

Subsistence Life and Aging Agony: A Case of Cultural Affluence in Hong Kong

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All happy families are alike; each unhappy family is unhappy in its own way. Leo Tolstoy (Anna Karenina, 1878)

This article aims to review the development of aging policy of the Hong Kong Special Administrative Region (HKSAR), China by analyzing cases of 50 older people collected randomly from newspapers from 1997–2017. Under the law, Hong Kong is required to have a balanced fiscal budget. Restrictions on social welfare spending result in making provisions basic and minimal. The severe shortfall of formal welfare provision has left the family to take care of their own older and vulnerable members, akin of an informal security welfare regime of the global south. The cumulative effect of the lack of provision, poor policy performance, and the increasing age and frailty of older caregiver undermines the sustainability of informal security welfare regime. The Hong Kong experience is especially relevant in the understanding of fiscal austerity governance in both global north and south.

Keywords: *fiscal austerity governance, informal security/insecurity welfare regime, cultural aging, social service and stigma, care of the old by the old*

Introduction

Even though Hong Kong is a global financial center with a huge fiscal reserve, it could not fully develop its formal welfare provision, especially caring of the old, disabled, and infirm, due to its fiscal austerity requirement. Behind its façade of economic prosperity, Hong Kong is, in fact, constituting an informal security welfare regime (Wood & Gough, 2006), akin of the developing south. Informal security welfare regime is a type of non-state social welfare (Gough, 2014) where security needs are heavily provided by community and family because access to social protection from the state and market are insufficient (Wood, 2004; Wood & Gough, 2006; Sumarto, 2017). This article attempts to see how has Hong Kong's

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informal security welfare regime (mainly the family-support network) coped with its aging population during the first two decades of the government of the Hong Kong Special Administrative Region (HKSAR), China.

Hong Kong was returned to China by the United Kingdom on July 1, 1997 after 150 years of colonial rule. In 2017, the government of HKSAR completed its 20 years of administration. One of the key concerns of HKSAR has been its aging population and their welfare. Different kinds of programs have been implemented for older people since coming to power. An Elderly Commission was established in 1997 for the coordination and formulation of a unified aging policy, and a mandatory provident fund scheme in 2000. There has been promotion of active aging such as elder academy scheme in 2007, neighbourhood active aging project in 2008 and the \$2 public transport fare concession scheme for the elderly in 2012, the introduction of a health voucher scheme and food banks in 2009, an old age living allowance (OALA) in 2012, a pilot voucher scheme for both community in 2013 and residential care provision in 2017, financial support for caregivers in 2014 and the abolition of the requirement for adult children to declare their financial inability when their aged parents apply for public assistance in 2017. A higher OALA was also implemented in 2018.

A question arises at this point: How far and to what extent are these programmes meeting the needs of older people and their families? In this article older people are those who are 65 and above. In fact, government's reports (Audit Commission, 2014; SWD, 2017; OTO, 2018), concerned group for aging welfare (LCPWS, 2016; LCPWS, 2017), and academic researchers (Cheng, Lum, Lam, & Fung, 2013; Fu, Chui, Kan, & Ko, 2017; Li, Chui, Law, Zhao, & Lou, 2019; Woo, 2020) have continuously studied this question.

This article explores older people's conditions from a different viewpoint. It aims to examine cases of 50 individual older persons that occurred in Hong Kong between 1997 and 2017. These cases illustrate some of the experiences of older people in the last two decades. The cases are randomly collected from newspapers and a few from books and digital sources. The cases involving older persons are studied because research in this area is sparse (Kwok & Ku, 2016). Second, incidents involving older persons as published in newspapers, books, and digital sources reflect some kind of reality and "live experiences" as faced by them (Fealy, McNamara, Treacy, & Lys, 2012; Gibb & Holroyd, 1996). Third, these incidents highlight relationship between implementation of aging policy, government provisions, individual agency's action, and the caring capacity of the informal security regime (family support network). Before analysing and discussing the cases, it is useful to have an understanding of the older people and aging policy-making in Hong Kong.

Older People and Aging Policy-making in Hong Kong

Hong Kong is a highly urbanized city with an area of 1,095 square kilometre (423 sq. mile). According to the 2018 *Report on Older People*, which is based on

2016 by-census, the population of Hong Kong was 7.3 million, of which 1.1 million were people aged 65 and more, which constitutes 15.9% of the total population (Census and Statistics Department, 2018). Life expectancy in Hong Kong in 2017 was 84.7 years, while in the United States it was 78.5 and in the United Kingdom 81.2 years (Chung & Marnot, 2020). Hong Kong does not have a universal retirement system and there is not an official retirement age in Hong Kong but generally set at 60-years old. In 2017, the government proposed to set the retirement age at 65. In reality, the majority of older people continue to work as long as possible, earning a living until being forced to retire (Chou, 2009, p. 106). In spite of the longevity of older people in Hong Kong, poverty among them has been consistently reported by different surveys (Bai, Yang, & Knapp, 2018; Chui et al., 2019; Jockey Club Institute of Ageing, 2018). In 2016, levels of inequality in HKSAR remain high, both by historical standards and by international comparison (IMF, 2016, p. 5, para. 5). The Gini coefficient of Hong Kong in 2016 was 0.539. After tax and social welfare transfer, the Gini coefficient was 0.473, which is worse than other developed economies such as Singapore 0.356, the United States 0.391, the United Kingdom, 0.351, Australia 0.337, and Canada 0.318 (Oxfam, 2018, p. 2). A poverty line for Hong Kong was established in 2013. In the same year, the OALA scheme, and in 2018, the higher OALA were set up to cope with poverty among older population. These are means-tested schemes. As at the end of March 2019, the total number of OALA and higher OALA recipients was 542,070, which is 42% of the population aged 65 years or more (LCPWS, 2018).

