

二零零二年十二月九日
討論文件

**立法會福利事務委員會
舊建市區綜合鄰舍計劃檢討
顧問研究最後報告**

目的

本文件摘要報告舊建市區綜合鄰舍計劃（下稱「綜合計劃」）檢討顧問研究最後報告（下稱「最後報告」）所載的研究結果和建議，以及就跟進當中的建議一事與有關的非政府機構達成的協議。

背景

2. 鄰舍層面社區發展計劃（下稱「社區計劃」）最初的構思和推行，是為寮屋區和平房區等偏遠或社會設施不足地區的居民服務。政府的既定政策，是按照清拆計劃逐步停辦社區計劃。不過，為回應福利界的強烈要求，當局把一些停辦的社區計劃，以試辦形式轉移到舊建市區繼續提供服務。根據社區計劃檢討小組的建議，當局在深水埗、油尖旺和九龍城的 12 個舊建市區舉辦了共 12 項綜合計劃，以加強為新來港定居人士、長者和低收入家庭提供的外展服務。上述地區的舊建市區，是由香港大學葉嘉安教授帶領的工作小組協助下識別出來的。這些綜合計劃已在一九九九、二零零零及二零零一年分三期實施，為期共三年。當局早已有意在這些服務期限屆滿時審慎檢討是否仍有需要繼續推行。

3. 由非政府機構把社區計劃停辦後騰出的資源開辦的 12 項綜合計劃，由開辦到完成的時間如下：

開辦日期	綜合計劃的數目	完成日期
1.1.1999	6	31.12.2001*
16.3.2000	2	15.3.2003
15.3.2001	4	14.3.2004
合計：12		

* 其後延長至 31.12.2002，以便有足夠時間作全面檢討。

每項綜合計劃每年獲得的撥款額為 136.9 萬元（計算基礎為每項計劃有 4.2 名員工，包括 1/5 名社會工作主任、1 名助理社會工作主任、2 名社會工作助理及 1 名助理文書主任）。在二零零二至零三年度，全部 12 項綜合計劃的總撥款額為 1,642.8 萬元。

向立法會福利事務委員會徵詢意見的摘要

4. 二零零二年四月八日，我們向立法會福利事務委員會提交立法會文件 CB(2)1491/01-02(03)號，說明社會福利署（下稱「社署」）有鑑於已和非政府機構聯手推行各種新福利措施，以便更廣泛及有效地向弱勢社群伸出援手，我們認為有需要檢討綜合計劃應否繼續以獨立和有別於其他服務的方式運作。因此，社署已委託由香港大學梁祖彬博士帶領的顧問小組，就綜合計劃進行一項獨立檢討。其後，綜合計劃檢討顧問研究導向委員會（下稱「導向委員會」）宣布成立，為是項檢討提供指導。導向委員會由民政事務局、社署、推行綜合計劃的非政府機構、香港社會服務聯會的代表和一名業外人士組成。顧問小組在進行檢討時，已充分顧及各委員對綜合計劃及實施新措施的關注如下：

- 綜合計劃在照顧服務對象的需要方面有其獨特的角色；
- 各種服務有相似或重疊之處；
- 把綜合計劃的功能納入現有主流服務之內，以加強後者的服務；及
- 現有服務是否足夠應付現時綜合計劃服務地區內弱勢社群的需要。

5. 於二零零二年七月十三日，政府當局再向委員會提交一份資料摘要（文件 CB(2)2583/01-02(01)號），匯報中期檢討報告（下稱「中期報告」）的研究結果。中期報告特別指出，顧問小組認為綜合計劃能夠符合社署認可的《津貼及服務協議》所訂明的規定。不過，顧問小組亦認為在考慮綜合計劃的將來時還有一系列的問題，包括外展模式、服務對象、服務和活動、與主流服務的配合等，須深入審議。社署承諾會在二零零二年年底向委員會提交最後報告。

最後檢討報告

6. 在整個檢討過程中，顧問小組已考慮過從各種途徑收集的意見，包括分別為 309 名有關人士和 189 名檢討計劃服務對象舉行的 35 和

21 個焦點小組會議、13 次對綜合計劃及其他有關服務的認識探訪、12 次實地觀察，以及 1 次為綜合計劃社工舉行的簡介會。顧問小組在擬備檢討建議時，亦曾參考葉教授提供有關舊建市區的最新資料。

7. 導向委員會已在二零零二年七月五日的會議上，討論及通過最後報告擬稿，並大致同意最後報告所載的觀察和建議為客觀和切合實際。全份最後報告載於附件 I。

8. 在二零零二年十一月二十七日，最後報告及為落實檢討建議而擬訂的未來路向，已提交社會福利諮詢委員會會議討論。該會委員同意顧問研究的結果和建議，並通過社署和非政府機構協議的跟進措施。社會福利諮詢委員會主席表示，綜合計劃檢討是一個良好典範，除了理順福利服務外，還可確保這類服務的宗旨應是讓服務對象從依賴福利服務逐漸邁向自力更生。

最後報告的主要檢討結果

9. 顧問小組已完成顧問合約上要求的工作，其提交的最後報告的檢討結果摘要撮錄如下：

(a) 綜合計劃的角色，以及計劃與主流服務和其他新服務的配合

- 綜合計劃的推行模式，較像一所提供綜合服務的小型綜合社區中心；
- 證據顯示，綜合計劃的服務對象可以同時為綜合計劃和其他社區為本計劃的服務使用者；
- 雖然在基本原則上，綜合計劃必須即時把服務使用者轉介接受主流服務，但綜合計劃往往未能有效地協助使用者利用主流服務融入社會；
- 大多數服務使用者都繼續參與綜合計劃而沒有終止期限；及
- 在提供活動和小組方面，綜合計劃和主流服務的角色經常重疊。

(b) 綜合計劃的角色和職能、提供服務的模式、服務標準、員工架構和資助模式，以及這些計劃在照顧社區不斷轉變的需要方面的成效

- 綜合計劃已發展成為一種靈活、以地區為主、有特定服務對象及綜合的服務模式，為亟需援助的居民提供積極主動、深入和切合個人需要的支援；
- 綜合計劃能有效達到《津貼及服務協議》所訂標準；
- 《津貼及服務協議》所訂的規定並未能實際反映外展工作的成果，因為外展探訪可能是到訪一個有數名綜合計劃服務對象的家庭，而只點算接觸到的人數可能會引起混淆；
- 已識別的服務對象和小組及活動的參加者中，分別約有 35% 和 40% 並非綜合計劃的目標對象，這是因為綜合計劃採取的外展方式是廣泛接觸所有人，對於目標對象以外的人士亦不能拒絕向他們提供服務。這亦反映出綜合計劃有能力為較多目標對象服務；
- 有關數字顯示，在接觸到的綜合計劃服務對象中，只有三分之一至四分之一需接受即時轉介，而常見的轉介類別並不屬於迫切的福利需要；及
- 綜合計劃提供的活動和小組為數不少，但不同計劃有不同的數目，差別很大。

(c) 綜合計劃應終止或繼續推行

- 沒有令人信服的證據顯示，綜合計劃服務地區的亟需援助居民數目會顯著增加，以證明綜合計劃應繼續推行一段新合約期；
- 有關的服務統計數字顯示，第一期共六項綜合計劃的已識別服務對象人數日趨下降；及
- 如果地區分界和亟需援助的服務對象的定義必須擴大，綜合計劃的工作與其他社區為本的服務會有更多重疊的地方。

最後報告的主要建議

10. 主要建議如下：

- (a) 綜合計劃在合約開辦期屆滿後應該終止；
- (b) 根據綜合計劃現時服務地區已識別的需要及其他服務發展，應考慮把綜合計劃的資源以有時限方式，重新調配到舊建市區內非政府機構營辦的主流服務，目的是加強對家庭和較年長人士的服務；
- (c) 在決定提供哪一類服務以照顧亟需援助人士的需要時，必須訂立更具體的需要評估準則和機制。雖然在某一程度上，綜合計劃可專責照顧亟需援助人士的需要，但主流服務則可更有效地提供較全面的服務，而服務對象的層面也較廣泛；及
- (d) 有鑑於大部分以亟需援助人士為對象的主流服務，均積極推行外展工作，我們有需要加強協調區內所有這些服務的外展工作，以達致成本效益。

近期為應付不斷轉變的福利需要所作的發展

11. 近年來，社會福利界經歷了若干重大轉變。由於社會和家庭問題日趨增加，加上服務機構在整筆撥款資助模式下可更靈活調配資源，以便更妥善應付不斷轉變的需要，我們很高興向委員會匯報，福利服務現正朝下列的方向發展：

- 由零碎到整合；
- 由中心為本和院舍式到外展、家居式社區支援為主；及
- 由各界別獨立運作到更著重跨界別合作。

12. 近年來，社署循上述方向推行一系列措施，尤其著重以外展方式去識別家庭或個人的問題，以便能夠盡早介入。非政府機構對這些措施的回應和支持令人鼓舞。有關措施包括：

- (a) 加快成立綜合青少年服務中心〔前稱青少年綜合服務隊〕，包括外展、學校為本和中心為本的社會工作服務。綜合青少年服務中心的數目由一九九九至二零零零年度的 35 間，增至二零零二至零三年度的 115 間。在二零零三至零四年度會再增至 130 間；

- (b) 附屬於長者綜合服務中心的長者支援服務隊，向家中的獨居長者提供外展服務。現時，本港共有 36 支長者支援服務隊為超過 57,000 名獨居長者提供服務，以便把他們納入支援網絡之內。另有三支支援服務隊會於二零零二至零三年度成立。此外，得到安老事務委員會通過後，本署現正進行重整長者社區支援服務的大型計劃，包括把長者綜合服務中心及長者活動中心，分別升格為長者地區中心及長者鄰舍中心，以綜合和全面的方式為長者提供服務；
- (c) 為新來港定居人士而設的新來港定居人士服務中心，由二零零零至零一年度起已由四間增至八間；
- (d) 社署把以前設於社區中心和屋邨社區中心的小組工作部重整為 20 個家庭支援及資源中心，並由分布全港的 14 支以地區為基礎的社署家庭支援網絡隊作出配合，為弱勢社群提供外展、支援和輔導服務；
- (e) 根據有關家庭福利服務檢討的顧問研究所建議，推行 15 項綜合家庭服務中心試驗計劃；及
- (f) 社會工作者與地區居民團體、公共屋邨物業管理公司人員等保持緊密聯繫，以識別弱勢社群或可能需要協助的個別人士。

13. 上述措施涵蓋範圍較大，而服務亦較多元化。這些服務已設於現有綜合計劃的服務地區內。有關綜合計劃現時在深水埗、油尖旺和九龍城區提供的各項服務摘要，現載於附件 II供委員參考。

就最後報告建議所作的跟進

14. 為落實顧問研究提出的上述建議和導向委員會達成的共識，社署已經與八間營辦綜合計劃的非政府機構密切商討可行的方案。有關的非政府機構對逐步停辦綜合計劃反應不一，但其後均同意綜合計劃有重整的需要。有見於現行綜合計劃模式的限制和有需要與主流服務結合，有關的非政府機構已同意社署的建議，重新調配綜合計劃的部分現有資源，成立額外的家庭支援網絡隊（下稱「網絡隊」），附設於機構的主流服務。由是次檢討後所採取措施而得以節省的款項，會匯集起來應付其他較迫切的服務需要，或作為二零零三至零四年度須達致 1.8% 效率增益的一部分。

15. 網絡隊是社署創辦的一種新服務模式。在二零零一年，社署把設於社區中心／屋邨社區中心的小組工作部及附屬於各區福利辦事處的青年事務辦事處重組為網絡隊。這些隊伍為亟需援助的家庭提供外展社工服務，並轉介他們到其他主流服務。由於網絡隊的服務範圍更加廣闊，而且與其他地區和社區團體有更緊密的網絡，因此能迅速回應弱勢社群不斷轉變的福利需要。這種服務模式也能回應顧問小組觀察到有關綜合計劃能夠識別的目標對象（即低收入家庭、長者及新來港定居人士）的數目而實際上日漸減少的現象。網絡隊採用目標明確的外展工作方式，故能確保以更具成本效益的方式接觸弱勢社群，而且及時轉介服務對象接受主流服務，當能減少他們對外展隊伍的依賴。網絡隊的服務簡介載於附件 III。

16. 非政府機構和社署就綜合計劃轉型為網絡隊所取得的協議摘要載於附件 IV。轉型過程中考慮過的重點載列如下：

- (a) 第一、二和三期綜合計劃可繼續進行，直至各有關合約完結為止。這個做法的目的是遵守社署和非政府機構之間訂定的合約，並避免非政府機構不必要地提早終止與綜合計劃的員工所訂定的僱傭合約；
- (b) 非政府機構會調配已獲得社署同意的部分綜合計劃資源（即根據兩名社會工作助理職系人員按薪級中點估計的年薪值和有關強積金的規定及所需的其他費用計算），由二零零三年一月起成立八支網絡隊。這些網絡隊的經費會以經常費用的方式提供，以照顧弱勢社羣的持續需要；
- (c) 這些網絡隊會在各綜合計劃現時提供服務相同的社署行政區成立，亦即九龍城、深水埗及油尖旺區，以便繼續為這些舊建市區內亟需援助的居民提供服務。根據葉教授所作的服務需要評估，上述地區仍將繼續需要這類服務；及
- (d) 經各有關方面同意而重新劃分服務範圍分界後，這些網絡隊會附屬於八間綜合計劃營辦機構的主流服務，以加強服務銜接和協同效應。有關的福利專員在訂定服務範圍時，會諮詢非政府機構，並會考慮到各區的需要、網絡隊辦公室地點和區內不同服務的重整計劃。同時，福利專員亦會按顧問小組的建議，計劃和協調所屬地區內由不同服務機構提供的外展

工作，以更具成本效益的方式提供服務。

17. 按照顧問研究的建議和與有關的非政府機構訂定的協議，該 12 項綜合計劃會分別於二零零二年十二月三十一日、二零零三年三月十五日 and 二零零四年三月十四日分三期停辦。然而，綜合計劃的員工資源可逐步重新調配，並由二零零三年一月起一次過成立八支網絡隊。根據這項建議的安排，非政府機構可保留第二和第三期綜合計劃的有關資源，直至個別計劃的合約期完結為止。過剩資源會按綜合計劃終止的時間交還社署。為協助非政府機構推行網絡隊計劃，社署會提供以下援助：

- 與有關的非政府機構緊密合作，確保將綜合計劃順利重整為網絡隊
- 跟進所需的物流安排，例如為個別非政府機構營辦的網絡隊訂定《津貼及服務協議》等
- 舉辦培訓及分享會，讓非政府機構員工了解網絡隊的服務模式及學習合適的技能。

徵詢意見

18. 請委員閱悉最後報告的結果和建議，並就建議的未來路向提供意見。

社會福利署

二零零二年十一月

**Consultancy Study on the Review of
Integrated Neighbourhood Projects in
Targeted Old Urban Areas
- Final Report -**

**Consultant Team
Department of Social Work and Social Administration
The University of Hong Kong
July 2002**

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Executive Summary

This Final Report has been prepared by the Consultant Team of the Department of Social Work and Social Administration, The University of Hong Kong to review the need for Integrated Neighbourhood Projects (INPs) in Targeted Old Urban Areas in the context of the rapid development of welfare services targeting vulnerable populations. In this Report, the origin, operation, interfacing with other welfare services and effectiveness of INPs are outlined and analysed. The findings were based on information collected through documentation, familiarization visits, on-the-site observations, project reports, interviews and focus groups in association with a wide range of key stakeholders between March and April 2002. The stakeholders included service users, policy-makers, supervisors, frontline social workers of INPs, representatives from other related welfare services and community organizations. The consultants organized a total of 35 focus groups that allowed them to meet with 309 key stakeholders, including 189 INP users.

INPs are area-focused integrated programmes targeting vulnerable populations in old urban areas. They operate within a defined neighbourhood with a population of between 15,000 and 25,000 people. Vulnerable populations refer to older people, low-income family members and new arrivals.

On the whole, INPs have been effective in meeting the requirements as prescribed by the Funding and Service Agreement. Specifically, they have identified a sizeable number of vulnerable populations through outreaching efforts and made referrals for those in need. Their services are user-friendly, individually tailored, flexible and accessible, and therefore are welcomed by users. However, a few users have spoken of their previous unhappy experiences of using mainstream services. To some extent, INP social workers have difficulty referring INP users to mainstream services. There is a lack of specific criteria on vulnerability to justify who should be referred to mainstream services immediately, and who, because of social exclusiveness, should receive intensive INP programmes and group service support. As such, INP users stay with INPs for an indefinite period of time. The heart of the issue is to how to maximize users' independence.

