

Social Work in Hong Kong

Edited by

Iris Chi and Sui-kau Cheung

Hong Kong Social Workers Association

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Erratum

The editors of the book should be Iris Chi and Siu-kau Cheung (instead of Sui-kau Cheung, which appears in the book).

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Table of Content

<i>SOCIAL WORK IN HONG KONG: AN INTRODUCTION</i>	<i>1</i>
<i>SOCIAL WORK WITH FAMILIES AND CHILDREN</i>	<i>11</i>
<i>SOCIAL WORK WITH DELINQUENTS</i>	<i>24</i>
<i>OCCUPATIONAL SOCIAL WORK</i>	<i>36</i>
<i>SOCIAL WORK IN THE REHABILITATION FIELD</i>	<i>46</i>
<i>SOCIAL WORK AND MENTAL HEALTH</i>	<i>57</i>
<i>SOCIAL WORK IN HEALTH SETTINGS</i>	<i>69</i>
<i>SOCIAL WORK WITH THE ELDERLY</i>	<i>80</i>
<i>SERVICES FOR DRUG ABUSERS</i>	<i>89</i>
<i>SOCIAL WORK & SERVICES FOR OFFENDERS</i>	<i>98</i>
<i>SOCIAL WORK WITH NEW ARRIVALS</i>	<i>112</i>
<i>SOCIAL SECURITY AND POVERTY</i>	<i>119</i>
<i>COMMUNITY DEVELOPMENT: PAST, PRESENT AND FUTURE ...</i>	<i>129</i>
<i>POLITICS AND SOCIAL WORK</i>	<i>138</i>
<i>SOCIAL WORK EDUCATION AND TRAINING</i>	<i>146</i>

SOCIAL WORK IN HONG KONG: AN INTRODUCTION

Siu-kau CHEUNG & Iris CHI

Hong Kong is a city where east and west cultures meet. Among the 6.3 millions population, the majority are Chinese people. On the other hand, the social work profession, which has a western origin, has come into existence and developed to serve the Hong Kong citizens in the past forty years.

In a few decades, Hong Kong has turned from a rural and fishing port to an international cosmopolitan city. Hong Kong is now probably one of the most densely-populated urban economies in the world. It operates one of the busiest container port and airport in the world. It is a major international trade and financial centre in the world: the banking industry and the stock market are among the world's largest ones. Yet like most other developed cities, the people of Hong Kong have their needs and problems. Social work and social services have made great contributions to the care of the clients and to the prevention and alleviation of the problems. In this paper, we attempt to present an introduction of the social services in Hong Kong, the current development, and the future prospects. At the end, we highlight the chapters in the book to give our readers an overview.

A Brief History of Social Welfare in Hong Kong

The development of social welfare services in Hong Kong can be divided into two major stages: from the mid-nineteen century to pre World War II and from post World War II to the present (Chow, 1984). Before the World War II, the focus of social welfare existed to meet the urgent needs of society. The crusaders were mostly "Chinese gentlemen" who promoted the provision of welfare relief out of charity and the religious bodies. To tackle the social problems of poverty, prostitution, and child abandonment, the welfare benefits mainly focused on tangible relief and protection of the minors.

The population in Hong Kong exploded after the World War II with the influx of thousands of refugees from Mainland China. This posed a great demand for welfare services, which was also an opportunity for development of social welfare. Hong Kong at that time faced major social problems such as unemployment, housing, poverty, prostitution, abandoned children, and high crime rates. To meet these problems, the government provided short-term relief to the destitute and the less fortunate. There was no long-term plan or commitment at those times and the notion of welfare was residual in essence.

Welfare services became more diversified in the late fifties. In 1958, the Social Welfare Department (SWD) of the Hong Kong Government was established. It replaced the formerly Social Welfare Office, which was only a sub-department in the Secretariat for Chinese Affairs. There was also a burgeoning of voluntary agencies in the early sixties. In addition to those child protection agencies, there was an expansion of rehabilitation services and services for substance abusers.

