

Strengthening Families: The Re-structuring of Family Services in Hong Kong

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Abstracts

The problems and needs of families in Hong Kong are becoming more complex. Traditional family structures and functions are rapidly eroding. Moreover, family problems are further exacerbated by a growing number of socio-economic issues including rising divorce rates and extra-marital affairs, continuous family reunion migration from Mainland China, emotional and financial cost of caring for the older people and the changing economy which has pushed more families into hardship. In effect, more and more families are becoming vulnerable to risk.

Traditional family services in Hong Kong are varied in mode, operation and provision, often overlapping in service boundaries with other family-oriented programs. In many instances, family service centers are stretched far beyond their capacity. As a consequence, they become too reactive, remedial and casework dominated. The University of Hong Kong Consultant Team recommended that family service programs have to protect vulnerable families and strengthen family capacities to promote maximum independence. The direction of family services is summarized as: strengthening families; child-centered, family-focused and community-based.

New integrative family service centers aim at attaining the principles of promoting accessibility to users with minimum physical, psychological and administrative barriers; early identification of needs and intervention before the further deterioration of problems; integration of services cutting across program boundaries, and partnership between service providers to achieve efficient and effective use of scarce resources. Under the new model, multi-skilled teams can respond more proactively to a wide range of social needs, rather than addressing needs in isolation.

To demonstrate the effectiveness of the new model, the consultant team has been commissioned by the government to evaluate the performance of these two-year pilot projects. More importantly, a coherent and family-friendly social policy should be formulated to strengthen family capacity against family-related problems.

1. Background

The Hong Kong government commissioned the University of Hong Kong (HKU) to conduct a review of family welfare services in September 2000. Facing mounting family-related problems, the primary aim of the review was to review the nature of family-related problems and needs, develop a long-term strategy, map out future directions for family services, and formulate a cost-effective delivery model to meet rapidly changing needs. Following the publication of the Report in July 2001, the HKU consultant team was again commissioned by the government to carry out an evaluative study on the effectiveness of the pilot projects which have been developed based on the recommendations of the Report. This presentation outlines the changing nature of family-related problems in Hong Kong, the findings on the review of family services, the formation of pilot integrative family service centers, and the evaluation methodology.

2. Changing Demographic and Family Structures

Traditional Chinese family values and structures have been undergoing rapid, profound and unprecedented changes. Demographic shift, such as immigration, population mobility, and aging society, together with economic recession have all aggravated family problems in Hong Kong. The 2000 Census showed that Hong Kong's population had reach 6.78 million. The average annual population growth rate slowed down significantly from that of 1.8% in 1991-1996 to that of 0.9% in 1996-2001. In recent years, population growth has been attributed to the increase in migration, rather than natural growth.¹ As a result of low fertility, the average household size was only 3.3 persons in 1999, declining from 3.7 persons in 1986.

The proportion of the population age between 0 and 14 declines from 21.3% in 1991 to 17.5% in 2001, and will drop further to 14% in 2009. In 1996, some 61.4% of the total households had no children under 15, as compared with 53.7% in 1986, while 34.7% of the households had only one to two children aged below 15. Meanwhile, with the increase of life expectancy at birth (77.2 years for males and 82.4 years for females in 1999), the proportion of the older persons aged 65 and over has increased from 6.6% in 1981 to 10.7% in 1999, and will further increase to 11.6% in 2009 and 19.7% in 2029. In short, families are becoming smaller, and the responsibility of providing care to their elderly members and the need for service support for elderly members are mounting. Meanwhile, with the decline in the children population, the demand for child care will be reduced.

With the increase of the quota of one-way permit to 150 persons a day in 1995, the number of people entering Hong Kong from Mainland China increased from less than 30,000 a year in the early 1990s to around 55,000 in late 1990s. As a result of

¹ Natural growth was only 2.7 per 1,000 population in 1999, declining from 4.9 per 1,000 population in 1996. Natural increase of the population in 1999 was only 19,800 persons, accounting for only 13 per cent of the total population growth, as compared with 23% in 1996.

more Hong Kong people getting married with Mainlanders, a new type of family has emerged. Some special features of these families include the majority of the husbands being Hong Kong residents while the wives are Mainlanders. Oftentimes, age differences between husbands and wives are significant. Currently, most of the new arrivals are females and children. During the lengthy process for the wives and children to apply to come to Hong Kong for family reunion, "split families" become a common reality. Some may have both parents and children living in Hong Kong, with some children still living in the Mainland. Some may have the father burdened with child care responsibilities while the mother is still living in the Mainland.