Indeed, there are a variety of existing mainstream services employing similar outreaching approaches to INPs and serving similar vulnerable populations. However, they tend to have a smaller social work team, often with more focused targets, while serving a much wider territory. In essence, they simply cannot afford to work so intensively with their working targets as INPs. Some of these outreaching programmes have just started their operations, and there is plenty of room to extend their coverage and responsiveness to vulnerable populations.

The future of INPs hinges on the continuous supply of vulnerable populations to be identified. After three years of intensive outreaching efforts, statistics show that the number of new vulnerable populations in the INP areas is dwindling. If INPs are extended for another defined period, it would require even more rigorous and time-consuming efforts to look for new INP targets. Referral figures show that only a small proportion of the targets have real immediate welfare needs. Furthermore, the availability of similar mainstream services, in particular the new initiatives, the possibility of service integration with the mainstream services to achieve cost-effectiveness, and the similar problems facing users of mainstream services and INPs have been considered when assessing the need to extend the operation of INPs.

Based on these findings, the Consultant Team recommends the following:

1. INPs should be terminated after their contracted operational period.
2. Based on the needs and service development plan of the INP districts, INP resources can be re-deployed to the mainstream services operated by the NGOs in old urban areas on a time-limited basis with the intention of strengthening services for families and older people. The SWD will need to further examine the resource re-deployment with reference to service needs and provision in needy old urban areas.
3. To determine the type of services necessary to meet the needs of low-income and vulnerable populations, a more specific needs assessment mechanism and criteria are required. While INPs are able to meet the needs of vulnerable populations to a certain extent, mainstream services are in a better position to provide more comprehensive services to the general public, including the target customers of INPs.
4. In view of the thriving development of the outreaching work of most mainstream services targeting vulnerable populations, there is a need to strengthen the coordination of outreaching efforts of all these services within the district through district planning to achieve cost-effectiveness.

Acknowledgements

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Abbreviations

ASWO	Assistant Social Work Officer
CA	Clerical Assistant
CSSA	Comprehensive Social Security Assistance
DSWO	District Social Welfare Officer
ADSWO	Assistant District Social Welfare Officer
DA	Disability Allowance
FSNT	Family Support Networking Team
FSA	Funding and Service Agreement
FSC	Family Services Centre
FSRC	Family Support and Resource Centre
HAB	Home Affairs Bureau
HKCSS	Hong Kong Council of Social Service
IFSC	Integrated Family Service Centre
INP	Integrated Neighbourhood Project in Targeted Old Urban Areas
ISS	International Social Service
KC	Kowloon City
NAP	New Arrival Projects
NGO	Non-governmental Organization
NLCDP	Neighbourhood Level Community Development Project
OAA	Old Age Allowance
PMC	Post-migration Centre
SSP	Shamshuipo
STE	Support Team for the Elderly
SSWA	Senior Social Work Assistant
SWA	Social Work Assistant
SWD	Social Welfare Department
TPU	Tertiary Planning Unit
WW	Welfare worker
YTM	Yaumatei/Tsimshatsui/Mongkok

1. INTRODUCTION

Background

1.1. The Department of Social Work and Social Administration, The University of Hong Kong was commissioned by the Social Welfare Department (SWD) of the Government of the Hong Kong Special Administrative Region to review the Integrated Neighbourhood Projects in Targeted Old Urban Areas (INPs) in February 2002. Submitted to the Steering Group on Consultancy Study on Review of Integrated Neighbourhood Projects in Targeted Old Urban Areas, this Report details the findings of the review project and recommendations on the future of INPs.¹ Information was collected mainly through interviews and focus groups with stakeholders between March and April 2002.

1.2. INPs, operated by Non-governmental Organizations (NGOs), were introduced in old urban areas to strengthen the outreaching efforts of appropriate local service units to exclusively serve the target groups of new arrivals, older people and low-income families in 1998. Based on data from the 1996 Hong Kong Population By-Census and other relevant sources, eight indicators, such as concentration of low-income households, older people and new immigrants, were selected to identify deprived neighbourhoods in 12 targeted areas in Shamshuipo (SSP); Yaumatei, Tsimshatusi and Mongkok (YTM); and Kowloon City (KC) for operating INPs. INPs are three-year projects. It was understood that the need for such a service thereafter should be critically reviewed in the light of the continuing need for such an outreaching service for the target groups in the given area. This review covers all the 12 INPs which operated through three phases, and examines the future of the service as a whole.

Objective

1.3. The purpose of this consultancy study is to conduct an overall review of INPs and the need for such a service for the target groups in the given areas.

Major Tasks

1.4. The major tasks of the consultancy study are:

¹ See Appendix A for information about membership of the Steering Group for Consultancy Study and Appendix B for the Terms of Reference of the Steering Group.

- a) to identify and prioritize the needs of the three target groups and recommend an appropriate level of intervention corresponding to the level of needs of service users;
- b) to examine the provision of different services and their interfacing in meeting the needs of the three target groups in the locality;
- c) to consider the role and interfacing work of INPs with mainstream services and other new services;
- d) to review the roles and functions, mode of service delivery, service standards, staffing, structure and funding mode of INPs and their effectiveness in meeting the changing needs of the community;
- e) to propose the termination or continuation of projects and of the service in the 12 targeted areas, stating needed changes to the current mode of service delivery and illustrated by detailed options, service standards, staffing structure and funding mode; and
- f) to draw up implementation plans for final recommendations or any transitional arrangements that are required.

Main Approach

1.5. This is an evidence-based summative evaluative study in which the Consultant Team makes recommendations on the overall development of the service. Throughout the review process, this study has been kept open and transparent, with maximum participation and input from relevant stakeholders. The stakeholders include service users, administrators and frontline staff of service providers, government policy-makers, relevant district government officials, other related service professionals, district council members, academics and community leaders. Based on multiple sources of information, the Consultant Team can provide an objective analysis of the community needs and the service effectiveness, and identify future options for the development of the service. The Review adopted the following approaches:

- a) a documentary review of relevant policy papers, census data and study reports on the needs of the target groups;
- b) focus groups with key stakeholders organized to learn about their perceived needs, views on programme effectiveness, district collaboration and future development (see Appendix D for discussion guidelines);
- c) compilation of service statistics to formulate the service and user profiles;
- d) a review of individual project business plans, self-evaluation reports and

project reports on good practices, as well as on-the-site participant observation of project activities to examine INPs in operation and identify good practices.

1.6. This Review consisted of two main stages. During Stage One (February- April 2002), basic information on census data, INP target areas, the users and the service was collected and analysed. The Consultant Team was able to review a number of INP business plans in 1999-2000 and 2000-2001, and self-evaluation reports in 1999-2000.² The majority of the focus groups were organized within the three districts where INPs are located. In each district, the consultants met with the INP operators to work out a list of focus group participants (see Appendix E for the list of focus groups and the number of participants). They included frontline social workers, users, social workers from other related welfare programmes and representatives of community organizations. The users were randomly selected from the lists of names provided by INP operators. Stage Two (May-July 2002) focused on the sharing of findings with the Steering Group, INP supervisors and concerned DSWOs, as well as the making of recommendations on the future arrangements of INPs. The Final Report was submitted to the Steering Group at the end of July 2002.

1.7. In Stage One, the Consultant Team:

- reviewed relevant policy and programme documents and service statistics provided by project operators and the SWD;
- paid a total of 13 familiarization visits to INPs and other related community-based services;
- carried out a briefing session for about 40 INP social workers and met with INP supervisors twice to explain the progress of the Review;
- organized a total of 35 focus groups with 309 participants, meeting an extensive variety of INP stakeholders.

1.8. The stakeholders who made up the focus groups comprised 9 policy-makers; 6 academics; 9 INP supervisors and representatives from the Hong Kong Council of Social Service (HKCSS); 42 INP social workers; 8 DSWOs and ADSWOs; 189 users; and 38 social workers from other mainstream services, representatives from non-subservent projects, district councillors and residents' organizations. Being user-focused, this study met a total of 189 INP users in 21 focus groups, comprising 68 older persons, 121 low-income persons and new arrivals, as well as 8 flat-owners

² The Consultant Team was able to review five business plans of INPs in 1999-2000, one business plan in 2000-01, two business plans in 2001-02, one self-evaluation report in 1999-2001, four self-

affected by urban renewal projects. The consultants also made 12 on-the-site observations through home visits, street publicity stalls and mutual help groups.

1.9. Through these approaches, the needs of the community with special reference to the three target groups can be understood, the cost-effectiveness of INPs in meeting these needs assessed and the bridging role of INPs in interfacing with other mainstream services in the community clarified. More importantly, in the light of the rapid development and re-focusing of other services, the future role and service mode of INPs can be re-examined.

The basic study questions addressed are:

- a) What are the problems of the three target groups in the context of the community environment they live in?
- b) What are their service needs?
- c) What services are provided by INPs to these working targets?
- d) How effective are these service programs in meeting the needs of these target groups?
- e) What is the role and the interfacing work of INPs in relation to mainstream welfare services in the community, such as family services centres, social security offices, elderly service and community centres, and social service teams of the Urban Renewal Board?
- f) To what extent is there a continuing need for INPs to meet the confirmed needs of these three target groups?
- g) If there is a continuing need for INPs to meet the confirmed needs of the three target groups, how should they be re-structured to further enhance their effectiveness?
- h) If there is a continuing need for INPs to meet the confirmed needs of the three target groups, how should future service contracts be awarded (to existing operating agencies or by obtaining new service providers through open bidding)?
- i) Given the recent development of other, similar government-funded community development programmes designed to strengthen local networking, community cohesion and family solidarity, what is the need for and the role of INPs?

Outline of Chapters

1.10. This introductory chapter outlines the objectives, tasks and methods of the Review. The development and operation of INPs are presented in Chapter Two.

Chapter Three describes the outreaching tasks undertaken by INPs and how INPs make contact with the target populations. Chapter Four shows the operation of the referral system and the programmes of INPs. Chapter Five describes the interfacing work of INPs with other mainstream services in the context of the development of other, similar outreaching mainstream services to target vulnerable populations. In the concluding chapter, the major findings of the consultancy tasks are summarized and recommendations on the future of INPs are given.

2. THE EMERGENCE OF INPS

The Origin of INPs

2.1. Based on the recommendations from the HKCSS and consideration of the rising social needs of old urban areas, the Administration, in 1995, introduced two NGO-operated pilot Neighbourhood Level Community Development Projects (NLCDPs) in two old urban areas for three years.³ In accordance with the decision of the Executive Council on 5 December 1995, the Review Group on Pilot NLCDPs in Old Urban Areas was appointed by the Secretary of Home Affairs in 1997 to review the effectiveness of the two pilot NLCDPs in Nam Cheong and Mongkok South, and to make recommendations on the need for the continuation of the two pilot NLCDPs and whether NLCDP services should be extended to other old urban areas.

2.2. The Review Group considered it was difficult to evaluate the projects' effectiveness for the following reasons:⁴

- a) the objectives set out were too broad and ill-defined;
- b) no review parameters or output indicators were developed beforehand;
- c) a comparison between the service outputs of the two pilot projects and the norms of other NLCDP teams yielded no conclusive inference – data obtained in some areas were so divergent as to render comparisons meaningless;
- d) there had been confusion between the work carried out by one of the pilot teams and that carried out by the parent operating agency;
- e) there was no standardized method of collecting information to indicate whether those cases which required in-depth follow-up to referrals had been dealt with satisfactorily.

2.3. The Review Group recommended the discontinuation of the two pilot NLCDPs upon their completion in January 1998. Nevertheless, the Review Group recognized that there existed a group of deprived individuals in old urban areas, for example, new arrivals, bed space apartment lodgers, unemployed and under-employed middle-aged

³ NLCDP, as a community development service for physically deprived areas with inadequate welfare services and facilities, was introduced in 1978. Deprived areas in the 1980s mainly included temporary housing areas, squatter areas and public housing estates under redevelopment. NLCDP teams are expected to provide a package of welfare services including basic counselling, community education, and training and development programmes for different age groups, and, where appropriate, case referrals in the target areas. They also aim to foster a sense of belonging among the residents and encourage public participation for solving community problems.

⁴ Review Group on the Two Pilot NLCDPs in Old Urban Areas, *Review of the Two Pilot NLCDPs in Old Urban Areas* (Home Affairs Department, 16 January 1998).

people, older people and so on, who were not aware of or were reluctant to receive welfare services. There was a tendency for a large number of them to be clustered in the old urban areas. Therefore, there was a need for "some form of integrated projects" to address the "shortfall in the provision of welfare services in old urban areas". The projects would "provide Government with some flexibility to address problems which may be transient or urgent". The new project mode which "is more focused, time-limited, integrated and flexible in terms of manpower requirements should be developed". The projects aimed at enhancing the knowledge of deprived groups about the channels for gaining access to welfare services. Outreaching services should be strengthened to identify those people who were not aware of or were reluctant to receive welfare services. The projects could act as a temporary buffer to allow time for the Government to address the shortfall in the provision of welfare services in old urban areas.

2.4. The Administration adopted the following arrangements:

- a) the integrated service projects were introduced for a limited and non-renewable period of three years;
- b) clearly defined, welfare-related objectives were set out in the service agreement with service units undertaking the projects;
- c) the individual projects were selected based on consensus reached with the Administration in accordance with an agreed set of criteria; and
- d) resources for the integrated service projects were to be re-deployed from the existing NLCDPs which required re-provisioning.

2.5. The projects were named "Integrated Neighbourhood Projects in Targeted Old Urban Areas" (INPs). INPs were time-limited projects established to cater to the special needs of vulnerable populations in old urban areas where there was a high concentration of these populations, and to address the inadequacy of social services within the areas. Meanwhile, it was agreed that the Administration should strengthen outreaching services and fill in service gaps in old urban areas.

2.6. The objectives of the projects were:

- a) to strengthen outreaching efforts to the vulnerable groups of new arrivals, the elderly and low-income families in the target areas;
- b) to introduce and assist the vulnerable groups to obtain available welfare/social services;
- c) to enhance linkage and interfacing through the well-established social support network in order to facilitate early integration of the vulnerable groups into the community;

- d) to involve the vulnerable groups through community development programmes and services in order to develop self-help and mutual help abilities;
- e) to engage and mobilize the vulnerable groups to participate in voluntary services; and
- f) to enhance individual and family growth as well as civic responsibility.

2.7. The services to be provided were:

- a) door-to-door visits to identify people-in-need;
- b) providing residents / vulnerable groups with the necessary information on the use of welfare/social services and to make referrals if necessary;
- c) orientation visits to welfare/community facilities in the vicinity of the project areas; and
- d) voluntary community services and self-help / mutual-help groups for participation by the residents / vulnerable groups with a view to referring and integrating these groups with the welfare/social services being provided in the community.

Criteria for locating project areas

2.8. According to the Working Group, comprising Professor Anthony Yeh of The University of Hong Kong and representatives of the HKCSS, the HAB and the SWD, the proposed criteria for delineating targeted areas of need included:

- A high concentration of low-income and disadvantaged groups: This could be measured against, for example, the percentage of households with an income below the median income level; the percentage of people aged 65 and above; the percentage of the population aged 15 or above who had received either no education, primary or lower secondary education; the percentage of unemployed; and the percentage of new arrivals.
- Overcrowded living conditions: This could be measured against, for example, the percentages of main tenants, co-tenants and subtenants.
- The existence of long-standing social and environmental problems.
- An area with a population of 15,000-25,000.
- The level of provision of welfare services in the neighbourhood according to planning standards.
- The housing conditions of the areas in question.

2.9. According to Professor A. Yeh, a deprived neighbourhood was defined as a "cluster of old housing with poor and overcrowded conditions and high concentration

of deprived groups, such as low-income, low education groups, elderly, unemployed, new immigrants and retired persons".⁵ The identification of a deprived neighbourhood involved three stages that made use of geographical information. The first stage was to identify old urban areas at the Tertiary Planning Unit (TPU) level. The second stage was to identify deprived neighbourhood street blocks within those old urban TPUs as measuring units. For the third stage, using the deprived neighbourhood street blocks identified in stage two as a general guide, clusters of buildings over 30 years of age were classified as deprived neighbourhoods when taking into consideration the total population within each cluster.