The Government published its first White Paper, *Aims and Policy of Social Welfare*, in 1965. The conception of welfare was essentially residual, and the emphasis was on "encouraging and developing those social welfare services that most directly contribute to the economic

well-being of the community” (Hong Kong Government, 1965). The care of an individual in distress was considered the responsibility of the family. The White Paper states,

In Chinese tradition, social welfare measures which individuals may need on account of poverty, delinquency, infirmity, natural disaster and so on are regarded as personal matters which at least in theory ought to be dealt with by the family (if necessary the ‘extended family’). It is clearly desirable, on social as well as economic grounds, to do everything possible in Hong Kong to support and strengthen this sense of ‘family responsibility. (Hong Kong Government, 1965, p.6)

There has been a gradual development of social welfare in Hong Kong after the publication of the first white paper. Three White Papers on Social Welfare have been subsequently published, including *Social Welfare in Hong Kong: The Way Ahead* (1973), *Social Welfare into the 1980’s* (1979), and the latest one, *Social Welfare into the 1990s and Beyond* (1991). Each White Paper constitutes a landmark of the social welfare development, and the present scene of social welfare services can best be understood with reference to the latest White Paper and the other White Papers on specific fields of services.

Current Developments

At present, social welfare services have become diversified and the range of services is quite comprehensive. The responsibility for carrying out government policies on social welfare rests with the Director of Social Welfare and the SWD. However, in the delivery of service, the non-governmental sector appears to play a more significant role. Excluding the social security programme, the non-governmental sector constitutes a large proportion (about two-thirds) of the total social welfare expenses. Regarding manpower, 80% of the social service practitioners, including professional social workers, are employed by the non-governmental sector. Most of non-governmental organizations are affiliated to the Hong Kong Council of Social Service, which itself is also a government subvented organization playing the coordinating role.

Welfare services are developed within the frameworks set out in the White Paper — *Social Welfare into the 1990s and Beyond* (1991). Stated in the White Paper: the premise of social welfare in Hong Kong is that societies have an obligation to assist their members to overcome personal and social problems and to fulfil their role in life to the optimum extent in accordance with the particular social and cultural development of their society. Social welfare services should not be regarded as some form of charity but should be made available to all those who need them.

According to the SWD’s classification, social welfare services fall into seven major categories. In addition, support services such as subvention and welfare premises are provided to act as the necessary infrastructure required for effective delivery, coordination and development of other social welfare services.

Family and Child Welfare Services

The objectives of the services are to preserve and strengthen the family as a unit and to develop caring inter-personal relationship, to enable individuals and family members to prevent

personal and family problems, to deal with them when they arise and to provide for the needs which cannot be met from within the family.

A family casework and counselling service helps individuals and families deal with problems. As complements to this, a family aide service, the home help services, a demonstration and resource centre, are provided. The clinical psychological services also support the casework service by providing in-depth and professional assessment and treatment to persons suffering from psychological and behavioural problems.

On the preventive side, the family life education is a community-based service that organizes educational and promotional programmes to improve the quality of family life through the promotion of interpersonal relationship and social consciousness.

There is a wide range of child welfare services, including protective services for children, adoption service, residential care for children, and day care for children. There are other services in this category, namely, family care temporary shelter/urban hostels/day relief facilities for street sleepers and displaced bedspace lodgers, and refuges for women and children who may be victims of domestic violence and for young girls at risk.

There has also been an increased number of cases of child abuse, especially the physical and sexual abuse. These problems, which have been taboos in Chinese societies, are gaining public attention. Social service agencies are putting more efforts to promote community awareness of the issue (G.M.H. Chan, 1994). In 1995, the Working Group on Child Abuse also launched a large-scale publicity campaign and public education programmes to prevent child abuse and devised new procedures to handle child sexual abuse cases.

The SWD and the Hospital Authority both provide medical social services in public hospitals and clinics to help patients and their families deal with their personal and family problems arising from illness or disability. Since 1993-94, some major hospitals began to run Patients' Resource Centres, and social workers organize patients' self-help groups, new patients' orientation sessions, health promotion for patients, volunteer activities, resource libraries and a whole range of programmes where medical staff are involved in helping patients adjust to their disabling conditions. These services complement, rather than replace, the in-depth psychosocial support to patients offered by medical social workers (C. Chan, 1994).

Services for Children and Youth

These services target at those aged between six and twenty-four, with or without disabilities. The overall objective is to provide opportunities for and to assist young people to become mature, responsible and contributing members of society.

