Building Effective Family Services:

Review on the Implementation of the Integrated Family Service Centre Service Mode

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February 2010

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Acknowledgements

Abbreviations

C or P case	Care or Protection case
CIC	Centre-in-charge
CR	Compassionate Rehousing
CSSA	Comprehensive Social Security Assistance
DCCFCW	District Coordinating Committee on Family and Child Welfare
DECC	District Elderly Community Centre
DH	Department of Health
DSW Ward	Ward of the Director of Social Welfare
DSWI Accounts	Director of Social Welfare Incorporated Accounts
DSWO	District Social Welfare Officer
FCPSU	Family and Child Protective Services Unit
FCU	Family Counselling Unit
FLEU	Family Life Education Unit
FRU	Family Resource Unit
FSA	Funding and Service Agreement
FSNT	Family Support and Networking Team
FSP	Family Support Programme
FSRC	Family Support and Resource Centre
FSU	Family Support Unit
HA	Hospital Authority
HD	Housing Department
HKCSS	Hong Kong Council of Social Service
HKU	The University of Hong Kong
ICYSC	Integrated Children and Youth Services Centre
IFSC	Integrated Family Service Centre
MAC	Mutual Aid Committee
MCHC	Maternal and Child Health Centre
MSSU	Medical Social Services Unit
NEC	Neighbourhood Elderly Centre
NGO	Non-governmental Organisation
OC	Outcome Standard
OS	Output Standard
RSW	Registered Social Worker
SIS	Statistical Information System
SSFU	Social Security Field Unit
SWD	Social Welfare Department

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Review on the Implementation of the Integrated Family Service Centre Service Mode

Executive Summary

Review background and objectives

1.   Concerted efforts have been made to bring Hong Kong family service from strength to strength, starting with the Review of Family Services in 2000.   It was followed by the testing of pilot projects on the proposed service mode of Integrated Family Service Centres (IFSCs), and the subsequent establishment of 61 IFSCs (40 run by Social Welfare Department [SWD], and 21 operated by nine Non-governmental Organisations [NGOs]) since 2004/05 to provide publicly-funded family services in Hong Kong.

2.   With the ongoing spirit to advance the effectiveness and efficiency of family services, SWD commissioned a Consultant Team from The University of Hong Kong (HKU) in October 2008 to conduct a Review on the Implementation of the IFSC Service Mode.   The followings are the review objectives:

   a) To find out how effective IFSCs are in implementing the four guiding principles of accessibility, early identification, integration and partnership under the direction of 'child-centred, family-focused and community-based' in strengthening families and meeting the changing needs of the community;
   b) To examine the effectiveness of IFSC services in serving specific targets such as single parents, new arrivals, ethnic minorities, etc. and reaching out to the hard-to-reach at-risk families;
   c) To identify factors facilitating / hindering the effective delivery of IFSC services, illustrations of practice wisdom on the implementation of the IFSC service mode, as well as ways to develop service specialisation within an integrated service mode and to enhance strategic partnership, collaboration and interfacing with other services;
   d) To examine the performance standards, including output and outcome indicators and level of attainment, as set out in the Funding and Service Agreement (FSA); and
   e) To make suggestions for continuous service improvement.

Review methodology

3.   In view of the variety of stakeholders connected with the services, the Study adopted a multi-method approach involving both quantitative and qualitative methodologies to collect data from different sources covering the period from April 2005 to October 2009. The report findings were based on the information aggregated from centre reports from all the IFSCs, statistics on service output and outcome, content analysis of transcriptions of district focus group discussions with key stakeholders from selected IFSCs in the 11 SWD districts, case studies on selected centres, user survey with 1,502 respondents, illustrations of practice wisdom on the implementation of the IFSC service mode (reported separately in the Practice Wisdom Reference), views on the implementation of the IFSC service mode received through letters and electronic messages via the website set up to collect comments, as well as review of relevant literature, reports and submissions from stakeholders to the Consultant Team.

Key findings

Effectiveness of the IFSC service mode

<u>IFSC service mode</u>

4.   Review findings indicate that the IFSC service mode under the direction of 'child-centred, family-focused and community-based' and the four guiding principles of 'accessibility', 'early identification', 'integration' and 'partnership' has received general support from IFSC management and frontline workers, stakeholders and service users as meaningful and appropriate in directing and delivering family services in contemporary Hong Kong.

<u>IFSC service focus</u>

5.   There is a general consensus that the main objectives of an IFSC is to serve as a 'community-based integrated service centre focusing on supporting and strengthening families'. IFSC is unique in that it calls for professional expertise in dealing with the social and emotional needs of families in the community. There should be a balanced provision of preventive, supportive and remedial services. Necessary professional manpower must be available and deployed to ensure a balanced delivery of all three services. Enhancement of community partnership for better collaboration and interfacing should also be in place.

6.   In addition to adequately serving single parents, new arrivals, ethnic minorities and deprived families receiving Comprehensive Social Security Assistance (CSSA) as priority target groups identified in the earlier reviews, most IFSCs have developed special services should they identify new target groups unique to the communities they serve, such as cross-boundary families.   These groups should remain the priority target groups and should continue to be served by IFSCs under the integrated service mode in their own communities.   These new specialised services should be commended and supported with adequate resources.

Expectation on the aim and scope of IFSC services

7.   IFSC social workers were found to be encountering difficulties managing the high and sometimes unrealistic expectations of service users and community stakeholders.   At times, they were requested to provide services which fall outside the scope of IFSC services.   Efforts should be made at the case, centre, district, headquarters and community levels to inform service users and stakeholders of the objectives and priorities of IFSC services to properly manage their expectations.

Provisions for IFSC services in terms of space and manpower according to population-based service boundaries

8.   The current provisions for service boundaries were found to be reasonable and appropriate for IFSCs that serve a population size of 100,000 to 150,000. Adjustment to the service boundaries of IFSCs should only be considered when there is clear projection of new population intake or evidence of adverse social challenges that warrants the setting up of a new centre or injection of additional manpower into a particular IFSC.

IFSC opening hours

9.   All stakeholders appreciated that IFSCs operate on a 13 or 14-session-per-week extended-hour mode, which enables some users working full-time to use the service after normal office hours.

IFSC case assessment and referral forms

10.   The existing screening form used for intake was considered useful but could

be further simplified. Development of necessary assessment tools and forms can be considered to sharpen case assessment, record user information and track service interfacing with community stakeholders.

IFSC management

11.   There were notable innovations at the IFSC operator, district and centre levels in improving the management systems and strategies of IFSCs. Appropriate resource provision and other suitable measures are needed to ensure adequate administrative and clinical supervision in the IFSCs.

Support services to complement IFSC services

12.   Adequate support services are essential for IFSC social workers to provide effective and comprehensive assistance to services users. District Social Welfare Officers (DSWOs) had made notable contributions in achieving district-based service and resource synergy. SWD and service providers in the NGO sector should work closely in ensuring the optimal use of existing support services and in developing and expanding necessary ones.

Facilitating and hindering factors

Factors reported by stakeholders to be facilitating the delivery of IFSC services

13.   The expertise and dedication of the IFSC staff force and its ownership to advance family services in Hong Kong were pivotal in facilitating the effective implementation of the IFSC service mode. The 'child-centred, family-focused and community-based' direction, and 'accessibility', 'early identification', 'integration' and 'partnership' were all useful guiding principles to lead the advancement of family services in Hong Kong. The delineation of specific service boundary, the provision of user-friendly premises, the provision of staff teams with a profile of expertise, the establishment of case intake, screening, management and referral systems, the provision of administrative and clinical supervision support at the centre, operator, district and central levels were all facilitating factors that should be protected for the continuous productive functioning of IFSCs. It is important to ensure that they remain facilitative to IFSC service delivery and development.

Factors reported by stakeholders to be hindering the delivery of IFSC services

14.   Reported hindering factors included the unfavourable location and set-up of some IFSCs, resource issues (e.g. manpower provision in handling family cases escalating in quantity, complexity and urgency, flexibility in the FSA, manpower arrangements due to staff turnover), policy issues (e.g. aim and scope of IFSC services) as well as staff mindset issues (some IFSC social workers still identified themselves as caseworkers instead of multi-skilled, all-rounded social workers, thus hampering their generic consideration of user and community needs).

Performance standards and the FSA

15.   The performance standards stipulated in the current FSA for IFSCs limit the ability of IFSCs to respond with sensitivity to the growing number and complications in family cases, crises and social problems.

Other observations and suggestions

Staff training and continuous development

16.   Centre, district, and sector-based staff orientation, supervision, training, knowledge documentation and sharing are considered important and necessary to sustain the professional expertise in the family service sector.

The Task Group on Implementation of IFSCs

17.   The Task Group, which has been a useful platform to iron out some of the operational issues in IFSC services, should continue and be empowered.

IFSC service improvement

18.   The sector is dedicated to uphold family service standard. SWD should provide the leadership and work jointly with the Hong Kong Council of Social Service (HKCSS), NGO IFSC operators and other stakeholders to seek continuous service advancement where appropriate.

Recommendations

IFSC service mode

Recommendation 1: The IFSC service mode should continue to be adopted for publicly-funded family services in Hong Kong. To ensure its continued success, individual IFSCs should continue their efforts in the effective deployment of resources. The Administration should also continue to ensure adequate provision of resources to support the work of IFSCs.

Recommendation 2: The existing practice of IFSCs in identifying specific target groups in the communities they serve and providing appropriate services for such groups should continue to be encouraged and supported.

Provisions for IFSC service

Recommendation 3: The current principles in making financial and human resource provisions for IFSCs, which are reasonable and appropriate for communities with 100,000 to 150,000 residents, should be maintained. The service boundaries for IFSCs have been carefully set and adjustment should only be considered when there is a clear projection of new population intake or evidence of adverse social challenges that warrants the setting up of a new centre or injection of additional manpower into a particular IFSC.

Recommendation 4: SWD should continue to make it a priority to seek appropriate premises for the relocation of IFSCs that are inconveniently located or set up at different locations. The management of individual IFSCs should maintain the centres in good conditions to make them physically and psychologically approachable for community users.

Recommendation 5: The principle that users should use IFSC services according to their residential districts should be upheld. Flexibility should only be provided for special cases, e.g. children with parents in prison, and working adults who can find easier access to IFSCs in dealing with their personal problems near their work place rather than their residence.

Operations of IFSC service

<u>*Service hours*</u>

Recommendation 6: The current practice of IFSCs' extended-hour service, which has been commended by many users and stakeholders as being very considerate towards their needs, should be maintained.

<u>*Screening and assessment*</u>

Recommendation 7: The existing enquiry / intake cum screening form should be kept and, where applicable, simplified.   Development of other assessment forms or tools needed for sharpening the assessment of specific types of cases should be considered.

Recommendation 8: Forms to record necessary information for and accurately track referrals and follow-up actions, especially when cross-department / sector / service interfacing needs to be carefully monitored, should be developed.

<u>*Service priorities*</u>

Recommendation 9: IFSCs should continue to function as community-based integrated service centres focusing on supporting and strengthening families.   IFSCs need to observe the specific and changing characteristics of the respective communities they serve and adjust their service priorities accordingly.

<u>*Efficiency in service operation*</u>

Recommendation 10: IFSCs should continue to optimise their efficiency in service operation.   Useful strategies to be considered include streamlining and enhancing service procedures, seeking optimal management of complicated cases (involving, where appropriate, more than one social worker and / or other staff / professionals) and cases which consume a lot of manpower to complete certain logistics, and leveraging on community resources to provide preventive family services.

Recommendation 11: IFSCs should explore service enhancement through appropriate use and sharing of information technology.

Collaboration and interfacing

Recommendation 12: Collaboration and interfacing at the Centre level - Individual IFSCs should further enhance the interfacing amongst the Family Resource Unit (FRU), Family Support Unit (FSU) and Family Counselling Unit (FCU) and make it easy for users to benefit from the preventive, supportive and remedial services provided by these units.

Recommendation 13: Collaboration and interfacing at the District level - IFSCs should leverage on the services and resources within their service boundary to optimise the impact of such synergy. The effort made by DSWOs in this aspect is recognised, and they are encouraged to continue to play the important roles of coordination and facilitation of resources to address service needs and achieve service advancement.

Recommendation 14: Collaboration and interfacing at the Headquarters level – To address IFSC workers' priority concern in the proper handling of housing assistance cases, the senior management of SWD and Housing Department (HD) should jointly form a Working Group to enhance coordination in the referral system and to ensure the proper implementation of agreed procedures in actual operation. Likewise, there should be more initiatives to streamline administrative procedures to shorten the processing time for necessary services (e.g. The Working Group on Streamlining Procedures for Processing Referrals for Residential Placements for Children is recognised to have worked to achieve this goal). Users' needed support services (e.g. residential placement for children and adult users with long term care needs), as assessed by IFSC workers, should be backed up by service policies and resource provision where necessary and appropriate.

Recommendation 15: Efforts should be made at the case, centre, district, headquarters and community levels to inform service users and stakeholders of the objectives and priorities of IFSC services to properly manage their expectations. They should learn about and approach different appropriate social services, government departments and sectors for their needs or requests which fall under the jurisdiction of those departments and sectors.

Recommendation 16: The contributions of non-publicly-funded family services should be acknowledged and encouraged. IFSCs are encouraged to collaborate with these family services for knowledge transfer and to achieve synergy.

Management of IFSC

Recommendation 17: SWD should take the lead and work with HKCSS and NGO IFSC operators and other stakeholders to continue to enhance family services in Hong Kong where appropriate.

Recommendation 18: The efforts by many IFSCs in conducting operator-based or centre-based management innovations, including cross-service synergy within some multi-service agencies, or amongst different social services within the service districts should be recognised, encouraged and actively shared within the sector.

Human resource management / development

Recommendation 19: The Administration should continue to keep under review and, where necessary, enhance the manpower provision of IFSCs, in particular at the supervisory, frontline and support staff levels, in order to handle increasingly complicated cases, and address emerging new service demand, including serving the needs of specific target groups.

Recommendation 20: IFSC operators should continue to ensure that there is suitable orientation for new staff, as well as proper supervision and support for staff at all levels. The professional documentation of practice wisdom in preventive, supportive and remedial services to facilitate knowledge retention and transfer should be encouraged and supported.

Recommendation 21: The IFSC sector should conduct regular sharing sessions to achieve mutual stimulation and enlightenment.

Funding and Service Agreement

Recommendation 22: The FSA should be reviewed and revised.

Recommendation 23: Output Standards (OS) 2, 3 and 4 of the FSA should be merged to allow more flexibility in running groups beyond the planned ones to better respond to changing community needs.

Recommendation 24: IFSCs should continue to support and develop service initiatives. This has been a cherished demonstration of professionalism and the dedication and expertise of the sector in making such contributions should be

recognised and encouraged.

Continuous monitoring and improvement

Recommendation 25: The Task Group on the Implementation of IFSCs should be continued and empowered with a properly devised Terms of Reference to give it the necessary mandate to identify and follow-up issues of concern and to bring major issues to the attention of the SWD senior management for timely management.

Recommendation 26: SWD should provide the leadership and work with HKCSS, NGO IFSC operators and other stakeholders to seek continuous improvement of the service through examining service demand and addressing service needs.

Chapter 1

Introduction

Background

1.1   In August 2000, the Social Welfare Department (SWD) commissioned a Consultant Team from The University of Hong Kong (HKU) to carry out a Review of Family Services in Hong Kong.   The Consultant Team completed the review and submitted the Report entitled *Meeting the Challenge: Strengthening Families* to SWD in June 2001.[1]   One of the recommendations in the report was the formation of Integrated Family Service Centre (IFSC), a new service delivery mode, to provide a continuum of preventive, supportive and remedial services to meet the changing needs of families in a holistic manner.

1.2   Before across-the-board implementation of the new service mode, SWD adopted a bottom-up and gradual approach by way of pilot projects to verify the effectiveness of the IFSC mode.   Besides, SWD also commissioned a Consultant Team from HKU to conduct a two-year Evaluative Study of the Pilot Projects on IFSCs from April 2002 to March 2004.   As concluded in the report entitled *The Steps Forward: The Formation of Integrated Family Service Centres* submitted by HKU in October 2004, IFSC was effective in addressing the changing social needs of families through the provision of a more open, user-friendly, proactive, responsive, flexible, accessible and integrated service to users.[2]   In view of the positive findings, and after consulting the Social Welfare Advisory Committee, Legislative Council Panel on Welfare Services and the welfare sector, SWD re-engineered available family service resources to form IFSCs in phases in 2004/05.

1.3   There are currently a total of 61 IFSCs covering the whole territory, of which 40 are run by SWD and 21 by nine non-governmental organisations (NGOs). To strengthen families and meet the multifarious needs of individuals and families in the community, IFSC services follow the direction of 'child-centred, family-focused and community-based' and adopt the principles of accessibility, early identification, integration   and   partnership.   A   continuum   of   services   with   preventive,

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[1] The Consultant Team, Department of Social Work and Social Administration, The University of Hong Kong. *Meeting the Challenge: Strengthening Families, Report on the Review of Family Services in Hong Kong.* (Hong Kong: Social Welfare Department, June 2001).

[2] The Consultant Team, Department of Social Work and Social Administration, The University of Hong Kong. *The Steps Forward: The Formation of Integrated Family Service Centres, Final Report on the Implementation of Family Services Review in Hong Kong.* (Hong Kong: Social Welfare Department, October 2004).

developmental, educational, supportive, empowerment and remedial functions is provided through the three major components of an IFSC, namely Family Resource Unit (FRU), Family Support Unit (FSU) and Family Counselling Unit (FCU).

1.4   The formation of IFSCs represented a new landmark in the development of family services in Hong Kong.   Since the implementation of the IFSC mode involved a lot of changes including new service delivery mode, need for change in mindset, acquisition of knowledge and skills, and ability to network and collaborate with local organisations and personnel, both management and frontline staff had faced a period of adjustment in coping with the large-scale re-engineering process.

1.5   A Task Group on Implementation of IFSCs was formed in May 2004 to provide a platform for ironing out common operational issues.[3]   Though the re-engineering was a cost-neutral exercise, SWD had put in additional recurrent funding for IFSCs in 2005/06, 2006/07, 2007/08 and 2008/09 to strengthen manpower as well as clinical / supervisory support and cover extra expenditure.   This included expenses arising from the provision of more extended-hour service, the enhanced collaboration with other stakeholders in the community, the organisation of more preventive and supportive groups and programmes, and the management of larger premises, etc.   However, there were still concerns over matters such as heavy workload, increasing complexity of cases, rising public expectation on the role and functions of IFSCs, insufficient manpower, staff turnover and supervisory support. The need to provide extended-hour service, collaboration and interfacing issues with government departments and other services in the community, prioritisation of services provided by IFSCs etc, were other examples of common concerns of IFSCs.

1.6   As the re-engineering had been completed for more than three years, and most of the IFSCs had been / would be occupying larger and more suitable premises and additional recurrent resources provided in the past years had been materialised, SWD and the sector considered it an appropriate time to review the implementation of the IFSC service mode, in particular, to find out whether and to what extent the IFSC service mode had achieved its service objectives, and what improvements would be needed to further refine the mode.

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[3] The Task Group is convened by a Chief Social Work Officer of SWD with membership comprising representatives from 11 District Social Welfare Offices, all the nine NGOs operating IFSCs, two NGOs operating the Integrated Service Centres and the Hong Kong Council of Social Service.

Scope and objectives of the Review

1.7   In October 2008, SWD commissioned a Consultant Team from HKU (Annex 1) to conduct a Review on the Implementation of the IFSC Service Mode covering all 61 IFSCs operated by SWD and NGOs (Annex 2).

1.8   The main objectives of this Review are:

a) To find out how effective IFSCs are in implementing the four guiding principles of accessibility, early identification, integration and partnership under the direction of 'child-centred, family-focused and community-based' in strengthening families and meeting the changing needs of the community;

b) To examine the effectiveness of IFSC services in serving specific targets such as single parents, new arrival, ethnic minorities, etc. and reaching out to the hard-to-reach at-risk families;

c) To identify factors facilitating / hindering the effective delivery of IFSC services, illustrations of practice wisdom on the implementation of the IFSC service mode, as well as ways to develop service specialisation within an integrated service mode and to enhance strategic partnership, collaboration and interfacing with other services;

d) To examine the performance standards, including output and outcome indicators and level of attainment, as set out in the Funding and Service Agreement (FSA); and

e) To make suggestions for continuous service improvement.

1.9   A Steering Committee was set up by SWD to advise on the direction of the Review, monitor its progress and examine and accept the Review Report submitted by the Consultant Team of HKU.   It comprised representatives from the Labour and Welfare Bureau, SWD, NGOs (including those operating IFSCs and other welfare services as well as the Hong Kong Council of Social Service [HKCSS]) and an independent member of the community (Annex 3).   A Working Group with representatives from SWD and NGOs was also formed to facilitate the work of the Consultant Team, provide information on the existing practice of, and services provided by IFCSs, and ensure that concerns and objectives to be addressed by the Review were duly covered (Annex 4).

1.10   This Report presents the findings and analysis of the Review on the Implementation of the IFSC Service Mode.   Key issues affecting the implementation of the IFSC service mode are identified and suggestions for further improvement are proposed.   As for the methodology and details of the illustrations of practice wisdom on the implementation of the IFSC service mode, they can be found in the Practice Wisdom Reference compiled and edited by the Consultant Team.[4]

Outline of Chapters

1.11   Chapter 1 presents the background information, scope and objectives of this Review.   Chapter 2 describes the evaluation methodology involved.   Together Chapter 3 and Chapter 4 present the findings of this Review.   Chapter 3 begins with a description of the background information of the IFSCs and then describes how they had implemented the IFSC service mode in the review period.   Chapter 4 presents the factors reported by stakeholders to be facilitating and hindering the effective implementation of the IFSC service mode.   To avoid duplication, data collected by various methods, including centre reports, district focus groups and case studies are presented in a summarised manner.   Chapter 5 presents the data and analysis of the user survey.   Chapter 6 presents and analyses the statistics on service output and outcome of the IFSCs.   Chapter 7 presents the key observations of the Review while all the recommendations proposed for the future improvement of the IFSC services are listed in Chapter 8. The Executive Summary presented at the beginning of this Report is a succinct and complete summary of the background of the Review, the objectives, the key observations and recommendations. Other details like the membership of the different committees supporting the Review, the Review instruments and the full Users' Survey Report can be found in the respective annexes.

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[4] The Consultant Team, Department of Social Work and Social Administration, The University of Hong Kong (ed.). *Practice Wisdom Reference* (Hong Kong: Social Welfare Department, December, 2009).

Chapter 2

Evaluation Methodology

Introduction

2.1   The major purpose of this evaluation Study is to address the need for accountability – what the outcomes of the IFSCs are and how the IFSC's service objectives have been achieved.   In other words, this Study aims to find out whether and to what extent the IFSC service mode has worked.   Equally important, this is also a formative evaluation which emphasises on programme learning and development.   The Study will serve as a reference for the future development and improvement of IFSC services in Hong Kong.   Specifically, it will identify the strengths of the mode; collect illustrations of practice wisdom on the implementation of the IFSC service mode from the field; highlight factors facilitating / hindering the effective delivery of IFSC services; and explore ways to develop service specialisation within an integrated service mode as well as ways to enhance strategic partnership, collaboration and interfacing with other services.

2.2   There are 61 IFSCs in the territory, operated by the SWD and NGOs, each serving a well-defined geographical boundary.   Each IFSC consists of three major components, i.e., the FRU, the FSU and the FCU.   The programmes and services of IFSCs are highly complex and comprehensive, comprising preventive, supportive and remedial functions.   The IFSC service mode also emphasises the following approaches:[5]

   a) Strength-oriented – intervention designed to reinforce the strengths, capacity and assets of the individual, family or community;
   b) Changing community conditions – intervention also considers the need to change environmental and community conditions that affect healthy development of children and families;
   c) Bottom up initiatives – projects should have the flexibility to initiate innovative community projects addressing local needs;
   d) Comprehensive services – through partnerships and service integration, complicated and multiple family problems can be met as far as possible in a

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[5] The Consultant Team, Department of Social Work and Social Administration, The University of Hong Kong. *The Steps Forward: The Formation of Integrated Family Service Centres, Final Report on the Implementation of Family Services Review in Hong Kong.* (Hong Kong: Social Welfare Department, October 2004), pp 5-6.

single service organisation or a single service programme. This is to avoid services being too categorical and fragmented; and

e) Strengthening informal services – recognise the importance of providing family support from the natural social support network, volunteers, and social capital of mutual-help groups.

2.3   As IFSCs are still at an evolutionary stage without a clearly defined set of impact objectives and intervention procedures, it is not feasible to evaluate their effectiveness by a controlled experimental design.[6]   Taking into account the complexities of IFSCs, the multiplicity of social work intervention, and the heterogeneity of family service users, the use of experimental design with control group studies is considered inappropriate for this particular Review.[7]   This Study, therefore, had adopted a pragmatic formative evaluation paradigm, which stressed a practical, problem-solving orientation to programme evaluation.   The role of the Consultants was to facilitate interpretative dialogue among the programme stakeholders with the aim of attaining consensus about the programme's values and outcomes, and incorporating into their roles, the concepts of internal programme evaluation and formative feedback.[8]

2.4   The Review was conducted between October 2008 and October 2009 in two main stages.   In the first stage, from October 2008 to February 2009, the focus was on understanding IFSCs' existing service provisions, such as service structure and operations, clientele profile, service outcomes, etc.   Based on the available information, the second stage, from March to October 2009, focused on evaluating the effectiveness of the IFSC service mode, identifying illustrations of practice wisdom on its implementation, as well as formulating recommendations for service improvement.

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[6] The IFSCs vary in designs, emphasis, staffing and delivery structure, and they do not have an established mode of operation. Therefore, it was not feasible to employ a rigid experimental design to test pre- and post- intervention outcomes, supplemented with controlled groups. The role of the Consultants in this study could not be fully independent and detached, and they acted as partners to IFSCs.

[7] A. Lightburn, "Family services centres: lessons from national and local evaluations," in A. Maluccio, C. Canali and T. Vecchiato (eds.). *Assessing Outcomes in Child and Family Services – Comparative Design and Policy Issues* (New York: Aldine de Grutyer, 2002), pp. 153-173; H. Weiss and R. Harpen, *Community-based Family Support and Education Programmes: Something Old or Something New* (New York: National Centre for Children in Poverty, 1990); H. Weiss and F. Jacobs, (eds.). *Evaluating Family Programmes* (Hawthorne, NY: Aldine de Gruyter, 1988); A. Maluccio, C. Canali and T. Vecchiato (eds.). *Assessing Outcomes in Child and Family Services –Comparative Design and Policy Issues* (New York: Aldine de Grutyer, 2002), pp. 153-173; T. Vecchiato, A. Maluccio and C. Canali (eds.). *Evalutation in Child and Family Services – Comparative Client and Programme Perspectives* (New York: Aldine de Grutyer, 2002); I Katz and Pinkerton, J. (eds.). *Evaluating Family Support – Thinking Internationally, Thinking Critically* (Chichester: John Wiley and Sons, 2003).

[8] Schalock,, R., *Outcome-based Evaluation* (New York: Kluwer Academic, 2001), p. 15.

2.5   Based on a pluralistic approach to evaluation, this Study employed a mix of quantitative and qualitative methods.   Data for this Study were obtained from a variety of sources and stakeholders between April 2005 and October 2009 as follows:

- a) Centre reports from all the IFSCs;
- b) Service statistics on service output and outcome;
- c) District focus groups with key stakeholders from selected IFSCs in 11 SWD districts;
- d) Case studies;
- e) User survey; and
- f) Illustrations of practice wisdom on the implementation of the IFSC service mode.[9]

Groundwork

2.6   To prepare for this Study, the Consultant Team conducted documentary review of overseas literature on family service programmes in general and studies on IFSCs in Hong Kong in particular.[10]   Besides, the Consultant Team paid visits to six IFSCs, including four SWD IFSCs and two NGO IFSCs, and met with IFSC supervisory and frontline staff from the FRU, FSU and FCU of each centre to get familiarised with the services, including the centres' operation, district needs, service provisions, work approaches and strategies, and staff concerns (Annex 5).   Moreover, the Consultant Team had conducted a number of meetings and briefing sessions to meet with IFSC professional staff and key stakeholders, including IFSC operators, and social work and support staff representatives from SWD to collect their views on the issues and concerns related to the IFSC service mode as well as their expectations towards this Study (Annex 6).

Centre report

2.7   To collect precise and concise information on how each IFSC had implemented the guiding principles under the service direction of the IFSC service

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[9]   As mentioned in Chapter 1, the methodology and details of the illustrations of practice wisdom on the implementation of the IFSC service mode can be found in the *Practice Wisdom Reference.* Please refer to footnote 4.

[10] Family and Community Service, The Hong Kong Council of Social Service. *A Report on the Complied SIS and Manpower Profile of NGOs-IFSCs 2005-2008.* (Hong Kong: HKCSS, October 2008).   香港政府華員會社會工作主任職系分會與香港政府華員會社會工作助理分會，《社會福利署綜合家庭服務中心服務檢討問卷調查 2007 報告撮要 (二零零七年五月)》游達裕與朱志強，《綜合家庭服務中心檢討 ― 前線同工的觀點》，(香港:香港理工大學應用社會科學系，2009)。

mode, all IFSCs were requested to submit a centre report based on a template designed by the Consultant Team (Annex 7). It contained a brief history and background of the centre, a description of community needs, service priorities, and the needs and problems of service users, review on the operation of the service mode, factors facilitating / hindering the effective implementation of the IFSC service mode, coping strategies, as well as suggestions for future development / improvement of the services.

Service statistics

2.8   SWD was requested to submit, from data collected through the Statistical Information System (SIS), statistical data on the performance of the IFSCs including the output and outcome statistics relating to the service standards as stipulated in the FSA for IFSC. The FSA comprises seven output standards (OSs) with output indicators.[11]   As IFSCs vary in their client population and staff resources, the level of requirement relating to the OSs they have to meet also varies.

2.9   In addition, the IFSC FSA also includes four outcome standards (OCs) with the following outcome indicators:

   a) User satisfaction level;
   b) Enhanced problem solving capacity;
   c) Enhanced social support network; and
   d) Perceived improvement in the main problem.

Using these indicators, at the termination of services, service users were invited to measure, by self-assessment, their perceived extent of improvement and the effectiveness of the services they had received.   The SIS reports / data between April 2005 and March 2009 were submitted to the Consultant Team for analysis in this Study.

District focus group

2.10   District focus groups were organised to collect the views from three groups of people, namely: policy makers / administrators, supervisors and frontline social workers, and community stakeholders, on the implementation of the IFSC service mode in all the 11 SWD districts.   Specifically, the district focus groups aimed at

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[11]   Social Welfare Department. *Funding and Service Agreement on Integrated Family Service Centre* (Hong Kong: Social Welfare Department, October 2006).

collecting feedback on how effective the IFSCs were in implementing the four guiding principles and in serving specific target groups in each district. In addition, suggestions for further improvement of the IFSC services were also discussed in the district focus groups.

2.11 The Consultants were assigned to conduct two focus groups in each SWD district. One district focus group targeted social work professionals, including policy makers / administrators and supervisors and frontline social workers of IFSCs. Participants included SWD and NGO IFSC operators, as well as two representatives from each IFSC in each district (i.e. one centre-in-charge [CIC] or supervisor and one frontline social worker). The other district focus group targeted community stakeholders. They included members of the District Co-ordinating Committee on Family and Child Welfare (DCCFCW), members of the District Welfare Coordinating Mechanism, and other personnel as considered appropriate by each District Social Welfare Officer (DSWO), such as representatives from the Department of Health (DH), Housing Department (HD) and Hospital Authority (HA).

2.12 Two sets of district focus groups' discussion guidelines were drafted by the Consultant Team and pilot-tested with the target participants in one SWD district in March 2009. Five social work professionals and nine community stakeholders participated in the pilot test. Based on feedback and comments from the participants, the discussion guidelines were revised and finalised by the Consultant Team (Annexes 8a and 8b).

2.13 DSWOs worked closely with both SWD and NGO IFSCs in their respective districts to work out the participant lists and organise the district focus groups. Invitation letters were sent to target participants explaining the objectives of the review Study.

2.14 To prepare participants for attending the district focus groups, the discussion guidelines were circulated to them before the meetings. In addition, supplementary and / or updated information on district profiles and characteristics, etc. were submitted by DSWOs to the Consultants beforehand.

2.15 Between 6 May 2009 and 26 May 2009, a total of 23 district focus groups were held over the territory, including 11 groups with 144 social work professionals and 12 groups with 171 community stakeholders (Annex 8c and 8d). All the focus

group meetings were audio-taped and transcribed for data analysis[12] with the consent of the participants, and strict confidentiality was assured.

Case studies

2.16   Case studies were conducted to gain an in-depth understanding of the operational dynamics of IFSCs and the effectiveness of the centres in following the service directions and guiding principles of the IFSC service mode.

2.17   In late January 2009, IFSC operators were invited to identify and nominate one or more of their centre(s) for the case study based on a number of criteria and / or parameters, such as ability to provide rich information on the implementation of the IFSC service mode, population size, district need, characteristics and complexity, priority target groups served, location and premises of the centre, staff strength, etc. A total of 22 IFSCs, i.e. 11 SWD IFSCs and 11 NGO IFSCs, were nominated for selection by the Steering Committee.   Subsequently, 11 IFSCs, including six SWD IFSCs and five NGO IFSCs with one from each of the 11 SWD districts, were selected.   A Consultant was assigned to each of the selected IFSC to conduct the case study.

2.18   The Consultants reviewed the centre reports and supplementary information submitted by the selected IFSCs, such as user statistics if available, types of services provided, operation manual of the centre, business / annual plan(s) and review / evaluation reports, as well as publicity / promotional materials for 2008.   This was followed by centre visits to observe the physical environments and facilities, and to meet with the supervisory staff to understand the centres' operation.   Observations on some programmes were conducted during the visits, if feasible.   Moreover, guided community visit was arranged by one centre to enhance the Consultant's understanding of the district's profiles and characteristics.

Case study focus groups

2.19   Case study focus groups were conducted by the Consultants with three groups of people nominated by each selected IFSC, including frontline social workers and support staff, key stakeholders and service users from FRU, FSU and FCU.

2.20   Three sets of focus group discussion guidelines were drafted by the

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[12] The focus group transcriptions were content analysed to extract key themes and suggestions in a grouped data format.

Consultant Team, and pilot-tested with the target participants in one SWD IFSC in March 2009.   Altogether eight centre staff, seven community stakeholders and eight service users attended the pilot case study focus groups conducted by the Consultants. Based on feedback and comments from the participants, the discussion guidelines were revised and finalised by the Consultant Team (Annexes 9a to 9c).

2.21   Invitation letters drafted by the Consultant Team were sent by the CICs or supervisors of the selected IFSCs to the target participants.   To prepare the participants for the focus group meetings, the CICs or supervisors were advised to share the centre reports and circulate the discussion guidelines to IFSC staff beforehand.   The discussion guidelines together with a brief note on the Study were circulated to stakeholders and service users either before or at the meetings.   All the focus group meetings were audio-taped with the consent of the participants, and strict confidentiality was assured.

2.22   Between 17 April 2009 and 21 May 2009, a total of 35 case study focus groups were held over the territory, including 11 groups with 120 social workers and support staff, 11 groups with 120 community stakeholders and 13 groups with 114 service users (Annexes 9d to 9f).

Case review

2.23   In order to examine the interfacing between various units within the same centre, the Consultants had reviewed two to three cases nominated by each selected IFSC.   To meet the selection criteria, the clients of the chosen cases should have utilised counselling services at the FCU as well as services either at the FSU and / or the FRU.   Each selected IFSC had to nominate two completed cases (one child-related case and one family case) within the period between 1 October 2008 and 31 March 2009.   SWD IFSCs had to nominate, in addition, an active statutory case.[13]

2.24   Altogether 30 cases were reviewed by the Consultants, and 28 of them were eligible.[14]   They included nine child-related cases, two child-related and family cases, 11 family cases, and six statutory cases (i.e. three wards of the Director of Social Welfare [DSW] and three care or protection [C or P] cases).   These child-related and family cases covered a broad spectrum of family problems such as child care and behavioural problems, parenting difficulties, family and couple relationship

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[13] Statutory cases include wards of the Director of Social Welfare, care or protection cases, probation cases, etc.
[14] Two chosen cases failed to meet the inclusion criteria and were subsequently replaced by the concerned centres.

difficulties; deprived families with housing and financial needs; as well as expected and unexpected crisis resulting from sudden death of family members, unwed pregnancy, divorce and single parenthood, and so forth.

2.25   To protect the privacy of service users, consent from the concerned users was obtained by the selected centres prior to the case review.   Besides, the selected IFSCs had to remove all enclosures relating to the selected cases and make copies of the case recordings including social history, closing / transfer summary, and other relevant documents in the case files, such as face sheets for the case review by the Consultants.   All personal identifiers of the clients, significant others and other personnel involved in the cases were deleted from the copies which the Consultants had to review in the centres.   In other words, no case file was removed from the centres.   Only copies of the consent forms were kept by the Consultant Team for record purpose.

2.26   After reviewing the case files, the Consultant met with the responsible workers for further discussion, particularly on the internal and external interfacing / referrals, and the overall effectiveness of the implementation of the IFSC service mode.

User survey

2.27   A user survey was conducted by Policy 21 Limited to collect the views of IFSC service users on the guiding principles of IFSC, as well as to assess their satisfaction with and perceived effectiveness of the IFSC services received.[15]

Target population

2.28   The target population of the survey covered those who had made use of the services of the selected IFSCs.   To minimise memory errors on the part of the respondents, only recent users were included in the survey.   For practical reasons, depending on the size of the clientele using the IFSCs' services and the type of services involved, a reference period of three to 12 months was chosen as the criterion in defining recent users.

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[15] The user survey in this Study was contracted out by The Consultant Team to Policy 21 Limited, which is an independent research company specialising in conducting large scale surveys.

Sampling design

2.29   In order to obtain a representative sample of service users from the selected IFSCs in a cost-effective manner, a multi-stage stratified sampling design was adopted. In the first stage, a representative sample of IFSCs was selected.   With all the IFSCs stratified into 11 SWD districts and their operating status (i.e. whether operated by SWD or NGOs), a random sample of two SWD IFSCs and one NGO IFSC in each district was selected.

2.30   In the second stage, for each selected IFSC, a stratified random sample of service users was selected from the lists of users of the FRU, FSU and FCU.   As mentioned in paragraph 2.28, only recent users were included in the sampling frame for the second stage sampling to facilitate service users in answering questions in the interviews and to minimise memory errors.   A period of three months prior to enumeration was chosen as the general reference period for the purpose of sampling selection.   However, to ensure that sufficient service users was available for sampling, for those IFSCs or service units with fewer users, a reference period of six months or 12 months was adopted.   To summarise, the lists of service users included in the survey for sample selection were as follows:

   a) Lists of completed intensive counselling cases[16] over a three-month period from October to December 2008 and records of members of completed therapeutic groups kept by FCUs during the twelve-month period from January to December 2008;
   b) For IFSCs with 13 professional workers, lists of completed intensive counselling cases over a 12-month period from January to December 2008;
   c) For SWD IFSCs, lists of active statutory cases[17] or cases requiring management of Director of Social Welfare Incorporated (DSWI) accounts being handled by the centres, as well as closed cases of the above nature over the six-month period from July to December 2008;
   d) Lists of completed brief counselling or supportive casework cases, records of members of various completed groups[18], and records of programme[19] participants kept by FSU over the three months from October to December 2008; and

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[16] Refers to case closed or transferred out to another IFSC
[17] Statutory cases included DSW ward cases, care or protection cases, probation cases, etc.
[18] These include support / educational / developmental groups and mutual-help groups
[19] These include educational / developmental programmes

e) Lists of completed enquiry records[20] and programme participants' records, if any, kept by FRU over the three months from October to December 2008, and lists of active volunteers and active membership records, if any, kept by FRU.

2.31   The following categories of service users were <u>included</u> in the sampling lists for intensive counselling cases, and brief counselling or supportive casework cases:

a) Young people aged 10 to below 18, with written consent from their parents / guardians;

b) Principal clients for family cases subject to the professional judgement of social workers; and

c) Persons with two-way entry permits and street sleepers.

2.32   On the other hand, the following categories of service users were <u>excluded</u> from the sampling lists for intensive counselling cases, and brief counselling or supportive casework cases:

a) Young people aged under 10 or aged 10 to below 18, whose parents' or guardians' contact information was not available;

b) Persons who could not be contacted for reasons such as having lost contact information after the case was closed, death, long-term hospitalisation, imprisonment and living outside Hong Kong for a sustained period of time;

c) Persons who were unable to communicate with the interviewers including people suffering from senile dementia, appointees of clients of Comprehensive Social Security Assistance (CSSA), or DSWI account cases who were mentally unfit to make statements, mentally incapacitated persons, mentally retarded persons, and those who were assessed by social workers as suffering from severe mental or emotional problems;

d) Closed cases which were re-activated by the same centres at the time of data collection; and

e) Other cases such as family carers, asylum seekers or torture claimants.

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[20] For enquiry cases, only those who were beneficiaries of IFSC services for problem solving or empowerment were included. In other words, referrers or informants were excluded. Enquiry cases that subsequently received counselling / casework service in the same centres at the time of data collection were also excluded. Besides, the same inclusion criteria and all the exclusion criteria, except for (d), were also applied to the enquiry cases (please refer to paras. 2.31 and 2.32 below).

Sample selection procedure

2.33   To facilitate sample selection, the CICs or supervisors of the selected IFSCs were requested to provide Policy 21 Limited with lists of users mentioned above showing only the record numbers of the various case, group, and programme users. Staff of the selected IFSCs were requested to identify and remove duplicates on the lists of service users of FCUs, FSUs and FRUs before submitting them to Policy 21 Limited for follow up action.

2.34   To comply with the Personal Data (Privacy) Ordinance, personal informations of the service users sampled in the survey were only passed to Policy 21 Limited after consent from the users concerned had been obtained by the selected IFSCs.   In other words, the target population of the survey covered only recent users who had given consent to allow their personal informations to be passed to Policy 21 Limited for the purpose of conducting the interviews.

2.35   Sample selection was conducted using systematic sampling.   The sampling intervals were determined on the basis of the number of samples required to be selected from each unit of the IFSCs and the number of users of the units concerned. A total of 25 users were randomly selected from each FCU, FRU and FSU of the selected IFSCs.   To allow for possibilities of not being able to obtain consent from users, over-sampling was adopted.

2.36   After sample selection, the lists containing the shortlisted record numbers were sent to the selected IFSCs for follow-up with the users concerned.   Invitation letters were sent to them by the CICs or supervisors of the selected IFSCs explaining briefly the objectives of the Study and inviting them or their parents or guardians to give consent for participation in the survey.   Upon receipt of consent, the social workers responsible would work out the interview schedules with the target respondents, including date, time and place of interviews.[21]

Pilot study

2.37   A questionnaire in Chinese was designed by the Consultant Team for face-to-face interviews with the users.   To test out the effectiveness of the draft questionnaire and the procedures for carrying out the user survey, a pilot study

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[21] In some cases in which the users had moved to other districts, the CICs or supervisors might need to make arrangements with other IFSCs convenient to the service users to conduct the interviews at those centres.

covering service users in the three units were conducted in two IFSCs, including one SWD IFSC and one NGO IFSC in February 2009. Out of a sample of 13 users, a total of 11 users were successfully enumerated. Based on the feedback from the respondents, minor changes were made to the final questionnaire, which was also translated into English (Annexes 10a and 10b). As the fieldwork arrangement adopted in the pilot study was found to be effective, similar arrangement was used in the main survey.