2.10. From the 108 TPUs in the Metro Area of Hong Kong, 72 areas were identified with a percentage of private housing areas higher than the Hong Kong average. Within these 72 selected TPUs, information on the eight indicators of deprived neighbourhoods was obtained based on the 1996 Hong Kong Population By-census. The eight indicators included overcrowding, poor housing conditions, a concentration of the elderly, low-income households, new immigrants, low education groups, unemployed persons and retired persons. Fifteen TPUs were selected whose scores on these eight indicators were higher than those of the averages for the whole land. Based on the 1991 Hong Kong Population Census, the criterion of concentration of private residential flats was employed again to determine which street blocks were used. As a result, 280 street blocks were identified. Based again on the eight indicators, 169 street blocks were selected. Based on the number of buildings and the percentage of old buildings, 12 clusters of street blocks with populations of 15,000-25,000 were considered as deprived neighbourhoods. As such, each INP area would on average comprise 14 housing blocks.

INP Funding and Service Agreement⁶

2.11. *Service Definition*

INPs in targeted old urban areas, as a community development service, aims to strengthen the outreaching efforts of the appropriate local service units run by NGOs to exclusively serve the target groups of new arrivals, the elderly and low-income families, and to assist them to integrate into the community.

⁵ A. Yeh, "Summary Report on the Identification of Deprived Neighbourhoods in the Old Urban Areas in the Metro Area of Hong Kong", Review Group on the Two Pilot NLCDPs in Old Urban Areas, *Review of the Two Pilot NLCDPs in Old Urban Areas*, Annex T (Home Affairs Department, 16 January 1998).

⁶ The FSA only began to operate in April 2000.

2.12. *Purpose and Objectives*

INPs provide a wide range of services in the targeted old urban areas which aim to:

- identify the target groups by strengthened outreaching efforts;
- match the target groups' needs with appropriate social and welfare services for integration with the mainstream services; and
- enhance the target groups' self-help and mutual help abilities and promote their sense of belonging for integration into the community.

2.13. *Services Provided*

Services provided include:⁷

- outreaching to the target vulnerable groups of new arrivals, the older people and low-income families in the target areas;
- providing necessary information on social and welfare services;
- making referrals for social or welfare services;
- enticing and arranging the target vulnerable groups to join the available centre-based services and activities such as supportive groups, educational programmes and life skills training for integration with the mainstream services; and
- promoting participation in voluntary community services and self-help programmes.

2.14. *Target Groups*

The target groups of INPs are the vulnerable groups of new arrivals, the older people and low-income families. New arrivals are defined as those who arrived in Hong Kong less than a year ago, older people are those aged 65 and over, and low-income families are those receiving an income equal to or less than the level of CSSA payment as at 1997-98. The CSSA level also includes rent allowance. Accordingly, low-income individuals or families are defined as those with a monthly income below \$3,250 for a one-person household, \$5,610 for a two-person household, \$8,510 for a three-person household, \$10,740 for a four-person household and \$12,750 for a five-person household. Special attention is given to those who are not aware of social and

⁷ Social Welfare Department, "Review on Integrated Neighbourhood Projects in Targeted Old Urban Areas", *Legislative Council Panel on Welfare Services*, 8 April 2002.

welfare services or who are unmotivated to seek such services.

2.15. *Output Standards*

Output indicators and agreed levels are:

- a) Total number of vulnerable individuals reached in a year (1,000)
- b) Total number of contacts with vulnerable individuals and group and programme attendance in a year (8,000)
- c) Total number of service referrals in a year (300)
- d) Number of active groups organized in a month (4)
- e) Total number of community programmes organized in a year (80)

2.16. *Essential Service Requirements*

The service team will be based in an appropriate service unit in the locality. It should be under the direct supervision of a registered social worker with a recognized degree in social work.

2.17. *Supplementary Information*

As supplementary information, INPs would provide information on the total number of individuals recruited as volunteers, the number of community liaisons, the number of other vulnerable individuals reached and the number of service referrals made for other vulnerable groups. Other vulnerable groups include: new arrivals who arrived in Hong Kong between one and three years ago, older people aged 60-64, and low-income families with a household income above the CSSA level but below 133% of the estimated average monthly CSSA payments by household size as at 1997-98. Accordingly, the household income ceilings for low-income vulnerable individuals/families are \$4,323, \$7,461, \$11,318, \$14,284 and \$16,958 for one- to five- person households respectively. These cases are recorded as supplementary information in the Service Information Statistics (SIS) Form of INPs. They are not regarded as INP targets. In addition, INPs are required to submit to the SWD annual self-evaluation reports and business plans to reflect their performance. Often, INPs use observation and comments from stakeholders as indicators of performance.

INPs in Operation

2.18. There are 12 INPs which are operated by eight NGOs. They are all located within the three urban districts, namely YTM (six projects), SSP (three projects) and KC (three projects). These INPs were implemented through three different phases – six projects started operation in January 1999 in Phase One, two in March 2000 in Phase Two and another four in March 2001 in Phase Three. INPs are required to be

based in an appropriate mainstream service unit in the locality to achieve their integration purpose. These include community centres (four projects), multi-service centre (family service centre, social centre for the elderly and kindergarten/ nursery) (two projects), social centre for the elderly (one projects), children and youth centres (one project), carer support centres (one project), integrated teams of young people services (ITs) (one project) and multi-service centres for the elderly (two projects) (see Appendices H and I). However, seven projects are attached to mainstream service centres that are located outside the service boundaries of INPs in view of the lack of appropriate attachment bases within the service boundaries. Some projects have separate offices within the INP areas.

2.19. Moving into the target areas, INP social workers study the building blocks and environment of the areas first. Through introductions by officials from District Offices, they would contact owners' corporations or mutual aid committees to get their endorsement to pay visits to apartments within targeted buildings. INP workers then make door-to-door visits to identify target groups and distribute service information leaflets. In addition, outreaching efforts are supplemented by street publicity stalls and social programmes. These publicity street stalls and exhibitions can supply local residents with service information, while providing the opportunity to make contact with vulnerable populations. For new arrivals, the DSWOs would provide them with name and address lists supplied by the International Social Service (ISS) each month.⁸ After learning that the contacted person or family is an INP target, INP social workers complete the "basic case information record" (see Appendix K). Thereafter, the needs and conditions of the target groups would be monitored continuously through regular visits and programme activities.

2.20. Based on needs assessments of INP targets, social workers make appropriate referrals for public and social services by telephone and mail. For simple services or for more resourceful users, they may only provide information on how users can approach the service directly. For less motivated users, they may go as far as directly escorting the users to the services. Afterwards, the social workers check whether the users have received the services or not.

2.21. In addition to making referrals, INP social workers are required to refer these users as soon as possible to mainstream services. In particular, the users are encouraged, where appropriate, to use the mainstream services which the INPs are

⁸ Through the contact points at the immigration counters at Lo Wu and the immigration office in Cheung Sha Wan, the ISS would locate most of the new arrivals and then provide a list of their names

attached to. Meanwhile, INPs also provide direct services in the forms of groups and programmes in order to promote mutual-help and the community integration of users. Mutual-help groups include support groups for women, older people, children, young people, unemployed, single parents and low-income adolescents. Groups are also used to help users to learn social skills and enhance community knowledge. They can involve social skills training, parenting workshops, and information on welfare policies and welfare rights. Often, users are encouraged and trained to become volunteers in INP activities. Presumably, these programmes are able to fill in the service gaps in existing mainstream services which vulnerable populations show difficulty in using.

2.22. If the needs of the users are already met by referrals to other services, or the users have no desire to participate in programmes and groups, INPs would keep these cases inactive until new needs arise. Although at-risk populations may not have urgent needs for referrals, or may lack motivation to seek formal help, problems they have to face may arise from time to time, such as becoming unemployed, having their children and wives join them from Mainland China or having their health deteriorate rapidly. Accordingly, INP social workers recognize the need to maintain regular contact with their target populations to ensure that they can receive prompt assistance when required. The information records of these users are computerized in each INP. However, if users have demonstrated the willingness and capacity to use INP services, an INP contact telephone number would be sufficient to get them to come to INPs for assistance when needed.

2.23. Under the Lump Sum Grant mode of subvention, there are no rigid requirements on the staffing structure of INPs. On average, each INP has a team leader of Assistant Social Work Officer (ASWO) grade, and is supported by two to three Social Work Assistants (SWAs). When operating, each INP can have slight variations in the number of SWAs and program assistants. At Mong Kok Kai Fong Association Chan Hing Social Service Centre, the three INPs have a total of four ASWOs, four SWAs and two Welfare Workers (WWs). In Yang Methodist Memorial Social Service, the two INPs headed by the same ASWO have four SWAs and two WWs.

Community Characteristics

2.24. According to the 2001 Census published by the Census and Statistics

and addresses to the SWD.

Department,⁹ YTM and KC comprise mainly private housing, whereas SSP has a higher concentration of public housing. In regard to income levels, SSP and YTM were ranked low in terms of median monthly domestic household income. With a medium monthly domestic household income of \$14,000, SSP was ranked the lowest among all districts, followed by YTM (\$14,705). However, KC (\$19,800) was ranked the highest among all the urban districts in Kowloon. In terms of demographic characteristics, in contrast to districts in the New Territories, old urban areas, such as SSP and KC, showed a population decline in the last decade. There was a high concentration of older people in the three INP districts, namely YTM, KC and SSP. The proportions of persons aged 65 and above in YTM, KC and SSP were 13%, 13.2% and 15.7% respectively. The median ages of these three districts were 38, 38 and 39 years old respectively. The average proportion of persons aged 65 and above in Hong Kong was 10.9% and the median age was 37 years. These updated figures show that these districts have a high concentration of older people.

2.25. The proportions of people living alone in YTM, KC and SSP were 26%, 17% and 20.7% respectively, while the Hong Kong average was just 15.7%. Therefore, these three districts, particularly YTM, have a much higher proportion of one-person households. In terms of shared tenancy, the proportions in YTM, KC and SSP were 11.6%, 4.6% and 6.6% respectively, while the average proportion in Hong Kong was only 1.9%. Regarding monthly income from employment, 19.9%, 20.7% and 20.5% of the working populations in YTM, KC and SSP respectively had a monthly income below \$6,000. The average figure for Hong Kong was only 18.5%. In terms of employment, 20.6%, 20.8% and 21.3% of the working populations in YTM, KC and SSP respectively were engaged in elementary occupations,¹⁰ whereas the average figure for Hong Kong was 19.5%. Regarding educational attainment, 49%, 42.5% and 54% of the people aged 15 and above in YTM, KC and SSP respectively had reached only the lower secondary school level, while the average proportion in Hong Kong was 47.8%. Two INP districts also showed higher rates of internal migration. In the past five years, the rates of moving into YTM, KC and SSP from outside districts were 31.9%, 25.3% and 21.9% respectively, whereas the average rate for Hong Kong as a whole was 24.1%. According to figures compiled by the Home Affairs Department,¹¹ 12.3%, 8.6% and 5.5% of new arrivals settled down in SSP, YTM and KC respectively. Altogether, they constituted 26.4% of the newly arrived

⁹ Census and Statistics Department, "Basic Tables for District Council Districts", *2001 Population Census* (Hong Kong: HK Census and Statistics Department, 2001).

¹⁰ Elementary occupations include street vendors, domestic helpers and cleaners, messengers, private security guards, watchmen, freight handlers, lift operators, construction labourers, hand packers, and agricultural and fishery labourers.

¹¹ Quoted from the website: <<http://newarrivals.socialnet.org.hk/main.htm>>.

people from Mainland China. SSP has the highest concentration of new arrivals.

2.26. Overall, the three INP districts have higher proportions of the older people, people living alone, low-income people, unskilled employees and people of low educational attainment. The proportion of shared tenancy is much higher than the Hong Kong average, especially in YTM. Also, YTM has a much higher proportion of people living alone and a greater residential mobility. At first glance, these districts, based on average figures, may be marked as deprived areas with a high concentration of deprived populations. But the extent of deprivation is not overwhelmingly distinct as there are other districts that demonstrate similar characteristics.

Table 2.1: Basic Figures of the Three INP Districts

Content	YTM	KC	SSP	Whole territory of Hong Kong
Concentration of people 65 years old and above	113%	13.2%	15.7%	11.1%
Median age	38	38	39	37
Concentration of one-person households	26%	17.1%	20.7%	15.7%
Shared tenancy rate	17.2%	6.6%	10.0%	3.6%
Proportion of working population who have a monthly income below \$6000	19.7%	20.7%	20.4%	18.5%
Elementary occupation of working population	20.6%	20.8%	21.3%	19.5%
Educational attainment of people 15 years old and above	49%	42.5%	54.1%	47.8%
Internal migration rate from other districts and places outside Hong Kong	31.9%	25.3%	21.9%	24.1%
Concentration of public housing flats	3.1%	18.3%	37.2%	31%

Source: Census and Statistics Department, *2001 Population Census* (Hong Kong: Census and Statistics Department, 2001).

2.27. According to the major social indicators compiled by the SWD on the 13 districts in 2001 (Appendix J), the three INP districts showed no outstanding problems when compared with other districts. In terms of the absolute number of active FSC cases of the SWD and NGOs involving emotional, marital and parent-child relationship problems; new cases involving child abuse; reported cases involving battered spouses; CSSA cases involving single-parent and low-income families; and cases involving poorly educated people, the figures for the three INP districts were relatively lower than those for the New Territories, Kwun Tong, Wong Tai Sin and Sai Kung. However, if these figures are compiled against the total population in each district, the three INP districts, having a much smaller population

size (between 300,000 and 380,000),¹² showed a much higher proportion of these problems, particularly unemployment and low-income families. For example, SSP and YTM ranked first and second among all other districts in terms of the proportion of CSSA cases in the population (KC ranked fifth). These two districts also topped other districts in terms of the proportion of cases involving at-risk youths and child abuse.

2.28. INP areas comprise a mix of private housing types. Some of the buildings are old residential, pre-war buildings with single staircases and usually without lifts. Some of the older buildings have roof-top squatting structures. These old, private buildings are marked by squalid housing conditions. Poor maintenance is found in the outer walls, electricity installation, sanitation, and fire safety and escape facilities. In general, overcrowded living conditions and shared tenancy are common. With gradual redevelopment, some new commercial and residential buildings have recently sprung up. There are also a number of privately-operated homes for the aged. Often, social services and public facilities are insufficient and not centrally located. On the whole, rents are cheap. According to a self-evaluation report of an INP in Mongkok, some 32% of the users had rents below \$2,000 a month (some 39% reported their rents were unknown). The rents are so cheap that even CSSA recipients can afford to live in these districts. Rents for a small cubicle can be as low as just over \$1,000.

2.29. Some of the INP targets were owners of a whole unit and some were tenants. The majority of the targets were living in a cubicle or a self-contained room. Some were roof-top squatters. A self-evaluation report of an INP in Mongkok showed that some 40% of users were tenants of a cubicle, 15% were tenants in a self-contained single room, 21% were flat owners, 6% were tenants of a whole unit, 3% were tenants of a bed space and 9% were roof-top squatters. Similarly, a study of 1,000 INP cases showed that 19.8% of the targets lived in self-owned flats, 15.6% rented a whole flat, 13.5% rented a self-contained room, 38.1% rented a partitioned room, 0.7% rented a cockloft, 1% rented a bed space and 9.6% rented a roof-top unit.¹³ About two-thirds of the INP targets, therefore, may be considered as living in overcrowded and undesirable places.

¹² Other districts with high figures for these social problems in the New Territories and Kowloon usually have a population size of 600,000-800,000 people.

¹³ W. T. Chui and W. W. Fung, *Report on an Evaluative Research on a New Social Service Policy: Integrated Neighbourhood Project* (Department of Social Work and Social Administration, The University of Hong Kong, October 2001), p. 13.

2.30. These districts also experience high mobility. Residents move into public housing or to other old urban areas for cheaper rents, while other low-income people move in to fill the places. According to the perception of INP users, rents in the three INP target areas are relatively cheap. Rental charges have also come down significantly in recent years. Moreover, compared with other districts, the prices of basic necessities such as food and clothing are also low, and transportation is convenient. Taken together, these factors attract a high concentration of low-income families and individuals who are not yet eligible for, or not informed about, public housing to these districts. These low-income residents include older persons living alone, new arrivals, the unemployed and CSSA recipients.

2.31. In recent years, INP users have noticed that more people are moving into these districts. They include older people, the unemployed, drug addicts and prostitutes (in SSP). Some of them spend most of their time in the parks. From the perspective of the INP users, the environment of these areas is appalling. Problems include dilapidated buildings, polluted air,¹⁴ poor sanitation and a lack of public facilities. Some of these areas have high crime rates. Elderly persons and low-income families have also expressed a feeling of hostility towards the new arrivals who are thought to receive better welfare services.

Problems Facing Target Populations

2.32. Living in these deprived urban neighbourhoods with poor housing, the three target groups of residents presumably face a variety of inter-related problems and have a number of different needs. The older people have problems of finance, health and housing. Most of them are probably retired or have been forced to leave the job market; some may have jobs that are under threat. For vulnerable older people, the reality is often that their friends die, their children leave them, their incomes decrease, and their social networks thin out and become less responsive.

