

Copyright Undertaking

This thesis is protected by copyright, with all rights reserved.

By reading and using the thesis, the reader understands and agrees to the following terms:

1. The reader will abide by the rules and legal ordinances governing copyright regarding the use of the thesis.
2. The reader will use the thesis for the purpose of research or private study only and not for distribution or further reproduction or any other purpose.
3. The reader agrees to indemnify and hold the University harmless from and against any loss, damage, cost, liability or expenses arising from copyright infringement or unauthorized usage.

If you have reasons to believe that any materials in this thesis are deemed not suitable to be distributed in this form, or a copyright owner having difficulty with the material being included in our database, please contact lbsys@polyu.edu.hk providing details. The Library will look into your claim and consider taking remedial action upon receipt of the written requests.

**A Critical Study of
Social Work Management,
with particular reference to
the Moral Dimension of Social Work Practice**

**by
CHAN Kun Sun Joseph**

**A Thesis submitted in
partial fulfilment of the requirements for
the Degree of Doctor of Philosophy
at the Hong Kong Polytechnic University**

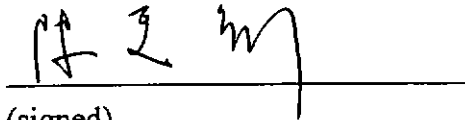
**Department of Applied Social Sciences
THE HONG KONG POLYTECHNIC UNIVERSITY
April 2003**



**Pao Yue-kong Library
PolyU • Hong Kong**

CERTIFICATE OF ORIGINALITY

I thereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it reproduces no material previously published or written nor material which has been accepted for the award of any other degree or diploma, except where due acknowledgement has been made in the text.



(signed)

CHAN Kun Sun Joseph

(Name of Student)

Abstract of thesis entitled “A Critical Study of Social Work Management, with particular reference to the Moral Dimension of Social Work Practice” submitted by CHAN Kun Sun Joseph for the degree of Ph.D. at the Hong Kong Polytechnic University in April 2003.

This is a study using the critical hermeneutic perspective to understand social work management, with particular reference to the moral dimension of social work practice.

In recent years, managerialism has become a dominant approach in social work and social administration. In focusing on the questions of “cost-effectiveness” and “value for money”, the managerialist approach believes that better social services would be provided by improving the way social service organizations are managed. Solving social problems thus becomes equivalent to providing social services in an effective and efficient way. The practice of social work is understood mainly at the level of skills and techniques. The helping relationship between the client and the social worker is seen as if it is a business-like market-exchange relationship. Notions of social work practice, such as “self-determination” and “empowerment”, are re-conceptualized in market terms. And the client is seen as if s/he is a “customer”. In such a way, the moral dimension of social work practice is concealed. The present research basically develops against such background. In contrast to the managerialist business model of social work practice, this research uses the critical hermeneutic approach in conceptualizing “social work as moral practice”. In this way, the moral import of social work concepts, such as “self-determination”, “empowerment”, and “client participation” may be better understood.

This study begins with a reflection on the limitations of the managerialist approach in understanding social work practice, especially with

respect to the notion of “social work as moral practice”. But it should be noted that this is not to deny the importance of good management in social work, rather it attempts to show that a deeper understanding of social work practice must refer to the moral aspect of the discipline. In order to understand how social work practice is influenced by both the managerial requirements and its moral values, Jurgen Habermas’s “system-lifeworld” perspective would be used as the main theoretical guidelines for the present study.

This study adopts the method of semi-structured in-depth interviews for collecting data. The interviewees were selected from three different groups, namely the agency heads of the social service organizations, the social work supervisors, and the front-line social work practitioners. Implications of using critical hermeneutics in understanding social work management will be outlined and discussed accordingly.

Acknowledgements

A few years ago, I joined a self-help group. It was a mutual-support group where I could find support in bearing the burden of being a carer. But later, when I volunteered to become a member of the executive committee, I was shocked by the heavy workload. The executive committee was doing a lot of work. This included organizing public talks, participating in exhibitions, publishing newsletters, and so on. These activities were organized to attract public attention, so that more people would be interested in joining the self-help group. It was argued that by having a large membership, the self-help group would have a say in public affairs, and could have some influence on the making of social policy. In order to organize these different activities, it was necessary to apply for sponsorship. The executive meetings were being taken over by various administrative tasks, such as writing the proposals, the progress reports, and so on.¹ The members of the executive committee were burning themselves out. Disagreements and conflicts among the committee members appeared. Instead of mutual support, I saw conflicts. I wondered what had gone wrong.

I am grateful to Prof. Yuen Sun Pong, my supervisor, for having taught me Jurgen Habermas's theory of communicative action. Habermas's theory is an insightful theoretical framework in understanding how the administrative system is able to erode our meaningful moral lifeworld. Habermas's theory also points out the significance of the moral foundation in our everyday social life. Hence, I attempted to study social work management from the moral dimension of social work practice in the present research. Besides, I have to thank Prof. Yuen for his

¹ This is similar to what Ricardo Blaug says in "Distortion of the Face to Face: Communicative

support in my research work. Without his great patience and encouragement, I would not have been able to continue my post-graduate study.

I am grateful to my classmates. Cheng Yuk Tin, Ho Yuk Ying, and Chan Wai Ying generously shared with me their respective views on the nature of social work. Wong Kit Mui reminded me of the significance of “managerialism” in the recent social welfare reforms. Wan Tak Shing, Li Jing and many other classmates gave me support and encouragement when I was feeling low and frustrated in my study.

I am grateful to all my interviewees. I cannot mention their names here, in order to protect their privacy and confidentiality. They have given me their precious time in letting me understand their experiences and their views on social work management and its underlying moral meanings.

I thank my wife, Chan Wai Chu, for supporting me to study for a research degree. Besides, I am grateful to her for having tolerated my bad temper and negligence, especially when I was concentrating on my own research.

Last but not least, I thank my father and mother, without whom I would not have been born in this world.

