

LEGCO PANEL ON WELFARE SERVICES

Final Report on the “Three-year Action Plan to Help Street Sleepers” and the Way Forward

PURPOSE

To inform Members of the progress of the Three-year Action Plan to help street sleepers (Action Plan), the findings of the final report of the evaluative research conducted by the City University of Hong Kong (CityU) and the Social Welfare Department's (SWD) plan to revamp its street sleeper service.

BACKGROUND

2. To address public concern over the growing number of young and unemployed street sleepers, SWD, in consultation with agencies concerned, had drawn up a Three-year Action Plan to Help Street Sleepers. A Lotteries Fund grant of \$8.73 million was approved for implementing this Action Plan from April 2001 to March 2004. Members were briefed on the Action Plan twice on 9 April 2001 and 10 June 2002. This paper reports the latest progress of the Action Plan and findings of the final report of the evaluative research submitted by CityU on the Action Plan.

3. The Action Plan is composed of three key elements:

- (a) midnight outreaching and other integrated supportive services for street sleepers provided by three non-governmental organizations (NGOs), namely St. James' Settlement (SJS), The Salvation Army (SA) and Christian Concern for the Homeless Association (CCHA);
- (b) an emergency shelter in Wan Chai run by SJS; and
- (c) an evaluative research conducted by CityU to assess the effectiveness of the services in (a) and (b) above as well as the existing services in

tackling the street sleeper problem.

FINDINGS OF THE EVALUATIVE RESEARCH

4. The research team has been evaluating the effectiveness of the Action Plan since its commencement, based on the performance of the three NGOs and information from the Client Information and Service Intervention (CISI) System set up in November 2001 to monitor the input and output of the three NGO midnight outreaching teams as well as the three SWD Street Sleepers Outreaching Teams (SSOTs). Service statistics of the teams and social indexes of the service users are also collated to compare the changes before and after the delivery of services, with reference to the baseline data benchmarked in the territory-wide Baseline Study conducted by the research team in October 2001. [Findings of the Baseline Study were covered in the Progress Report on the Three-year Action Plan to Help Street Sleepers submitted in June 2002]. A summary of the updated information on the outputs of the three midnight outreaching teams is at **Annex 1**, with elaborations in the following paragraphs.

Persons served by the Midnight Outreaching Teams

5. By the end of December 2003, the three teams had contacted **2 799¹** street sleepers of whom 735 subsequently became active cases of these teams. As compared with the 320 active cases reported in the last LegCo paper of June 2002, there was a significant increase in caseload in the past months. An analysis of the active cases with information entered at the CISI shows the following features:

- among the 389 street sleepers with known age, 279 (71.7%) are aged below 50;
- among the 361 street sleepers with known health condition, 316 (87.5%) are in normal health;
- among the 314 street sleepers with known education level, 300 (95.5%) have received formal education; and
- among the 408 street sleepers with known length of street sleeping, 308 (75.5%) have been street sleeping for one year or less.

6. The above information shows that the three teams have sustained their effort in extending the services to as many street sleepers as possible. Besides, they have also successfully targeted street sleepers who are younger, better educated, in

¹ There is some duplication of new cases contacted especially for NGOs having staff changes during the 3-year period.

normal health and with shorter duration of street sleeping. Through early intervention, they have tried to prevent this group from becoming habitual street sleepers, which is the main goal of the Action Plan.

Meeting Accommodation Needs

7. As all the three NGOs have the provision of emergency placements, needy street sleepers willing to accept service can be promptly accommodated. During the period from May 2001 to December 2003, **529** street sleepers were relocated to the following types of accommodation:

- 202 (38.2%) to private tenement;
- 294 (55.6%) to temporary shelters/urban hostels; and
- 33 (6.2%) to public housing.

Assisting in Employment

8. During the period, **243** (48%) street sleepers were successfully matched with job placements. Most of them became cleaners, restaurant workers, transportation workers, hawkers, and watchman etc. As regards the 170 cases with known income, 114 (67.1%) were having jobs with a monthly income above \$4,000. Out of these 243 cases, 90 of them were on Comprehensive Social Security Assistance (CSSA) Scheme prior to job matching while the others were successfully prevented from falling into the social security net.

