% and 55.3% respectively of the respondents agreed that children should care for their parents and that raising children was a form of protection for old age, by giving a score of 6 or above, based on a Likert scale of 10, with "1" denoting "totally disagree" and "10" denoting "totally agree". However, only about 39.0% of respondents agreed that parents should not be a burden to their children. The average scores are given in Table 17 in the Appendix.

Regarding the traditional value of "self-reliance": About 63.7% and 57.0% respectively of the respondents agreed that they wanted to earn their own living and did not want to be a social burden, and that if there were suitable jobs, the elderly should work for their living. It is worth noting that most of the respondents still held on to a traditional belief about self-reliance, and had an ethos of self-reliance (See Table 18 in Appendix).

Regarding attitudes about "social protection as a right of citizenship": About 87.7% and 84.5% respectively of the respondents agreed that since the elderly had contributed to the development of Hong Kong, they should have the right to receive economic support from the government and that if children were not able to support their parents, the government should provide assistance. About 79.4% agreed that society has the responsibility to ensure the livelihoods of the elderly. On the other hand, less than half (43.2%) agreed that the government was more reliable than family members in caring for them later in life (See Table 19 in Appendix).

6.2 Awareness of CSSA and understanding of application procedure

Awareness of CSSA: About 91.5% of respondents had heard of CSSA previously and only 8.3% had not. Among respondents who had heard of the CSSA, about 61.6% and 30.1% respectively had heard about the CSSA through the mass media or through their neighbours (See Table 20 in Appendix).

Understanding of application procedure: Only 27.0% of the respondents reported that they understood the procedure for applying for CSSA, giving a score of 6 or above based on a Likert scale of 10, with "1" denoting "do not understand at all" and "10" denoting "totally understand". In addition, about 70.6% of the respondents perceived that the application procedure for CSSA was complicated, by giving a score of 6 or above based on a Likert scale of 10, with "1" denoting "not at all complicated" and "10" denoting "totally complicated" (See Table 21 in Appendix).

6.3 Concepts of CSSA

Perceptions of the social functions of CSSA: About 84.8% and 82.1% respectively of the respondents agreed that whether to apply for CSSA depended on individual need, and that CSSA could help people in need to secure their basic livelihoods. In addition, about 76.5% and 72.3% respectively agreed that providing CSSA was the responsibility of the government to the poor and that applying for CSSA was the right of residents (See Table 22 in Appendix).

Opinions on the utilization of CSSA: About 74.5% of the respondents said they would apply for CSSA only if they were very desperate. About 34.8% of the respondents agreed that not applying for CSSA was an expression of "strength of character". However, only 34.9% and 31.2% respectively of the respondents agreed that people applying for CSSA were a burden to society and that people who applied for CSSA would be discriminated against and

misunderstood by people around them (See Table 23 in Appendix).

6.4 Application for CSSA

Of the 541 respondents to the survey, only about 7.2% HAD applied for CSSA previously. About 80.4% of the respondents HAD NOT applied for CSSA previously and HAD NO intention of applying. However, about 12.4% of the respondents HAD NOT applied for CSSA previously but INTENDED to apply for CSSA. Attention should be paid to this group of poor elderly people.

Reasons for not applying for CSSA: Among those who HAD NOT applied for CSSA and HAD NO intention of applying, the reasons given were that they had children's support (64.3%), they hoped to earn their own living (34.0%), and they preferred other means of making a living and did not want to rely on CSSA only (18.3%). On the other hand, for those who HAD NOT applied for CSSA but INTENDED to apply, the reasons for not applying in the past were that they had children's support (37.1%), they did not know the application procedure (31.7%) and they hoped to earn their own living (25.4%) (See Table 24 in Appendix).

Situations that the respondents considered in applying for CSSA: About 60.6% of the respondents said they would consider applying for CSSA if their children could not support them. About 32.7% of the respondents said they would consider applying if they could not take care of themselves, followed by "exhausted all my savings" (27.5%), "children lost their jobs" (22.7%) and "health problems" (21.6%) (See Table 25 in Appendix).