In addition to poverty among older people in Hong Kong, surveys have also found another kind of hardship, which is their weak social support network (Bai, Yang, & Knapp, 2018; Chui et al., 2019; Elderly Health Services, 2016; Jockey Club Institute of Ageing, 2018). Compared with other Asian and western countries, Hong Kong's older people had fewer relatives and friends to depend upon (Jockey Club Institute of Ageing, 2018, p. 20). Coincidentally, similar findings were found in the context of elderly homes. Cheng (2009) found that among 72 nursing home residents, all were comparatively isolated, had a few social network members, and in many cases neither a spouse nor children were included. Cheng (2009) explained that shame associated by the Chinese while sending elderly in an institutional home inculcated a feeling of abandonment and discourage family visits and interactions with elders in institutional homes.

The development of aging policy in Hong Kong has a long history going back to 1973, when a *Report on the Future Needs of the Elderly* (Social Welfare Department, 1973) was first published, followed by a proposed policy paper, titled *Service for the Elderly* (Social Welfare Department, 1977). The proposed policy recommended "community care for the elderly" or "care in the community," meaning that with the provision of a whole-array of services that would assist the elderly to stay in the community. It was later endorsed in the social welfare policy paper, titled *Social Welfare into the 1980s* (Social Welfare Department, 1979). In 1994, a working group on care for the elderly (Social Welfare Department, 1994) was formed and it recommended "aging-in-place" as the objective of the aging policy.

After 1997, the aging policy objective was eventually described as “ageing-in-place as the core, institutional care as back-up.” In retrospect, during the British colonial administration, the term “community care,” “care in the community,” and “aging-in-place” were translated as “domicile care” in Chinese, which would mean “family care.” The translation helps the government not to offer more aging services, with the excuse that more services could lead to the breaking down of the family system (Social Welfare Department, 1979). The HKSAR government continues with this mode of welfare thinking, although the principle of aging-in-place (care in the community) originated in 1977, the elders’ institutional placement rate of 6.8% was unexpectedly high and even surpassed the Asian institutional rate (Lam, 2020). In New York, the institutional rate is 3.9% and in London it is 2.3% (Chau, Woo, Gusmano, Weisz, & Rodwin, 2012).

In 2014–2015, the number of older people receiving community support services was 9688 and the number of people on the waiting list was 4981. Community-support service includes home-based services and day-care services. Home-based services include personal and nursing care, rehabilitation exercise, home-making, meals-on-wheels, transportation and escort services. Day care services are for those frail elders whose family members are unable to take care of them during day time. Transportation services are provided between users’ home and day care centre. Services include personal and nursing care, rehabilitation exercise, health education, meals, social and recreational activities. Residential care services (RCS) are offered by (a) subsidized (NGO)/contract homes (purpose-built home run by either NGO or private operator through government tender bidding) and (b) private (for-profit commercial)/self-financing homes (non-profit making). The number of residents in subsidized/contract homes was 26,325 and the number of residents in private/self-financing homes was 46,910. The number of elderly people on the waiting list was 31,349. Many elderly applicants on the waiting list pass away before being offered a place, and in 2014, their figure was 5568 (LCS, 2015–2016).

Hong Kong is a low-tax haven (Goetz, 2020), and in 2017, it had accumulated a fiscal reserve surplus of HK\$935.7 billion (Chan, 2017, p. 20), which is almost double the 1997 figures (Goodstadt, 2018, p. 3). This huge reserve is “enough to finance all government activities even if it received no taxes, fees, charges, or other revenue for 22 months” (Goodstadt, 2018, p. 42). Comparing with the economies of Organization for Economic Cooperation and Development (OECD), the percentage of spending on welfare and health in 2018–2019 was 5.9% (LCS, 2018). Owing to its low spending on social welfare, the government uses different strategies to meet its welfare needs. The government relies on charitable organizations (Chan, 2011; Sinn, 2003) and nongovernmental organizations (NGOs), with government funding (Lee, 2005) to provide direct provisions. It encourages families to take care of their older members (Chan, 2011, 2012) and to subsidize commercial sector in the provision of nursing homes (LCS, 2015–2016).

In 1998, the self-reliance scheme or workfare was implemented (Chan, 2010) for able-bodied applicants (including those aged 60–64 years). This has

strengthened the message of self-reliance and suppressed welfare dependency. Another measure is the use of a telephone hotline reporting system to encourage citizens to report cases of welfare frauds (ISD, 2008). As a result, the government-led approach to stigmatize the poor, and welfare discourse on media, has gained strong public support in Hong Kong (Chan, Wong, Au-Yeung, Huo, & Gao 2020). The government has also used the portable social assistance allowance to encourage applicants to live in China, thus trying to reduce the number of welfare dependents in Hong Kong.