CONTENT

Chapter One	<u>Introduction</u>	1
I.	Management Reforms in the Welfare Sector	6
Chapter Two	<u>Theoretical Framework</u>	17
I.	Conceptualizing the Moral Dimension of Social Work Practice	17
A.	The Moral Aspect of Social Work	18
B.	The Predicament of Social Work under Managerialism	28
C.	The Tradition of Social Work	32
II.	Purposive Rationality in Managerialism	41
III.	Jurgen Habermas's Theory of Communicative Action	44
A.	Communicative Rationality	44
B.	The "System-lifeworld" Perspective	47
IV.	Guidelines for the Present Research	52
A.	The Notion of "Social Work Management"	52
B.	The Notion of "Empowerment"	55
Chapter Three	<u>Research Method</u>	58
I.	Selection of Sample	58
II.	Data Collection	62
III.	Background of the Informants	65
IV.	Limitations of this Research	66

Chapter Four	<u>Findings</u>	69
I.	Moral Orientations of the Social Welfare Agencies in the Psychiatric Rehabilitation Setting	69
	A. Therapeutic Community	69
	B. Client Participation	92
II.	Government Control Over the Welfare Agencies	100
	A. Staffing Standard of the Halfway House	101
	B. Government Subvention and the Notion of “Cost-Effectiveness”	127
	C. Monitoring Social Services	146
III.	The Social Work Professional Community	177
	A. Difficulties of Having Genuine Discussions among the Agencies	179
	B. The Problem of Reflective Learning	197
IV.	Management in Practice	203
	A. Management as Empowering the Subordinate Staff: Brian	204
	B. The Officer-in-charge is a “Lonely” Post: Jessica	235
	C. Management as Building up the Team Spirit: Clement	251
V.	Client Participation	274
	A. Participation in One’s Own Rehabilitation	275
	B. Participation in the Running of the Halfway House	289
	C. The Social Concern Group	301

Chapter Five	<u>Data Analysis</u>	311
I.	Does Managerialism Lead to the Colonization of the Moral Lifeworld of Social Work Practice?	319
A.	Complaining about the Inflexibility of the Old Welfare System	320
B.	The New Welfare System	328
C.	The Moral Lifeworld of Social Work Practice	335
D.	Colonization of the Moral Lifeworld	345
II.	Conceptualizing the Client's Well-being from a Social Work Perspective	350
Chapter Six	<u>Conclusion</u>	367
I.	Some Concluding Remarks	367
II.	Implications for Policy, Practice and Research	375
Bibliography		378

Chapter One: Introduction

Changes in social policies have brought about tremendous impact to the practice of social work in Britain, the United States and countries in western societies. Following the decline of the welfare state and the rise of the New Right, social welfare is no longer seen as the foundation of an ideal society. On the contrary, social welfare has been considered as the cause for economic downturn. The government, in providing social welfare, is regarded as having interfered and distorted the normal functioning of the market. Only a free market system can distribute societal resources effectively and efficiently.¹ In order to avoid weakening the work motivation of the poor, the government tightens the eligibility for unemployment benefits, and tries every means to lure the unemployed back to the labour market. Efficiency of public organizations has also been questioned. It is alleged that the employees of the public organizations have in their minds only the wishes of the politicians and the government officials, ignoring totally the needs of the citizens. They only take care to adhere to the bureaucratic rules and procedures, taking no notice of their clients'

¹ See John Clarke, *New Times and Old Enemies: Essays on Cultural Studies and America* (London: HarperCollins Academic, 1991), chap. 5, 6.

demands.² The New Right suggests that the public organizations should implement the market orientated management practices of the private organizations. Only in this way changes can be made with regard to the bureaucratic public organizations and quality customer-centered services can be provided effectively and efficiently.

Faced with the afore-mentioned changes in social policies, management reforms in social welfare agencies have become imminent. It is assumed that improvement in the management system will naturally bring about better quality social services. These quality social services will be provided to the socially marginalized. Social problems will be solved. This “set of beliefs or practice, at the core of which burns the seldom-tested assumption that better management will provide an effective solvent for a wide range of economic and social ills” is called “managerialism”.³ If we use the “means-end rationality” framework to analyze “managerialism”, we can find that “managerialism” only places emphasis on improving the efficiency of the “means”. It pays little attention to the rationality basis of the “end”. It may be argued that the social welfare agencies have already had pre-set and clear goals, that is, to work for the

² See David Osborne & Ted Gaebler, *Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector* (Reading, MA: Addison-Wesley, 1992).

³ Christopher Pollitt, *Managerialism and the Public Services: Cuts or Cultural Change in the 1990s?* 2d ed. (Oxford: Blackwell, 1993), 1.

well-being of the socially disadvantaged, and to provide social services to meet the society's needs. These goals seem to be clear, non-disputable and self-evident. No one will query them and ask whether these goals are reasonable, or acceptable as morally "good" goals. Nevertheless, the non-mainstream social work approaches argue that it would be naïve to conceptualize social work as merely the taking care of the well-being of the socially disadvantaged. It is argued that by providing social work, the government is able to control the socially marginalized and to gain its ruling legitimacy and authority.⁴ Hence, it is important to note how a social worker's perspective (e.g., Marxist perspective, or psychotherapeutic perspective) affects his/her understanding of the client's well-being. From the mainstream perspective, the social worker would conceptualize the client's problem as mainly an adjustment problem to society.

Helping a client means helping him/her to re-integrate into the mainstream

⁴ The non-mainstream social work approaches mentioned here include the Marxist influenced radical social work approach and the Foucauldian influenced social work approach. Radical social work academics criticize mainstream social work for dealing with the client's problem only from the personal level while ignoring the unjust social structure, especially the capitalist exploitation of the poor. In stabilizing the status quo, mainstream social work can only lessen the client's pain without really solving the client's problem. See Roy Bailey & Mike Brake, eds., *Radical Social Work* (London: Edward Arnold, 1975); Roy Bailey & Mike Brake, eds., *Radical Social Work and Practice* (London: Edward Arnold, 1980); Robert Mullaly, *Structural Social Work*, 2d ed. (Toronto: Oxford University Press, 1997). Critiques of mainstream social work made from the Foucauldian perspective are more fundamental than those made from the radical social work perspective. Radical social work academics still upholds the social work values of "social justice", "fighting for the well-being of the marginalized" when criticizing mainstream social work (as "unfaithful angels") for not practicing these values. They do not query the rationality of these social work values. See Harry Specht & Mark E. Courtney, *Unfaithful Angels: How Social Work has Abandoned its Mission* (New York: The Free Press, 1994). But from the Foucauldian perspective, it will be queried whether these social work values are, in fact, a more subtle manifestation of power. See Leslie Margalin, *Under the Cover of Kindness: The Invention of Social Work* (Charlottesville and London: University