2.33. New arrivals need to adapt to the living environment of Hong Kong, which involves readjusting their marital relationships, arranging education for their children and learning about the way of life in the territory (the language, shopping habits and public services). They often face discrimination in their daily life when shopping or seeking work. New arrivals may also face the problem of "split families" as some family members may continue to live in Mainland China. Often, the fathers, who are

¹⁴ In KC, the ground floors of the buildings in INP areas are often used as restaurants in some neighbourhoods and as garages in others. As such, air and noise pollution is widespread.

the breadwinners of the family, have to take on the parenting role as well. Child care and parenting are critical issues that newly arrived families have to deal with. When the mothers rejoin their families, the families would experience adjustment problems. These cross-border marriages, often based on weak mutual understanding between spouses, can be fragile. Some of these marriages are marked by significant age differences between husbands and wives. Adolescent new arrivals, meanwhile, may have problems with schooling and employment.

2.34. Low-income families need to seek employment and financial support to make ends meet. Equipped with low skills, they face tough barriers when trying to enter or re-enter the job market. Some of them may already receive CSSA. Because of their poor educational level (some of the breadwinners are in fact illiterate), these target groups often have limited knowledge of community resources, poor supportive social networks and little motivation to seek help. According to INP social workers, many low-income families would prefer to work for meagre incomes than seek support from CSSA.

2.35. A study profiling the problems faced by INP targets showed that housing and financial difficulties were the most common problems, followed by employment, having access to support networks, parenting, personal care, medical services and family care.¹⁵ With low self-esteem, these vulnerable targets are often reluctant to approach social services for assistance. Lacking a strong social support network, they have no one to rely on when encountering difficulties. There is an urgent need to provide social service support to them to help them develop independence and become integrated into the community. Rebuilding their social networks is the foremost task for social work intervention. These networks provide crucial information about jobs, education, training and community resources, and mutual emotional support that can help create a sense of security.

Summary

2.36. INPs operate as a time-limited, area-focused and integrated service, targeting specific vulnerable populations. Their effectiveness and continued existence as a separate and distinct mode of service should be reviewed, particularly in the context of the changing needs of the target areas, and the new development of other outreaching and integrative mainstream services targeting vulnerable populations. INP

¹⁵ W. T. Chui and W. W. Fung, *Report on an Evaluative Research on a New Social Service Policy: Integrated Neighbourhood Project* (Department of Social Work and Social Administration, The

areas are marked by a high concentration of vulnerable populations who have demonstrated social needs which require more intensive social support.

3. OUTREACHING EFFORTS FOR INP TARGETS

Identification of INP Targets

3.1. Under the FSA, each INP is required to identify a total of 1,000 vulnerable persons, comprising older people, new arrivals and low-income family members, each year. INPs usually rely on door-to-door visits to buildings and publicity street stalls within the target areas to identify potential INP targets. In addition, each INP is allocated the name and address list of recently arrived new arrivals from the DSWO for follow-up action.

Door-to-door Visits

3.2. According to INP social workers, the first few months of the project initiation were devoted to community investigation. This was followed by the formulation of a business plan to identify vulnerable targets. The popular means of identifying target groups were through door-to-door home visits, street publicity stalls and social activities. Dilapidated buildings, usually with poor maintenance and illegal structures, were located, and social workers would then make door-to-door visits regularly to identify new targets. Before making home visits, officials of the Owners' Incorporations, mutual aid committees or the management company would be approached to seek their support. Often, posters would be put up in the buildings to inform residents of the service of INPs. According to the information of an INP business plan, some 70% of the vulnerable individuals identified came from door-to-door visits.

3.3. INP social workers usually had to use two to three sessions each week for home visits. These visits usually took place in the evening between 8:00 and 9:30 p.m. Visits were made by two social workers in a team, and might be accompanied by volunteers. After introducing themselves, the social workers would try to explore the service needs of the residents. The most common approach was to ask whether the residents would like to apply for public housing or senior citizen cards. The social workers could also provide on-the-spot information on re-training, employment, schooling and CSSA. Based on the initial information, the social workers would assess whether the persons contacted could be classified as INP targets or not. The INP social workers would use a standardized face sheet to assess the eligibility of residents (Appendix K). For low-income families, it might take several visits before a

more accurate estimate of their incomes could be made. While the social workers had to encourage the residents to express their needs and reveal personal information, they also had, often at the same time, to give brief advice and guidance about how to meet these needs.

3.4. In fact, the approach was "non-discriminatory" and time-consuming. Once getting into a flat or cubicle, the social workers had to collect information, sustain the interaction, and provide advice and information simultaneously, even if the residents obviously did not meet the criteria of INP targets. In effect, INPs would, at best, identify several INP targets in an evening's visit. At worst, they could fail to identify any person at all. Because of the high residential mobility, the social workers claimed that during the last three years, they had visited some targeted buildings three or four times to discover new cases. Another INP reported visiting some buildings once every three months because the turnover of residents was high.

Street Stalls

3.5. In strategic locations, street publicity stalls or enquiry counters were used. Often located near MTR entrances, market places and public parks, the stalls could provide basic information on social services and employment through exhibition boards, leaflets and personal explanation. Some stalls might use free blood pressure measurements for older people and health checks for women, as well as a free hair cutting service, to entice local residents to seek service information from social workers. Some social workers even used loudhailers to draw the attention of passers-by. In several focus groups, most of the users were contacted through publicity stalls. Through these stalls, potential INP targets could be identified and their names and addresses recorded for follow-up action. According to the business plan of one INP, the INP operated street stalls four times a week at regular spots. Each session was operated by two social workers, sometimes assisted by volunteers. It pledged to deliver over 1,000 leaflets and connect 30 targeted persons each month. Besides connecting INP users, street stalls were also channels for community education.

3.6. One of the stalls visited by a member of the Consultant Team was located outside a government clinic. It tried to target those older people who came to consult medical doctors early in the morning. Once a week, from 8:30-11:30 a.m., two social workers and a volunteer would initiate conversations with patients waiting there to get registered or consult the doctors. Based on observation, the number of real contacts made was not high. Some interactions were superficial, and most passers-by simply received the leaflets and left. Sometimes, a long conversation was necessary to

understand their needs. In another stall, it was reported that free blood pressure measurements attracted about 30 persons each session. Nevertheless, many of them, who required regular monitoring of their blood pressure, had been contacted before.

3.7. For INPs with drop-in facilities, people would directly approach the centres for information. INPs also put up roadside placards and wall posters to publicize their programmes. INP social workers also visited parks and common meeting places where local residents would gather together. Some INP social workers would approach privately-operated homes for the aged to identify potential elderly targets. Sometimes, referrals for INP services could be received from local residents and other service organizations. Finally, INP targets could also be identified through recreational programs open to all residents and referrals from other services.

3.8. Occasionally, INP social workers might come across people with mental health problems roaming around on the streets, or sometimes staying at homes. They could also identify individuals suffering from abuse by their spouses, neighbours or other family members. Certainly, through such an intensive outreaching approach, INPs can identify all sorts of problems and needs. But these cases are apparently not typical.

3.9. After identifying the INP targets, the social workers would make appropriate referrals and encourage the targets to participate in programmes and groups organized by INP staff. However, the INP social workers claimed that the process of needs identification could be time-consuming. To address the problem of low motivation, social workers required patience. After a number of repeated visits to build up a trusting relationship, users would be willing to reveal their plight and seek help from outsiders. In one of the INPs, the flow chart indicating the process of case contact, needs assessment and case referrals showed it might take two months (see Appendix N). According to the experiences of some INP social workers, some users would "observe" the INP operation for sometime, seek references from peers and receive repeated approaches from social workers before they would be willing to discuss their problems and needs. The social workers considered that the development of a trusting relationship was essential for working on the in-depth needs of users. On-going contact could be maintained through telephone enquiry, home visits and escort services. Most INPs would have quarterly newsletters providing users with service information.

3.10. As they are focused on a small neighbourhood, the outreaching efforts of INPs are rather labour intensive. Unless the turnover of residents is high, the probability of identifying new target users is low. Moreover, there is a substantial

amount of "unrecognised" effort devoted to handling problems of non-INP targets contacted through door-to-door visits and street stalls. In practice, it is exceedingly difficult to separate INP targets from non-targets in the outreaching efforts. Even though residents were identified as non-INP targets, social workers have to continue to provide assistance to them if needs were identified. Particularly in the publicity stalls, a significant proportion of the people approached might not even live in the INP target areas.¹⁶ For example, the food sold in the markets in INP districts is relatively cheap and would certainly attract a lot of non-residents. The impression of the consultants was that the street stalls were held too frequently and their effectiveness was not apparent.

The INP Targets

3.11. According to the service statistics provided by the SWD during 1999-2002, there were a total of 28,987 vulnerable individuals identified by all 12 INPs. The distribution of vulnerable individuals was as follows: 30.4% were older persons, 19.2% were new arrivals and 50.4% were low-income individuals. Based on the requirements of the FSA, each INP is required to identify 83 target persons each month (1,000 a year). As each household would have two to three members on average, each INP in fact would be required to identify 30-40 families each month. Admittedly, there is no clear rationale to evaluate whether the requirement is reasonable or not. The fulfilment of the requirement is largely dependent on the supply of these target groups. It would be much easier to achieve the target in the early years of the INPs. But the ability to continuously identify the required number of target persons will largely depend on the turnover of the population within the INP areas, or through much more vigorous outreaching efforts.

3.12. Over the three years, the proportion of INP older people declined from 35.1% of the total in 1999-2000 to 25.3% in 2000-01, and then jumped to 31.5% in 2001-02. The proportion of new arrivals remained more or less the same over the three years (19.1% in 1999-2000, 19.6% in 2000-01 and 19.2% in 2001-02). Low-income families had increased from 45.8% in 1999-2000 to 55.8% in 2000-01, and then declined a bit to 50.4% in 2001-02.

3.13. For the six INPs which started in 1999 (Phase One), the total number of people identified over the three years had declined from 7,200 in 1999-2000 to 6,917

¹⁶ In the street stall visited by a member of the Consultant Team, the stall was located near the health clinic which was at the fringes of the INP district. The location inevitably attracted people not living in

in 2000-01, and further to 6,273 in 2001-02 (Appendix M, Table 14). These figures represented an overall decline of 13% over the three years. The proportion of older people identified had decreased significantly from 35.1% to 26.4%, whereas that of low-income families had increased from 45.8% to 51.9% over the same period. In fact, the total number of older people identified dropped from 2,527 in 1999-2000, to 1,818 in 2000-01, and further to 1,657 in 2001-02, representing an overall drop of 34% over the three years. The other two targets also suffered a slight decrease in absolute numbers.

3.14. INPs varied in their distribution of INP targets identified. For INPs attached to elderly services (multi-centres for the elderly or social centres for the elderly), the proportion of elderly persons identified ranged from 30% to 50%. For INPs attached to FSCs and elderly carer projects, the proportions of low-income families both reached 63%. For INPs in SSP, where there is a higher concentration of new arrivals, two of the INPs had a relatively low proportion (11-12%) of new arrivals. This may be attributed to the fact that there are already three PMCs and New Arrival Projects (NAPs) operating in SSP. Therefore, the target profile of individual INPs may reflect community characteristics. But it may also reflect the nature of mainstream services that INPs are attached to and the working emphasis of the INP providers.

3.15. Over the years, INPs have been able to identify the number of vulnerable individuals required by the INP FSA. But most of these figures are barely over the FSA requirement of 1,000 vulnerable individuals a year. For the year 2001-02, in particular, 5 out of the 12 INPs reached figures of below 1,010 vulnerable individuals.

3.16. The three INP targets can overlap. A family can consist of members belonging to all three INP categories – one new arrival and one older person with all the remaining members considered as “low-income family persons”. In fact, low income may be the dominant characteristic of these target groups. INP social workers claimed that they would avoid “double-counting”. According to a commonly accepted principle, the usual practice was to identify the new arrivals first, then the older persons and finally the low-income individuals. In practice, there would be variations between projects. Furthermore, because a household could consist of several target members and a flat unit would possibly consist of several families, the number of successful household contacts made might be much less than the target of 1,000 individuals required by the FSA.

3.17. There may also be a situation of shifting status. Users are first identified as new arrivals, and then after one year, they can be considered low-income persons. There is also the possibility that people who have their cases closed after getting employment can, after one to two years, become low-income persons again due to unemployment. Also, a low-income person can be re-classified as an older person after he or she has reached the age of 65. There is no system to record such changes of status.

3.18. With the use of individual persons as the unit of calculation of work effort, the output may not actually reflect the actual work input. It does not make sense to count several members of the same family as separate and independent contacts and interventions. To deal with the issue of shifting status, these targets should not be counted as new INP targets. In the case of INPs, it would be better to use family or household as a unit in the calculation of outreaching efforts.

3.19. Only a small proportion of the people contacted are INP targets. An INP self-evaluation report showed that among 1,400 families approached through home visits, only 200 had been identified as INP cases. According to a business plan of one INP, out of a total of 728 households contacted (1,928 persons) from January 1999 to June 2000, only 42.9% of them were official INP targets. Over the years, a pool of vulnerable individuals and families has been established for each INP. These people would either approach INPs for help, or be re-contacted by INP social workers to find out their needs from time to time. More importantly, some of them would participate in programmes and groups organized by INPs.

New Arrivals

3.20. Presumably, INPs would depend on the DSWOs to supply them with the names and addresses of new arrivals each month for making contacts. The usual pattern of coordination under the DSWOs was for INPs to be responsible for new arrival cases residing within the INP target areas, while other projects working with new arrivals, such as Post-migration Centres (PMCs), NAPs, community centres and non-subsented projects, would share the rest of the cases residing outside the INP target areas. According to the three DSWOs, new arrivals now might be more evenly distributed in terms of their choice of place of residence, and would not especially prefer to settle down in the three INP districts. In fact, KC now ranks ninth among all the districts in Hong Kong in terms of the number of new arrivals reported to settle

there initially.¹⁷ The mobility of new arrivals is high, and they would move to other districts shortly after arrival.

3.21. The number of names and addresses of new arrivals provided by the ISS for the DSWOs each month in fact shows little increase, and some districts may even receive less. According to the DSWOs, the figures now are about 100 cases each month for SSP and 70-80 cases each for KC and YTM. In distributing the new arrival cases each month, DSWOs estimate that they can allocate only about 30 cases each month for the six INPs in YTM and again the same number to the three INPs in SSP. The rest are taken up by other projects working with new arrivals in the districts. The NAP in YTM claimed that it could receive only 10 case referrals from the DSWO each month. The project could reach only 550 families last year, which was below the requirement of 600 a year. In the case of KC, the DSWO now will not consider allocating any new arrivals to the INPs there at all. Therefore, for all projects working with new arrivals, the FSA requirement may not be able to be met simply by relying on allocations from DSWOs.

3.22. Nevertheless, INP social workers claimed that they could still locate new arrivals in their target areas through outreaching efforts. These new arrivals might be children or adult new arrivals who refused to give their names to the ISS office located at the Cheung Sha Wan Immigration Office.¹⁸ According to the information provided by the ISS, the Cheung Sha Wan Immigration Office made contacts with 38,000 new arrivals last year, out of a total of 55,000 new arrivals arriving in Hong Kong each year. But only about 12,000-13,000 of them provided the ISS with their addresses for follow-up. Therefore, all the 13 DSWOs have to share a total of about 1,000 cases a month from the ISS for allocation to welfare projects working with new arrivals. For those who refuse to give their names and addresses to the ISS, it is not certain whether they do not really have the need for social services at all or if they are just suspicious of social services.

3.23. Overall, it is evident that new arrivals will be a declining working target in

¹⁷ According to the surveys of those new arrivals carried out by the Home Affairs Department within seven days of their arriving in Hong Kong, SSP, Kwun Tong and YTM are still the most popular places of residence (see: <<http://newarrivals.socialnet.org.hk>>).

¹⁸ According to a social work from ISS, the ISS can collect information on new arrivals from two sources. The first is the office at Lo Wu. Because the new arrivals would be fully involved in the process of getting through immigration, they would seldom have time to discuss their needs with the social workers, not to mention the fact that they would be uncertain about the address of their residences. New arrivals have to go to another ISS office located at the Cheung Sha Wan Immigration Office for their identity cards shortly after arriving in Hong Kong. Here, ISS social workers approach them to get their addresses for follow-up services by projects working with new arrivals.

INP areas, mainly due to the growing number of programmes working with them. For example, four additional post-migration centres were set up in February 2001 to provide a new package of preventive and supportive programmes for the new arrivals from the Mainland. Together with the strengthening of the services of the four existing post-migration centres, the outreaching service is given more weight in these centres with focus on providing early intervention to forestall adjustment problems.