It was not surprising to find a group of older female scavengers trying to make a living by picking up discarded paper boxes and selling to recycling shop. Lan Tsz, a scavenger, said: "I don't want to live on social security, I prefer to try and be sufficient" (Keegan, 2018). In an interview with the Waste Pickers Platform, the organization stated that waste pickers did not want to go through the means-testing to qualify for social security assistance. Waste picking is a sub-economy to supplement their savings, and as an estimation there are about 2900 waste pickers in Hong Kong (Cheung, 2018). In sum, the development of social welfare programs during the first two decades of the government of HKSAR is on "means-testing basis with elements of asset-building" (Leung, 2017) and "the city's tendency to bid for maximal efficiency and minimal cost" and "adopting a regulatory role on social welfare policy than providing welfare itself" (Chui et al. 2019, p. 555). In response to this welfare attitude of the government toward Hong Kong's aging population, Yip and Zaidi (2019) note that "ageing HK should aim to keep its elderly healthy and in a job rather than eligible for welfare."

Analysis of 50 Older People's Cases, 1997–2017

There are 50 cases and they are a mixture of different kinds of life events reflecting sentiments such as helplessness, violence, desperation, self-reliance, abjection, pain and suffering, acquiescence, and resistance. Table 1-A1 to Table 17-A1 in Appendix 1 contains the details of these cases.

Among these 50 cases, 17 types of life events can be identified, and cases of similar nature are grouped together for the purpose of analysis. In the analysis, the author has included comments from newspapers, research reports, and other relevant materials. A brief introduction of the number of cases according to age and gender is outlined below, followed by the case analysis.

Number of People, Age Distribution, and Gender of the Cases

There were a total of 72 people in these 50 cases, including the spouse and adult children (Table 1). In terms of age distribution, the oldest was 96 years old. In the age range of 99–70 years, there were 45 people, and in the age range of 69–24 years, there were 27 people, with the youngest being 24 years old. Relatively speaking, people comprising this study were older. A total of 31 persons were born between 1925 and 1946. They had experienced World War II and civil war in China.

Table 1 The age range and the distribution of cases

Age range	Distribution of cases	Age range	Distribution of cases
99–95	1	69–65	10
94–90	2	64–60	6
89–85	5	59–55	4
84–80	16	54–50	3
79–75	9	49–45	2
74–70	12	44–40	1
		24	1

Table 2 Gender and the types of cases

Gender	Types of Cases				Total number
	Individual	Couple/family	Parent-adult child	Others	
Male	24	10	14	5	53
Female	2	8	8	1	19
	26	18	22	6	72
	(26)	(9)	(11)	(4)	(50)

Figures in brackets are the total number of cases.

In this study, there were more men than women, with 53 males and 19 females. The predominant male ratio explained that there were a total of 20 family and couple households. One household comprised only son-in-law and father-in-law and no female member. Yet out of 26 individual cases, 24 of them were males. Another explanation is that individual older males were less home-bound and were the outgoing-type, while their female counterparts were home makers which in this study were fewer in number. The gender and the types of cases are shown in Table 2.

Suicide and “Mercy-killing”

While examining suicide cases in Hong Kong between 1997 and 2003, it was pointed out that there was a 50% increase in suicides as compared to the past. Socioeconomic adversities seem to have played a relatively important role in the increasing suicide rate in Hong Kong (Chan et al., 2006). Yip, Wong, Cheung, Chan, and Beh (2009) examined the homicide-suicide cases between 1989 and 2005 and found that among 231 deaths in 98 episodes, 68.7% were males and their age range was 30–49 years. In other words, suicide rate had increased during the first 5 years of the HKSAR government, and homicide-suicides among older couple became a new phenomenon starting from 2006.

It seems that housing and home relocation (case 1 and 2) and home admission (case 3 and 4) suicides were avoidable if the concerned authority were more attentive to the needs of the deceased. Owing to large number of applicants and long waiting list, an administration tended to speed up the admission process, and therefore an indecision on the part of applicants would increase stress.

For older people who lived in public housing estates, they had to abandon their public housing unit tenancy when they entered an aged home. If they found that aged home living is not suitable, then they were left with no choice but to stay there. For relocation cases, it would be more difficult if the compensation deal was not acceptable. According to a newspaper report, the man who committed suicide was in conversation with someone and became emotional. In order to show his intentions to stay, he jumped from the building. This emotionally charged behavior could also be found in the case of jade street-trader (case 5), who also committed suicide by setting himself on fire inside the magistrate court once his goods were confiscated. This kind of suicidal behavior is a form of resistance as noted by Lee and Kleinmen (2003) and Wang (1999).

In similar act of resistance, a retiree (case 8) attempted suicide by set fire to himself outside the office of the Appeal Board for Social Security Assistance Scheme to protest the delay of his payment. Luckily, the sprinkler system was switched on by smoke of the fire and he was saved from burning (Cartland, 2014 p. 259–260). Most of the time, it is the quest for efficiency than the needs of service user that sparks off outrage.