society. On the other hand, a social worker taking the radical perspective would tend to conceptualize the client's problem as arising from the social structure. Helping the client implies changing the social structure. In other words, from a non-mainstream perspective, the presumed "goals" in mainstream social work should not be taken-for-granted, but should be queried and reflected upon. This shows the difficulties in defining the goals of social work. Such difficulties have been taken too lightly in "managerialism". In stressing the importance of effectiveness and efficiency, the reasonableness and necessity of the goals of mainstream social work have also been assumed and consolidated. In the following pages, I will discuss the limitations of the managerialist approach in understanding social work practice. This is not to deny the importance of management in social work, or to object to management reforms in social welfare agencies. Rather, I would like to point out that apart from "efficiency", it is necessary to reflect on the rationality basis of the goals of social work practice. In other words, reforming social work cannot remain at the technical level of pursuing "efficiency" or "cost-effectiveness" while ignoring the value basis of social work practice.

If our attention is given exclusively to the questions of "efficiency" and

“cost-effectiveness”, the understanding of social work practice as merely “technical skills” will be reinforced. The notion of “social work as moral practice” will be overlooked. As understood by the present writer, the meaning of “moral practice” is not limited to the constraints placed by the professional code of ethics on the social workers at work. It means that social work practice in itself has already embodied certain moral ideals, such as equality, social justice and so on. From the perspective of radical social work, these moral ideals even imply a critique of the contemporary society, e.g., the capitalist society. It cannot be denied that there are moral ideals in mainstream social work, such as “social justice” and “a caring society”. However, the stress on the professional code of ethics, such as “client self-determination” and “non-judgemental attitude”, makes mainstream social workers take a “value-neutral” attitude towards the clients. And no value critique will be made towards the contemporary society. The ideal of “striving for social justice” has become more like paying lip service.

Recently, social work academics have noted two crises faced by the social work discipline. First, there is an internal crisis arising from the uncertain state of the knowledge base of the social work discipline. Is social work a science or an art? If social work is not a science but an art, are social work theories still valid and reliable? If social work concepts (such as social justice) are limited by its

social and cultural context, how can any critiques of the contemporary society be made?⁵ Second, there is an external crisis arising from the rapid changes in the social environment in which social work is situated. As previously mentioned, the rise of the New Right has brought about enormous changes to social policy and the welfare system. When the market system and “managerialism” are predominant in the welfare sector, social work is being forced to strive for efficiency. The social workers are facing more working pressure as well as being more easily exploited. But there is a more searching question. Does this mean that social work has to abandon its moral ideals or the search for its mission, and become lost as a result?⁶ In the following pages, I will discuss the second question more deeply. I will try to find out whether it is still possible for social work to pursue its moral ideals under the impact of “managerialism”? And if this possibility exists, what would this mean?

I. Management Reforms in the Welfare Sector

In the 1990s, there have been a number of publications that describe the

⁵ See Peter Camilleri, “Social work and its search for meaning: Theories, narratives and practices,” in *Transforming Social Work Practice: Postmodern critical perspectives*, ed. Bob Pease & Jan Fook (London and New York: Routledge, 1999), 25-39.

⁶ See Gary Hough, “The organisation of social work in the consumer culture,” in *Transforming Social Work Practice*, ed. Pease & Fook, 40-54; and Mark Lymbery, “Social Work at the

different ways of introducing the business management methods to the social welfare agencies. For example, how to implement “quality management” in social welfare agencies? Or, how to obtain the ISO9000 series international quality management certificates?⁷ From the social welfare agency’s perspective, we may be more concerned with the means of attaining the “quality standard” when it is implementing “quality management”,⁸ which has become the common trend in the social welfare sector. When a social welfare agency gets public resources from the government to provide its social services, it has the public accountability to ensure that the resources are used effectively and that it exercises sufficient flexibility to respond to the changes in the social environment (such as the needs of the clients). It has to ensure that the services provided have the adequate “value for money”, and such “quality services” are

Crossroads,” *British Journal of Social Work* 31 (2000), 369-384.

⁷ Examples in Hong Kong include: Weikang Liang, *Management and Practice in Social Welfare Organizations* (Hong Kong: Ji xian she, 1990) (in Chinese) 梁偉康,《社會福利機構行政管理與實踐》(香港:集賢社,1990); Weikang Liang and Yuming Huang, eds., *New Directions in Social Work Management* (Hong Kong: Ji xian she, 1994) (in Chinese) 梁偉康、黃玉明編,《社會服務機構管理新知》(香港:集賢社,1994); Minglian Zhuang, Hongtao Chen and Weikang Liang, *The Setting Up of the Service Quality Standards and the Monitoring System for Social Service Organizations* (Hong Kong: s.n., 1997) (in Chinese) 莊明蓮、陳洪濤、梁偉康,《社會服務機構質素標準的制訂和監察機制之建立》(香港:鷹聯管理叢書,1997)。

⁸ In Hong Kong, books have been published on the methods and experience of implementing “quality management” in social service organizations. See Hong Kong Sheng Kung Hui Welfare Council, *Milestone in the 21st Century Social Service: Essays on Quality Management* (Hong Kong: Hong Kong Sheng Kung Hui Welfare Council, 1999) (in Chinese) 香港聖公會福利協會,《21世紀社會服務新里程:優質管理文集》(香港:香港聖公會福利協會,1999); Xianglin Li, Deji Qiu and Fuyi Zeng, *Organizational Change: Insights from the Hong Kong Association for the Aged* (Hong Kong: Ming Bao, 2000) (in Chinese) 李祥麟、仇德基、曾福怡,《變革現生機:耆康會給企業管理的啓示》(香港:明報出版社,2000)。

“service-user oriented” or “customer oriented”.⁹ However, can we assume that questions about the proper management of social welfare agencies are only technical questions? Can a particular management method be considered good merely because it can provide cost-effective quality social services? And can such management methods be applied to both business organizations and social welfare agencies?