Social work service in all secondary schools are provided by school social workers. The service is designed to identify and help pupils whose academic, social and emotional development is at risk. It seeks to assist them to solve their personal problem and to make maximum use of their educational opportunities and prepare them for adulthood. After years of advocacy by the school social workers, the government was willing to expand the service and reached the target of one school social worker to 2,000 students by the end of 1995.

On the other hand, outreaching social work aims at helping those young people who do not normally participate in conventional social or youth activities and who are vulnerable to

undesirable influences. The social workers attempt to establish contact with these young people in the places they are known to frequent, such as fast-food restaurant, and to provide counselling, guidance and other forms of service to help them overcome their problems, develop their potential, and become socially re-integrated.

Children and youth centres constitute the largest group within these services. They are operated by NGOs, and the SWD also provides group activities in the group work units in community centres. The centres were first established in Hong Kong in the 1960s, providing material assistance, basic education, and recreation for vulnerable children from poor families. Programmes were provided to keep children and teenagers meaningfully occupied with a view to preventing them from engaging in disruptive ventures. The programmes of the centres gradually evolved with the economic, social and educational developments in Hong Kong. Activities for the personal and social development of young people have become the major programme components of the centres.

A review on Children and Youth Centre Services was conducted in 1993-94 to re-examine the operational model of the centres (Working Party on Review of Children and Youth Centre Services, 1994). Following the review, specific objectives of helping children and youth develop their sense of responsibility and social consciousness, enhancing their ability to achieve life tasks and overcome developmental crises, and helping them develop analytical and reflective thinking abilities are emphasized.

The review also brought forth a new integrated service delivery model, which was implemented in April 1995. Under this model, children and youth centres, outreaching social work, school social work, and where possible, family life education are provided by a team of social workers under one management structure. The teams are expected to adopt a holistic approach to meet young people's multifarious needs and to forestall compartmentalization and fragmentation of services. Ten integrative teams have been formed by the end of 1995, and the model will be evaluated in 1996.

Apart from the mainstream services, there are uniformed organizations, SWD youth offices, Youth award schemes, and a community support service scheme.

Services for the Elderly

The aging population of Hong Kong and the diminishing abilities of the family members to care for the elderly have posed great demand for services for the elderly in the recent years. According to the White Paper *Social Welfare into the 1990s and Beyond*, services for the elderly are planned and rendered following the principle of care in the community and by the community. The same principle was reaffirmed in the *Report of the Working Group on Care for the Elderly (1994)*. The overall objectives of the services is to promote the well being of those persons aged 60 and over in all aspects of their life.

Community support services are available to allow old people to grow old in their home environment with minimal disruption. These include home help service, multi-service centres, day care centres, and social centres. Other support services such as the employment service, transport service, respite service, outreaching services for elderly at risk are also provided.

On the other hand, with the diminishing self-care capacity of the family to care for the elderly members, residential facilities are provided, such as care-and-attention homes, homes

for the aged, and self-care hostels. These services are thought to form a continuum of service so that different services can be provided for different types of clients, ranging from those who can care for themselves independently with minimum supervision to those who are frail or bedridden.

However, the inadequacy of these services was revealed when more than thirty elderly people died due to the cold weather in early 1996. It is estimated that there are at present more than ninety thousand elderly people living alone in Hong Kong, and more than half of them are dependent on social security assistance. The needs of the old people in Hong Kong, despite the existence of the services, are evident. Social workers have urged for the expansion of services to help the elderly living alone, especially elderly outreach. The response from the government is still uncertain.

Services for Offenders

The overall objective of services for offenders is to use social work approach to implement the court's directives in the treatment of offenders with the aim of reintegrating the offenders into the community. The SWD is responsible for carrying out the majority of these statutory duties.

Probation applies to offenders of all age groups from seven years upward. Probation officers conduct investigations into the background and family environments of offenders as the court may direct, and of prisoners who sentences are being considered for reduction. They also supervise the offenders in complying with the requirements of the probation order.

The community Service Orders Scheme is a community-based initiative with punitive and rehabilitative objectives. Upon the court's decision, it requires a person of over 14 years of age to perform unpaid work of benefit to the community for a number of hours, and to receive counselling and guidance from a probation officer. There has been an increase in the use of the scheme by magistrates over the past few years.