Improving Social Well-being

9. The research team has used a set of social indexes relating to “social loneliness”, “well-being”, “social tie”, “job attachment” and “homelessness” to facilitate on-going assessment of the social situations of the street sleepers receiving services from the Action Plan. As reported in the last LegCo paper of June 2002, accommodated cases compared better in “well-being”, “social tie”, “job attachment” with lowering of a sense of “homelessness”² than those street sleepers in the Baseline Study. However, there is still a slight deterioration in their sense of social loneliness when compared with those who have not been accommodated. While it is common especially for those who are accommodated to feel lonelier during the adjustment

² A set of social indices, i.e. “social tie”, “social loneliness”, “well-being”, “homeless” and “job attachment” has been used by the research team to measure the various aspects of the street sleepers. With these indexes, comparison is possible, say between those street sleepers who have or have not received services or with the same case over time, say six months after he is assisted to live off the street.

period, it is suggested that re-building service users' previous social network such as contacts with relatives, friends, neighbours, colleagues, ex-street sleepers, etc. should be one of the objectives of intervention.

Providing Emergency Funding Support

10. With the provision of emergency funds, some of which being administered in the form of loans for immediate and direct disbursement to needy street sleepers by the NGOs concerned, many who only need temporary or one-off financial assistance on items such as rental deposits, travelling/meal expenses, etc. have been assisted without the need to resort to the Comprehensive Social Security Assistance (CSSA) Scheme. Up to December 2003, a total amount of \$681,739.5 had been granted to 793 needy street sleepers with over \$276,183 (40.5%) being repaid. Details are at **Annex 2**.

Relapse Rate

11. Out of the 529 accommodated cases, 40 cases have resumed street sleeping, with reasons such as sudden unemployment or other financial reasons leading to their inability to meet the rental expenses, constituting a relapse rate of 7.6%. To minimize relapse, the research team believes that aftercare services, including regular concern home visits, community orientation activities, and review of employment situation, etc. should be enhanced to facilitate street sleepers to adjust to their new homes.

Emergency Shelter Service

12. As for the emergency shelter run by St. James' Settlement, a total of 149 street sleepers have been served since its operation in late June 2001. Occupancy rate is over 63% at all times. In order to ensure that the residents can stand on their own feet before discharge, the average duration of stay for residents has been extended from two to six weeks till they can secure a job and become stabilized.

Recommendations on Future Service Development

13. Based on the findings of the final evaluation of the Action Plan, the research team has the following recommendations on future service development for street sleepers:

- (a) An integrated approach, i.e. provision of a continuum of services including casework, outreaching, emergency and short-term accommodation, emergency funding, employment assistance, network re-building, aftercare, etc. as exemplified by the Action Plan, is effective in helping street sleepers live off the street and be self-reliant.
- (b) Aftercare service for accommodated street sleepers, at least for the initial six months, is essential to ensure that they can adjust satisfactorily to the new living environment, re-build their social network with relatives, friends, etc. and for prevention of relapse.
- (c) NGOs should focus on direct service delivery while SWD should assume the role on service planning, co-ordination and monitoring.

SWD'S VIEW

Effectiveness of the Action Plan

14. SWD fully appreciates the research team's effort in following through the Action Plan, and agrees with the findings and recommendations put forward. The Action Plan is considered effective in tackling the street sleeper problem in the following aspects:

- (a) Declining number of street sleepers – though reflecting not just the efforts of the three NGO midnight outreaching teams, but also those of the three SWD's SSOTs and other family service units, and their conscious attempt to update the Street Sleepers Registry (SSR), the total number of street sleepers decreased from 1 203 in April 2001, 1 027 in March 2002, 785 in December 2002, to 529 in December 2003 (**Annex 3**).
- (b) Promoting self-reliance – the number and percentage of street sleepers on CSSA dropped from 765 (64%) in April 2001 to 266 (50%) in December 2003 (**Annex 4**). This is a positive and prominent effect of the Action Plan, not to mention the underestimation in the benefits of preventing cases from falling into the social security net.
- (c) Promoting social well-being – evidence has shown that the Action Plan has contribution to promoting the social well-being of street sleepers who have received services when compared with those who have not,

measured by improvements in the social index of “well-being”, “social tie”, “job attachment” with lowering of a sense of “homelessness”. Yet, the aspect on improvement of social loneliness has to be further enhanced.

Long-term Strategy and Service Direction

15. In the past three years, the Action Plan has indeed targeted their services to assist younger able-bodied street sleepers by early intervention and preventing them from becoming habitual street sleepers. However, an analysis of the current 529 cases in the SSR reveals the following features:

- among the 444 street sleepers with known age, 234 (52.7%) are aged over 49;
- among the 485 street sleepers with known health condition, 238 (49%) are with some health issues such as mental illness, drug addiction, alcoholism, etc;
- among the 396 street sleepers with known education level, 71 (18%) have no education; and
- among the 432 street sleepers with known length of street sleeping, 363 (84%) have been street sleeping for more than one year.