7. Income and expenditure

7.1 Sources of monthly personal income and amount

About 81.0% of the respondents reported that one of the sources of their monthly personal income was the Old Age Allowance (with amount of HK\$1,000). And about 74.7% of them had financial support from children / in-laws / grandchildren (with an average amount of HK\$2,681). The average monthly personal income of the respondents was about HK\$3,359 (See Table 26 in Appendix).

Other sources of income: Other than employment earnings, about 81.0% of the respondents received the Old Age Allowance, while 71.5% received financial support from children and 22.7% had savings (See Table 27 in Appendix).

Conclusion: The THREE main sources of income of the respondents were: a) Old Age Allowance (OAA); b) financial support from children/ in laws/ grandchildren and c) savings. The average monthly personal income of the respondents was about HK\$3,359.

7.2 Monthly expenditures paid by respondents

Looking at the PERCENTAGE of their daily expenses the respondents had to pay by themselves, about 87.8% and 85.0% respectively said they paid for their own meals (including eating out and at home) and travel expenses, followed by medical and health care expenses (78.7%) and rental payments (or mortgages) for their places of residence (including management fees and rates) (62.6%) (See Table 28 in Appendix).

Looking at the AVERAGE expenditures of respondents, the major items were meals, rental payments (or mortgages) for their places of residence (including management fees and rates), and payments for family members and other relatives. On average, they spent HK\$1,876, HK\$1,208 and HK\$1,071 per month respectively on these items (See Table 28 in Appendix).

Conclusion: With reference to the PERCENTAGE of their income the respondents had to pay for their daily expenses and the AVERAGE AMOUNT they paid, the FOUR major items respondents had to pay for were: a) meal expenses (including eating out and at home); b) rental payments (or mortgages) for their places of residence (including management fees and rates); c) payments for water, electricity, town gas, telephone and internet; and d) travelling

expenses and medical and health care expenses. On average, each elderly respondent had to pay HK\$3,904 per month.

8. Results analysis and discussions

8.1 Imbalance between income and expenditure of the poor elderly

The survey findings revealed that, even though the respondents were poor and had an imbalance between monthly income and expenditure, they did not apply for CSSA although they were eligible to receive it. This was due to their adherence to traditional beliefs of "self-reliance"; for example, they wanted to earn their own living and did not want to be a social burden, holding that if there were suitable jobs available, the elderly should work for their living (See Section 6.1 and *Table 18 Appendix*), and they would consider applying for CSSA only if they could not take care of themselves (See Section 6.4 and *Table 25 in Appendix*).

The survey results show that the average monthly personal income of the respondents was about HK\$3359, but they had to spend HK\$3,904 to cover their monthly expenses (See Section 7 and *Table 26 and 28 in Appendix*). The difference is about HK\$545 per month. Perhaps the respondents use their personal savings to settle this difference until they use up all their savings. If, for example, a person lives alone, is over 60 and eligible to receive CSSA but not receiving it, his or her assets should not be more than HK\$35,000. If the difference between income and expenses is HK\$545 per month, his or her savings will be used up in about five years.

Based on the findings of the survey, we will analyze how existing policies and measures can cater to this group of poor elderly in terms of two dimensions: increasing their income and cutting down their expenditures.

8.1.1 Increase income

The survey findings showed that the THREE main sources of income of the respondents were: a) Old Age Allowance (OAA); b) financial support from children/ in laws/ grandchildren and c) savings (See Section 7.1 and *Table 26 and 27 in Appendix*). We have the following analysis:

a) Old Age Allowance (OAA)

There were persistent calls for the government to increase the OAA rate to \$1,000 during 2007-08. In response to the views expressed by different sectors and political parties, the Chief Executive announced in the 2008-09 Policy Address an increase in the amount of OAA to HK\$1,000 for both Normal OAA and Higher OAA. It is expected that a further increase in the OAA rate will be very difficult in the coming few years. However, some amendments to the eligibility criteria of the OAA scheme should be feasible. For example, the limit on periods of absence from Hong Kong could be relaxed. This would benefit more elderly people in need, as the OAA is their major source of income.

b) Financial support from children

As the respondents are from poor families (eligible to receive CSSA), it is not practical to expect more financial support from their children, especially in the current economic situation.

c) Savings

The survey findings showed that a majority (93.5%) of the respondents were economically inactive. Among them, 82.4% had not been working for nine years or more. Therefore, it is also not practical to expect that these poor older persons would have further personal savings.