There are also cases of tragic couple homicides/suicides (case 12, 13, 15, 16 & 17). In response to case 17 of which a 80-years old man murdered his stroke-suffering 76-years old wife, Lau Sui-Lai, a member of the Legislative Council raised questions about the victim's inability to withstand the pressure arising from prolonged caring of his old wife (case 17), the inadequacy of the services provided by the government, and the support for caregivers (ISD, 2017). The government representative replied in writing and descriptively outlined the community support provisions for older people, their caregivers, and the amount of funding allocated. However, the written reply did not mention about the position of the government regarding family tragedy. This gave people an impression that the government was indifferent to the tragedy and the written response was just a normalizing action.

In the editorial column *More must be done for care of elderly of South China Morning Post*, (16 July 2017, p.11), Lam Ching-Choi (2017), Chairman of the Elderly Commission, wrote that the incident reflected a severe shortfall in community-based support for elderly caregivers, and a fresh look at the support network for the tens of thousands of elderly caregivers was necessary.

When the victim-husband (case 17) was released from prison after serving his 2-year sentence, he talked to HK01News (2019), a Chinese medium digital newspaper. He said that he cared for his wife for 3 years on his own, including her daily body cleaning, every day meals, and medical consultation visits. She had a stroke and stayed in a private nursing home afterwards. He ran out of money after her staying there for 10 months. The home fee was exorbitant and he was too poor to support her. He continued to say that

he was afraid to talk about his wife's situation with anyone, even his relatives. The public housing estate (where he lived) is like an isolated island.

When his neighbors saw him and his frail wife, they can only show their sympathy and not doing anything. My inability to seek help, and that would be good if I did so (in seeking help) now that I failed (not knowing how to seek help), the society had a strong reaction (murder of his wife) that already raised the alarm, the future society (especially elderly service) should have good performance. (HK01News, 2019)

Besides, HK01News interviewed Fernando Cheung, an academic and a member of the Legislative Council. Cheung said that outreach workers responsible for the cases only focused on counseling, and regarding service information, the service user had to find out for themselves. HK01News also interviewed Vivian Lou, an academic who suggested that home policy could be further humanized by providing couple rooms to older couples instead of having separate gender-based rooms.

The other two “mercy-killing” cases (case 15 and 16) were carried out by their sons. In Case 15, a 47 years-old son with depression pushed his wheelchair-bound father into the sea. In Case 16, a 50-years old son threw himself and his 83-years old mother into the harbour, were similar to the above-mentioned case, as they both want to end the miserable conditions of their physically impaired parents, thus releasing their unbearable burden of care; perhaps they were performing the duty of filial piety.

In an analysis of relationship between terminal illness and depression in Canada, Bourget, Gagne, and Whitehurst (2010) noted that “terminal illness in a spouse (the victim) and depression in the other spouse (the perpetrator) maybe the risk factors for homicide suicides in old couples.” This may also apply to other two couples’ murder-suicide cases (case 12 and 13). In both cases, husbands died right after murders, but little information was made available to readers. However, they were of younger age (case 12 [67/70 years] and case 13 [58/56 years]) than the “murder and report to the police” case (case 17 [80/76 years]). In case 9, a 67-year-old man frightened by the death of his spouse was in a state of sudden burst of separation anxiety, standing on a high platform of building, shouting and crying. In case 11, couple (both aged 80 years) committed suicide because of long-term illness, and in case 10, 62-year-old person attempted suicide because of long-term illness. Another couple (case 14) failed to kill themselves after taking drugs and burning charcoal. Without medicine or proper care or both would be contributory cause of suicide among long-term illness sufferer. The Hospital Authority of the HKSAR implemented a drug formulary since 2005 to ensure equitable access by patients to affordable drugs (ISD, 2015). Some cancer-treatment drugs are not listed in the drug formulary and is a key concern among patient’s rights groups.

Aging Parents and Adult Sons, Mentally Ill, Drug Addict, and Alcoholic

Case 18, 19, 20, and 21 involved adult sons who were mentally ill. Three of them lived with their mothers while one of them with his father. In case 18, a

63-year-old son killed his demented 90-year-old mother. The other three cases (case 19, 20, and 21), although not fatal but no less brutal, involved slightly younger dyads: 58/85, 24/76, and 44/72. One of the cases (case 22) was about a drug addict son stealing money from his 96-year-old father who was a public allowance recipient.

The last case (case 23) was of an alcoholic son who went street-begging with his wheelchair-bound mother. They travelled for an hour on a bus to the business area for street-begging. After collecting money, the son bought alcohol and drank, sitting beside his aged mother. Later he was arrested and jailed for a few weeks.

The drug addict case (case 22) was quite similar to the mentally ill cases. It was a variation of another type of mental "manifestation," but with less social and cultural stigma attached to it. The alcoholic case was a different kind of domestic violence or abuse. From the view point of caring and family responsibility, the bizarre behavior would be a "protest" loud and strong, an expression showing either a reluctant acceptance of taking up the caring role of his mother or to show to the world that he is a filial son. Eventually, the government arranged for mother to stay in a nursing home. The two cases also involved parents of advanced age, one was 96-years-old (case 22) and the other was 85-years-old (case 19). On the aspect of family relationship, the advanced age of parents, who were probably their caregivers, also had long-term illness. Perhaps they were living together all along, although in early days they were able to fend themselves and never felt hurt. Their becoming old with insufficient support from government could be a source of these tragedies.