From a Marxist perspective, management in a profit-making business organization is concerned not only with the division and the coordination of labour, so that production effectiveness and efficiency can be achieved. Rather, management is involved with the power relationship and the exploitative relationship between the employer and the employees. This gives rise to the question of whether management is morally acceptable. For the sake of convenience in the present discussion, let us assume that management is just a means or some technical skill to attain the organizational goal. It is not involved with any power or exploitative relationships.¹⁰ And both the business

⁹ Reasons given to support the implementation of “quality management” in social service organizations can be found in Weikang Liang, *Management and Practice in Social Welfare Organizations*, chap. 1 (in Chinese) 梁偉康, 《社會福利機構行政管理與實踐》, 第一章。

¹⁰ Most academics consider the study of management as a technical discipline, which is value-neutral. However, some academics point out that it is necessary to be extremely cautious to the claim that organizational theories and management science are value-neutral. For example, Michael Reed clearly notes that management is not value-neutral technical skill, but is involved with the unequal power relationship between the manager and the employees and the exercise of power. See Michael Reed, *The Sociology of Management* (Hemel Hempstead: Harvester Wheatsheaf, 1989). Mats Alvesson points out that we need to reflect upon and criticize the technocratic consciousness embodied in the organizational theories. See Mats Alvesson, *Organisation theory and technocratic consciousness: rationality, ideology and*

organization and the social welfare agency make use of effective means to attain their respective goals. In this case, can we discern the differences between the business organization and the social welfare agency? A significant difference is their respective different organizational goals. Business organizations aim at profit making, which is clear-cut and non-disputable, and the outcome is easily measurable. The organizational goal of social welfare agencies is to take care of the client's well-being, which is more ambiguous. Different social workers may have very different understandings of the meaning of "the client's well-being".¹¹ This gives rise to other controversial questions. For instance, when a social worker joins in with the clients to participate in some social action activities, is this social worker being "unprofessional"? Has the social worker "not followed the professional code of ethics"? Given the fact that the goal of the social welfare agency is so unclear and ambiguous, and that there may be different understandings of the goal with respect to different social workers, how can a

quality of work (New York: de Gruyter, 1987). And there are attempts, based on the critical theory of the Frankfurt School, to reflect upon and criticize the discipline of management. See Mats Alvesson and Hugh Willmott, *Making Sense of Management: A Critical Introduction* (London: Sage, 1996).

- ¹¹ A social worker may conceptualize the client's problem as a personal problem, and utilize a psychotherapeutic-based social work intervention model to help the client re-integrate into society. Another social worker may conceptualize the client's problem as the result of being socially dominated by the distorted society, and try to build a more just society by social action and by changing the social structure. Which of the two social workers has a better understanding of the client's problem? This is an extremely complicated question. It does not only involve the explicit theoretical framework with which the social worker uses to conceptualize the client's problem. It also involves the social work ideals, or values, that remain unarticulated but taken-for-granted by the social worker in his/her social work practice. For a reflection from a radical perspective on whether contemporary American social work has died and given up its original mission of serving the poor, see Specht & Courtney, *Unfaithful*

clear definition of “quality service” be worked out?¹² If the above arguments are convincing, we may ask ourselves what exactly “effectiveness” and “value” mean, when the social welfare agencies are striving for “cost-effectiveness” and “value for money”? Are “effectiveness” and “value” conceptualized from the management perspective, or rather from the perspective of the client’s real interest?

With respect to the history of social welfare development, “quality management” and “quality service” were only introduced to the social welfare agencies in Britain and America in the 1980s. The Hong Kong social welfare agencies followed suit to introduce “quality management” in the mid-1990s.¹³ On the one hand, this is a result of scholars’ initiatives to introduce “quality management” to the social welfare agencies.¹⁴ On the other hand, in 1995, the Hong Kong Social Welfare Department contracted an international management consultant firm, Coopers & Lybrand, to set up the 19 Service Quality Standards

Angels.

¹² With respect to the problem of defining “quality” in social work, see Robert Adams, *Quality Social Work* (London: Macmillan, 1998); N. Pfeffer and A. Coote, *Is Quality Good for You?* Social Policy Paper no. 5 (London: Institute for Public Policy Research, 1991).

¹³ For example, in March 1996, Mr. Peter Chan was invited by St. James’ Settlement to be the consultant in establishing the Total Quality Management System. In 1996, Hong Kong Sheng Kung Hui Welfare Council began to implement Total Quality Management.

¹⁴ For example, Weikang Liang has written a few books for managers working in social welfare agencies, explaining the importance and the methods of implementing “total quality management” in social welfare agencies. See Liang, *Management and Practice in Social Welfare Organizations* (in Chinese) 梁偉康, 《社會福利機構行政管理與實踐》; Liang and Huang, eds., *New Directions in Social Work Management* (in Chinese) 梁偉康、黃玉明編, 《社會服務機構管理新知》; Zhuang, Chen and Liang, *The Setting Up of the Service Quality Standards and the Monitoring System for Social Service Organizations* (in Chinese) 莊明蓮、

(SQSs) for the social welfare agencies in Hong Kong. These SQSs were to be implemented in three phases beginning from 1999, requiring the subvented social service units under the Social Welfare Department to carry out internal and external assessments.¹⁵ In order to meet the 19 SQSs, the subvented social welfare agencies were forced to reorganize their respective management systems. This is not to deny the importance of “quality” in providing social services. Rather, this is to point out that in understanding a particular social work management method (or approach), it should not be disengaged from its social context, and perceived as universally applicable.

According to John Clarke and Janet Newman, changes in the mode (or method) of management of the social welfare agencies in Britain are closely related with the crises faced by the “Keynesian welfare state”.¹⁶ In the “welfare state”, the management of social welfare is composed of two “modes of coordination”, namely, “bureaucratic administration” and “professionalism”. Regarding “bureaucratic administration”, the operation follows standardized impersonal rules, making sure that every client is entitled to fair treatment, and

陳洪濤、梁偉康，《社會服務機構質素標準的制訂和監察機制之建立》。

¹⁵ When the government first proposed the implementation of the Service Quality Standards (SQSs) in 1999, there were 19 SQSs. Later, it was revised to 16 SQSs.

