

Hong Kong Social Workers Association

Submission on Review of IFSC to Welfare Panel

Since the implementation of IFSC in 2003, heat discussion on the role of IFSC and effectiveness of the new mode of family services has aroused much professional and public attention. A comprehensive review is deemed necessary to re-examine the mode of service delivery and put forward recommendations to further improve the situation by collecting views from stakeholders, including professional organizations, frontline staff, services users as well as community partners. As a professional organization, HKSWA has deep concern on the impact on professional practice of social workers after the implementation of IFSC. In this connection, HKSWA would like to submit this paper to reflect our views towards the role and functions of IFSC in relation to the professional practice to Welfare Panel of LEGCO.

1. In many occasions, Department officials described IFSC as a “safety net” of the community. This reflects the fact that the function of IFSC is targeted to provide a wide range of services to the families and individuals in the community without defined scope of services. Hence, service users as well as stakeholders in the community have high expectation towards the functions of the IFSC. IFSC is also perceived as the “first stop” center resembling the Accident & Emergency (A&E) services of Hospital. Social workers have to spend much time to have preliminary screening on the genuine needs of service users. In the daily practices, the IFSC social workers have to face a huge workload on different kinds of referrals and applications related to tangible demand, such as housing, financial assistance, service enquiries etc. Gradually, IFSC embrace all the enquiry functions of other government departments and the work of existing community offices on top of the proper functions of IFSC.
2. In view of above-mentioned circumstances, Social workers inevitably become the gatekeeper of public resources. Social workers have to spend a lot of time and effort in liaising with different referrers and handling clients who have unrealistic expectations. In fact, there are some existing measures to enhance the collaboration among IFSC and service counterparts. Maternal & Child Health Centre (MCHC) have practiced a proper mechanism to early screen cases required counseling and support through a guide for case screening as well as a very timely effective referral system. This should apply to other government departments and units, including Social Security Unit, Housing Department etc.

3. The original design of IFSC is aimed to delivery a wide range of services to meet the various needs of community. Dual concern has been given to early identification of problems and remedial work. Yet, due to continuous upsurge demand on remedial work and tangible applications, preventive work is inevitably to have lower priority. Even worse, social workers were sometimes torn between the crisis intervention and regular developmental and educational programmes. Not only is the quality of services affected but also the mental health of social workers. We suggest having critical review on the manpower being allocated to the preventive work of IFSC so that more substantial prevention programmes and activities will be delivered.
4. The design of Funding & Services Agreement is not flexible enough to facilitate social workers allocate adequate input to different kind of activities for service users with different level of difficulties, i.e. requiring different level of input. Although there is a system of conversion between number of cases and programmes, the indicator related to caseload is a unrealistic demand to the IFSC. The accumulated caseload is high but only number of new case opened each year is reflected in the FSA. Without evaluating the input of social workers to each case, the quality of services will be affected. To be realistic, we should have a ceiling of caseload so that social workers can give reasonable attention and render adequate services to our service users.
5. At present, an IIFSC is serving a boundary with population of around 100,000 – 150,000. Additional resources allocation should consider the special feature and community need of individual district.

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