The SWD also operates seven residential institutions, in which educational, prevocational and character training are provided to assist juvenile offenders to return to the community as law-abiding citizens. Besides the department, two subvented non-governmental organizations also provide hostel, employment, casework and volunteer services to help ex-offenders and young people with behavioural problems reintegrate into the community.

In the later half of 1994, a pilot community support service known as the Community Support Service Scheme was introduced. It provides community service projects, job training packages and counselling groups for young offenders to stimulate their interest in school or in work and to develop their social skills. The effectiveness of the service will be evaluated in 1996.

Rehabilitation Services

Policies on rehabilitation are based on the 1995 White Paper on Rehabilitation entitled "*Equal Opportunities and Full Participation: A Better Tomorrow for All*". Rehabilitation services are provided by a number of government departments (the SWD, the Education Department, the Department of Health, the Hospital Authority, the Transport Department, the Labour Department, the Vocational Retraining Council, Employees' Retraining Board) and the non-

governmental organizations. The overall objective is to promote and provide such comprehensive and effective measures as are necessary for the prevention of disability, the development of the physical, mental and social capabilities of people with a disability, and the realization of a physical and environment conducive to meeting the goals of their full participation in social life and development, and of equalization of opportunities.

The scope of rehabilitation services is very wide. Current activities include pre-school care and training, residential care for disabled children, occasional child care, vocational rehabilitation (sheltered workshop and supported employment), special training for disabled persons (day activity centre, home-based training programme, activity centre for discharged mental patients), residential services, social and recreational centres, transport and access, support services (central para-medical support service, central psychological support services), home help service, counselling service, supervisory support for rehabilitation services, and parents resource centres for disabled persons.

The idea of self-help has received attention in recent years, especially in the rehabilitation field. Community rehabilitation networks have been formed among persons with chronic illness. Though there is some evidence of the positive effects of the service, the government has not totally committed to the development of such services.

The attitude of the community towards the disabled persons is a significant factor influencing the development of rehabilitation services. In spite of the efforts spent in recent years by the government and the non-governmental organizations to combat discrimination against the disabled people, community resistance can still be so strong as to delay the setting up of rehabilitation centres for people with disabilities.

Community Development

The overall objective of community development is to promote social relationships, to develop a sense of self-reliance, social responsibility and cohesion within the community, and to encourage the participation of individuals in solving community problems and improving the quality of community life.

Activities provided by the SWD falling in this category includes community centres, which provide residents with a venue for community functions and also house a wide range of welfare services, e.g., children and youth programmes. The SWD also operates a group work unit in each of the community centres and estate community centres providing group work service for people of all ages and particularly those with welfare needs. In these group work units, family activity and resource centres have been set up to provide drop-in services, guidance programmes, and mutual help groups.

On the other hand, the NGOs are subvented by the SWD to operate Neighbourhood Level Community Development Projects (NLCDP). Social workers in these projects provide service to the residents living in physically deprived areas. Unfortunately, in contrast to the other social welfare services, the NLCDPs have been shrinking owing to diminished government support.

Social Security

Social security is provided in Hong Kong to meet the basic and special needs of the members in the community who are in need of financial or material assistance. The key

elements include the Comprehensive Social Security Assistance (CSSA) Scheme and the Social Security Allowance Scheme, which are administered by the SWD. These schemes are non-contributory but means-tested. Assistance is given broadly under two types: (1) different standard rates for broad categories of recipients to cover essential expenditure in everyday life; and (2) a range of special grants to meet the special needs of individual recipients or families such as rent, travelling expenses, school-related expenses and medically-recommended diet. They are supplemented by three other schemes: the Criminal and Law Enforcement Injuries Compensation Scheme (introduced in July 1993 to replace the former Public Assistance Scheme), the Traffic Accident Victims Assistance Scheme and Emergency Relief. Among the beneficiaries of the CSSA Scheme, the majority are the elderly people, the sick, and the disabled. The major part of social welfare funds are consumed by the social security in Hong Kong.

Strategies for the Development of Social Welfare

The *Five Year Plan Review* (1995), which is essentially a working document for implementation of welfare services, lists a number of strategies that have major implication for the delivery of welfare services. These include (1) supporting the family unit, (2) social networks, (3) integration of service delivery, (4) more flexible and innovative approaches, (4) public education and publicity, (5) community involvement and volunteer services, (6) self supporting services, and (7) participation by employers. Among them, the first three deserve particular attention, because they have great bearings on the development of the service delivery in the recent years.