¹⁶ For a thorough discussion, see John Clarke and Janet Newman, *The Managerial State: Power, Politics and Ideology in the Making of Social Welfare* (London: Sage, 1997); Janet Newman and John Clarke, “Going about Our Business? The Managerialization of Public Services,” in *Managing Social Policy*, ed. John Clarke, Allan Cochrane & Eugene McLaughlin (London: Sage, 1994), 13-31.

treatment is equal regardless of his or her distinctions in identity and social status.

With respect to “professionalism”, it is relied on “professional expertise” to complement the inadequacies resulting from “bureaucratic administration”. In this respect, whenever the standardized bureaucratic rules fail to work in accordance with the practical problems faced by the individual clients to render assistance required by the clients’ individual needs, then it is the time for the professionals to step in. The professionals can take advantage of their own autonomy within the bureaucracy and exercise discretion with individual cases according to the clients’ particular circumstances. In this way, they would relieve themselves from the constraints of the bureaucratic rules. Under such a light, it is assumed that professional knowledge cannot be defined by standardized rules.

On the contrary, only professionally trained expertise can undertake professional judgement towards the clients’ needs. Under the “bureau-professional regime”, which is made up of “bureaucratic administration” and “professionalism”, the question of “how to maintain professional autonomy under bureaucratic rules” is often an issue faced by the professionals working in bureaucracies. It is also a topic for theoretical and empirical research.¹⁷ However, I do not intend to discuss this further in the present study. As the “welfare state” is fading out, the

¹⁷ See H. Mintzberg, *Structure in Fives: Designing Effective Organizations* (Englewood Cliffs, NJ: Prentice-Hall, 1983); and T. Johnson, *Professions and Power* (London: Macmillan, 1972).

“bureau-professional regime” is gradually being replaced by “managerialism”.

The decline of the “welfare state” and the rise of “managerialism” in Britain and America can be dated back to the global economic crisis in the 1970s. At that time, the idea that welfare expenditure was no longer seen as social investment, but unproductive expenditure became dominant.¹⁸ The public services provided by the government would only interfere with the free operation of the capitalist market as well as the labor market and henceforth would hinder economic development.¹⁹ Under such circumstances, many pointed out the government should cut welfare expenditure. Some thought that management reforms in the welfare sector were inevitable. The important role played by “management” in the provision of social services should be highlighted and re-assessed. The arguments are summarized by Christopher Pollitt as follows:

- The main route to social progress now lies through the achievement of continuing increases in economically defined productivity.

¹⁸ See R. Bacon and W. Eltis, *Britain's Economic Problem: Too Few Producers* (Basingstoke: Macmillan, 1976).

¹⁹ See M. Friedman and R. Friedman, *The Tyranny of the Status Quo* (Orlando, FL: Harcourt Brace Jovanovich, 1984), chap. 6. With respect to the arguments that the government should not interfere with the market, reduce its control of business organizations and privatize public services, see D. Swann, *The Retreat of the State: Deregulation and Privatisation in the UK and the US* (New York and London: Harvester Wheatsheaf, 1988).

- Such productivity increases will mainly come from the application of ever-more-sophisticated technologies. These include information and organizational technologies as well as the technological 'hardware' for producing material goods. Organizationally, the large, multi-functional corporation or state agency has rapidly emerged as a dominant form.
- The application of these technologies can only be achieved with a labour force 'disciplined in accordance with the productivity ideal'.
- 'Management' is a separate and distinct organizational function and one that plays the crucial role in planning, implementing and measuring the necessary improvements in productivity. 'Business success will depend increasingly on the qualities and professionalism of managers.'
- To perform this crucial role managers must be granted reasonable 'room to manoeuvre' (i.e., the 'right to manage').²⁰

²⁰ Pollitt, *Managerialism and the Public Services*, 2-3.

The above arguments assume that: given good management, social and economic problems can be solved. The idea (or “ideology”) that “management” is a good solution for social problems is called “managerialism”.²¹ Under such a light, the welfare services under the “bureau-professional regime” are considered to be lacking in sound management. These services can only rely on the government subvention for its maintenance. Numerous allegations, such as “too indulgent with inertia”, “non-aggressive”, “lazy”, “dull and static”, “bureaucratic”, “inflexible” and so on, are made towards the public sector organizations and their staff by the general public. “Managerialism” emphasizes that the manager must have the leadership to lead the subordinates towards the organizational values and missions, as well as to provide the customers with quality services. In order to do this, the “customer” must be “empowered”, especially the power to choose freely, to choose the public services that s/he needs. In other words, the client is no longer a passive recipient of social services, but a customer who can make his/her own consumer choice. This argument of

²¹ For a reflective critique of “managerialism”, see Pollitt, *Managerialism and the Public Services*; Peter Taylor-Gooby and Robyn Lawson, eds., *Markets and Managers: New Issues in the Delivery of Welfare* (Buckingham: Open University Press, 1993); Clarke, Cochrane & McLaughlin, *Managing Social Policy*; Clarke & Newman, *The Managerial State*; John Clarke, Sharon Gewirtz & Eugene MuLaughlin, *New Managerialism, New Welfare* (London: Sage, 2000). Besides, there are also scholars who offer a total and uncritical acceptance of “managerialism”. See L. Metcalfe and S. Richards, *Improving Public Management*, 2d ed. (London: Sage, 1990); C. Willcocks and J. Harrow, eds., *Rediscovering Public Service Management* (London: McGraw-Hill, 1992).

elevating the client's status has become an important reason for changing the old "bureau-professional regime". However, under the new management mode of the social welfare agencies, can the voice of the "customer" be heard and thereby exercise influence towards the management and operation of the welfare agencies? How do social welfare agencies collect the opinion of the "customer"? What kind of perspectives would be used to understand and interpret the needs of the "customer"? Without due consideration to the aforementioned problems, it may be too optimistic to assume that when the "client" has become the "customer", the social services will automatically meet and satisfy the clients' needs appropriately.²²

Indeed, "managerialism" notes the importance of management in providing public services, denies the inflexible bureaucratic working styles, and aims at efficiency, cost-effectiveness and quality service. All these are in accordance with the suggestions given in "quality management". However, is this equivalent to good social services? Apart from efficiency, effectiveness and quality, are there any other elements in social services? What are these elements? These questions will be discussed in the next chapter.

²² See Clarke & Newman, *The Managerial State*, chap. 6; John Clarke, "Capturing the Customer: Consumerism and Social Welfare," *Self, Agency & Society* 1 (1997), 55-73.