Social Isolation, Care Work, Accident, and Death

In this section, there were four cases in group (a). The first two cases were of older couples (case 24 and 25) and the last two (case 26 and 27) were of living-alone elder persons. In group (b), the first case (case 28) involved a couple, the second case (case 29) an elderly man with his son-in-law who was his caregiver, and the third case (case 30) an autistic son with her mother. In group (c), the first case (case 31) was a 47-years old daughter caring for her 80-years old father, and the second case (case 32) was about an 82-year-old mother and her 60-year-old wheelchair-bound son. These nine cases, except the two cases in group (c), shared the similarity of lacking of rescue or appropriate action when the older people encountered life-threatening accident.

In a newspaper article titled "The tragedy of 450,000 singleton elderly and co-living older couples," Chow (2019), Professor of social work and social administration, expressed his grief and anger about the death of a spouse of an older couple, with the surviving husband mourning by wife's side without leaving her for a month. The grief and anger was because under the present aging policy of community care/aging-in-place, provisions of service were seriously inadequate, still no attention was paid to the needs of the increasing aging population. He

further stated that the waiting time for meals-on-wheel and escort services for medical consultation was about a year.

Regarding singleton elderly who passed away unnoticed, Bauhinia Foundation Research Centre (2019), a think tank, raised the question of lonely death (*kodokushi*, Japanese equivalent of lonely death). It said that Hong Kong may face challenges arising from lonely deaths, given the number of elders who were single and lived alone was increasing. It implied the view that social provisions should be increased to address the needs of older people.

Dementia Issues

There were three cases of dementia (case 33, 34, and 35). The first two cases involved leaving home, but because of dementia they lost their way back to home. The third case was more worrying because of its violent nature. A dementia male, resident of an elderly home, lost his temper and seriously hurt two of his co-residents. As mentioned above, there were two other cases involving dementia persons. In one of the murder-suicide couple case, wife was the victim of dementia illness (case 13). Another one (case 18) involved domestic violence in which 90-year-old woman having dementia was killed by his mentally ill son.

In a study on caregiving to older people with dementia and their families, authors observed that “caregivers expressed great concern about bothering their family members when there is a desperate need for help” (Au, Shardlow, Teng, Tsien, & Chan, 2013). The study also examined the cultural context of the issue and the social stigma attached to it. Services for dementia patients were limited and expensive. Although government paid attention to the issue, not much of actual provisions were provided. The symptoms of dementia are distressing not only for patients but also for caregivers, and delayed diagnosis is often seen in Hong Kong (Cheng, 2018). Although a supplementary allowance for the caregivers is available there is a fixed quota for the number of applicants and the amount of the supplement is meagre (LCS, 2020). Aged homes, especially private aged homes, are not well-equipped to handle dementia cases.

Work “Unlawfully” and Accidents

There were seven cases in this group. The first two cases (case 36 and 37) were related to street-trading without license. The third case (case 38) was about using a fake identity card for applying for a security guard position. The fourth and fifth cases (cases 39 and 40) were about professional drivers and road accidents. The sixth case (case 41) involved a female courier worker knocked down by a car. The last case (case 42) was about a 70-year-old labourer who tried to move an over size refrigerator down the staircase and hurt himself. Relating to work, there was a suicidal case as mentioned above relating a 74-year-old janitor of a youth center who killed himself right on the eve of his retirement (case 6). Summing up, there

should be a sensible policy to accommodate those who wish to continuously gainfully employed upon their retirement, and a healthcare scheme for older workers such as taxi and truck drivers.

Others: Arson Attack, Shop-lifting and Robbery, Call for Police, Sexual Assault, Welfare Fraud, and Radio Phone-in Program

There were eight cases in this group. The first two were arson attacks (case 43 and 44) carried out by two mentally ill persons. These were serious crimes and one of them was sentenced to life imprisonment. He said the government owed him money, and since his name was the same as that the given name of a mass transit railway (MTR) station that he set the station on fire. The third case (case 45) involved stealing a pack of pork ribs worth HK\$12 (equivalent to about US\$1.5). Not much information was available about this case in news reports. This would be either because of forgetfulness to pay or not having enough money to purchase the product.

The fourth case (case 46) involved robbery of a convenience store using a knife. The victim said the social security office mismanaged his case and stopped his social security payment. As a result, the hungry man out of desperation robbed the shop, but was unsuccessful. He showed remorse and felt guilty of what he had done. Similar situation was found in one of the individual attempted suicide cases. In case 8, instead of robbing a shop, the man attempted suicide. He said he had been unfairly treated by the social security office.

The fifth case (case 47) involved a 90-year-old man who called police because the meals-on-wheel service was suspended on a holiday, which he was not aware of. In terms of meeting the needs of a client, the nature of this case was quite similar to the robbery case (case 46), as both of them were out of food. The sixth case (case 48) on sexual assault in an elderly home raised the concern of safety and security inside the home as residents were vulnerable, and lack of privacy in some homes was a cause of fear. The seventh case (case 49) was about a social security allowance; recipient was hiding his savings in order to be qualified for the allowance. Reasons for fraud of welfare allowance could be many, and in the present case, the man said the money saved was for his daughter's university education.