Eroding family solidarity is marked by the declining number of registered marriages, postponement of marriages and the rising number of divorces. The number of marriages decreased from 50,756 in 1981 to 47,168 in 1990, and to only 31,287 in 1999. The median age at first marriage in 1999 was 29.6 for male and 27 for female, as compared with 27 and 23.9 respectively in 1981. The number of divorce decrees granted in 1998 (13,129) was six times that of 1981 (2,060). The total number of divorces to the total number of marriages soared from 4.7% in 1981 to 16% in 1991 and further to 42.3% in 1998. Remarriage rate has increased seven times from 1978 to 1999, indicating that people still have faith in marriage. Surveys on public attitudes showed that Hong Kong people are becoming more liberal towards divorce, cohabitation, pre-marital sex and being single.² Even though we can still claim that, by Western standards, marriages and families are still stable, there are signs that the situation is deteriorating. Meanwhile, the trend also signifies the need of family services in relation to marital counseling, domestic violence, divorce mediation, child custody, and various services supporting single-parents.

Besides, parental divorce is a significant event also to children, which may promote growth for some children and cause developmental vulnerabilities to others. Conflict between parents, diminished contact with the parent not living together, reduced parenting effectiveness, decrease in economic resources, and moving home are divorced-related changes that may impose negative effects onto children's physical and social development.

With the increased efforts on public education and the establishment of specialized units to handle domestic violence cases, the number of reported domestic violence cases increased from 2.9 per 100,000 households in 1981 to 68.1 cases in 1996, and declined moderately to 57.4 in 1998. Some 95% of them were females battered by their husbands/ex-husbands and boy friends. Traditional family values of male dominance versus female subordination, and the abuser's ability to control emotion are the major reasons attributing to wife battering. Recent economic hardship and insecurity has become another factor provoking domestic violence.

² Lee, M. K. Family and Gender Issues. In S. K. Lau, et al. (eds.), *Indicators of Social Development: Hong Kong 1990* (Hong Kong: The Chinese University Press, 1992), pp.1-32; Lee, M. K. and S. H. Lu. The Marriage Institution in Decline? In S. K. Lau, et al. (eds.), *Indicators of Social Development in Hong Kong 1995* (Hong Kong: The Chinese University Press, 1997), pp.183-201.

Hong Kong continues to struggle to resume its economic vitality. The economic growth rate had dropped to negative growth since 1998, and signs of economic recovery are only now emerging. Meanwhile unemployment rate soared to a peak of 7 per cent in 2002. Economic recession and rising unemployment have brought pressure to Hong Kong families in a number of ways. More families have become dependent on welfare. The caseload of the Comprehensive Social Security Assistance has increased sharply. In particular, percentage share of “single parents”, “low earning” and “unemployment” cases rose from about 6%, 1%, and 4% respectively in September 1993 to 11%, 4% and 10% respectively in December 2000. As at end of December 2000, among the total number of Assistance recipients, some 22% were aged less than 15. Among the single parent cases, about three quarters were female-headed households. Of the single fathers, about half came from cases of split families in which their Mainland wives had not yet been able to reunite with their families. In short, economic difficulties have eroded family relationships and individuals’ coping ability. More family cases in family services centers of non-governmental organizations were reported to involve heavy financial debts. More cases of domestic violence have quoted unemployment as a reason for marital disputes and men’s losing temper.

3. Review of Existing Programs

Historically, family services evolved as the most basic social welfare services, meeting a diversity of social needs, ranging from material assistance, service support, to clinical assessment and counseling. In particular, family service centers (FSCs) were the first line of assistance, linking needy individuals and families to other support services. FSCs also receive referrals from other services for complementary services.

The history of family services dates back to 1940s when non-governmental organizations established family service centers in Hong Kong. The government then established FSCs in 1960s for the administering of public assistance and delivering of counseling services dealing with problems of family relationship, supportive services for the older persons and the disabled, and the protection services for children in need of care. With the formation of the Public Assistance Division in 1970 and the Rehabilitation Division in 1974, FSCs began to focus their resources on social work services with problems including interpersonal relationships, problems arising from neglect, abuse and ill treatment of children and exposure of young people to moral danger, problems arising from poor physical and mental health, old age, and difficulties caused by financial hardship resulting from unemployment, desertion or death.

As Hong Kong moved into a more industrialized society, social welfare services for the family became more diversified. In the 1970s and 1980s, programs introduced included the appointment of family life education officers in districts and school social workers in schools, and the establishment of Foster Care Service Units, the

Child Protective Services Unit, and the Child Custody Services Unit.³ The Child Protective Services was later re-named as Family and Child Protective Services Unit to include the work with battered spouse. Similarly FSCs expanded rapidly with a total of 65 centers and 728 caseworkers in 2001. Their primary responsibility was to provide basic services to families and individuals in crisis and at risk. In addition, there are 70 family life education officers, 104 medical social service units attached to hospitals and clinics, 463 school social workers each serving one secondary school, 35 support teams for the elderly serving the vulnerable elders, 5 single parents centers, 8 post-migration centers for new arrivals from the Mainland, and 5 family education projects.

In summary, family services tackle issues related to relationship problems, employment, education, poverty, mental health, child care and protection and social exclusion. Major findings of the Review showed that traditional family services in Hong Kong are varied in mode, operation and provision, often overlapping in service boundaries with other family-oriented programs. In many instances, family service centers are stretched far beyond their capacity. On average, each caseworker carried an average caseload of 70-90 cases. As a consequence, they become too reactive, remedial and casework dominated.

