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International Council on Social Welfare

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Working Together for a Better ICSW



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Dear fellow ICSW members, friends, and interested readers,

In times of pandemic, it is especially important not to lose sight of the essential role of our social welfare systems. The collective fragility brought on by the COVID-19 crisis has been a stark reminder of the enormous differences in the welfare services available both among and within countries. Since its beginnings, one of the challenges of the ICSW has been precisely to foster the debate on social welfare, and to make it a priority on the public agenda – a priority that must be global, just as the pandemic is global. It is a debate that must be articulated through multilevel alliances between individuals, groups, communities, countries, companies, multilateral organizations, and NGOs.

As part of our contribution to the debate on

social welfare, in May we organized an international seminar on ICTs and social welfare with an innovative design involving the regional members of the ICSW:

ICSW International Seminar on The role of ICTs for social inclusion and social welfare

<https://www.icsw.org/index.php/news/150-first-session-of-the-icsw-international-seminar-on-the-role-of-icts-for-social-inclusion-and-social-welfare>

The seminar drew experts from various areas of knowledge related to ICTs and welfare and practical cases were presented of digital inclusion in countries around the world, among them India, Korea, Brazil, the USA, Spain, Portugal, Taiwan, Hong Kong, Zimbabwe, and Morocco.

In the sphere of digital inclusion, there are salient issues to be addressed. Firstly, the protection of citizens' rights, which are increasingly being decided in the digital sphere. Secondly, the services we provide. Thirdly, digital rights, digital intervention, and digital skills as the digital world requires specific and specialized training. Fourthly, the need to value the expert knowledge of scientists, including social scientists and, of course, of social workers. The aim of this international seminar was precisely to discuss these problems and challenges in greater depth and examine the role of ICTs in achieving social inclusion and social welfare, as well as country cases of successful ICT applications in the field of social welfare. For those interested, the conference contributions can be viewed at:

Session One: Key issues in the role of ICTs for social inclusion and social welfare

<https://drive.google.com/file/d/15DTJaoYqxxFa4Hd-c6uMuCGs7effZzd2/preview>

Session Two: Country cases of Successful ICTs application in the field of social welfare

<https://drive.google.com/file/d/1EHSsMrLbalcePqypWWmDNn3kQ4aqloNH/view>

In this new stage of the ICSW, it is important that we share our concerns and best practices to overcome the challenges in these specific contexts without forgetting our common goal: to improve social welfare in a globalized world. Together, we need to explore different perspectives, broaden our outlook, strengthen the helping professions, and co-design more inclusive welfare systems that are better adapted to the challenges of the 21st century.

I would like to conclude this brief letter by thanking my colleagues in the North East Asia region who have sent us their contributions for this issue of our Newsletter. And my gratitude also to all the ICSW members, as well as all the readers interested in social welfare who share with us the common goal the ICSW embraced some 100 years ago: human well-being. My thanks to all of you for your collaboration and your commitment to the ICSW.

Take care and stay healthy.

North East Asia: Information and Experiences of COVID-19



Joyce Yen Feng, President of North East Asia region and Professor in the Department of Social Work at National Taiwan University

Dear all:

It is our pleasure to share information and the COVID-19 related Experiences with you all from the North East Asia Region. There are 5 members in NEA region: Hong Kong, Japan, Mongolia, South Korea, and Taiwan. Rapid ageing and low birthrate are the most significant social challenges for most of us beside Mongolia which is a young, vigorous country newly joined the regional platform.

Information Technologies are highly developed to assist ageing population in addition to the National Health Insurance Plan and /or Long-term-care Insurance Plan in most countries of this region. Developments of community-based service system to support families carrying out their caring (young and old) functions are at the center of national social policies in NEA member countries. Therefore, social innovations are encouraged by public and private sectors to seek for more and better solutions to face the challenges of super aged societies that is inspiring the NGO sector, too.

Members at NEA region have enjoyed a long-time good relationship since the grouping of Asian-Pacific areas from last Century when we found social welfare/social work education and professional development were burning issues in our societies. Since member organizations all carry the mission of bridging social welfare knowledge and practice, regular exchange symposiums and study tours in addition to the global and regional conferences among NEA members started by then. The NEA regional members host NEA region Conference in turn every two year. At these conferences, emerging social issues were discussed and practice wisdom were shared. I would like to share current situation and response to COVID-19 pandemic in NEA region.