The last case (case 50) was of a retiree expressing his views about the asset-check for the application of old age allowance in a radio phone-in program (Lee, 2015, p. 151). This was an everyday morning radio program providing a channel for all citizens to express their views about Hong Kong and government policies. In Hong Kong, people who were aged 70 and more were eligible for the Old Age Allowance (OAA, also known as fruit money) and there was no need for checking assets. OAA is a noncontributory allowance; however, if one is aged 65–69, he/she, in order to be eligible, has to go through an asset-check. The person who called the phone-in program was 69 years old and he asked to abolish

the asset-check so that he could have the allowance before attaining 70 years of age.

Summarizing, these 50 cases urged us to take a serious look at the problem. There is no doubt that their social support network, as well as the resources they can use, were limited. They were facing precarity of their own livelihood. In other words, they were socially isolated and what they had experienced was the reality of an informal insecurity welfare regime, rather than an informal security welfare regime. In relation to aging carer, some of the cases echo what Ikels observed in the 1980s of Hong Kong society about an aging mother tending her disabled daughter that 'the family gets little respite from the constant attendance such a person may require. Not surprisingly many old people live in dread of becoming such burdens' (Ikles, 1983:134).

Another aspect of the 50 cases is how different government departments discharged their duties and their related policy and management. Contemporary society is heavily involved with government activities though some are more explicit than the others. Among the 50 cases, 3 common concerns can be identified, and they are government's policy and management (P), older people employment (E) and care work for the old, frail, disabled or mentally challenged (C). The relationship between these cases and their common concerns are presented in Appendix 2.

Discussion

Self-reliant and Informal Security/Insecurity Regime, Social Stigma, Help-seeking, and Government Provisions

Three types of mentality regarding consuming social service were found in this study. Firstly, in the case of housing and home relocation (case 1 and 2), aged home admission (case 3 and 4), and jade street trader (case 5), all committed suicide, while social security assistance recipient (case 8) attempted suicide. They all wanted to express their dissatisfaction with the government's policy decisions. They were the "resistance" type of senior citizens who had tried to defend what they think was correct for them by putting their lives on stake. Cases of convenience shop robbery (case 46) and the radio phone-in program participant (case 50) were good examples to show that they were not silent partners of present society.

Contrary to the individual "resistance" type, the second type representing elements of acquiescence the acceptance of the way they were being treated. Most of the cases (case 12, 13, 18, 19, 20, 21, 24, 25, 26, 27, 28, 29, 30, 31 and 32) involving caring for one's family members without objection and yet with consent are examples of the acquiescent type. It is especially with cases 18, 19, 20, and 21 that with inadequate support from the government, aged parents with mentally-ill adult child would consider their family situation as personal responsibility and to

accept the caring role accordingly. The acquiescent type implied certain amount of self-reliance.

Thirdly, a sense of self-reliance also influenced the use of social services. In this study self-reliance refers to one's tendency to seek personal problem-solving rather than seeking outside help. Among the 50 cases studied, most of them expressed certain amount of self-reliance. There is the possibility that they are overly self-reliant without considering their own limitations. Besides, in cases relating to work and employment (9 cases), we note of a paradox that for those who continued to work so as not to depend on public assistance, some were charged for violating the laws.

In a study on Hong Kong's older people, Keith and his associates (1994) observed the ambiguity of elderly regarding government provisions. They noted that "Hong Kong older people, knowing that Hong Kong is not a welfare state, and therefore not expecting many provisions from the government," but, "they also want the government to offer more if possible" (Keith et al. 1994, p. 256). In other words, Hong Kong older people are not totally passive. Deep in their hearts, there was a desire to have more, because basically material supply or resources were limited. The sense of "ambiguity" influenced social service consumption. In Wong and Lou's (2012) research on self-reliance in social security allowance users, the authors found that users were ambiguous about the exiting the welfare system and wanted to stay.

There were four other factors that could undermine potential users' motivation in consuming government provisions. Firstly, social stigma as relating to government provisions would deter potential applicant and enhance social exclusion; second factor was financial affordability; third, the administrative factor, such as the interviewing and screening process, and a long waiting-list would discourage applicants; and fourthly, it was noted that even if services were available, they might not be able to meet the needs of users as experienced by the husband who killed his wife and reported to the police.

However, it would be a fact of life that all these 50 cases were personal tragedies or misfortune of isolated incidents. It would simply be a natural "age pain" as a matter of growing and becoming old. On the other hand, there is no denying that these 50 cases were profound "expression of sufferings generated by an ageist context which maybe compounded by other forms of social suffering" (Pickard, 2016, p. 135). These cases questioned the sustainability of informal security welfare regime. To many of them, they were embedded in an informal insecurity welfare regime as noted above.

The foundation of Hong Kong is built on the principle of fiscal austerity. After long years of practice, 20 years of the government of HKSAR and 150 years of the British colonial administration, it is necessary to reconsider the harmful effects of the market and its related residual welfare system.

Lastly, in the case of aging policy and the practice of fiscal austerity in Hong Kong, Tolstoy's observation (at the beginning of this article) may take on a twist

that “most unhappy families are alike because of the lack of community and residential support services.”