4. Underlying Principles of the Integrative Model of Family Service Centers

The HKU Consultant Team recommended that family service programs have to protect vulnerable families and strengthen family capacities to promote maximum independence. The direction of family services is summarized as: strengthening families; child-centered, family-focused and community-based. Accordingly, family services should take family as a unit of intervention, give special attention to the needs of children, and maximize support from the community.

Child-centered

In most developed countries, family service programs are organized around the interests of children. "Putting children first" has been the motto for many child welfare service programs. Securing the well-being of children by protecting them from all forms of harm and ensuring their developmental needs appropriately taken care of are primary aims of most government policies. This is because:

- (a) children are the future of our society. Investment in children is investment in society's future;⁴

³ The Central Foster Care Unit was to promote and coordinate foster case service; the Child Protective Services Unit provided intensive casework service to victims of child abuse and their families; and the Child Custody Service dealt with custody and guardianship matters handled in family courts or supreme court.

⁴ D. P. Moynihan, an advocate for child welfare in the U.S., sums up the importance of child welfare, "A commonplace of political rhetoric has it that the quality of a civilization may be measured by how it cares for its elderly. Just as surely, the future of a society may be forecast by how it cares for its young." Moynihan, D. *Family and Nation* (New York: Harcourt, Brace Jovanovich, 1986).

- (b) problems of children can be “transmitted” or “reproduced” from generation to generation. We know that today's children are tomorrow's parents. Much of what they will bring into parenthood and the families that they create will be carried from their experiences as children and young people today;⁵
- (c) children cannot physically and mentally protect themselves.⁶ Besides child abuse, children often are casualties of accidents at homes, such as suffocation and poisoning;
- (d) children cannot initiate to seek help from outside;
- (e) good parenting improves health, schooling and future life of children, and reduces the risk of serious problems such as truancy, juvenile delinquencies and drug abuse; and
- (f) childhood intervention is a form of compensation for disadvantages brought about by poverty and other environmental factors. Even with such disadvantages, intervention can lead to children's later educational and occupational success.

At-risk and vulnerable children include handicapped children, children who are abused or neglected, children in trouble with the law, and children with behavioral problems. Children are also at risk if they are raised in families with problems due to marital conflict, divorce, separation, depression or other mental health problems being experienced by a parent, financial problems, the re-marriage of a parent, and acute housing problems.⁷ Children need to grow up in families with happy relationships in order to develop into healthy and productive adults. In handling a case, social workers must be alert to possible indicators of child abuse and neglect. The feelings and views of children must be included in making service or treatment recommendations.⁸ Even in the U.K., social work practitioners have shown insufficient understanding of the likely indicators of abuse and neglect among children. According to a study by the Social Service Inspectorate of the Department of Health in the U.K. in 1997-1998, some 40% of cases receiving the family support services when examined in detail, showed possible indicators of harm, which justified further enquiries and assessment.

⁵ Standing Committee on Legal and Constitutional Affairs, Australia. *To Have and To Hold: Strategies to Strengthen Marriage and Relationships*. (http://www.aph.gov.au/house/committee/laca/Inquiry_infam.htm).

⁶ A study by The University of Hong Kong and Playright Children's Playground Association showed that primary school children, dominated by their parents over the choice of toys and the ways to play, as well as the demanding educational system, were over-worked and under-played. *South China Morning Post*, 6 April 2001, p.4.

⁷ According to four national studies of families in the U.S. (three of them longitudinal), "children who grow up in a household with only one biological parent are worse off, on average, than children who grow up in a household with both of their biological parents, regardless of the parent's race or educational background, regardless of whether the parents are married when the child is born, and regardless of whether the resident parent remarries. McLanahan S., and G. Sandefurs. *Growing up With a Single parent: What Hurts, What Helps* (Cambridge, Mass.: Harvard University Press, 1994).

⁸ Department of Health, U.K. Government. *Framework for the Assessment of Children in Need and their Families* (2000); Attorney General, Commonwealth of Australia. *Child Inclusive Practice in Family and Child Counseling and Family Child Mediation* (2000).

However, these cases were not adequately recognized or evaluated.⁹

Children's needs are best met within the family. Oftentimes, needs and interests of the child are inseparable from those of the family. Their needs are more likely to be met where families are healthy or supported in parental task. To support the parents is to support the child.¹⁰ Being child-centered, the major role of the government is to support parents, strengthen marriages, and reduce the risk of family breakdown. In particular, the more serious problems of family life, including domestic violence and behavioral problems of children must be tackled. Finally, being child-centered does not mean that services would downplay the needs of individuals and families with no children.