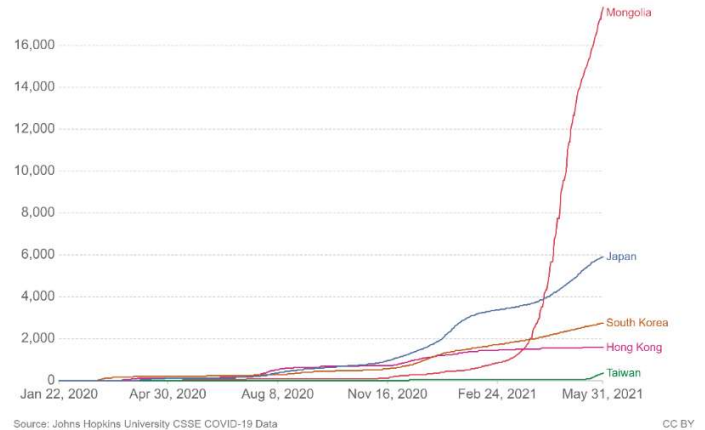
I. Coronavirus infected cases in NEA region (cumulative)

The cumulative confirmed COVID-19 cases and deaths in NEA region as of May 31, 2021.

| | Hong Kong | Japan | Mongolia | South Korea | Taiwan |
|-----------------|-----------|---------|----------|-------------|--------|
| Confirmed Cases | 11,842 | 744,487 | 58,439 | 140,340 | 8,888 |
| Deaths | 210 | 12,967 | 276 | 1,959 | 124 |

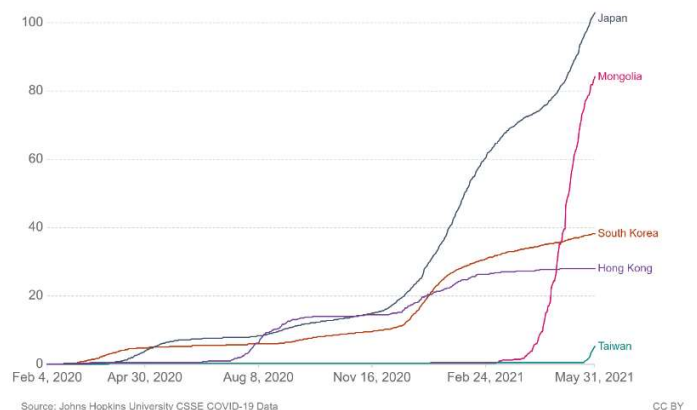
II. Coronavirus infected cases in NEA region (relative to population)

The cumulative confirmed COVID-19 cases per million people in NEA region as of May 31, 2021.



III. Coronavirus Deaths in NEA region (relative to population)

The cumulative confirmed COVID-19 deaths per million people in NEA region as of May 31, 2021.



IV. Major policy measures from governments for COVID-19

Information below was collected by the NEA Regional Office. Requests were sent out to all 5 members on May 2021, we extend our gratitude to members who made time to provide valuable information to share.

● Hong Kong

1. Restrictions and Quarantine Arrangement for Persons arriving Hong Kong
2. Community Testing Centers to provide free-of-charge testing services for persons under compulsory testing and certain targeted groups
3. Implementation of Prevention and Control of Disease Regulations, including requirement to wear mask in public area and in public transport carriers, restriction on gathering and social distancing, etc.
4. Free COVID-19 Vaccination Programme for Hong Kong residents
5. Anti-epidemic Fund to assist the affected industries and the public
6. "Leave Home Safe" Mobile App to record personal visit record
7. Staff members of residential care homes for the elderly, residential care homes for persons with disabilities and nursing homes are required to undergo virus tests in Community Testing Centers or under self-arrangement.
8. Special arrangements for subsidized welfare services, including suspension of some social services (e.g., child care centers, day care centers, sheltered workshops, etc.), and provision on a limited scale.
9. With the pandemic situation stabilizing recently, different kinds of services resume normal operation in a gradual manner. Besides, a restricted visiting arrangement for residential care homes for the elderly and residential care homes for persons with disabilities will be implemented from 1 May 2021.

● Japan

A. Prevention of spread of infection

The declaration of a state of emergency

- 1st: April-May, 2020
- 2nd: January-March, 2021
- 3rd: April-present, 2021

B. Supplementary budget

Amount

- 1st: 25.7 trillion yen
- 2nd: 31.9 trillion yen
- 3rd: 19.2 trillion yen

1. Purposes & applications (in general)

- (1) To maintain employment
- (2) To help financing for small-scaled enterprises
- (3) To start a rent-support benefit
- (4) To strengthen a medical care provision system
- (5) To distribute medical supply
- (6) To enhance PCR test or antigen test
- (7) To improve the vaccination system an implementation of vaccination
- (8) To increase the special grant for local government
- (9) To provide support through international agencies towards the cease of COVID-19
- (10) To support the transformation of economic structure towards the post-COVID-19 era such as digital reform, etc.