8.1.2 Cutting expenditures

The survey findings showed that the FOUR major items of expenditure paid by the respondents were: a) meal expenses (including eating out and at home); b) rental payments (or mortgages) for their places of residence (including management fees and rates); c) payments for water, electricity, town gas, telephone and internet; and d) travel expenses and medical and health care expenses (See Section 7.1 and *Table 28 in Appendix*). We have the following analysis:

a) Meal expenses

Food Banks: The Chief Executive announced in July 2008 that a fund of \$100 million would be reserved for the Social Welfare Department to work with NGOs to offer additional food assistance to the poor. Currently, there are five service projects (the so-called "food banks"). The target beneficiaries are individuals or families who have proven difficulty in coping with daily food expenses, including unemployed persons, low-income groups, new arrivals, street sleepers, as well as those who have not benefited from the government's relief measures over the past years. Each beneficiary receives food assistance for a maximum of six weeks. The number of persons served by the five food banks in 2009-10 (as of the end of August 2010) is 35,700.

At least two points should be noted about this food assistance project: First, only about 11.0% of the beneficiaries are older persons, according to the recent survey conducted by the Hong Kong Council of Social Service. Second, this scheme is short-term, temporary and transitional in nature, only providing food assistance to needy individuals and families for a maximum of six weeks. Therefore, in the long run, the food bank cannot help the poor elderly to reduce their expenses on meals.

Integrated Home Care Services: The survey results revealed that a majority (71.7%) of the respondents considered that their health was very good, good or fair (See Section 4 and *Table 10 in Appendix*). This group of older persons in relatively good health can choose to make use of the meal delivery service provided by the Integrated Home Care Services teams. However, this service is not very helpful to this group of needy elderly in reducing their expenses on meals. First, the charge for the meal delivery service is about HK\$20 per meal, which is about the same as the average meal expenses of the respondents (See *Table 28 in Appendix*). In other words, they cannot save much money by making use of this meal delivery service. Second, as the dishes of the meal delivery service are specifically designed for the frail elderly, they may not be attractive to those relatively healthy older persons.

To conclude, currently there are no effective measures provided by the government to help the poor elderly reduce their expenses on meals.

b) Rental payments

The survey results show that about 95.6% of the respondents were residing in public rental housing (See Section 3.2 and *Table 9 in Appendix*). Currently, there is a Rent Assistance Scheme introduced by the Hong Kong Housing Authority, which aims to provide rent reductions to tenants in public rental housing who are facing financial difficulties. Under the current policy, public rental housing tenants who satisfy certain eligibility criteria may apply for rent assistance granting either a 25% or 50% rent reduction. Elderly households (in which all household members are aged 60 or above) meeting the eligibility criteria are given a rent reduction of 50%. From August 2007 to March 2009, about 7,000 elderly households benefited from the Rent Assistance Scheme.

For those older persons who reside in private housing, there is a Rent Allowance for the Elderly Scheme, introduced by the Hong Kong Housing Authority. This scheme was introduced as a pilot scheme in 2001, providing elderly applicants an arrangement whereby they could draw cash rent allowances to lease private accommodation in lieu of

applying for public rental housing. However, the Housing Authority decided in September 2003 to phase out this pilot scheme and has ceased accepting new applications.

c) Payments for water, electricity, town gas, telephone and internet

Except for the Water Supplies Department, other public utilities operators, including the China Light and Power Company Limited, Hong Kong Electric Company Limited, Hong Kong China Gas Company Limited (Towngas), Shell Hong Kong (LPG) and PCCW Limited all have offered concessionary schemes for the needy elderly. These schemes are in partnership with the Hong Kong Council of Social Service.