Older People

3.24. The three INP districts are marked by a high concentration of an aging population, particularly with the presence of many privately-operated homes for the aged. Age is not a sufficient criteria indicating vulnerability. In many cases, older people living alone would be recorded and served by the district Support Team for the Elderly (STE). For those older people already receiving CSSA, their name list could be provided by the Social Security Field Units with consent given by the recipients. The impression from the DSWOs is that local district councillors actively make social security and housing referrals for older people. Yet these referral figures are not available.

3.25. According to the figures given in paragraph 3.13, the number of new older people that can be identified by INPs within the INP areas is rapidly declining.

Low-income families

3.26 In the process of identifying low-income persons, it would be difficult to make an exact measurement of their incomes and capital assets during initial contacts to determine their eligibility for services. Often, social workers would depend on the users to report their estimated and irregular incomes, or classify them as low-income targets based on their occupations. Unemployed persons and people with irregular employment would automatically be considered as targets. As such, the number of low-income target groups identified in general cannot be an exact figure. Indeed, it would be difficult to ask people about their exact income during initial contacts.¹⁹ To be sure, unlike staff of Social Security Field Units who have authority and means to check incomes of CSSA recipients, INP social workers have no way to check incomes, assets and savings of the target populations.

¹⁹ Often, social workers in family service centres failed to report family incomes to the Client Information System of the HKCSS. For this reason, the User Information System of the Pilot Integrated Family Service Centres has deleted the category relating to family incomes.

3.27. In an INP self-evaluation report, 54.4% of the household incomes were reported as "unknown". It was also reported in a study of INPs that a substantial amount of missing data was found on household incomes in INP records which could not be obtained because of non-cooperation from users.²⁰ More often, INP social workers had to rely on loosely self-reported income figures or guesses, which might not be exact. This reflects the difficulties of using income as a means test for "eligibility" for services of this nature.

3.28. In principle, those families who are already CSSA recipients should be contacted by SWD FSCs, which can get access to their addresses. INPs are supposed to identify low-income families who may either need CSSA or need some service support even though they can make ends meet without relying on CSSA.

3.29. One of the problems in working with these target populations is that they are quite mobile. This is particularly true for newly arrived families who might return to Mainland China from time to time in their first year of residence in Hong Kong. By the time they return to Hong Kong to settle down, they have already exceeded the one-year eligibility definition. Other people move around within the same district because of cheaper rents. On the whole, older people are relatively more stable. But most INP targets would apply for public housing and move away from the districts in a few years' time.

Non-INP targets

3.30. According to the "supplementary information in the SIS Form of INPs", INPs also identify vulnerable populations aged 60-64, those with an income equivalent to 133% of the CSSA level and those who have arrived in Hong Kong within the previous three years. Furthermore, INPs also work with vulnerable populations not residing in the INP areas. Other non-INP targets include people with chronic illnesses, disabled people without proper access to medical care, single parents and people with mental health problems. In practice, non-INP targets also include "new arrivals" on two-way permits and those low-income "split families" who need to support family members still living in the Mainland. There were users in the focus groups who had been contacted by INPs when they were "visitors" to Hong Kong on two-way permits. One INP also worked closely with Southern Asian youths. According to social workers, these non-INP targets were accorded a lower priority in

²⁰ W. T. Chui and Fung W. W., *Report on an Evaluative Research on a New Social Service Policy: Integrated Neighbourhood Project* (Department of Social Work and Social Administration, The University of Hong Kong, October 2001), p. 8.

terms of receiving services.

3.31. Over the three years, the total number of other vulnerable individuals identified reached 9,158. This figure constituted 34.4% of the 28,987 vulnerable individuals identified by INPs.

3.32. As they employ an open and extensive outreaching strategy, it would be extremely time-consuming and labour intensive for INPs to identify the target population. In operation, it would be difficult to be "selective" in terms of offering services. Because the eligibility requirements of INPs are so loose, they are, in fact, "non-discriminatory" in the provision of services. In a sense, INPs serve all residents with needs.

The expressed needs of users

3.33. On the whole, the users in the focus groups were relatively healthy and articulate, and had a varied background. They had been with the INP service for some years. Some still maintained a connection with the service even though they had already moved into public housing units. Some were on CSSA due to old age; others due to unemployment. Some were retirees. The majority of the new arrivals had been in Hong Kong for several years already. Low-income families could include single parents, unemployed breadwinners and students. Being unskilled labourers, many of them had difficulty seeking re-employment once becoming unemployed. Older people lived alone, with their spouses or with family members. Their dominant concern seemed to be finance, under-employment and unemployment.

3.34. More commonly mentioned needs included public housing and employment. One older person claimed that he was reluctant to apply for public housing, but because the INP social worker repeatedly persuaded him to assume his right, he made an application. Particularly for new arrivals and older people, there was a strong desire to seek friendship. They simply needed someone to talk to because they had few dependable friends and a limited social network. They were reliant, therefore, on social workers for help in times of difficulty. Users also had a strong sense of membership with their mutual help groups because they could receive emotional support and share information in groups. There were cases where social workers, through repeated visits, could identify hidden family problems, such as with parenting and marital relationships.

Dwindling INP Targets

3.35. In principle, if, after several years of intensive outreaching efforts, most of the vulnerable populations willing to seek help would have been identified already, in the future, INPs would have to look for new targets who have just moved into the areas, older people who have just turned 65 and people whose financial situation has deteriorated.

3.36. Most likely there will not be a significant increase in the target population identified. On the contrary, the number of vulnerable people that can be identified continuously will be on the decline. Indeed, the number of older people identified has decreased substantially. An INP self-evaluation report admitted the trend of a declining number of identified targets, partly because some building management offices had prevented the INP from making door-to-door visits, and partly due to the fact that success rates were low when re-visiting some of the buildings and reaching out to those buildings that had a lower priority. Another business plan of an INP admitted its limitation:

"For the second year of the project, our team finds that it may be more difficult for our workers to reach for the same number of clients like last year since those high-risk clients had been connected already."

3.37. If the policy on new arrivals does not change, there will be a smaller number of new arrivals settling down in the target areas. If the economic recession continues, low-income families will become the dominant target of INPs. In particular, with the decline in the earning income of unskilled labour in recent years, more people will meet the INP low-income criteria. According to trend evidenced by service statistics, the future "supply" of vulnerable populations will not be certain. The high turnover of residents in INP areas, coupled with the persistent economic recession, means that there will still be a sizeable number of new vulnerable populations to be identified by INPs. But their number will hardly be overwhelming.

3.38. The foregoing has outlined the need to review the target populations. INP social workers unanimously feel that the definitions of the target groups are too rigid. For example, they claimed that older people younger than 65 might have similar problems to those aged 65 and above. Also, new arrivals who had settled down in Hong Kong for a number of years still showed adjustment problems. For policy-makers, the question they raised concerning INPs was: "With the increased publicity of social service information, how many of the vulnerable populations are

still not informed of social services?" In general, the three INP criteria (new arrival, old age and low-income) are not sufficient indications of vulnerability justifying intensive support and intervention. There should be more specific criteria regarding social exclusion to support INP intervention.

3.39. Finally, INP areas are demarcated "arbitrarily" based on planning criteria. It would be confusing to residents if those who live on the other side of the street are told that they are not eligible for services even though they meet the INP target criteria. Also, there are pockets close to INP areas which apparently show a high degree of deprivation but are excluded as INP target areas simply because the population size is below 15,000 persons.

Summary

3.40. INPs employ a very intensive-intensive strategy to locate vulnerable populations. The processes of reaching out and making contact, encouraging the targets to express their needs, providing on-the-spot advice and guidance, and screening for eligibility as INP targets all happen at the same time. The major concern for INPs is that the future supply of new INP targets is dwindling. What should be noted is the fact that INPs have the capacity to locate a relatively significant proportion of non-INP targets that does not meet the FSA requirements.

4. REFERRALS AND PROGRAMS FOR INP TARGETS

Making Referrals

4.1. After identifying users with needs, social workers make prompt and appropriate referrals. Referrals are defined as the process of contacting other services by INP social workers through mail, telephone or visits to introduce a particular service to their users. According to INP social workers, making referrals may be a more complicated task than expected. It may take a few months to work through a case (see Appendix N). In particular, it would take several visits to the users to build up a trusting relationship before their underlying needs can be identified. In general, social workers have to follow up on these cases for three to six months to see whether the users receive the appropriate services or not. The workloads of social workers, therefore, are heavy.

4.2. INP intervention focuses on a small and defined neighbourhood. The services provided are very varied and diverse, and seem sometimes to be rather "trivial". Examples include making public housing applications, reading and writing letters, escorting users to doctors, helping them to obtain Old Age Allowance (OAA), helping them to move house, making senior citizen card referrals, providing them with STE registration, helping them to obtain CSSA, providing a child care service, arranging the instalment and payment of public utilities, providing tutorial classes for children, assessing disabilities, offering legal aid, as well as providing other miscellaneous assistance such as arranging the repair of broken water pipes, door locks and sewage pipes, replacing light bulbs, and listening to complaints about crime.

4.3. Overall, INPs can offer a diversity of assistance to these vulnerable persons. In practice, INP social workers are approached by residents in regard to all kinds of nitty gritty difficulties and troubles in their daily lives. Being so responsive to all these requests from residents, there seems to be no "boundary" limiting the scope of their services. The assistance they provide includes:

- arranging house removals and locating furniture;
- negotiating with property agents (about rental deposits and commissions), landlords (about flat maintenance and the removal of roof-top squatter structures) and government officials (about the location of public housing units and the addition of new members) over the rights of INP users;
- seeking financial assistance from CSSA, OAA and charity trust funds;
- providing tutorial lessons, classes and day care services for children;
- installing safety call bells for elderly persons living alone;

- assisting in the payment of electricity and water charges, and the application for fee reductions;
- delivering supermarket coupons, mooncakes, furniture and electrical appliances;
- making referrals in regard to job training, schools, hospitals and psychiatric assessments, and FSCs for family problems;
- teaching parenting and family life education skills;
- providing escort services to assist users in applying for services, meeting government officials and school principals, attending medical check-ups and consulting doctors (sometimes by volunteers, sometimes by social workers themselves).

4.4. Users are impressed with the assistance provided by INP social workers in making social service applications. They believe that the assistance from social workers facilitates and speeds up the application processes. Users in focus groups spoke of some frustrating experiences when receiving government services before. In a sense, social workers assist them by making the authorities more responsive to their needs. Some users claim that the applications and referral letters have to be in English to receive priority treatment from the authorities. Social workers also claim that with their knowledge of the social security system, they could assist the users in getting more benefits which were often based on discretionary grounds. Users are especially impressed by the assistance INP social workers give them in filling in public housing application forms. For more complicated cases, users are referred to legislative councillors or district councillors to ensure the responsiveness of the authorities toward their applications.

4.5. According to an INP self-evaluation report, the total number of referrals made between 1999 and 2000 for INP targets was 295, out of a total of 1,059 vulnerable individuals identified. Taking into consideration that a person could have more than one referral, and that a referral could cover several family members, less than a quarter of the vulnerable individuals contacted would require immediate service referrals.

4.6. According to the service statistics provided by the SWD, the total number of INP referrals soared from 1,511 for the six INPs in 1999-2000, to 3,867 for the eight INPs in 2000-01, and further to 5,328 for the 12 INPs in 2001-02 (Appendix M, Table 5). In 1999-2000, 1 out of 4.8 vulnerable individuals newly identified required referrals. In the second and third year of operation, the ratio decreased to 2.3 and 2.4 vulnerable individuals respectively. However, if the referrals were measured against the total

number of vulnerable individuals already identified, then the ratio in fact had increased to 1 referral for every 5.4 vulnerable individuals in 2000-01. With the exception of the first year of operation in 1999 when four out of the six INPs failed to meet the later-formulated FSA requirement of making 300 referrals a year, most of the INPs had been able to meet the requirement in the later years (with the exception of a new INP in 2001-02) (the FSA requirements were only formulated in 2000). Most of the Phase One INPs could make a much higher number of referrals simply because they had built up a larger pool of INP targets. On the whole, the number of referrals made for non-INP targets over the three years reached 1,729. Compared with the total number of non-INP targets identified (15,225 persons), the referral needs of non-INP targets seemed to be less than those of the INP targets (Appendix M, Table 10). Again, the referral statistics show that INPs can cope with the referral requests of both INP and non-INP targets.

4.7. A breakdown of the nature of the referrals of an INP between July 1999 and June 2000 shows that among the 512 referrals, the largest number were in regard to public housing (114 cases), followed by elderly medical schemes (68 cases), senior citizen cards (49 cases) and children/youth/community centres (49 cases). Figures on referrals for those more important services such as OAA and Disability Allowance (DA) (10 cases), CSSA (27 cases), homes for the aged (11 cases), family service centres (9 cases), NAPs (3 cases), district employment support networks (10 cases), social centres for the elderly (12 cases), home help (14 cases), multi-service centres for the elderly (2 cases), the Labour Department (14 cases) and retraining services (17 cases) were not particularly impressive.

4.8. A study covering the six INPs initiated in 1999 showed that major referrals for new arrivals and low-income families were in public housing (20.3%), children and youth centres (16.9%), CSSA (9.9%), employee re-training (8%), adjustment courses for newly arrived students (7.6%), charity funds (7%), employment support networks (3.9%), the Labour Department (3.8%), district councillors (3.6%), compassionate re-housing (2.9%) and family services (2.8%). Other, less frequent types of referrals included legal aid, employment counselling, legal advice, family life education, DA, ombudsmanship, crèches, rehabilitation buses, temporary shelters and labour unions.²¹ Regarding the referrals for older people, public housing (16.9%), senior citizen cards (13.3%) and CSSA (10.3%) were the major types of referrals, followed by preferential medical services (6.7%), multi-service centres for the elderly (6.6%), STEs (5.9%),

²¹ W. T. Chui and W. W. Fung, *Report on an Evaluative Research on a New Social Service Policy: Integrated Neighbourhood Project* (Department of Social Work and Social Administration, The

home help (5.5%), community nursing (4.6%) and social centres for the elderly (3.6%). Again, referrals were varied, yet public housing was the most popular type.

4.9. According to the submissions from the 12 INPs,²² they made a total of 11,740 referrals over their operational periods: 24.7% for older people, 23.5% for new arrivals, 34.7% for low-income families and 17.1% for non-INP targets (Appendix M, Table 16). The most dominant type of referrals for all the target groups was public housing, comprising 19.8% (2,328 referrals) of the total number of referrals. Employment services included referrals to the Labour Department, retraining programmes, NGO employment services, district-employment support networks, vocational training colleges and labour unions. They constituted 13.9% (1,637 referrals). Referrals to Social Security Field Units for financial assistance (CSSA, OAA and DA) constituted 10.7% (1,253 referrals). INPs also used charity trusts to help clients. In total, there were 461 referrals to charity trust funds. The most dominant form of referrals for the older people was for senior citizen cards (507 referrals). For new arrivals, besides public housing, children and youth centres (501 referrals), employment services (480 referrals) and programmes for newly arrived children (192 referrals) were most popular. For low-income families, other than public housing and financial assistance, employment services (832 referrals) and children and youth centres (373 referrals) were most popular. The rest of the referrals comprised a wide variety, such as community centres, FSCs, social centres for the elderly, multi-service centres for the elderly, Legislative Councillor offices, compassionate re-housing, home help, various governmental departments and various medical services. These referrals were less frequent.

Programmes and Groups

4.10. The primary aim of programs is to enhance the community integration of users through mutual help and self-help. Users learn a variety of social skills in assertiveness, problem-solving, inter-personal communication and parenting. Effort is also made to engage them as volunteers.

4.11. Users found INP programmes, in particular recreational and educational programmes, attractive and beneficial. These programmes included computer courses, volunteer work, festival parties, health talks for the older people, adjustment classes for new arrivals, dinner parties, stress reduction classes, tutorials, exhibitions, and

University of Hong, October 2001), p. 35.

²² Some data for one INP team were not available (April-June 1999; July 2001-March 2002).

visits to museums and Ocean Park. To orientate users to community resources, visits to social centres for the elderly and homes for the aged were arranged. In addition, there were tea gatherings on social policy issues such as public housing, CSSA and health care. These programmes aimed to enhance their knowledge of community resources, build up their social network and facilitate their participation in volunteer activities. There was evidence of mutual support between group members, such as visiting sick members, helping disabled members with their shopping, delivering cakes to older people in homes for the aged and escorting them to doctors. New arrivals and low-income persons were mobilized to provide help to the older people in house cleaning and escort services. Some user volunteers were also involved in Flag Days and packaging gifts for other vulnerable people. Programmes and referrals were also provided for non-INP targets. An INP estimated that a quarter of their identified users had participated in self-help and mutual help activities.