2. Purposes & applications (in social welfare field)

- (1) Additional benefit for single-parent families with low income
- (2) Continuation of Welfare Life Fund Loan Service for needy people
- (3) Expenses required for welfare/care service benefits with thorough prevention measures against COVID-19
- (4) Financial service for social welfare/medical service providers

- (5) Special bonus for workers in social welfare institutions
- (6) Supplementation of wages for users of employment continuous support service for persons with disabilities
- (7) Expansion of reemployment preparation fund loan to bring back care workers

● Mongolia

To safeguard public health and to allow the resuming of normal activities of society gradually, the Government is implementing a territory-wide COVID-19 Vaccination Programme free of charge for all Mongolian residents.

1. Major policy measures from governments for COVID-19.

- (1) Restrictions and Quarantine Arrangement for Persons arriving Mongolia
- (2) Join COVID-19 testing
- (3) Wear a mask
- (4) Practice hand hygiene
- (5) Implementation of Prevention and Control of Disease Regulations, including requirement to wear mask in public area and in public transport carriers, restriction on gathering and social distancing, etc.
- (6) COVID-19 Vaccination Programme
- (7) To help financing for small-scaled enterprises
- (8) Additional benefit for single-parent families with low income
- (9) Special bonus for workers in social welfare institutions

2. Prevention of spread of infection

The declaration of a state of emergency

1st: November- December, 2020

2nd: February-March, 2021

3rd: April, 2021

● South Korea

South Korea's aggressive responses to the covid-19 have greatly slowed the epidemic without regional lockdowns.

The Korean Centers for Disease Control and Prevention's daily briefings were thoroughly reviewed. Information about hospital countermeasures and government coordination was collected via telephone interviews with 4 infection control team leaders, 1 emergency department nurse, and 1 infectious disease physician in Korea. After the 2015 Middle East Respiratory Syndrome outbreak, the government and hospitals prepared for the inevitable outbreak of emerging infectious diseases by reforming the epidemic preparedness system. As a result, COVID-19 diagnostic test kits were quickly developed, enabling extensive early detection of potential cases. Other key steps were tracking cases, finding exposed individuals, coordinating case assignments with health care facilities, and selective clinic screenings for visitors' entering hospitals with mandatory mask wearing.

● Taiwan

Governments have embedded the concepts of prudent action, rapid response and early deployment into the epidemic prevention system for Containment of COVID-19 Pandemic in Taiwan since January 2020.

1. **Containment measures** were taken immediately:

- (1) Prudent surveillance of pandemic status using ICT and AI technology.
- (2) Rapid announcement of travel warning using cellular broadcast.
- (3) Strict border control using e-quarantine system.

- (4) In-depth tracing of close contacts of confirmed cases using ICT, big data analysis.
- (5) Mandatory home isolation/quarantine of close contacts and inbound passengers using digital fencing tracking and line bot system.
- (6) Care and Support Services for Isolated or Quarantined Persons.
- (7) Precision (targeted) testing of notified suspects with symptoms/signs.
- (8) Mobilization of health care system for isolation treatment (20,000 isolation rooms and 14,000 ventilators) using big data monitoring.
- (9) Enhancement of hospital infection control using disinfection robots.

2. National Security Council announced **measures to boost Taiwan's economic activity:**

1. Allocate a NT\$410 billion budget for epidemic control, financial relief and economic vitality.
2. Shift public spending priorities to emergency measures.
3. Provide financial relief to low-income families and damaged industries.
4. Increase government investment and procurement for expansion of domestic demand.
5. Accelerate foreign and private investment.
6. Maintain foreign exchange market stability and stock market momentum.
7. Issue stimulus vouchers for each citizen to spur consumption.

V. Civil society responses to the COVID-19 pandemic challenges

● **Hong Kong**

Challenges:

1. Change of work practice (e.g. work from home, suspension of service, change of service delivery model, etc.)
2. Excessive demand on infection control and preventive measures in service delivery and workplace (especially inadequate preventive and hygiene products in the early stage of pandemic)
3. Drop of donation and fund raising

Sector's strategies:

1. Leverage technology to embrace new styles of working, communicating and collaborating.
2. In-person services are transitioned to virtual and remote services (i.e. tele-practice in service delivery; e.g. tele-health and tele-rehabilitation)

Work of HKCSS:

1. Sourcing and bulk purchasing preventive and hygiene products for service organizations and staff to maintain essential service
2. Set up protocol to channel resources and information to service organizations and people in need
3. Develop and advocate new service delivery model (tele-practice)
4. Advocate additional resources and funding support to government, foundations and corporate partners
5. Continuous dialogue with government to address welfare sector's concerns

● **Japan**

A. Prevention of infection for social welfare service users/providers/workers

1. In social welfare institutions, the most

important challenge is to prevent the infection of users.