Enumeration results

2.38   The survey was conducted between March 2009 and October 2009. Out of a total of 1,948 sampled cases who were eligible for participation in the survey, 1,502 were successfully enumerated, representing a response rate of 77.1%. Of those, 1,007 respondents were from SWD IFSCs and 495 respondents from NGO IFSCs (Table 2.1). The response rates by district are shown in Table 2.2 below.

Table 2.1   Number of respondents enumerated by type of operator

IFSC operator	FRU	FSU	FCU	Total
SWD	356	366	285	1,007
NGO	154	174	167	495
Total	**510**	**540**	**452**	**1,502**

Table: 2.2   Response rates of user survey by district

SWD district	No. of eligible respondents	No. of respondents enumerated	Response rate
Central Western / Southern / Islands	161	111	68.9%
Eastern / Wan Chai	191	135	70.7%
Kwun Tong	173	149	86.1%
Wong Tai Sin / Sai Kung	186	142	76.3%
Kowloon City / Yau Tsim Mong	179	142	79.3%
Sham Shui Po	178	139	78.1%
Shatin	184	141	76.6%
Tai Po / North	173	130	75.1%
Yuen Long	172	135	78.5%
Tsuen Wan / Kwai Tsing	174	138	79.3%
Tuen Mun	177	140	79.1%
Total	**1,948**	**1,502**	**77.1%**

Webpage and others

2.39   A webpage for the review was set up by the Consultant Team in February 2009 to promote exchange and sharing with stakeholders including policy makers and administrators, social workers and support staff in IFSCs, service users and community stakeholders on issues relating to the implementation of the IFSC service mode.   Between February 2009 and October 2009, the Consultant Team received five webpage messages, four messages via email or telephone, and some letters.   All the views collected were consolidated and examined by the Consultant Team together with other data collected in this Study.

2.40   To facilitate communication with stakeholders, SWD had also set up a dedicated site on its Departmental Homepage to share the progress of the Review and other information, such as issues discussed in the Steering Committee and the Working Group.

Chapter 3

Implementation of the Integrated Family Service Centre Service Mode - Observations from the Centre Reports, Case Studies and District Focus Groups

Introduction

3.1   As mentioned in the previous chapter, all IFSCs were requested to submit a centre report including background information of the centre, organisation structure, and how the centre had implemented the IFSC service mode according to the service direction and guiding principles.   After examining and consolidating the centre reports, the Consultants conducted case studies with selected IFSCs through further discussion with the centre staff, service users and community stakeholders.   They also conducted district focus groups in the 11 SWD districts with professional social workers and key stakeholders to explore how the centres were implementing the service mode at the district level.   To avoid duplication in reporting, this Chapter presents the Consultant Team's observations on the implementation of the IFSC service mode in a summarised manner.   In the next Chapter, the factors facilitating and hindering the effective implementation of the service mode will be examined.

Background information of IFSCs

Service history and parameters

3.2   All the IFSCs were formed by the pooling of resources from family service centres / counselling units and family related resources.   These included Family Life Education Units (FLEUs), Family Support and Resource Centres (FSRCs), Family Support and Networking Teams (FSNTs) and Post-migration Centres.   In some agencies, resources beyond family services, such as community centres and children and youth centres of the same agency, were also involved in the re-engineering process in 2005/06.   Nearly one-third of the predecessors of the existing IFSCs had participated in the Evaluative Study of the Pilot Projects on IFSCs.

3.3   At present, there are a total of 61 IFSCs, i.e. 40 IFSCs operated by SWD and 21 operated by nine NGOs.   More NGO IFSCs are located in Hong Kong Island, Kowloon East and Kowloon West.   In comparison, there are more SWD IFSCs in New Territories East and New Territories West.

3.4   According to the IFSC service mode, each centre theoretically comprises three components, namely, FRU, FSU and FCU.   In operation, they may not be so distinctive and there are variations in how the centres organise their service units. IFSCs are providing a continuum of preventive, supportive and remedial services to individual and families.   Since the implementation of the new service mode, the traditional differences in case nature between SWD and NGO IFSCs are diminishing. Both are now providing intensive / brief counselling and supportive casework service. Besides, regular extended-hour service is provided during weekday evenings and Saturdays.   Most IFSCs (45 centres or 74%) open 14 sessions per week, while those with a smaller staff team open 13 sessions per week.

3.5   Each IFSC serves a well-defined geographical boundary, covering the 11 SWD districts of the whole territory.   It is noteworthy that within a service district, there may be areas with different needs and problems due to differences in the socio-economic status, age distribution, and other characteristics of the population. For example, there are areas with lower-class and deprived families, and others with middle-class families.   Moreover, social indicators reflect variations among the districts.   Some have more elderly population, and others are predominated by nuclear families with young couples and children.   Some districts have more severe problem of poverty, others have more incidents of family violence or drug abuse. Normally, each centre is serving a population size of around 100,000 to 150,000. Some centres are designated to serve a larger catchment area and population, for instance, SWD Tze Wan Shan IFSC is serving a population size of about 220,000 people.

3.6   In principle, IFSCs should provide services to users who are in need of IFSC services and whose places of residence fall within their respective service boundaries.   Generally speaking, there is no fundamental difference between the services provided by IFSCs of SWD or NGOs except that SWD IFSCs are obliged to take over statutory cases.   SWD IFSCs also provide back-up support to NGO IFSCs in processing housing assistance cases, including compassionate rehousing (CR) cases and alternative housing assistance cases, as well as in handling certain types of cases that are more suitably to be handled by SWD, even in the service boundary of the respective NGO IFSC (Annex 11).   As a result, 19 SWD IFSCs are designated to provide such backup assistance to 21 NGO IFSCs, including two SWD IFSCs that have to assist two NGO IFSCs in their respective districts.

Location and premises

3.7   As at 31 March 2009, nearly all the IFSCs (57 centres or 93.4%) were located in their respective service boundaries.   Similarly, 57 IFSCs or 93.4% had one centre base, and four centres had an additional base.[22]   Over 96% of the centres' bases were located in public rental housing estates (34.4%), government office buildings (18%), community centres (18%), multi-social service buildings (13.1%), and commercial or residential buildings (13.1%).   The rest were located in government property and a premises under Home Ownership Scheme.   Besides, the four additional bases were located in public rental housing estates and a community centre.

3.8   As at 31 March 2009, based on the information provided by SWD, slightly over half of the IFSCs (34 centres or 55.7%) had space provision of at least 90% as measured against the entitled floor area.   Besides, 13 IFSCs had space provision within the range from 80% to 89% and six IFSCs from 70% to 79%.   The space provision of the remaining eight IFSCs was below 70%.

Table 3.1   Space provision for IFSCs (as at March 2009)

Space provision	SWD IFSC	NGO IFSC	Total
At least 90%	27	7	34
80%-89%	5	8	13
70%-79%	3	3	6
Below 70%	5	3	8
Total	**40**	**21**	**61**

3.9   According to the centre reports, the IFSCs had moved into the existing office bases or main bases for 50.4 months on average.   Six of them had moved in quite recently, i.e. below 12 months.

Manpower allocation

3.10   Manpower based on staff establishment had increased on Registered Social Workers (RSWs) as well as supervisory posts in IFSCs between 2005/06 and 2008/09. The number of RSWs increased about 13% from 896 in March 2005 to 1,010 in

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[22] Those IFSCs with split floors or with different units located in the same building are counted as having one centre base.

2008/09, including allocation of 102 additional RSWs from new recurrent resources, 10 RSWs from internal redeployment of resources within SWD and two RSWs from internal redeployment of an NGO.   To increase clinical and supervisory support in IFSCs, the number of supervisory posts was increased about 47% from 62 in March 2005 to 91 in 2008/09.

3.11   Based on the information from the SIS submitted by individual centres, the strength of RSWs and supervisors in SWD IFSCs was 692 and 63.5 respectively as at March 2009.   Figures for NGO IFSCs were obtained from their centre reports, which included 314.5 RSWs and 31.2 supervisors.   The number of RSWs and supervisors in individual IFSC could range from 13 to 30 RSWs and one to three supervisors respectively.

Manpower deployment mode

3.12   Most of the IFSCs (54 centres or 88.5%), including all SWD IFSCs, were adopting a "mixed mode" in staff deployment.   In these centres, all professional staff was fluidly deployed purposefully to provide casework or counselling, group work, programmes and networking services in one or any combination of the three units. Seven NGO IFSCs run by three NGOs were adopting a "discrete mode".   A considerable proportion of the professional staff in these centres concentrated on the work of one unit only.

District profile and target groups served

3.13   According to the centre reports and focus groups with professional social workers, most of the IFSCs had been conducting systematic community analyses of census data and need assessment of their own service users to derive their service plans, priority target groups and strategies.   As expected, there were variations among IFSCs due to differences in district characteristics, needs and problems of families in different communities.   Overall speaking, the existing IFSCs were serving a broad range of target groups.   These included deprived families, new arrivals, single parents, victims of domestic violence or family conflicts, families with mental health problem, women or mothers, men or fathers, ethnic minorities, and so forth.   In 2008/09, the three major target groups of IFSC planned for were deprived families, new arrivals and single parents.   In other words, they were primarily serving vulnerable and needy families of lower socio-economic status in the communities.

Table 3.2　Major target groups of IFSCs planned for 2008/09

Major Target groups	SWD IFSC	NGO IFSC	Total
Deprived families	35	12	47
New arrivals	25	17	42
Single parents	26	15	41
Victims of domestic violence / family conflicts	15	4	19
Children / adults / families with mental health problem	4	4	8
Women / mothers	2	6	8
Men / fathers	3	2	5
Ethnic minorities	1	2	3
Others	9	1	10

3.14　　Some common family problems and issues handled by IFSCs included emotional problems, family relationship problems (e.g. marital relationship, cross-boundary marriage, parent-child relationship, grandparent-grandchild relationship, in-laws conflict), child care and supervision problems (e.g. grand-parenting, single parents).　Other examples were domestic violence (e.g. child abuse, battered spouse), mental illness, drug abuse, elderly problems (e.g. singleton elderly, elder abuse), poor families with great demand for various tangible services, including food, finance and housing.　In recent years, cases from the latter group had been escalating probably due to the economic downturn in Hong Kong.　Moreover, IFSCs were also working with individual or non-family cases, such as street sleepers.

3.15　　Districts' profiles, needs and problems are not static but changing over time. With the re-development of public housing estates and old residential buildings, IFSCs had been handling more cases with problems of relocation and housing needs. In the same vein, newly established public housing estates and private housing tenement buildings had resulted in various service needs.

Service direction

3.16　　According to the FSA, the aims of the IFSC service mode are to provide 'comprehensive, holistic and "one-stop" services to individuals and families of a specific locality to fulfill their multifarious needs under the direction of "child-centred, family-focused and community-based" '.　Most social workers agreed with the direction of 'child-centred, family-focused and community-based' in family services.

Traditional family service centres in Hong Kong have always been 'child-centred' and 'family-focused', whilst the 'community-based' direction emphasised by the service mode is new. Preventive and developmental programmes were considered paramount to strengthen families, prevent family problems and tragedies, and contribute to building harmonious families and a more caring society. Social workers recognised the need to collaborate with different organisations in the community to assist families to perform their social roles and functions and strengthen family units through early identification of needy individuals and families, developing social capital and organising community programmes. As noted by the Consultant Team, most IFSCs were working hard to achieve the broad direction of the IFSC service mode.

3.17   Based on practice experience over the years, some social workers felt that the service direction was too idealistic and hard to achieve, given the existing manpower resources and heavy caseload of IFSCs. In particular, some of them thought that meeting the ideals of the 'community-based' direction was difficult because it hinged on the readiness and commitment of individual social workers in adopting the community-based orientation, as well as the shared commitment, objectives and enthusiasm of community stakeholders. Social workers were also found to hold different interpretations towards the 'community-based' direction, such as "community building", "community problem-solving" or "community approach" (i.e. networking, reaching out and partnership, etc.). As expected, those social workers who endorsed 'community-based' direction and the effectiveness of community approach would be more enthusiastic to reach out to service users, as well as establish network, collaboration and partnership with community stakeholders. Some social workers seemed to be less ready to accept and adopt the community orientation and approach in service delivery.

3.18   It is noteworthy that some stakeholders and service users had misunderstood the role of IFSC in providing all-encompassing and 'one-stop' services to individuals and families at the community level. One-stop service also means IFSCs providing service information and referring clients to other more targeted services. IFSCs have never been set up to deal directly with all welfare demands. Such misunderstanding had led to very high and unrealistic expectations. The provision of 'one-stop' service by IFSCs had been misconstrued to mean 'one-stop' welfare services, social services, and even public services. As a result, IFSCs had shouldered lots of extra work that should belong to the domains of other welfare service units, social service organisations and government departments. This issue will be discussed in greater detail in the next Chapter.

Four guiding principles

Accessibility

3.19   Located mainly in public rental housing estates, community centres, government office buildings and multi-social service buildings, most IFSCs are easily accessible to the public and service users in the respective service boundaries, especially for those centres with public or social services and facilities nearby.   As many centres have been providing family services to the community for many years, they are well known to the public and stakeholders.   Besides, they are located within their service boundaries, and many are in fairly central location.   Service users can access the centres by walking or various kinds of public transportations.

3.20   Some social workers and service users in the case study focus groups felt that the existing service boundaries of some IFSCs were too wide.   Centres that were not located within their service boundaries or centrally-located might not be able to reach service users living far away in public rental housing estates, private tenement buildings, rural areas or village clusters in the New Territories and outlying islands.

3.21   With the completion of renovation and major fitting-out works, most of the IFSCs can provide a warm, comfortable, user-friendly, home-like and non-stigmatising environment to the public and service users.   Facilities and services have improved in the waiting areas and drop-in areas.   The latter include reading and audio-visual materials, newspapers, self-help resources, play corner or toy library, cyber points or computer facilities, to name a few.

3.22   With regular extended-hour service on weekday evenings and Saturdays, IFSC services were more accessible to service users for intake, counselling or casework service, groups, programmes and other services.   Through the co-ordination among IFSCs in some districts, extended-hour service would cover all weekday evenings to improve the accessibility of IFSC services to users in need. Cases would be referred back to the responsible IFSCs for follow-up on the following day.   Besides, social workers were making casework or counselling appointments flexibly with users, conducting home visits and reaching out to those in need, as required.   However, some social workers and support staff reported that the drop-in and intake numbers during extended-hour service sessions were low due to various reasons, such as poor accessibility of the centres' premises, inadequate publicity, etc. Hence, they considered that it was not cost-effective to provide the existing extended-hour service.

3.23　　Most users and community stakeholders were satisfied with the opening hours and extended-hour service of IFSCs because of improved accessibility of services, particularly for working adults.　Although some of them would wish to have more extended-hour service, they understood and accepted the manpower constraint faced by IFSCs.　Others hoped that there could be more flexibility in the extended-hour service.　For instance, social workers could station for more sessions per week on the outlying islands; evening service could be arranged by appointments and social workers could conduct more home visits in the evenings.

3.24　　Since the implementation of the IFSC service mode, IFSCs had been conducting more promotion and publicity activities, both in the centres' premises and outside venues to promote a positive image of IFSCs and publicise their services to the community.　Various means were used, such as putting up colourful signboards, posters and banners, organising "kick-off" events, road shows, mobile exhibitions or counters and different kinds of programmes to encourage the public and service users to visit the centres and use the services.　Other methods included free distribution and mailing of service pamphlets, regular newsletters or bulletins to the public, service users and community stakeholders; making use of local newspapers; as well as setting up webpages.

3.25　　At the same time, IFSC staff had been conducting different kinds of services and programmes to extend the service coverage of IFSC services.　These included home visits to public rental housing estates and private housing buildings with large population; and organising promotional activities at schools or kindergartens, clinics, offices of the Social Security Field Units (SSFUs) of SWD and Mutual Aid Committees (MACs).

Early identification

3.26　　Most of the IFSCs were able to contact and connect with service users at FRUs and FSUs for early intervention through enhanced drop-in services and facilities, organising various types of groups and programmes, as well as regular publicity and promotion works.

3.27　　During intake, social workers were using the enquiry / intake cum screening form to identify the needs of service users and stream them to appropriate units within the same centre to receive services.　Some centres were using additional assessment tools for assessing the prevalence, severity and risk factors related to various individual and family problems, such as suicide and depression, domestic violence

and marital conflict.

3.28   Various means were used by IFSCs to early identify and reach out proactively to service users.   They included the following:

   a) Checking daily news to identify "unfortunate" or "trauma" cases for follow-up action in close collaboration with the police and hospital staff, other welfare service units, estate managers of public rental housing estates or building management companies of private tenement housing.   For example, debriefing service was provided to the residents in a private tenement building after a suicidal incident committed by a resident;

   b) Organising periodic road shows, mobile exhibitions or information counters in different spots in the community as well as preventive or educational programmes to promote IFSC services; and

   c) Providing onsite services by setting up mobile counters in public rental housing estates or densely populated villages; during parents' days at schools; in clinics, Maternal and Child Health Centres (MCHCs) for mothers waiting for medical consultations; or setting up service booths at the offices of SSFUs of SWD.

3.29   Since the launching of the Family Support Programmes (FSPs) in 2006/07, social workers with the assistance of volunteers had been making outreaching efforts to identify and motivate unmotivated and vulnerable families to receive centre support service to prevent family problems from aggravating.   Besides, individuals and families were recruited and trained to be Family Support Persons to assist in conducting concern visits and outreaching activities to contact needy families.

3.30   IFSCs were also working closely with community stakeholders to facilitate the early identification and referral of cases to IFSCs through regular liaison and conducting joint programmes and projects.

Integration

3.31   In general, social workers appreciated the benefits of an integrated approach to provide centre services to users.   A continuum of services was provided by IFSCs, ranging from preventive, supportive to remedial services, to meet the multifarious needs of families in the community.   However, due to the high demand for casework or counselling services, priority was often accorded to remedial services.   For therapeutic groups and supportive groups, they were planned programmes and the

number would depend on the agreed level of output standard as stipulated in the FSAs of IFSCs.   As a result, such services were given relatively less attention.

3.32   Many social workers were attempting to promote service integration within limits so that service users could receive appropriate services available in the same centres.   For instance, service users receiving intensive, crisis or brief counselling at FCUs and FSUs would be encouraged to join groups and programmes to enhance their social functioning, family relationship and support network.   In the same vein, service users receiving brief counselling and support services at FSUs and FRUs would be encouraged to receive intensive counselling or therapeutic groups at FCUs, if necessary.   The centres were able to turn service users into volunteers with varying degrees of success.   As volunteers, service users could serve as instructors for interest classes, provide services in promotion and outreaching activities, and share their valuable experiences of how to overcome difficult life situations with others facing similar problems.   Moreover, family aide services were rendered to support service users through individual and / or group training.

3.33   It is worthy to note that case movement among the different units remained very limited for various reasons.   These included the readiness of service users to receive different services within the same centre; the availability of timely and appropriate services; social workers' workload and efforts; to name a few.   Based on practice experience, it was found that many casework or counselling service users preferred individual counselling.   Some were hesitant to join support groups with other people living in the same neighbourhood for fear of stigma and concern for privacy.   Hence, it was essential for IFSC social workers to gain their trust and change their mindset before referrals could be successful.   Besides, some complicated cases required intensive counselling over a relatively long period of time before the responsible social workers would consider recommending other services in the centre to them.   Even when some users were ready and willing, services might not be readily available, as the number and kinds of therapeutic and support groups held were limited.   According to the output statistics in 2008/09, the average number of therapeutic groups and mutual-help groups conducted by an IFSC were five groups and 6.3 groups respectively.   Consequently, service users might not be able to receive appropriate and timely group services.   In comparison, bottom-up referrals for FSU and FRU users were more convenient due to the availability of casework or counselling services throughout the year.

3.34   Evidence from the case reviews on 28 cases also revealed that interfacing between various units was still limited.   Most of the cases had been transferred from

FCU to FSU, and from FSU to FCU respectively. The services provided were mainly individual counselling or supportive casework, statutory care and supervision, parenting groups and programmes, volunteer training, family activities, as well as referrals for family aide services, housing and financial assistance and psychological assessment. It was worthy to note that the transferral process was smoother and users were receptive when the same social worker was providing services at different units. In other words, service users did not have to adjust to different social workers.

3.35 Furthermore, an increasing number of IFSCs had attempted to develop specialised services and projects targeted at people with special needs and problems in their respective service boundaries, particularly for new arrivals, single parents, CSSA recipients, and ethnic minorities. Aside from receiving casework or counselling services, these specific target groups would have their own self-help groups, mutual-help groups or social clubs, volunteer groups and even family programmes.

3.36 There were many kinds of groups and programmes focusing on the specific needs and problems of service users. These included stress management training, conflict management groups, marriage enhancement groups, groups and programmes for divorced men and single fathers, sex education and social skills training for students, parenting skills training for families and specific training for families with youth addicted to the internet or drugs, and support groups for elderly carers. The above list was by no means exhaustive.

3.37 To enhance the positive tone of IFSC programmes and to reduce stigmatisation, more IFSCs had launched projects adopting positive themes to prevent family problems or enhance family functioning. For instance, the theme of "positive language" was adopted by an NGO IFSC between 2006 and 2008 to combat domestic violence, followed by another theme, "positive psychology", to promote gratitude and hope in the family and community. A SWD IFSC selected the "health" theme to organise a Women Ambassador Programme to promote members' physical, psychological and social well-being; as well as to enhance their self-esteem, stress management skills and social network.

3.38 Aside from internal service integration, cross-service integration was noted in a number of agencies, mostly between IFSCs and elderly services or children and youth services. One IFSC had developed close collaboration with family mental health service, mediation service and clinical psychological service in the same agency to enhance casework or counselling service and extend more comprehensive services to users.

Partnership

3.39   Many IFSCs had become more active and dynamic in networking through regular liaison, including courtesy visits, meetings and sharing sessions to build and maintain network and partnership with community stakeholders.   Besides, there were more district platforms and cross-sector collaboration to address individual and family needs and problems, as well as community issues.   Successful partnership was found to be beneficial to IFSC services in facilitating early identification and referral of cases; tapping social capital including tangible and intangible resources to facilitate service development; collecting updated information on district needs and problems; and organising joint programmes and community-based projects to address urgent community issues at the district level.   Such issues included combating domestic violence, suicide prevention, crime and drug abuse prevention, promoting mental health and educating the public on the importance of stress management with Community Mental Health Intervention Project.

3.40   Some of the key community partners of IFSCs were as follows:

a) SWD IFSC back-up offices for NGO IFSCs: close liaison and collaboration to provide support and assistance for statutory cases, housing assistance cases, sharing of resources and joint work / year plans and programmes to meet users' needs;

b) Other service units of SWD, e.g. SSFUs, Medical Social Service Units (MSSUs), Probation Offices, Family and Child Protective Service Units (FCPSUs);

c) NGO IFSCs (for SWD IFSCs) and other subvented and non-subvented NGOs, e.g. FSNTs (for short-term assistance), neighbourhood centres (for volunteer support in conducting concern visits), children and youth service units (e.g. Integrated Children and Youth Services Centres [ICYSCs], school social workers and school guidance teachers in casework and running groups), elderly services (e.g. District Elderly Community Centres [DECCs], Neighbourhood Elderly Centres [NECs]), mental health services for the mentally ill, rehabilitative services for drug abusers and ex-prisoners, services for street sleepers, employment assistance, and agencies operating short-term food assistance service projects for low-income families and individuals in destitute situations;

d) District Coordinating Committees (DCCs) on various services, District Liaison Group on Family Violence and related task groups;

e) Other government departments e.g. HD, DH (clinics and MCHCs), HA

(Patient Resources Centre), police (on domestic violence and drug problems), Home Affairs Department and the Leisure and Culture Services Department;

f) District Councillors or Legislative Councillors, village representatives, and community leaders;

g) Local organisations, e.g. schools and parent-teachers associations, area committees, MACs, owners incorporations, management companies of private tenement buildings, religious organisations (for joint programmes, supply of volunteers, free services and early identification of needy families); and

h) Commercial corporations, social entrepreneurs and shop owners (for donations in cash / kind, discounts for centre members, support for service initiatives and development), etc.

3.41   Both social workers and community stakeholders welcomed the partnership and collaboration in case referrals, joint programmes and community-based projects. Many of the projects had received additional funding support from different funding sources, other government departments, and the private sector, demonstrating the ability of IFSCs to mobilise community support to provide assistance to individuals and families in need.   For example, one NGO IFSC had solicited funding from the Community Investment and Inclusion Fund in 2006 to launch a large scale project entitled "True Hero Project" to enhance the social capital and personal quality of residents in Tin Shui Wai as well as to promote family harmony and combat social isolation in the community.   Similarly, another NGO IFSC had obtained funding and volunteer support from a local bank to conduct a project for ethnic minorities to facilitate their adjustment and integration into the community.   In fact, some stakeholders in the focus groups had indicated that they would like to strengthen the collaboration with IFSCs in organising more mass programmes and projects for residents in the districts.

3.42   In summary, evidence showed that IFSCs had been projecting a positive image in the community and become more accessible to users and community stakeholders.   They were able to identify vulnerable and at-risk individuals and families at an earlier stage.   On the whole, IFSC services were more holistic and integrated, although there were still rooms for improvement particularly in providing therapeutic groups and supportive services.   Efforts to develop network and partnerships with stakeholders had varying degrees of success and some were having fruitful results in enhancing the range and quality of IFSC services for users.

Chapter 4

Factors reported by Stakeholders to be
Facilitating or Hindering the Effective Implementation of
the Integrated Family Service Centre Service Mode

Introduction

4.1   This Chapter presents a narrative description of the views of concerned stakeholders, mainly IFSC social workers, on the major factors facilitating and hindering the effective implementation of the IFSC service mode collected by the Consultants through various methodologies.   While the views expressed by stakeholders do not represent those of the Consultants, they have been duly taken into account when the Consultants formulate their own views and recommendations, which will be presented separately in Chapters 7 and 8.   The factors presented in this Chapter are in relation to how they affect the implementation of the four guiding principles of IFSC services, i.e. accessibility, early identification, integration and partnership.   Factors relating to the management of and service planning for IFSCs are also listed.

Facilitating factors

Factors facilitating the implementation of the four guiding principles

<u>Accessibility</u>

4.2   Suitable premises that were spacious and located in easily accessible locations were reported to be prerequisites for the provision of effective IFSC services, particularly for drop-in services and conducting groups and programmes.   Centres situated in central location within their respective service boundaries, close to other public and social services or facilities, within walking distance or were easily accessible by public transportations, were preferred by social workers, service users and community stakeholders.

4.3   After renovation, the premises of most of the IFSCs were more open, user-friendly and less stigmatising for service users.   This could help attract service users to drop-in and use centre services.   Some centres were particularly thoughtful to the needs of different users and the service requirements in the design of their layouts and facilities.   For instance, one NGO IFSC had partitioned its waiting area

and drop-in area in order to reduce possible interference among different kinds of users.   Another centre had adopted an open design with doors opening to the exterior, which helped to extend its space for conducting mass activities.

4.4   All IFSCs had conducted extensive publicity and outreaching activities through various means, such as road shows in public rental housing estates, playgrounds and rural areas to promote the positive image and services of IFSCs to residents and service users.

Early identification

4.5   Early identification of service users were said to have been facilitated through extensive outreaching activities and community-based programmes.   Social and educational programmes as well as tangible assistance were reported by social workers to be effective means to connect with service users.   Furthermore, family support persons and other volunteers had been rendering assistance in reaching out to needy and at-risk individuals and families through activities and programmes, such as concern visits.

4.6   As mentioned in the previous chapter, new arrivals, single parent families and deprived families receiving CSSA were among the priority target groups served by IFSCs.   Workers of SSFUs had been helping to identify and refer single parent families and other needy cases to IFSCs for services.   With a list of new arrivals provided by the International Social Service Hong Kong Branch to DSWOs of SWD, IFSCs were able to approach new arrivals and introduce IFSC services to them at an early stage.   Furthermore, most IFSCs were receiving more case referrals through close collaboration with community partnerships.

Service integration

4.7   Based on intake experience, social workers found that the enquiry / intake cum screening form could provide a standardised and objective tool for need assessment and streaming service users to receive appropriate services in different units according to their needs.   It was easy to administer and helpful in facilitating collateral communication and the formulation of service plans.

4.8   Good service planning and co-ordination were considered paramount to effective service integration.   As revealed in the centre reports, many IFSCs were planning their services systematically by collecting data on clientele profiles, district

needs and problems from the Census and Statistics Department and other available information from SWD's District Social Welfare Offices and district organisations. With the establishment of a clientele information system, two IFSC operators with three or more centres had been able to compile and analyse their data for service planning and priority setting more efficiently.   Overall, many IFSCs were providing a broad range of services to cater for the multiple needs of individuals and families.

4.9   With good communication, social workers in the different units were able to exchange relevant information of users formally and informally in order to facilitate the planning of timely and responsive services as well as to keep abreast of the performance and progress of users who were receiving different kinds of services from different social workers.   Often, one of the social workers providing intensive / brief counselling or supportive casework would serve as the "case manager" to oversee the welfare needs of users and ensure that their needs were met either within the centre or through referrals to outside organisations.

4.10   Some service users in the case study focus groups gave commendations to the integrated IFSC services in helping them with their various needs.   Whilst counselling services could enhance their self-confidence and problem-solving abilities, other services such as educational and developmental programmes could enhance their knowledge and skills to deal with life challenges.   They hoped that preventive and supportive programmes could be held more frequently.

Partnership

4.11   Collaborative partnership with key stakeholders was reported to be pivotal to the effective implementation of the IFSC service mode in order to address the multi-faceted needs of families in the districts.   IFSCs had been actively developing and maintaining collaboration and partnership with community partners to facilitate early identification of needy and at-risk individuals and families for case referrals; organising joint programmes and / or projects to promote mutual care and community support; as well as responding to community issues.   Some IFSCs had established successful cross-service and cross-sector collaboration with multiple partners on a broad range of family issues, such as health, family violence and suicide prevention. For instance, one NGO IFSC had successfully launched a community-based project to combat family violence in the district through extensive reaching out efforts and conducting joint programmes in close partnership with other welfare service units of the same agency and other local organisations.   These organisations included school social work and community development service teams, a local organisation

specialising in domestic violence, MACs and a District Councillor.

4.12   On top of the services provided by FRU, FSU and FCU, some IFSCs were also involved in large-scale community-based projects to address problems of social dislocations due to housing re-development, new settlement or disconnection of social services, to meet the multifarious welfare needs of individuals and families.   For example, a tripartite collaborative partnership was formed by a SWD IFSC, a NGO DECC and a volunteer team of a large developer to provide timely and useful assistance to elders facing relocation.   Another SWD IFSC had formed a cross-service and cross-sector platform comprising 15 local organisations to promote a caring community and facilitate identification of potential clients for early intervention during a housing redevelopment exercise.

4.13   In order to develop and maintain good collaborative partnership, good communication, shared purposes and mutual commitment between IFSCs and community stakeholders concerned were found to be essential.   For instance, some IFSCs shared that they had such good communication, negotiation and cooperation with their strategic partners that they could share their resources and expertise in reaching their common goals and objectives.   Correspondingly, most of the community stakeholders in the case study and district focus groups were fully aware of the service aims and scope of IFSCs as well as their constraints.   They had positive experience in working with IFSCs both in case referrals and joint programmes and projects.

Management

4.14   Good management and governance structure, including evidence-based service planning as mentioned under service integration above; and manpower deployment, team work, staff quality as well as staff development and knowledge management; were reported to be vital to the effective implementation of the IFSC service mode.   They maintained staff morale and ensured the stability of the staff team.   Many administrators of IFSCs had purposefully adopted various change management strategies to prepare for the new service mode, help prepare staff for the changes in work approaches, as well as actively work out coping strategies to meet with the new challenges and problems.

Manpower deployment mode

4.15   Most IFSCs were adopting a more flexible manpower deployment mode.

In those centres adopting a mixed mode, social workers were normally deployed to work in two service units, which was said to be effective in strengthening integration and collaboration among social workers. In centres adopting a discrete mode, social workers found that it could encourage staff to concentrate on specific services or intervention methods, and hence facilitate the development of specialisation and expertise.

Teamwork

4.16   Social workers sometimes worked in team in conducting groups, or in pairs in handling marital cases, especially when domestic violence might be involved. Aside from regular staff teams, many IFSCs had set up special working groups, service teams and project teams. Such groups and teams helped to enhance staff communication and mutual support in reaching out to urgent cases or situations, working with specific target groups, developing specialised intervention methods, as well as developing and sustaining long-term networks and collaborative partnership. Moreover, some IFSCs had set up work improvement teams or customer liaison groups to collect comments from service users to help review the centres' services and performance, as well as to identify areas for continuous service improvements.

Management support

4.17   Overall speaking, many IFSCs had reported having strong support from their administration in service delivery, such as facilitating the collaboration with other service units of the agency (e.g. ICYSCs, DECCs, FCPSUs), and providing additional manpower including administrative support, clinical and supervisory support, RSWs as well as programme workers. In particular, there was consensus that District Social Welfare Offices had been playing a significant role in promoting IFSC services to community stakeholders and residents in the districts, establishing networks and liaisons to promote collaborative partnership. The Offices had also been very helpful in developing efficient referral mechanisms, identifying and linking local resources to IFSCs, organising sharing sessions or forums with DCCFCWs and other district organisations as well as staff training programmes to enhance the knowledge and skills of IFSC staff.

Staff quality

4.18   A team of professional, devoted and competent staff was considered by social workers to be a key factor for the successful implementation of the IFSC

service mode.   Despite the many challenges, social workers had been making their best efforts in implementing the IFSC service mode to provide a range of services to individual and families in need in the community.   In response to the demand for multi-level intervention, social workers had been equipping themselves with new competencies, ranging from counselling and group work skills to community outreaching, networking and partnership skills.   As a result, many IFSC staff had become more dynamic and competent in different intervention methods to provide quality service to users.   Similarly, support staff were considered to be indispensable in IFSCs.   With their support and assistance in preparation for groups and programmes and other logistic work, social workers could devote more time for professional tasks.

Staff development and knowledge management

4.19   To develop and enhance the competency of IFSC staff at the operational level, various programmes were organised by IFSC service operators, DSWOs as well as the Staff Development and Training Section of SWD. These included regular induction courses for staff newly recruited or posted to IFSCs, training courses, workshops, case conferences, consultation sessions with senior social workers or clinical psychologists, and sharing sessions on good practices.   For example, one NGO IFSC operator had developed various kinds of protocols on how to handle different kinds of cases, such as applications for housing assistance, financial aid and CSSA, family violence and new arrivals.   In particular, an elaborate programme with multiple strategies, e.g. mentor system and peer sharing, was developed for new recruits to facilitate knowledge transfer and adjustment in their respective IFSCs.   In addition, training courses were also available for support staff (e.g. family aide workers and general registry staff) of SWD IFSCs to develop their knowledge and skills in working with specific service users and equip them with techniques in handling work place violence.   Stress management and life refresher courses were also conducted.

4.20   Other facilitating factors included adequacy in manpower resources for service delivery, and the availability of experienced volunteers with diverse expertise. Volunteers were important social capital for IFSC services.   They included people from different age groups and characteristics, such as young people, women, and so forth.   The involvement of professionals and corporate volunteers was on an increasing trend, which helped enhance the quality of service and mutual care in the community.   Some IFSCs had also been quite successful in encouraging and nurturing service users to become volunteers in FRUs and FSUs.

Hindering factors

4.21   As expected, many of the factors hindering the effective implementation of IFSC service mode would be the absence of or opposites of the facilitating factors mentioned above.

Factors hindering the implementation of the four guiding principles

Accessibility

4.22   IFSC social workers thought that factors hindering service accessibility included:

a) Unsuitable location of some centres which were not located within their service boundaries or centrally-located; or were difficult to find due to insufficient direction signs or hard to access by walking and public transportations; or were located in premises not so accessible for services;

b) Premises with inadequate space provisions for centre services, particularly for drop-in and supportive services;

c) The need to operate additional bases which created extra demand on manpower and brought about additional management problems; and

d) Undesirable design, decorations and facilities in some centres, such as poor lighting; or formal office layout that was unattractive and not user-friendly.

4.23   Although additional manpower had been allocated to IFSCs throughout the years, some IFSC social workers claimed that the need to provide extended-hour service had thinned out the manpower in normal office hours; and affected the completion of tasks that could more efficiently be done within normal office hours (e.g. collaboration with other government services).

4.24   Other factors mentioned by IFSC social workers included the practice of providing IFSC services based on the residence of service users; the restrictions imposed by some management offices / companies on promotion of social services and / or conducting programmes in public and private housing estates as well as shopping malls; and users' concern about possible stigmatisation of seeking help from IFSCs.   Besides, some service users wished that IFSCs could exercise greater flexibility in allowing working adults who required assistance in dealing with their

personal problems to receive centre services close to their work place instead of their residence.

Early identification

4.25   Social workers claimed that it was difficult to reach targets living in public rental housing estates and private tenement buildings to promote / publicise centre services because of restrictions imposed by management offices / companies.   In particular, middle-class families were more hesitant to seek help from IFSCs.   As a result, they had to adopt more active and tailor-made strategies to reach target users.

4.26   Understandably, outreaching attempts to connect and contact needy individuals and families, such as the inactive elderly, hidden families and unmotivated clients, were labour intensive.   Some IFSC social workers indicated that as they already had a heavy workload, they had reservations over conducting extensive reaching out activities that would generate new service demand from new users and additional workload.   For similar reasons, they were also hesitant to build more networks and collaborative partnership with community partners that would generate expectations for more collaboration in case referrals and joint programmes.

4.27   Despite the diminishing stigmatisation of receiving services from IFSCs, some community stakeholders and service users indicated that seeking help from the centres still incurred stigma.   This was particularly the case when groups and programmes were offered to specific target groups who had priority to access such services over other families in general.

Integration

4.28   Often, IFSC services were provided by different social workers with different expertise and duties.   It was reported that service users' strong attachment to social workers would affect the internal and external transfers of users for different services.   Some users were reluctant to be transferred from one social worker to another, especially for counselling and support services, because transferral meant they would have to build up another working relationship with the new social worker and also repeat their case history.   Furthermore, some social workers thought that it was not easy to turn users into volunteers.   They had to spend much time and efforts to encourage, nurture and train selected targets to empower them before they could render useful services to other people in need.

4.29   Many IFSC social workers reported that there were rooms for improvement in the procedures on working with external organisations in helping clients, including other welfare service units of SWD, such as FCPSU and MSSU, other welfare service units of NGOs, particularly ICYSCs, school social workers and DECCs, and other government departments.   Due to the broad service aims and scope of IFSCs, some of the above-mentioned organisations had referred their clients to IFSCs for family counselling or casework services, even though they were equally competent or sometimes in a better position to provide such services.   Sometimes, there would be service overlap leading to competition between IFSCs and related service units in recruiting programme participants.   In working with battered spouse cases, NGO IFSCs had raised concern that different criteria were applied to SWD and NGO IFSCs for referring such cases to FCPSUs due to historical reasons of manpower deployment within SWD for IFSCs and FCPSUs.

4.30   Many IFSC social workers thought that the expectations of community stakeholders were high and unrealistic.   They believed that they were often perceived to be able to solve all kinds of individual, family and community problems.   They quoted various examples, as described below.   Some users who could not meet the eligibility criteria for CSSA or public rental housing would urge and even exert pressure on social workers through community leaders or District Councillors to grant their requests based on "social grounds".   IFSC social workers were expected to be experts in handling and preventing complicated family problems.   When any family tragedy or crisis occurred in the community, they were held responsible for such untoward incidents by the mass media and the public.   The pressure exerted on them was immense.   Some community stakeholders might not be totally clear about the aims and objectives of IFSC services and they requested IFSCs to provide services that might be outside the scope of IFSCs.   Examples of such included participating in inter-departmental clearance operations on clearing street sleepers; assisting in evictions of occupants from public rental housing units; and clearance of "rubbish" house which had caused nuisances to neighbours.   Social workers thought that such requests were outside the service scope of IFSCs.   They had generated additional workload for IFSC staff in terms of having to explain and clarify their services to concerned departments.

4.31   Building and maintaining networks and partnership could be time-consuming and labour intensive.   Change of personnel would also affect previous collaborative relationships.   As a result, IFSC social workers had to repeat the cycle

of building new networks and partnerships, clarifying the aims and service scope of IFSCs, as well as working out the rules for cooperation with new partners.

4.32   Handling housing assistance cases was found to be the most prominent concern of all IFSCs, partly because of the heavy workload it incurred, and partly because of other problems it had generated.   Examples of such problems were grievance from users, pressure from DCs and district leaders, and concerns on probable abuse of services by some parties not understanding the nature of IFSC service.   Many IFSCs reported that the number of housing assistance cases they handled accounted for 20% to 30% of their total caseload.   In general, housing assistance cases came from three main sources, including CR and alternative housing assistance cases referred by HD for social workers' assessment and recommendations; self-referral by users for housing information and / or assistance; and referrals by community stakeholders.   At present, all CR applications to HD processed by IFSCs have to be recommended by DSWOs.   Applications for alternative housing assistance handled by NGO IFSCs, on the other hand, had to be routed through SWD back-up offices.   Some social workers of NGO IFSCs were of the opinion that the additional time required to make submission through SWD back-up offices might invite complaints from service users.   Some social workers of SWD IFSCs also felt that such an arrangement was redundant and unnecessary because NGO IFSCs should be equally competent in conducting social assessment and make recommendations directly to HD.   In addition, social workers claimed that different DSWOs and SWD back-up centres as well as HD units sometimes seemed to be adopting different principles in assessing applications for housing assistance and there was a need to work out clear and objective criteria to facilitate consistent assessment.

Service planning

Aims and scope of IFSC

4.33   Due to the broad service aims, scope and direction of IFSCs to provide 'one-stop' and integrated services to strengthen families in the community, many IFSCs claimed that they had difficulties explaining their service aims, objectives and focus to service users and community stakeholders, and to manage their expectations on IFSC services.   In particular, they thought that the pledge to provide 'one-stop' services was considered to be "illusive" and misleading.   Some community stakeholders unrealistically expected IFSCs to solve and not just handle all the "social" problems in the district and to fill all the service gaps.   Many social workers pointed out that IFSCs had neither the authority nor the necessary resources to provide

'one-stop' services to satisfy all users. IFSCs had to leverage on other social services and community resources to meet the needs and advance the development of families in the community.

Service boundary

4.34   IFSCs are expected to serve a population of around 100,000 to 150,000 with different socio-economic characteristics, needs and problems in their respective service boundaries. Some IFSC social workers, especially those service communities with scattered population clusters, considered that the existing service boundaries were too wide to provide services effectively to individuals and families from different locations and with different backgrounds and needs. Extreme cases included IFSCs serving scattered populations in outlying islands or rural areas; and those serving highly mobile families.