4.12. Presumably, social, recreational and educational programmes of INPs should especially target socially excluded vulnerable individuals and families, and try to facilitate their integration with the community and mainstream services. Evidently, not all of the INP targets, based on the existing criteria, are living a socially excluded and withdrawn life style. Those who are more active and resourceful should use the mainstream community-based services as soon as possible to satisfy their social and educational needs. Only those with clearly justifiable needs, such as those who lack a supportive social network, those who do not have the motivation to seek outside help and high-risk families, can continue to receive INP programmes and services for a defined period. The evidence suggests that there should be a more objective assessment or screening mechanism to determine who should be referred immediately to mainstream community-based services for social and supportive programmes, and who should stay behind for a while and just use INP services. Furthermore, some of these programmes, such as carnivals and variety shows, were open to all local residents. To enhance the publicity of INPs in the local neighbourhoods, there seemed to have been no intention of limiting the participants to INP targets only.

4.13. There are a number of good practices that take place in INPs. To build up a mutual support network among residents, a fire-prevention campaign was organized by an INP which promoted awareness of fire prevention. Representatives of the mutual help groups for women, new arrivals, older people and youths were mobilized to form a working committee to carry out a survey and publish a booklet on fire prevention. An employment support project also provided a package of support measures to the unemployed. The integrated service included job referrals, retraining referrals, and the sharing of stress and tensions due to unemployment.

4.14. User groups can be classified into educational and developmental groups, socialization groups, volunteer groups and mutual help groups. Groups are also organized according to different users: newly arrived women, newly arrived parents, young people, children, single parents, the unemployed, volunteers, the mentally ill and older people. Through the group processes, users can extend their social networks. There were a variety of volunteer groups that helped users to move home, organized flag days, provided a hair cutting service and visited users in hospital. There were interest groups that focused on learning English and photography, and learning groups that conducted parenting and health talks, and experiential groups for sharing life experiences. In a mutual help group for the mentally ill, participants learned to manage their emotions, widen their life experiences and reduce pressure.

4.15. One INP mutual help group was organized to meet the needs of newly arrived youths aged 15-30 who were neither receiving education nor in employment. The group helped the youths learn about different career paths and job skills to improve their chances of finding work. Some INPs set up job centres to provide employment information and training to the unemployed. Employment training courses in computer skills, labour law, job interview skills and languages were provided. From time to time, INPs would deliver blankets, winter clothing, supermarket coupons and gifts to users.

4.16. A member of the Consultant Team attended a meeting of a mutual help group organized by newly arrived women. Except for one member, the eight committee members of the group were new arrivals who had been in Hong Kong for several years already. Some of them had already moved into public housing. Some had been trying to seek jobs. They shared their experiences of participating in some of the employment seminars. They debated over whether they should seek financial assistance for one of the members to help her renovate her new flat. For financial support, they could approach some trust funds for help. During the course of the meeting, they showed a high degree of resourcefulness. An INP social worker was present throughout the meeting to give advice and provide information. The group produced educational materials to help the new arrivals and made recommendations to the authorities with regard to policies on CSSA, housing, medical care and education.

4.17. From time to time, INPs would organize residents' meetings and open forums on government policies and community issues. These meetings would help residents to learn about their needs and rights. For example, the Fire Services Department, the Housing Department and the Buildings Department were invited to

meet with roof-top residents about the re-housing policy in regard to roof-top squatters. There were also meetings that dealt with building management and maintenance; employment; and social services. All these meetings were open to all residents. In addition, users were encouraged to express their grievances and difficulties in meetings with legislative councillors and government officials. In some districts, INP social workers were active in preparing residents to learn about the policy on redevelopment and compensation. By joining with residents from other districts under redevelopment, such as Western District, Yaumatei and Tsuen Wan, residents had the chance to meet with other resident representatives and share experiences. Another example of advocacy action was the request for a fee reduction for green mini-buses. Admittedly, though, the work of advocacy is outside the scope of the official objectives and functions of INPs.

4.18. During the programmes, different INPs might place different emphases on their targets. For example, the business plan of one INP in SSP indicated that it put low-income families as its top priority for service, followed by new arrivals. Older people were accorded a lower priority because of the presence of many services for that could already be found in the district.

4.19. From the perspective of users who are not well-informed about social and public services in the areas, INPs provide a most useful, cheap, friendly, accessible (in terms of visiting hours and non-centred based activities)²³ and individually-tailored service support that no other welfare service can deliver so intensively. The programme fees for picnics and tutorial classes organized by INPs are cheaper than those of other mainstream centres.²⁴ Some users claimed that social centres for the elderly had to draw lots to decide who could participate in some of the recreational programmes such as picnics and parties. Not surprisingly, some of these vulnerable individuals had never been to places like Ocean Park and other sightseeing spots before. Such activities help bring families together and facilitate community integration.

4.20. Besides, INP programme activities are usually more frequent than the other services.²⁵ Users in focus groups claimed that INP social workers would call them or visit them personally to invite them to participate in programs. Social workers took time to explain to them the nature of the programmes and groups. The users admitted

²³ INP social workers would visit them in the evening.

²⁴ A social centre charges \$80 for a picnic, while an INP charges only \$40.

²⁵ An older person in the focus group claimed that the social centre for the elderly would only have a meeting once a month. In the INPs, one could have a picnic two or three times a month.

that the processes of persuading them to take part in volunteering activities were time-consuming. They expressed gratitude over the friendliness of INP social workers in providing services to them. One of the users described an INP as a "7-11 convenience shop", open 24 hours a day. In some cases, users could call up INP social workers for assistance late in the evening. Another user claimed that INP social workers were modern "neighbourhood wardens", who were available in the event of any personal difficulty. INP social workers were perceived as friends and relatives. Some claimed that INP social workers were even better and more reliable than their friends and family members.

4.21. Perhaps, that was why most of the users would show reluctance to join the other mainstream services, such as social centres for the elderly, even though they might be members of these centres. In fact, the activities provided by INPs are basically no different from those provided by the mainstream services. For instance, STEs also mobilize volunteers to escort elders living in social isolation or with mobility problem to join community activities. But it is the user-centeredness, flexibility, special attention and accessibility of INPs that make them attractive to these users.

4.22. Many of the users recalled "unfriendly" and frustrating experiences of using the mainstream services such as the social security offices, FSCs and social centres for the elderly. Some had been "rejected" by mainstream services which could not offer them all-round service support. In the words of some of the users:

"INPs have been so comprehensive, active, personal and accessible in providing assistance to us. Previously, the social worker in the other district simply gave me an address and told me to take a taxi to go for the service. Everything has to be dependent on myself. Here with the INP, it is really different."

"I have been to an FSC. Social workers there were not friendly at all. If you want to talk to a social worker, he or she would only handle specific issues. Here in the INP, I can talk to any social worker. In other welfare centres, you can just talk to one social worker. If she or he is out of the office, I cannot find anyone to assist me."

"I have been to an FSC. You cannot openly reveal your worries there, and you can't talk freely. It seems that you have to leave immediately after describing your concern. The social workers here are very different. We can find them for any sorts of problems, no matter big or small. I feel more reassured. I can look

for them even after 8 p.m. In an FSC, one needs to have an appointment to see a social worker.”

4.23. By connecting to INPs, users feel genuine support and do not experience any stigma in connection with using the services. Users request INPs’ assistance even though they have been with the projects for some years. For new arrivals and possibly for low-income families, INPs would continue to provide personal care, service and programme support to them even though they may no longer match the prescribed INP criteria. This includes new arrivals who have been in Hong Kong for more than a year and low-income people who have gained employment. According to a user, there was one case in which a PMC turned down the application of a newly arrived child who had been in Hong Kong for more than one year, but was accepted by the INP programme. Nevertheless, according to the FSA of PMC, flexibility may be exercised to ensure that those new arrivals who have been staying in Hong Kong for more than 12 months but with genuine demonstrated needs will not be barred from the service. Facing vulnerability and insecurity in life, there is a strong desire among the users to continue to receive support from INPs just in case they fall into trouble and need someone to provide immediate assistance. Equally important, they feel the need to participate in some social and recreational activities.

4.24. According to the service statistics provided by the SWD, four INPs had less than four groups organized each month, as required by the FSA in 1999-2000 (Appendix M, Table 6). Only two INPs were able to meet the requirement. Social workers claimed that it was difficult to group together users with the same needs in their first year of operation²⁶ (the FSA requirements were formulated in 2000). In 2000-01 and 2001-02, all the Phase One INPs were able to meet the requirements. In 2001-02, three INPs had 11-14 groups, while two INPs had less than four groups. Similarly, those Phase Three INPs held a small number of groups. In community programmes, all INPs had been able to provide a much higher number of programmes than the FSA requirement of 80 programmes each year all through the INP periods. In 2001-02, an INP had about 400 programmes organized, while seven others had around 100 programmes organized. Again, variations between INPs in programmes are significant.

²⁶ According to a letter from the SWD dated 16 July 2001, no INPs would be assessed against their outputs for the year 1999-2000 under the Service Performance Monitoring System. So, the statistics from April 1999 to March 2000 were not officially counted. The FSA was finally endorsed on 1 September 2000. The 1999-2000 service statistics are used as a reference to indicate the later changes in service output.

4.25. In terms of individual contacts, group attendance and programme attendance, these numbers soared tremendously over the three years. Individual contacts refer to the number of contacts with an INP target individual or a family. Group attendance is the number of participants in mutual help groups. Programme attendance refers to the total number of participants, volunteers, audience members and guests in the community mass events. In the first year, three INPs did not fulfil the FSA requirement of 8,000 contacts a year (the FSA requirement was only formulated in 2000). In 2001-02, all the INPs were able to fulfil the FSA requirement. INPs also varied significantly in their number of individual contacts and programme attendance. In 2001-02, the number of individual contacts varied from a maximum of 6,861 to a minimum of 1,757, group attendance from 386 to 5,073 and programme attendance from 2,477 to 10,649.²⁷ The variations may partly reflect different programme emphases and natures, and may partly be due to performance.

4.26. Regarding the number of vulnerable individuals recruited as volunteers and involved in the planning and implementation of programme activities, the average numbers of volunteers recruited at the end of each month were 14 in 2000-01 and 17.4 in 2001-02 (Appendix M, Table 7). On the whole, there was a steady increase in the number of volunteers recruited. But performance also varied between INPs. In 2001-02, for example, an INP had less than two volunteers, while another INP could have 74. Four INPs had 5 or less than 5 volunteers, and two INPs had about 28 volunteers.

4.27. In terms of community liaison, meetings with outside persons and organizations for the welfare of the users, the numbers ranged from a minimum of 133 to a maximum of 2,196. Again, the variations showed the differences between INPs in terms of how they pursue district collaboration. Evidently, some INPs have been operating more independently and have involved themselves in less district collaboration.

An Assessment

4.28. After three years of extensive outreaching efforts, INPs should have established contact with most of the vulnerable populations residing in the target areas. The essential question is whether there is a high turnover of residents within the area to justify the continuous operation of INPs to initiate proactive contacts with them. In fact, the turnover of elderly populations remains stable, and there are indications that

²⁷ In 1999-2000, the number of individual contacts ranged from 929 to 4,277, group attendance from 322 to 3,331 and programme attendance from 2,698 to 12,943.

new arrivals can receive support from other, similar services. Nevertheless, with the prevailing economic recession, more low-income families may be identified. How can the cost-effectiveness of the INP approach be enhanced? Are there any alternative ways to identify these targets? On the one hand, some of the users identified would already have connections with other mainstream services, such as membership of social centres of the elderly and new arrival projects. On the other hand, INPs have made efforts to link users to mainstream services. But INPs can often offer a "better", tailor-made service support to users, enticing them to continuously turn to or come back to INPs for service.

4.29. The services seem helpful to those people who have a limited social network. INP social workers can provide detailed explanations of some welfare policies and programmes. More importantly, INP social workers are easily accessible and can provide "in-home" service. They can be contacted directly and would immediately respond to users needs. After becoming volunteers, some users can regain their confidence by making contributions to the community. Users regard INP social workers as friends. The benefits as perceived by users include assistance from INP social workers in making public housing applications, and exposure to more friends and meaningful social activities. First and foremost, the obvious role of INPs is to help with public housing applications. The essential question is why it is the core function of a social welfare programme to "market" public housing. If there is a need for the public to have more information on public housing, can the Housing Authority or the Housing Department, whichever is appropriate, provide these outreaching services, such as publicity street stalls?

4.30. Even though INPs may be able to turn some users into volunteers, it does not seem to have strong support from volunteer networks in the community. INPs usually do not have their own volunteer networks. Not surprisingly, many of the tasks of escort services, the reading and writing of letters and the filling in of application forms are carried out by social workers themselves. The burden of these non-welfare tasks could be relieved by the use of volunteers. For escorting services, family aides attached to FSCs can be used.

4.31. Most users have either been informed of, or referred to, mainstream community-based services for social programmes and groups. According to the users, they either use both services or find the mainstream services "less user-friendly" than INPs. To users, mainstream services seem to have a lot of restrictions on eligibility and the operators have little time to talk to them. Some have claimed that PMCs have a two-year restriction on service utilization (this requirement has not been laid down

in the FSA of PMC), while others thought that to see a social worker from other services they had first to make an appointment. In fact, some users attending the focus groups have already moved into public housing units, but they still come back to INPs as volunteers and users. Taken together, all this suggests there is an urgent need for INPs to have clear needs assessment criteria to determine eligibility for intensive services. The three INP criteria of old age, low-income and new arrival status are not sufficient to indicate vulnerability and justify an exceptionally more labour intensive service intervention and support. The essential questions are: who can receive INP programmes and group support, and for how long should they stay with INPs before they are integrated into mainstream services?

Summary

4.32. Some INP users appear to have low self-esteem and a restricted social support network. They look to INP social workers as friends to provide them with comprehensive, friendly and prompt assistance, with practically no eligibility requirements and restrictions. From the perspective of the users, their most specific need is housing. INPs assist them in making public housing applications and removal arrangements. Focus groups reveal that these users do not have satisfactory experiences with mainstream services, and INPs can offer a much more intensive, accessible and user-friendly service.

4.33. After having their concrete needs, such as housing applications, taken care of by INPs, users would still prefer to have some reliable persons to provide assistance in times of difficulty. They also treasure the opportunity to take part in social and recreational activities and make friends. By giving users more individual attention, INPs have built up a strong sense of identity among them. Through programmes and mutual help groups, users can become less housebound and more active members in the community. But currently, there is no clear needs assessment mechanism to determine eligibility, and users can stay with INP programmes for an indefinite period of time.

5. INTERFACING WITH OTHER SERVICES

Development of Other Outreaching Services

5.1. There are a variety of existing and evolving outreaching community-based social programmes targeting vulnerable populations.

Support teams for the elderly

5.2. Support teams for the elderly are set up in multi-service centres for the elderly. They aim at providing networking and outreaching services to vulnerable elderly people and promoting volunteerism among them. They adopt an outreaching approach to identify vulnerable elderly people, provide services for them (emotional support, regular contact, community resources, personal assistance and referrals), establish links with them and train volunteers of all ages to serve them. Vulnerable elderly persons are defined as being those aged 60 and above who live alone, lack family support, lack a social network, are in poor health, have financial difficulties, live in an unfavourable environment or lack community resources.

5.3. All vulnerable older people living in STE working boundary are their targets. STEs are often run in coordination and cooperation with social centres and multi-service centres within their boundary. They use the method of door-to-door home visits and street publicity stalls to identify service users.

5.4. The STE visited by a member of the Consultant Team comprised one SSWA, one SWA and one CA. According to the FSA, each STE team was required to identify 1,200 new targets each year. The STE also used door-to-door visits and street stalls. Today, after several years of outreaching efforts, fewer older people can be identified. Over the years, the team registered a total of 1,300 vulnerable older persons, while others were no longer registered because they had died, moved away from the district or become reunited with their family. The team was responsible for matching the targets with volunteers. However, the supply of volunteers was not stable. INPs could refer cases to STEs for registration. But because INPs could afford to have more professional social work intervention than STEs, users would prefer to participate in INP programmes.

5.5. STEs are more focused on their targets. With a much larger service area than INPs, STEs cannot afford to work so intensively with their users.