2. In Japan, vaccination is in progress now, and the priority of vaccination is as follows:
 - (1) Essential workers including medical/health care workers
 - (2) Senior citizens
 - (3) People with primary illness or workers in institutions for the aged or for the people with disabilities
 - (4) Others
3. Until the vaccination works practically, it is necessary to take basic preventive measures thoroughly.

B. Support for the management/human resource of social welfare institutions

1. For social welfare institutions, human resource challenges are important as well as financial problems or securing hygiene materials, etc.
2. Following measures are necessary to tackle these problems:
 - To reduce the physical and mental burden on staff
 - To improve working conditions to prevent leave and turnover of workers
 - To make up the shortage of human resource in the social welfare field
 - To prevent any slander or discrimination against social welfare workers

C. Overcoming constraints/restrictions on social welfare service practice caused by COVID-19, and seeking new methodology

1. Due to restrictions on social welfare practices such as face-to-face consultation

support, home visit, outreach, communication, etc., following problems have been revealed:

- Never to reach necessary support
 - Deterioration of physical/mental conditions
 - Poverty
 - Isolation
2. Among these problems revealed under the situation of so-called "with COVID-19," especially for those violating basic human rights, it is necessary that the public sector should be responsible to take institutional /political measures, and social welfare sector should support it by advocacy or lobbying. Also, it is necessary to build so-called "COUNITY (counited community)" where people with difficulty in life or people in need are included, and everyone supports each other towards the post-COVID-19 era.
 3. At the same time, it is necessary to continue and develop practices and research that enable effective utilization of technologies such as online or ICT. It is important to make necessary changes on this opportunity of COVID-19 pandemic.

● Mongolia

1. NGOs moved operations online to protect their employees and clients from COVID-19.
2. Infection control, in workplace and service premises
3. Develop and advocate new service delivery model (tele-practice)
4. Drop of donation and fund raising
5. Change of work practice (e.g. work from home, suspension of service, change of service delivery model, etc.)
6. Advocate additional resources and funding support to government, foundations and corporate partners

● **South Korea**

Due to social distancing for a long time, its current social distancing measures, including mandatory mask wearing in public and the ban on five or more people gathering together, regional social welfare center can't provide sufficient services for people who are in need. To cope with this situation, using technology to assist older adults and who are in need. Also they provide on-line social service programs, many people can actively participate my programs for them such as on-line mentoring and classes.

● **Taiwan**

A. NGOs moved operations online to protect their employees and clients from COVID-19.

The pandemic has brought a decline in donations, an increase in administrative and overhead costs, and challenges in providing direct services to clients for most of the social service agencies and NGOs. While some social organizations have reduced their operations and activities, others have explored new strategies and grabbed opportunities to scale up their digital capacities - including crowdfunding, online registration systems, remote working and service delivery modes.

B. Conducted needs assessment to advocate for charitable funds

Declined funds due to the closed down of most fund-raising activities, in addition to adopt new online fund-raising methods, NGO allied to conduct needs assessment for services, then advocated for "maintaining the philanthropic habits" to the public, and emergency relief from the governments, too.

C. TCSW summited leaders of professional to encourage coping strategies

Online meeting on May 2020 with NGO and social work professional organization leaders was organized to discuss about the challenges and coping strategies encountered by service and educational organizations in the fields. Surveys and guidelines for NGO and schools were advised tasks to relevant organizations. Thus, data were collected for advocating actions, guidelines for workers' self-protection and serving clients were drafted, and new rules for social work students' field work were made as well for the past year.

VI. A Global Picture

However, NEA Regional member's COVID Resilience ranking is generally declining due to the low vaccination coverage rate (up to May 2021).