4.35   Besides, some social workers reported that IFSC services were also being affected by town planning and housing redevelopment issues. An example would be the relocation of residents (e.g. clearance in So Uk Estate and relocation to Un Chau Estate; redevelopment of Shek Kip Mei Estate with the need to provide relocation assistance to the elderly). Another example was the influx of population with large proportion of deprived families with weak social support into new public rental housing estates and private tenement buildings with inadequate community facilities and resources (e.g. Ching Ho Estate). A third example was the increase in some districts of elderly homes, the residents of which had many welfare needs.

4.36   Some IFSC social workers were of the opinion that certain aspects of the guidelines on service boundary posed issues in articulating the 'child-centred' and 'community-based' service directions of IFSCs. For instance, for children whose parents were imprisoned, the provision of IFSC services was based on the location of prisons rather than the residence of children. Hence, social workers of the responsible IFSCs would have to "cross-district" to pay visits to the children. Since the IFSCs were located in another district, they would not be in an advantageous position to identify and mobilise community resources to cater for the children's welfare.

High workload and caseload

4.37   Overall, social workers thought that the workload of IFSCs was getting much heavier and and the nature of work more demanding. They saw a continuous

upsurge in the demand for IFSC services by needy and at-risk families for counselling or casework services relating to housing and financial assistance applications in the past few years. Social workers attributed the upsurge partly to increased publicity and reaching out efforts of IFSC social workers, and partly to the financial crisis and economic downturn in 2008. The requirements stipulated in the FSA were also related to this issue and this would be covered later in Chapter 6. At the same time, social workers reported that cases handled by IFSCs had become more complicated, often involving multiple needs and problems that required long-term counselling or casework services. Examples of such included ethnic minorities, discharged prisoners, drug addicts, elders living in private aged homes, and cross-boundary families. They thought that there was a tendency for service priority of IFSCs to be accorded to crisis management, remedial counselling or casework services, and relatively less attention was devoted to supportive and other services. Even for casework services, the depth and breadth of intervention sometimes had to be reduced because of time constraints.

Manpower issue

4.38   With the increase in workload and the complexity of cases handled by IFSCs, many social workers claimed that manpower provision should be strengthened, including administrative / supervisory and clinical support; RSWs for providing different kinds of services and doing outreaching and networking events; as well as support staff in rendering assistance in centre-based and outreaching activities. They thought that the manpower problem was also aggravated by the turnover of both professional and support staff.

4.39   Staff turnover had negative effect on staff morale and service quality. Some NGO IFSCs had suffered from high staff turnover in the past years and lost many experienced social workers. As for SWD IFSCs, the implementation of volunteer retirement scheme for Social Work Assistant grade staff also resulted in much staff turnover. As expected, new recruits usually had limited knowledge and experience in IFSC services. They required more coaching and supervision from seniors and peers. It was not easy to maintain service quality as well as to accumulate and transfer practice experience to new recruits, particularly for NGO operators with single centres.

4.40   Other hindering factors affecting the implementation of the IFSC service mode included the mindset of some social workers who were less ready to shift from providing counselling or casework services to a continuum of preventive, supportive

and remedial services.   Besides, some NGO IFSCs had indicated that the need to apply for funding for offering free or low cost programmes to deprived families had created extra workload for their staff.

Chapter 5
User Survey

Introduction

5.1   In the user survey, the respondents were asked to give their views on the level of satisfaction with the services they had used and the effectiveness of such services.   In addition, information about the respondents, including their service utilisation history and their socio-economic background, was also gathered in the survey.   The detailed results of the survey obtained from the 1,502 respondents are presented in Annex 12.   In this Chapter, the major findings of the survey will be summarised and highlighted.

5.2   In the analysis of the user survey, data are analysed where applicable by the types of services used (i.e. from FRU, FSU and FCU), and the types of IFSCs (i.e. SWD and NGOs).

5.3   In reading the comparison among the views of users sampled from the FRU, FSU and FCU, it should be noted that the users might be using services from any or all of the three units and their views were not necessarily focused on the FRU, FSU or FCU where they were sampled from.

Profile of service users

5.4   Most (82.1%) of the service users were female.   The modal age-group of users was between 35 and 44, constituting one-third (32.3%).   The majority of the users were secondary educated (59.7%), married (60.4%) with one to two children (63.0%) and living in public rental housing (59.1%).   About half of the users were home-makers (49.5%) with major source of household income from family members / relatives (48.6%).

5.5   Service users sampled from the FCU as compared to those from FRU were relatively younger, less likely to be married, having no children, and more likely to be secondary or above educated, working, and having their own income from work as main source of household income.

5.6   Service users from SWD as compared to those from NGOs were relatively older, more likely to be retired, having no or only primary education, and with income from family members or relatives as main source of household income.

Table 5.1 Demographic profile of service users[23]

	Total sample	By types of unit			By types of IFSC	
		FRU	**FSU**	**FCU**	**NGO**	**SWD**
Gender						
Male	17.9%	15.4%	18.6%	26.3%	15.2%	19.2%
Female	**82.1%**	84.6%	81.4%	73.7%	84.8%	80.8%
Age groups						
10-14	5.0%	4.8%	4.7%	**6.2%**	3.7%	5.6%
15-24	4.1%	3.1%	1.6%	**11.5%**	3.7%	4.3%
25-34	10.0%	10.2%	8.3%	12.0%	13.8%	8.2%
35-44	**32.3%**	29.8%	38.5%	33.3%	37.5%	29.7%
45-54	24.3%	25.4%	24.7%	19.5%	23.7%	24.6%
55-64	13.0%	14.2%	12.2%	9.2%	12.9%	13.0%
65+	11.2%	12.5%	9.7%	8.2%	4.8%	**14.4%**
Marital status						
Married	**60.4%**	61.3%	68.7%	**45.5%**	62.2%	59.6%
Divorced / Separated	16.1%	14.5%	15.5%	23.1%	18.4%	14.9%
Widowed	7.9%	9.5%	5.4%	5.1%	4.2%	9.7%
Never Married	14.1%	12.8%	9.7%	25.8%	13.8%	14.3%
Number of children						
0	14.3%	12.7%	11.1%	**24.9%**	14.7%	14.1%
1	**26.0%**	25.2%	28.4%	25.6%	26.7%	25.6%
2	**37.0%**	36.8%	39.3%	34.6%	40.0%	35.5%
3 or more	22.7%	25.3%	21.2%	14.9%	18.6%	24.8%
Educational attainment						
No Schooling	4.0%	3.4%	5.2%	4.2%	1.0%	**5.5%**
Primary	29.8%	31.5%	29.6%	23.3%	24.8%	**32.3%**
Secondary	**59.7%**	58.9%	57.5%	**65.8%**	66.2%	56.3%
Post-secondary or above	5.9%	5.5%	7.0%	**6.2%**	7.6%	5.1%
Economic activity status						
Full time worker	14.4%	13.7%	12.4%	**20.1%**	18.8%	12.2%
Part time worker	9.9%	9.7%	10.1%	10.2%	11.2%	9.2%
Not at work	3.8%	3.1%	3.8%	6.5%	5.1%	3.2%
Home-maker	**49.5%**	51.5%	53.6%	36.3%	50.1%	49.3%
Students	8.7%	7.5%	6.2%	17.1%	7.2%	9.5%
Retirees	13.6%	14.5%	13.9%	9.8%	7.6%	**16.7%**
Main source of household income						
Own income from work	13.7%	13.2%	11.1%	**19.4%**	20.2%	10.4%
Family members / relatives	**48.6%**	50.3%	52.3%	36.8%	42.2%	**51.8%**
CSSA	31.2%	30.2%	30.4%	36.4%	31.3%	31.1%
Others	6.5%	6.3%	6.2%	7.4%	6.3%	6.7%
Type of housing						
Public rental housing	**59.1%**	62.3%	54.8%	53.1%	61.5%	57.9%
Subsidised public housing	8.0%	8.0%	10.4%	5.0%	9.0%	7.5%
Private rental housing	13.1%	9.9%	15.8%	21.4%	9.4%	15.0%
Private housing	16.4%	16.4%	16.4%	16.2%	15.2%	16.9%
Others	3.4%	3.4%	2.6%	4.3%	4.8%	2.6%

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[23] Due to the omission of a small percentage of refusals in the above table, many of the columns do not add to a total of 100%.

Service utilisation history

5.7   While about 24% of the service users began to use the IFSC services in the past year, many (39.5%) had been using the IFSC services for three or more years.   It was more likely for users sampled from FRU to have a longer history of using the IFSC services.

Table 5.2 Service utilisation history[24]

	Total sample	By types of unit			By types of IFSC	
		FRU	FSU	FCU	NGO	SWD
Time began using services of "this" IFSC						
In the past year	**23.5%**	22.4%	25.1%	25.4%	26.8%	21.8%
1 year before to below 2 years	18.8%	16.1%	23.3%	22.7%	21.0%	17.6%
2 years to below 3 years	17.6%	18.4%	16.3%	16.3%	16.9%	18.0%
3 or more years	**39.5%**	42.6%	35.4%	33.2%	35.2%	41.7%
First type of service used in "this" IFSC						
Enquiry / seek advice / inf.	7.7%	8.4%	6.8%	6.3%	10.7%	6.2%
Read information in IFSC	3.1%	4.2%	1.5%	0.8%	4.3%	2.4%
Use IFSC resources / facilities	4.0%	4.6%	3.6%	2.4%	3.2%	4.5%
Attend group	19.0%	19.1%	24.7%	10.4%	18.1%	19.4%
Attend programme	19.3%	22.1%	21.3%	5.8%	14.0%	22.0%
Seek casework / counselling	**38.0%**	30.5%	34.1%	**72.5%**	42.8%	35.6%
Join volunteer programme	8.1%	10.5%	7.0%	0.5%	5.5%	9.4%
Used services of other IFSCs						
Yes	41.8%	**45.4%**	37.7%	33.8%	33.0%	46.3%
No	58.2%	54.6%	62.3%	66.2%	**67.0%**	53.7%

5.8   While the modal type of service that users first used in the IFSC was casework and counselling (38.0%), note that about 72.5% of the respondents sampled from FCU sought casework / counselling services when they first used the services of IFSC.   This also means that the other 27.5% of the users of FCU first came to IFSCs for services other than counselling, and that the broadening of the scope of services for IFSCs over and above those of the previous family services centres had broadened the base of counselling cases by 38%.[25]

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[24] Due to the omission of a small percentage of refusals in the above table, many of the columns do not
     add to a total of 100%.
[25] 27.5%/72.5% = 37.9%

5.9   On the other hand, 30.5% of the users of FRU and 34.1%[26] of the users of FSU had sought counselling service in their first encounter with the IFSC.   These figures imply that the integration of support, resource and counselling services in IFSCs had indeed provided broader services to the users who came to seek help in the first place for counselling.

5.10   It is also noted that it was more likely for users of FRU and for those using SWD services to use services of other IFSCs than those of FCU.

Channels of contacting IFSC services

Table 5.3 Channels of contacting IFSCs[27]

	Total sample	By types of unit			By types of IFSC	
		FRU	FSU	FCU	NGO	SWD
Channels of obtaining IFSC services[28]						
By oneself	17.4%	18.3%	15.8%	16.5%	20.3%	16.0%
Friends or relatives	29.1%	31.7%	28.5%	19.8%	20.6%	33.4%
Neighbours	4.7%	4.9%	6.0%	8.0%	5.4%	4.3%
IFSC outdoor promotion activities	6.6%	7.2%	6.9%	3.7%	8.4%	5.6%
Websites	1.5%	2.1%	0.2%	1.2%	2.9%	0.8%
Contact by staff or volunteers	4.2%	4.0%	4.5%	4.2%	2.3%	5.1%
IFSC publications, posters or banner	5.4%	5.7%	7.2%	1.9%	9.2%	3.5%
Referral	35.1%	30.6%	33.1%	55.2%	35.3%	34.9%
Others	0.3%	0%	1.3%	0.3%	0.2%	0.4%
Source of referrals						
SWD FCPSU	12.5%	10.0%	12.7%	17.7%	13.6%	12.0%
Other IFSC	26.5%	29.6%	23.2%	22.6%	15.1%	32.3%
SWD SSFU	12.0%	11.2%	13.2%	12.7%	14.8%	10.5%
Other social service units	9.2%	12.7%	5.9%	4.7%	7.4%	10.2%
Hospital / clinic	8.6%	8.9%	6.8%	9.5%	8.4%	8.7%
School	9.4%	9.6%	14.0%	4.8%	14.1%	6.9%
Other government dept	10.9%	7.6%	7.7%	20.6%	14.6%	9.0%
Councillors	3.2%	2.6%	4.6%	3.1%	3.5%	3.0%
District Organisations	1.9%	1.8%	2.6%	1.5%	3.3%	1.2%
Others	4.5%	4.2%	8.1%	2.0%	5.1%	4.2%

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[26] Note that brief counselling was also regarded as the services of the FSU and, therefore, the counselling service received by these 34.1% of FSU service users could be either brief counselling or intensive counselling, or even both.

[27] Due to the omission of a small percentage of refusals in the above table, many of the columns do not add to a total of 100%.

[28] The figures may add up to more than 100% as the users were allowed to choose more than one item.

5.11   The modal way of users coming into contact with IFSC service was referrals by other people / organisations (35.1%).   This is particularly prominent among users of FCU (55.2%).

5.12   There were multiple sources of referrals, including other IFSCs (26.5%), SWD FCPSU (12.5%), and SWD SSFU (12.0%).   It is also noted that more service users of SWD (32.3%) were referred by other IFSCs than those of NGOs (15.1%). This is partly due to the fact that some of the cases can only be handled by SWD. (See Annex 11 for more details).

5.13   For those who had received casework / counselling service from social workers and did not seek casework / counselling services at the first time when they came to the Centre to receive services, 46.0% eventually actively sought help for casework / counselling services from social workers on their own and 29.7% were recommended by social workers to receive counselling service.   This is another piece of evidence showing that the integration model of IFSCs has effectively allowed service users who might not seek help in the first instance, to subsequently seek help from social workers on their own or be identified by social workers as needing counselling services, after their initial encounter with and participation in FRU or FSU activities. (For details, please refer to Figure XII.61 of Annex 12).

Satisfaction with location, opening hours, environment and facilities

5.14   The general level of satisfaction towards location, opening hours and environment was very high (i.e. > 80%).   The percentage of satisfaction towards facilities was relatively lower (70.4%).

Table 5.4 Percentages satisfied with location, opening hours, environment and facilities

	Total sample
Location	86.7%
Opening hours	84.6%
Environment	86.7%
Facilities	70.4%

5.15   Users' satisfaction level towards various services of IFSC was in general very high, mostly over 90%.   Satisfaction towards one-off education / development programmes was the highest (96.0%), while satisfaction towards casework / counselling service was relatively lower (87.1%).

Table 5.5 Percentages satisfied with various aspects / types of IFSC services

	Total sample	By types of unit			By types of IFSC	
		FRU	**FSU**	**FCU**	**NGO**	**SWD**
Advice / information / enquiry	90.0%	89.3%	91.5%	89.7%	89.5%	90.2%
Reference material available	90.9%	90.1%	92.1%	93.0%	89.3%	91.7%
Resource / facilities available	91.5%	90.9%	93.5%	89.9%	**86.9%**	**93.1%**
Group work services	93.3%	92.6%	95.1%	93.4%	**98.5%**	**90.7%**
One-off education / development programme	**96.0%**	96.9%	95.4%	93.0%	96.5%	95.9%
Casework / counselling service	**87.1%**	88.0%	84.2%	87.6%	86.8%	87.4%
Volunteer service / programmes / training	92.6%	92.1%	94.5%	92.2%	92.5%	92.7%
Overall services of IFSC	88.3%	88.7%	90.6%	83.3%	86.8%	89.0%

5.16   While for most of the items the level of satisfaction towards SWD IFSCs and NGO IFSCs was quite similar, the level of satisfaction towards resource and facilities in SWD IFSCs (93.1%) was slightly higher than that towards NGO IFSCs (86.9%), whereas, the level of satisfaction towards NGO IFSCs (98.5%) in terms of group work service (including therapeutic, support, educational, developmental, mutual help groups) was slightly higher than that towards SWD IFSCs (90.7%).

Perceived effectiveness of IFSC services

Users of casework / counselling, therapeutic group or support group services

5.17   For those who had received casework / counselling, therapeutic group or support group services, the great majority considered that the services were able or totally able to enhance their self-confidence (80.4%), understanding of oneself, family or family members (77.1%), knowledge of and methods in solving daily life problems (80.4%), problem solving skills (75.6%) and knowledge of community resources (77.4%).

Table 5.6 Percentage of users who perceived the respective service as able or totally able to achieve the specific objectives

	Total sample	By types of unit			By types of IFSC	
		FRU	**FSU**	**FCU**	**NGO**	**SWD**
Users of casework / counselling, therapeutic group or support group services						
Enhancing self-confidence	80.4%	81.6%	**83.6%**	75.2%	**85.9%**	**77.5%**
Enhancing understanding of oneself, family or family members	77.1%	75.9%	**83.8%**	73.1%	79.0%	76.2%
Enhancing knowledge of and methods in solving daily life problems	80.4%	77.4%	**81.6%**	71.2%	80.9%	75.2%
Enhancing problem solving skills	75.6%	74.6%	**80.8%**	72.6%	76.4%	75.1%
Enhancing knowledge of community resources	77.4%	77.4%	**81.4%**	72.8%	75.4%	78.5%
Users of therapeutic group or support group services only						
Getting to know more friends	82.4%	85.5%	**86.4%**	60.1%	85.3%	80.8%
Getting to know more friends who can help when in need	69.3%	72.1%	**70.8%**	53.6%	71.0%	68.4%
Users of casework/counselling service only						
Solving one's, family's, family members' problem	71.0%	70.2%	**76.0%**	68.4%	71.4%	70.6%
Relieving one's, family's, family members' emotional distress	76.7%	74.8%	**81.4%**	76.3%	78.9%	75.2%

5.18   In general, users sampled from FSU were more positive towards the effectiveness of the IFSCs in the above aspects as compared to those sampled from FCU.

5.19   The users' perceived effectiveness of the services provided by NGO and that by SWD was basically very similar, except for the item relating to "enhancing self confidence", where users of NGO IFSCs were slightly more positive than those of SWD IFSCs (85.9% versus 77.5%).

Users of therapeutic group or support group services

5.20   For the users of therapeutic group or support group services, most (82.4%) of them considered that the services were able or totally able to help them get to know more friends, and the majority (69.3%) of them considered that the services were able or totally able to help them get to know more friends who could help when in need.

5.21   In general, users sampled from FSU and FRU were more positive towards the effectiveness of the IFSCs in the above aspects as compared to those sampled from FCU.

5.22   The users' perceived effectiveness of the services provided by NGO and that by SWD with respect to the above aspects was basically very similar.

Users of casework / counselling services

5.23   For service users who received casework / counselling services, the majority of them considered that the centre's services were able or totally able to help them manage or solve their, their families' or their family member's problems (71.0%), and to help them relieve one's, one's family's and one's family members' emotional distress (76.7%).

5.24   Users sampled from FSU were slightly more positive than those sampled from FCU (76.0% versus 68.4%) with respect to the item "helping them manage or solve their, their families' or their family member's problems".

5.25   The perceived effectiveness in the above aspects was similar between the users of NGO IFSCs and SWD IFSCs.

Summary remarks on the user survey

5.26   While it was still slightly more likely for a service user to come into contact with the IFSCs via the counselling service that they offered, this only accounted for about 38% of the first time service users.   Other services offered by the IFSCs including groups, programmes, volunteer work or other centre resources had apparently attracted many more service users.   This has clearly demonstrated that the service network of IFSCs has been broadened as compared to their predecessors, family services centres.

5.27   Similarly, the fact that 30.5% of the users of FRU and 34.1% of the users of FSU had sought counselling service in their first encounter with the IFSC implies that the integration of support, resource and counselling services in IFSCs had indeed provided broader services to the users who came to seek counselling in the first place.

5.28   The other evidence relating to the effect of integration is that among the users sampled from the FCU, 27.5% came to the IFSC for services other than

counselling. Among them, 46.0% eventually actively sought help for casework / counselling services from social workers on their own and another 29.7% were recommended by social workers to receive counselling service. (For details, please refer to Figure XII.61 of Annex 12).

5.29   While over 90% of the users were either satisfied or very satisfied with the various aspects of the IFSC services, the perceived effectiveness was in general also very high, ranging from 69.3% to 82.4%.

5.30   While the level of users' satisfaction towards services provided by NGOs and SWD were very similar in many aspects, the level of satisfaction towards group work service was higher for NGOs, whereas the level of satisfaction towards resources and facilities available was higher for SWD.

5.31   In the above analysis, it is also noted that the percentages of users sampled from the FSU who perceived the various aspects of services of IFSC as effective were consistently higher than those of users sampled from the FCU.   This is another piece of evidence that the integrated model with additional emphasis on family support services has contributed to the effectiveness of family services centres.

Chapter 6

Basic Findings relating to the Funding and Service Agreement

Introduction

6.1   In the earlier part of this Report, findings are very much related to the views of the various stakeholders including service users, social workers, community partners and leaders.   There are also relevant discussions on workloads, outputs and outcomes.   In this Chapter, data related to the extent to which IFSCs were meeting the required standards (output and outcome) of the FSA will be examined.   The following quantitative analysis provides another perspective on the performance of the IFSCs and the possible factors that might have affected the extent of meeting the standards will also be analysed.

6.2   Note that, in the FSA, the output and outcome standards are only selected indicators of performance and do not reflect all the work done by the IFSCs.   For instance, OS1 "number of new / reactivated cases receiving intensive counselling / brief counselling / supportive casework" is not the same as the caseload of the IFSCs.

Meeting the FSA standards in 2007/08 and 2008/09

Output standards

6.3   From the SIS data provided by the SWD for 2007/08 and 2008/09 (Table 6.1), it is noted that 24 out of the 61 IFSCs (i.e. about 40%) did not meet OS1 number of new / reactivated cases receiving intensive counselling / brief counselling / supportive casework) in 2007/08.   Similarly, 18 out of the 61 IFSCs (i.e. about 30%) did not meet OS1 in 2008/09.

6.4   All IFSCs that did not meet OS1 in 2007/08 and all except one that did not meet OS1 in 2008/09 were SWD IFSCs.   However, it should be noted that statutory cases and DSWI Account cases were not counted as part of OS1 and they formed a significant part of the work of SWD IFSCs.   For instance, statutory cases and DSWI Account cases respectively constituted 6.7% and 14.8% of the total number of active cases as at the end of March 2009.   Besides, the workload of SWD back-up offices for NGO IFSCs was also not counted.   From the findings of the case studies and district focus groups in this Study, it can be noted that this under-achieving in OS1 did cause considerable strain on the social workers in the SWD IFSCs and that there were

some expressed grievance towards the fact that the above-mentioned workload unique to SWD IFSCs was "not counted" as part of their work.

Table 6.1 Meeting output standards in 2007/08 and 2008/09

Output standards	2007/08				2008/09			
	≤95%	96-105%	>105%	Exactly 100%[29]	≤95%	96-105%	>105%	Exactly 100%[30]
1. Number of new / reactivated cases receiving intensive counselling / brief counselling / supportive casework	24	28	9	10	18	20	23	6
2. Number of therapeutic groups	2	36	23	36	2	40	19	40
3. Number of support / educational / developmental groups	6	16	39	6	5	16	40	9
4. Number of mutual-help groups	2	23	36	23	1	24	36	24
5. Number of educational / developmental programmes	3	8	50	1	3	11	47	2
6. Number of family support persons	0	8	53	6	0	2	59	2
7. Number of individuals / families newly engaged in centre services or community services under the FSP	0	11	50	5	0	14	47	6

6.5   For both 2007/08 and 2008/09, about 60% of IFSCs met OS2 (therapeutic groups) exactly, i.e. 100%.   Similarly, about 40% of IFSCs met OS4 (mutual help groups) exactly.

6.6   One of the key variables that explains the variations in output performance (with respect to OS1, OS2, OS3, OS5 and OS6, Table 6.2) is the number of social workers in the IFSCs (social worker strength).   However if the agreed level of output standard was controlled, the output performance of OS2, OS3 and OS5 was no longer significantly correlated with the number of social workers, while OS2 and OS3 were clearly correlated with the agreed level of output standard.   On the other hand, OS1 and OS6 remained correlated with the social worker strength even after controlling for the agreed level of output standard.

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[29] The numbers in this column have already been included in the column "96-105%".
[30] The numbers in this column have already been included in the column "96-105%".

Table 6.2 Staff strength and performance in output standard

	Social worker strength	Social worker strength	Agreed level of output standard
Output standards	**Correlation**	**Partial correlation#**	
1. Number of new / reactivated cases receiving intensive counselling / brief counselling / supportive casework	.771**	.355**	—
2. Number of therapeutic groups	.671**	—	.541**
3. Number of support / educational / developmental groups	.279*	—	.383**
4. Number of mutual-help groups	—	(agreed level is a constant)	
5. Number of educational / developmental programmes	.308*	—	—
6. Number of family support persons	.464**	.486**	—
7. Number of individuals / families newly engaged in centre services or community services under the Family Support Programme	—	—	—

(#: The respective partial correlation is related to the correlation between "social worker strength" and each OS controlling for the "agreed level", and the correlation between "agreed level" and each OS controlling for "social worker strength".
** p< 0.01, * p<0.05, "—" Not statistically significant)

6.7.   From the above analysis, two conclusions can be drawn.   Firstly, the output performance in terms of the number of therapeutic, support, educational, developmental groups is primarily a matter of planned programmes and depends primarily on the agreed level of output standard.[31]   Secondly, the number of new / reactivated cases (OS1) and the number of family support persons are very much correlated with the number of social workers.   It is noted that the number of social workers in an IFSC is basically historical and partially depends on the demand for service as experienced in the past.

Outcome standards

6.8   In the FSA, the required level of outcome standards for service users' satisfaction, enhanced problem solving capacity, enhanced support network and perceived improvement in main problem is 75%.   Basically, all IFSCs in 2007/08 and all except 2 IFSCs in 2008/09 had met these requirements (Table 6.3).   The average levels of achievement for all the outcome standards were 90% or above.

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[31]   While the number of educational and developmental programmes is also a matter of planned action, there are substantial variations among IFSCs.   However, there is no apparent relationship between the number of educational and developmental programmes and the agreed level of output standard.

Table 6.3 Performance in outcome standard for 2007/08 and 2008/09

Outcome indicators (agreed level: 75%)	2007/08				2008/09				
	75%-<85%	85%-<95%	>95%	Average	<75%	75%-<85%	85%-<95%	>95%	Average
1. Service users indicating satisfaction after receiving IFSC service	12	23	26	91%	1	6	28	26	92%
2. Service users with enhanced problem solving capacity	6	27	28	93%	0	4	29	28	93%
3. Service users with enhanced support network	10	30	21	91%	1	5	31	24	92%
4. Service users with perceived improvement in the main problem	10	40	11	90%	0	6	42	13	90%

Number of new / reactivated cases, number of social workers and district characteristics

6.9   If the 11 SWD districts are ranked in terms of the population served per social worker in IFSCs (Table 6.4), it can be noted that the Central Western, Southern and Islands District followed by the Shatin and Wong Tai Sin / Sai Kung Districts were among the highest, while Kwun Tong, Yuen Long, and Shamshuipo were among the lowest.

6.10   On the other hand, the same districts with the highest population size per social worker were also districts with the lowest number of new / reactivated cases per social worker (less than 40) while Shamshuipo being the lowest population size per social worker was the district with the highest number of new / reactivated case per social workers.[32]

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[32] It should be noted that OS1 is only one output indicator and the distributions of the nature of cases in various districts may not be the same.

Table 6.4 Population size and number of new / reactivated case per social worker by district

District	District population	No. of IFSC social workers	No. of IFSCs	OS1 (new / reactivated cases, 2008/09)	Population / social workers	New / reactivated case / social workers
CW / S / I	564,179 [33]	73.5	5	2,893	7,676	39
ST	607,544	85.5	5	2,893	7,106	34
WTS / SK	829,963	121.5	7	4,527	6,831	37
KC / YTM	643,049	94.5	6	4,155	6,805	44
E / W	742,886	109.5	7	4,362	6,784	40
TW / KwT	812,028	120.0	7	4,789	6,767	40
TP / N	574,272	85.5	5	3,727	6,717	44
TM	502,035	77.0	4	3,076	6,520	40
KT	587,423	94.0	6	3,989	6,249	42
YL	534,192	88.0	5	3,655	6,070	42
SSP	365,540	61.5	4	3,070	5,944	50

6.11   From the above analysis, it can be safely concluded that the deployment of social workers among districts had been, at least partially, reflecting the variation in demand, i.e. more social workers of IFSCs were placed in districts with higher service demand per population.   Thus, districts such as Shamshuipo, Yuen Long and Kwun Tong, which are frequently known to be districts of having highest incidents of poverty, were having the highest number of social worker per population (or lowest population size per social worker).   Yet, as noted above, Shamshuipo was still having the highest number of new / reactivated cases per social workers.[34]

6.12   An analysis has also been performed on the relationship between other district characteristics, the number of new / reactivated cases, and the number of social workers.   As a matter of caution, it should be noted that, in this analysis, the number of districts is only 11, i.e. very limited and hence multivariate analysis will not be feasible.

6.13   From the analysis, it is noted that most of the district indicators, such as population size, number of social workers, IFSCs, domestic violence cases, single parent families, and various types of caseload in CSSA, were all significantly

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[33] IFSCs in the Central Western, Southern and Islands District do not serve the population in Lantau Island and thus the population of Lantau Island was taken off in this analysis.

[34] Note that in the above analysis, no data related to the nature of the cases were included.   For instance, the nature of cases in Shamshuipo might be very different from that in the Central Western, Southern and Islands.   The case flow (in and out) might vary across different districts.

correlated with the number of new / reactivated cases in the districts.   However, after controlling the number of social workers, only the number of low earning and unemployment cases in CSSA remained significantly correlated with the number of new / reactivated cases in the district.   This result is consistent with the analysis indicated in Table 6.4 above.

**Table 6.5 District indicators, new / reactivated cases
and number of social workers**

	New / reactivated cases in district	New / reactivated cases in district (controlled for number of SW)
District population	.719*	--
No. of IFSC social workers	.906**	N/A
No. of IFSCs	.897**	--
Child abuse cases	--	--
Battered spouse cases	.665*	--
Sexual violence cases	.529#	--
Single parent families	.731*	--
CSSA population	.609*	--
Single parents in CSSA	--	--
Low earning in CSSA	.543#	.601#
Unemployment cases in CSSA		.626#
Ethnic minorities % in district	--	--

(# $p<0.10$, *$p<0.05$, **$p<0.01$, "--" Not statistically significant;
Note: due to the limited number of districts, "$p<0.10$" is also indicated in this analysis.)

6.14   From the above analysis, it can be concluded that while the number of IFSCs and the number of social workers placed in the districts were in line with the demand as reflected by the number of new / reactivated cases, yet even after controlling the number of social workers already placed in the districts, the number of new / reactivated cases was still correlated with districts with higher incidents of poverty.

Discussion relating to the FSA

6.15   As observed above, the provision of long term casework service for statutory cases, DSWI Account cases and back-up support for NGO IFSCs by SWD IFSCs are not counted as part of the output performance in OS1.   This had created considerable strain on the social workers.   It is apparent, to be fair, that the statutory cases and DSWI Account cases should be counted, at least in terms of statistics, to

reflect this part of the workload of social workers in SWD.   It should also be noted that many statutory cases and DSWI Account cases are long term cases and simply counting the number of new / reactivated cases is still an under-representation of workload created by these long term cases.

6.16   From the analysis above, it is noted that while the output of various types of groups and programmes could be managed through planning, the number of new / reactivated cases was primarily a result of expressed demand in the community and to say no to clients or put them on waiting list was apparently not much of an option for IFSCs.   Thus, to reduce the agreed level for new / reactivated cases in the FSA will not help cut workload in practice.

6.17   The data gathered for this study reflect that the number of therapeutic groups held by IFSCs was quite limited, i.e. four to six per IFSC per year.   Given the variety of possible therapeutic groups and the random arrival of different types of clients over time, the existing number of therapeutic groups per IFSC has been far from ideal in meeting the needs of different clients that may turn up at different time of the year.   Thus, to cut the FSA requirement for therapeutic groups will further limit the ability of IFSCs to meet clients' need, and will not be consistent with the initial intent in the design of the IFSC model.[35]

6.18   It is observed that there was considerable variation in the number of support, educational, and developmental groups held (OS3) among IFSCs, and most IFSCs were, in fact, providing more services than the agreed output level.   One possible option is to integrate OS2, OS3 and OS4 into one category allowing more flexibility to IFSCs in meeting varying needs across populations that they serve in different districts.   Moreover, this flexibility will allow IFSCs to better manage their workload.

6.19   In service reviews, there is always a "temptation" to increase the complexity of the FSA in order to "better" reflect the workload of the service units.   As spelt out at the beginning of this Chapter, the output and outcome standards of FSA are only selective indicators of the work performed by the IFSCs.   Increasing the complexity of the FSA can on one hand better reflect the workload of the service units, on the

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[35] According to the recommendation of the previous review on family services in 2004, there should be more support and therapeutic groups in the IFSCs. See p. 83, para 7.12, The Consultant Team, Department of Social Work and Social Administration, The University of Hong Kong. *The Steps Forward: The Formation of Integrated Family Service Centres, Final Report on the Implementation of Family Services Review in Hong Kong*. (Hong Kong: Social Welfare Department, October 2004).

other it will also increase the required data collection, compilation and reporting efforts.   Based on the findings of this Review, the recommendation is to include the cases that are, at present, not counted in the OS1 for SWD IFSCs and to simplify the structure of output standards by merging the OS2, OS3 and OS4 together.

6.20   As discussed earlier, while on one hand there can be hardly any control on the number of new cases "flowing" into the IFSCs, and it can be expected that the number of cases will continue to grow[36], on the other hand, it is not recommended that the workload on the number of groups, which is far from being ideal in the first place, be reduced.   To do so will defeat the original intent of the IFSC model.   All of the above has resource implications, and this will be discussed in the subsequent Chapters.

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[36] For instance, the number of new/reactivated cases in 2008/09 had increased by 6.1% as compared to that in 2007/08.

Chapter 7

Key Observations
from the Review on the Implementation of
the Integrated Family Service Centre Service Mode

Introduction

7.1   Family service is one of the first established, most fundamental, and very important social services in Hong Kong which specialises in supporting and strengthening families in the community. With the ongoing spirit to advance the effectiveness and efficiency of family services, SWD commissioned a Consultant Team from HKU in October 2008 to conduct a Review on the Implementation of the IFSC Service Mode.   The key observations made from this exercise will be organised in accordance with the main objectives of the Review:

a) To find out how effective IFSCs are in implementing the four guiding principles of accessibility, early identification, integration and partnership under the direction of 'child-centred, family-focused and community-based' in strengthening families and meeting the changing needs of the community;

b) To examine the effectiveness of IFSC services in serving specific targets such as single parents, new arrivals, ethnic minorities, etc. and reaching out to the hard-to-reach at-risk families;

c) To identify factors facilitating / hindering the effective delivery of IFSC services, illustrations of practice wisdom on the implementation of the IFSC service mode, as well as ways to develop service specialisation within an integrated service mode and to enhance strategic partnership, collaboration and interfacing with other services;

d) To examine the performance standards, including output and outcome indicators and level of attainment, as set out in the Funding and Service Agreement (FSA); and

e) To make suggestions for continuous service improvement.

Objective 1: Effectiveness of the IFSC service mode, service requirement and resource provisions

IFSC service mode

7.2   Review findings indicate that the IFSC service mode under the direction of 'child-centred, family-focused and community-based' and the four guiding principles of 'accessibility', 'early identification', 'integration' and 'partnership' has received general support from the IFSC management and frontline workers, stakeholders and service users[37] as meaningful and appropriate in directing and delivering family services in contemporary Hong Kong.

7.3   The effective realisation of the IFSC service mode is often affected by the absolute increase in the number and urgency of cases and complexity of families under challenge, especially in communities stricken by poverty.   At present, relatively more IFSC professional manpower is deployed to remedial work although there is shared eagerness among the operators, management and frontline family service workers to provide balanced attention to preventive, supportive and remedial services.   Measures for ensuring adequacy of resource provision, service streamlining, enhancement of community partnership as well as expectation management of service users should be in place to articulate the IFSC service mode and directions.

IFSC service focus

7.4   There is general consensus that the main objectives of an IFSC is to serve as a "community-based integrated service centre focusing on supporting and strengthening families".   IFSC is unique in that it calls for the professional expertise in dealing with the social and emotional needs of families in the community.   It is shared that preventive and supportive services are as important as remedial family services, and necessary professional manpower must be available and deployed to ensure a balanced delivery of all three services.

7.5   According to the Introduction in the FSA, IFSCs are described as a new model to deliver family services in Hong Kong which aims at providing comprehensive, holistic and 'one-stop' services to individuals and families of a specific locality to fulfill their multifarious needs.   While the direction of 'one-stop' service embedded in the service principle of integration is endorsed, some

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[37] Chapters 4 and 5 of this Report.

stakeholders might have misinterpreted the concept and exerted excessively high expectations on IFSCs to be the most handy to approach and resourceful public information and social welfare supply centre, and even the safety-net for anyone in need. Social workers also shared in the focus groups that they were often treated as "gate-keepers in vetting social needs of some applicants of public resources" rather than social workers. Such roles have incurred huge workload in terms of handling enquiries relevant and irrelevant to family services; conducting social investigation, screening and preparing recommendation reports to relevant government departments on service applications; liaison and referrals; as well as dealing with the frustrations from users and referrers rejected by public services. The severity of such drainage of IFSC professional manpower by non-priority services has been mentioned by IFSC administrative and frontline staff, and emphasised in all communication platforms with the HKU Consultant Team. It was shared that IFSCs should explicitly delineate its service priorities, and that the FSA should clearly articulate and protect such priorities. Community stakeholders and partners and the public should be clearly informed of the functions and services of IFSCs so that they can use IFSCs services productively with the right expectations.

IFSC service boundary

7.6   The existing service boundary for districts is acknowledged to be set after careful balancing of numerous social and environmental factors. Since much effort is put into building up the image of the centres in their respective districts, the IFSC service boundaries should not be revised too frequently.

7.7   The principle that service users are required to use IFSC services according to their residential districts is reasonable and should be upheld. Flexibility in the interpretation of such boundaries will be needed for special cases e.g. children with parents in prison, and working adults who can find easier access to IFSCs in dealing with their personal problems near their work place rather than their residence.

IFSC premises and facilities

7.8   The current formula in space and facilities provisions is appropriate. However, continuous efforts from the SWD and centres concerned to seek relocation or renovations to resolve the problems arising from less accessible locations or undesirable setups is still needed:

a) Less accessible centres (e.g. IFSCs in government office buildings which do not facilitate service consumption in extended office hours; IFSC being situated on a slope while most of the service users are elders who find it exhausting to climb up the slope);

b) Under-sized centres;

c) Twin centres in the same building with one centre located outside its service boundary; and

d) Premises with unsuitable facilities.

7.9　　The users expressed that the FRU should be well-maintained as a user-friendly and welcoming setting that can attract community members to use IFSC services, and to stay as volunteers.

IFSC service hours

7.10　　With the implementation of extended service hours during weekday evenings and Saturday morning and / or afternoon, IFSCs open 13 to 14 sessions per week, depending on the actual size of the staff team. Most of the stakeholders commended such an arrangement. It can facilitate access of service users, particularly working adults, to centre services and should be maintained.

7.11　　However, IFSCs located in government office buildings found that there was restriction in the use of centre services during the extended service hours because such buildings were basically closed after normal office hours and access to the IFSCs was not very convenient. Alternative means should be considered to reach out to users who cannot come to the IFSC during normal office hours. In the light of Chinese cultural practices, individual IFSCs also prefer some discretion whether to open the centres in the evenings of certain festive occasions (e.g. Chinese New Year Eve).

Case screening and assessment forms

7.12　　The existing screening form used for intake is considered useful for identifying the service needs of users and referring them to appropriate service units. To enhance its usefulness, it can be further simplified, or extended to serve a continuous case assessment function.

7.13　　Other assessment forms or tools useful for more accurate case assessment and service planning should be developed / adopted for specific problems / target

groups, e.g. risk and protective factors for children with inadequate parents (prisoners, mentally ill patients, gamblers, and substance abusers), as well as risk factors for battered spouse cases.   The forms or tools should preferably be locally-validated, and available in the public domain to avoid any royalty or copy-right complications.

Procedures and workflow in case referrals and collaboration

7.14   The general procedures and workflow in case referrals and collaborations with other community partners are considered healthy and satisfactory.   Further streamlining in referral logistics (such as the use of e-forms and extended durations and functions of waiver cards), as well as more realistic expectations on IFSC services, will also be helpful.

7.15   Information technological enhancement of IFSC services should be expanded, such as the establishment of a knowledge management portal, the development of decision support systems for case assessments with finite options, etc.

IFSC management

7.16   Effective management is pivotal to the effective delivery of IFSC services. Review results indicate that the current management of the IFSCs basically adheres to the philosophy and systems of their respective operators (40 under SWD and 21 under nine NGOs).   There are clear examples of innovative attempts to streamline and optimise the management, with cases of varying degrees of success and failure. Some illustrations of the practice wisdom are shared in the Practice Wisdom Forum held in July 2009 and published in the Practice Wisdom Reference.   They include explicit and adequate administrative and clinical leadership and support, making annual service plans, and conducting periodic retreats for service re-visioning and team building.

Division of work between IFSCs and other welfare services

7.17   To enhance mutual understanding, appropriate referral and effective collaboration between IFSC and different social services[38], regular briefing and sharing sessions between IFSCs and these community partners should be conducted. The DSWOs are recognised to have been playing an active role in coordinating, synchronising, facilitating and advancing district synergy, within and beyond the IFSC

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[38]   Such as with DECCs and NECs and MSS; and parent work with ICYSC, school social workers and student guidance teachers.

and social service sectors (including religious organisations, helping professionals on private practice and business sectors). Such efforts, as listed below, should be encouraged and expanded to identify and close community service gaps:

a) To co-ordinate district planning and need assessment and priority setting;

b) To co-ordinate the division of work between IFSCs and different service units and government departments, etc.;

c) To resolve problems arising from the division of work between different welfare services;

d) To facilitate networking and partnership building between IFSCs with community stakeholders;

e) To orientate the public / stakeholders to the roles, functions and services of IFSCs and to manage public and stakeholders' expectation;

f) To facilitate case referrals and cooperation of IFSCs with stakeholders; and

g) To coordinate / plan / organise staff training for IFSCs' staff at district level with the involvement of SWD IFSCs and NGO IFSC operators.

7.18   In handling battered spouse cases, there exist some variations in the criteria for SWD and NGO IFSCs to make referrals to FCPSUs. Such variations might confuse service users and consideration to align the practice should be made with due regard to some important factors: the historical shifting of resources (e.g. from SWD IFSCs to FCPSUs); the optimal service for such cases; and the optimal exposure and training of IFSC staff in handling such cases.