Family-focused

Problems of individuals, including children should not be seen as isolated from that of the family. All family members should be actively involved in the intervention process and making decisions which affect their lives. A family focused service is built on the premises that "human beings can be understood and helped only in the context of the intimate and powerful human systems of which they are a part", of which the family is of the most important.¹¹ Being family focused, the family becomes the central unit of attention. There is a tendency for service efforts to be fragmented by concentrating singularly on children, parents, wives or relatives, rather than working with the family as a whole. Under an ecological perspective, assessment and intervention would focus on the family's interaction with its social and community networks such as friends, workplace, neighbors and schools that affect its functioning.¹²

In practice, participation by children and men in family service programs is often neglected. Studies show that fathers have a significant impact on development outcomes for children, especially for self-esteem, emotional well-being, capacity to love and be loved, and ability to participate in society.¹³ Admittedly, men still constitute a minority among family service users. A more men/father-oriented program should be designed to facilitate more men using family services. By strengthening men in their roles as parents and marriage partners through the provision of support, the quality of family life could be improved.

⁹ Department of Health, U.K. Government. *Responding to Families in Need* (January 1999). (<http://www.doh.gov.uk>).

¹⁰ Child welfare programs in U.S. and U.K. have both moved away from a child focus towards a family-centered approach. Even though the problems and needs of the child remain the primary concern of the service, intervention cannot simply focused on the child in isolation from the situation and resources of the family and parents. U.S. Department of Health and Human Services, Children's Bureau. U.S. Government. *National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families* (U.S. Government Printing Office, 1997).

¹¹ Hartman, A. and J. Laird. *Family-centered Social Work Practice* (New York: Free Press, 1983).

¹² Pecora, P., et al. *The Child Welfare Challenge: Policy, Practice and Research* (New York: Aldine De Gruyter, 2000).

¹³ Family and Community Services, Commonwealth of Australia. *Fitting Fathers into Families* (2000).

Elderly members or grandparents are also considered as an integral part of the family. In-law relationships can also affect marital relationships. Furthermore, the role of grandparents in parenting has received growing attention. Grandparents can have a very strong, and positive influence on their grandchildren.¹⁴ As people are living longer, coupled with the recent emphasis of social services on community or in-home care for the frail or demented elderly persons and the handicapped persons, care giving by family members has become an extremely stressful task, affecting family relationships.¹⁵

Families are also resources to their own members and other families. Intervention should therefore build on family strengths and capacities, rather than their deficits. This serves the purpose of providing the user with an empowering frame of reference by dealing with the situation, relying first upon the strengths of the user. Family service programs strive to view the family, focusing on talent and resources the individual family members have to make changes in their own lives.¹⁶ Accordingly, problems, needs and conflicts are translated into adaptive tasks providing families with opportunities for growth, mastery, and competence development. The focus is on identifying and removing obstacles that interfere with the capacities of family members, and empowering them by mobilizing their strengths and potentialities. The informal system of mutual care and support by family members and their social network, including friends, kin, neighbours and volunteers is seen as vital resources to be cultivated and strengthened.¹⁷

Holistic view on family need means that services should link social welfare, education and health services together.¹⁸ Family-focused service means that services should address the needs of the entire family; there is an emphasis on assessing family strengths; and families are actively involved in developing service plans.¹⁹

Community-based

¹⁴ The American Association of Retired Persons. *Strong Bond Links Grandparents, Grandchildren in the United States. U.S. Society and Values: The American Family*, vol.6, no.1. (<http://www.usconsulate.org.hk>).

¹⁵ Kane, R., and J. Penrod. *Family Caregiving in An Aging Society* (Thousand Oaks, Calif.: Sage, 1995); Kahana, E., et al. (eds.). *Family Caregiving Across the Life-span* (Thousand Oaks, Calif.: Sage, 1994); Cantor, M. (ed.). *Family Caregiving: Agenda for the Future* (San Francisco: American Society on Aging, 1994). The Hong Kong Council of Social Service. *Role of the Family in Community Care* (April 1994).

¹⁶ Saleebey, D. *The Strengths Perspective in Social Work Practice* (New York: Addison-Wesley, 1992); Beyer, M. *Strength/Needs-based Service Planning - Training Manual* (University of Iowa) (<http://www.uiowa.edu/~nrcfcp/new/bevertrainingmanual.htm>).

¹⁷ Informal support is social support provided to a focal person by unpaid people such as kin, friends, neighbors, and peers as part of the evolving relationships.

¹⁸ In some family service centers in industrialized countries, they provide a mix of social welfare, health care and educational programs, including nurseries, nutrition, health screening, parenting training and family support services.

¹⁹ U.S. Department of Health and Human Services, The Administration for Children and Families. *Family Preservation and Family Support: Service Implementation Study* (1998). (<http://www.acf.dhhs.gov/programs/opa/facts/major.htm>).