Chapter Two: Theoretical Framework

The present research attempts to study social work management with particular reference to the moral dimension of social work practice. In order to construct a theoretical framework for doing the present research, I will begin with a discussion of the problems involved in conceptualizing the moral dimension of social work practice. Then, I will discuss how managerialism may be conceptualized with the concept of purposive rationality. Jurgen Habermas's theory of communicative action will then be introduced. I will discuss how it can help us understand the impact of managerialism on the moral dimension of social work practice. Finally, guidelines for doing the present research will be discussed.

I. Conceptualizing the Moral Dimension of Social Work Practice

In order to study how social work can be understood as a moral practice and its moral dimension be conceptualized, both theoretical issues and substantive issues will be considered. This is because social work values and moral ideals are

often embedded in concrete and substantive social work practice. Besides, it can help us understand how the moral aspect of social work is being neglected and/or belittled by the rise of managerialism in social work management.

A. The Moral Aspect of Social Work

There is an important distinction between social service agencies and business organizations. Business organizations sell commodities to satisfy the wants of their customers and hence make profit. This relationship of buying and selling is a kind of “cash nexus”. In itself, it does not constitute a moral behavior that implies value judgement. But the services provided by the social welfare agencies are not simply commodities. What is more, the relationship between the social worker and the client is not that of a seller and a buyer. It embodies an indispensable moral aspect.

As noted by Yeheskel Hasenfeld, social service is “moral work”.¹ When the worker is assessing whether the client is eligible for receiving a particular social service (for example, public assistance), it is not carried out merely at the technical level and from a “value-neutral” perspective to assess the client’s needs

¹ See Yeheskel Hasenfeld, “The Nature of Human Service Organizations,” in *Human Services as Complex Organizations*, ed. Yeheskel Hasenfeld (Newbury Park, California: Sage, 1992), 3-23; Yeheskel Hasenfeld, “Organizational Forms as Moral Practices: The Case of Welfare Departments,” *Social Service Review* 74 (2000), 329-351.

with regard to the relevant social services. It is also a moral assessment to decide whether or not the client “deserves” to be helped. In other words, it is, from the worker’s perspective, an assessment of whether the client’s claim for social services is adequately supported by reasons. The worker’s value-judgement is involved in his/her assessment of the client’s reasons. For those being assessed as “undeserving” of receiving the social services, they not only fail to get the social services they need, the label of “undeserving” lowers their “moral status” much further. They can hardly gain public acceptance and understanding. It is harder for them to resolve the difficulties they face.² On the other hand, the demand for social services is usually greater than the supply. The question of “how to distribute the welfare resources *rationally*” becomes a burning issue. Following from this, what is the criterion upon which we can decide the priorities of the different clients’ needs? Do we follow a first-come, first-served basis? Do we give assistance to the client who has the greater needs? How do we judge whose needs are greater? Who is more *deserving* of being helped? Is there any *rationality* in making these judgements? Hence, the daily problems faced by the social welfare agencies in managing and distributing resources are not merely technical problems. Rather, moral choices are involved. This is one meaning of

² For example, in Hong Kong, the view of “getting social security makes one lazy” (綜援養懶人) makes the recipients of social security more vulnerable to be socially rejected by the

the social welfare agencies as doing “moral work”.

The above argument only points out that moral choices are inevitably involved in the provision of social services. It does not explain whether there is any reason (or rational basis) in making these moral choices, and whether these reasons can be distinguished with respect to true and false, or right and wrong. As argued by Hasenfeld, in making these moral choices, the social welfare agency has to follow the social institutionalized moral systems in order to maintain its legitimacy in society.³ It may be understood that the social institutionalized moral systems have become the reasons (or rational basis) for the behaviour of the social welfare agency. But the social institutionalized moral systems may not necessarily be based on the social consensus. The social welfare agency may respond to this normative pressure in a strategic way, or even, it may mobilize its supporters to reinforce and consolidate its own ideals.⁴ Here, we should be cautious. When the agency attempts to promote its own ideals, where do the reasons that legitimize the ideals come from? Are they merely the subjective wishes of the agency’s manager? Or is there any other foundation? Following from this, the problems have become much more complicated. As a helping profession, does social work embody any intrinsic moral ideals? Do

general public.

³ Hasenfeld, “Organizational Forms as Moral Practices,” 330-332.

these moral ideals have any rationality basis? Is there any distinction with respect to true and false, or right and wrong? When these moral ideals are different from the mainstream social norms, how should the social welfare agency, or the social work practitioner position themselves?

To study the moral ideals of social work, we may begin from the social work values. The most popular social work values are Felix Biestek's seven principles.⁵ Among these, the most influential one is the principle of "client self-determination". According to this principle, a social worker must respect the client's right to make his/her own decision in the process of receiving social work assistance. In other words, the social worker cannot impose any choices (including moral choices) that the social worker might regard as appropriate on the client. The social worker can only help the client understand more clearly the problem that s/he faces. The social worker may suggest some solutions for the problem, and analyse the various consequences resulting from the various solutions. The final decision is still to be made by the client so that s/he will have to face and resolve the problems himself. On the one hand, it is required of the social worker to show "respect for the individual person as a self-determining

⁴ Hasenfeld, "Organizational Forms as Moral Practices," 331-332.

⁵ For Biestek's seven principles, see F. Biestek, *The Casework Relationship* (London: Allen and Unwin, 1961). A concise discussion of social work values can be found in Sarah Banks, *Ethics and Values in Social Work*, 2d ed. (Basingstoke: Macmillan, 2001).

being". As a matter of fact, this respect for the client is already a matter of personal integrity and it is a moral value. Putting it more clearly, as the social worker is in a better position than the client, (because s/he has the professional knowledge and expertise and the power to assess the client's eligibility for social services) s/he should not make use of this advantage to manipulate the client's decisions and behaviour. On the other hand, this principle constraints the social worker's behaviour. Social work practice can only offer help to the client at the technical level (i.e., with respect to the selection of "means") without pointing out which particular "end" the client should seek. Or we may put it in this way. The principle of "client self-determination" is a moral value that the social worker should uphold, but the social worker still has to take a "value-neutral" attitude towards the end sought and the decisions made by the client.