Bloomberg COVID Resilience, May 2021

| RANK CHANGE | | ECONOMY | BLOOMBERG RESILIENCE SCORE | 1-MONTH CASES PER 100,000 | 1-MONTH FATALITY RATE | TOTAL DEATHS PER 1 MILLION | POSITIVE TEST RATE | PEOPLE COVERED BY VACCINES |
|-------------|--|----------------|----------------------------|---------------------------|-----------------------|----------------------------|--------------------|----------------------------|
| 1 ▲1 | | New Zealand | 80.8 | 1 | 0% | 5 | 0.1% | 4.8% |
| 2 ▼1 | | Singapore | 79.4 | 15 | 0.2% | 5 | 0% | 29.9% |
| 3 - | | Australia | 79.1 | 1 | 0% | 36 | 0% | 7.1% |
| 4 - | | Israel | 75.4 | 16 | 4% | 740 | 0.1% | 58.3% |
| 5 ▲1 | | South Korea | 73.8 | 34 | 0.7% | 38 | 2.3% | 5.4% |
| 6 ▲3 | | Finland | 73.8 | 107 | 0.5% | 168 | 1.4% | 24.1% |
| 7 ▲8 | | Norway | 72.2 | 222 | 0.4% | 144 | 2.1% | 21.9% |
| 8 ▲6 | | Denmark | 71.4 | 458 | 0.1% | 433 | 0.4% | 26.1% |
| 9 ▲3 | | Mainland China | 71.4 | 0 | 0% | 3 | 0.1% | 17.8% |
| 10 - | | Hong Kong | 71.3 | 1 | 1% | 28 | 0% | 14.3% |
| 11 ▲7 | | U.K. | 70.9 | 88 | 0.5% | 1,885 | 0.2% | 45.4% |
| 12 ▼4 | | U.A.E. | 70.7 | 477 | 0.2% | 167 | 1.2% | 56.3% |
| 13 ▲4 | | U.S. | 70.3 | 324 | 1.7% | 1,782 | 3.8% | 44.5% |
| 14 ▼7 | | Japan | 68.1 | 123 | 1.5% | 97 | 6.1% | 3.2% |
| 15 ▼10 | | Taiwan | 67.8 | 12 | 0.2% | 1 | 1.7% | 0.6% |

Therefore, Global Solidarity and International Collaboration is needed:

1. Infectious diseases respect no border.
2. Any pandemic of emerging infectious disease is detrimental to global health, economic development, social stability, national security, and regional peace.

3. No country can fight pandemics alone.
4. Transparency and honesty are the best policy.
5. Help each other through international collaboration is the key for the successful containment of future pandemics.

No “our” country for old men with disabilities



Yong Seok Lee, Head of Policy Office, Korea Federation of Organizations of the Disabled (KOFOD)

Korea is moving toward a super-aged society as citizens aged 65 or older tops 14% of its population. In particular, the age distribution of the disabled varies by disability type, but the number of seniors with disabilities continues to increase; those aged 65 or over are the highest at 46.6%, and those aged 50 to 64 account for 30.3%.

Who are the disabled elderly? There is no clear legal standard in place yet. However, old men with disabilities, or the disabled elderly, refer to seniors with disabilities and the disabled population aged 65 or older as defined in the Welfare of the Aged Act. But some scholars argue that those with disabilities over 50 of age should be defined as the disabled elderly because people with disabilities need to consider an earlier age, due to early ageing and lower life

expectancy compared to non-disabled persons. In addition, the Act on Prohibition of Age Discrimination in Employment and Elderly Employment Promotion defines 55 or older as an elderly person and 50 to 54 as a semi-elderly, so it is convincing to argue that 55 years of age needs to be applied as the standard given the legal ground.

Who are the disabled elderly?

People with disabilities experience early ageing bringing about physical, psychological, functional, and psychosocial changes, which speeds up 15 to 20 years or more after the occurrence of the disability. These changes lead to secondary disorders and negatively affect their lives, increasing psychological stress and depression by two to three times. In the long run, the combination of ageing and disabilities reduces their quality of life sharply. This is why priority social services that can help address these difficulties should be considered.

However, there is a difference between a 'disabled old person' and an 'old person with disabilities due to ageing' depending on when and how long they have a disability, and their needs for welfare services are also different. When it comes to needs for welfare services, the latter want medical services to restore physical health, the cause of disability.

On the other hand, the disabled elderly tend to wish to remain in the existing service area for the disabled. This is because there are few services for the elderly designed to reflect the characteristics of disability now. In other words, the disabled elderly see the transition to welfare services for the elderly as a deprivation of services as they get used to various social services, self-advocacy,

awareness of the adversary system, and social participation system that can reduce employment insecurity and poverty they have experienced as a person with a disability.

There is a more important issue than how old a person should be to be defined as a disabled old person by lowering the age standard. It is from what age a disabled person is eligible for disability policies and services. Currently, policies and services for the disabled and the elderly are fragmented. Should people with disabilities aged 65 or older automatically be considered for senior services? Considering the rapid ageing trend of disabled people, this sort of controversy over the current system will continue.

The disabled elderly - the paradox of active ageing

The concept of "active ageing" is defined by the World Health Organization (WHO) as "a process that maximizes opportunities for health, social participation, and safety to improve the quality of life as people are getting older" (WHO, 2002). Considering that life expectancy can be extended by maintaining opportunities for health, social participation, and safety, the WHO explains that the term "active ageing" has been chosen to express this process.