d) Travel expenses and medical and health care expenses

Travel expenses: Public transport operators including franchised bus companies and the MTR Corporation Limited have been offering half fare concessions to the elderly. Apart from that, these public transport operators also introduced the HK\$2 concessionary elderly fare on public holidays, Saturdays, Sundays and/or Wednesdays for a limited time period. For example, the elderly can ride on the MTR for a fare of HK\$2 on Wednesdays, Saturdays and public holidays (but not on Sundays) until 31 August 2011. The Kowloon Motor Bus Company Limited and Long Win Bus Company Limited also offer a fare concession of HK\$2 to the elderly on Sundays and public holidays until 31 January 2011.

e) Medical and health care expenses:

Elderly Health Care Voucher Pilot Scheme: The government launched a three-year pilot scheme, starting in January 2009, to provide five Health Care Vouchers per year of \$50 each to elderly people aged 70 or above, to partially subsidize their use of private primary care services. The Chief Executive announced in the 2010-11 Policy Address that the government will earmark HK\$1 billion to extend or enhance this pilot scheme. Our survey results show that, on average, the respondents paid HK\$372 per month for medical and health care (See Table 28 in Appendix). Obviously, five Health Care Vouchers worth a total of HK\$250 are too little to help the elderly pay for their medical and health care expenses.

Medical fee waiver: At present, non CSSA recipients who cannot afford medical fees because of financial difficulties can apply for a fee waiver if they meet two financial criteria laid down by the Hospital Authority. The two criteria are: the patient's monthly household income does not exceed 75% of the median monthly domestic household income of the corresponding household size, and the value of the patient's household assets are within a certain limit. For example, for one elderly household, the income limit is HK\$4,875 and the asset limit is HK\$150,000 (figures for second quarter of 2010).

At least three points should be noted concerning this medical fee waiver: First, our survey findings show that about 78.0% of the respondents reported suffering from chronic diseases (See Section 4 and Table 11 in Appendix). However, the maximum period of this fee waiver is only 12 months, which is not enough. Second, the application procedure is rather complicated, as many supporting documents have to be submitted. Third, not many elderly people have benefited from this scheme. According to government statistics, the percentage of the elderly who were granted medical fee waivers among all successful applicants over the past few years was only about 35%.

Elderly Health Centres: At present, the Department of Health is providing comprehensive primary health care services to people aged 65 or above through its 18 Elderly Health Centres. The annual membership fee is \$110. In 2009, there were about 38,676 members and the median waiting time for first-time registration for services was about 24 months. The average waiting period for each elderly person to undergo a physical checkup was more than one year. Besides, some community groups expressed the concern that many elderly people were not aware of the services provided by the Elderly Health Centres.

Dental Services: According to the 2001 Oral Health Survey conducted by the Department of Health, more than half of the non-institutionalized elderly had untreated decay. Half of the non-institutionalized elderly had lost their teeth to the extent of having less than 20 teeth remaining. Almost one in every ten non-institutionalized elderly had no teeth at all. As the charges for dental examinations and fixing dentures are quite high, many poor elderly cannot afford to pay for these services.

At present, the Department of Health provides free emergency dental services to the public in 11 government dental clinics. In 2006, about 35 000 people used these services, the majority of which were elderly. At least two points should be noted: First, as the demand is substantial, only 11 dental clinics are not enough. Second, though this dental service is free, it is only for emergency cases (pain relief and extraction only). In addition, the government has reserved HK\$22 million in its estimate of expenditures for 2010-11 for implementing proposals on enhancing primary dental services and promoting oral health, with particular consideration given to providing appropriate dental services for the needy elderly.

8.2 On CSSA system

The survey findings revealed that, though a majority (91.5%) of the respondents had heard of the CSSA previously (See Section 6.2 and Table 20 in Appendix), only 27.0% of the respondents reported that they understood the eligibility criteria in applying for CSSA. In addition, about 70.6% of the respondents perceived that the application procedure for CSSA was complicated (See Section 6.2 and Table 21 in Appendix).