The "value-neutrality" of the "client self-determination" principle matches well with the views of "managerialism". According to managerialism, *social services* are seen as similar to other commodities. The service providers (both the profit-making business organizations and the non-profit social service agencies) provide services in response to their customers' demands. They do not decide for their customers which services the customers should want. Neither do they decide for their customers which services are "noble", or "base". Therefore, the

provision of service, in its strict sense, does not involve any moral aspects.⁶

Second, in managerialism, the *client* is merely considered as a customer with free consumer rights. Little attention is paid to the client's life predicament when s/he is asking for help from the social worker. And the client's need for self-reflection, a deeper self-understanding and moral guidance in the face of making difficult choices is belittled. Third, in managerialism, the *social worker* is merely considered as a service provider, who provides satisfactory and quality services for the client. No attention is given to the problem of whether the social worker can still take a value-neutral attitude when s/he is trying to understand the client's life predicament, and to help the client make moral decisions. In this way, matching with the value-neutrality of the "client self-determination" principle, managerialism is able to perceive social work practice as a purely technical task. And the "moral component" in social work practice is thereby weakened.

What I refer as the "moral component" is not the external factors that attract people to join the social work professions (such as the "helping" image of the

⁶ In fact, the social welfare agencies, which receive subvention from the government, are accountable to the government. In Hong Kong, the social welfare agencies provide social services according to the Funding and Service Agreements, which is made between the agencies and the government. Hence, it may be argued that the social services are provided by the social welfare agencies in response to the demands of the government policy, and not to the demands of the "client-as-customer". The influential "client-as-customer", which is presupposed in the discourse of "managerialism", does not exist in social services. Social welfare agencies will judge whether to provide services for a particular client according to the client's eligibility. But this judgement is being made, to a large extent, to comply with the government regulation. This is not a moral judgement made by the social worker. See Christopher Pollitt, *Managerialism and the Public Services: Cuts or Cultural Change in the 1990s?* 2d ed. (Oxford: Blackwell, 1993), 125-130.

social workers, or personal devotion). Undeniably, to a certain extent, these external factors can enable a social worker to have a stronger feeling of mission and commitment in his/her work. But in actual social work practice, the social worker would still try his/her best to put aside his/her own personal moral values and value judgements, to keep himself/herself disengaged, so that “objectivity” can be maintained. Mainstream social work stresses that social work practice must maintain value-neutrality. And social work practice is reduced to the technical level. What is noteworthy is that in the circle of mainstream social work, major researches and discussions are centred on the various “intervention models” and therapeutic means. It is even regarded that the requisite for a “good” social worker is that s/he can grasp the latest knowledge and know how to use the most effective “intervention model”. Certainly, the “good” referred here does not mean being “morally good”. Instead, it refers to whether or not the social worker is “technically effective”. This may serve to explain why there have been so few discussions on morality and ethics in the mainstream social work academic circle. Even if there are discussions on morality and ethics, they are mainly concerned with the following questions. What are the external moral norms that constrain the social worker’s behaviour? What should be done so that the moral norms will not be violated? Such discussions do not include the “moral commitments”

(made to society or individuals) that are embodied in social work practice, the content and rationality of these moral commitments and their moral sources. I have been asking these questions again and again, trying to find out whether there is any “internal logic” in social work practice. Is there any moral pursuit in social work practice? Does such internal logic distinguish itself from the logic of “managerialism” which pursues “cost-effectiveness”? Should there be no such internal logic, it is quite plain that there is no convincing reason to be raised against the use of business management methods in social work management.

Let us use the recent welfare reforms in Hong Kong as an example. The reforms were composed of two major parts. First, there was the setting up of the Service Performance Monitoring System (SPMS) which included the 19 Service Quality Standards (SQSs)⁷ and the Funding & the Service Agreements. This monitoring system was set up to ensure that the social welfare agencies would provide “quality services”. It also used the “customer” model to conceptualize the client. Second, the former modes of government subvention to the non-government organizations (NGOs) were to be changed to Unit Grant Subvention, in order to improve the cost-effectiveness, flexibility and accountability in utilizing the public resources. As aforementioned, these reforms

⁷ Later, the 19 SQSs were revised to 16 SQSs.

have matched well with “managerialism”. From the outset when the Hong Kong government proposed the welfare reforms, the social workers raised no objection towards the 19 Service Quality Standards. What they objected was the proposed reform of the subvention system. After several years of bargaining over the adverse effect on job security and professional standards, the Unit Grant mode was replaced by another government proposal – the fixed funding mode. Then in February 2000, the government proposed the lump sum grant mode. The controversy was mainly centred on the issues of how much resources social welfare agencies could get (e.g., was the government setting up the limit for future social service expenditure?) and staff benefits (e.g., staff wages, provident fund and staff contracts). It was argued that if staff benefits were reduced, the service quality would be affected, and thereby the client’s well-being would be affected. In all fairness, it is understandable that the social workers would object to the subvention reform first from a self-interest perspective. I do not blame them for being selfish in considering the matter from a self-interest perspective, instead of reflecting on the issue from the clients’ perspective.⁸ But I have other worries. Besides the reasons such as “self-interest” and “deteriorating service quality”, is there any other articulated reason which they can give to object to (or

⁸ I was reminded of this point by Ho Yuk Ying in a serious discussion.

query) the subvention reform? If there is no such reason, this will give an impression that the social workers were only concerned about their own interests. Or worse still, they seemed to be making use of the reason of “protecting the clients’ well-being” as an excuse to protect their own interests. On the other hand, in facing the social workers’ objections, the government only needed to respond at the technical level with respect to the actual implementing of these reforms. For example, the reforms would be implemented according to the different pace of the different welfare agencies. The working benefits of the existing staff would be protected as far as possible. The existing social welfare agencies would be monitored by the 19 Service Quality Standards, and thus quality services could be ensured. In my opinion, such arguments and counter-arguments were still centred on the question of “how to provide quality services by utilizing limited resources effectively?” There have not been further reflections upon the nature of social work. For example, what is the meaning of “quality” in the so-called “quality service”? Is this “quality” equivalent to the 19 Service Quality Standards? Do we have another set of meta-value standards to assess the rationality of these Service Quality Standards?⁹ Perhaps, a more basic question

⁹ In Hong Kong social work, there are not many discussions on this question. An exception is Chor-fai Au. Au thinks that it is extremely difficult, or even impossible, to define “quality” accurately. And he does not discuss the meta-value standards for judging “quality”. See Chor-fai Au, “The definition of and the search for quality: the various dilemmas in social welfare services,” in *Milestone in the 21st Century Social Service: Essays on Quality*

is: why is there social work? For what end does social work exist? How can we judge the “worthiness” of a particular social service? How can we judge whether a particular social service is “worthy” of getting resources?