The importance of community participation in social programs is recognized by the Government and NGOs. Community here refers to local residents, service organizations, government departments, voluntary organizations, volunteers and users. They are seen as partners in planning and in intervention processes.²⁰ Many families with problems will not approach or be contacted by family services. But they would come into contact with other community-based services (school social work, youth work, nurseries, and elderly care), community organizations (religious bodies, PTAs, district councils and residents' organizations) and government departments (clinics, police and housing management offices). Stronger ties would widen the access network of family service programs and facilitate referrals from these organizations. More importantly, through enhancing community capacities, the community can become a vital resource providing assistance to families in need.

To be community-based, family service programs are required to be:

- (a) responsive to locally defined community needs;
- (b) accessible to all members of a targeted community, through user-friendly physical design and location, and widened network of multiple access/ entry points for prompt and effective referrals;
- (c) effective in addressing community needs through mobilizing community resources, including volunteers, facilities and funds; and
- (d) integrative in service provisions including health, education, and family support services.

Community-based programs provide support to families to help families nurture their children. They include respite care for parents and caregivers, early developmental screening of children to identify their needs, tutoring, health education for youth, and a range of center-based activities. Community-based programs also focus on deprived and low-income neighborhoods, where low-income children and families face many challenges that place them at risk of educational, social, and economic difficulties.

In summary, strengthening and supporting families through enhancing their strengths and capacities should be the major direction of all family service programs in Hong Kong. Programs should specifically consider the interests and needs of children, taking family as a unit of intervention, strengthening the internal capacity of the family, and mobilizing the external community resources for support.

Throughout the Review, a major concern expressed by various stakeholders was the need to have a responsive, flexible, sensitive, and effective family service, with respect for the culture and life style of users. Of particular concern was the ability to

²⁰ As the Barclay Report put it: "Community social work requires of the social work an attitude of partnership. Client, relations, neighbors and volunteers become partners with the social worker in developing and providing social care networks ... The function of social workers is to enable, empower, support and encourage, but not usually to take over from, social networks." National Institute for Social Work. *Social Workers: Their Role and Tasks* (London: Bedford Square Press, 1982).

extend access to those hard-to-reach families who because of various factors were unable to use family services despite the severity of the situation. As a result, family problems sometimes deteriorate into very difficult situations with no means of recourse creating a huge burden on society. These principles include:

Accessibility

Services should be accessible and approachable to all members of a targeted community with minimum psychological, administrative and physical barriers. To facilitate accessibility of all potential users with needs, services must minimize formal procedures and stigma, and be sensitive to the life styles and culture of users. In particular, there should be intensive and focused efforts to target hard-to-reach at-risk families through outreach approaches and widened publicity.

Early identification

Families at risk should be identified for early intervention. Learning from the development in medicine, there is a major refocus on prevention, which is found to be a cheaper and better way to run health care.²¹ Early identification and intervention prevents family problems from further deteriorating into crises. Early identification can include the widespread use of simple assessment tools to identify families at risk; targeting families with risk factors, such as families with members having disabilities or chronic illness; intervention at life transition (pregnancy, birth of the first child, and having a divorce) where families are more vulnerable to be at risk;²² and intervention during the early development period of the child.

Integration

Integration refers to the provision of a "one-stop" service to users. The needs of users are mostly met in the same setting, rather than through knocking on a variety of "doors". In responding to varied needs of families, integrated services refer to a continuum of services ranging from remedial, supportive to preventive.²³ Without addressing needs in isolation, a multi-skilled team can respond more effectively to a range of social needs. Service integration reduces service fragmentation and discontinuity. Flexibility of service arrangements also facilitates innovation and good practices.

Partnerships

²¹ Little, M., and K. Mount. *Prevention and Early Intervention with Children in Need* (Aldershot: Ashgate, 1999).

²² HKCSS recommended that family service should be available to all families that need help and with focus on critical points of entry or key moments of life transitions. Family Service and Child Care Division, HKCSS. *The Future Development of Family service - NGOs Recommendations on Several Key Issues of Concern* (March 2001).

²³ *ibid.*

As family issues become more complex, wider participation and support from all sectors to address family needs becomes essential. The responsibilities of strengthening and supporting families have to be shared by a network of formal and informal helpers. Cooperation and collaboration between government departments; family service programs; other social welfare programs; professionals; community organizations;²⁴ and users must be strengthened. Innovative and cross-sector collaboration between family-oriented social welfare programs is essential to bridge service gaps, avoid wasteful duplication, and ensure accountability in the use of public funds.²⁵ More importantly, partnerships between organizations and programs are a potentially powerful tool allowing organizations and programs to achieve more efficient and effective use of scarce resources.²⁶ Strategic alliances between agencies and different social welfare programs can be established and institutionalized through formal contracts and agreements. Information and resources should be shared and joint action plans drawn. Joint planning and programs would become the core business of family service providers. The traditional segmentation between family-oriented service programs and agencies would be softened through formal partnerships. There are examples of good practices in building partnerships between some FSCs and other family-oriented welfare programs, such as community centers and IT. But these instances have come about through self-initiatives and there is room for improvement.