Therefore, 'active ageing' is to help people realize their ability for physical, social, and mental wellbeing throughout their life and participate in society according to their desires, hopes, and abilities, implying that adequate protection, safety, and care should be provided as well when needed. Improving participation in the labor market or the ability of physical activity is not the only aim of it.

As the needs of the disabled increase with age,

but the experience of using the services for them tends to decrease, which is called the paradox of "active ageing." If a person who has lived as a disabled person throughout their life faces another difficulty of 'ageing' and is classified as a disabled elderly person at the age of 65 and provided access to services for the elderly, will it be possible for the person to age well through active ageing?

Discussions about conceptual approaches and support measures for the disabled elderly continue, with a focus on the issues of "health" and "poverty." Health refers to the state of physical, mental and social well-being (Ministry of Health and Welfare, 2015). In particular, measures to prevent the decline in physical health and to enhance function should be considered for the disabled elderly, taking into account early ageing and secondary disabilities.

The situation needs to be addressed by means of the "Physician in Charge of Health of Persons with Disabilities" system set forth in the Act on Guarantee of Right to Health and Access to Medical Services for Persons with Disabilities to make various systems available in the communities in the context of the so-called "Moon Jae-in Care," but it ultimately depends on the commitment of authorities including the Ministry of Health and Welfare to implement it.

Eliminating poverty is the welfare for the disabled elderly

One of the serious social issues with ageing is the poverty of the elderly. According to the OECD Pensions at a Glance 2017 report, the relative poverty rate of people aged 66 to 75 in Korea was 42.7%, and that of those aged 76 or older was 60.2%, the highest among the 38 member countries surveyed. The relative poverty rate of

the elderly aged 66 to 75 in Korea is four times the average of 10.6% in OECD member countries, and 4.2 times the average of 14.4% in OECD member countries for those aged 76 and over. Compared with Korea's overall relative poverty rate of 14.4%, that of 66- to 75-year-olds is three times higher and those over 76 4.2 times higher. Serious poverty rates of this kind also affect the psychological state of the elderly with disabilities.

For example, the 2017 survey on the status of persons with disabilities found that 63.9% of those aged 45 to 64 and 63.2% of those aged 65 or older perceived themselves as a lower class and that 18.9% of those aged 45 to 64 and 10.6% of those aged 65 or older were recipients of national basic livelihood security benefits. Also, the average personal incomes by income source over the past one month were 1,479,000 won for those aged 45 to 64 and 812,000 won for those aged 65 and over, far below 1,670,000 won, the minimum living cost per single-person household in 2018. Without solving the issue of chronic poverty like this, "active ageing" for the elderly with disabilities will end in an empty talk.

The question of how to improve the quality of life of elderly people with disabilities is directly related to how to eliminate severe poverty among them. Household incomes of persons with disabilities drop with age, and household assets tend to be relatively low among the population suffering from disabilities due to ageing because they have a high share of the overburdened medical costs.

If they cannot work to earn enough money to survive, old people with disabilities have no choice but to rely on public assistance. However, a mere 34.1% or one in three persons with disabilities over 18 years of age have a national pension plan in Korea. Other public and private

pension enrollment rates are also extremely low: private pensions of 3.8%, civil servants' pensions of 2%, private school pensions of 0.4%, military pensions of 0.3%, and veterans' pensions of 1.9%, respectively. As a result, by median income, 48.4% of persons with disabilities are "relatively poor" and 31.1% are "absolutely poor", making less than the minimum cost of living (Economic Status and Policy Tasks for Persons with Disabilities, Health and Welfare Forum August 2015). This shows that persons with disabilities, particularly the disabled elderly accounting for 46.6%, are struggling with excessive medical costs for minimal survival, let alone the "quality of life."

The Korean government announced the second plan for senior jobs and social activities last year and promised to create 800,000 jobs for seniors. Unfortunately, however, those with severe disabilities of grade 3 or higher, that is, elderly persons with disabilities, were all excluded from the plan. As such, the government does not take into account old people with disabilities even in its policy plan for the elderly, releasing a so-called productive welfare policies that require them to be trained into a "qualified worker" to make ends meet.

It seems that the elderly policies designed with a focus on non-disabled persons have no regard for the elderly with disabilities. For example, when an elderly person with a disability turns 65, the activity support service is suspended automatically, and he or she is switched to the coverage of the long-term care insurance for the elderly, excluding them from the services for the disabled. They do not benefit from the services for the old because they are disabled and from the activity support services for the disabled because they are elderly. This means they have no access to income security and care services.