1. Supporting the family unit: The government emphasizes the role of the family in providing care, mutual support and emotional security to its members. The stated objective is to preserve and strengthen the family rather than to replace it, and enhance its functioning as a coherent unit in providing support and care to its members. This principle is evident in the operation of the services for children and families.
2. Social networks: The government also emphasizes the role of social networks in providing care and support to those in need. The focus is, on one hand, on the strengthening of existing networks by providing support, concrete help, guidance and training, and on the other, on promoting new social networks through systematic community education, publicity and active facilitation by Government and NGOs. The idea has been accepted and incorporated in rehabilitation services, services for the families, and community development services.
3. Integration in service delivery: The service delivery pattern in Hong Kong has been criticized as fragmented, duplicated, rigid, and unresponsive (e.g., Yuen, 1992). The government suggested the integrated approach and conceived that it will provide clients with a more convenient access to a wide range of services and enable more flexible and cost-effective use of available resources. Better coordination among different services or integration through providing a range of services by a single agency are both encouraged. The integrated team in the services for young people is an example in this direction.

Though social welfare in Hong Kong has obtained financial support from the government in the last few decades to achieve a certain extent of development, they are anticipating threats as the government has commissioned consultants to conduct an 18-month review of the social welfare subvention system. The consultants have recommended to establish service

quality standards, which consist of four service principles, 19 standards, and 79 criteria. Funding and service agreements will be set between the SWD and the units of an agency, and the funds available to the agency will be contingent on the performance of the units. So long as an agency is able to fulfil these standards, the agency has the flexibility to employ staff at whatever social welfare ranks and with salary determined by the agency. The SWD emphasizes the merits of the system: greater flexibility and better accountability, whereas the social workers of the NGOs are worried that the staffing standards, the integrity of the social work profession, and the quality of service will be sacrificed. The system is still under consultation, and the decision will have great impact on the service delivery and the manpower systems in Hong Kong.

The Way Ahead

In about a year's time, Hong Kong will be transformed from a British colony into a Special Administrative Region of China. As stipulated by the Basic Law, Hong Kong after 1997 will still enjoys autonomy in formulating its own welfare policy. As Chow (1995) has pointed out, there has been significant changes in various areas of social welfare in the last decade. These have been developed in line with the dominant "reluctant collectivist" welfare ideology that stresses both the self-reliance of the people and the responsibility of the government to take care of those in need. It is likely that social welfare in Hong Kong will develop along this line whereas the possibility of becoming a "welfare state" in the Western style after 1997 is low.

Organization of the Book

We are glad to have a group of social work scholars in Hong Kong to contribute to this book and introduce the social work and social welfare services to international readers. The coverage is not comprehensive, but the chapters represent the major services and innovative attempts of social work services in Hong Kong.

In the chapter "*Social Work with Children and Families*," Mrs. K. Young examines the different services under this category and discusses the demand for services to help families to cope with emergent needs and problems.

Dr. Patricia Gray's chapter on "*Social Work with Delinquents*" traces the development of the Hong Kong juvenile justice system, explores the changing perception of crime and its influence on the delivery of social work services to "youth at risk" and delinquents.

In the chapter "*Occupational Social Work*," Mr. Andy Y.L. Fong and Dr. Angelina W.K. Yuen-Tsang present the background and development of occupational social work in Hong Kong, and the cultural considerations and the critical issues related to this kind of social work practice.

Three chapters on health and disability present the range of social work services for those suffering from a disability, mental illness, or other health problems. Mr. S.H. Kong's chapter on "*Social Work in the Rehabilitation Field*" introduces the role of social workers in helping persons with a disability in the light of the changing concepts of disability and rehabilitation. In a complementary chapter "*Social Work and Mental Health*," Dr. K.F. Chan reviews the development of the psychiatric services, emphasizing the social workers' role in

medical and social rehabilitation services. On the other hand, Dr. Cecilia Chan discusses the Chinese conception of health and illness, and examines the social workers' role in health care and community rehabilitation in the chapter on "*Social Work in Health Settings*."