IFSC human resources

7.19   IFSCs have been careful in utilising the human resource provided for each centre. Different strategies have been adopted to optimise the productivity of such resources e.g. staff orientation; simplification of logistics; setting up agency-based information technological support.

7.20   To address the identified increases in the number and complexity of family cases, there had been several waves of additional manpower provision to IFSCs since the inception of the IFSC service mode in 2004/05. Service statistics reflect that the provisions are reasonable and in the right direction. However, global financial tsunami coupled with local population ageing, inflation coupled with creeping salary cuts still place significant stress on families. There is a need to ensure appropriate support in the following areas:

a) Clinical supervision: to continue to provide quality supervision with sufficient intensity and frequency to orientate new staff, to help experienced staff consolidate their expertise, and to develop new programmes or services in response to identified new service needs;

b) Frontline service: to ease the absolute growth in workload of the FCU generated from the increasing number, complexity and urgency of family problems; and to enhance the strength of the FSU and FRU for achieving the IFSC objectives of providing preventive and supportive services to families; and

c) Administration: effective use of the support staff through continuous training and enhancement in information technology to facilitate the efficient delivery of IFSC service.

7.21   Manpower input is necessary but not sufficient in resolving the workload problems in IFSCs.   Other measures are still needed:

a) Streamlining services: through simplifying logistics (e.g. extending the duration and coverage of medical waivers), introducing the e-waiving system in IFSCs (e.g. processing applications for medical waiving through computer system), simplifying application forms, making approval procedures more efficient, and enhancing the provision of support services (e.g. residential child care service) and efficiency in case processing;

b) Reducing services of lower priority: non-family related public enquiries should be handled by relevant government departments or social services; unqualified housing assistance applications that only need "counselling-out" services should not be referred to IFSCs;

c) Acknowledging formerly uncounted workload: e.g. statutory cases;

d) Effective use of information: A district or territory-based information system with update information of available service / residential places within and outside the district would be helpful (e.g. residential child care services);

e) Enhancing staff performance: e.g. through adequate supervision, continuing education, and knowledge transfer through knowledge documentation and dissemination; and

f) Promoting proper use and realistic expectation on IFSC services: through regular sharing and even joint projects with community stakeholders.

Objective 2: Effectiveness of IFSCs in serving specific target groups

Serving identified priority target groups

7.22   Most IFSCs indicate in their respective centre reports that single parents, new arrivals and deprived families receiving CSSA continue to be priority target groups to serve.   In view of the economic and social circumstances prevailing in Hong Kong, these groups should remain the priority target groups and should continue to be served by IFSCs under the integrated service mode in their own communities.

7.23   Some IFSCs have identified special target groups unique to their communities that need IFSC service.   They include ethnic minorities and cross-boundary families.   The respective IFSCs have taken commendable initiatives to develop services and community support for them.   These new specialised services should be recognised and supported with adequate resources to document the service, collect evidence on their applicability, and share the expertise with the sector. This is needed to maintain quality IFSC service as well as the professionalism of the IFSC staff, which is of pivotal importance to engage their commitment to the services.

Objective 3: Facilitating and hindering factors for IFSC services

Facilitating factors

7.24   The expertise and dedication of the IFSC staff force and its ownership to advance family service in Hong Kong through the IFSC mode are pivotal in facilitating the productive implementation of the IFSC mode.   The 'child-centred, family-focused and community-based' direction, and the 'accessibility', 'early identification', 'integration' and 'partnership' are all useful guiding principles to lead the advancement of family services in Hong Kong.   The delineation of specific service boundary; the provision of user-friendly premises; the provision of staff team with a profile of expertise; the establishment of case intake, screening, management and referral systems; the provision of administrative and clinical supervision support at the centre, operators, district and central levels; were all facilitating factors that should be protected for the continuous productive functioning of IFSCs.   They should be reviewed at regular intervals to ensure they remain facilitative to IFSC service delivery and development.

Hindering factors

7.25   Undesirable location and set-up of IFSCs affect the effective delivery of IFSC service, and it is acknowledged that SWD has, since 2004/05, been extremely active in identifying suitable IFSC sites.   As pointed out by social workers, other factors, if not handled well, might also hinder the operation of IFSC service mode. These include resource issues (e.g. manpower provision in meeting family cases escalating in quantity, complexity and urgency, flexibility in FSA, manpower concern due to staff turnover), policy issues (e.g. priority focus of IFSC services) as well as staff mindset issues (some IFSCs social workers still identify themselves as caseworkers instead of all-rounded social workers, thus hampering their generic consideration and address of user and community needs).   While policy initiatives recommended by this Review need to be followed up by the SWD, individual staff mindset issues have to be cultivated through supervision and staff training.

7.26   IFSC social workers have reported that handling housing-related enquiries, assessment and report writing constitute a substantial proportion of their workload. They generally find that the role of IFSCs in handling CR cases is clear and appropriate.   However, they have expressed great concerns in dealing with alternative housing assistance cases.   The undesirable consequences of inappropriate referrals include:

    a) Wasting valuable IFSC professional manpower on futile investigations and unpleasant counselling-out; and
    b) Affecting IFSC image as centre for service and support when IFSC workers have to reject ineligible cases.

7.27   There is a sentiment among the IFSC staff that the staff of the HD should take a stricter approach concerning its policies, even if the applicants are persistent, aggressive, or successful in appealing to the support of some community stakeholders. The IFSC workers will feel confused and embarrassed if there are inconsistent approaches in handling the cases.

7.28   There is a need to have a system in place to address IFSCs' concerns in handling housing assistance cases.   A joint workforce led by the senior management of both SWD and HD will be an appropriate mechanism which should involve representatives from different service levels to examine the current referral mechanism and procedures in handling housing assistance cases.   The aim is to achieve clearer delineation of roles of social workers and HD staff; to enhance

effective and appropriate referrals of genuinely needy cases; to strengthen collaboration between social workers and HD staff; and to ensure the proper implementation of agreed procedures at the operation levels.

7.29　　In this Review, there was an overwhelming emphasis from the IFSC social workers on issues relating to the handling of housing assistance cases.　Relatively few comments or suggestions of improvement were made on the interfacing of IFSC services with other public, private and social services.

Objective 4: Performance standards and the FSA

7.30　　It is recognised that the FSAs are useful and important contracts to ensure that IFSCs deliver services matching the funding provisions.　Terminology used in the FSA for IFSCs should reflect the service directions and priorities of IFSCs.　In view of the complicated and often unforeseen nature of some community and family challenges, and that many IFSCs often have to provide crisis intervention in addition to planned services, more flexibility in the required nature and quantity of the performance benchmarks should be introduced to make the IFSC workload more realistic and reasonable.　The FSA should acknowledge duties performed but not formerly counted.　The OSs for different types of groups (OS2, OS3 and OS4)[39] should be merged to encourage IFSC staff to conduct groups in response to identified needs.　This flexibility is important to create necessary space for IFSCs to deliver services beyond the FSA, to ensure that IFSCs can be readily responsive to newly identified community needs.

Objective 5: Other observations for continuous service improvement

Staff training and continuous development

7.31　　All IFSC administrative, frontline and support staff members are very enthusiastic about continuous development.　The Consultant Team gladly noted that some of the needed training, especially for support staff, had been stepped up during the review period.　Measures should be taken to ensure that interested staff members are able to attend and benefit from such training.

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[39] Chapter 6 para 6.18 of this Report.

Knowledge management and transfer

7.32   IFSC colleagues are forthcoming in sharing practice wisdom within the sector.   The Practice Wisdom Forum organised in July 2009 as part of the present Review, and the Practice Wisdom Reference generated from the exercise are further contributions in this area in addition to some of the existing publications developed by different centres or agencies.   There can be a systematic stock-taking on the existing resources to decide on which further areas to work on.   For example, some agencies have developed very useful new staff orientation protocols which can be shared across all centres.[40]   Some can share expertise on managing demanding service applicants, and some on handling difficult cases like those with personality disorders.   Some sector-based instead of district-based working groups can be considered to achieve optimal synergy of the sector's expertise.   A case and / or resource bank can eventually be developed to share good practices and useful resources / information from hardware (centre design) to software (management and leadership model, orientation package / protocols for new staff).   Regular sharing sessions / forum for professional staff like the July 2009 Practice Wisdom Forum are most welcome and should be organised.   Service enhancement and evaluation research should be encouraged to lead Hong Kong IFSCs into goal-driven as well as theoretically and evidence-based practice.

Enhanced support for cases requiring time-consuming completion of logistics

7.33   The review information indicates that there exist some cases involving complicated logistics, the completion of which consumes excessive manpower. Examples include DSWI account cases, Guardianship Board cases, and some rehabilitation assessment.   Appropriate means to achieve higher service efficiency and accuracy should be explored.

Cross-departmental and cross-sectoral collaboration

7.34   It is necessary for IFSCs to leverage on established government, NGO, private practice, business and community resources and related services to perform its duties effectively.   The DSWOs should continue to enhance its multiple roles in the district, including synchronisation at service operator and senior management levels.

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[40] Case 2 in the IFSC Practice Wisdom Reference reported how the Hong Kong Family Welfare Society provided useful and systematic support to new social workers in IFSCs.

The Task Group on Implementation of IFSCs

7.35   Since the inception of IFSCs in 2004/05, the Task Group has met regularly to resolve common operational issues affecting SWD and NGO-operated IFSCs. The Task Group should develop a set of Terms of Reference to give it the necessary mandate to raise, resolve, implement and follow-up on agreements made in the Task Group that might involve IFSCs, its community partners and other stakeholders. Should policy issues be involved, the Task Group should take the initiative to bring the issues to the attention of more senior levels of authority to seek timely resolutions.

Future IFSC services

7.36   The IFSC sector, in pursuit of a continuous strengthening of family services in Hong Kong to best serve family needs, welcomes service information and feedback to achieve such service advancement.   The Team was pleased to note that IFSC social workers were generally enthusiastic to achieve continuous improvement. Many also attended training and service sharing sessions to seek mutual professional advancement and cross-stimulation.   These are most healthy trends of development that should be encouraged.

7.37   The current IFSC service mode Review is a useful attempt to monitor the effectiveness of the current design of publicly-funded family service in Hong Kong. However, aside from complications arising from the tight schedule in completing this multi-method study, the Review is vested with some limitations that should be even better addressed in future reviews.   For example, stakeholders in the focus groups have varying degrees of understanding of IFSC services and their comments might not be very relevant at times.   In the user survey, it is hard to control the respondents' possible pre-conceptions on government and NGO services and they might have very subjectively rated their satisfaction on the services.   In addition, only data from the SIS is available for the current Review.   It is expected that when more information technology (like the SWD CIS system) is in place, more accessible, more accurate and more complete sets of information cleared of user data privacy issues should be available for more thorough service review.

Concluding remarks

7.38   This Review by the HKU Consultant Team on the implementation of the IFSC service mode has been completed with the concerted cooperation of all IFSC

operators, administrators and frontline staff, service users, community partners and other stakeholders.   The HKU Consultant Team notes that there is high expectation that the review can identify important service strengths to reinforce as well as problematic pitfalls to remedy.   It is hoped that the sector and the concerned policy-makers will work together to make the necessary changes, to identify and make use of opportunities to initiate changes, and to devise the best strategies so that we can work collaboratively to bring family service in Hong Kong from strength to strength.

Chapter 8

Recommendations

8.1 IFSC service mode

8.1.1   Family services are set up to support and strengthen families, which are the basic units in a society that provide anchorage and support to individuals.   The Review confirmed a consensus among the family service sector, users and community stakeholders in support of the IFSC service mode adopted since 2004/05 for publicly-funded family services in Hong Kong.   The 'child-centred, family-focused and community-based' service direction; principles of achieving accessibility, early identification, integration and partnership in operation; as well as balanced commitments to preventive, supportive and remedial work on families were also endorsed as important guidelines for the service.

8.1.2   The priority target groups (single-parents, new arrivals, ethnic minorities and deprived families) identified for IFSCs in the 2001 Review of Family Services in Hong Kong and the 2004 Evaluative Study of the Pilot Projects on IFSCs were found to be commonly present in all districts and best served within their vicinity.   The IFSCs in their places of residence gave them the natural platform for integration with the community.   Some IFSCs had also identified special target groups unique to their communities that needed IFSC service and it is commendable that respective IFSCs had developed new services for them.   Such initiatives should be supported with necessary resources.

Recommendation 1: The IFSC service mode should continue to be adopted for publicly-funded family services in Hong Kong.   To ensure its continued success, individual IFSCs should continue their efforts in the effective deployment of resources.   The Administration should also continue to ensure adequate provision of resources to support the work of IFSCs.

Recommendation 2: The existing practice of IFSCs in identifying specific target groups in the communities they serve and providing appropriate services for such groups should continue to be encouraged and supported.

8.2   Provisions for IFSC service

8.2.1   The current provisions for IFSC service, which takes into consideration the service boundary as well as the size and profile of the population served in determining the allocation of centre space, manpower and programme expenses, are appropriate and should be maintained.

Recommendation 3: The current principles in making financial and human resource provisions for IFSCs, which are reasonable and appropriate for communities with 100,000 to 150,000 residents, should be maintained.   The service boundaries for IFSCs have been carefully set and adjustment should only be considered when there is a clear projection of new population intake or evidence of adverse social challenges that warrants the setting up of a new centre or injection of additional manpower into a particular IFSC.

Recommendation 4: SWD should continue to make it a priority to seek appropriate premises for the relocation of IFSCs that are inconveniently located or set up at different locations.   The management of individual IFSCs should maintain the centres in good conditions to make them physically and psychologically approachable for community users.

Recommendation 5: The principle that users should use IFSC services according to their residential districts should be upheld.   Flexibility should only be provided for special cases, e.g. children with parents in prison, and working adults who can find easier access to IFSCs in dealing with their personal problems near their work place rather than their residence.

8.3   Operations of IFSC service

8.3.1   Service hours

Recommendation 6: The current practice of IFSCs' extended-hour service, which has been commended by many users and stakeholders as being very considerate towards their needs, should be maintained.

8.3.2   Screening and assessment

Recommendation 7: The existing enquiry / intake cum screening form should be

kept and, where applicable, simplified. Development of other assessment forms or tools needed for sharpening the assessment of specific types of cases should be considered.

Recommendation 8: Forms to record necessary information for and accurately track referrals and follow-up actions, especially when cross-department / sector / service interfacing needs to be carefully monitored, should be developed.

8.3.3   Service priorities

Recommendation 9: IFSCs should continue to function as community-based integrated service centres focusing on supporting and strengthening families. IFSCs need to observe the specific and changing characteristics of the respective communities they serve and adjust their service priorities accordingly.

8.3.4   Efficiency in service operation

Recommendation 10: IFSCs should continue to optimise their efficiency in service operation. Useful strategies to be considered include streamlining and enhancing service procedures, seeking optimal management of complicated cases (involving, where appropriate, more than one social worker and / or other staff / professionals) and cases which consume a lot of manpower to complete certain logistics, and leveraging on community resources to provide preventive family services.

Recommendation 11: IFSCs should explore service enhancement through appropriate use and sharing of information technology.

8.4   Collaboration and interfacing

8.4.1   The IFSC principle of 'integration' refers to the integration of service methods, settings and resources within and beyond the IFSC.   Active and productive collaboration and interfacing at different levels are very important.

8.4.2   Perceived IFSC effectiveness is attributable partly to actual service quality, and partly to the expectation of the users, stakeholders and even the IFSC social workers.   Unduly high or rigid expectations on certain levels of performance or roles will generate unnecessary frustration or sense of failure.

Recommendation 12: Collaboration and interfacing at the Centre level - Individual IFSCs should further enhance the interfacing amongst the FRU, FSU and FCU and make it easy for users to benefit from the preventive, supportive and remedial services provided by these units.

Recommendation 13: Collaboration and interfacing at the District level - IFSCs should leverage on the services and resources within their service boundary to optimise the impact of such synergy.   The effort made by DSWOs in this aspect is recognised, and they are encouraged to continue to play the important roles of coordination and facilitation of resources to address service needs and achieve service advancement.

Recommendation 14: Collaboration and interfacing at the Headquarters level – To address IFSC workers' priority concern in the proper handling of housing assistance cases, the senior management of SWD and HD should jointly form a Working Group to enhance coordination in the referral system and to ensure the proper implementation of agreed procedures in actual operation.   Likewise, there should be more initiatives to streamline administrative procedures to shorten the processing time for necessary services (e.g. The Working Group on Streamlining Procedures for Processing Referrals for Residential Placements for Children is recognised to have worked to achieve this goal).   Users' needed support services (e.g. residential placement for children and adult users with long term care needs), as assessed by IFSC workers, should be backed up by service policies and resource provision where necessary and appropriate.

Recommendation 15: Efforts should be made at the case, centre, district, headquarters and community levels to inform service users and stakeholders of the objectives and priorities of IFSC services to properly manage their expectations. They should learn about and approach different appropriate social services, government departments and sectors for their needs or requests which fall under the jurisdiction of those departments and sectors.

Recommendation 16: The contributions of non-publicly-funded family services should be acknowledged and encouraged.   IFSCs are encouraged to collaborate with these family services for knowledge transfer and to achieve synergy.

8.5   Management of IFSC

8.5.1   Adequate resource provision is necessary but not sufficient to achieve quality IFSC performance.   Quality management of IFSC material and human resources is pivotal in the articulation and continuous improvement of family services.

Recommendation 17: SWD should take the lead and work with HKCSS and NGO IFSC operators and other stakeholders to continue to enhance family services in Hong Kong where appropriate.

Recommendation 18: The efforts by many IFSCs in conducting operator-based or centre-based management innovations, including cross-service synergy within some multi-service agencies, or amongst different social services within the service districts should be recognised, encouraged and actively shared within the sector.

8.6   Human resource management / development

8.6.1   The continuous advancement of family services in Hong Kong, including the major step forward to provide family services under a well-conceived service model, cannot be achieved without the professional commitment of the IFSC social workers and support staff.   There should be adequate resources to maintain and develop the knowledge, attitude and skills of the family service staff to further enhance their competence as professional social workers.

Recommendation 19: The Administration should continue to keep under review and, where necessary, enhance the manpower provision of IFSCs, in particular at the supervisory, frontline and support staff levels, in order to handle increasingly complicated cases, and address emerging new service demand, including serving the needs of specific target groups.

Recommendation 20: IFSC operators should continue to ensure that there is suitable orientation for new staff, as well as proper supervision and support for staff at all levels.   The professional documentation of practice wisdom in preventive, supportive and remedial services to facilitate knowledge retention and transfer should be encouraged and supported.

Recommendation 21: The IFSC sector should conduct regular sharing sessions to achieve mutual stimulation and enlightenment.

8.7 Funding and Service Agreement

8.7.1   The FSA is recognised as a reasonable device to ensure the basic performance of each IFSC.   The current FSA has been in use since 2006 and there are cases for adjustments in some aspects, e.g. recognition of staff input in handling cases requiring time-consuming logistics work, and flexibility in conducting groups.

Recommendation 22: The FSA should be reviewed and revised.

Recommendation 23: OS2, 3 and 4 of the FSA should be merged to allow more flexibility in running groups beyond the planned ones to better respond to changing community needs.

Recommendation 24: IFSCs should continue to support and develop service initiatives.   This has been a cherished demonstration of professionalism and the dedication and expertise of the sector in making such contributions should be recognised and encouraged.

8.8 Continuous monitoring and improvement

8.8.1   The Task Group on the Implementation of IFSCs was set up in 2004 and provided a useful platform to iron out IFSC operational issues.

Recommendation 25: The Task Group on the Implementation of IFSCs should be continued and empowered with a properly devised Terms of Reference to give it the necessary mandate to identify and follow up issues of concern and to bring major issues to the attention of the SWD senior management for timely management.

Recommendation 26: SWD should provide the leadership and work with HKCSS, NGO IFSC operators and other stakeholders to seek continuous improvement of the service through examining service demand and addressing service needs.

Annexes

Annex 1

Members of the Consultant Team

Team Leader	Dr. Sandra TSANG
Core Members	Prof. Joe LEUNG
	Dr. LAW Chi Kwong
	Mrs. Patricia CHU
	Dr. Debbie LAM
	Dr. Grace LEUNG
	Dr. YEUNG Ka Ching
Supporting Members	Mrs. Bibiana CHAU
	Dr. Vivian LOU
	Ms. Bobo CHAN
	Ms. Dana CHU
	Ms. Catherine CHUNG
	Ms. Heidi HUI
	Ms. Julia LAM
	Ms. Lianne TAI
	Ms. Christina WAN
Project Co-ordinator	Dr. Caroline YEUNG
Senior Research Assistant	Ms. Joel WONG

Annex 2

List of Integrated Family Service Centres

SWD District	Serial No.	Name of Integrated Family Service Centre	
		Social Welfare Department	*Non-governmental Organisation*
Central Western / Southern / Islands	1.	Central and Islands Integrated Family Service Centre	
	2.	High Street Integrated Family Service Centre	
	3.	Aberdeen Integrated Family Service Centre	
	4.		Hong Kong Catholic Marriage Advisory Council Grace and Joy Integrated Family Service Centre
	5.		Caritas – Hong Kong Caritas Integrated Family Service Centre – Aberdeen (Tin Wan / Pokfulam)
Eastern / Wan Chai	6.	Chai Wan (East) Integrated Family Service Centre	
	7.	Chai Wan (West) Integrated Family Service Centre	
	8.	Quarry Bay Integrated Family Service Centre	
	9.	Causeway Bay Integrated Family Service Centre	
	10.		St. James' Settlement St. James' Settlement Wanchai Integrated Family Service Centre
	11.		Hong Kong Family Welfare Society Hong Kong Eastern Centre North Point Integrated Family Service Centre
	12.		Caritas – Hong Kong Caritas Integrated Family Service Centre – Shau Kei Wan
Kwun Tong	13.	Kai Ping Integrated Family Service Centre	
	14.	Kwun Tong Integrated Family Service Centre	
	15.	Sau Po Integrated Family Service Centre	
	16.	Lam Tin Integrated Family Service Centre	

SWD District	Serial No.	Name of Integrated Family Service Centre	
		Social Welfare Department	*Non-governmental Organisation*
Kwun Tong (Cont'd)	17.		Hong Kong Family Welfare Society Kwun Tong Centre Shun Lee Integrated Family Service Centre
	18.		Christian Family Service Centre Family Energizer (Integrated Family Service)
Wong Tai Sin / Sai Kung	19.	Wong Tai Sin Integrated Family Service Centre	
	20.	Tsz Wan Shan Integrated Family Service Centre	
	21.	Tseung Kwan O (North) Integrated Family Service Centre	
	22.	Tseung Kwan O (East) Integrated Family Service Centre	
	23.	Sai Kung Integrated Family Service Centre	
	24		Hong Kong Family Welfare Society Tseung Kwan O Centre Tseung Kwan O (South) Integrated Family Service Centre
	25.		Caritas – Hong Kong Caritas Integrated Family Service Centre – Tung Tau (Wong Tai Sin South West)
Kowloon City / Yau Tsim Mong	26.	Yau Ma Tei Integrated Family Service Centre	
	27.	To Kwa Wan Integrated Family Service Centre	
	28.	Kowloon City Integrated Family Service Centre	
	29.		Hong Kong Christian Service Family Networks: Yau Tsim Integrated Family Service Centre
	30.		Yang Memorial Methodist Social Service Mongkok Integrated Family Service Centre
	31.		Hong Kong Children and Youth Services Hung Hom Integrated Family Service Centre

SWD District	Serial No.	Name of Integrated Family Service Centre	
		Social Welfare Department	*Non-governmental Organisation*
Sham Shui Po	32.	Cheung Sha Wan Integrated Family Service Centre	
	33.	Shek Kip Mei Integrated Family Service Centre	
	34.		International Social Service Hong Kong Branch Sham Shui Po (South) Integrated Family Service Centre
	35.		Hong Kong Family Welfare Society West Kowloon Centre Shamshuipo (West) Integrated Family Service Centre
Shatin	36.	Shatin (North) Integrated Family Service Centre	
	37.	Shatin (South) Integrated Family Service Centre	
	38.	Ma On Shan (North) Integrated Family Service Centre	
	39.	Ma On Shan (South) Integrated Family Service Centre	
	40.		Caritas – Hong Kong Caritas Dr. & Mrs. Olinto de Sousa Integrated Family Service Centre
Tai Po / North	41.	Fanling Integrated Family Service Centre	
	42.	Sheung Shui Integrated Family Service Centre	
	43.	Tai Po (South) Integrated Family Service Centre	
	44.	Tai Po (North) Integrated Family Service Centre	
	45.		Caritas – Hong Kong Caritas Integrated Family Service Centre – Fanling
Yuen Long	46.	Yuen Long (West) Integrated Family Service Centre	
	47.	Yuen Long (East) Integrated Family Service Centre	
	48.	Tin Shui Wai Integrated Family Service Centre	

SWD District	Serial No.	Name of Integrated Family Service Centre	
		Social Welfare Department	*Non-governmental Organisation*
Yuen Long (Cont'd)	49.		International Social Service Hong Kong Branch Tin Shui Wai (North) Integrated Family Service Centre
	50.		Caritas – Hong Kong Caritas Integrated Family Service Centre – Tin Shui Wai
Tsuen Wan / Kwai Tsing	51.	Tsuen Wan (West) Integrated Family Service Centre	
	52.	Kwai Chung (East) Integrated Family Service Centre	
	53.	Kwai Chung (West) Integrated Family Service Centre	
	54.	Tsing Yi (North) Integrated Family Service Centre	
	55.	Tsing Yi (South) Integrated Family Service Centre	
	56.		Hong Kong Family Welfare Society Kwai Chung Centre Kwai Chung (South) Integrated Family Service Centre
	57.		Caritas – Hong Kong Caritas Integrated Family Service Centre – Tsuen Wan (East)
Tuen Mun	58.	Tuen Mun (East) Integrated Family Service Centre	
	59.	Tuen Mun (South) Integrated Family Service Centre	
	60.	Tuen Mun (West) Integrated Family Service Centre	
	61.		Caritas – Hong Kong Caritas Integrated Family Service Centre – Tuen Mun

Annex 3

Steering Committee on Review on the Implementation of the Integrated Family Service Centre Service Mode
Membership

Chairperson	Mrs. MAK CHOW Suk-har, Anna Assistant Director (Family and Child Welfare) Social Welfare Department
Members	Mr. Peter NG District Social Welfare Officer (Tsuen Wan / Kwai Tsing) Social Welfare Department
	Miss Maria LAU Chief Social Work Officer (Family and Child Welfare) 1 Social Welfare Department
	Mr. Parson LAM Assistant Secretary (Welfare) 1A Labour and Welfare Bureau
	Dr. Timothy CHAN Business Director (Service Development) Hong Kong Council of Social Service
	Ms. Agnes NG Assistant Chief Executive (Operation) Christian Family Service Centre
	Ms. Angie LAI Head of Family Service Caritas – Hong Kong
	Mr. NGAI Kong-yiu Executive Director Evangelical Lutheran Church Social Service – Hong Kong
	Mr. Joseph LEE, SBS, JP Independent Person
Secretary	Ms. Loletta LO Senior Social Work Officer (Family) 2 Social Welfare Department

Annex 4

Working Group on Review on the Implementation of the Integrated Family Service Centre Service Mode Membership

Chairperson   Miss Maria LAU
Chief Social Work Officer (Family and Child Welfare) 1
Social Welfare Department

Members   Ms Loletta LO
Senior Social Work Officer (Family) 2
Social Welfare Department

Ms. Grace LI
Officer-in-charge
Central & Islands Integrated Family Service Centre
Social Welfare Department

Mr. NG Wai-lung, David
Officer-in-charge
Cheung Sha Wan Integrated Family Service Centre
Social Welfare Department

Ms. LEUNG Wai-ling
Officer-in-charge
Tuen Mun (West) Integrated Family Service Centre
Social Welfare Department

Mr. Moses MUI
Chief Officer
Service Development (Family and Community)
Hong Kong Council of Social Service

Miss Cindy LEUNG
Head of Service (Family Service)
Hong Kong Family Welfare Society

Mr. KWOK Wai-keung
General Manager (Family and Community Core Business)
Hong Kong Christian Service

Members (Cont'd)	Mr. Daniel CHU Division Head (Family Service Division) Yang Memorial Methodist Social Service
Secretary	Ms. Alice LEUNG Social Work Officer (Family) 2 Social Welfare Department

Annex 5

Schedule of Familiarisation Visits

S/N	Date	Name of consultant(s)	Name of IFSC / SWD district
1.	17.11.2008	Dr. Debbie LAM Dr. Grace LEUNG	Social Welfare Department Tin Shui Wai Integrated Family Service Centre / Yuen Long
2.	17.11.2008	Dr. Debbie LAM Dr. Grace LEUNG	Social Welfare Department Ma On Shan (South) Integrated Family Service Centre / Shatin
3.	17.11.2008	Mrs. Patricia CHU Dr. LAW Chi Kwong Dr. YEUNG Ka Ching	Caritas-Hong Kong Caritas Integrated Family Service Centre – Tsuen Wan (East) / Tsuen Wan / Kwai Tsing
4.	17.11.2008	Mrs. Patricia CHU Dr. LAW Chi Kwong Dr. YEUNG Ka Ching	Social Welfare Department Yau Ma Tei Integrated Family Service Centre / Kowloon City / Yau Tsim Mong
5.	17.11.2008	Dr. Sandra TSANG Prof. Joe LEUNG	St. James' Settlement St. James' Settlement Wanchai Integrated Family Service Centre / Eastern / Wan Chai
6.	18.11.2008	Dr. Sandra TSANG Prof. Joe LEUNG	Social Welfare Department Tseung Kwan O (East) Integrated Family Service Centre / Wong Tai Sin / Sai Kung

Annex 6

List of Meetings with IFSC Operators and Stakeholders

S/N	Nature of meeting	Date	No. of participants
1.	Meeting with DSWOs	24.11.2008	15
2.	Meeting with NGO IFSC operators	9.12.2008	15
3.	Meeting with SWD Staff Unions / Non Staff Union DCC [*] representatives (professional staff)	15.12.2008	11
4.	Meeting with SWD Staff Unions / Non Staff Union DCC[*] representatives (support staff)	16.12.2008	17
5.	Briefing ession on Review on the Implementation of the Integrated Family Service Centre Service Mode	17.12.2008	around 240
6.	Hong Kong Polytechnic University – Forum on IFSC Review findings	7.2.2009	Not Available
7.	Meeting with HD and SWD	31.8.2009	11
8.	Meeting with Network on IFSC, HKCSS	18.9.2009	12
9	Meeting with DSWOs	6.10.2009	15
10	Meeting with SWD Staff Unions / Non Staff Union DCC[*] representatives (professional staff)	20.10.2009	9
11.	Meeting with SWD Staff Unions / Non Staff Union DCC [*] representatives (support staff)	20.10.2009	16
12.	Briefing Session on initial findings of Review on the Implementation of the Integrated Family Service Centre Service Mode	28.10.2009	around 300

Note: [*] Departmental Consultative Committee

Annex 7

Centre Report Template

1. Brief history and development

    1.1   Nature of the centre before the implementation of IFSC

        ☐ Family / Counselling service   □ Youth + family service

        ☐ Family support and resource centre

        ☐ Others (please specify): _____

    1.2   Participation in IFSC pilot project

        □ Yes   □ No

    1.3   Significant events affecting the centre development (e.g. moved to a permanent premises, moved back to the service boundary, environmental factors such as district redevelopment, change in population profile, etc.):

        _____

    1.4   Current service boundary: _____

2. Premises & facilities

		Main / Only Base	*Sub-Base*
2.1	Centre situated in		
		□ Public housing block	□ Public housing block
		□ Government office building	□ Government office building
		□ Shop / Mall	□ Shop / Mall
		□ Commercial office building	□ Commercial office building
		□ Community centre	□ Community centre
		□ Multi-social service building	□ Multi-social service building
		□ Others (please specify): _____	□ Others (please specify): _____
2.2	Centre located within the service boundary		
		□ Yes □ No	□ Yes □ No
2.3	Duration since move-in to existing premises:		
		_____ year(s) _____month(s)	_____ year(s) _____month(s)

3. Organisation structure and manpower allocation

    3.1   Organisation chart (with establishment) [Note 1]

3.2　Overall staff establishment and current staff strength

　　(both professional & supporting staff)

Rank / Post	Establishment	Strength	Vacancy	Remarks

3.3　Additional manpower

　　(from staff deployment for SWD / outside funding for NGOs)

　　□ Yes, please fill in the following table　　　□ No

Rank / Post	Number of Staff	Remarks
Total		

3.4　Manpower allocation

　　□ Type A (Mixed mode): All professional staff are fluidly deployed purposefully to work in one unit or any combination of units (i.e. FRU, FSU and FCU).

　　□ Type B (Discrete mode): A considerable proportion of the professional staff are designated to concentrate on the work of only one unit.

　　□ Others, please specify: _____

4.　Community needs, service priorities & users' needs and problems

4.1　Community needs, service priorities and users' needs and problems in 2008/09 [Note 2]

4.2　Changes in the three aspects at 4.1 above over the past few years

　　(from 2005/06 to 2007/08)

4.3　Priority target groups planned for 2008/09

　　(please check THREE major groups):

　　　　□ New arrivals　　　　　　□ Single parents

　　　　□ Men/ fathers　　　　　　□ Women/ mothers

　　　　□ Ethnic minorities　　　　□ Deprived families

　　　　□ Victims of domestic violence/family conflict

　　　　□ Children/ adults/ families with mental health problem

　　　　□ Others (please specify): _____

4.4　Rationale(s) and changes in priority target groups over the past few years

　　(from 2005/06 to 2007/08)

5. **Implementation of the four guiding principles under the service direction of IFSC**

    5.1   Strategies and approaches
- Accessibility
- Early identification
- Integration
- Partnership

    5.2   Challenges/problems encountered
- Facilitating factors
- Hindering factors
- Coping strategies and effects

6. **Suggestions for future development/ improvements** [Note 3]

    6.1   Improved accessibility and user-friendly environment

    6.2   Early identification of needs/problems including reaching out work

    6.3   Enhanced service integration

    6.4   Increased community partnership and cross-sector collaboration

    6.5   Others, please specify: _____

Prepared by: _____   Date: _____

             (Name & Post)

Endorsed by: _____   Date: _____

             (Name & Post)

IFSC: _____

Tel. No.: _____

Email: _____

Notes:

1. Please submit the present organisation chart of the centre and attach a copy of the job description of the staffing to the HKU Consultant Team.

2. All the time periods in this template refer to a financial year (i.e. from April to March of the following year).

3. Please enter NIL if there is no comment.

Annex 8

District Focus Groups held by the Consultants

8a. Discussion Guidelines of District Focus Groups with Social Work Professionals (Chinese version only)

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綜合家庭服務中心服務模式實施情況檢討
地區聚焦小組 ― 社會工作專業人員
討論指引

</div>

目標：

1. 收集有關綜合家庭服務中心推行四項指導原則和針對特定群體的服務成效意見;

2. 討論如何改善綜合家庭服務中心服務模式的建議。

討論指引： (約 2- 2.5 小時）

第 1 部分：地區概況（15 分鐘）

1.1 根據區內各綜合家庭服務中心所提交之中心報告,主持總結該區的家庭需要和特定服務對象等,並邀請與會者作補充及澄清。
   - 區內之家庭服務是否存在服務隙縫或重疊？如有,原因是甚麼？

第 2 部分：綜合家庭服務中心服務模式在回應地區的服務需要的成效 （1-1.5 小時）

2.1 對於綜合家庭服務中心服務模式的三個服務方向(「兒童為重」、「家庭為本」、「社區為基礎」)， 你們有甚麼意見？

2.2 對於綜合家庭服務中心服務模式的四項指導原則 (即「方便使用」、「及早識別」、「整合服務」、「伙伴關係」) ，你們有甚麼意見？ 如：
   - 中心位置、服務範圍的設定和規劃比例等,是否恰當？
   - 「及早識別」這服務原則,能否防止家庭問題惡化？
   - 三層結構的服務形式,能否有效地提供一站式服務,方便服務使用者在同一間中心滿足大部份需要？
   - 中心與其他福利機構及地區團體建立的伙伴關係（轉介、合作和協調機制）的情況如何？

2.3 主持總結及探討區內各中心在推行綜合家庭服務中心服務模式時所遇到的有助或妨礙因素。

2.4 對於綜合家庭服務中心的服務模式,有甚麼改善方法及建議？

第 3 部分：綜合家庭服務中心服務模式對特定服務對象之成效（15 - 20 分鐘）

3.1 綜合家庭服務中心主動接觸面臨危機的隱蔽家庭的情況如何？(如：成效怎樣？是否有困難？有甚麼可供借鏡的工作方法/ 項目？)

3.2 綜合家庭服務中心在發展專門化服務的情況如何？(如：成效怎樣？是否有困難？有甚麼可供借鏡的工作方法/ 項目？)

第 4 部分：總評論（5 -15 分鐘）

4.1 整體而言，綜合家庭服務中心的服務模式能否有效強化家庭和滿足社區不斷轉變的需求？

4.2 綜合家庭服務中心的角色及主要服務 (core services) 應該是甚麼？

4.3 對提高綜合家庭服務中心服務模式的效能和發展方向，你們還有甚麼建議？

- 多謝 -

8b. Discussion Guidelines of District Focus Groups with Community Stakeholders (Chinese version only)

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綜合家庭服務中心服務模式實施情況檢討
聚焦小組 ─ 地區持份者
討論指引

</div>

目標：

1. 收集地區持份者對綜合家庭服務中心的服務模式及效能的意見。
2. 收集地區持份者對現時綜合家庭服務中心與其他有關人士/ 團體建立伙伴合作關係的意見。

討論指引 (約 1.5 - 2 小時)

1. 地區內的家庭需要和困難是甚麼？(10-15 分鐘)

2. 對於區內之家庭服務，你們有甚麼意見？(10-15 分鐘)
   - 是否存在服務隙縫或重疊的情況？
   - 如有以上的情況，原因是甚麼？
   - 有甚麼改善建議？

3. 根據你們的經驗，與區內綜合家庭服務中心的合作情況如何？ (60 分鐘)
   - 對彼此的合作（轉介和協調），是否滿意？
   - 有甚麼改善方法？
   - 對於區內家庭的需要和困難,你們認爲綜合家庭服務中心應該扮演甚麼角色/ 提供甚麼主要服務？

4. 對於綜合家庭服務中心的服務推行，你們是否有其他意見呢？(10-15 分鐘)
   - 以社區人口及地理位置劃分服務單位
   - 中心開放時間 (包括延長開放時間)

5. 對於如何改善綜合家庭服務中心的*服務/ 服務模式，你們還有甚麼建議？ (10-15 分鐘)

<div align="center">

- 多謝 -

</div>

8c. List of District Focus Groups with Social Work Professionals

SWD district	Name of responsible Consultant(s)	Date	Number of participants
Central Western / Southern / Islands	Dr. Grace LEUNG	14.5.2009	12
Eastern / Wan Chai	Dr. Sandra TSANG	26.5.2009	16
Kwun Tong	Mrs. Bibiana CHAU	20.5.2009	15
Wong Tai Sin / Sai Kung	Dr. YEUNG Ka Ching	14.5.2009	17
Kowloon City / Yau Tsim Mong	Dr. Debbie LAM & Ms. Dana CHU	19.5.2009	13
Sham Shui Po	Mrs. Patricia CHU	19.5.2009	11
Shatin	Ms. Lianne TAI	7.5.2009	11
Tai Po / North	Ms Christina WAN	25.5.2009	11
Yuen Long	Dr. LAW Chi Kwong	6.5.2009	10
Tsuen Wan / Kwai Tsing	Ms. Catherine CHUNG & Ms. Julia LAM	22.5.2009	16
Tuen Mun	Prof. Joe LEUNG	15.5.2009	12
	TOTAL		**144**

8d.   List of District Focus Groups with Community Stakeholders

SWD district	Name of responsible Consultant(s)	Date	Number of participants
Central Western / Southern / Islands	Dr. Grace LEUNG	14.5.2009	12
Eastern / Wan Chai	Dr. Sandra TSANG	26.5.2009	17
Kwun Tong	Mrs. Bibiana CHAU	20.5.2009	15
Wong Tai Sin / Sai Kung *	Dr. YEUNG Ka Ching	14.5.2009	29
Kowloon City / Yau Tsim Mong	Dr. Debbie LAM & Ms. Dana CHU	12.5.2009	12
Sham Shui Po	Mrs. Patricia CHU	19.5.2009	14
Shatin	Ms. Lianne TAI	7.5.2009	11
Tai Po / North	Ms Christina WAN	25.5.2009	15
Yuen Long	Dr. LAW Chi Kwong	6.5.2009	11
Tsuen Wan / Kwai Tsing	Ms. Catherine CHUNG & Ms. Julia LAM	22.5.2009	14
Tuen Mun	Prof. Joe LEUNG	15.5.2009	21
		TOTAL	**171**

* Two district focus groups were held, one group for 14 stakeholders at Wong Tai Sin, and another group for 15 stakeholders at Sai Kung.