Ageing has long been the subject of social policy in Britain as is now in Korea, but the ageing of the disabled was not considered in the process of policy-making. As those who became disabled during World War II and the handicapped by various infectious diseases such as polio after the 1920s became elderly, the country began to pay attention to the elderly and their needs from the 1980s. Currently, Britain has no distinction between the disabled and the elderly in terms of social services for the disabled elderly and provides social services to the entire population on a need basis.

Among others, in Britain, under the activity support system, the elderly can choose to use care services if they want, and the disabled can use social activity assistance service if they want to do so because unlike Korea, there is no distinction by age. In addition, the government actively responds to and guarantees service users' right of choice and control by providing social services through a personal budget system, so social issues of the elderly with disabilities are minimized. The income of households with disabilities decreases rapidly with age. On the other hand, persons with disabilities face a remarkable decline in physical function due to early ageing, which often results in secondary disabilities that cause huge medical costs. The problem is that the number of welfare services available decreases with age. The elderly with disabilities find their life difficult to sustain due to a lack of income and secondary disabilities caused by early ageing, getting stuck in between the welfare service for the disabled and that for the elderly without enjoying any benefits from neither of them.

Guarantee of the right to choose welfare services

As mentioned earlier, the government's "productive welfare" policy excludes the elderly with disabilities, urging them to be "trained into a qualified workforce" to survive.

Like this, the elderly policy focusing on non-disabled persons has no regard for the disabled elderly. So when it comes to supporting the elderly with disabilities, it is necessary to establish a clear and realistic concept for the age of the "disabled elderly" and thereby produce a concrete and systematic support plan.

A specific and systematic support plan involves, among others, reducing poverty to improve the "quality of life." In other words, it is necessary to provide a practical and lasting income guarantee system by offering public sector jobs in the community, rather than "bad jobs." Also, the right to choose welfare services, such as a health management system for "active ageing" and an activity assistance service that turns from "disabled" to "elderly" should be guaranteed.

There is no country for old men. There is an "our" country that develops a comprehensive plan for the elderly and puts in place a system for active ageing, but there is no "our" country that sets a standard for the disabled elderly and designs a tailored welfare system for them. When they find services for their welfare limited and restrictive in their old age after living with the dual bonds of "disability" and "poverty" for life, the disabled elderly may feel a sense of life crisis or become hapless. Realistic measures are needed, which include an integrated service system to solve negative problems such as psychological burdens that the disabled elderly may feel about their family who cares for them and economic hardships.

ICSW International Seminar on The role of ICTs for social inclusion and social welfare

On May 12 and 19, ICSW International Seminar on "The Role of ICTs for Social Inclusion and Social Welfare" has taken place virtually to share current situations and experiences of various countries in regards of ICTs and social welfare.

The first session was titled "Key issues in the role of ICTs for social inclusion and social welfare" where panelists addressed key themes of social welfare and digital inclusion. The second session was titled "Country cases of Successful ICTs application in the field of social welfare" where panelists shared their own countries' practices and experiences.

Next three short articles are going to be the introduction to each presentation of speakers from North East Asia region. If interested in watching the full presentation, please visit:

<http://icsw.org/index.php/news/150-first-session-of-the-icsw-international-seminar-on-the-role-of-icts-for-social-inclusion-and-social-welfare>

Introduction to ICT seminar : Cases of ICT application in the field of social welfare in Korea



Park Yeong Ran,

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The purpose of this presentation is to introduce the background and policy trends of digital transformation in the field of social welfare in Korea. The chapter will focus on the best practices of ICT applications in social welfare fields and future challenges. Korea's population is aging rapidly and people aged 65 or older make up 16.3% of the population. It is expected to reach 40.1% in 2060 as almost 7 million Baby boomers are aging. Moreover, 48.3% of people with disabilities are over the age of 65. In order to meet the challenges of the lack of resources for care, and to enhance the effectiveness and efficiency of social service delivery system, there are innovative R&D and service projects in Korea.

Providing person-centered integrated services and digital transformation of service delivery has become more important in the era of community-based care. Therefore, smart care, online services, digital devices and digital therapeutics are getting more attention from human service providers in Korea. Different approaches and models exist. Date management system for public benefits, AI speakers, safety monitoring devices and companion robots are introduced in both public and private sectors. Future challenges in macro,

mezzo and micro dimensions will be suggested in order to bridge the gap between the world of industry 4.0 and the realities of the social service field.