Finally, service users are no longer perceived as passive receivers of services. To empower families, they should be seen as partners in the process of the planning and intervention. To facilitate their participation in managing their own conditions and problems, families should be provided with appropriate information about their problems, assessment and diagnosis, referral procedures and eligibility criteria, and treatment plans.

5. The Structure of Integrative Family Service Centers

Based on these principles, the Consultant Team recommended an ideal type model of family services, which can guide the future long-term development of family services in Hong Kong. An integrated family service center should consist of three basic components, the family resource unit, the family support unit and the family counseling unit. Each component addresses different family needs with different degree of severity and complexity. The center performs a continuum of functions. In general, the resource and support units would perform a mix of preventive, support, educational and developmental functions, as well as

²⁴ To enhance community capacity in addressing its problems, local residents and organizations have to be involved in the planning and delivery processes. Community organizations include district councils, residents' organizations, parent-teacher associations, religious groups, volunteers and businesses.

²⁵ See Department of Health, U.K. Government. *Partnership in Action: New Opportunities for Joint Working between Health and Social Services* (September 1998).

²⁶ Audit-Commission, U.K. Government. *A Fruitful Partnership: Effective Partnership Working*, Management Paper (1998).

empowerment and advocacy functions while remedial functions are mainly provided in the counseling unit. Each component would have some core services, supported by other complementary services. Moreover, they would have to develop different ties with key service partners. These units can provide multiple entry points for users to receive services. The operational features of these units are (See Chart 1):

- (a) The resource unit: The resource unit provides open and universal services to all families. The core services should include drop-in services, information giving, family life education, developmental and mutual help groups, volunteer development, social networking and outreach. To attract families to use the services, the unit should develop other complementary programs based on the community needs. These programs may include respite services, recreational/social activities, and other child care services.
- (b) The support unit: The primary function of the unit is support. It provides service support to specific families at risk or disadvantaged families, such as single parent families, new arrival families and families receiving social assistance. Support work includes parenting and family management training (family education and family aide), support and mutual help groups, provision of tangible resources, outreach, caregiver support, and referrals for assistance and brief counseling.
- (c) The counseling unit: The primary function of the unit is remedial and treatment focused. It provides intensive and clinical counseling to families in crisis. Families in need basically are referred to the unit by other units, but they can also be self-referrals.

The dividing lines between the three components cannot be clearly differentiated, particularly in the early stage of making the transformation. They are overlapping yet complementary. The ideal design would therefore develop and extend non-stigmatizing group and training support to vulnerable families and also further strengthen the existing clinical intervention of FSC. Through strengthened partnerships with the community and the social service system, the ideal model can provide more accessible and non-stigmatizing environment to families in need.

The central theory underlying the integrated family service centers is to strengthen family support.²⁷ Notwithstanding the current confusion and ambiguity over the term family support, family support has been seen as the foremost approach to child and family welfare.²⁸ According to Family Support America,

²⁷ Pinkerton, J. et al., *Family support – linking project evaluation to policy analysis* (Aldershot: Ashgate, 2000); Walton, W. et al. (eds.), *Balancing family centered services and child well-being: exploring issues in policy, practice, theory and research* (New York: Columbia University Press, 2001); Canavan, J. et al. *Family support direction from diversity* (London: Jessica Kingsley Publishers, 2000); Kilpatrick, A. and T. Holland, *Working with Families, An Integrative Model by Level of Need* (Boston, Allen and Bacon, 1999).

²⁸ The UK Audit Commission stated:

The need for family support is widely accepted but not well defined. While there is evidence that some parents need help, there is little research which identifies either the number of families needing help or type of support required. Not only that, there are a number of different professional groups, voluntary bodies and

Family support involves nurturing and protecting children by nurturing and protecting the families who are responsible for those children's care. It also requires strengthening families by strengthening the communities that are made up of those families. Family support provides parents and neighborhoods with the resources and supports they need to succeed at the most job there is: raising healthy, responsible, productive, and joyous children.²⁹

Research evidence showed that family support programs have resulted in: fewer teenage pregnancies, less juvenile delinquency, improved behavior and performance of children at school, fewer incidents of child abuse and neglect, more families moving from welfare to work, increased self-confidence, knowledge of child development, and parenting skills among parents, greater educational attainment among parents, increased educational achievement of children and youth.³⁰

In considering the existing complexity of family service provisions, a number of operating modes for family service providers to move toward the model were suggested. In so doing, different service providers can have a different defined role to play in the re-structuring process. Against this background, a number of pilot projects with different modes of operation were identified for experimentation. Taking into consideration the complexity of existing family services, the following factors should be considered in the design of the new model of family services:

- (a) based on agreed principles derived from existing good practice, an ideal model will be proposed;
- (b) the new model will use the family service centre as the core service programme, to be supported by other types of family services; and
- (c) based on the agreed principles, several options for change are available for family services providers in the short term to move towards the ideal model at different pace and by different stages.³¹ All changes should be geared to the needs and provisions of the community to avoid overlapping or duplication

5. Implementation and Evaluation of Pilot Projects

The Government is committed to step up publicity and public education and to prevent and minimize the onset of family crisis through an outreaching and networking service model for early identification of vulnerable families for timely intervention; to transform the network of family services centers into integrated

services all providing family support in different ways, including health visitors, family centers, nurseries, social services, and parent volunteers. Not surprisingly therefore, the situation is very confused in practice.