Case Studies conducted by the Consultants

9a. Discussion Guidelines for Case Study Focus Groups with IFSC Frontline Social Workers and Support Staff

(Chinese version only)

綜合家庭服務中心服務模式實施情況檢討
個案研究聚焦小組 ― 中心職員
討論指引 [#]

<u>目標：</u>
1. 探討中心在推行綜合家庭服務中心服務模式的詳情；
2. 探討中心在推行綜合家庭服務中心的「四項指導原則」和「三個服務方向」的成效、困難及處理方法;
3. 討論如何改善綜合家庭服務中心服務模式的建議。

<u>討論指引：</u> （約 **2.5-3** 小時）

中心如何推行綜合家庭服務中心的服務模式及其成效

1 <u>服務模式</u>
1.1 貴中心在實施綜合家庭服務中心服務模式時，如何推行四項指導原則 (即「方便使用」、「及早識別」、「整合服務」、「伙伴關係」) 和三個服務方向 (即「兒童為重」、「家庭為本」、「社區為基礎」)？在過去三年，是否有出現任何變化？
1.2 在推行綜合家庭服務中心服務模式的過程中，貴中心所面對的挑戰/ 困難/ 問題是甚麼？如何處理或克服這些困難/ 問題？
1.3 當中的有助或妨礙因素是甚麼？

2 <u>服務對象和及早識別</u>
2.1 誰是貴中心優先服務的社群或難以接觸的服務對象？
2.2 貴中心採用甚麼主要策略去接觸這些對象，並鼓勵他們接受服務？
2.3 貴中心有那些創新或可供借鏡的工作方法/ 項目？

3 <u>整合服務</u>
3.1 中心要轉介服務使用者到不同服務單位接受服務時, 有甚麼準則和程序？
3.2 中心不同的服務單位如何溝通和合作？有甚麼統籌機制？
3.3 當中是否存在障礙/ 困難？如何克服這些障礙/ 困難？
3.4 有那些可供借鏡的地方？

<u>伙伴關係</u>

3.5 貴中心如何與其他綜合家庭服務中心合作？與社會福利署和非政府機構的綜合家庭服務中心合作有甚麼分別？

3.6 在推行綜合家庭服務時，貴中心與其他提供家庭服務相關的單位 (如青少年服務、感化服務、康復服務、醫務社會服務、安老服務) 的合作情況如何？

3.7 貴中心與其他社區伙伴 (如區議員、地區組織等) 的合作情況如何？對中心服務有甚麼好處和弊處？

3.8 對於改善與社區伙伴的合作關係，你們有甚麼建議？

4 <u>整體評價</u>

4.1 你們覺得貴中心所推行的綜合家庭服務中心服務模式成效如何？有甚麼優點和缺點？

4.2 根據貴中心的經驗，綜合家庭服務中心服務模式有甚麼優點和缺點？

4.3 對於改善綜合家庭服務中心的服務模式，你們 有甚麼建議？

\# 是項討論指引將會根據中心報告的資料而作出修定。

- 多謝 -

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綜合家庭服務中心服務模式實施情況檢討
個案研究聚焦小組 ― 地區持份者
討論指引

</div>

目標：
1.　　收集地區伙伴與綜合家庭服務中心合作的情況和意見。
2.　　收集地區伙伴對綜合家庭服務中心服務模式的意見。

討論指引： （約 **1.5-2** 小時）

1　方便使用（10-20 分鐘）
1.1 你們是如何認識這間綜合家庭服務中心及其服務？
1.2 就以下各方面來說，你們對這間綜合家庭服務中心的一般印象如何？
- 中心位置
- 開放時間 (包括延長開放時間)
- 中心環境和設施
- 提供/ 轉介服務的程序和手續
- 整體氣氛 (如職員的態度是友善還是冷漠；尊重還是歧視等等)。

2　及早識別/ 整合服務/伙伴關係（40-60 分鐘）
2.1 貴機構/ 單位是提供那些服務？ 與這間中心的合作經驗如何？合作有多頻繁？
2.2 根據你們的經驗，有甚麼有助或妨礙因素會影響彼此的合作？

3　整體評價（20-40 分鐘）
3.1 你們是否滿意與這間綜合家庭服務中心的伙伴關係（如服務轉介、合作、協調等等）？
3.2 對於如何改善與這間綜合家庭服務中心的伙伴合作關係，你們有甚麼建議？
3.3 現時的綜合家庭服務中心服務模式是為個人和家庭提供全面、整全和一站式的服務。中心以輔導，小組，大型活動等手法，提供一系列預防、支援和補救性的服務，以滿足社區個人及家庭各式各樣的需要。你認為這種綜合服務模式有何優點和缺點？

<div align="center">

- 多謝 -

</div>

9c. ***Discussion Guidelines for Case Study Focus Groups with Service Users***
(Chinese version only)

<p style="text-align:center">綜合家庭服務中心服務模式實施情況檢討
個案研究聚焦小組 ─ 服務使用者
討論指引</p>

<u>目標：</u>
1. 收集服務使用者對綜合家庭服務中心服務的意見。
2. 收集服務使用者對使用中心不同單位或其他機構服務的意見。

<u>討論指引</u>： （約 **1.5-2** 小時）

1 <u>方便使用／及早識別</u>（15-20 分鐘）
1.1 你們是怎樣知道有這間綜合家庭服務中心及其服務的？
1.2 就以下各方面來說，你們對綜合家庭服務中心的一般印象如何？
- 中心位置
- 開放時間 (包括延長開放時間)
- 中心環境和設施
- 接受服務的程序/ 手續
- 整體氣氛 (如職員的態度是友善還是冷漠；尊重還是歧視等等)。

2 <u>服務整合</u>（30-40 分鐘）
2.1 你們曾使用/參加這間綜合家庭服務中心那些服務/活動？為時多久？
2.2 你們曾否透過這中心的社工幫助而獲得其他機構的服務？
2.3 整體來說，你們是否滿意這中心所提供的一站式服務？

3 <u>其他意見</u>（20-30 分鐘）
3.1 你們是否會再次使用這間綜合家庭服務中心所提供的服務呢？
3.2 你們是否會推薦其他人使用這間綜合家庭服務中心的服務呢？
3.3 對於如何改善綜合家庭服務中心的服務，你們有甚麼建議？

9d. List of Case Study Focus Groups with IFSC Frontline Social Workers and Support Staff

Name of IFSC	Name of responsible Consultant(s)	Date	Number of participants
Social Welfare Department High Street IFSC	Dr. Grace LEUNG	29.4.2009	12
Social Welfare Department Chai Wan (West) IFSC	Dr. Sandra TSANG	21.5.2009	9
Christian Family Service Centre Family Energizer (IFS)	Mrs. Bibiana CHAU	8.5.2009	13
Social Welfare Department Tseung Kwan O (North) IFSC	Dr. YEUNG Ka Ching	8.5.2009	9
Hong Kong Christain Service Family Network: Yau Tsim IFSC	Dr. Debbie LAM	23.4.2009	10
International Social Service Hong Kong Branch Sham Shui Po (South) IFSC	Mrs. Patricia CHU	11.5.2009	16
Social Welfare Department Shatin (North) IFSC	Dr. LAW Chi Kwong	30.4.2009	9
Social Welfare Department Tai Po (North) IFSC	Ms. Heidi HUI	6.5.2009	9
Caritas – Hong Kong Caritas IFSC – Tin Shui Wai	Ms. Bobo CHAN	22.4.2009	11
Hong Kong Family Welfare Society Kwai Chung (South) IFSC	Dr. Vivian LOU	12.5.2009	13
Social Welfare Department Tuen Mun (West) IFSC	Prof. Joe LEUNG	23.4.2009	9
		TOTAL	**120**

9e. List of Case Study Focus Groups with Community Stakeholders

Name of IFSC	Name of responsible Consultant(s)	Date	Number of participants
Social Welfare Department High Street IFSC	Dr. Grace LEUNG	23.4.2009	11
Social Welfare Department Chai Wan (West) IFSC	Dr. Sandra TSANG	21.5.2009	9
Christian Family Service Centre Family Energizer (IFS)	Mrs. Bibiana CHAU	8.5.2009	14
Social Welfare Department Tseung Kwan O (North) IFSC	Dr. YEUNG Ka Ching	8.5.2009	12
Hong Kong Christain Service Family Network: Yau Tsim IFSC	Dr. Debbie LAM	24.4.2009	9
International Social Service Hong Kong Branch Sham Shui Po (South) IFSC	Mrs. Patricia CHU	11.5.2009	11
Social Welfare Department Shatin (North) IFSC	Dr. LAW Chi Kwong	4.5.2009	9
Social Welfare Department Tai Po (North) IFSC	Ms. Heidi HUI	6.5.2009	11
Caritas – Hong Kong Caritas IFSC – Tin Shui Wai	Ms. Bobo CHAN	17.4.2009	11
Hong Kong Family Welfare Society Kwai Chung (South) IFSC	Dr. Vivian LOU	12.5.2009	16
Social Welfare Department Tuen Mun (West) IFSC	Prof. Joe LEUNG	23.4.2009	7
		TOTAL	**120**

9f. List of Case Study Focus Groups with Service Users

Name of IFSC	Name of responsible Consultant(s)	Dates	Number of participants
Social Welfare Department High Street IFSC	Dr. Grace LEUNG	29.4.2009	10
Social Welfare Department Chai Wan (West) IFSC	Dr. Sandra TSANG	21.5.2009	8
Christian Family Service Centre Family Energizer (IFS)	Mrs. Bibiana CHAU	8.5.2009	14
Social Welfare Department Tseung Kwan O (North) IFSC	Dr. YEUNG Ka Ching	8.5.2009	8
Hong Kong Christain Service Family Network: Yau Tsim IFSC	Dr. Debbie LAM	23.4.2009	10
International Social Service Hong Kong Branch Sham Shui Po (South) IFSC	Mrs. Patricia CHU	11.5.2009	10
Social Welfare Department Shatin (North) IFSC	Dr. LAW Chi Kwong	30.4.2009	12
Social Welfare Department Tai Po (North) IFSC *	Ms. Heidi HUI	6.5.2009	12
Caritas – Hong Kong Caritas IFSC – Tin Shui Wai	Ms. Bobo CHAN	22.4.2009	12
Hong Kong Family Welfare Society Kwai Chung (South) IFSC	Dr. Vivian LOU	12.5.2009	10
Social Welfare Department Tuen Mun (West) IFSC #	Prof. Joe LEUNG	23.4.2009	8
		TOTAL	**114**

* Two case study focus groups were held, one group for six users who had received services from FCU, and another group for six FSU / FRU users.

Two case study focus groups were held, one group for four users who had received services from FCU, and another group for four FSU / FRU users.

Annex 10

User Survey

10a. Survey Questionnaire for IFSC Service Users (Chinese version)

IFSC 編號：_____　　　　　　　　問卷編號：_____

來源: **FCU/FSU/FRU**

「綜合家庭服務中心」

--- 服務使用者對服務的意見調查 ---

(I) 服務使用歷史

1.　你幾時開始使用這個綜合家庭服務中心的服務？
　　□1. 過往一年內
　　□2. 一年前至未足兩年
　　□3. 兩年前至未足三年
　　□4. 三年前或以上

2.　你在這個綜合家庭服務中心第一次使用/參加的服務/活動是什麼？(只選一項)
　　□1. 向職員查詢/諮詢/索取資料
　　□2. 在中心閱覽資料/資訊
　　□3. 使用中心資源/設施 (如電腦、兒童閣、看報紙)
　　□4. 參加小組服務 (如治療、支援、教育、發展、互助小組)
　　□5. 參加一次過的教育/發展活動
　　□6. 使用個案服務/社工輔導
　　□7. 參加義工服務/活動/訓練
　　□8. 參加其他服務，請註明：_____

3.　你除了使用這個中心的服務外，有沒有使用過其他綜合家庭服務中心的服務？
　　□1. 沒有
　　□2. 有　　　　是現在還是以前？　□1. 現在：是那一間中心：_____ 幾時開始：_____
　　　　　　　　　　　　　　　　　　□2. 以前：是那一間中心：_____ 大約是幾耐以前：_____

(II) 服務使用者使用/參加「綜合家庭服務中心」服務/活動的情況及對有關服務的滿意程度

4. 在**過去十二個月**，你有沒有使用/參加**本中心**以下的服務/活動？ *[如答案是「有」，續問 Q.5]*			5. 你有幾滿意這些服務/活動？					
服務/活動類別	1. 沒 有	2. 有	1. 好 唔 滿 意	2. 唔 滿 意	4 滿 意	5. 好 滿 意	7. 無 意 見	8. 普 通/ 一 般
i) 中心職員提供諮詢/資料/回應查詢的服務	1	2	1	2	4	5	7	8
ii) 中心可供閱覽的資料	1	2	1	2	4	5	7	8
iii) 中心所提供的資源/設施 (如電腦、兒童閣、報紙)	1	2	1	2	4	5	7	8
iv) 小組服務 (包括治療、支援、教育、發展、互助小組)	1	2	1	2	4	5	7	8
v) 一次過教育/發展活動 (如講座、探訪、旅行)	1	2	1	2	4	5	7	8
vi) 個案服務/社工輔導	1	2	1	2	4	5	7	8
vii) 義工服務/活動/訓練	1	2	1	2	4	5	7	8

(註: 在訪問時，"無意見"，"普通/一般"不會讀出)

(III) 服務使用者對「綜合家庭服務中心」服務/活動成效的評價

整體來說，中心的服務是否能令你…	1. 完 全 不 能 夠	2. 不 能 夠	3. 能 夠	4. 完 全 能 夠	7. 無 意 見	8. 普 通 / 一 般
(只適用於曾接受個案/輔導服務、治療小組或支援小組的服務使用者) (Q4iv 或 Q4vi：有)						
6. 增強自信	1	2	3	4	7	8
7. 增加多了對自己/家庭/家人的認識	1	2	3	4	7	8
8. 認識更多解決日常生活問題的知識和方法	1	2	3	4	7	8
9. 增加處理/解決問題的能力	1	2	3	4	7	8
10. 增加對社會/社區資源的認識 (如：可以滿足/應付自己或家人的需要的服務/設施/資源)	1	2	3	4	7	8
(只適用於曾參加治療小組、支援小組或互助小組的服務使用者) (Q4iv：有)						
11. 認識多些朋友	1	2	3	4	7	8
12. 認識更多當自己有困難時，可以幫到自己的朋友	1	2	3	4	7	8
(只適用於曾接受個案服務/社工輔導的服務使用者) (Q4vi：有)						
13. 處理/解決自己/家庭/家人的問題	1	2	3	4	7	8
14. 紓緩自己/家庭/家人的情緒困擾	1	2	3	4	7	8

(註: 在訪問時，"無意見"，"普通/一般"不會讀出)

(以下問題適用於所有服務使用者)

15. 請問你對於中心的**地點位置**滿唔滿意？
    □ 1. 好唔滿意　　□ 2. 唔滿意　□ 3. 滿意　□ 4. 好滿意　□ 7.無意見　□ 8. 一般

16. 請問你對於中心**開放時間**滿唔滿意？
    □ 1. 好唔滿意　　□ 2. 唔滿意　□ 3. 滿意　□ 4. 好滿意　□ 7.無意見　□ 8. 一般

17. 請問你對於中心的**環境**滿唔滿意？
    □ 1. 好唔滿意　　□ 2. 唔滿意　□ 3. 滿意　□ 4. 好滿意　□ 7.無意見　□ 8. 一般

18. 請問你對於中心的**設施**滿唔滿意？
    □ 1. 好唔滿意　　□ 2. 唔滿意　□ 3. 滿意　□ 4. 好滿意　□ 7.無意見　□ 8. 一般

19. 總括來講，你對中心提供的**整體服務**滿唔滿意？
    □ 1. 好唔滿意　□ 2. 唔滿意　□ 3. 滿意　□ 4. 好滿意　□ 7.無意見　□ 8. 一般

20. 請問你是透過什麼渠道接觸中心的服務? *[可作多項選擇]*
    □1. 自己行過發現　　　　　　□2. 親友介紹　　　　　□3. 鄰居介紹
    □4. 中心在戶外的推廣活動　　□5. 網上資訊
    □6. 中心職員/義工探訪/致電　□7. 中心刊物/海報/橫額
    □8. 其他人士/機構的轉介：＿＿＿＿＿＿＿＿
    　　　　　　　　（□1. 社署保護家庭及兒童服務課　□2. 其他綜合家庭服務中心
    　　　　　　　　　□3. 社署社會保障部　　　　□4. 其他社會服務中心
    　　　　　　　　　□5. 醫院/診所　　　　　　□6. 學校
    　　　　　　　　　□7. 其他政府部門　　□8. 議員
    　　　　　　　　　□9. 地區組織　　　　□10.其他 (請註明：＿＿＿＿＿＿＿＿)
    □9. 其他（請註明：＿＿＿＿＿＿＿＿）
    （註：若是社工轉介，仍要澄清是屬於社署保護家庭及兒童服務課、其他綜合家庭服務中心、其他社會服務中心、還是醫院/診所的社工)

21. 請問你有沒有試過介紹你的親友/鄰居來接受這個家庭服務中心的服務?
    □1. 沒有　　　　　　　□2. 有

只適用於曾接受個案服務/社工輔導(Q4iv:有)，而第一次來接受的服務不是個案服務/社工輔導的服務使用者(Q2:不是選擇 6)

22. 你最初來中心的時候不是接受個案服務/社工輔導，後來是怎樣會接受個案服務/社工輔導的呢？
    □1. 社工建議
    □2. 自己主動找社工.
    □3. 中心其他服務使用者建議/介紹
    □4. 其他:＿＿＿＿＿＿＿＿＿＿＿＿

(IV) 個人資料

23. 性別：　　　　□1. 男　　　　□2. 女

24. 年齡：＿＿＿＿＿＿＿＿歲

25. 婚姻狀況：□1. 已婚　　□ 2. 離婚/分居　　□3. 配偶已去世　　□ 4. 未婚

26. 子女數目:＿＿＿＿＿＿＿＿

27. 教育程度：
    □1. 私塾/未正式接受教育　　　□2. 小學　　　□3. 中學/預科　　　□4. 大專或以上

28. 經濟活動狀況：
    □1. 全職工作
    □2. 兼職工作(即每星期工作少於 30 小時)
    □3. 失業
    □4. 家務料理者
    □5. 學生
    □6. 退休
    □7. 其他：_____

29. 請問你家庭的主要經濟來源是什麼? *[只選一項]*
    □1. 個人的工作收入　　　□2. 家人/親屬　　　□3. 綜援
    □4. 贍養費　　　　　　　□5. 長俸/退休金　　□6. 投資收入(利息、紅利、出租物業)
    □7. 傷殘津貼/高齡津貼(生果金)　　　　□8. 沒有收入
    □9. 其他

30. 請問你居住的單位屬於什麼類型?

□1. 公屋	□2. 資助出售單位(例如居屋, 租者置其屋)
□3. 租住私人樓宇	□4. 自住私人物業
□5. 其他	

~ **多謝合作** ~

10b. Survey Questionnaire for IFSC Service Users (English version)

IFSC ID Number：_____   **Questionnaire No.:**：_____
Source: FCU/FSU/FRU

<div align="center">

Integrated Family Service Centre

--- Service Users Opinion Survey ---

</div>

(I) Service utilisation history

1. When did you begin to use the services of this Integrated Family Service Centre?
    □1. In the past year
    □2. 1 year before to below 2 years
    □3. 2 years before to below 3 years
    □4. 3 years or above

2. When you first came to this Integrated Family Service Centre, what kind of service/ activity did you use/ participate in? (Select ONE only)
    □1. Sought enquiry/ advice/ information from staff
    □2. Read information/ data in the Centre
    □3. Used Centre resources/ facilities (e.g. computer, children's corner, read newspapers)
    □4. Attended group service (e.g. therapeutic/ support/ educational/ developmental/ mutual help group)
    □5. Attended one-off educational/ developmental programme
    □6. Sought casework/ counselling service
    □7. Attended volunteer service/ programme/ training
    □8. Attended other service, please specify: _____

3. Besides using this Centre's services, have you used the services provided by other Integrated Family Service Centre?
    □1. No
    □2. Yes   At present or in the past? □1. At present：   from which centre? _____
                                                            starting from when? _____
                                         □2. In the past: from which centre? _____
                                                            roughly from when? _____

(II) Pattern of service utilisation /activity participation and satisfaction level of service users of the Integrated Family Service Centre

4. In the **past 12 months**, did you use/ participate in the following services/ activities provided by **this Centre**? *[If Yes, continue with Q.5]*			***5.*** How satisfied are you with the services/ activities?						
Types of services/ activities	1.No	2.Yes	1.Very Dissatisfied	2. Dissatisfied	4. Satisfied	5. Very Satisfied	7.No Opinion	8. Average	
i) Advice/ information/ enquiry service provided by staff	1	2	1	2	4	5	7	8	
ii) Access information in the Centre	1	2	1	2	4	5	7	8	
iii) Resources/ facilities in the Centre (e.g. computer, children's corner, newspapers)	1	2	1	2	4	5	7	8	
iv) Group work service (including therapeutic, support, educational, developmental, mutual help groups)	1	2	1	2	4	5	7	8	

Types of services/ activities	1.No	2.Yes	1. Very Dissatisfied	2. Dissatisfied	4. Satisfied	5. Very Satisfied	7.No Opinion	8. Average
v) One-off educational/ developmental programme (e.g. talk, visit, picnic)	1	2	1	2	4	5	7	8
vi) Casework/ counselling service	1	2	1	2	4	5	7	8
vii) Volunteer service/ programme/ training	1	2	1	2	4	5	7	8

(Note: In conducting interview, please do NOT read out "no opinion" and "average")

(III) Service users' evaluation of the Integrated Family Service Centre's service / activity effectiveness

Overall speaking, please indicate whether this Centre's services are able to help you to …	1. Totally unable	2.Not able	3. Able	4.Totally able	7.No opinion	8.Average
(Only applicable to those service users who had received casework/ counselling service, therapeutic group or support group) (Q4iv or Q4vi : Yes)						
6. Enhance your self-confidence	1	2	3	4	7	8
7. Enhance understanding of yourself/ your family/ family members	1	2	3	4	7	8
8. Enhance your problem-solving knowledge and methods in daily life	1	2	3	4	7	8
9. Enhance your problem-solving capacity	1	2	3	4	7	8
10. Enhance your knowledge of societal/ community resources (e.g. services / facilities/ resources for meeting your needs/ family's needs)	1	2	3	4	7	8
(Only applicable to those service users who had participated in therapeutic group, support group or mutual help group) (Q4iv : Yes)						
11. Have more friends	1	2	3	4	7	8
12. Have more friends who are able to offer help to you when you have difficulties	1	2	3	4	7	8
(Only applicable to those service users who had received help for casework/ counselling service from social worker) (Q4vi : Yes)						
13. Manage/ solve your own/ family/ family member's problem	1	2	3	4	7	8
14. Relieve your own/ family/ family member's emotional distress	1	2	3	4	7	8

(Note: In conducting interview, please do NOT read out "no opinion" and "average")

(The following questions can apply to all service users)
15. How satisfied are you with this Centre's **location**?
   □ 1. Very Dissatisfied □ 2. Dissatisfied   □ 3. Satisfied
   □ 4. Very Satisfied   □ 7.No Opinion   □ 8. Average

16. How satisfied are you with this Centre's **opening hours**?
   □ 1. Very Dissatisfied □ 2. Dissatisfied   □ 3. Satisfied
   □ 4. Very Satisfied   □ 7.No Opinion   □ 8. Average

17. How satisfied are you with this Centre's **environment**?
   □ 1. Very Dissatisfied □ 2. Dissatisfied   □ 3. Satisfied
   □ 4. Very Satisfied   □ 7.No Opinion   □ 8. Average

18. How satisfied are you with this Centre's **facilities**?
    □ 1. Very Dissatisfied □ 2. Dissatisfied   □ 3. Satisfied
    □ 4. Very Satisfied   □ 7.No Opinion □ 8. Average

19. In general, how satisfied are you with this Centre's **overall services**?
    □ 1. Very Dissatisfied □ 2. Dissatisfied   □ 3. Satisfied
    □ 4. Very Satisfied   □ 7.No Opinion □ 8. Average

20. How did you come into contact with this Centre's services? *[May select MORE THAN ONE item]*
    □1. Passed by the Centre   □2. Introduced by relative   □3. Introduced by neighbour
    □4. Centre's outdoor promotion activities   □5. Website information
    □6. Visit/ telephone contact by centre staff/ volunteer □7. Centre's publication/ poster/ banner
    □8. Referred by other people/ organisation: _____
                              (□1. SWD Family and Child Protective Services Unit
                               □2. Other Integrated Family Service Centre
                               □3. SWD Social Security Field Unit □4. Other social service centres
                               □5. Hospital/ clinic   □6. School
                               □7. Other government departments   □8. Councillors
                               □9. District organisations □10.Others (please specify: _____)
    □9. Others（please specify: _____）
      (Note: If the service user was referred by a social worker, please clarify the affiliation of the social worker,
      i.e. whether he/she belonged to SWD Family and Child Protective Services Unit, other Integrated Family
      Service Centre, other social service centre, or from social worker working in hospital/ clinic)

21. Have you introduced your relatives/ neighbours to receive services from this Integrated Family Service
    Centre?
    □1. No   □2. Yes

Only applicable to those service users who had received casework/ counselling service from social workers
(Q4iv:Yes), and for those service users who did not seek casework/ counselling service the first time they came to
this Centre to receive service (Q2: Did not select 6)

22. When you first came to this Centre, you did not seek help for casework/ counselling service. How did you
    eventually seek help for casework/ counselling service from social worker?
    □1. Recommended by social worker
    □2. Actively sought help from social worker on your own
    □3. Recommended/ introduced by other service users of this Centre
    □4. Others: _____

(IV) Personal data

23. Sex: □1. Male   □2. Female

24. Age: _____Years Old

25. Marital Status：□1. Married   □ 2. Divorced/ Separated □3. Widowed   □ 4. Never Married

26. No. of Children: _____

27. Educational Level:
    □1. Private tuition/ No formal education □2. Primary   □3. Secondary/ Matriculation
    □4. Post-secondary or above

28. Economic Activity Status:
    □1. Full-time work
    □2. Part-time work (i.e. less than 30 hours per week)
    □3. Unemployed
    □4. Home maker
    □5. Student
    □6. Retired
    □7. Others: _____

29. What is the main source of finance in your family? *[Select ONE only]*
    □1. Own income from work   □2. Family members/ relatives
    □3. Comprehensive Social Security Assistance (CSSA)   □4. Maintenance
    □5. Pension/ Retirement pension   □6. Income from investment (interest, bonus, property rental)
    □7. Disability Allowance/ Old Age Allowance (Fruits Allowance)   □8. No income
    □9. Others

30. What type of housing are you living in?

□1. Public housing	□2. Own subsidised public housing unit (e.g. Home Ownership Scheme, Tenant Purchase Scheme)
□3. Rent private housing accommodation	□4. Own private housing property
□5. Others	

~ Thank you for your co-operation ~

Annex 11

Types of Cases suitably to be handled by SWD even in
an NGO IFSC Service Boundary

Statutory duties

Care or Protection (C or P) cases / cases warrant application for C or P Order
Abandoned children or child welfare cases requiring adoption
DSW Ward cases / Ward of High Court
Guardianship for MIP[1] (include cases of public guardian or supporter to private guardian)
Social Enquiry Report on Employees' Compensation Case
Welfare Referral / Report called by the Court[2]
Cases requiring management of DSWI Accounts

Other types of cases

We Care Education Fund
SARS- related
Issuance of medical waiver[3]
Asylum seekers / torture claimants / refugees
Traffic Accident Victim Assistance reports Criminal and Law Enforcement Injuries Compensation reports Cases referred by social security field units / Special Investigation Section for (i)   assessing / identifying trustworthy persons to act as CSSA/SSA appointees[4] (ii)   social investigation reports / welfare referrals on CSSA /SSA fraud cases[5] (iii)   recommendation on discretionary grant[4] (iv)   assessment of social handicap problem[4] (v)   recommendation on splitting of CSSA application under the 'one-household policy'[4]
Waiver of Fees to Commissioner of Registration[3]
Cases referred by Immigration Department for (i)   granting of residential status on compassionate grounds (ii)   waiving of DNA test fee[3] (iii)   sensitive cases of right of abode claimants (iv)   emergency support service for repatriation of illegal immigrant
Application for Deferred Repayment of Loan for an Unspecified Period under Building Safety Loan Scheme[6]

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[1] Like any other social workers, social workers of NGO IFSCs can take up the role of applicant for guardianship order or emergency guardianship order; and if requested by the Guardianship Board, social workers of NGO IFSCs may need to attend hearings on application for guardianship order or emergency guardianship order even though they are not the applicants.

[2] Cases can be followed up by NGO IFSC after submission of report / reply to court and if no more statutory action is required.

[3] Except the issue of the medical waiver / waiver of fees by SWD IFSC, other welfare needs will be followed up by NGO IFSC.

[4] Cases can be followed up by NGO IFSC after making recommendations to SSFUs and if the CSSA / SSA appointees / agents are not SWD social workers.

[5] Cases can be followed up by NGO IFSC after the welfare needs arising from fraudulent investigation have been addressed by SWD IFSC. For cases which are known to NGO IFSC, they can be handled by NGO IFSC continuously with SWD IFSC on shared case basis. SWD IFSC will follow up on specific welfare needs arising from fraudulent investigation in these shared cases.

[6] Cases can be followed up by NGO IFSC after making recommendation to the Buildings Department.

Annex 12
Details of User Survey Results

Introduction

XII.1   In the User Survey, the respondents were asked to give their views on the level of satisfaction with the services they had used and the effectiveness of such services. In addition, information about the respondents, including their service history and their socio-economic background, was also gathered in the survey.   In the paragraphs to follow, the survey findings from the 1,502 respondents are presented, analysed where applicable by the types of services used (i.e. from Family Resource Unit [FRU], Family Support Unit [FSU] and Family Counselling Unit [FCU]), and types of IFSCs (i.e. Social Welfare Department [SWD] and social welfare Non-government Organisations [NGOs]).

XII.2   In reading the comparison between the views of users sampled from the FRU, FSU and FCU, we should note that the users might be using services from any or all of the three units and their views were not necessarily focused on the FRU, FSU or FCU where they were sampled from.

XII.3   In the following discussions, whenever differences between NGO IFSCs and SWD IFSCs or difference among users coming from FRU, FSU and FCU are mentioned, the differences are statistically significant unless otherwise stated.

Service utilisation history

XII.4   The survey covers recent users as well as those who had been using the services of IFSC for a number of years.   For instance, while about 40% of the respondents had been using the services of IFSC for 3 years or above, some 24% had just begun to use IFSC services in the previous year

Figure XII.1 Percentage distribution of respondents by the time they began to use the services of this Integrated Family Service Centre
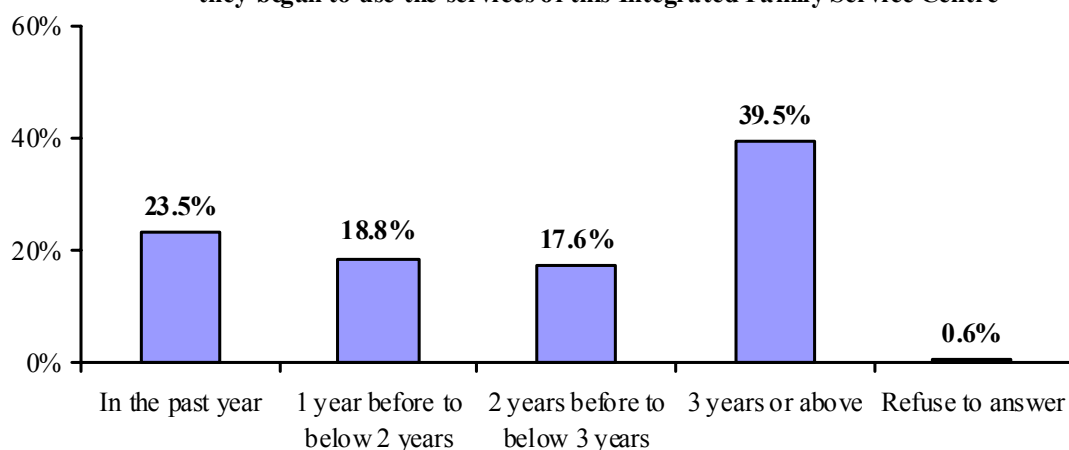
XII.5   When analysed by the types of services used, it may be noted that more than half of FRU (61.0%) and FSU (51.7%) of the service users began to use the services of the IFSCs for 2 years or above, and the percentage for FCU was lower (49.5%).

Figure XII.2 Percentage distribution by the time first started using IFSC services by types of users
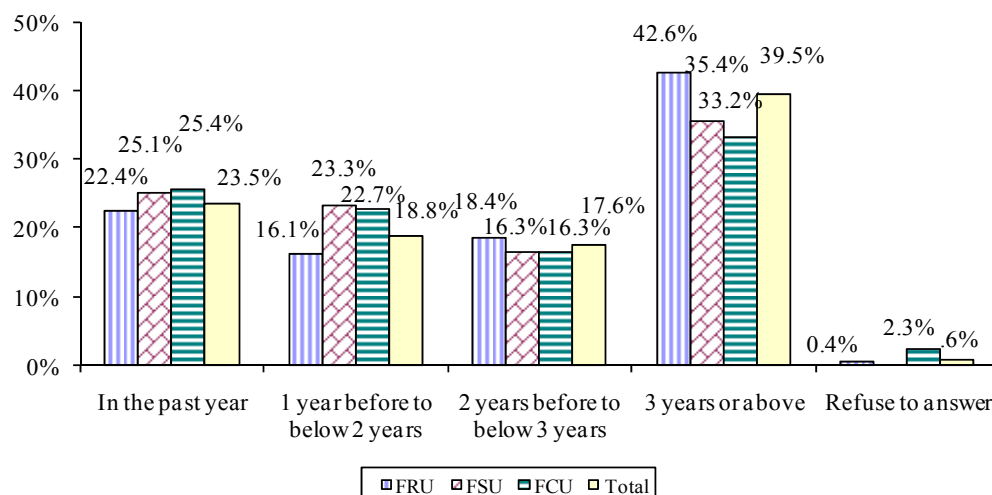
XII.6   When analysed by the types of IFSC, it may be seen from the chart below that the percentage of users for 2 or more years in IFSCs of SWD (59.7%) was slightly higher than that of NGO (52.1%).

Figure XII.3 Percentage distribution by the time first started using IFSC services by types of IFSCs
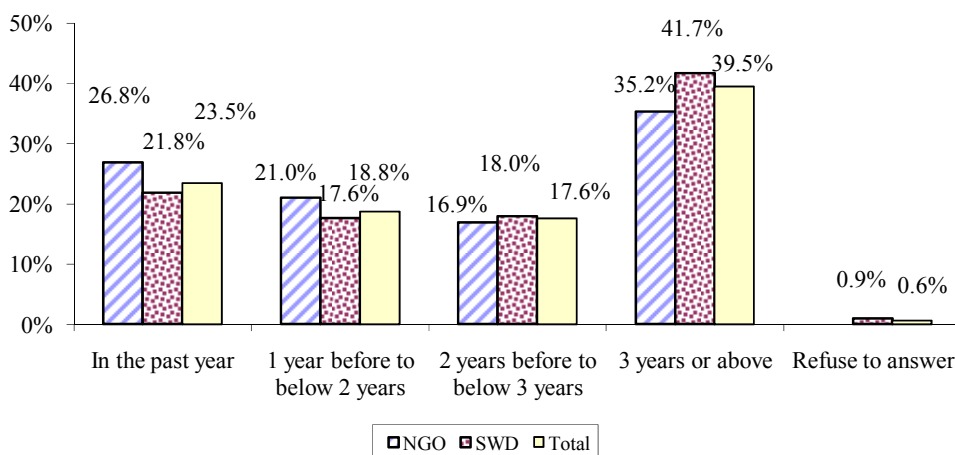
XII.7   For those who first came to this IFSC, about 38% of respondents sought casework / counselling service, 19.3% of them attended one-off educational / developmental programme and 19.0% attended group services.   In short, while casework or counselling services accounted for a slightly higher proportion of users, the majority of the service users were attracted to the IFSCs by the variety of IFSC services other than counselling.

Figure XII.4 Percentage distribution of respondents who first came to this IFSC by the type of service/activity they had used or participated
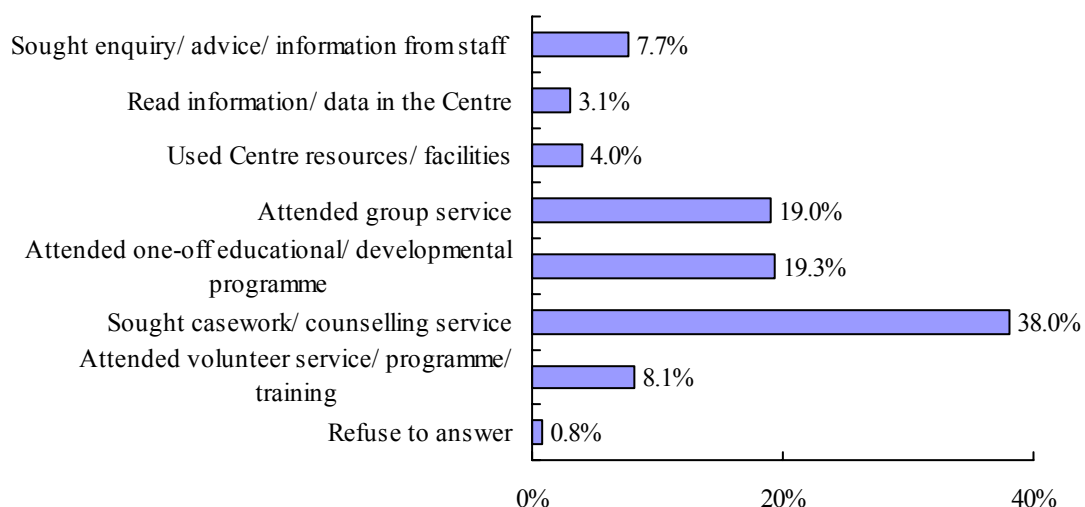
XII.8 While the most prominent figure in Figure XII.5 was that about 72.5% of the respondents of FCU sought case work / counselling services when they first used the services of IFSC, it also means that the other 27.5% of the users of FCU first came to IFSCs for services other than counselling. This would imply that the broadening of the scope of services for IFSCs over and above those of the previous family service centres had broadened the base of counselling cases by 38%[41].

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[41] 27.5%/72.5% = 37.9%

Figure XII.5 Types of services used when first started using IFSC services by types of users

Sought enquiry/ advice/ information from staff
- 8.4%
- 6.8%
- 6.3%
- 7.7%

Read information/ data in the Centre
- 4.2%
- 1.5%
- 0.9%
- 3.1%

Used Centre resources/ facilities
- 4.6%
- 3.6%
- 2.4%
- 4.0%

Attended group service
- 19.1%
- 24.7%
- 10.4%
- 19.0%

Attended one-off educational/ developmental programme
- 22.1%
- 21.3%
- 5.8%
- 19.3%

Sought casework/ counselling service
- 30.5%
- 34.1%
- 72.5%
- 38.0%

Attended volunteer service/ programme/ training
- 10.5%
- 7.0%
- 0.5%
- 8.1%

Refuse to answer
- 0.7%
- 0.9%
- 1.1%
- 0.8%

0% 10% 20% 30% 40% 50% 60% 70% 80%

☐ FRU ☐ FSU ☐ FCU ☐ Total

XII.9   On the other hand, 30.5% of the users of FRU and 34.1%[42] of the users of FSU had sought counselling service in their first encounter with the IFSC.   These figures implied that the integration of support, resource and counselling services in IFSCs had indeed provided broader services to the counselling cases who came to seek help in the first place for counselling.

XII.10   No statistically significant differences in the types of services used were observed for users of IFSC run by SWD as compared with users of IFSC run by NGO (See Figure XII.6).

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[42] We should note that brief counsel ling was also regarded as the services of the FSU and, therefore, the counsel ling service received by these 34.1% of FSU service users could be either brief counsel ling or intensive counsel ling, or even both.

Figure XII.6 Types of services used when first started using IFSC services by types of IFSC

Sought enquiry/ advice/ information from staff
10.7%
6.2%
7.7%

Read information/ data in the Centre
4.3%
2.4%
3.1%

Used Centre resources/ facilities
3.2%
4.5%
4.0%

Attended group service
18.1%
19.4%
19.0%

Attended one-off educational/ developmental programme
14.0%
22.0%
19.3%

Sought casework/ counselling service
42.8%
35.6%
38.0%

Attended volunteer service/ programme/ training
5.5%
9.4%
8.1%

Refuse to answer
1.2%
0.6%
0.8%

□ NGO ■ SWD □ Total
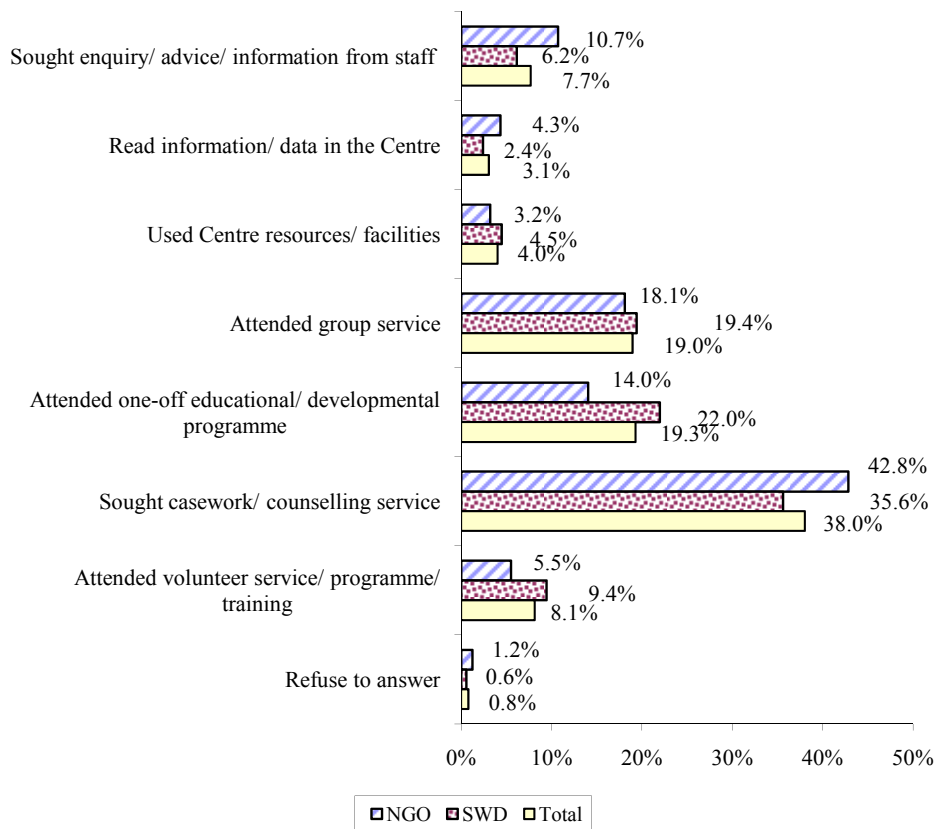
XII.11   Among those who used services of other IFSCs, about 45.4% were the respondents of FRU, 37.7% FSU, and 33.8% FCU[43], i.e. it is more likely for users of FRU to use services of other IFSCs than those of FCU.

Figure XII. 7 Percentage distribution of respondents by whether used services of other IFSCs

Yes: 45.4% 37.7% 33.8% 41.8%
No: 54.6% 62.3% 66.2% 58.2%

□ FRU ■ FSU ■ FCU □ Total

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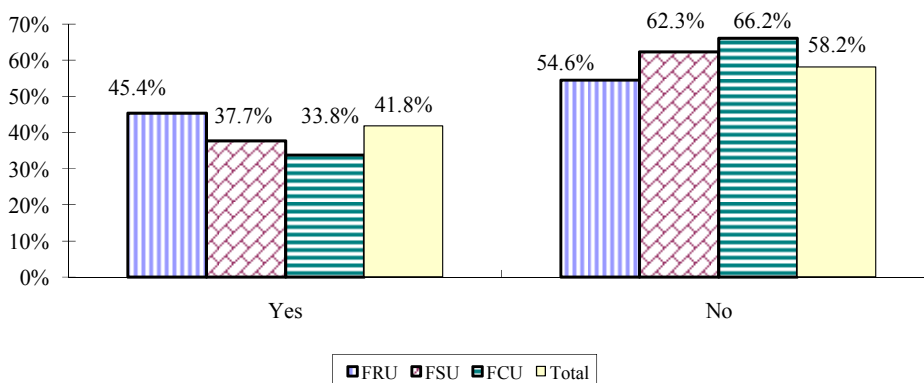
[43] The difference between the figures of FCU and FRU i s statistically significant (p < 0.05).