Limitations

There are several limitations to this study. First, the 50 cases represented a wide range of life situations which cannot be fully dealt with in an article of this length. Second, the study of suicidal cases had the difficulty of explaining the etiology of suicidal behavior. The explanation of suicidal causal relationship between macro and micro levels, personal and familial, or the disease and treatment/curing method could be speculative. Third, some of the newspaper reports on suicides were the factual description of cases. For example, in the case of long-term illness, the description was general and not specific. The term “long-term illness” or geriatric disease is a summary description and speaks less of the cases, and at times not even the name of the disease or diagnosis was mentioned. However, it could be a matter of privacy that the information was deliberately provided descriptively.

Appendix 1

Types of Incidents According to Gender, Age, and the Nature of Incident, 1997–2017

Table 1-A1 Individuals committed suicide

Case	Gender	Age (years)	Nature of incident
1	Male	80	Housing relocation
2	Male	70	Home allocation
3	Female	80	Aged home admission
4	Male	76	Aged home admission
5	Male	76	A jade hawker set himself ablaze inside a court after confiscation of goods
6	Male	74	A youth center cleaner committed suicide in the center on the eve of his retirement by burning charcoal in an enclosed space
7	Male	65	Long-term illness

Table 2-A1 Individuals attempted suicide

Case	Gender	Age (years)	Nature of incident
8	Male	60	A retiree set himself ablaze outside a Social Security Appeal Board office to protest delay of payment
9	Male	67	Attempted suicide after frightened by the death of his spouse
10	Male	62	Long-term illness

Table 3-A1 Couples committed suicide

Case	Gender	Age (years)	Nature of incident
11	M/F	80/80	Long-term illness
12	M/F	67/70	A man with walking problem hanged himself after murdering his frail wife at home
13	M/F	58/56	Murdered demented wife at home, then killed himself by jumping from the window

Table 4-A1 Couples attempted suicide

Case	Gender	Age (years)	Nature of Incident
14	M/F	79/75	Long-term illness; couple attempted suicide by drug and burning charcoal

Table 5-A1 Mercy killing

Case	Gender	Age (years)	Nature of incident
15	M/M	47/80	A son with depression pushed his wheelchair-bound paralyzed father into the sea
16	M/F	50/83	A mentally ill son threw himself and his mother in harbor death plunge
17	M/F	80/76	Man murdered his stroke-suffering wife at home and reported to the police

Table 6-A1 Aging parents and adult son

Case	Gender	Age (years)	Nature of incident
18	M/F	63/90	A live-in mentally ill son killed his demented mother at home
19	M/F	58/85	A live-in mentally ill son jailed for brutal attack on his mother
20	M/M	24/76	A live-in mentally ill son attacked his father
21	M/F	44/72	A live-in mentally ill son abused his mother
22	M/M	50/96	A welfare recipient chopped his drug-addict son for theft at home
23	M/F	52/85	An alcoholic son street-begging with his wheelchair-bound mother

Table 7-A1 Older singleton or couple passed away at home unnoticed

Case	Gender	Age (years)	Nature of incident
24	M/F	74/72	An elderly couple died in their public housing unit, discovered after two days
25	M/F	76/74	Husband passed away suddenly leaving bed-ridden wife, who died afterwards
26	M	70	A live-alone elderly was found dead when body decomposed
27	M	82	A live-alone elderly was found dead by a renovation worker

Table 8-A1 No action taken when either caregiver or care receiver passed away at home suddenly

Case	Gender	Age (years)	Nature of incident
28	M/F	88/85	Husband died suddenly while his mentally ill wife did nothing
29	M/M	84/61	A wheelchair-bound elderly starved to death when his caregiver died suddenly
30	M/F	55/82	An autistic son sought no help while mother died suddenly

Table 9-A1 Younger and older female caregiver

Case	Gender	Age (years)	Nature of incident
31	F/M	47/80	Daughter quit work to take care of her sick father died suddenly
32	M/F	60/82	A wheelchair-bound 60-year-old son was cared by his 82-year-old mother

Table 10-A1 Dementia-suffering older people

Case	Gender	Age (years)	Nature of incident
33	M	66	A dementia-suffering man was trapped in a park fence overnight
34	M	82	A dementia-suffering man went missing while going out
35	M	88	A dementia-suffering man in a home wounded two coresidents, aged 80 and 84

Table 11-A1 Working without license, fake ID, driving, and road accident

Case	Gender	Age (years)	Nature of incident
36	M	69	Charged for illegal street-trading, selling tissue paper
37	M	72	Charged for illegal street-trading, selling egg puff cake
38	M	73	A security guard was arrested and jailed for using a fake ID
39	M	75	A taxi driver was killed during a road accident
40	M	69	A truck driver was hurt during a road accident
41	F	66	A female postal courier was knocked down by a truck during work
42	M	70	A worker hurt himself while moving a refrigerator to a shop all by himself

Table 12-A1 Arson attack in mass transit railway station

Case	Gender	Age (years)	Nature of incident
43	M	68	Carried out arson attack in MTR station, 14 injured
44	M	60	Carried out arson attack inside an MTR train, 18 injured

Table 13-A1 Shop-lifting and robbery

Case	Gender	Age (years)	Nature of incident
45	M	70	Caught for theft of a pack of pork-ribs in a supermarket
46	M	78	Caught for threatening a convenience shop assistant with a knife because of hunger delay of social security payment

