

For discussion on
12 June 2000

LegCo Panel on Welfare Services
Review of Family Welfare Services

PURPOSE

This paper informs Members of a review of family welfare services to be carried out by the Administration.

BACKGROUND

Objectives of family welfare services provision

2. The family is a vital component of our society. A family which functions well in discharging its responsibilities contributes to the stability and well-being of society. The major objectives of family welfare services are -

- (a) to preserve and strengthen the family as a unit so that it provides a suitable environment for the physical, emotional, and social development of its members;
- (b) to give assistance and enhance family functioning through support services in order to cope with difficulties in family life; and
- (c) to restore families in trouble so that they can regain self-reliance.

The Social Welfare Department (SWD) and non-governmental organizations (NGOs) with Government funding provide a range of services to achieve these objectives.

Socio-economic changes and challenges faced by families

3. In recent years, social and economic changes have significantly impacted on families. For instance, there are today more single parent families as a result of a rise in divorce rates. There is also an increasing number of nuclear families, dual income families in which both parents are working, and family migration from the old urban areas to the new towns. These latter families are often more distant from their families of origin, which used to be a source of support. With the ageing population, the older generation needs greater support and care from the younger generation. There are more new arrival families, involving mainly wives and children who have to integrate themselves into the society and who may encounter adjustment problems.

4. Over the years, the Government has allocated substantial resources to strengthen existing and to develop new services to meet families' changing needs. In 2000-01, \$532 million has been allocated for family welfare services under the family and child welfare programme. Given the significant social and economic changes in recent years, it is now an opportune time to critically examine how to better co-ordinate these services and re-prioritize service needs so that problems can be addressed in a more holistic and effective way.

Present Position

5. We intend to examine the following -

(a) *Family Casework Service*

Family caseworkers in family services centres provide services to families in trouble and assist individuals and families to cope with

and prevent personal and family problems. Services provided include counselling, tangible assistance (such as compassionate rehousing, trust fund grants, etc.) and referral to other services. We will also examine the role of senior social work practitioners who handle difficult cases in family services centres. At present, there are 65 family service centres and 808 social workers (including 6 senior social work practitioners). Expenditure will reach \$450 million in 2000-01.

(b) *Family Aide Service*

Family aide service, first introduced in 1990, provides support to families to acquire basic skills in self-care or household management through a structured training programme. They also provide care on a temporary basis for needy family members including young children, the elderly and the disabled. At present, there are 51 family aide workers and expenditure in 2000-01 is forecast at \$8 million.

(c) *Family Care Demonstration and Resource Centre cum Carers' Support Centre*

The Family Care Demonstration and Resource Centre was set up by SWD in 1994 to provide support and training to clients of family services centres and carers through life demonstration in a real home environment. It was upgraded in 1999 to also serve as a carers' support centre. Expenditure in 2000-01 will be \$5 million.

(d) *Family Life Education*

Family life education, first introduced in 1977, is a form of

community education and preventive service. The scope of service covers a wide range of educational and promotional programmes imparting knowledge and skills on improving the quality of family life, promoting inter-personal relationships and preventing family problems. There are 79 family life education workers and expenditure in 2000-01 is forecast at \$57 million.

The Family Life Education Resource Centre, operated by SWD since 1979, develops references and audio-visual material, and provides technical support for the launching of territory-wide publicity programmes to promote public awareness on the importance of family life. Expenditure in 2000-01 is forecast at 6 million.

(e) *Family Activity and Resource Centres*

Family Activity and Resource Centres were first set up in 1994 in the 19 government-run Group Work Units and 4 NGO-operated community centres, to promote family life education and to identify families at risk. Developmental groups, supportive groups and mutual help groups are organised to strengthen the ability of family members to tackle their problems and establish an effective supportive network. Expenditure is subsumed under the expenditure on Group Work Units/community centres where they operate.

(f) *Family Education*

Family education will be strengthened this year to provide greater support to parents in guiding their children and to foster a closer parent-child relationship. In 2000-01, this service will be provided

by 20 social workers involving expenditure of approximately \$6 million.

(g) *Support Services for the Family under the Promoting Self-reliance Strategy*

Under this Strategy, a package of support services has been proposed for, among others, single parents families and new arrivals. These services aim at maintaining and restoring the self-resilience and self-reliance of these families both socially and financially. Expenditure in 2000-01 will be approximately 17 million.

Concerns that need to be addressed

(a) *Cost-effective and focused service delivery mode*

6. It has been argued that the present work focus of family services centres is remedial in nature and over-relies on the casework approach. Some Family Life Education units only serve regular clients (who are more equipped to solve their problems) than those who are hard-to-reach. On the other hand, groups and programmes provided by group work units and community centres may not align with critical family needs. In order to avoid over-lapping and service gaps, there is a need to critically examine the roles, functions and interface between different services, the service delivery mode and their effectiveness so that changing demands can be met in an effective manner.

(b) *Priority of service provision*

7. Some families may be more vulnerable than others and need more assistance, particularly those who experience acute problems such as domestic violence, marital breakdown, juvenile delinquency etc. There should be a clear

delineation on the scope of each type of service, so that they can be integrated to form a continuum of preventive, supportive and remedial services. In this way, resources can be prioritized and families that require the most assistance receive the services they need.

(c) Assessment tools and outcome measures

8. To tie in with the demands for more cost-effective and focused services, assessment tools for the early identification of problems and the appropriate level of intervention according to the nature and severity of each problem, are needed. In order to assess whether services assist families effectively, outcome measures for service monitoring and quality assurance purposes are also required, in addition to the output indicators which have been developed and form part of the Funding and Service Agreements.

(d) Long-term strategy and future direction in providing family welfare services

9. Given changing societal needs, SWD is moving away from the provision of service according to rigid planning ratios, to meeting actual district needs through critical needs assessments. We need to identify a long-term strategy in developing and delivering family welfare services, and it is necessary to devise a new planning mechanism so that needs can be promptly reflected and accorded priority and resources can be flexibly re-deployed to meet changing needs in the community.

Consultancy Study

10. In view of the scale and complexity of the review, SWD intends to commission consultant(s) to study these issues with the following objectives -

- (a) to develop a long-term strategy and map out the future direction for

the provision of family welfare services;

- (b) to identify the needs of families and prioritize target groups for the provision of services, and to recommend appropriate levels of intervention corresponding to the needs of service users;
- (c) to review the roles and functions of individual services, modes of service delivery, their effectiveness and service quality standards in meeting the changing needs of the community;
- (d) to advise whether changes to the current services are necessary and to develop practical, cost-effective, co-ordinated and integrated methods and approaches to deliver family welfare services;
- (e) to review the scope, geographical distribution, and future planning standards for new integrated facilities;
- (f) to examine how to take forward the development of needs assessment tools which fit the Hong Kong context;
- (g) to develop outcome indicators for family welfare services; and
- (h) to draw up implementation plans.

11. It is expected that the review will commence in August 2000 and be completed in eight months' time.

CONSULTATION

12. Over the past few months, SWD has extensively consulted service providers and management staff in the NGO sector, the Hong Kong Council of

Social Service, academics and staff in SWD. They all support the need to carry out a review on family welfare services.

13. A Steering Group comprising Government and NGO representatives, academics, service users and other members of the community will be set up shortly to monitor the progress of the study and to give directions to the consultants. The consultants will be required to consult all stakeholders including policy makers, service users, service providers, NGO management, front-line staff, and related professionals in the welfare, medical and health sectors.

*Health and Welfare Bureau/
Social Welfare Department
June 2000*