XII.12   It is more likely for respondents from SWD IFSCs to use services of other IFSCs than those from NGO IFSCs (46.3% versus 33.0%).[44]

Figure XII.8 Percentage distribution of respondents by whether they used the services provided by other IFSCs
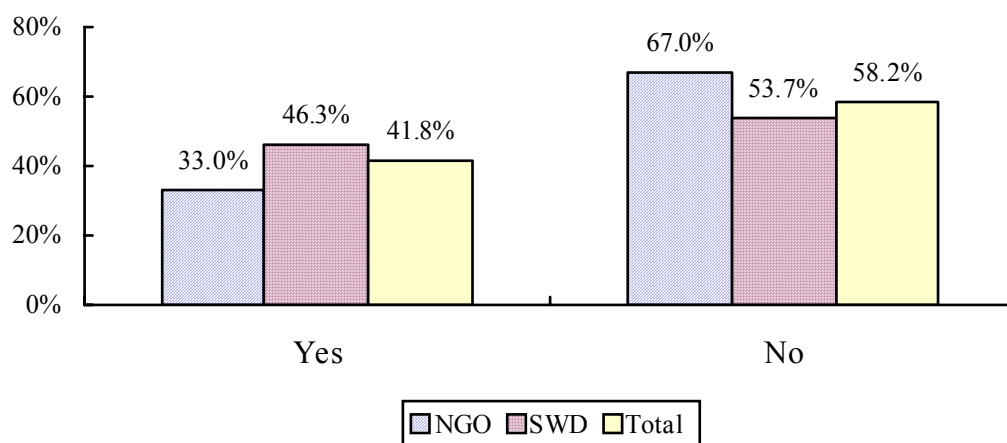
Satisfaction with location, opening hours, environment and facilities

XII.13   The great majority of the respondents were satisfied or very satisfied with the centre's location (86.2%), opening hours (84.6%), environment (86.7%) and overall services (88.3%).   The proportion was lower for respondents who were satisfied or very satisfied with the centre's facilities, at 70.4%.

Table XII.9 Satisfaction with location, opening hours, environment and facilities

	Very Dissatisfied	Dissatisfied	Average	Satisfied	Very satisfied	No opinion
Location	0.6%	4.7%	6.5%	75.0%	11.2%	2.0%
Opening hours	0.1%	2.5%	3.8%	78.1%	6.5%	8.9%
Environment	0.0%	3.0%	7.9%	77.6%	9.1%	2.4%
Facilities	0.2%	6.5%	12.1%	64.5%	5.9%	10.9%

XII.14   Expressed in a Likert scale of 5, with "1" denoting "totally unsatisfied" and "5" denoting "very satisfied", the mean scores on the extent of satisfaction with the location, opening hours, environment and facilities of IFSC may be compiled from the survey data. It may be noted from the chart below that the mean scores were all above the mid-point of 3, indicating that the respondents were in general satisfied.   The mean scores were more or less the same for users of FRU, FSU and FCU.

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[44] The difference between the figures of SWD and NGOs i s statistically significant (p <0.05).

Figure XII.10 Mean score of satisfaction with location, opening hours, environment and facilities by types of users
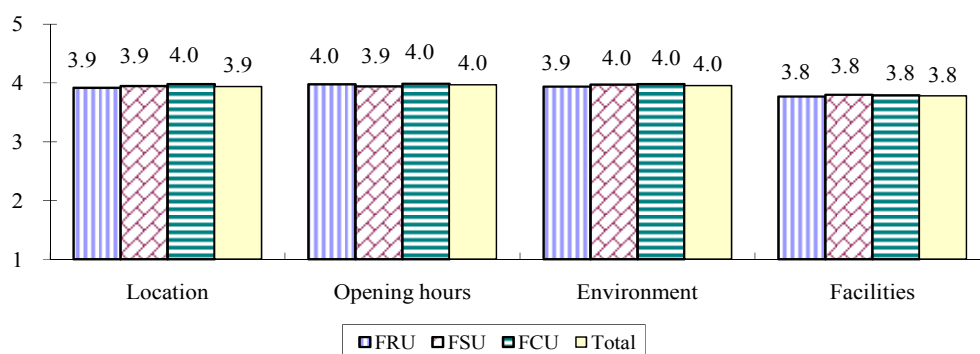
XII.15   The mean scores of users of services of IFSC run by NGO and by SWD were similar.

Figure XII.11 Mean score of satisfaction with location, opening hours, environment and facilities by types of IFSC
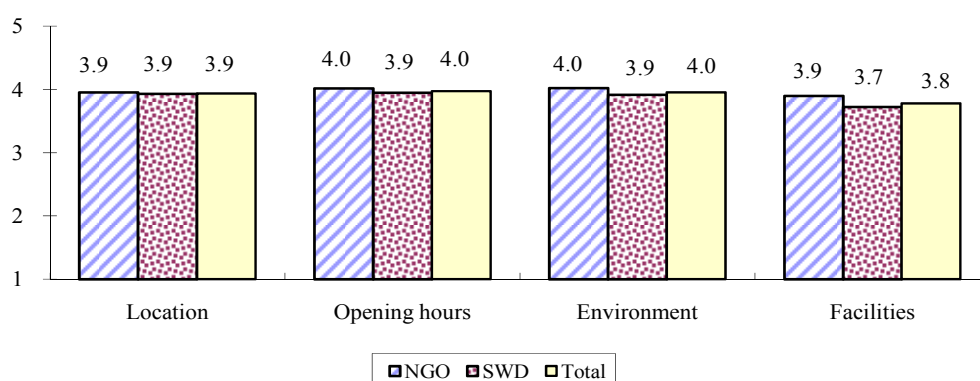
Satisfaction with services used

XII.16   About 44.9% of respondents had approached IFSCs for advice / information / enquiry services provided by staff in the past 12 months. Among those who had approached IFSCs for advice / information / enquiry services provided by staff in the past 12 months, most of the FSU (91.5%), FRU (89.3%) and FCU (89.7%) respondents indicated that they were satisfied or very satisfied with the services used.

Figure XII.12 Percentage distribution of respondents by satisfaction with "advice, information and enquiry services" by types of users

Figure XII.13 Percentage distribution of respondents by satisfaction with "advice, information and enquiry services" by types of IFSC
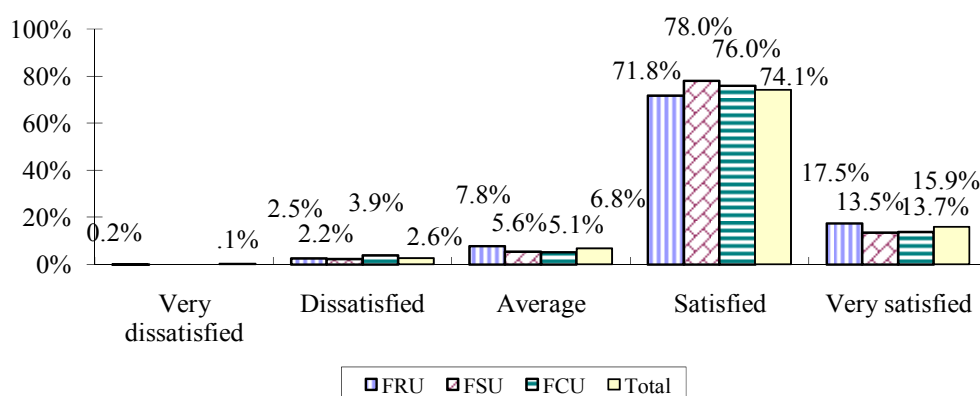
XII.17   There is no significant difference in satisfaction towards the services between SWD IFSCs and NGO IFSCs[45].
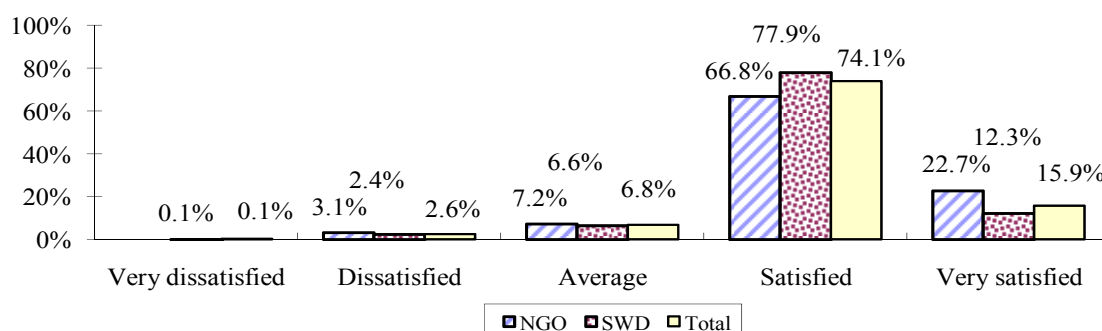
XII.18   About 59.6% of respondents had accessed information in the IFSC in the past 12 months. Among those who had used the reference information in the IFSC in the past 12 months, most of the FSU (92.1%), FRU (90.1%) and FCU (93%) respondents indicated that they were satisfied or very satisfied with reference information available.

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[45] While there is a slightly higher percentage of users who were "very satisfied" with the NGO IFSC services as compared to those with SWD IFSCs, there is a correspondingly higher percentage of users who were "satisfied" with the SWD IFSCs than those with the NGO IFSCs.   However, if we take both levels of satisfaction together or the mean scores, the difference is not statistically significant.   This pattern is quite similar in subsequent comparisons between NGO IFSCs and SWD IFSCs.

Figure XII.14 Percentage distribution of respondents by satisfaction with "reference information available"
by types of users
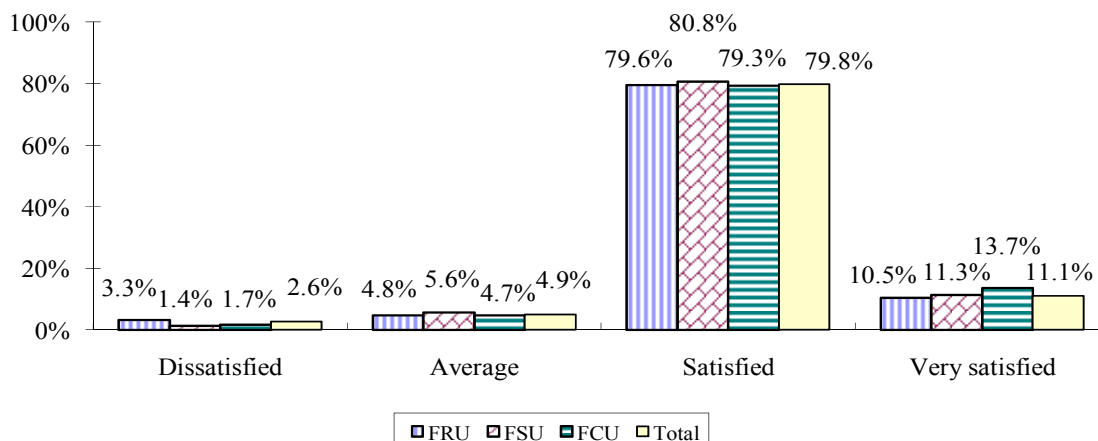
XII.19   The level of satisfaction towards "reference information available" for SWD IFSCs and NGO IFSCs was similar.

Figure XII.15 Percentage distribution of respondents by satisfaction with "reference information available"
by types of IFSC
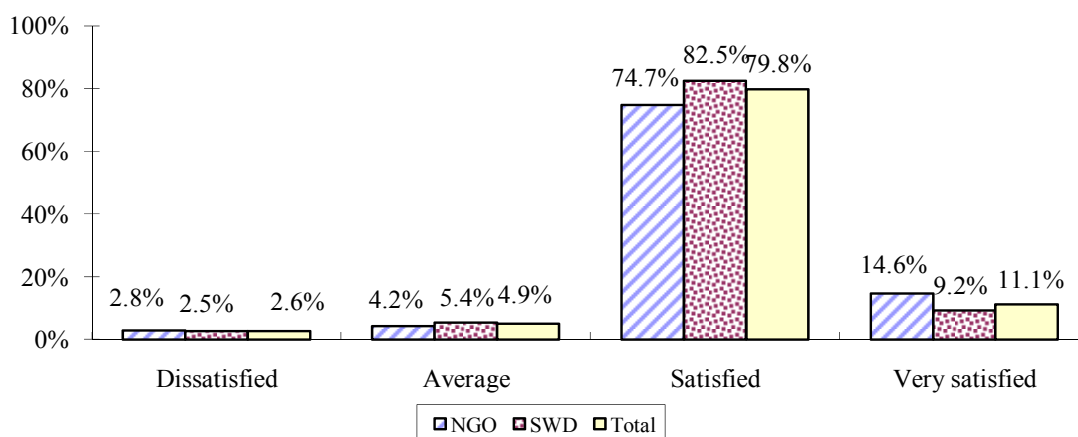
XII.20   About 46.3% of respondents had used the resources / facilities in the IFSC (e.g. computer, children's corner, newspapers) in the past 12 months.   Among those who had used the resources / facilities in the IFSC (e.g. computer, children's corner, newspapers) in the past 12 months, most of the FSU (93.5%), FRU (90.9%) and FCU (89.9%) respondents indicated that they were satisfied or very satisfied with the resources or facilities available.

Figure XII.16 Percentage distribution of respondents by satisfaction with "resources/facilities available"

by types of users
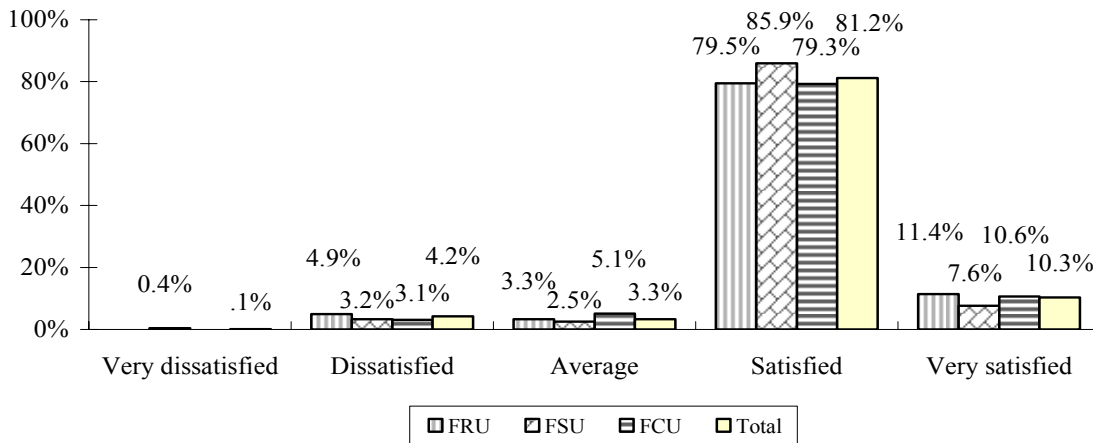
XII.21   The level of satisfaction towards resource and facilities in SWD IFSCs (93.1%) was slightly higher than NGO IFSCs (86.9%).

Figure XII.17 Percentage distribution of respondents by satisfaction with "resources/facilities available"

by types of IFSC
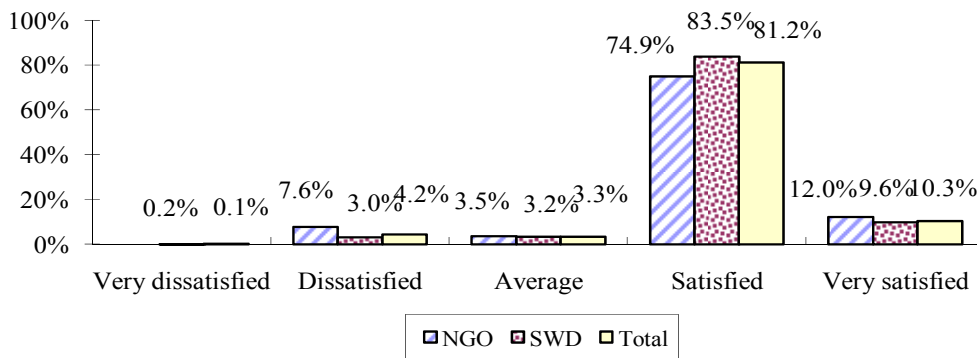
XII.22   Expressed in a Likert scale of 5, with "1" denoting "very dissatisfied" and "5" denoting "very satisfied", the mean scores on the level of satisfaction with various services, resources and facilities used were above the mid-point of 3, indicating that the respondents in general were satisfied.   The mean scores for respondents of FRU, FSU and FCU were more or less the same.

Figure XII.18 Mean score of satisfaction with services/ activities by types of users

	Advice / information / enquiry services provided by staff	Access information in the Centre	Resources / facilities in the Centre

FRU FSU FCU Total
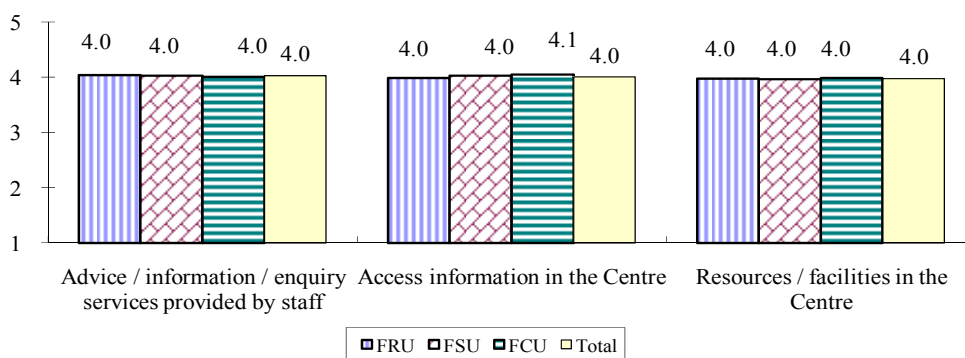
XII.23　When analysed by users of IFSC run by SWD and NGO, the mean scores were more or less the same, and were all above the mid-point value of 3.

Figure XII.19 Mean score of satisfaction with services/ activities by types of IFSC

NGO SWD Total
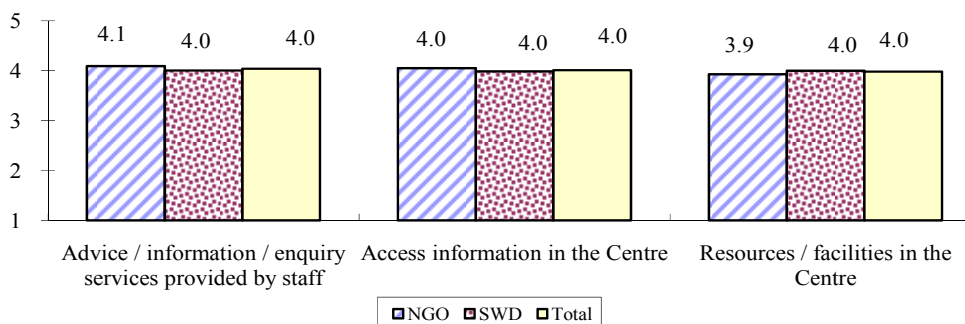
XII.24　About 45.5% of respondents had participated in group work service (including therapeutic, support, education, developmental, mutual help groups) of the IFSC in the past 12 months. Among those who had participated in group work service (including therapeutic, support, educational, developmental, mutual help groups) in the past 12 months, most of the FSU (95.1%), FRU (92.6%) and FCU (93.4%) respondents indicated that they were satisfied or very satisfied with the services used.

Figure XII.20 Percentage distribution of respondents by satisfaction with "group work services"

by types of users
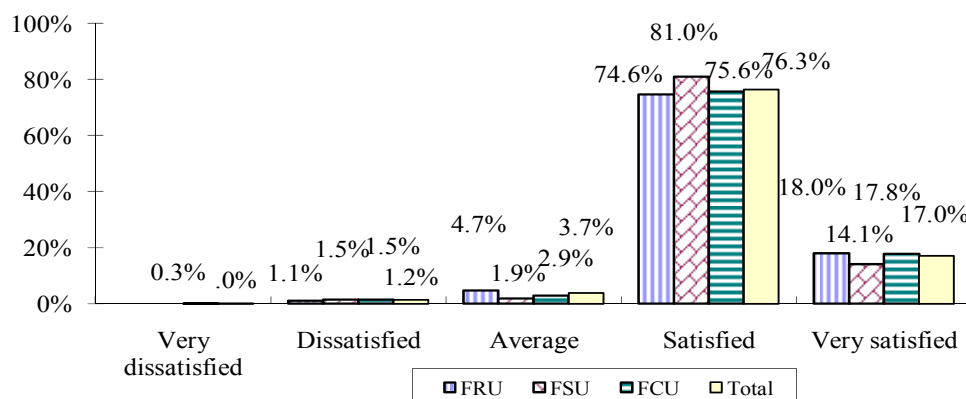
XII.25 Satisfaction towards NGO IFSCs (98.5%) in terms of group work service (including therapeutic, support, educational, developmental, mutual help groups) was slightly higher than that towards SWD IFSCs (90.7%).

Figure XII.21 Percentage distribution of respondents by satisfaction with "group work services"

by types of IFSC
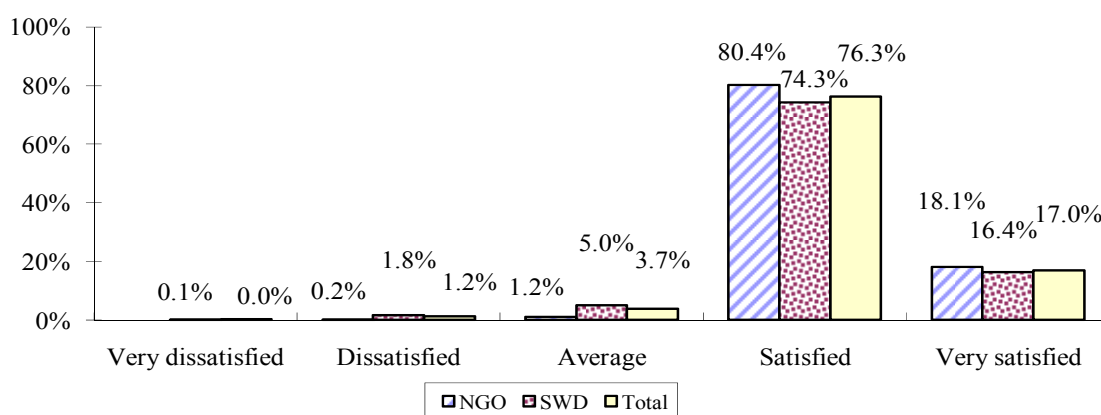
XII.26 About 56.4% of the respondents had participated in one-time education / developmental programme of the IFSC in the past 12 months. Among those who had participated in one-off educational / developmental programme (e.g. talk, visit, picnic) in the past 12 months, most of the FRU (96.9%), FSU (95.4%) and FCU (93.0%) respondents indicated that they were satisfied or very satisfied with the services used.

Figure XII.22 Percentage distribution of respondents by satisfaction with "one-off educational / development programme" by types of users
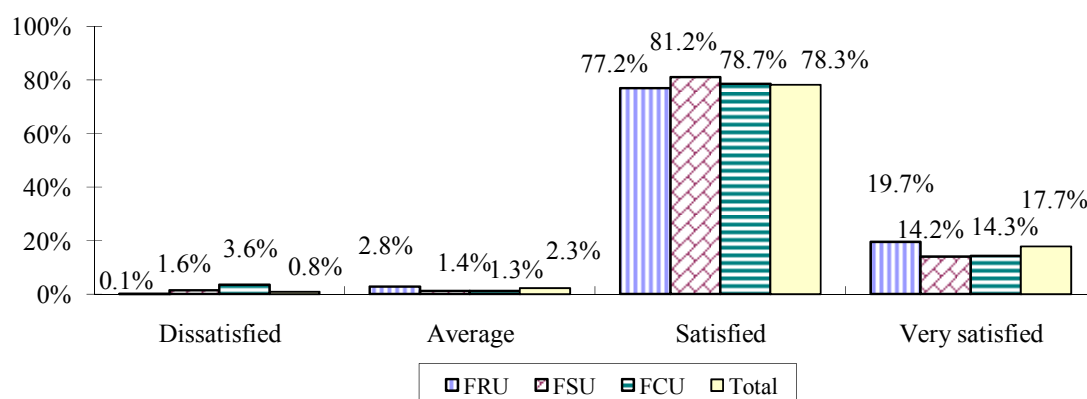
XII.27   Satisfaction towards SWD and NGO IFSCs in terms of one-off educational/developmental programme (e.g. talk, visit, picnic) was similar.

Figure XII.23 Percentage distribution of respondents by satisfaction with "one-off educational / development programme" by types of IFSC
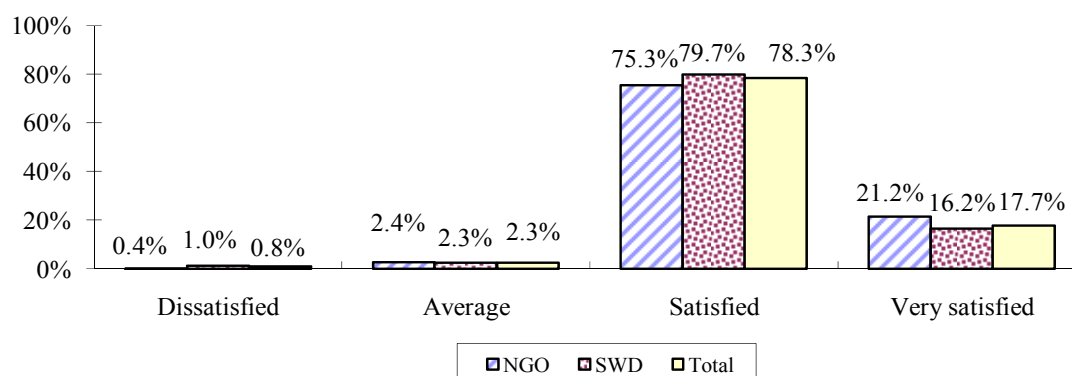
XII.28   About 41.3% of respondents had used casework / counselling service of the IFSC in the past 12 months. Among those who had used casework / counselling services in the past 12 months, the great majority of the FRU (88.0%), FCU (87.6%) and FSU (84.2%) respondents indicated that they were satisfied or very satisfied with the services used.

Figure XII.24 Percentage distribution of respondents by satisfaction with "casework/counselling service" by types of users
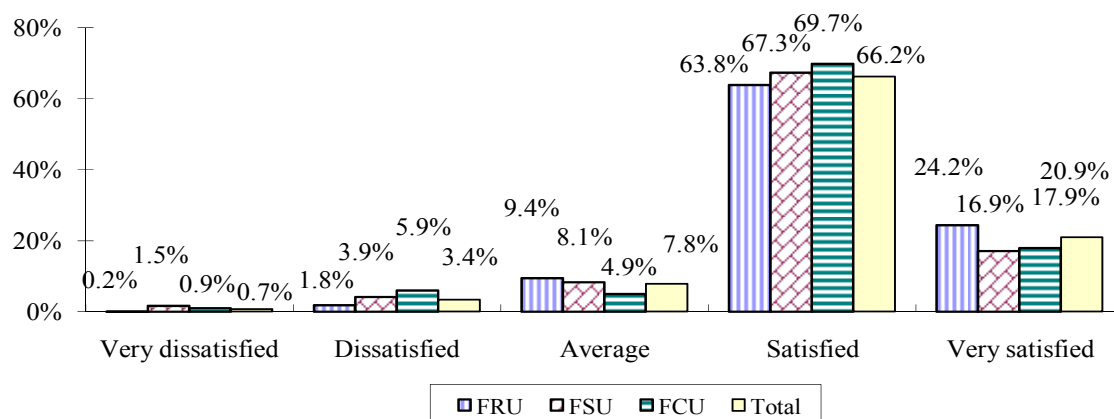
XII.29   Satisfaction towards SWD and NGO IFSCs in terms of casework / counselling services was similar.

Figure XII.25 Percentage distribution of respondents by satisfaction with "casework/counselling service" by types of IFSC
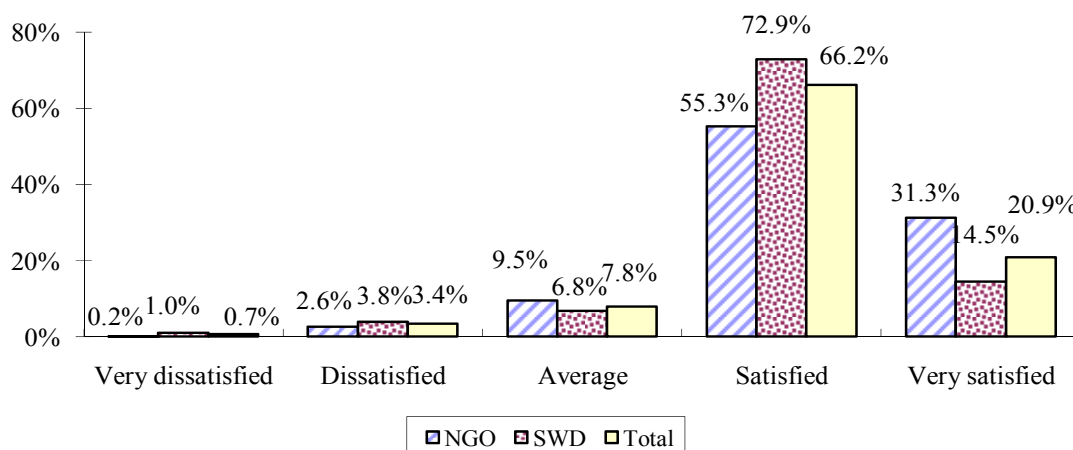
XII.30   About 35.8% of respondents had participated in volunteer service / programme / training of the IFSC in the past 12 months.   Among those who had participated in volunteer service / programme / training in the past 12 months, most of the FSU (94.5%), FRU (92.1%) and FCU (92.2%) respondents indicated that they were satisfied or very satisfied with the services used.

Figure XII.26 Percentage distribution of respondents by satisfaction with "volunteer service /programme/training" by types of users
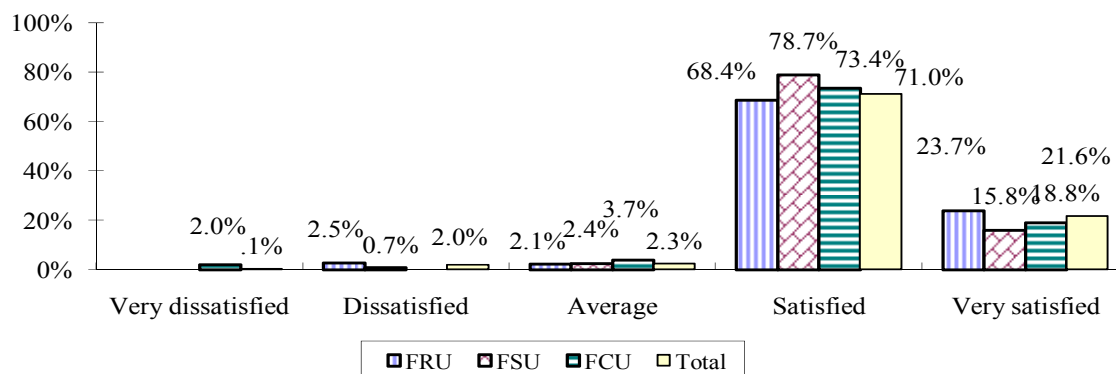
XII.31 Satisfaction towards SWD and NGO IFSCs in terms of volunteer service / programme / training was similar.

Figure XII.27 Percentage distribution of respondents by satisfaction with "volunteer service /programme/training" by types of IFSC
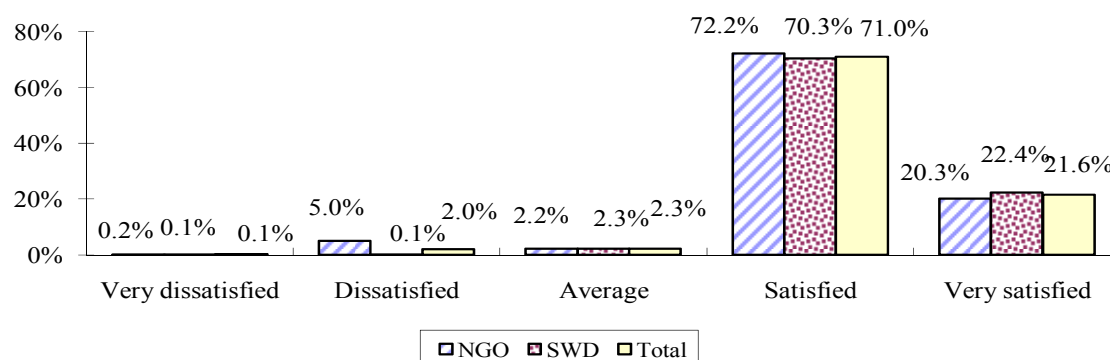
XII.32 Expressed in a Likert scale of 5, with "1" denoting "very dissatisfied" and "5" denoting "very satisfied", the mean scores on the level of satisfaction for group, one-off education or development, case work or counselling and volunteer services / programme / training were above the mid-point of 3, indicating that the respondents were satisfied with these types of IFSC's services or activities. The mean scores for FRU, FSU and FCU were very similar. In other words, users of FRU, FSU and FCU were equally satisfied with group, one-off education or development, case work or counselling and volunteer services, programme or training.

Figure XII.28 Mean score of satisfaction with services by types of users
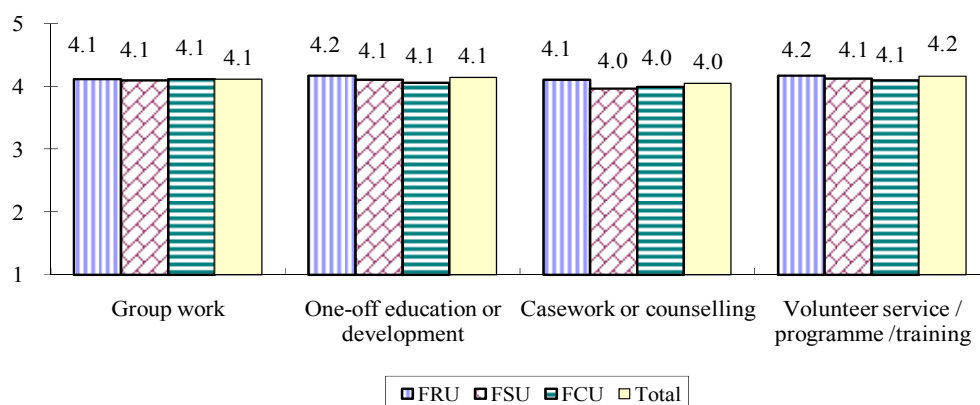
XII.33   The mean scores for IFSC run by NGO and those run by SWD were very similar.

Figure XII.29 Mean score of satisfaction with services by types of users
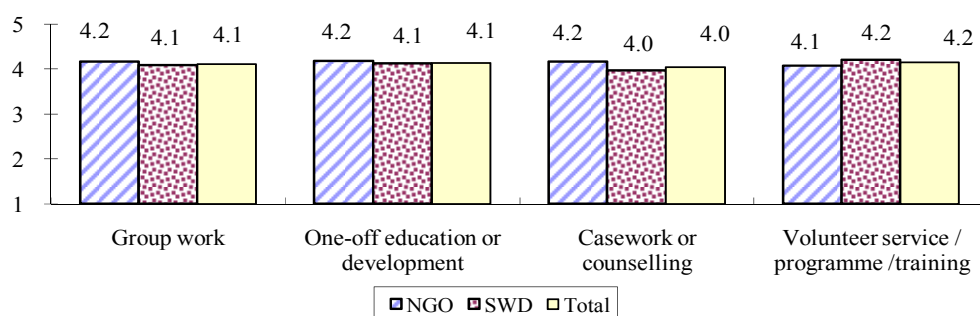
Perceived effectiveness of IFSC services

Users of casework/ counselling, therapeutic group or support group services

Self-confidence

XII.34   For those who had received casework / counselling, therapeutic group or support group services, the majority (80.4%) considered that the services were able or totally able to enhance their self-confidence.   When analysed by types of users, the great majority of the service users of FSU (81.6%), FRU (81.6%) and FCU (75.2%) indicated that the centre's services were able or totally able to enhance their self confidence.

Figure XII.30 Perceived effectiveness of IFSC services in "enhancing self-confidence" by types of users
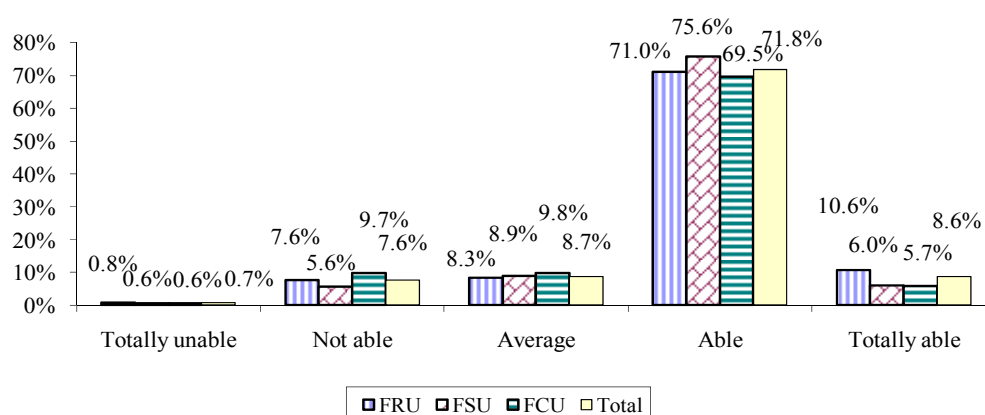
XII.35   The percentage of users indicating that the centre's services were able to enhance their self confidence was slightly higher for IFSC in NGO (95.5%) than that for IFSC in SWD (77.5%).

Figure XII.31 Perceived effectiveness of IFSC services in "enhancing self-confidence" by types of IFSC
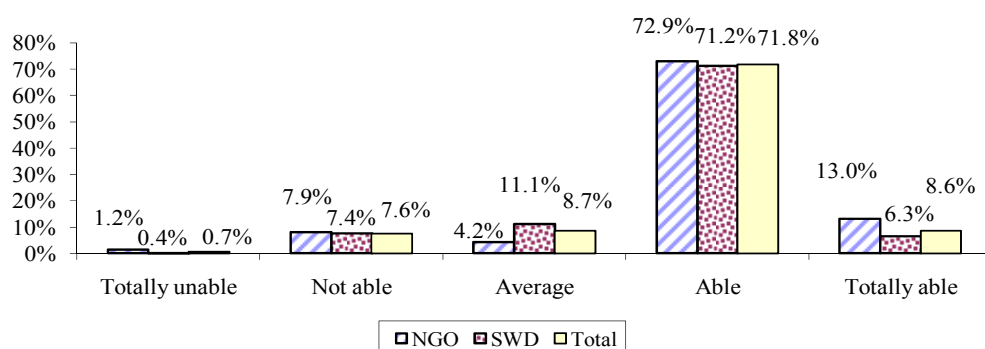
Understanding of oneself, family or family members

XII.36   For those who had received casework / counselling, therapeutic group or support group services, the majority (77.1%) considered that the services were able or totally able to enhance their understanding of themselves, their family or their family members.   When analysed by types of services, the majority of users of services of FSU (83.8%), FRU (75.9%) and FCU (73.1%) indicated that the centre's services were able or totally able to enhance their understanding of themselves, their family or their family members.   The percentage was higher for users of FSU, and was lower for users of FRU and FCU.

Figure XII.32 Perceived effectiveness of IFSC services in "enhancing understanding of oneself/one's family / one's family members" by types of users
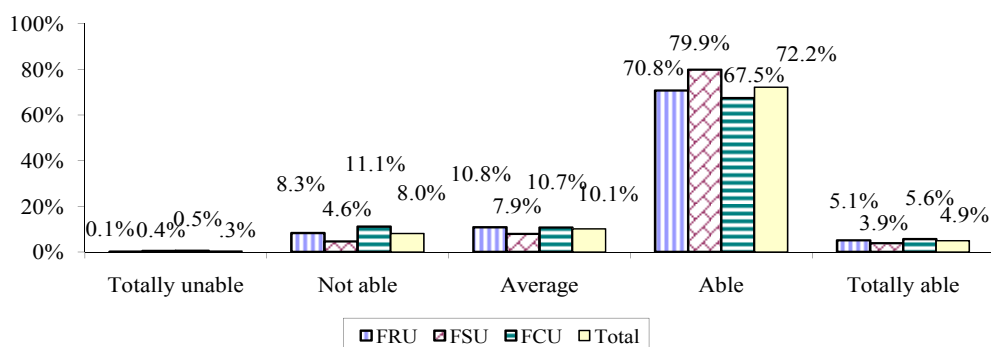
XII.37   The majority of the respondents who had used services of IFSC run by NGO (79.0%) and SWD (76.2%)[46] indicated that the centre's services were able or totally able to enhance their understanding of themselves, their family or their family members.

Figure XII.33 Perceived effectiveness of IFSC services in "enhancing understanding of oneself/one's family / one's family members" by types of IFSC
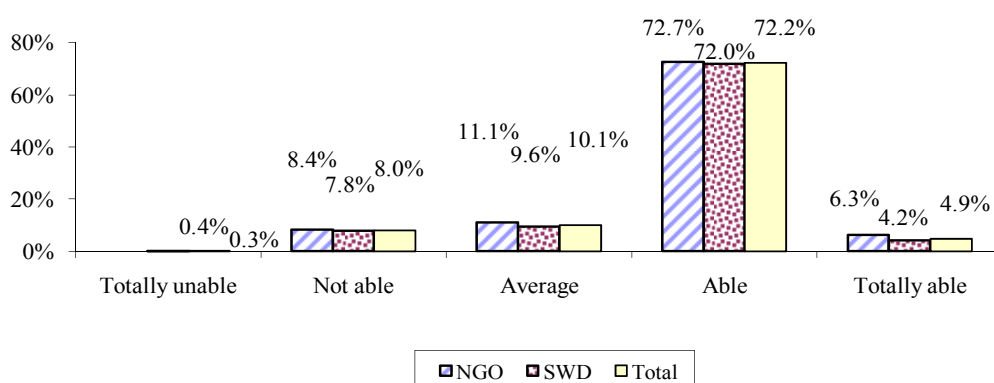
Knowledge of and methods in solving problems in daily life

XII.38   For those who had received casework / counselling, therapeutic group or support group services, the majority (80.4%) considered that the services were able or totally able to enhance their knowledge of and methods in solving problems in daily life.   When analysed by types of services, the majority of FSU (81.6%), FRU (77.4%) and FCU (71.2%) respondents indicated that the centre's services were able or totally able to enhance their knowledge of and methods in solving problems in daily life. The percentage was higher for users of FSU and lower for users of FCU.

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[46] Difference is not statistically significant.

Figure XII.34 Perceived effectiveness of IFSC services in "enhancing one's problem-solving knowledge and methods in daily life" by types of users
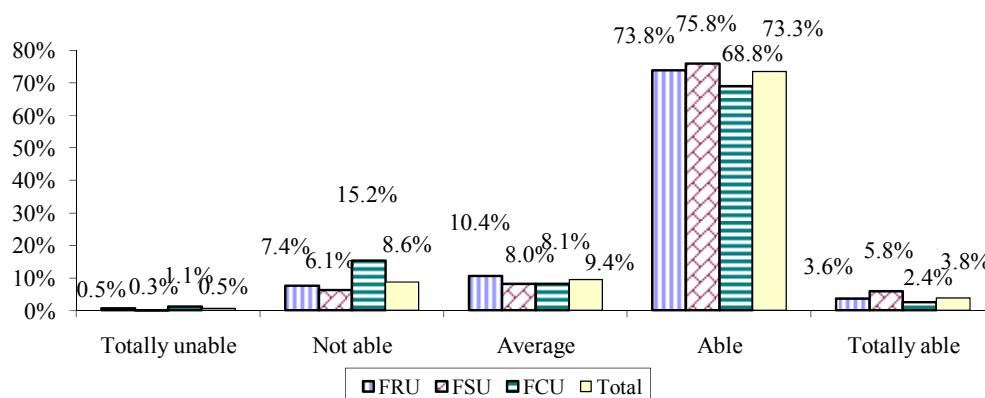
XII.39   The majority of users of services of IFSC by NGO (80.9%) and SWD (75.2%)[47] indicated that the centre's services were able or totally able to enhance their knowledge of and methods in solving problems in daily life.