8.3 Universal retirement protection

In tackling the problem of retirement protection for the elderly, the Hong Kong government follows closely the "three-pillar" model of old age income security advocated by the World Bank: the mandatory publicly managed pillar (CSSA and OAA), the mandatory privately managed pillar (MPF scheme) and the voluntary private savings pillar. Though Hong Kong now has in place all three pillars, some academics and community groups have questioned whether they can provide financially sustainable retirement to all the older persons in Hong Kong. In fact, the MPF scheme has been criticized for the following shortcomings:

- First, employees who join the MPF scheme would not have any benefits to cover the needs of old age because it normally takes three to four decades to mature;
- Second, even after a few decades, low-income earners and middle-aged workers would still be worse off under the MPF scheme because of their limited saving capacity;
- Third, even on full maturity of these schemes, a significant number of the population would remain unprotected (e.g. homemakers) as they are outside the workforce;
- Fourth, the MPF scheme imposes a heavy administrative burden on employers and employees without the guarantee of commensurate benefits; and
- Fifth, the replacement ratio of 23 per cent is too low to maintain a reasonable standard of living after retirement.

It also has been brought to our attention that the Central Policy Unit (CPU) appointed an Expert Panel to conduct two studies, one a "Household Survey on the Financial Disposition and Retirement Planning of Current and Future Generations of Older Persons" and the other on "Sustainability of the Three Pillars of Retirement Protection in Hong Kong". The CPU received the preliminary findings of the first study in 2007 and the second study in 2008, but did not publish the findings.

9. Policy recommendations

Based on the half-yearly government figures, Deloitte Touche Tohmatsu, a leading accounting firm, estimates a surplus of HK\$73.3 billion by the end of the 2010-2011 fiscal year. With such a fat windfall, there is an urgent call for the government to take immediate action to lift 351,548 poor older people – including those now on CSSA (187,934) and those eligible for CSSA that have not applied (163,614) – out of the poverty trap. In order to ease the problem, we recommend the government to consider the following policy suggestions:

9.1 Medical and health care

- **Elderly Health Care Voucher Pilot Scheme:** As the objective of this scheme is to encourage the elderly to make better use of primary medical care services in the private sector, we urge the government: a) to provide the elderly with at least one medical voucher a month and therefore increase the number of vouchers from five to twelve; b) to increase the amount of each voucher from HK\$50 to HK\$100 (that is, a total of HK\$1,200); and c) to reduce the age of eligibility from 70 or above to 65 or above.
- **Medical fee waiver:** The government should consider the following measures: extending the maximum period of the fee waiver, simplifying the application procedure, and taking the initiative to promote this scheme to the elderly.
- **Elderly Health Centres:** We urge the government to take measures to shorten the waiting time for first-time registration for services and take the initiative to promote the services provided by Elderly Health Centres to the elderly.
- **Dental Services:** The government has reserved HK\$22 million for implementing the proposals on enhancing primary dental services and promoting oral health, with particular consideration given to the needy elderly. In order to efficiently use this amount, we propose setting up dental clinics in the existing Elderly Health Centres.

9.2 Expenses on meals: Facing inflation on prices of food imported from mainland China, the poor elderly will surely suffer from the soaring food prices. According to our survey, low-income elderly people spend a proportionately larger share of their income on food, with a mean food expenditure of \$1,876 per month (on average \$60 per day, \$20 per meal). It is suggested that the government explore the feasibility of a meal allowance for the elderly of up to \$600 per month (i.e. \$20 per day) so as to lessen the financial burden on the elderly in meeting their food expenses.

9.3 Travel expenses: Given that the MTR Corporation Limited has been making profits over the years without ever suffering a deficit, the company should fulfill its corporate social responsibility (CSR) and make its services affordable to the poor elderly. As the MTR's majority shareholder, the government should ensure that the MTR fulfills its CSR. It should be noted that the HK\$2 promotion on Sundays was adopted by the MTR for years, but it was stopped in 2009. We call on the MTR and other public transport corporations to provide \$2 concessionary fares for the elderly on all days, without time limits. This will enable elderly people to enjoy activities with family members and friends.