Family Support and Resource Centres and Family Support Networking Teams

5.6. Nineteen group work units of the SWD were reformed into 20 Family Support and Resource Centres (FSRCs). These provide counselling; organize groups; and offer programmes, family activities and resources as centre-based services. To reach out to families in need for early identification of problems and early intervention, a Family Support Networking Team (FSNT) is formed in each district, usually attached to an FSRC. For districts without an FSRC, it may be attached to other units of the SWD. The SWD has set up 14 FSNTs in 13 districts. FSNTs comprise staff deployed from existing group work units and the District Youth Office, as well as those financed by the new resources outlined in the 2000 Policy Address and the 2001 Budget Speech. FSNTs use an outreach approach, such as home visits, deliveries of service leaflets, street stalls and so on, in order to identify at an early stage families facing difficulties and so intervene in good time. The resources of seven mobile service teams in rural areas are re-deployed to FSNTs.

5.7. The objectives of FSRCs and FSNTs are to identify and meet individual/family welfare needs; to reach vulnerable households and refer them to appropriate parties; to help individuals and families to grow; and to help them develop problem-solving skills, community responsibility, inter-personal relationships, family relationships and so on. The target groups of FSRCs include new arrivals, single elderly persons, CSSA clients / low-income families, single-parent families, and families with child care problems or a history of child abuse. FSRCs and FSNTs aim at responding quickly to the changing welfare needs of different districts, prioritizing their target groups according to the needs assessments of the vulnerable groups in the district by the Planning and Coordinating Team of the SWD.

5.8. FSRCs and FSNTs have only recently begun operation, and it will take some time for them to settle down and establish their operating mode. In general, they have more diversified working targets, serve a bigger territory and probably receive better support from FSCs than do INPs.

Provision of One SWA for NGO-community Centres

5.9. As the service delivery mode of welfare service units are re-engineered from being centre-based to outreaching and networking, the SWD expects the NGO-community centres to make a similar shift in work focus and render more proactive outreaching services to vulnerable families. Each community centre gets additional

resources – an SWA for three years from 2001 to 2004. The effectiveness of enhanced outreaching work by FSNTs and NGO-community centres will be reviewed in order to justify the continuation of additional resources.

5.10. In addition, community centres have been provided with additional resources to enhance their outreaching work. Again, the outreaching provisions of community centres have to cover a larger area than do INPs. With limited staff input, they cannot work as intensively with users as can INPs.

New Arrival Projects and Post-migration Projects²⁸

5.11. The objectives of NAPs and PMCs are to assist new arrivals to integrate into the local community, reduce their adjustment problems, enhance their social functioning and self-sufficiency, and enable early intervention to new arrival families. The services provided are designed to match the needs of the new arrivals at different stages of settlement. Settlement services include Cantonese classes, financial assistance, job seeking, placements for schools and shelters, and housing. Adjustment services include English classes, employment and career training, and family life education. Programmes of integration include tours around Hong Kong, visits to the law enforcement bodies, friendship groups, and volunteer work for the older people and other needy residents in the neighbourhood. Users are organized into mutual support groups in which they can share problems and emotions. Target groups are new arrivals who came to Hong Kong from the Mainland less than one year before.

5.12. Most of the service users are informed of the service through the promotional materials distributed by the help desks set up at the Immigration Office at Lo Wu. The PMCs and NAPs also telephone or make home visits to new arrivals according to a prescribed mailing list compiled by the ISS. They also provide basic counselling for new arrivals in need. For in-depth counselling, families would be referred to FSCs.

5.13. While NAPs are supported by the Hong Kong Jockey Club, PMCs are financed by the SWD. There are eight PMCs and six NAPs. Three of the PMCs and three of the NAPs operate within the three INP target areas.²⁹ Specifically, there are

²⁸ See the review on PMCs, Consultant Team, *Report on the Review of Family Services – Meeting the Challenge: Strengthening Families* (Department of Social Work and Social Administration, The University of Hong Kong, June 2001).

²⁹ There are two PMCs in SSP (operated by the ISS) and one in KC (operated by SKH Welfare Council). The three NAPs are in KC (operated by the Hong Kong Federation of Youth Groups), SSP (operated by the ISS) and YTM (operated by Christian Action).

three projects dealing with new arrivals in SSP, two in KC and one in YTM. On average, each PMC is staffed by an ASWO, a SWA and two WWs. Each PMC is required to serve a total of not less than 1,250 new arrivals a year.

5.14. According to one NAP, because its office was located in the same area as an INP, they had similar users. Users might use both services. Sometimes, they had mutual referrals for supportive group service. According to a DSWO, the usual arrangement is for the PMC to refer new arrival cases who live within the INP area to the INP, and vice versa. The PMC cannot afford to use door-to-door visits, though it does hold street stalls.

5.15. It is worth noting the fact that both NAPs and four out of the eight PMCs are also time-limited projects which will be under review in the near future. They are both facing competition over obtaining users from other community-based programs and non-subsented projects operated by church organizations.

Integrated Family Service Centres

5.16. Based on the government-commissioned review report on family services in 2001, 15 pilot Integrated Family Service Centres (IFSCs) were launched in April 2002, one in each district (with two IFSCs in SSP and another one in Tungchung). The IFSC model aims to uphold the principles of promoting accessibility to users with minimum physical, psychological and administrative barriers; early identification of needs and intervention before the further development of problems; integration of services cutting across programme boundaries; and partnership between service providers to achieve efficient and effective use of scarce resources. Under the new model, multi-skilled teams can respond more proactively to a wide range of social needs, rather than addressing needs in isolation.

5.17. Each IFSC consists of three components, namely the resource unit, the support unit and the counselling unit. It can provide a continuum of preventive, support, empowerment, advocacy and remedial services to families in need. An integrated service of outreaching, family life education, support and developmental groups, volunteer development, referrals for tangible services and a counselling service will be provided. Through strengthened ties with the community and the provision of open access services, family services will become more accessible to hard-to-reach families.

5.18. Looking into the future, all FSCs will move towards the IFSC mode of

operation with strengthened outreaching and supportive work, targeting vulnerable populations. INPs, therefore, are expected to strengthen their partnerships with IFSCs.

Social Service Teams of the Urban Renewal Authority

5.19. The Urban Renewal Authority has contracted three NGOs to set up urban renewal social service teams to provide assistance and a counselling service for residents affected by their urban renewal projects in Wanchai, Tai Kok Tsui and Shamshuipo. The objectives of the teams are:

- a) to assist individuals and families facing difficulty and dealing with pressures arising from the urban renewal process;
- b) to serve special target groups, such as older people living alone, by building up their social networks and addressing the anxiety that arises from the urban renewal process;
- c) to enhance the self-help and mutual help abilities of the residents.

5.20. Beginning in February 2002, the service contracts last for two years. Each social service team consists of three social workers working with approximately 500 households, or 1,500 people. The working approach includes the provision of counselling to residents affected by the urban renewal process. The team provides information and makes referrals through home visits, street publicity stalls, community education programmes and a telephone hotline. Through a volunteer service, residents in need can be assisted with house removals. Mutual help and self-help groups are also organized.

5.21. The work of the social service teams is rather similar to that of INPs, but they cover a much smaller area and population. To avoid duplication of services, areas demarcated for urban renewal should be removed from the INP target areas while the social service team is in operation.

Community Investment and Inclusion Fund

5.22. The 2001 Policy Address of the Chief Executive announced the plan to establish a \$300 million "Community Investment and Inclusion Fund". With an allocation of \$300 million, the primary purpose of the fund is to promote community participation and enhance social integration, and strengthen social networks through cross-sector collaboration. Community projects with the aims of mobilizing community resources and energy to promote mutual help and self-help, assisting the social integration of vulnerable populations and encouraging volunteering can apply

to the fund for time-limited financial support. The fund will therefore assist community mutual help groups to enhance their capacity to serve vulnerable members and promote social integration. Thus, it will not directly be involved in the provision of services. But district-based organizations, including INP groups, can apply to the fund to seek support for their work on the promotion of self-help and mutual help. In this way, the fund will help local organizations to initiate and sustain mutual help activities targeting vulnerable groups.

Others

5.23. Many local church groups, to varying extents, have participated in the services for the new arrivals and low-income families. These projects are largely self-financed. They provide tutorial classes for newly arrived children as well as assistance to families in need. One church group moved to other areas after the INPs moved into the district to avoid service overlap. It had informal coordination meetings with INPs, and could provide financial support to INP cases through its trust fund.

5.24. District residents' organizations and district councillors can provide services similar to those of INPs. Through their local network, they can also identify vulnerable populations in the districts and make referrals to welfare organizations. Through support from district councils and donations, they can also organize social and recreational activities and assist residents in handling their daily problems.

5.25. There are other mainstream service programmes which either employ an outreaching strategy similar to that of INPs or serve similar vulnerable populations. Examples include community centres, children and youth centres, family services centres, single-parent centres and non-subservent projects of some NGOs. In one case, the community centre where INPs are attached itself has a new arrival service team, and so provides a service that overlaps with that of the INPs. In addition, many local community organizations, such as church groups and residents' associations, as well as district councillors, are providing similar support to vulnerable populations.

Interfacing with Other Programmes

5.26. In principle, the role of INPs is to identify vulnerable populations and then refer them to mainstream services. They are not supposed to operate programmes either to substitute mainstream services or work with the target groups for a long period of time. In fact, in the design of INPs, it was conceived that they were to function as a stopgap or as transitional projects to allow time for other outreaching

mainstream services to be developed. However, INPs are also required to provide programmes to targets to promote mutual help and self-help, and to involve users as volunteers. This assignment of INPs would therefore expect identified vulnerable targets to remain attached to INPs for a limited time. In fact, INPs are encouraged to run joint programmes and group sessions with mainstream services so that users can move on to mainstream services smoothly.

5.27. At the district level, there is apparently no lack of service provisions. Within the three INP districts, there are 8 multi-service centres for the elderly, 42 social centres for the elderly, 4 integrated family service centres, 12 family service centres, 47 child care centres, 7 family aide workers, 1 family education project, 4 family support and resource centres, 3 family support networking teams, 3 post-migration centres and 11 ITs for children and youths. In addition, there are two community centres.

5.28. In practice, coordination work has been carried out by the DSWOs through service coordination meetings. According to DSWOs, in general, INPs are expected to carry out their outreaching and service work within their target areas, while other outreaching services, such as the STEs, PMCs and FSNTs, because of their need to serve a much wider area, would focus their work on non-INP areas.

5.29. INPs seem to vary in the degree to which they collaborate with other programmes and district organizations. For some INPs attached to mainstream services not located in the target areas, collaboration would be difficult. In such cases, these INPs would have to set up sub-offices within the INP areas.³⁰ For some attached mainstream services, the nature of the services also limits the extent of their collaboration. For example, services for the elderly can provide support to elderly targets of INPs, but not to other targets. Children and youth centres may provide support in parenting training for low-income families and new arrivals, but not for older people. In one case, a nursery attached to the same mainstream service as an INP could assist in identifying new arrivals and low-income targets. In another case of one INP's being attached to an FSC, because both programmes were under the same supervisor, their collaboration was closer. The INP social workers directly handled some of the referrals for tangible resources, such as compassionate housing, and worked on cases involving family crises.

³⁰ Examples are the Salvation Army INP in SSP, the HK Lutheran Social Service in KC and Caritas in SSP.

5.30. It seems that community centres, if located in the same INP area, can provide more comprehensive support to INPs. Such support includes facilities, volunteers, employment training and educational classes. However, the community centres which INPs are attached to have a number of similar programmes, including new arrival teams, district-based employment support networks, STEs, multi-service centres for the elderly and home help teams. It is usual for users to be members of both INPs and mainstream services. For example, a STE social worker admitted that one INP would refer older people living alone to the STE for registration. Both programmes would record him or her as a user. The question that arises is how these services can be better coordinated.

5.31. According to the DSWOs, some INPs did not seem to be active in establishing partnerships with community organizations such as church groups and residents' organizations, while others took the initiative to mobilize support from local organizations, such as hospitals, government departments and labour organizations.

5.32. One IT for young people claimed it did not have a close partnership with the INP, except in organizing a few parenting talks for new arrivals. They both share similar users, particularly CSSA recipients. A PMC social worker remarked:

"There are now so many units doing outreaching work. In contrast, so few units are committed to providing direct service. Mainstream services find it difficult to cope with so many cases identified by outreaching efforts. It takes time to work with the cases that have already accumulated."

5.33. INP social workers also experience difficulty referring cases to FSCs. According to some, such difficulties include the following:

- Mainstream services might not be as conveniently located as INPs. Older people would prefer to use a service centre within walking distance.
- Some users claimed that they were not familiar with the members of mainstream services and that social centres (social centres for the elderly and multi-centres for the elderly) were often overcrowded.
- For INP users, INPs could provide more user-focused, affordable, frequent and varied programmes.

5.34. Users may at first have little knowledge of social services. However, after a

few years with the INPs, they will learn about mainstream services, make visits to the centres, register as members and even participate in some of the programmes. In focus groups, many users, including older people, are well informed of the programme fees of mainstream services. Yet users are invariably still attached and connected to INPs.

5.35. Some mainstream social workers expressed that their services were overtaxed already, and that they would prefer INPs to provide services to their users. In addition, they believe that INP social workers were more specialized in advocacy work which involved someone speaking up on users' behalf. On several occasions, mainstream services would take on groups from INPs. The general impression of the DSWO was that INPs worked relatively independently.

Summary

5.36. There is no lack of welfare services that adopt similar outreaching approaches and work with similar vulnerable populations in the areas. They usually have to cover a much wider geographical area and serve a much larger population. They may have a specific target population, such as STEs and PMCs, or a more general target, such as IFSCs and FSNTs. Some programmes, such as IFSCs, FSNTs and FRSCs, are recent products, and their approaches have not yet been fully established. In fact, INPs have a relatively large social work staffing structure in relation to the size of their target populations and service areas. On the whole, INPs are less restrictive when it comes to providing programmes, such as for new arrivals in Hong Kong in PMCs and for older persons in STEs.

5.37. No other service can afford to use such an intensive outreaching method as door-to-door visits. No other service, also, can afford to work so closely with individual cases and operate programs so flexibly. For these reasons, it is difficult to replace INPs with other mainstream services. INP social workers are perceived as more comprehensive, more all-embracing, friendlier and more human than other social workers. They handle all issues, while other services tend to focus on specific needs. They are also perceived as reliable since vulnerable persons can approach them and talk to them in times of difficulty. They are available at any time of the day.

5.38. In general, mainstream services should be in a better position to provide service support and social work intervention to vulnerable populations. Traditionally, these services may not be flexible enough to cater to their special needs. Yet they have recently been in the process of re-structuring themselves to provide outreaching,

responsive and user-centred services. Overall, there is a strong need for INPs to strengthen their collaboration with mainstream services to achieve better cost-effectiveness.

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6. RECOMMENDATIONS FOR THE FUTURE OF INPS

6.1. Here, in the concluding chapter, we will summarize the findings of the study and make recommendations on the future of INPs according to the task requirements of the consultancy agreement.

To consider the role and interfacing work of INPs with mainstream services and other new services

6.2. In offering an integrative service, INPs operate more like a mini-integrative community centre, mixing services offered by PMCs/NAPs, family life education, single-parent centres, social centres for the elderly, multi-service centres for the elderly, children and youth centres and FSCs. Evidence shows that users may maintain membership of both INPs and community-based programmes. The basic principle is that INPs are required to make immediate referrals of users to mainstream services. In so doing, INPs should mainly focus on identifying vulnerable targets and making immediate referrals. For those who have difficulty using mainstream services, programmes and groups should be developed to encourage their eventual utilization of such services.

6.3. In practice, no other mainstream services can work as intensively and comprehensively with users as INPs. INP programmes are accessible, individually tailored and cheap. Not surprisingly, it turns out that INPs have not been particularly effective in helping their users to use mainstream programmes tackling social inclusion (social and recreational programmes, mutual help groups and volunteering). Most users stay with the INPs for an indefinite period of time. Even those who have already moved away from the INP areas often still come back to participate in programmes and groups. Others who can no longer be classified as INP targets, such as those who arrived in Hong Kong more than one year before or who enjoy incomes beyond the CSSA level, can still receive INP services. Former INP targets who have become non-INP targets, however, should not be eligible to join programmes and groups as participants. Operating like other mainstream, membership-based community programmes, INPs do not usually take the initiative to terminate services to users. In this way, the roles of INPs and mainstream services in regard to the provision of programmes and groups have often overlapped.

