

## Executive Summary

According to the Report on the Review of Family Services, Pilot Projects were established to verify the effectiveness of the service model of integrated family service centers (IFSCs). The Social Welfare Department has commissioned the HKU consultant team to carry out an independent in-built evaluative study on the 15 pilot projects from April 2002 to March 2004. This Interim Report, based on the initial findings, serves to assess the performance of the pilot projects after one year of their implementation, and identify key issues to inform further planning.

Based on a pluralistic approach to evaluation, this study derived information from a variety of sources, namely the user information system, service information statistics, business plan and half-yearly self-assessment reports submitted by pilot projects, observations and reports by HKU consultants, focus groups with key stakeholders according to formation modes, focus groups with stakeholders, including users and service partners from each projects, and selected user case studies.

### Summary of Findings and Recommendations

1. According the formation mode, the 15 pilot projects comprised a completely purposefully-designed greenfield, two projects formed by self-transformation of existing family service centers, eight projects formed by having strategic alliance between family service centers of an agency and community-based service of another agency, and four projects formed by merging FSC with community-based service managed by the same agency. In merging and strategic alliance modes, some projects involved only partial integration – only part of the service units (family service center and community-based service) were involved in the formation of the pilot projects. Pilot projects also varied according to their target population sizes and staff provisions.
2. In general, a typical pilot project user is a female adult, with no job, and poor education. There is also a high proportion of new arrivals, people without spouses, older persons, and social security recipients. As such pilot projects have been targeting vulnerable populations.
3. Evidence suggests that IFSCs can provide a more open, user-friendly, responsive, accessible, and integrated service to users. Now IFSCs render a wide continuum of family and children programs, ranging from clinical case and group intervention, training and educational classes, supportive groups, to family-oriented social activities and child care programs. The use of the screening form and assessment tools has provided an objective and standardized instrument to determine the level of risk and the service needs, as well as the service intervention required. Based on user satisfaction surveys, performance ratings, and focus groups, pilot project users were extremely satisfied with the service offered.
4. During the first year of implementation, social workers had to face a tremendous amount of workload – preparing for the formation, learning and using the new screening form and assessment tools, and the user information system, and launching service promotion campaigns. Teamwork has found to be vital in facing the new administrative and program demands of IFSC.
5. After a year of implementation, the management and program structure of pilot projects have become more mature and institutionalized. The interfacing between the IFSC units has become more smooth and effective. There are strong commitments and initiatives from both IFSC operators and social workers to translate IFSC principles into practice. Indeed, the establishment of IFSC requires a profound cultural shift among social workers, shifting from the traditional casework dominated approach to a more diversified, multi-level and community-based intervention.

6. Overall, the greenfield, merging and self-transformation modes represent a more effective approach to facilitate the interfacing amongst the three IFSC units. In specific, social workers can be deployed cutting across two to three IFSC units, and inter-unit referrals can be more effective. In the strategic alliance mode, because of the fundamental differences between the culture and practice of the two partnered agencies, collaboration in the form of redeployment of staff and shared budgeting would be limited. Because of the traditional limited experiences of social workers in conventional FSCs in carrying out community-based programs and supportive groups, the family support unit and the family resource unit of the self-transformation mode would take a longer time to develop. Partnership between family service center and community-based service can achieve synergy to develop a new service mode more responsive to community and family needs. Because partial integration can create confusion in service operation and amongst users and community partners, merging of two service units to form an IFSC in the future should involve the two whole units.
7. There should be a clear division of responsibility between IFSC and other family-related community-based services and centers dealing with family and individual crisis. Being more neighborhood-based and easily accessible, IFSC can take up more responsibility in providing services targeting vulnerable populations, such as the new arrivals, single parents, and people with suicidal risk.
8. Because of the clear consensus in the field that IFSC has been accepted as an effective mode of family service, preparation for the establishment of IFSC should be made as early as possible.
9. Each IFSC should have a clear and independent service boundary, serving residents residing in a defined geographical area. Without a rigid provision based on population size, an IFSC should cover a population ranged from 100,000 to 150,000 people. The actual provision should be determined by the district needs and demands for family services. In each district of the District Social Welfare Office, selected SWD IFSC(s) should be responsible for statutory cases. Otherwise, there should be no difference in operation between a SWD IFSC and a NGO IFSC.
10. Likewise, there should not be a rigid standardized staff provision for each IFSC. Based on the experiences of the pilot projects, an efficient IFSC operation should have a minimum of 12-14 social workers, and about half of them should be in the family support unit. Noteworthy is the fact that the deployment of social workers in each IFSC units should be dynamic and flexible, responding to changing community needs and demands.
11. The establishment of IFSCs covering all the districts requires the pooling of existing resources to support the transformation. In the formation process, the merging of family service center with community-based service represents a more cost-effective way to maximize existing resources and expertise, whereas the use of strategic alliance in the formation of IFSC should be discouraged. The use of self-transformation mode has to ensure that traditional caseworkers are equipped adequately with the required community and group work skills.
12. In the process of forming IFSC, there will be strategic rationalization, close down, reshuffling, reallocation and merging of existing services, the restructuring of service has to be carefully planned and executed with extensive consultation. There will be innumerable resistance and barriers to overcome, structural as well as cultural. The integration of services represents the need to advance a more important mission and goals of a new program – the rebirth of a new program with a new mission, rather than the death of a conventional program.