16. The above information points to the fact that the cases still remaining in the streets may be those who are less able, with health issues and have been staying in the street for a longer period. Drawing reference from the Action Plan, which adopts an integrated and targeted approach to help the street sleepers in providing a continuum of services on a case management basis with positive outcomes, we agree with the research team’s recommendation that service integration should be both a strategy and direction to tackle the street sleeper problem. A service provider should be able to provide one-stop services to street sleepers, from proactive outreaching service, personalized casework, social groups and programmes, accommodation (both emergency and short-term), emergency funding, etc. to sustaining street sleepers’ motivation to live off the street and preventing them from dropping out during referrals for other services, or relapsing into street sleeping.

Service Revamping

17. At present, SWD’s three SSOTs provide only casework and outreaching but not other support services (e.g. day relief centres, urban hostels, etc.) and these

SSOTs have to rely on the provision of such services by the subvented sector. The three NGOs operating the Three-year Action Plan, on the other hand, operate some subvented services or self-financing support services for street sleepers. For example, SJS and SA each operates a subvented day relief centre and an urban hostel, while CCHA provides a day relief centre and two short-term hostels on self-financing basis. With completion of funding grant from the Lotteries Fund by the end of March 2004 for the Action Plan, and with integration as the desirable strategy and service direction outlined in paragraph 16 above, we propose to pool the resources of the individual subvented service programmes operated by SJS and SA and the three SWD's SSOTs to facilitate revamping of three new Integrated Teams, to be operated by SJS, SA and CCHA, modelled after the Action Plan, to provide **one-stop integrated** services for street sleepers to cover the whole territories. Other subvented services (e.g. three urban hostels for single persons each operated by Caritas-Hong Kong, Neighbourhood Advice-Action Council, and Pok Oi Hospital) or self-financing services such as street sleepers' temporary shelters, day relief service, short-term accommodation service operated by various NGOs will continue to be in existence to provide support to the three NGOs. On the other hand, SWD/NGO FSCs/IFSCs will continue to support street sleepers either through direct casework services/groups and programmes or networking with the NGOs operating street sleeper services for referral of services for street sleepers as appropriate. SWD will close its SSOTs but maintain the role of service planning, co-ordination and monitoring. This has met with positive support from the research team and the three NGOs.

SERVICE NATURE OF THE NEW INTEGRATED TEAMS

18. With the experience of the Action Plan and the strategic advantages of the various NGOs in terms of existing networks and service units, we suggest the existing service boundary of the three NGOs under the Action Plan be maintained, i.e. Hong Kong Island under SJS, Yau Tsim Mong Districts under SA and the rest of Kowloon and the New Territories under CCHA to be maintained. The continuum of services to be provided by the new Integrated Teams, taking into consideration the research team's findings and recommendations, includes the following:

- (a) outreaching visit (including mid-night outreaching) to clients on the street, in temporary shelters and cold shelters, etc.;
- (b) counselling for personal/emotional problems, budget management, etc.;
- (c) emergency fund to solve clients' immediate financial problem;
- (d) employment guidance and training;
- (e) emergency placement;
 - ◆ *SJS will operate one emergency shelter with 10 places in Wan Chai district while CCHA will use the premises of one of its*

self-financing hostel in Shum Shui Po district to operate one emergency shelter with 10 places

- ◆ *SA will not operate an emergency shelter under the present proposed Integrated Team but will tap support from its Sunrise House in Shum Shui Po district which is funded under the Home Affairs Department with emergency placement service available to persons in need, including street sleepers*
- (f) short-term/temporary accommodation;
- ◆ *SJS & SA will continue to operate a short-term hostel each with 40 places in Wan Chai and Yau Tsim Mong district respectively*
 - ◆ *CCHA will not operate a short-term hostel under the present proposed Integrated Team but will tap support from its self-financing short-term hostel in Shum Shui Po district for needy homeless persons, including street sleepers*
- (g) social skill training to facilitate the building of supportive network;
- (h) tangible assistance, including personal care service, escort service, etc.;
- (i) referrals for other services e.g. compassionate rehousing, drug treatment, medical and psychiatric treatment and long-term housing arrangement, etc.;
- (j) aftercare service for accommodated street sleepers for a period of six months;
- (k) participation in joint departmental clearance operation involving street sleepers/homeless persons;
- (l) handling case referrals on street sleeper cases from the public, members of Legislative Council/District Councils, etc.; and
- (m) Programmes/activities on volunteer and community education relating to street sleepers/homeless prevention.