To review the roles and functions, mode of service delivery, service standards,

staffing structure and funding mode of INPs and their effectiveness in meeting the changing needs of the community

6.4. To address the needs of vulnerable populations, INPs have been developed as a flexible, area-focused, target-specific and integrated mode of service providing proactive, intensive and individually-tailored support to vulnerable populations. Even though INPs are effective in meeting the FSA standards in terms of the numbers of targets reached, programmes and groups offered, and programme attendance, there are a number of issues that need to be reckoned with:

- a) Given the resource provision of INPs, the FSA requirement regarding the number of new INP targets to be identified each year is moderate. Even so, because the calculation is based on the number of persons, the FSA requirement does not actually reflect the outreaching efforts. A home visit to a single family or a household can identify several INP targets at the same time. The amount of work involved with a family of three persons would not be three times larger than that involved with a single-person household. To avoid the possible confusion involved in just counting the number of persons, FSA requirements should use family or household as a unit. Furthermore, income levels have proven to be a difficult and unreliable criterion for identifying vulnerable households.
- b) As it is difficult to separate INP targets from non-INP targets, INPs cannot simply refuse services to non-INP targets. In fact, some 35% of the targets identified were non-INP targets. Also, some 40% of the participants in groups and programmes are non-INP targets (Appendix M, Tables 12-14). Even though it may be difficult to separate INP targets from non-INP targets in outreaching efforts, it is not difficult to turn away non-INP targets from INP programmes and group services. Perhaps INPs are a bit reluctant to turn away non-INP targets or recommend them to use mainstream services to satisfy their social, recreational and educational needs. This also implies that INPs have the capacity to work with a larger target population.
- c) Intensive outreaching approaches are able to identify a handful of vulnerable families and individuals in urgent and desperate need. Figures show that only one-third to a quarter of the INP targets contacted required immediate referrals. The most common types of referrals are in regard to public housing and Senior Citizen Cards for the elderly. These are not urgent welfare needs. Figures concerning referrals related to more urgent social needs, such as financial assistance, compassionate housing and FSCs, have not been particularly high.
- d) The number of programmes and groups in INPs, as well as their attendance records, are impressive. But service statistics show that there are substantial

variations between INPs in the number of programmes, groups and volunteers used, and in attendance levels.

6.5. On the whole, INPs have a better staffing structure than other service teams of a similar nature such as PMCs, NAPs and STEs. Yet their work is focused on a much smaller territory and the FSA requirements are moderate. More importantly, INPs, unlike other outreaching programmes, have the capacity to work with a large proportion of non-FSA required targets.

To propose the termination or continuation of projects and the service in the 12 targeted areas, with necessary changes being made to the current mode of service delivery, and illustrated by detailed options, service standards, staffing structure and funding mode

6.6. After several years of rigorous outreaching efforts, there is no compelling evidence to suggest that new vulnerable populations in the INP areas will be increasing significantly to justify the continuation of INPs for another contractual period. Service statistics show that the six Phase One INPs have a declining number of identified INP targets. The Consultant Team has also considered the possibility of extending the INP areas and INP targets. Yet by extending the geographical boundaries and expanding the definition of vulnerable targets, the work of INPs would overlap more with other community-based services. Furthermore, INPs, as an independent service, would have difficulty receiving the necessary administrative, facility and operational support from mainstream services.

6.7. In addition to the abovementioned factors, which discourage the extension of INPs, other factors that warrant consideration on the future of INPs are: (i) the availability of similar mainstream services, particularly after the recent restructuring/re-engineering, which provide one-stop and tailor-made door-to-door services to target groups; (ii) the possibility of service integration with mainstream services to achieve cost-effectiveness; and (iii) the problems facing INP service recipients – admittedly no different from those facing the recipients of mainstream services – which could possibly be solved by existing service units.

Recommendation 1:

The Consultant Team recommends that INPs be terminated after their contracted operational period.

6.8. INP districts have been shown to be attractive to vulnerable populations. Over

the years, INPs have connected groups of vulnerable populations which may still need service support from time to time. It is often difficult to integrate these vulnerable population groups into mainstream services in a short time. When making the decision not to extend INP contracts, there should be adequate arrangements to ensure that the mainstream services can provide continuous service support to existing INP targets and can maintain outreaching efforts to identify new vulnerable populations.

6.9. Based on justifiable and demonstrated needs, existing INP resources should, as far as possible, be re-deployed to support mainstream services in these old urban districts. In consultation with the DSWOs in the three INP districts, it was learnt that they all recognize that there is room for mainstream services in the districts to be strengthened both in coverage and quality according to the district development plan. The basic principles for the re-deployment of INP resources are as follows:

- a) Existing INP operators may have to compete among themselves or with other NGOs, in putting forward value-added programme proposals to meet the needs of vulnerable populations in old urban districts.
- b) In particular, the mainstream services that require additional resource input may include services for families at risk and vulnerable older people. New FSAs will be required to take into consideration the changes in the nature of mainstream services.
- c) The target populations may be extended beyond the existing INP definitions and geographical boundaries according to the nature of the mainstream services.
- d) INP resources are time-limited. Even if they are used in mainstream services, these resources should continue to be based on time-limited contracts, subject to a review of the needs of users and service performance after a defined period.

6.10. In short, there should not be a standardized approach to re-allocate INP resources in the three districts.

Recommendation 2:

Based on the needs and service development plan of the INP districts, INP resources can be re-deployed to the mainstream services operated by the NGOs in old urban areas on a time-limited basis with the intention of strengthening services for families and older people. The SWD will need to further examine the resource re-deployment with reference to service needs and provision in needy old urban areas.

To identify and prioritise the needs of the three target groups and recommend appropriate levels of intervention corresponding to the needs of service users

6.11. Data from the 2001 Census (see paragraph 2.24 above) suggest that there is a high concentration of poor and vulnerable people and families living in the three INP districts. Low rents and cheap basic necessities attract low-income families and individuals to move into these areas where there is a high concentration of squalid buildings. Vulnerable populations in old urban areas face inter-related problems of inadequate housing, insufficient incomes, unsteady employment and a lack of social support. These problems are common to both mainstream service users and INP users. While certain of these vulnerable groups have been followed up by mainstream service units, some of them may not be informed of social services or may be unmotivated to seek help. With restricted social networks, they lack social support and live a withdrawn life. Through the outreaching effort of INPs, a sizeable population of vulnerable families and individuals has been identified and contacted. Some of the vulnerable populations identified are not aware of community resources, whereas others have already received mainstream services such as CSSA and community-based services. Some have already been relocated to public housing units outside the INP areas. As the referral figures indicate, only a small number of them are in a desperate situation where immediate and prompt service support is required. Most have no specific immediate welfare needs.

6.12. Therefore, the three INP target criteria, namely advanced age, new arrival status and low-income level, are not sufficient indications of vulnerability requiring intensive and continuous service support. Currently, there is a lack of an objective needs assessment mechanism to determine further the need for INP follow-up services, particularly in social, recreational, and educational programmes, and mutual help groups. Many of these INP targets can enjoy mutual help groups and receive programme support from mainstream services. Mainstream community-based mutual help groups and programme support have better facilities, staffing and volunteer support than do INPs. Mainstream services also have better professional expertise to handle problems associated with mental illness, parenting, family conflicts, and child abuse and neglect.

6.13. Among the three target groups, older people and new arrivals already have specific outreaching programmes targeting their needs. Outreaching programmes for at-risk families, notably the FSNT and IFSCs, are only just emerging. The use of door-to-door visits to identify vulnerable populations has shown not to be cost-effective if the target populations are too narrowly specified. Often, social workers have to cope with service demands from non-target populations who have demonstrated social needs.

6.14. The major concern of social workers should be meeting urgent social needs. Identified vulnerable populations should be connected to welfare, housing, and educational and health services immediately. Examples of these services include FSCs, home and day care support, financial support, job referrals and training, compassionate housing, schooling arrangement and mental health assessment. Less urgent services are public housing applications, social and recreational programmes in community centres, multi-service centres for the elderly and social centres for the elderly. For these vulnerable populations, there should be further criteria to determine their vulnerability and risk. For example, the health conditions of older people and the screening tools of IFSCs can be used to determine the need for referrals and intensive support services.

Recommendation 3:

To determine the type of services necessary to meet the needs of low-income and vulnerable populations, a more specific needs assessment mechanism and criteria are required. While INPs are able to meet the needs of vulnerable populations to a certain extent, mainstream services are in a better position to provide more comprehensive services to the general public, including the target customers of INPs.

To examine the provision of different services and their interfacing in meeting the needs of the three target groups in the locality

6.15. There are a number of standardized service provisions in the INP districts, including FSCs, PMCs/NAPs, community centres, social centres for the elderly, multi-service centres for the elderly, family life education, children and youth centres, and ITs for young people. In recent years, they have all begun to require a more proactive approach in order to identify and engage vulnerable individuals and families. Most of these services provide social, recreational and educational programmes, and organize mutual help groups for similar target groups. These community-based centres all have their own service boundaries and together cover all the districts.

6.16. As more services are proactively seeking to identify potential users, the essential issue is how these outreaching efforts can be better coordinated to achieve cost-effectiveness. The role of the DSWOs in coordinating the outreaching efforts of different service programmes becomes pivotal. Furthermore, it must be determined how individuals and families identified as having needs can be effectively referred to relevant services. Experience suggests that more effective and responsive referrals can be achieved if the outreaching units are effectively integrated into the mainstream services.

6.17. The extent of interfacing work with mainstream services varies from one INP to another. Some INPs tend to work by themselves. In addressing the multiple needs of vulnerable populations, welfare services have to develop strong partnerships with other services.

Recommendation 4:

In view of the thriving development of the outreaching work of most mainstream services targeting vulnerable populations, there is a need to strengthen the coordination of outreaching efforts of all these services within the district through district planning to achieve cost-effectiveness.

To draw up implementation plans for final recommendations or any transitional arrangements required

6.18. The six Phase One INPs will be terminated by the end of December 2002. INP operators have to work with the SWD and the DSWOs to work out how INP resources can be re-allocated. As the resources have to be based on needs and the proposed programme output and outcomes, INP operators have to prepare proposals to "bid" for resources knowing that there will be no automatic transfer of INP resources to existing mainstream services.

6.19. Operators of Phase Two and Phase Three INPs can choose to re-structure their mainstream services in the districts by terminating their INPs earlier. In so doing, they can make effective programme proposals to compete for INP resources. Or they can terminate their projects by the end of the contract period. The specific arrangements have to be worked out through negotiations between INP operators and the SWD in consultation with DSWOs.

- END -

附件 II

深水埗、油尖旺及九龍城區各項服務的綜合資料
(截至二零零二年十二月一日)

地區 服務	深水埗	九龍城	油尖旺	合共
綜合青少年服務中心	6*	6	5	17
長者支援服務隊	3	3	2	8
新來港定居人士服務中心	2	1	0	3
家庭支援及資源中心	3	0	1	4
綜合家庭服務中心	2	1	1	4
家庭支援網絡隊	1	1	1	3
合共	17	12	10	39

* 另有一間新增的綜合青少年服務中心將於二零零三年年中設立

家庭支援網絡隊服務簡介

背景

在二零零零年的福利服務政策大綱中，我們承諾推行一項銜接其他社會服務的新外展及社區網絡服務模式，加強對新來港定居人士、單親家庭及其他弱勢社羣的服務。根據這項政策綱要，社會福利署（下稱「社署」）自二零零一年起在其轄下各行政區成立 14 支家庭支援網絡隊（下稱「網絡隊」），透過外展和建立網絡以早日識別需要服務的家庭。

服務目標

2. 成立網絡隊的目的，是採用有特定對象和積極的外展方法，早日識別需要援助的人士和及早介入問題，以便回應轉變中的福利需要。

服務性質

3. 社署的策劃及統籌小組會評估所屬地區的服務需要，以便福利專員籌劃服務和與區內各有關方面協調服務。網絡隊會根據上述評估需要的結果採用各種外展模式，例如進行家訪、派發服務宣傳單張、設立地區流動服務攤位等，以便早日識別目標服務使用者。

4. 網絡隊會轉介有需要的家庭到合適的服務單位，如社會保障辦事處、家庭服務中心、醫務社會服務部和政府其他部門接受跟進服務，藉以及早介入問題。這樣，網絡隊與社署其他單位、地區團體、非政府機構，以及區內其他政府部門保持緊密聯繫，以加強服務銜接和有效轉介亟需援助人士接受合適的服務。

5. 網絡隊也動員和聯絡與亟需援助人士背景相似的義工，以鼓勵家庭[特別是那些較為被動的家庭]，接受所需服務，防止發生家庭悲劇。

服務對象

6. 網絡隊的成立，是根據有關地區評估需要的結果，為亟需援助的家庭提供服務。以下是亟需援助人士的例子：

- 失業人士
- 新來港定居人士
- 獨居長者

- 領取綜援 / 低收入家庭
- 單親家庭
- 照顧子女方面有問題或有虐兒記錄的家庭等。

人手安排

7. 每支網絡隊的人手編制會因應區內獨有的服務需要和提供的服務而有所不同。

服務表現監察

8. 社署會根據其服務文件載列已協定的服務成效及服務量水平，以及服務使用者、地區團體 / 領袖和政府其他部門等方面的意見，監察和評估網絡隊的服務表現。

9. 從服務文件的統計資料和本年七月為推行新服務模式而舉辦的分享 / 評估會中可見，網絡隊能有效達到所訂的服務目標。

主要服務統計數字

10. 14 支網絡隊由二零零二年一月至九月的主要服務統計數字載列如下：

I 透過關懷探訪或其他外展工作初次及成功接觸的亟需援助人士

接觸到的亟需援助人士		總數
(a)	單身長者	10,263
(b)	新來港定居人士	8,001
(c)	領取綜援人士	6,897
(d)	單親家庭	5,373
(e)	低收入家庭	3,504
(f)	其他亟需援助人士，如有家庭關係問題的家庭、藥物濫用者和殘疾人士等	2,937
(g)	有照顧兒童或虐兒問題的家庭	1,137
(h)	有邊緣青少年的家庭	264
(i)	露宿者	135
總數：		38,511

II 上述 (I) 表中初次或成功轉介到福利／主流服務的亟需援助人士

接收轉介的機構類別		總數
(a)	社署轄下的家庭支援及資源中心	10,425
(b)	社署其他單位	2,706
(c)	非政府機構服務單位	1,458
(d)	其他政府部門	153
(e)	其他，例如設有職業再培訓計劃的機構	207
	總數：	14,949

社會福利署

二零零二年十一月

非政府機構成立的網絡隊摘要

非政府機構	附屬於不同主流服務的綜合計劃	將設於主流服務之內的網絡隊	撥款 ⁽¹⁾			備註
			員工薪酬(百萬元)	其他費用(百萬元)	總計(百萬元)	
九龍城						
香港路德會社會服務處	路德會包美達社區中心	路德會包美達社區中心	0.517	0.050	0.567	一支網絡隊為整個何文田區提供服務。
聖公會福利協會	樂民郭鳳軒綜合服務中心 九龍城綜合青少年服務中心	聖匠堂社區中心或九龍城綜合青少年服務中心	1.034	0.100	1.134	兩個綜合計劃合併為一支網絡隊,為整個紅磡區提供服務。
油麻地						
旺角街坊福利會	陳慶社會服務中心(綜合計劃1)	陳慶社會服務中心	1.551	0.150	1.701	三個綜合計劃合併為一支網絡隊,為整個大角咀及太子區提供服務。
	陳慶社會服務中心(綜合計劃2)					
	陳慶社會服務中心(綜合計劃3)					
循道衛理楊震社會服務處	總辦事處(綜合計劃1) 總辦事處(綜合計劃2)	家庭健康教育及輔導中心	1.034	0.100	1.134	兩個綜合計劃合併為一支網絡隊,為整個油麻地區提供服務。

非政府機構	附屬於不同主流服務的綜合計劃	將設於主流服務之內的網絡隊	撥款 ⁽¹⁾			備註
			員工薪酬(百萬元)	其他費用(百萬元)	總計(百萬元)	
浸會愛羣社會服務處	陳德生紀念老人中心	佐敦老人中心	0.517	0.050	0.567	一支網絡隊為整個尖沙咀區提供服務。
深水埗						
香港明愛	深水埗護老者支援中心	深水埗家庭服務中心	0.517	0.050	0.567	服務範圍由深水埗福利專員和明愛擬定。
鄰舍輔導會	白田康齡社區服務中心	獨居長者合作社	0.517	0.050	0.567	服務範圍由深水埗福利專員和鄰舍輔導會擬定。
救世軍	荔枝角青少年中心	大坑東長者綜合服務	0.517	0.050	0.567	服務範圍由深水埗福利專員和救世軍擬定。
<u>總數</u>	12 個綜合計劃	8 支網絡隊	6.204	0.600	6.804	有關是次計劃節省的金額請參考下文附註(2)。

附註：

(1) 撥款包括員工薪酬及其他費用。

(2) 是次計劃節省的金額為 960 萬元 (即 1,642.8 萬元減 680.4 萬元)。