Like most other countries, Hong Kong has an aging population. Dr. J.J. Lee in the chapter "*Social Work with the Elderly*" reviews the development of the social services for the elderly and urges for a better quality of service for the clients.

Two chapters focus on social work to tackle the substance abuse and crime problems. Mr. Billy Ho presents the drug scene and the service needs in Hong Kong in "*Services for Drug Abusers*," and introduces existing services and new initiatives to help preventing the problem and rehabilitating drug abusers. In another chapter "*Social Work and Services for Offenders*," Mr. W.T. Chan reviews and discusses the philosophy and provision of social work services for offenders offered by the SWD.

During this late-transitional period, Hong Kong has experienced a mass influx of new immigrants from Mainland China. Professor Nelson Chow and Miss K.M. Ho give an account on the fears and experiences of the new arrivals, and discuss the services needed to help them make adjustments in the chapter "*Social Work with New Arrivals*."

Dr. Raymond Ngan takes a critical view to the social security system in the chapter "*Social Security and Poverty*," and argues that the current Comprehensive Social Security Assistance scheme can only help the poor to subsist at a minimal level.

Dr. Joe C.B. Leung, in the chapter "*Community Development: Past, Present and Future*," reviews the development of community development services in Hong Kong, and discusses the future of the services after 1997.

With the changing political systems in Hong Kong, more social workers become active in participating in political activities. Mr. H.L. Fung in the chapter "*Politics and Social Work*" reviews the development in the last decade, and discusses the battle over welfare resource allocation in the political context.

Finally, Dr. C.K. Law in the chapter "*Social Work Training and Education*" reviews the development of social work training and education in the past few decades, and look forward to a more localized social work training in the future.

Concluding Remark

Social work in Hong Kong as well as its contexts are changing and developing. On one hand, the social work profession is maturing and a system of social services for various clientele has been established. On the other hand, new needs are emergent, and the return of sovereignty in 1997 presents a challenge to social welfare and the social work professions. We hope that with the indigenization of social work practice and the internationalization of the profession, social work in Hong Kong can keep growing and thriving in the future!

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SOCIAL WORK WITH FAMILIES AND CHILDREN

Katherine P.H. YOUNG

From Family Responsibility to Community Obligation

In the first White Paper on the 'Aims and Policy of Social Welfare' in Hong Kong, the government placed "priority on social welfare services that directly contribute to the economic well-being of the community" (1965, para 6). The individual in distress was seen as the responsibility of the family. The central position occupied by the family in Chinese tradition placed it as the primary unit of responsibility in terms of welfare provision for the individual. On this basis, the same White Paper of 1965 states:

In Chinese tradition, social welfare measures which individuals may need on account of poverty, delinquency, infirmity, natural disaster and so on are regarded as personal matters which at least in theory ought to be dealt with by the family (if necessary the 'extended family'). It is clearly desirable, on social as well as economic grounds, to do everything possible in Hong Kong to support and strengthen this sense of 'family' responsibility. (Hong Kong Government, 1965, 7(c))

Since then, the government has increasingly accepted a direct responsibility for welfare provision, and certain welfare provisions are now seen as a community responsibility. There is also a clearer recognition and awareness of social changes that have affected the shape of the nuclear family. In this regard, the development of social service provisions in Hong Kong in recent years has followed patterns set in developed communities elsewhere.

When we turn to the particular provisions made for families and children, it could be said that the government's earlier readiness to rely on Chinese tradition was not misplaced, for the concept of the family as occupying a special role has not been lost. At the present time, particularly in the context of international interest in reaffirming the centrality of the family, the special role of the family in the helping process is still maintained where possible.

In 1991, the fourth and latest White Paper on social welfare - *Social Welfare into the 1990s and Beyond* - states:

Hong Kong...accepts an obligation to assist...members to overcome personal and social problems and to fulfil their role in life to the optimum extent in accordance with the particular social and cultural development of their society. (Hong Kong Government, 1991, 13)

The White Paper then goes on to specify the way in which this obligation is to be met:

The overall objectives of family welfare services are to preserve and strengthen the family as a unit to develop caring interpersonal relationships, to enable individuals and family members to prevent personal and family problems and to deal with them when they arise and to provide for needs which cannot be met from within the family. With these objectives in mind, support services have been developed to assist families when they are unable to discharge their caring and protective functions satisfactorily. (p 19 para 2)