Figure XII.35 Perceived effectiveness of IFSC services in "enhancing one's problem-solving knowledge and methods in daily life" by types of IFSC
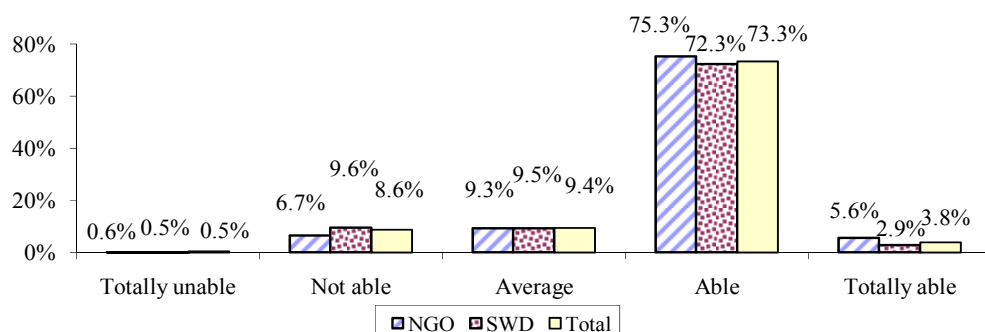
Problem-solving skills

XII.40   For those who had received casework / counselling, therapeutic group or support group services, the majority (75.6%) considered that the services were able or totally able to enhance their problem-solving skills.   When analysed by types of users, the majority of user of FSU (80.8%), FRU (74.6%) and FCU (72.6%) indicated that the centre's services were able or totally able to enhance their problem-solving skills. The percentage was higher for users of FSU, and lower for users of FCU.

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[47]   Difference is not statistically significant.

**Figure XII.36 Perceived effectiveness of IFSC services in "enhancing one's problem-solving skills"
by types of users**

**Figure XII.37 Perceived effectiveness of IFSC services in "enhancing one's problem-solving skills"
by types of IFSC**
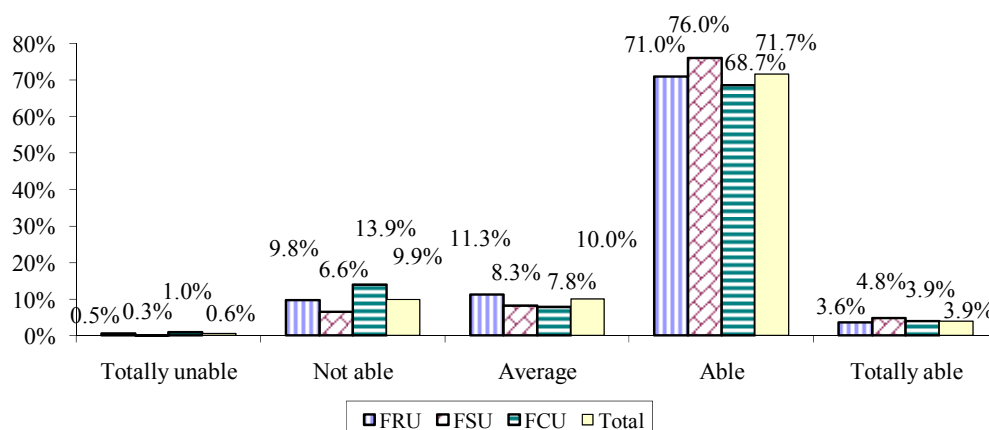
XII.41   The majority of service users of IFSC run by NGO (76.4%) and SWD (75.1%)[48] indicated that the centre's services were able or totally able to enhance one's problem-solving skills.
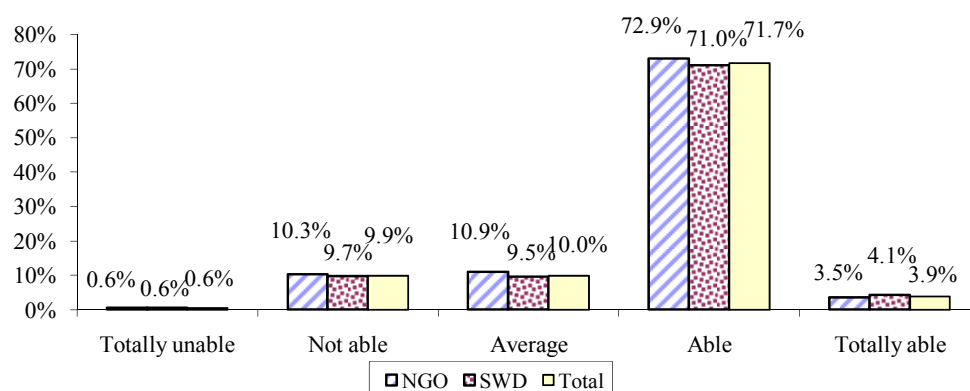
Knowledge of community resources

XII.42   For those who had received casework / counselling service, therapeutic group or support group, the majority (77.4%) considered that the services were able or totally able to enhance their knowledge of community resources.   When analysed by types of users, the majority of users of FSU (81.4%), FRU (77.4%) and FCU (72.8%) indicated that the centre's services were able or totally able to increase their knowledge of community resources.   The percentage was higher for users of FSU, and lower for users of FCU.

Figure XII.38 Perceived effectiveness of IFSC services in "enhancing one's knowledge of community resources" by types of users
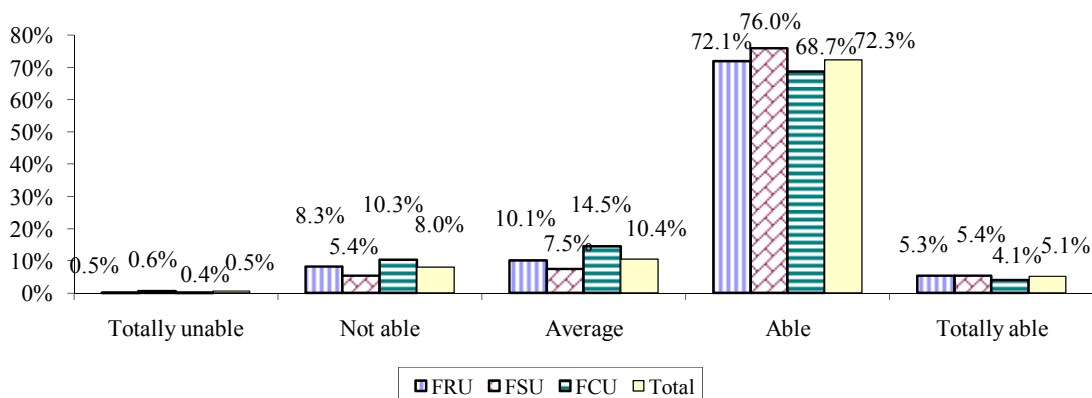
XII.43   Most of the service users of IFSC by NGO (75.4%) and SWD (78.5%)[49] indicated that the centre's services were able or totally able to enhance their knowledge of community resources.

Figure XII.39 Perceived effectiveness of IFSC services in "enhancing one's knowledge of community resources" by types of IFSC
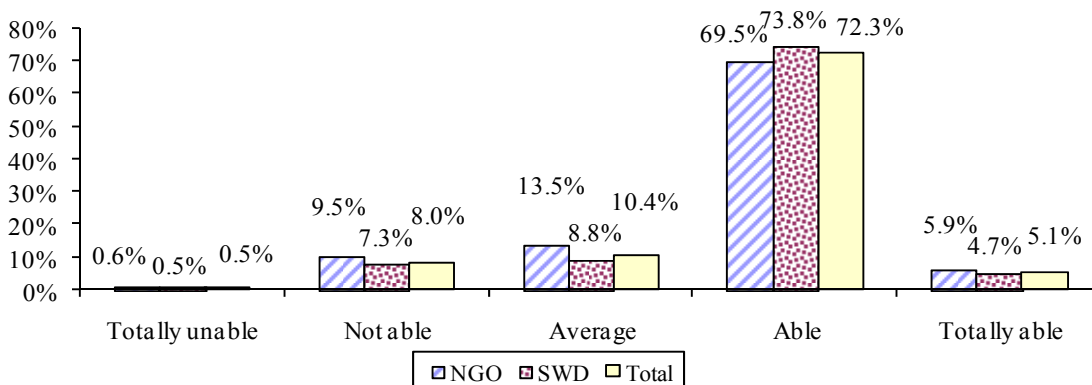
XII.44   Expressed in a Likert scale of 5, with "1" denoting "totally unable" and "5" denoting "totally able", the mean scores on the effectiveness of centre services in enhancing self-confidence, understanding of oneself / one's family / one's family members, knowledge of and methods involving daily problems, problem-solving skills and knowledge of community resources are compiled and shown in the chart below.   It may be noted that the mean scores were above the mid-point of 3, indicating that the respondents in general were of the view that IFSC's services were effective.

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[49] Difference is not statistically significant.

Figure XII.40 Mean score on perceived effectiveness of services by types of users

Knowledge of community resources	3.7 / 3.8 / 3.8 / 3.8
Problem-solving skills	3.6 / 3.8 / 3.7 / 3.7
Knowledge of and methods of solving daily problems	3.6 / 3.8 / 3.8 / 3.7
Understanding of oneself	3.7 / 3.9 / 3.8 / 3.8
Self-confidence	3.7 / 3.8 / 3.8 / 3.8

■FCU ■FSU ■FRU □Total
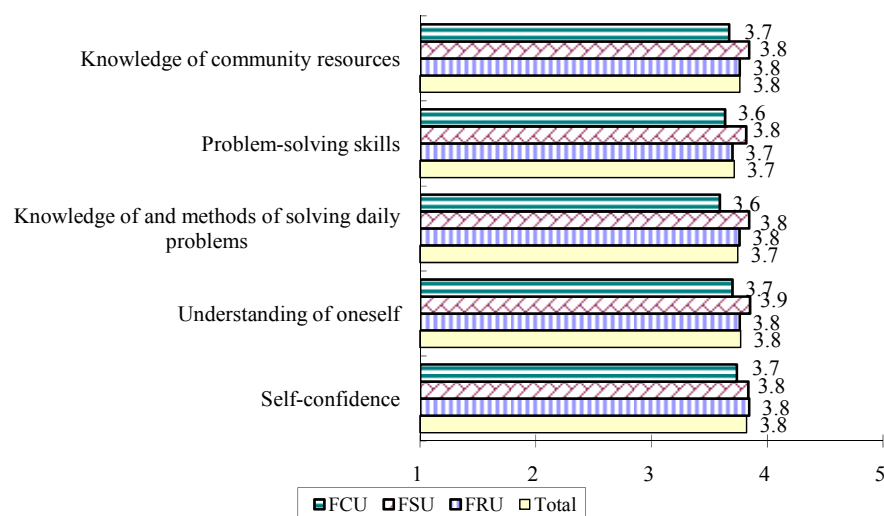
XII.45   For users of services of IFSC by NGO and SWD, the mean scores were similar.

Figure XII.41Mean score on perceived effectiveness of services by types of IFSC

Knowledge of community resources	3.8 / 3.7 / 3.8
Problem-solving skills	3.7 / 3.7 / 3.7
Knowledge of and methods of solving daily problems	3.7 / 3.8 / 3.7
Understanding of oneself	3.8 / 3.8 / 3.8
Self-confidence	3.8 / 3.9 / 3.8

■SWD ■NGO □Total
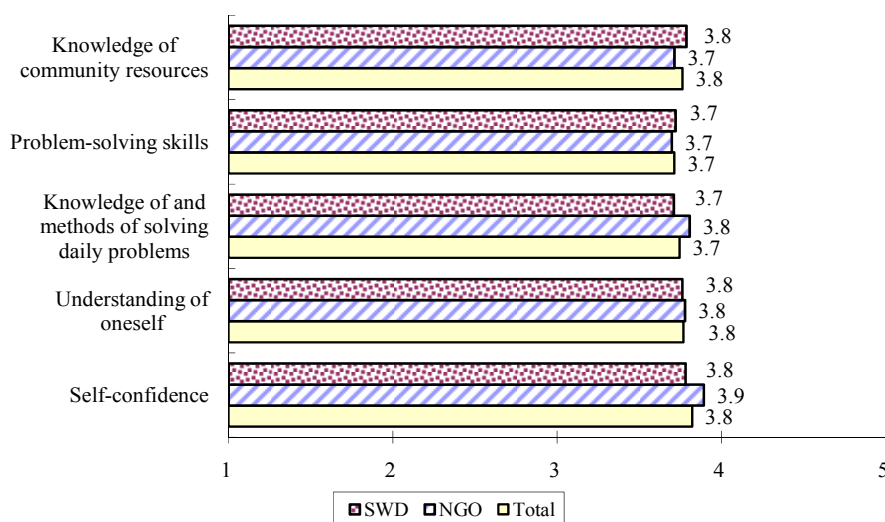
Users of therapeutic group or support group services

Getting to know more friends

XII.46   For users of therapeutic group or support group services, most (82.4%) of them considered that the services were able or totally able to help them getting to know more friends.   When analysed by

types of users, most users of FSU (86.4%) and FRU (85.5%) indicated that the centre's services were able or totally able to help them getting to know more friends.   The corresponding percentage was lower for users of FCU, at 60.1%.

Figure XII.42 Perceived effectiveness of IFSC services in "getting to know more friends" by types of users
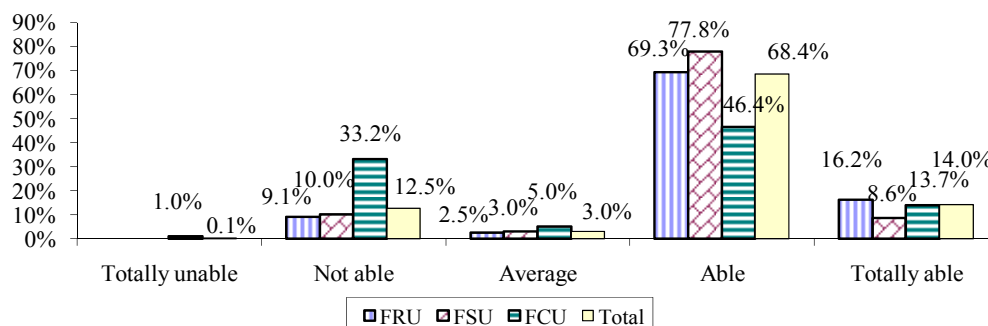
XII.47   The majority of users of services of IFSC by NGO (85.3%) and SWD (80.8%)[50] indicated that the centre's services were able or totally able to help them getting to know more friends.

Figure XII.43 Perceived effectiveness of IFSC services in "getting to know more friends in general" by types of IFSC
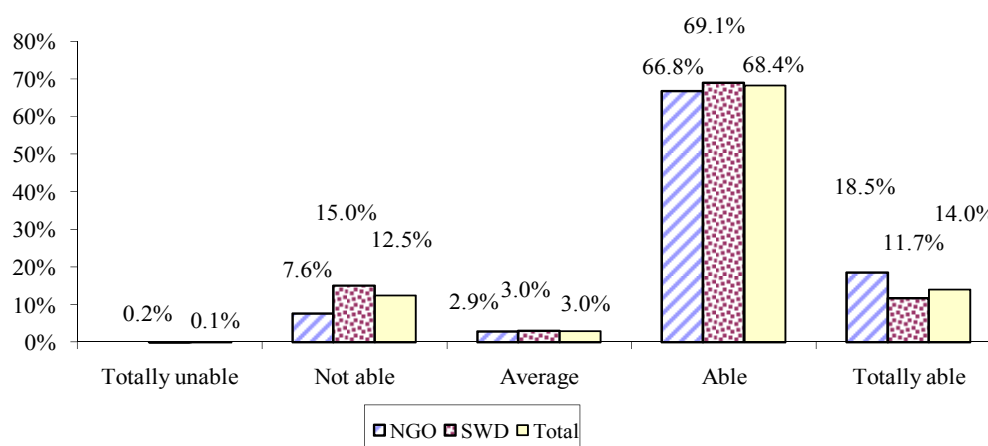
Getting to know more friends who can help when in need

XII.48   For users of therapeutic group or support group services, the majority of them (69.3%) considered that their services were able or totally able to help them getting to know more friends who can help when in need.   When analysed by types of users, most of users of FRU (72.1%) and FSU (70.8%) indicated that the centre's services were able or totally able to help them getting to know more friends who can help when in need. The corresponding percentage was lower for users of FCU, at 53.6%.

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[50] Difference is not statistically significant.

Figure XII.44 Perceived effectiveness of IFSC services in "getting to know more friends who can help when in need" by types of users
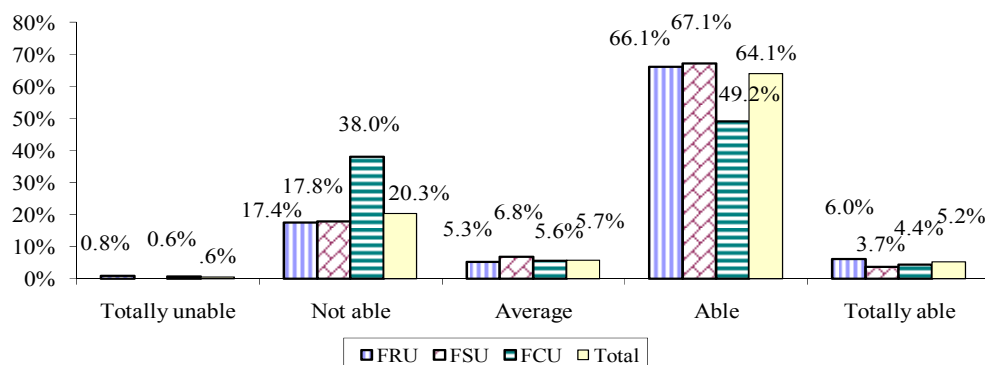
XII.49 The majority of service users of IFSC by NGO (71.0%) and SWD (68.4%)[51] indicated that the centre's services were able or totally able to help them getting to know more friends who can help when in need.

Figure XII.45 Perceived effectiveness of IFSC services in "getting to know more friends who can help when in need" by types of IFSC
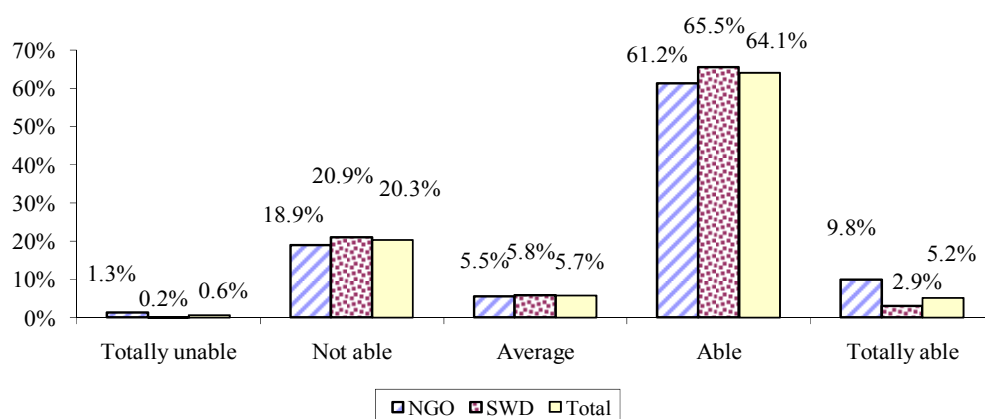
Users of casework/ counselling services

Solving one's, one's family's and one's family members' problems

XII.50 For service users who received casework / counselling services, the majority of them (71%) considered that the centre's services were able or totally able to help them manage or solve their, their families' or their family member's problems. Users sampled from FSU were slightly more positive than those sampled from FCU (76.0% versus 68.4%).

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[51] Difference is not statistically significant.

Figure XII.46 Perceived effectiveness of IFSC services in "managing or solving respondent's / his or her family's / his or her family member's problem" by types of users
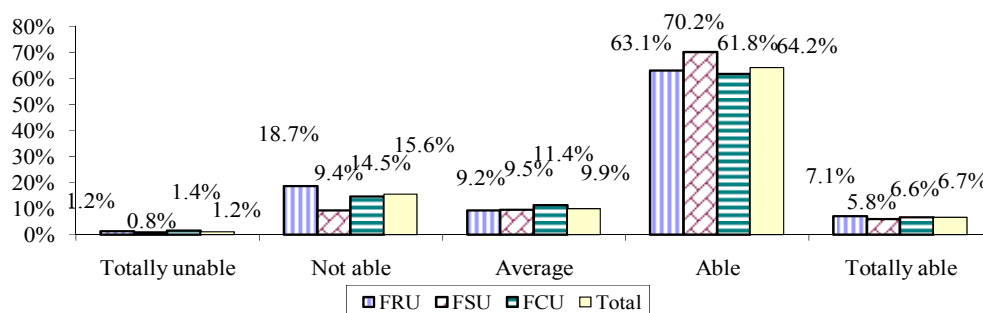
XII.51   The majority of service users of IFSC by NGO (71.4%) and SWD (70.6%)[52] indicated that the centre's services were able or totally able to help them manage or solve their, their families' or their family members' problems.

Figure XII.47 Perceived effectiveness of IFSC services in "managing or solving respondent's / his or her family's / his or her family member's problem" by types of IFSC
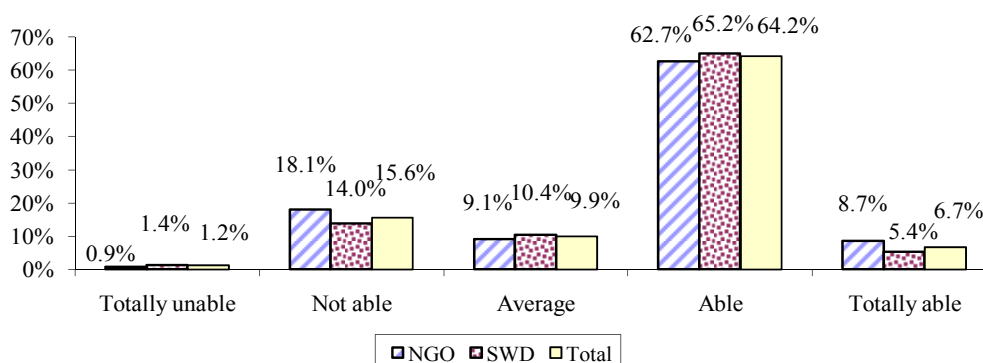
Relieving one's, one's family's and one's family members' emotional distress

XII.52   For service users who received casework / counselling services, the majority of them (76.7%) indicated that the centre's service was able to help them relieve their own, their families' or their family members' emotional distress.   The percentages for uses of FCU, FSU and FRU were similar.

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[52] Difference is not statistically significant.

Figure XII.48 Perceived effectiveness of IFSC services in "relieving one's/one's family's/one's family members' emotional distress" by types of users
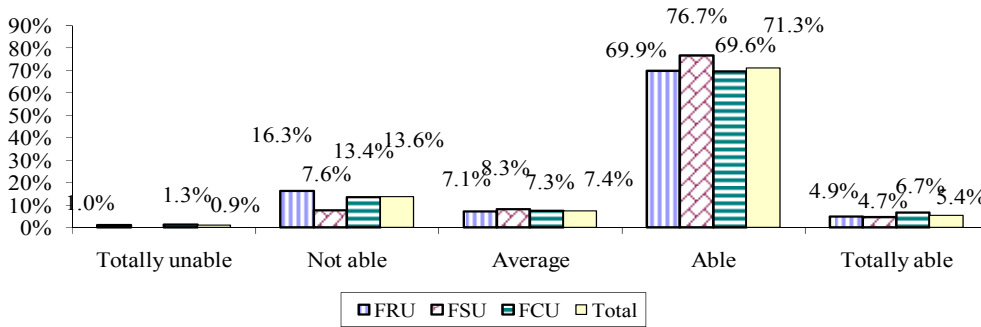
XII.53   The majority of service users of IFSC by NGO (78.9%) and SWD (75.2%)[53] indicated that the centre's services were able or totally able to help them relieve their families' or their family members' emotional distress.

Figure XII.49 Perceived effectiveness of IFSC services in "relieving one's/one's family's/one's family members' emotional distress" by types of IFSC
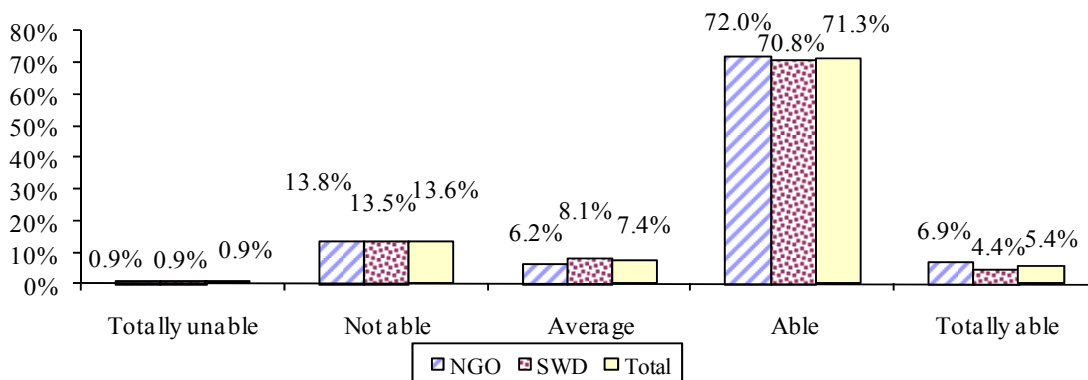
XII.54   Expressed in a Likert scale of 5, with "1" denoting "totally unable" and "5" denoting "totally able", the mean scores on the effectiveness of IFSC services in helping the users relieve emotional problems, manage or solve problems, get to know more friends in general or more friends who can help when in need may be compiled from the survey.   It may be noted from the chart below that the mean scores were above the mid-point of 3, indicating that the respondents in general were satisfied with the effectiveness of IFSC's services.   As would be expected, the mean score for FSU in "getting to know more friends" is higher than that for FCU.

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[53] Difference is not statistically significant.

Figure XII.50 Mean score on perceived effectiveness of services by types of users
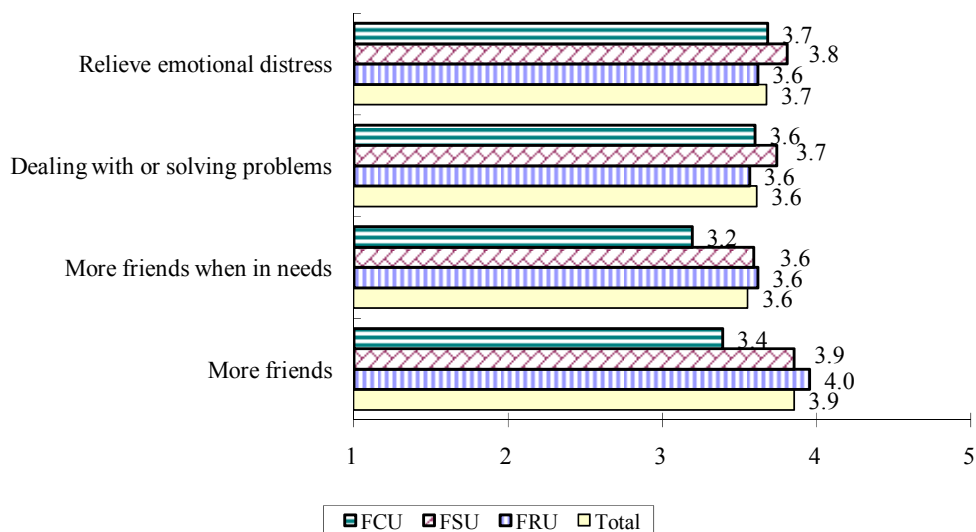
XII.55   The mean scores were similar for SWD and NGOs.

Figure XII.51 Mean score on perceived effectiveness of services by types of IFSC
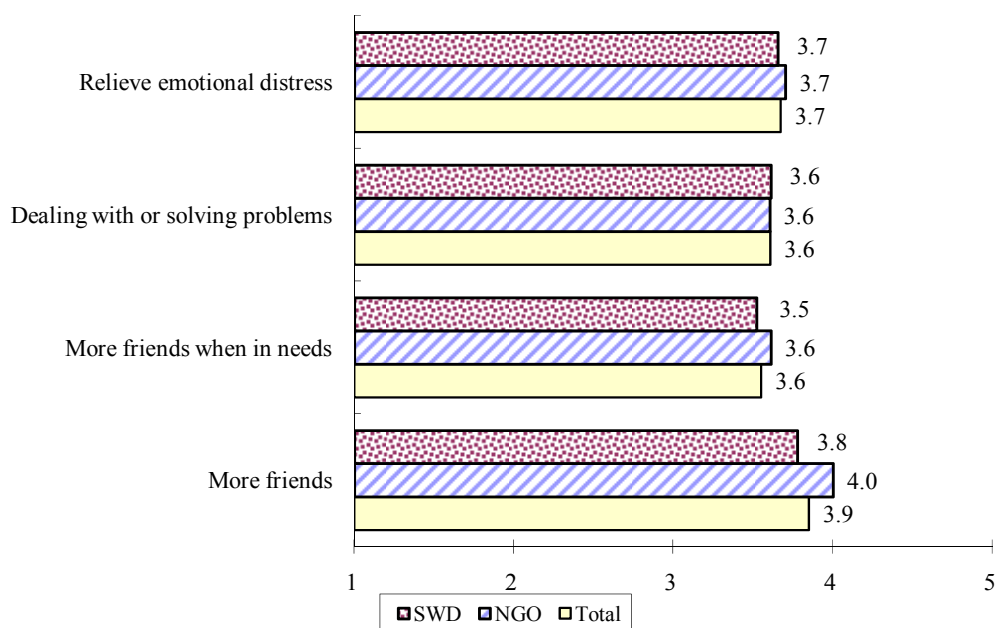
Satisfaction with overall services of IFSC

XII.56   The great majority of respondents (88.3%) were satisfied or very satisfied with the overall services of IFSC.   When analysed by types of users, the percentage of users of FSU (90.6%) indicated that they were satisfied or very satisfied with the Centre's overall services.   The corresponding percentage was lower for users of FCU, at 83.3%.

Figure XII.52 Percentage distribution of respondents by satisfaction with "overall services" by types of users
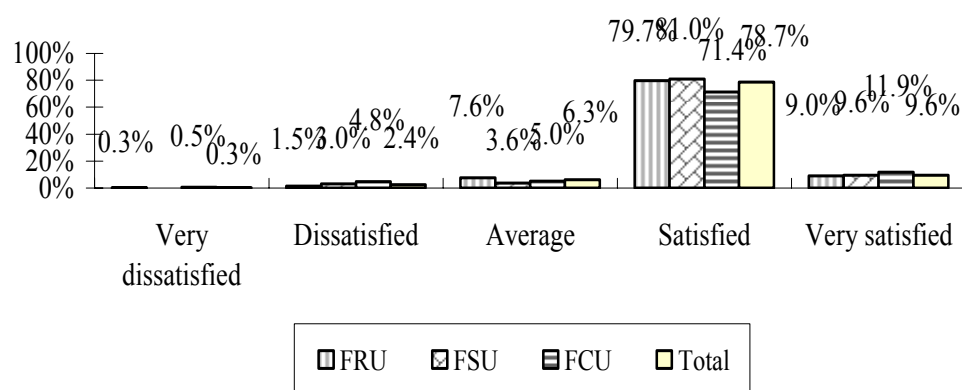
XII.57   The proportion of service users of services who indicated that they were satisfied or very satisfied with the Centre's overall services was similar for NGO IFSC and SWD IFSC.

Figure XII.53 Percentage distribution of satisfaction with "overall services" by types of IFSC
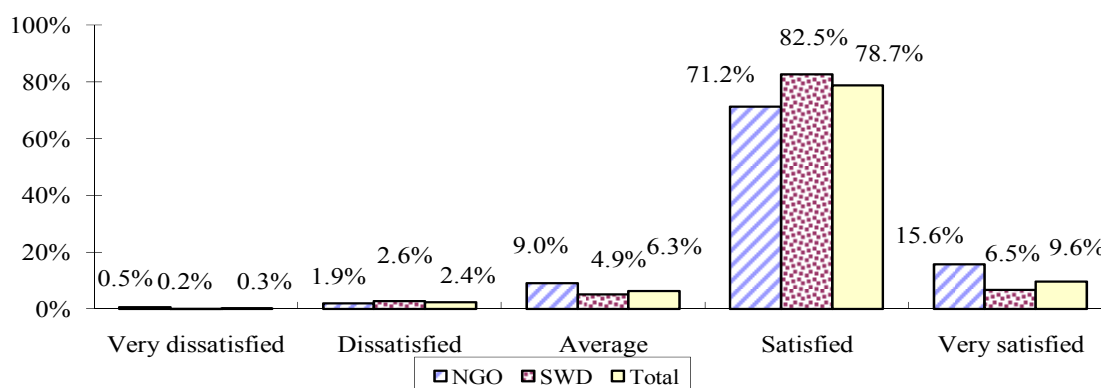
XII.58   Expressed in a Likert scale of 5, with "1" denoting "totally unsatisfied" and "5" denoting "very satisfied", the mean scores on the extent of satisfaction with the overall services of IFSC may be compiled from the survey data.   It may be noted from the chart below that the mean scores were all above the mid-point of 3, indicating that the respondents were in general satisfied. The mean scores were more or less the same for users of FRU, FSU and FCU, at 4.0.

Figure XII.54 Mean score of satisfaction with overall services by types of IFSC
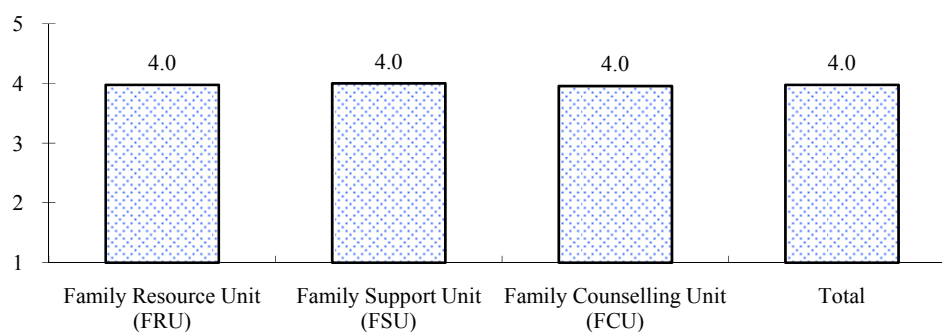
XII.59   The mean scores of users of services of IFSC by NGO and SWD were also more or less the same, at 4.0.   No significant difference was found among respondents of different gender, age groups, marital status, education attainment, economic activity status, and districts. .

Channels of contacting IFSC services

XII.60   The respondents came into contact with the centre' services mainly through referrals by other people / organisations (35.1%), introduction by relative (29.1%) and by themselves (17.4%).

Figure XII.55 Percentage of how respondents came into contact with Centre's service
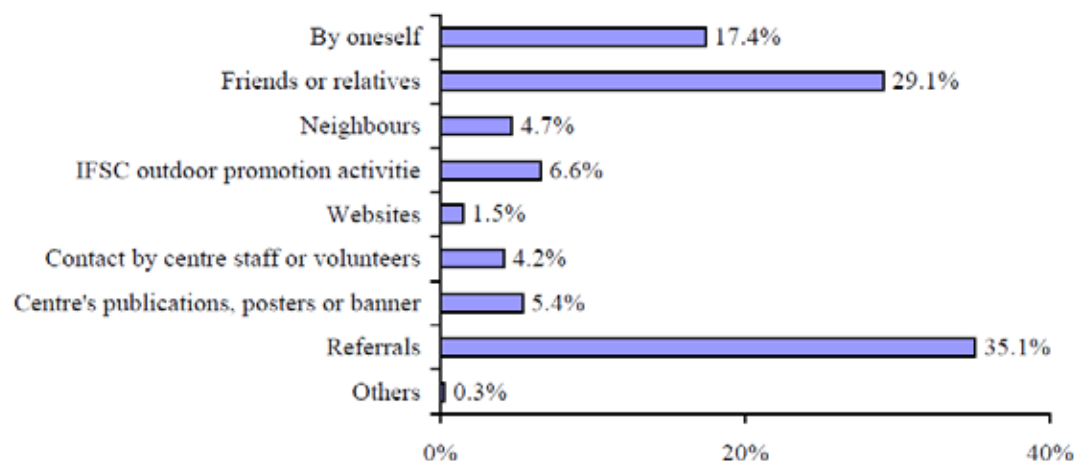
XII.61   When analysed by types of users, referrals by other people or organisations accounted for more than half (55.2%) users of FCU, and the corresponding percentage was lower for users of FSU (33.1%) and FRU (30.6%).   The other more popular channels were referrals by friends and relatives, accounting for 19.8% of users of FCU, 28.5% of users of FSU and 31.7% of users of FRU.

Figure XII.56 Channels of obtaining IFSC services by types of users

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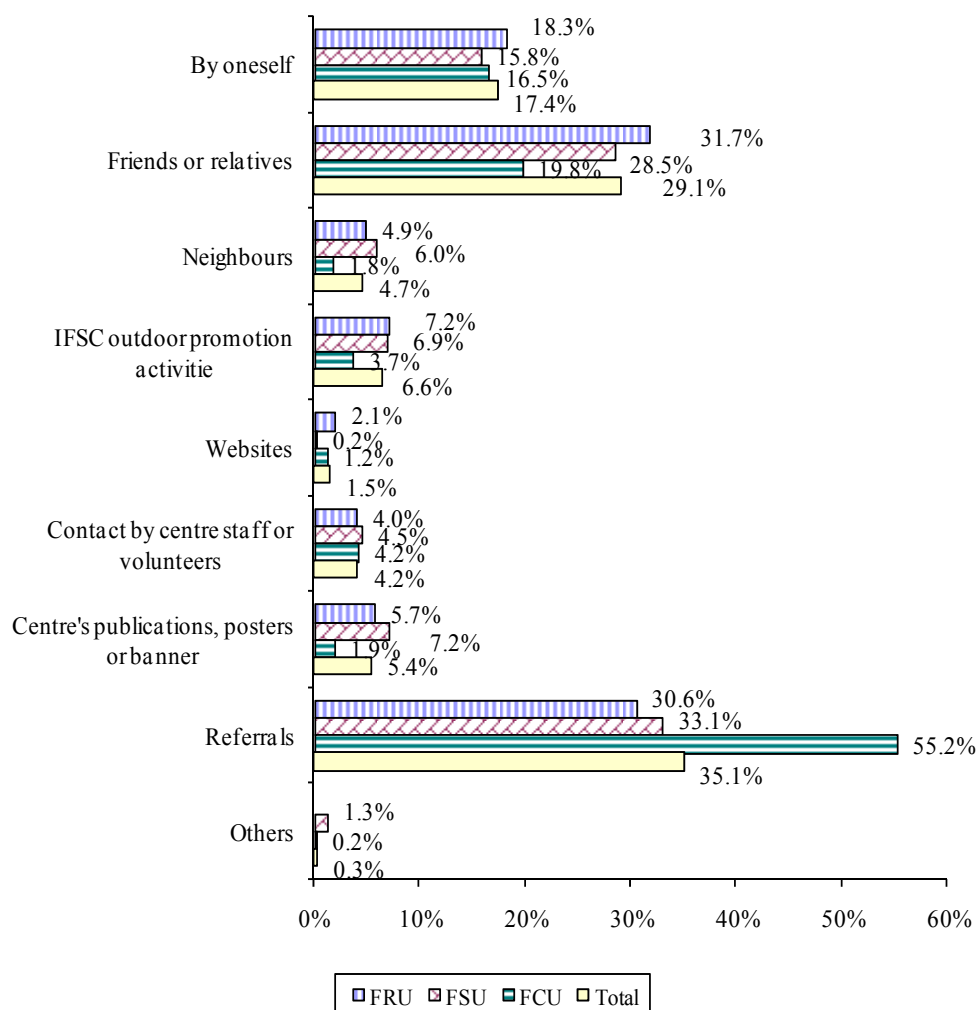
XII.62   For users of services of IFSC by NGO, the more popular channels were referrals (35.3%) and friends or relatives (20.6%).   The corresponding percentages for SWD were 34.9% and 33.4% respectively.

Figure XII.57 Channels of obtaining IFSC services by types of IFSC
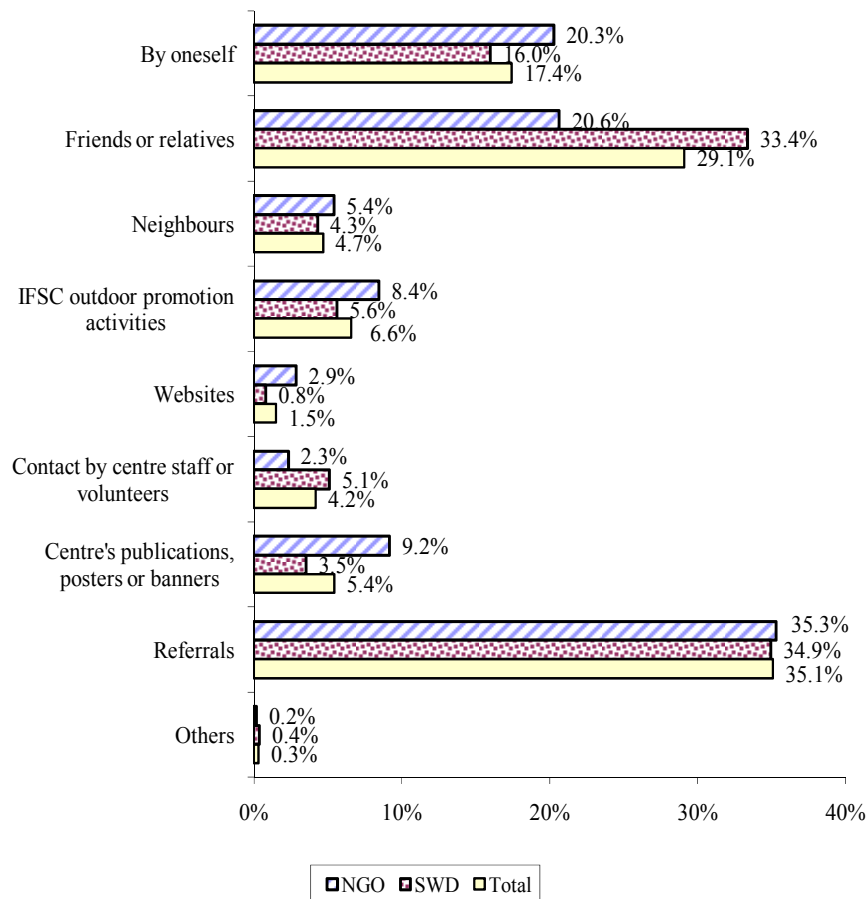
XII.63   For the service users who were referred by other people / organisation, they were mainly referred by other IFSCs (26.5%), SWD Family and Child Protective Services Unit (12.5%) and SWD Social Security Field Unit (12.0%).   While referrals from councillors were sometimes described as relatively more demanding[54], only 3.2% of the referrals were from councillors, or 1.1% of all the users were from councilors.