Table 14-A1 Call for police because of no meal-on-wheel service

Case	Gender	Age (years)	Nature of incident
47	M	90	A starving man called police because meal-on-wheel delivery was suspended on a holiday

Table 15-A1 Sexual assault in a nursing home

Case	Gender	Age (years)	Nature of incident
48	F	81	A 81-year-old woman was sexually assaulted in a private nursing home

Table 16-A1 Welfare fraud

Case	Gender	Age (years)	Nature of incident
49	M	67	A social security recipient cheated welfare department by hiding up his savings

Table 17-A1 Radio phone-in program

Case	Gender	Age	Nature of incident
50	M	69	A 69-year-old man criticized asset-check for old age allowance in a radio phone-in program

Appendix 2

Among the cases, 9 government departments and 3 NGOs were involved. The Government departments include Food and Environmental Hygiene Department, Magistrate, Housing and Hospital Authority, Department of Health, Social Welfare, Police, Labour and Transport department. Some of the cases had more than one common concern. For example, in illegal street-trading, it was the about older people employment and the policy and management of street-trading by the Food and Environmental Hygiene Department. Care-work involved both social and health care, physical and mental.

Table 1-A2 Cases according to the incidents of individuals, couples, parents and adult children, and others in relation to policy and management (P), older worker employment (E), and care work (C)

Individual (case number, incident, gender, age, P, E, & C)	Couple/family (case number, incident, gender, age, P, E, & C)	Parent/adult children (case number, incident, gender, age, behavior, P, E, & C)	Others: (case number, incident, gender, age, P, E, & C)
1 Committed suicide due to housing relocation M 80, P	11 Committed suicide due to long-term illness, M, F, 80/80, C	15 Son, 47, with depression thrown his paralyzed father, 80, into the sea, PC	33 A demented man, 66, trapped in a park fence overnight, PC
2 Committed suicide due to home relocation M 70, P	12 Homicide-suicide, M, F 67/70, C	16 Ml son, 50, threw himself and his mother, 83, into harbor, PC	34 A demented man, 82, lost his way to home, PC
3 Committed suicide due to home admission, F 80, P	13 Homicide-suicide, M, F 58/56, C	18 Ml son, 63, killed demented mother, 90, at home, PC	35 A demented resident, 88, wounded two residents, 80 & 84 in a home, PC
4 Committed suicide due to home admission, M 76, P	14 Attempted suicide due to long-term-illness M, F79/75, C	19 Mother, 85, attacked brutally by Ml son, 58, at home, PC	48 Woman, 81, was sexually assaulted in a home, PC
5 Committed suicide due to confiscation of goods because illegal street-trading, M 76, PE	17 Mercy-killing, husband, M 80, killed wife, 76, reported to police afterwards. PC	20 Father, 76, attacked by Ml son, 24, at home, PC	#4
6 Youth center janitor committed suicide, right after retirement, M 74, E	24 Couple died unnoticed, M, F 74/72, PC	21 Mother, 72, was abused by Ml son, 44, at home, PC	
7 Committed suicide due to long-term-illness M65, C		22 Father 96 chopped drug addict son, 50, for theft at home, PC	

(continues)

Table 1-A2 Continued

Individual (case number, incident, gender, age, P, E, & C)	Couple/family (case number, incident, gender, age, P, E, & C)	Parent/adult children (case number, incident, gender, age, behavior, P, E, & C)	Others: (case number, incident, gender, age, P, E, & C)
8 Attempted suicide after delay of public assistance payment, M 60, P	25 Husband, 76, died suddenly, then bed-ridden wife, 74, died due to lack of care, PC	23 Alcoholic son, 52, street-begging with mom, 85, PC	
9 Attempted suicide after frightened by wife's death, M 67, C	28 Husband, 88, died suddenly, MI wife, 85,	30 An autistic son, 55, sought no help while mother, 82, died suddenly, PC	
10 Attempted suicide due to long-term-illness, M 62, C	29 Caregiver, 61, died suddenly, on wheelchair care receiver 84 starved till death PC	31 Daughter, 47, cared for her father, 80, died suddenly, PC	
26 Lived alone death M 70, C	#9	32 Mother, 82, cared for her wheelchair-bound son, 60, PC	
27 Lived alone death M 82, C	Legends: MTR = Mass transit railway MF = Male/female PC (5), C (4)	#11	
36 Illegal street-trading, selling tissue paper, M 69, PE			
37 Illegal street-trading, selling egg puff cake, M 72, PE			
38 Fake ID card for work, M 73, PE			
39 Taxi driver accident, M 75, E			
40 Truck driver accident M 69, E			
41 Courier work accident F 66, E			
42 Work accident, M 70, E			
43 Arson in MTR M 68, P			
44 Arson in MTR M 60, P			
45 Food stealing, M 70, P			
46 Public assistance stopped triggered shop robbery, M 78, P			
47 No meals-on-wheels service on holiday, dial 999 M 90, P			
49 Welfare fraud, M 67, P			
50 Phone-in, asset-check M 69, P			
#26			
P (12) E (5) C (5) PE (4)	#PC (20)	#PC (11)	#PC (4)

Acknowledgment

The author would like to acknowledge his gratitude for the valuable suggestions made by an anonymous reviewer.

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