**Introduction to ICT seminar:
Cases of ICT applications in Taiwan
for smart living and social welfare**



Wen-Shan Lin, Assistant professor Institute of International Management, National Cheng Kung University, Taiwan

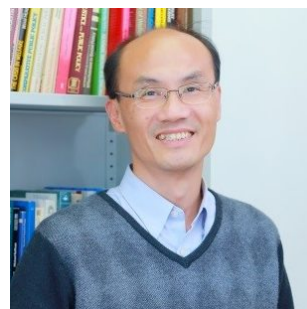
During the COVID-19 pandemic time, there are a number of ICT applications provided both from the government and the NGOs in Taiwan to assist the society for enhancing the social welfare and sustain citizens' well-beings. Here we appoint to two selected cases for explaining how people adopt the changes based on ICT implementations.

The first case is a public e-service, Live chat bot of face mask supply, that employs technologies of artificial intelligence and location-based information retrieval. As the need of the facial masks reach high, it causes chaos. This live chat helps citizens to be able to be informed with the required information and to be able to enjoy the way of smart living.

The second case is about the positive interpersonal & life orientation training program

(PILOT). PILOT is a research program conducted by the National Taiwan University Children & Family Research Center Sponsored by CTBC Charity Foundation. This program started in 2013 and it covers 8 series of training program for enhancing positive ability in dealing with stress, social skills, making sound decisions (STOP-THINK-GO Model) and communications, right use of substances (cigarette). In 2020, the second formal version of PILOT program has released and was carried out at many regions in Taiwan. It assist adolescents under 18 to adapt the changes of the society and deal with the stress & mindful issues especially during the pandemic time. The early results are promising and it reveals that those adolescents who were involved in the PILOT program have improved level of resilience and less intentions of problematic behavior.

**Introduction to ICT seminar:
The leap forward in ICT applications
in the social welfare sector of HK:
Opportunities and impacts**



Yu-cheung WONG, Professor, Felizberta Lo Padilla Tong School of Social Sciences of Caritas Higher Institute of Education, Hong Kong

In the presentation, Prof. Wong highlighted the fast development in the application and

development in the social welfare sector of Hong Kong in the previous decade, and examined this experience according to the framework of capacity, strategy, and money. Despite the fast growth, he also identified several issues that have emerged during this period.

The social welfare sector in Hong Kong comprises both “subvented” NGOs, which received regular subsidies of a total of HK\$ 18.4 billion (US\$ 2.4) in 2020-21 (3.8% of recurrent government expenditure) amongst them to provide regular public social welfare services, and a “non-subvented” sector which is larger in number but comprises mainly small and medium sized NGOs, without receiving regular subsidies, or any at all. The subvented sector is the major beneficiary of this leap forward.

The three inter-related factors that contribute to this changes are: 1) Information technology capacity, 2) Strategy, 3) Money. In terms of IT capacity, the decade before the recent leap forward had already seen a substantial improvement in the IT infrastructure of the NGOs, especially among the larger ones. Many of them had introduced IT applications in managing their organization and services, but lagged behind in IT security, direct service provision, and overall directions in IT development. In addition, the practitioners in the NGO sector in Hong Kong are relatively young, with a high level IT proficiency.

In terms of strategy, the government has promulgated three IT strategic documents since 2001, and the fourth one will be released later in 2021. In the third version released in 2013, the strategic directions were on enhancing IT capacities of NGOs of all sizes, providing more flexibility in funding IT projects, enhancing data security and web-accessibility, and sharing of resources and experienced in IT development

within the sector. In addition to the welfare sector, the government has a territory-wide IT strategy, and part of it is to promote digital inclusion among the disadvantaged groups, such as providing support to low-income students to acquire computers and internet access, promoting IT usages and support among older population, allowing free Wifi access in social service centres, and public facilities such as libraries and schools.

Finally, in terms of money, the government has introduced Social Welfare Development Fund in 2010 with a total amount of HK\$ 1 billion (US\$ 128 million) for 9 years supporting the subvented NGO sector. More than a third of the amount went into IT project development. Also, since 2018, the government has also set up an Innovation and Technology Fund for Application in Elderly and Rehabilitation Care with a total amount of another HK\$ 1 billion, for NGOs and private organizations receiving subsidies (not necessary the regular ones) to procure/rent/try out technology products and applications for disadvantaged groups receiving community and residential care services. Other than these two major government initiatives targeting the social welfare sector, there are a number of large charitable foundations and funds, which also provide support to the NGO sector, and many projects have included IT applications in service management and even direct service provisions.

In the presentation, the following issues regarding the recent development were identified: unbalanced IT capacity within the NGO sector, varied management support, projects driven by money, prioritized development in organization management, over reliance on vendors, and limited customer pressure.

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