Figure XII.58 Percentage distribution of respondents came into contact with Centre's service referred by other people/ organisation

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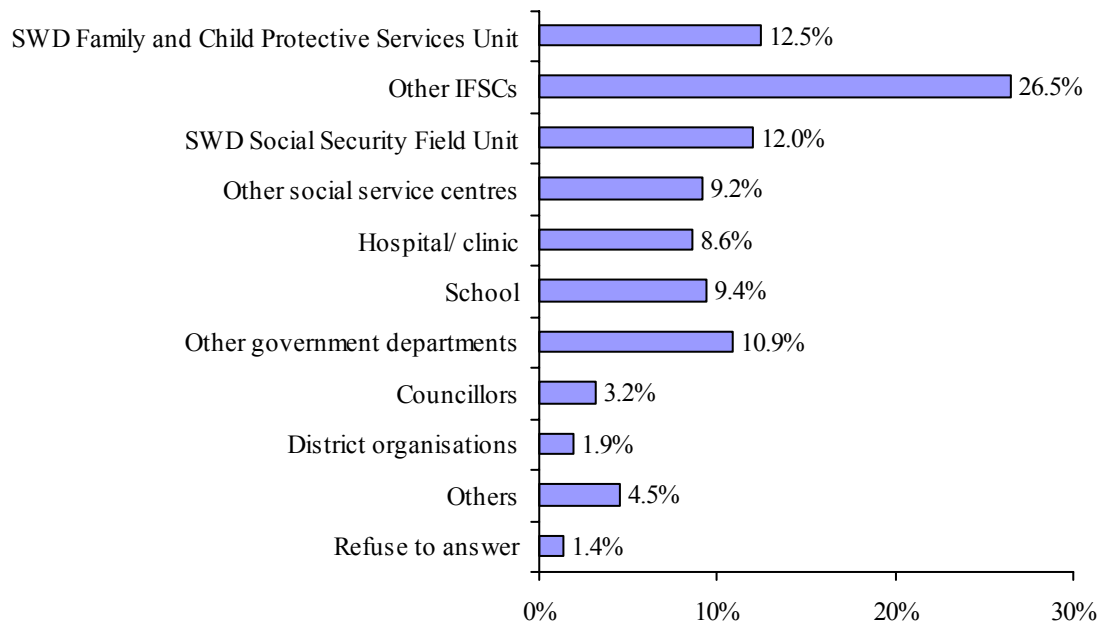
[54] As expressed by social workers in some of the focus group meetings

XII.64   When analysed by types of users, percentages of service users referred from different sources were similar among FRU, FSU and FCU, except for the referrals from other government departments, i.e. 20.6% of the FCU service users were referred by other government departments, while only 7.6% and 7.7% of users of FRU and FSU were referred by other government departments.

Figure XII.59 Referrals by main organisations responsible by types of users

SWD Family and Child Protective Services Unit: 10.0%, 12.7%, 17.7%, 12.5%
Other IFSCs: 29.6%, 23.2%, 22.6%, 26.5%
SWD Social Security Field Unit: 11.2%, 13.2%, 12.7%, 12.0%
Other social service centres: 12.7%, 5.9%, 4.7%, 9.2%
Hospital/ clinic: 8.9%, 6.8%, 9.5%, 8.6%
School: 9.6%, 14.0%, 4.8%, 9.4%
Other government departments: 7.6%, 7.7%, 20.6%, 10.9%
Councillors: 2.6%, 4.6%, 3.1%, 3.2%
District organisations: 1.8%, 2.6%, 1.5%, 1.9%
Others: 4.2%, 8.1%, 2.0%, 4.5%
Refuse to answer: 1.8%, 1.2%, 0.6%, 1.4%

□FRU ▨FSU ▤FCU □Total

20%   30%   40%

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XII.65   While the sources of referrals are more or less the same for NGO IFSCs and SWD IFSCs, more service users of SWD IFSC (32.3%) were referred by other IFSCs than those of NGO IFSCs (15.1%).   This is partly due to that some of the cases can only be handled by the SWD IFSC.

Figure XII.60 Referrals by main organisations responsible by types of IFSC
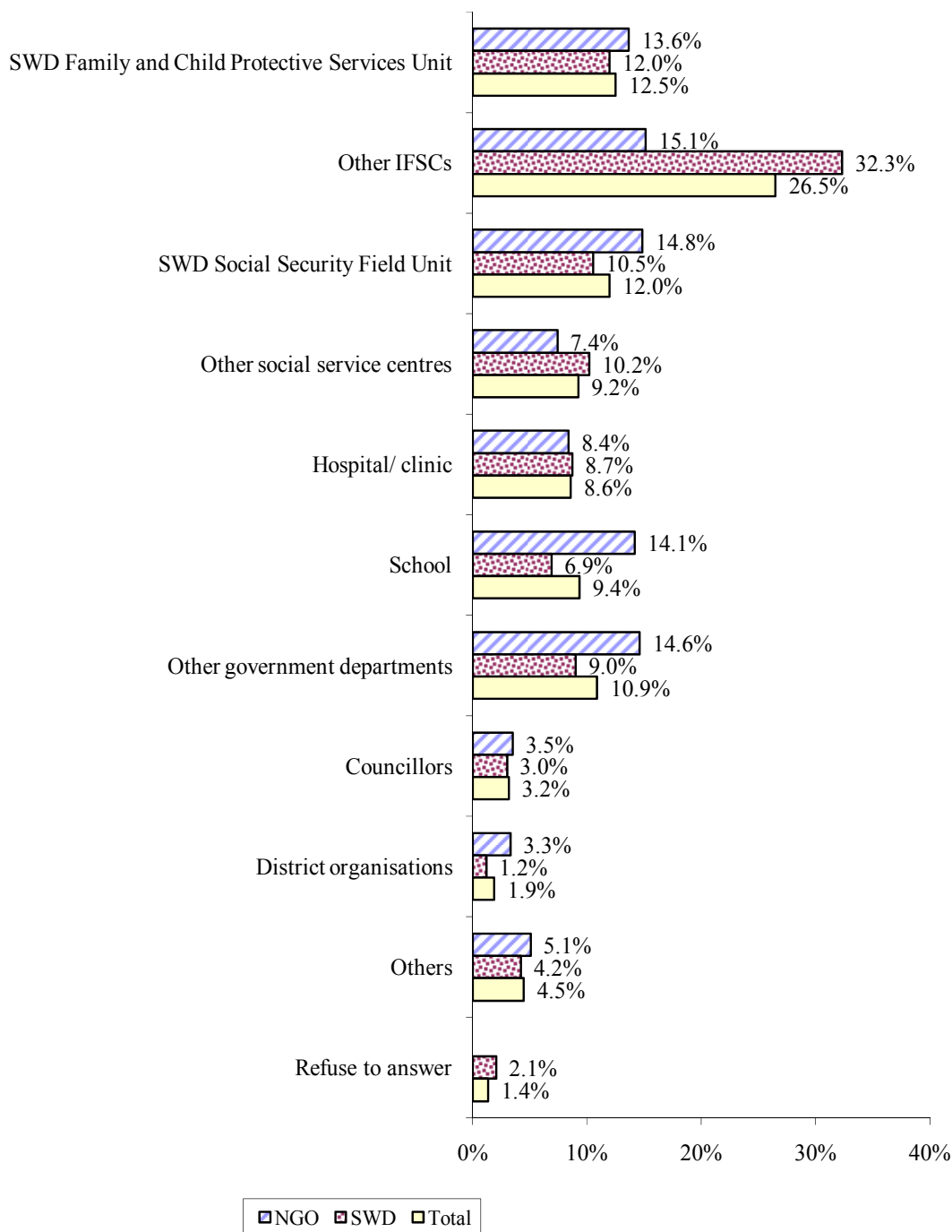
XII.66   About 58.9% of service users had introduced their relatives / neighbours to receive services from IFSC. For those who had received casework / counselling service from social workers and did not seek casework / counselling services at the first time when they came to the Centre to receive services, they eventually sought help for casework / counselling services from social workers as they actively sought help from social workers on their own (46.0%) and were recommended by social worker (29.7%). This is another piece of evidence showing that the integration model of IFSCs has effectively allowed service users who may not seek help in the first instance and with initial encounter and participation in FRU or FSU activities would subsequently seek help from social workers on their own or being identified by social workers for needing counselling services.

Figure XII.61 Percentage distribution of how respondents eventually seek help for casework/ counselling service from social worker but not seek help when they first came to this Centre
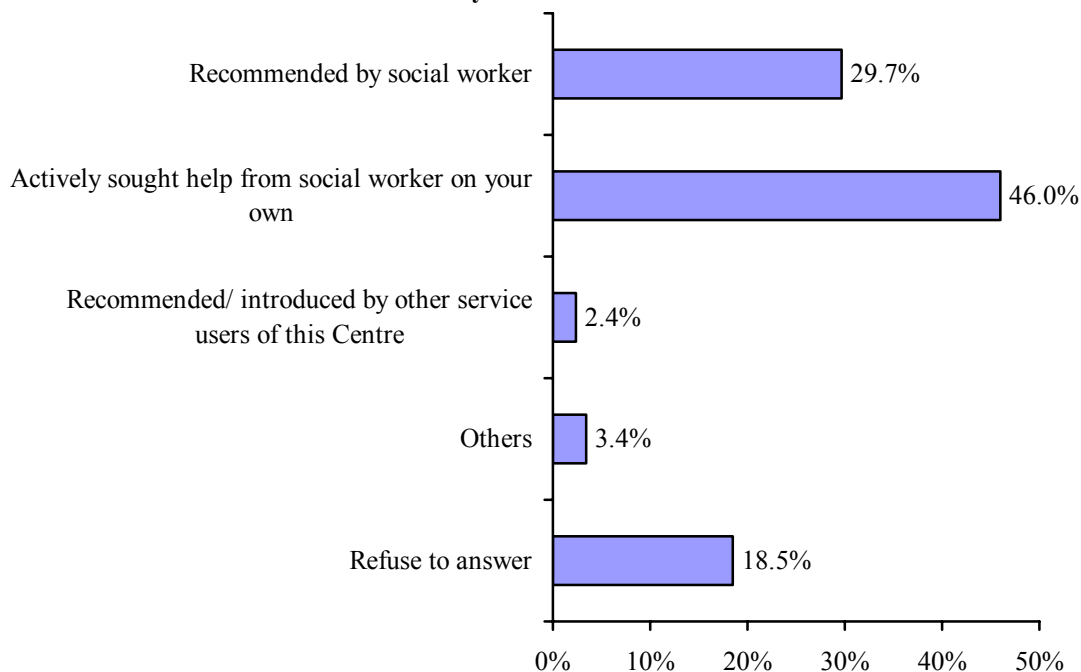
Profile of service users

Gender and Age

XII.67   About 82.1% of the service users were female and the remaining 17.9% male.   A higher proportion of the respondents of FRU and FSU were female.

Figure XII.62 Percentage distribution of gender by types of users
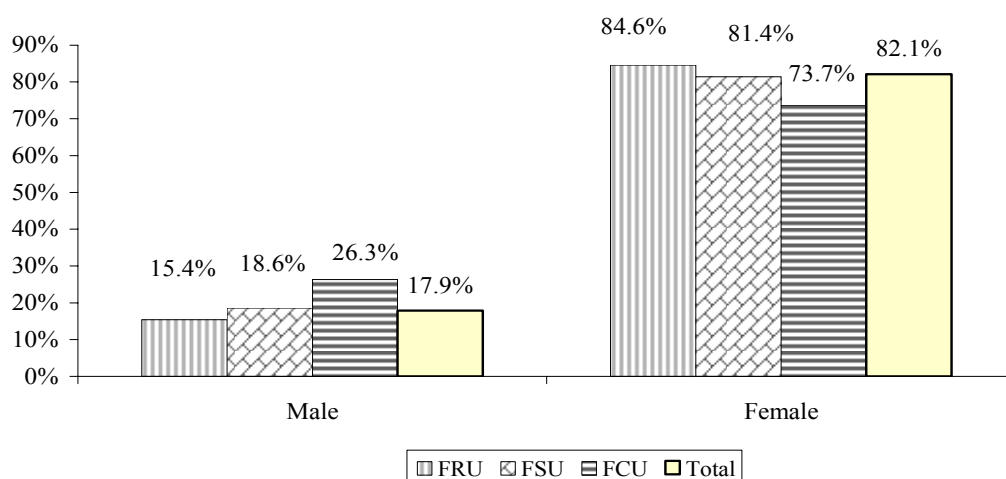
XII.68   The proportions of male and female users in NGO IFSCs and SWD IFSCs were similar.

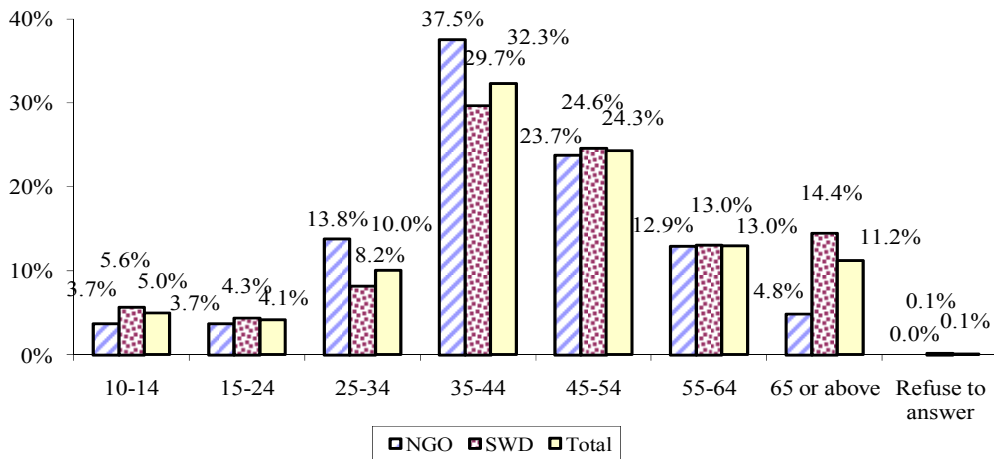**Figure XII.63 Percentage distribution of gender by types of IFSC**
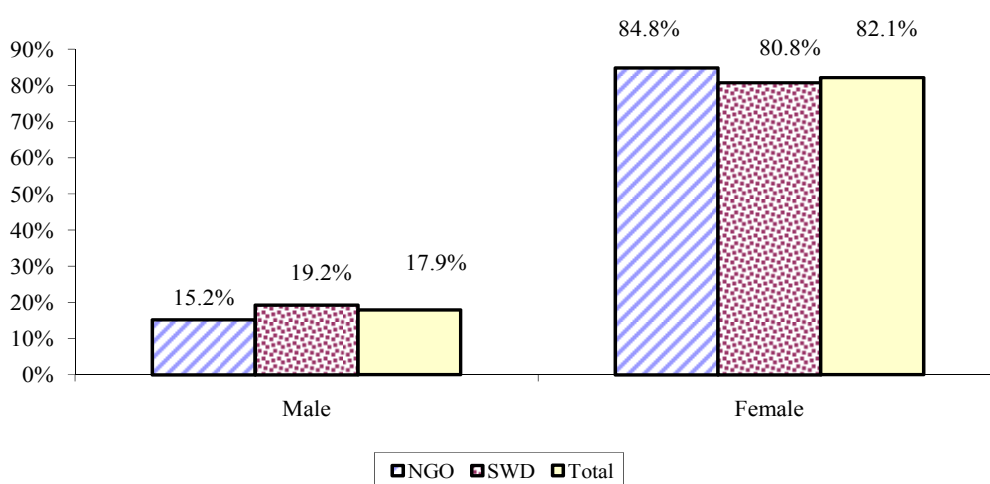
XII.69   A higher proportion of users of FRU and FSU were aged 35 or above while the proportion of users of FCU aged below 35 was higher than those of FRU and FSU, i.e. the FRU and FSU tended to attract a larger percentage of older users .

Figure XII.64 Percentage distribution of age by types of users
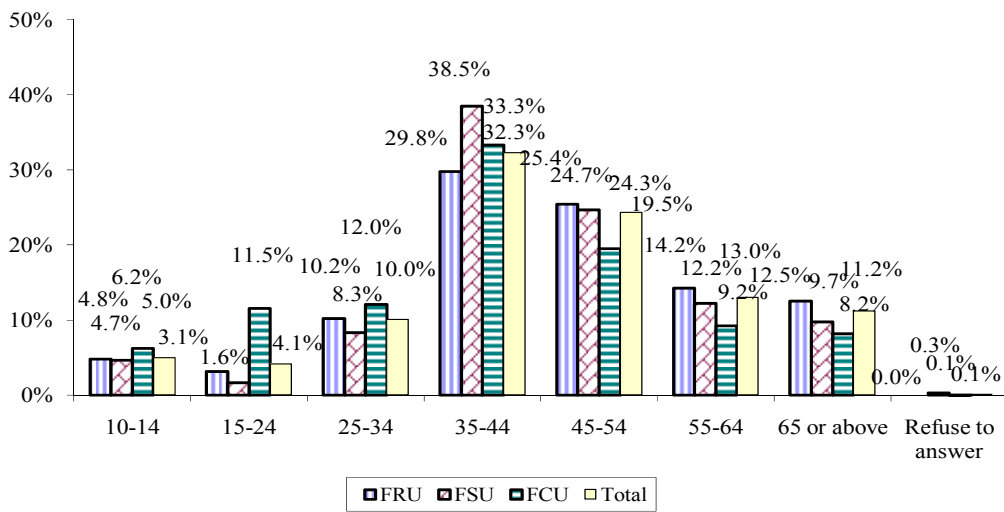
XII.70   A higher proportion of users of services of IFSC by NGO were aged 25-44 while the proportion of users of services of IFSC by SWD aged above 55 was higher than that of NGO.

Figure XII.65 Percentage distribution of age by types of IFSC

Marital Status and number of children

XII.71 Not unexpectedly, a higher proportion of users of FRU and FSU were married while the proportion of users of FCU who were divorced/separated and never married was higher than those of FRU and FSU.

Figure XII.66 Percentage distribution by marital status by types of users
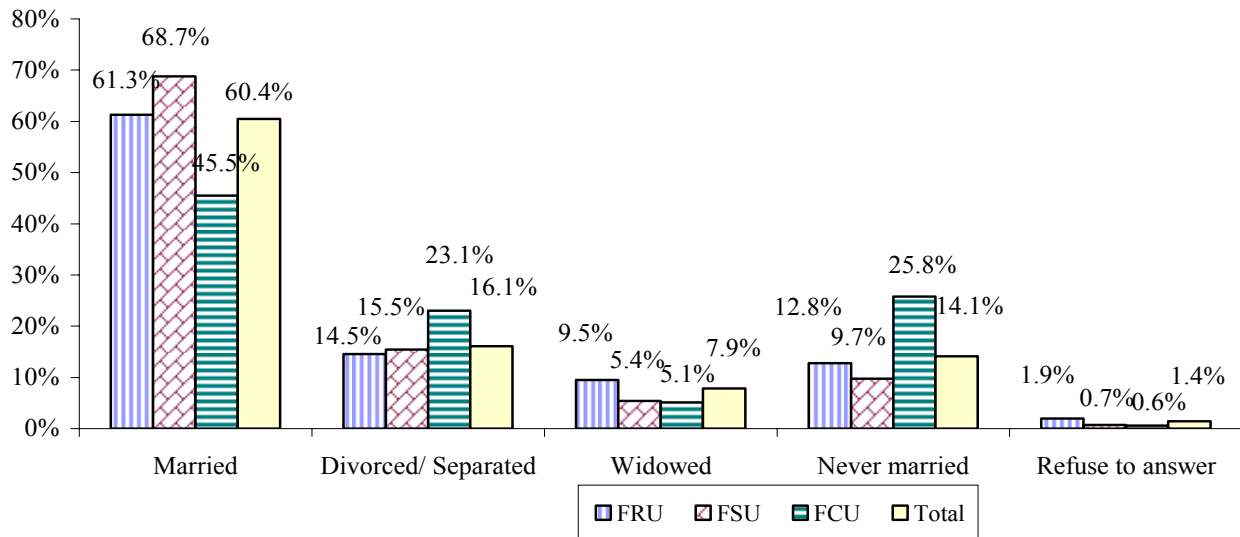
XII.72 The profile of users in terms of marital status was similar for those in the NGOs and for those in the SWD.

Figure XII.67 Percentage distribution by marital status by types of IFSC
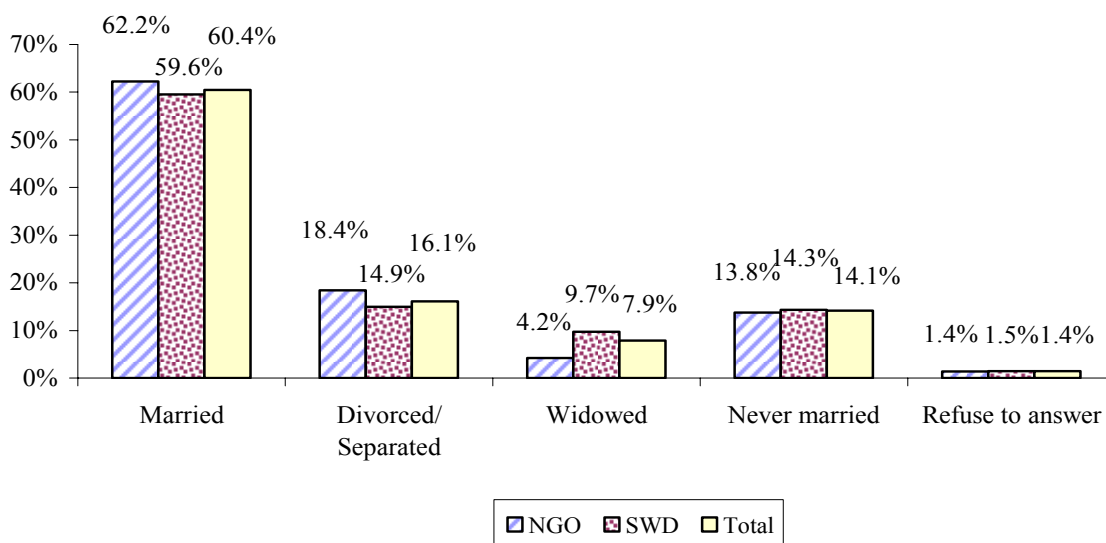
XII.73   A higher proportion of users of FRU had 3 to 4 children while the proportion of users of FCU who did not have children was higher than those of FRU and FSU.

Figure XII.68 Percentage distribution of number of children in a household by types of users
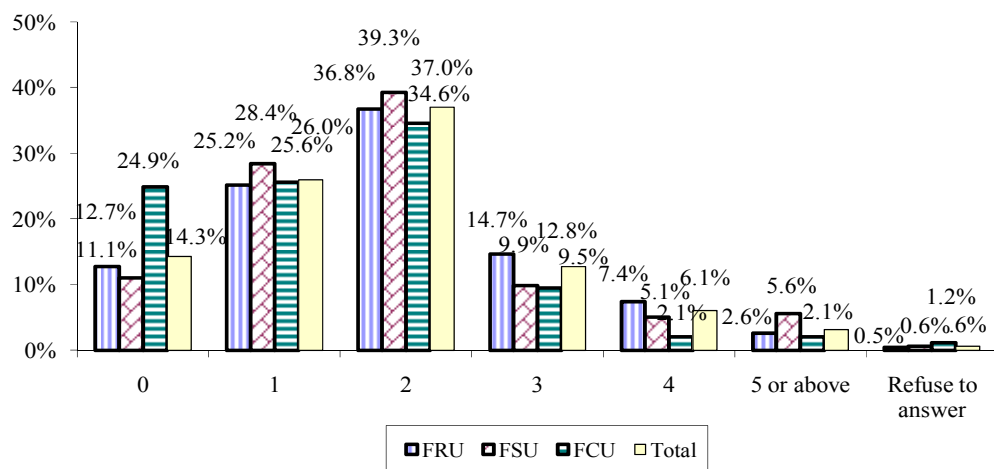
XII.74   As shown in the chart below, the percentage distribution of users of services of IFSC by NGO and SWD, by the number of children in the household, were quite similar.

Figure XII.69 Percentage distribution of number of children in a household by types of IFSC
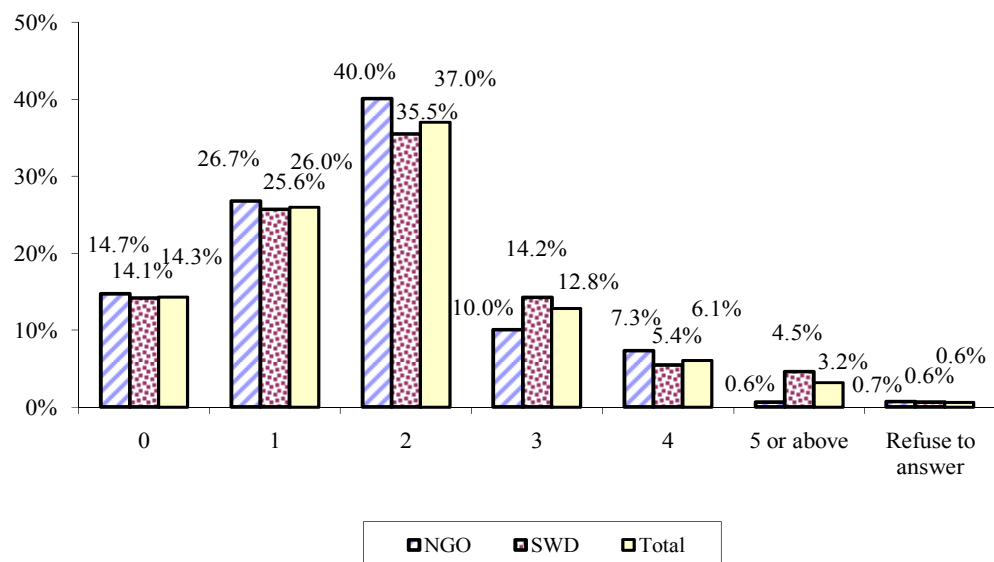
Educational attainment

XII.75   More than half of all respondents had secondary level of education.   The proportion of users of FRU and FSU who had primary level of education was higher than that for FCU while the proportion of users of FCU who had secondary level of education was higher than those for FRU and FSU.

Figure XII.70   Percentage distribution of respondents' educational attainment by types of users
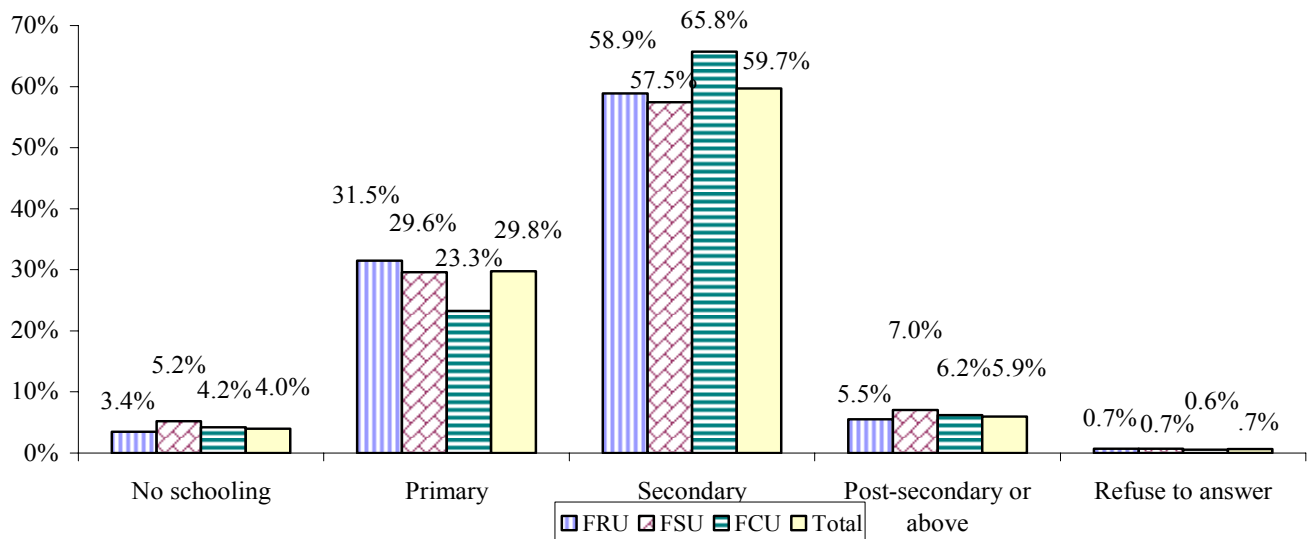
XII.76   The proportion of users of services of IFSC by NGO who had secondary education or above was higher than that for SWD, while the proportion of users of services of IFSC by SWD who had no schooling and primary education level was higher.
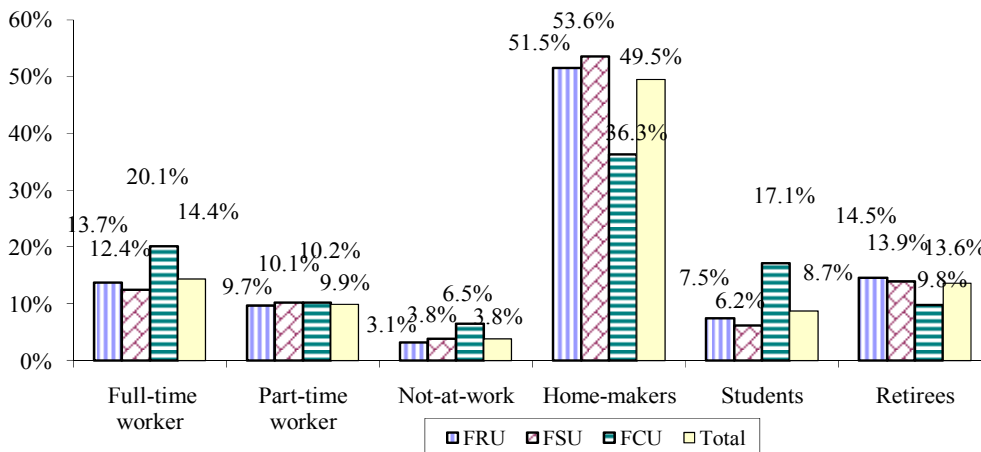
Figure XII.71 Percentage distribution of respondents' educational attainment by types of IFSC
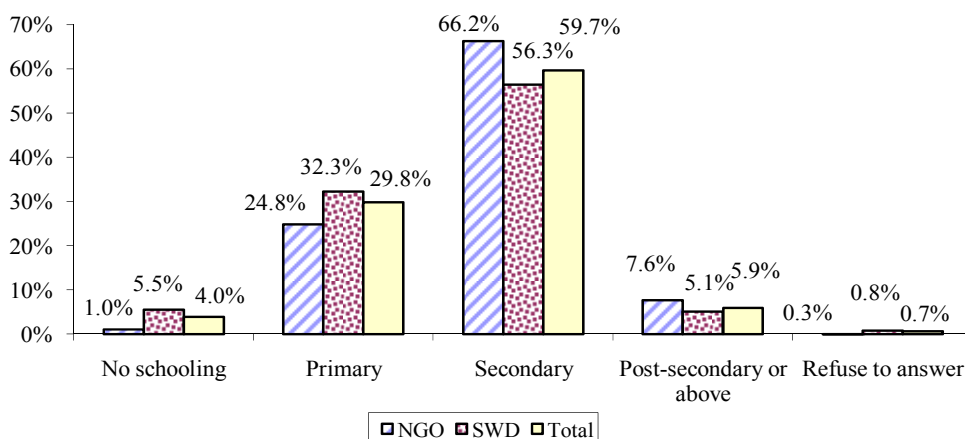
Economic activity status

XII.77 Nearly half (49.5%) of all respondents were home makers. The proportion of users of FRU and FSU who were home-makers was higher than that for FCU while the proportion of users of FCU who were full-time workers and students was higher than those for FRU and FSU.

Figure XII.72 Percentage distribution by economic activity status by types of users

XII.78 The proportion of users of services of IFSC by NGO who were employed was higher than that for SWD, while the proportion of users of services of IFSC by SWD who were retired was higher than that for NGO.
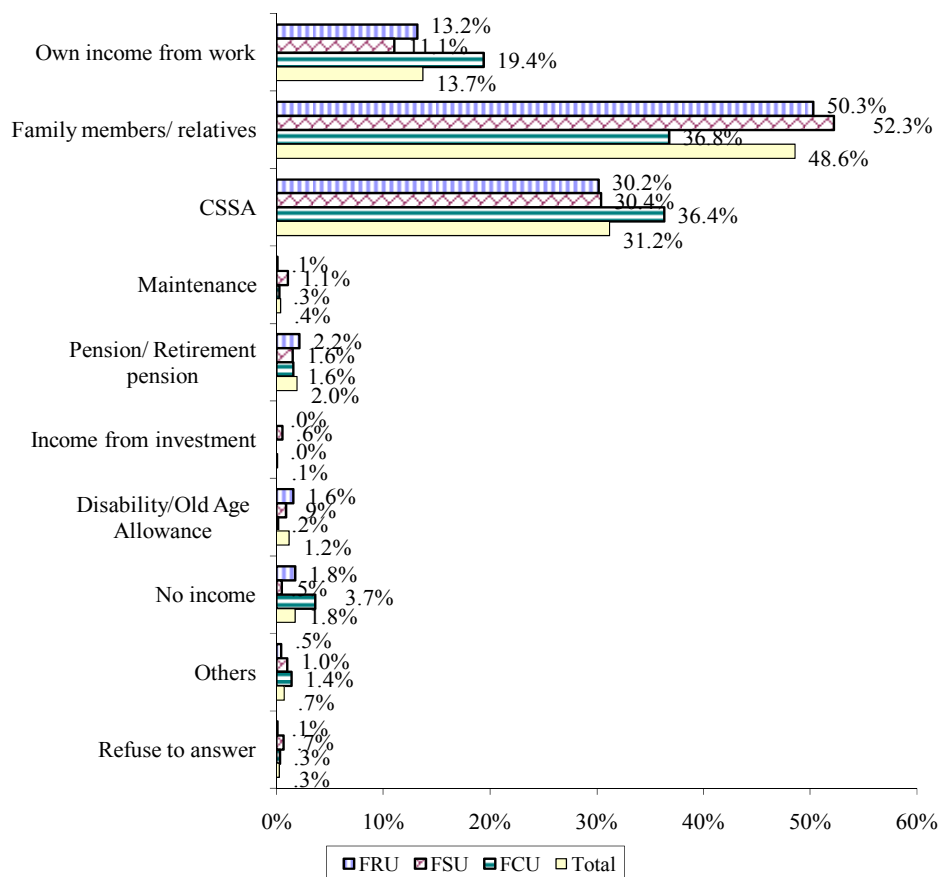
Figure XII.73 Percentage distribution by economic activity status by types of IFSC
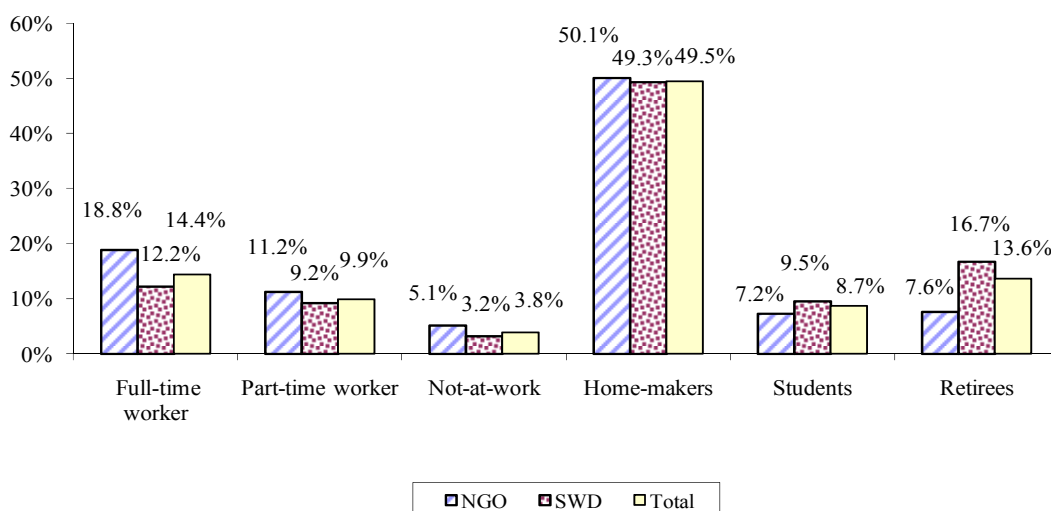
Main sources of household income

XII.79   The main sources of household income were family members or relatives (accounting for 48.6% of all respondents), Comprehensive Social Security Assistance (CSSA) (31.2%) and income from work (13.7%).   The proportion of users of FRU and FSU whose main sources of income were from family members/relatives was higher than that for FCU.   On the other hand, the proportion of users of FCU whose main sources of income were from their work and CSSA was higher than those for FRU and FSU.

Figure XII.74 Percentage distribution of main sources of household income by types of users

	FRU	FSU	FCU	Total
Own income from work	13.2%	11.1%	19.4%	13.7%
Family members/ relatives	50.3%	52.3%	36.8%	48.6%
CSSA	30.2%	30.4%	36.4%	31.2%
Maintenance	.1%	1.1%	.3%	.4%
Pension/ Retirement pension	2.2%	1.6%	1.6%	2.0%
Income from investment	.0%	.6%	.0%	.1%
Disability/Old Age Allowance	1.6%	.9%	.2%	1.2%
No income	1.8%	.5%	3.7%	1.8%
Others	.5%	1.0%	1.4%	.7%
Refuse to answer	.1%	.7%	.3%	.3%

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XII.80   The proportion of users of services of IFSC by SWD whose main sources of income were from family members / relatives was higher than that for NGO, while the proportion of users of services of IFSC by NGO whose main sources of income were from their work was higher than that for SWD.
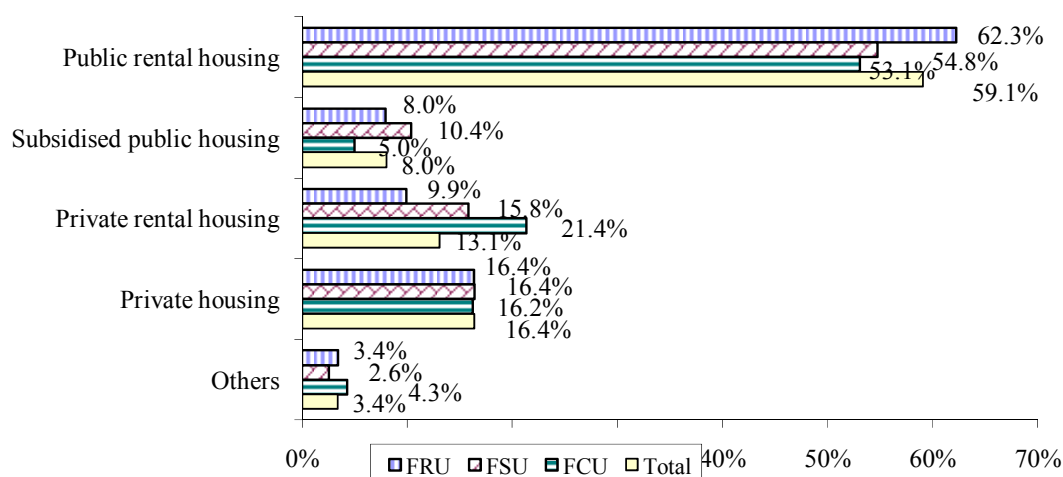
Figure XII.75 Percentage distribution of main sources of household income by types of IFSC
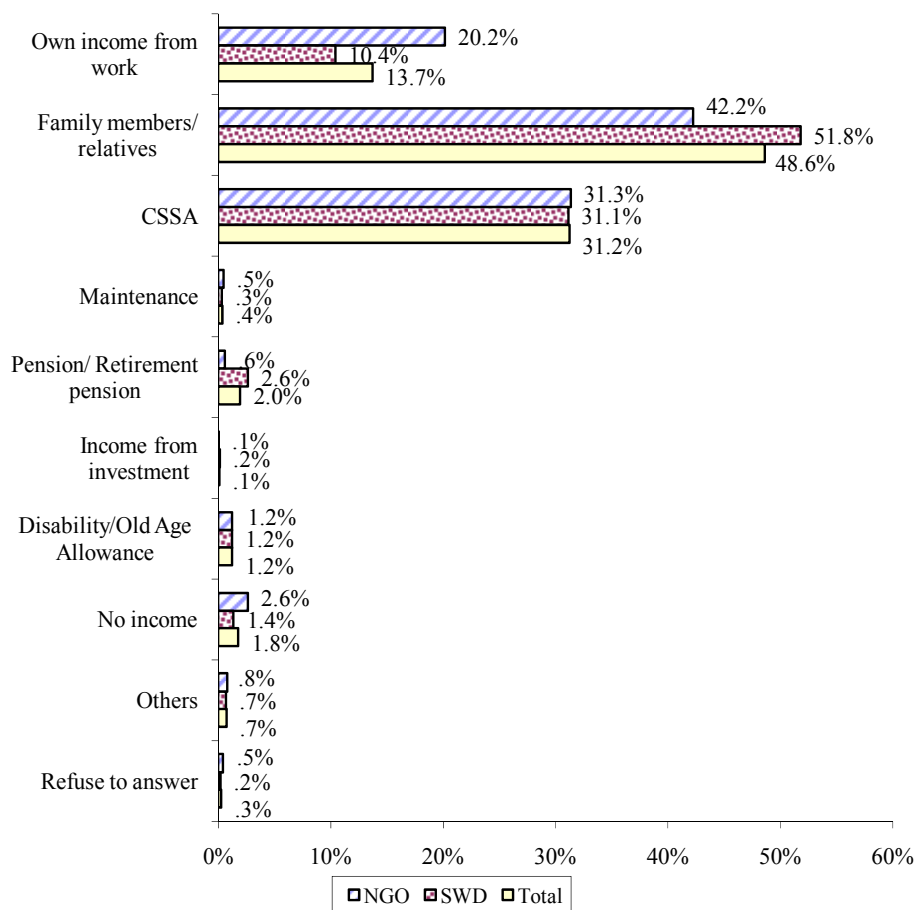
Type of housing

XII.81   As compared to the general population of Hong Kong, it is more likely for IFSC service users to be living in public rental housing (59.1% versus 31%).   A slightly higher proportion (62.3%) of users of FRU were living in public rental housing than those (53.1%) of FCU.

Figure XII.76 Percentage distribution of respondents' housing types by types of users

XII.82   The pattern of the percentage distribution by types of housing for users of services of IFSC by NGO and SWD were quite similar.

Figure XII.77 Percentage distribution of respondents' housing types by types of IFSC

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