9.4 Old Age Allowance (OAA): In order to benefit more needy elderly, we urge the government to abolish the income and assets limits for the Normal OAA. In addition, in order to provide the elderly with greater flexibility in travelling out of Hong Kong, we urge the government: a) to abolish the requirement of having resided in Hong Kong continuously for at least one year immediately before the date of application for OAA; and b) to abolish the absence limit from Hong Kong.

9.5 Rental payments: Rent indeed makes up a large proportion of the monthly expenditure of the low-income elderly. Poor elders who are not on CSSA get almost no help from the government while they are on the waiting list for public housing. The government is

advised to explore the feasibility of a rent allowance for the poor elderly on the public housing waiting list to lease private accommodation before getting a public housing flat.

9.6 CSSA system

- As only a minority of respondents reported that they understood the eligibility criteria for applying for CSSA, the government should take the initiative to promote this information to the needy elderly.
- In addition, as a majority of respondents perceived that the application procedure for CSSA was complicated, the government should take the initiative to simplify the application procedure for CSSA.

9.7 Universal retirement protection

In order to provide sufficient assistance and financially sustainable retirement to all the older persons in Hong Kong, we urge the government to do the following:

- Study the feasibility of introducing a universal retirement protection scheme without further delay; and
- Provide a concrete timetable for publishing the findings of the CPU's studies on the retirement protection.

問卷樣本 (sample questionnaire)

樂施會

長者生活狀況及其對生活保障觀念調查

研究介紹

你好，我是政策二十一有限公司的訪問員。我們受樂施會委託進行有關長者生活狀況及其對生活保障觀念調查。在今次訪問中你所提供的資料均會嚴加保密，亦只會作為本研究之用；有關個別人士的資料，我們保證不會向任何人士及政府部門透露。

A. 家庭資料

A1. 住戶成員人數： _____

成員編號	戶主	配偶	3	4	5	6
A2. 與戶主關係 <input type="checkbox"/> 配偶 <input type="checkbox"/> 前輩親屬 <input type="checkbox"/> 子女 <input type="checkbox"/> 同輩親屬 <input type="checkbox"/> 孫 <input type="checkbox"/> 晚輩親屬 <input type="checkbox"/> 父母 <input type="checkbox"/> 其他，請註明： _____ <input type="checkbox"/> 兄弟姊妹						
A3. 性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女						
A4. 年齡						
A5. 婚姻狀況： <input type="checkbox"/> 從未結婚 <input type="checkbox"/> 分居 <input type="checkbox"/> 已婚 <input type="checkbox"/> 離婚 <input type="checkbox"/> 同居 <input type="checkbox"/> 喪偶						
A6. 你依家有冇領取「綜援」？ <input type="checkbox"/> 有 (訪問終止) <input type="checkbox"/> 冇						
A7. 直至而家為止，你是否已經成為咗香港居民最少7年？ <input type="checkbox"/> 是 <input type="checkbox"/> 否，你是否在2004年1月1日前已經成為香港居民？ <input type="checkbox"/> 是 <input type="checkbox"/> 否 (訪問終止)						
A8. 你的家庭總收入超不超過以下顯示(示咗 1)之金額？ <input type="checkbox"/> 超過 (訪問終止) <input type="checkbox"/> 不超過						
9. 據你了解，直至依家為止，你(及你的配偶)所擁有嘅資產*，包括土地 / 物業、現金、銀行存款、保險計劃嘅現金價值、股票同股份嘅投資，同埋其他可變換現金嘅資產，是否超過下列限額 * 包括係香港、澳門、內地或海外所擁有嘅資產。(自住物業不計數在內) (示咗 2) <input type="checkbox"/> 超過 (訪問終止) <input type="checkbox"/> 不超過						

C. 健康狀況

C1. 你覺得你而家健康情況係點呢?