19. The levels of various service outputs on items such as residents served, average utilization rate, average rate of successful discharge for emergency and short-term placement services, and items such as cases served, cases accommodated, etc. for casework and outreaching services, will be worked out with the NGOs, in consultation with the research team. As for the outcome measures, again, taking the experience of the Action Plan and the research team's recommendations, aspects like relapse rate of accommodated cases, improvement in social tie, sense of homelessness and social loneliness will be included.

FINANCIAL AND STAFFING IMPLICATIONS

20. An annual recurrent subvention of \$6 million is required for the three NGOs to operate the new Integrated Teams, with slight variation in funding for the three Integrated Teams because they are not having identical service components for reasons outlined in paragraphs 18 (e) and (f). The required resources will be pooled from the recurrent subventions of \$3.4 million to SJS and SA for the subvented services including two day relief centres and two urban hostels for single persons no longer required, and savings of \$2.6 million from the closure of the three SSOTs of SWD. In such, the revamping exercise is done without the need for extra resources. There should be no staff redundancy in the whole exercise for NGOs because CCHA is previously a non-subvented unit and this exercise will only create more jobs for the agency while SJS and SA may either be maintaining or even expanding their staff force. As for SWD, the surplus staff (a total of eight SWA grade staff) will be redeployed to other service units of SWD to perform other duties as required. Hence, staff cost savings in SWD cannot be realized immediately.

WAY FORWARD

21. We presented our plan for service revamping to Social Welfare Advisory Committee (SWAC) at its meeting held on 2 March 2004. SWAC was of the view that integration was the right direction and strategy for street sleeper services and fully supported the pooling of resources to set up three new integrated teams. SWD is working closely with the research team and the three NGOs to work out details of the output and outcome levels in the new funding and service agreement. As the Three Year Action Plan will be expired on 31 March 2004, we intend that the three new Integrated Teams will be in place with effect from 1 April 2004, so that continuity of service can be maintained. On the same day, SWD's three SSOTs will cease to provide service.

ADVICE SOUGHT

22. Members are requested to give views and comments on the proposed service revamping.

Social Welfare Department
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**Key Statistics on the 3 NGO Midnight Outreaching Teams
(May 2001 – December 2003)**

	St. James' Settlement	The Salvation Army	Christian Concern for the Homeless Association	Total
(a) No. of street sleepers contacted	381	1 421	997	2 799
(b) No. of active cases	250	325	160	735
(c) No. of accommodated cases				
(i) Private tenement	74	89	39	202
(ii) Temporary shelters/ Urban hostels for single persons	91	108	95	294
(iii) Public Housing	5	8	20	33
Sub-total	170	205	154	529
Annualised Output	63.8 ¹	76.9 ²	57.8 ³	
(d) No. of cases successfully matched with jobs	103	83	57	243

¹ original pledged annual output is 50 (the annual output increases to 60 after the strengthening of staff in October 2002)

² original pledged annual output is 60 (the annual output increases to 90 after the strengthening of staff in October 2002)