²⁹ Family support America. *Making the Case for Family Support*. www.familysupportamerica.org.

³⁰ *ibid*.

³¹ In the sharing sessions with social work practitioners and administrators, there was a strong view that the Consultant Team should recommend a number of operational modes for future reforms, taking into consideration of the complexity of current provisions in family service.

family service centers providing a package of integrated and easily accessible services for helping families in need of varying levels of support; and to create and enhance specialized services to support family problems manifested in their severe form such as abuse, violence and suicide.³²

The Review Report was fully accepted by the government. Fifteen pilot projects, each based a different mode of operation, were accepted to assess the effectiveness of the new service delivery model. The HKU Consultant Team was again commissioned to evaluate the outcomes of the new service model. The pilot projects comprised one new provision and others through re-engineering existing services. Two were formed by re-structuring exiting FSCs, seven by integrating with youth services, and six with community centers. Integration can take the form of merging or forming strategic alliance. Among the strategic alliances, some are formed between non-governmental organizations themselves, and some are between government and non-governmental services.

Other new initiatives include the formation of family support networking teams in each district for providing outreach and networking services to vulnerable families for early identification of problems and timely intervention, the implementation of three pilot projects to help street sleepers, the establishment of a family crisis support center in the form of a time-out facility in helping users under extreme stress or facing crisis to manage their emotions and seek positive solution to family problems and the Suicidal Crisis Center to provide round-the-clock outreaching and crisis intervention/ intensive counseling to those who are in crisis situation and at high suicidal risk.

Because of the unique combination of programs and service partners in pilot projects, project evaluation involved issues of horizontal complexity, vertical complexity, contextual issues, flexible and evolving intervention, broad range of outcomes and absence of a comparison community or control group³³ The design of the evaluation is formative which includes a focus on both the processes and outcomes. Based on a pragmatic evaluation design, it stresses a practical and problem-solving orientation which involves close dialogue with program stakeholders.³⁴

Core information requirements include a list of performance indicators (service statistics), user and service information, business plan and half-yearly internal assessment reports, participation in project meetings, regular focus groups with project operators and users, review of case records, and identification of best practices. Users' ratings on satisfaction and protective factors (social support, problem-solving capacity, knowledge of community resources, and perceived improvements). Pre and post clinical measurements would be used to measure effectiveness of clinical intervention.

6. Conclusion

³² Social Welfare Department. *Social Welfare Department's New Initiatives to Strengthen Support to Families* (5 November 2001).

³³ A. Kubish, C. Weiss, L. Schorr, J. Connell. *New Approaches to Evaluating Community Initiatives, vol. 1: Concepts, Methods and Contexts* (The Aspen Institute, 1999). (www.aspenroundtable.org/vol1.)

³⁴ R. Schalock. *Outcome-based Evaluation* (New York: Kluwer Academic, 2001).

Facing more complex nature of family problems, traditional family services are passive, remedial, casework dominated and segmented. With expanded frontiers, the design of the new family service centers will be a milestone for family service in Hong Kong. Through the formative evaluation with continuous informed learning, the new design of the family services will be more proactive, cost-effective and community-based. On the one hand, family services should be more focused on providing remedial and protective services to families in crisis, involving the risk of human life, domestic violence and child abuse. On the other hand, family services should stress on early identification and early intervention, targeting those at risk families involving various risk factors. To supplement the implementation of the new family service centers, a new user and service information system for service monitoring and improvement is planned, a more vigorous and centralizing marketing strategies on family services, providing sound and publicly accessible information to citizen and service users about their options and rights.

The introduction of new modes of practice implicates a change in the work paradigm and expectations of the professionals involved. Changing a culture and established practices is not something that can be done overnight. Now, some traditional caseworkers working in the counseling units require more competency in clinical intervention, while some others have to be involved in a variety of outreaching work, supportive groups and community programs. Therefore, various training programs have been identified and implemented to support the change. More importantly, the support from stakeholders and the acceptance of the need for change in the whole re-structuring process is crucial for successful reformation.