1 非常好 2 幾好 3 普通 4 唔係幾好 5 唔好

	C2. 呢半年內，你有 無睇過醫生? 0 = 無 1 = 有	C3. 呢半年內睇咗總 共幾多次?	C4. 同埋總共用咗幾多錢? [請計算總共花費多少錢]
a) 急症		_____ 次	\$ _____
b) 政府醫生 (包括普通科/門診、專科門診、街症、住院)		_____ 次	\$ _____
c) 私家醫生		_____ 次	\$ _____
d) 中醫 (包括針灸、跌打) 診金為: \$ _____ 藥金為: \$ _____		_____ 次	\$ _____ \$ _____
e) 牙醫		_____ 次	\$ _____
f) 物理治療		_____ 次	\$ _____
g) 其他，請註明: _____		_____ 次	\$ _____

C5. 呢半年內你有無入過醫院留醫呢?

0 無 1 有

a) 如曾入院，是否曾接受手術?

1 是，手術費為 \$ _____ 0 否

	C6. 咁耐以嚟有無 醫生話過你有 以下的病? 0 = 無 1 = 有	C7. 對於呢個病，咁你 而家有無食緊/用 緊任何嘅藥呢? 0 = 無 1 = 有	C8. 比起上一年，你 呢個病有無好 啲或者差啲呢? 1 = 好好多 2 = 好啲 3 = 差唔多 4 = 差啲 5 = 差好多
a) 關節炎(包括腰骨痛、膝頭痛、生骨刺、類風濕關節炎、退化性關節炎)			
b) 痛風症 (尿酸過高)			
c) 高血壓			
d) 糖尿病			
e) 心臟病 (包括冠心病、心力衰竭、心跳不正常、風濕性心臟病、心絞痛)			
f) 眼病 (包括糖尿眼、白內障、青光眼)			
g) 中風 (包括腦血管病、爆血管)			
h) 其他，請註明: _____ (如帕金森病症、老人痴呆症、老年骨折、紅斑正狼瘡、甲狀腺、貧血、癌病)			

E5. 你認為申請領綜援嘅手續複唔複雜呢 (10 分完全複雜; 1 分完全唔複雜)? _____分
0 不知道

請問你認唔認同，以下所提嘅一啲講法呢 (10 分完全認同; 1 分完全唔認同)?

E6. 綜援可以幫助有需要人士作為他們基本的生活保障 _____分

E7. 唔係走投無路，都唔會申領綜援 _____分

E8. 唔申領綜援係「有骨氣」的表現 _____分

E9. 申領綜援係市民應有嘅權利 _____分

E10. 領取綜援是由於自己有實際需要 _____分

E11. 提供綜援是政府對窮人的責任 _____分

E12. 申領綜援人士是社會的包袱 _____分

E13. 申領綜援人士要承受周遭的歧視及誤解 _____分

E14. 係乜嘢情況下，你先至會考慮申領綜援呢? (可選多項)

1 健康出現問題

7 子女失業

2 自己不能照顧自己

8 支出大於收入

3 已簡化申請手續

9 其他人不知情下申請

4 耗盡積蓄

10 不需要子女簽署不供養父母證明書

5 經濟衰退

11 其他，請註明：_____

6 子女無法供養

E15. 你會針對現時申領綜援／生果金嘅情況，提出乜嘢意見呢?

E. 個人資料、工作及經濟狀況：

F1. 教育水平

1 從未入學

6 高中 (中四至中五)

2 私塾

7 大專 / 專科 / 預科 (中六至中七)

3 初小 (小一至小三)

8 大學或以上

4 高小 (小四至小六)

9 其他，請註明：_____

5 初中 (中一至中三)

F2. 住屋類型：

1 私樓 (整個單位或獨立廚廁套房)

6 街頭露宿

2 私樓 (間房；廚廁共用)

7 床位

3 公屋

8 寮屋

4 居屋

9 其他，請註明：_____

5 自置私人樓