³ original pledged annual output is 50

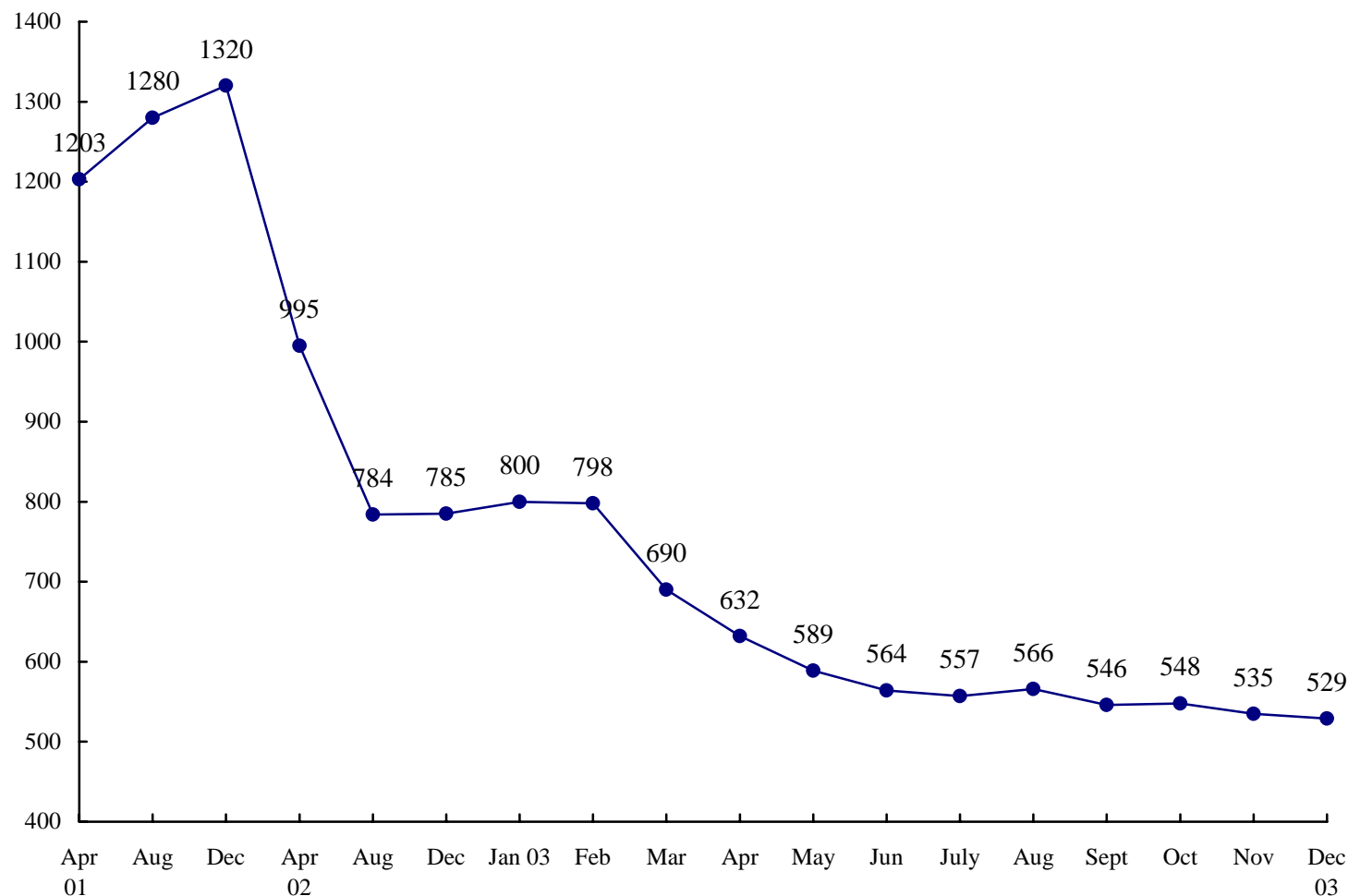
**Utilization of Emergency Fund
(May 2001 – December 2003)**

- (a) Total no. of cases benefited : 793 cases
- (b) Total payment approved : \$ 681,739.5
- (c) Average payment per case : \$ 859.7
- (d) Breakdown of the payment :

Nature of payment	Payment			
	St. James' Settlement	The Salvation Army	Christian Concern for the Homeless Association	Total
(a) Rental related expenses	\$74,864	\$181,666	\$143,587.9	\$400,117.9 (58.7%)
(b) Expenses on daily living	\$73,724.7	\$28,420.5	\$37,672.6	\$139,817.8 (20.5%)
(c) Employment related expenses	\$47,542.7	\$51,079.5	\$34,943.8	\$133,566 (19.6%)
(d) Others (including medical expenses, etc.)	\$2,633	NIL	\$5,604.8	\$8237.8 (1.2%)
Total	\$198,764.4	\$261,166	\$221,809.1	\$681,739.5

**Total Number of Street Sleepers
(April 2001 - December 2003)**

No. of street sleepers



- Note: (i) SWD’s frontline staff, making reference to the matching of information in the Street Sleepers Registry against the Computerized Social Security System, conducted special reviews on the reported street sleeper cases in December 2001 and February 2002, therefore resulting in more deregistered cases in these months.
(ii) With NGOs’ bulk registration and deregistration of street sleeper cases from June to August 2002, the number of cases on the Street Sleepers Registry fluctuated during the period.

Source : Street Sleepers Registry

**No. of Street Sleepers on CSSA
(April 2001 – December 2003)**

Month	No. of street sleepers	No. of street sleepers on CSSA	%
April 2001	1 203	765	64
July	1 268	840	66
October	1 340	732	55
January 2002	1 129	680	60
April	995	573	58
July	746	415	56
October	810	441	54
January 2003	800	403	50
February	798	406	51
March	690	335	49
April	632	311	49
May	589	299	51
June	564	288	51
July	557	278	50
August	566	284	50
September	546	275	50
October	548	274	50
November	535	269	50
December	529	266	50

- Note: (i) The figures of street sleepers on CSSA for the period between April 2001 and February 2002 are derived from the Street Sleepers Registry. Information of such is mainly reported by the street sleepers.
- (ii) From March 2002 onwards, the figures of street sleepers on CSSA are obtained through matching the information of the Street Sleepers Registry against the Computerized Social Security System to ensure accuracy.