Finally, state support for families is likely to remain a major political issue in the coming years. Family-friendly social policy is critical to ensure that parents have access to advice and support they need, reduce child poverty, balance the demands of parents between work and home, strengthen marriages and reduce the risks of family breakdown, and tackling the more serious problems of family life.³⁵

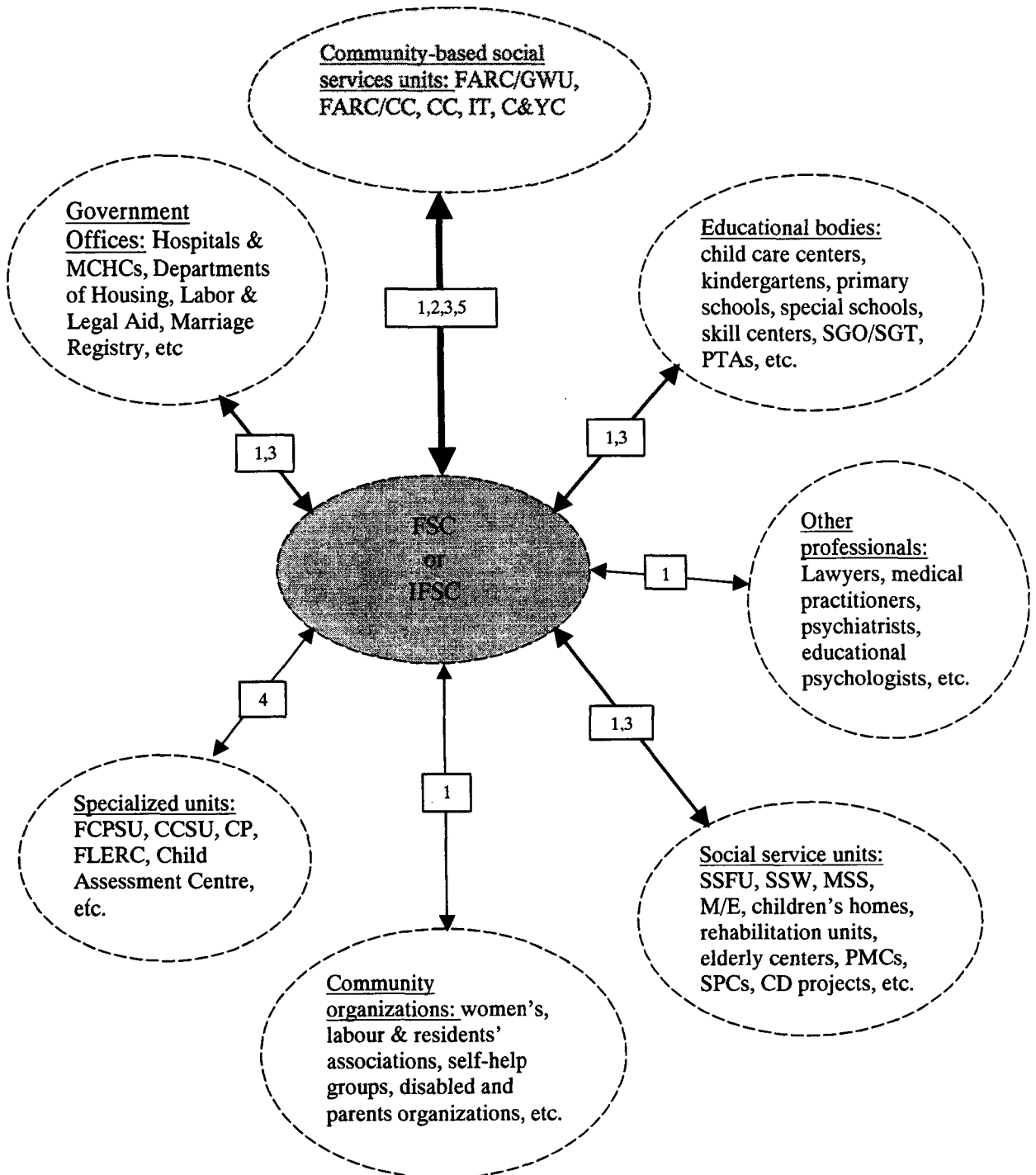
³⁵ Home Office, U.K. Government. *Supporting Families: A Consultative Document* (1998); Department of Family and Community Services, Commonwealth of Australia. *Stronger Families and Communities Strategy* (1999).

Chart 1: The Ideal Model of an Integrated Family Service Center

Integrated Family Service Center

	Integrated Family Service Center		
Components	Family Resource Unit	Family Support Unit	Family Counseling Unit
Functions	Easy access to catch cases Early identification Educational, developmental Support and preventive Empowerment & advocacy	Some remedial Preventive Support Advocacy	Remedial
Core Services	Drop-in services Information giving Family life education Developmental groups Mutual help groups Volunteer development Outreach	Brief counseling Emotional support Referral for tangible services Support groups Mutual help groups Family education	Intensive counseling Therapeutic groups Crisis intervention
Complementary Services	Hotlines Employment skills training After school care/ tutoring Child minding/ Occasional child care Respite care Play groups Recreational/social activities Toy libraries Research	Family aide service	

Chart 2: Partnerships with the Community and the Social Service System



The number in the boxes denotes the type of relationship between the units:

- 1 - early identification and referral
- 2 - screening and referral of cases to FSC/IFSC
- 3 - cooperation at project level
- 4 - referral and support
- 5 - collaboration