B. The Predicament of Social Work under Managerialism

The social welfare agencies are not just facing technical problems, such as how to utilize resources effectively, or how to deal with the objections and the resistance to the reforms, or how to implement the reforms. There is a more pressing question. In the welfare reforms, has any consideration been given to the question of moral practice involved in social work practice? This is the crux of the problem. When we put social work back to its corresponding social and historical context, we will find that social work has always been inseparable from the socially marginalized, such as the poor, the mentally ill, the criminals, and the marginal youth, etc. I am not making a naïve assumption that by practicing social work, one has to stand on the side of the socially marginalized, and is only concerned with the well-being of the marginalized without other considerations or interests. The Marxists and the Foucauldians have reminded us that social

Management, Hong Kong Sheng Kung Hui Welfare Council, 47-62 (in Chinese) 區初輝,〈質的定義與追求：探索社會福利服務諸般的矛盾〉,載於《21世紀社會服務新里程：優質管理文集》,香港聖公會福利協會,47-62。Joe Leung shares a similar view, see Joe Leung, “Further thoughts on quality management,” in *Milestone in the 21st Century Social Service*, 66-77 (in Chinese) 梁祖彬,〈邁向優質管理的再思〉,載於《21世紀社會服務新里程》,

work could be used by the government as an instrument to control and discipline the socially marginalized. Nevertheless, we have to admit that in the idea of social work, there is a notion of taking care of the well-being of the socially marginalized, and the hope of helping them to be set free from their own difficulties or predicament. Here, the meaning of being “set free” may refer to the individual level, or to the societal level. At the individual level, it means that by undergoing personal change, the person would be empowered to face his/her difficulties. At the societal level, it means that by changing the society, the socially marginalized would be set free from societal domination. From this perspective, social work values are not just the professional ethics, which regulates the social worker’s behaviour and requires the social worker to take a “value-neutral” attitude in work. Rather, it embodies some kind of concrete moral ideal. This can be seen clearly in the feminist-based or Marxist-based social work theories.¹⁰ Based on these moral ideals, a number of social work scholars are reflecting on the limitations of mainstream value-neutral social work practice. By doing this, they hope that a social work approach with an explicit moral and value orientation can be established.¹¹

66-77 • This view may represent a consensus shared by the Hong Kong social workers.

¹⁰ For a deep discussion of social work theories, see Malcolm Payne, *Modern Social Work Theory*, 2d ed. (Basingstoke: Macmillan, 1997).

¹¹ For a detailed discussion, see Bob Pease and Jan Fook, eds., *Transforming Social Work Practice: Postmodern critical perspectives* (London and New York: Routledge, 1999). For the

“Managerialism” is now dominant in the public sector, and everything is considered on the basis of cost-effectiveness. Under this circumstance, the afore-mentioned social work values would easily be forgotten, or distorted in real social work practice. Let us take “empowerment”, which has been frequently used in social work practice under managerialism, as an example.

“Empowerment” originated from Barbara Solomon’s social work ideas on the black people.¹² Solomon points out that in order to solve the black people’s predicament in facing social helplessness, it is necessary to consider the negative valuations (or discrimination) given by the socially powerful groups towards the black people. These negative valuations make the black people a minority group over a long period of time. “Empowerment” refers to making use of different means to reduce, eliminate, combat and reverse these negative valuations. Clearly, this points to a particular kind of social work practice that involves power relationships and moral values, such as “striving for social justice” and “resisting domination”.¹³ But from the managerialist perspective, “empowerment” is regarded as equivalent to “consumerism”. The client, who

attempts to establish social work approaches with an explicit moral and value orientation, see Jim Ife, *Rethinking Social Work: Towards critical practice* (South Melbourne: Longman, 1997); and Karen Healy, *Social Work Practices: Contemporary Perspectives on Change* (London: Sage, 2000).

¹² Barbara Bryant Solomon, *Black Empowerment: Social Work in Oppressed Communities* (New York: Columbia University Press, 1976).

¹³ For various discussions on empowerment, see Payne, *Modern Social Work Theory*, chap. 12.

receives social services, is perceived as a consumer. S/he is given the right to monitor the performance of the social service agencies, in order to ensure that “quality service” will be provided by the service agencies. It may be said that the sense of social critique originally implied in the notion of “empowerment” has been distorted. “Empowerment” is being adapted to the market-oriented operation of the social services. In fact, this is disregarding the situation of the underprivileged, the suppressed, and the rejected who cannot control their own fate. The inequality of power in society is neglected, and is replaced by the false image of the “customer” who is making free consumer choices and is free from the constraints of any social power.

Someone may object to the above argument, and say that this particular understanding of “empowerment” is only derived from a radical social work perspective. It may not be an indispensable element in social work. The answer to this question may be given as follows. Social work practice as we can see at present is engaged in helping the client face his/her life predicaments and be set free from them. The client’s life predicaments may be constituted by the domination and the external constraints of the social structure. They may also be constituted by one’s own internal self-constraints. As far as I understand, both the radical social work approach (with its focus on societal constraints) and the

casework social work approach (with its focus on psychological disturbances) are engaged in helping the client to step out of his/her life predicament. It seems that “life predicament” is the prerequisite for the existence of social work practice. If there is no “life predicament”, the social work practice that we know will cease to exist. “Life predicament” is the significant difference between social work practice and the other service industries, especially the entertainment and the leisure industries. The main limitation of “managerialism” is its disregard for the client’s life predicament. Instead, it assumes that the client is a free consumer. This weakens or distorts the original moral implications of social work practice. In other words, the constraints placed by “managerialism” upon social work practice are not just the constraints of the external regulations, the service performance monitoring system of the government, and the economic pressure arising from inadequate resources. The constraints also arise from the mind-set of considering everything on the basis of “cost-effectiveness” and efficiency. This makes the role played by moral judgement and moral reflection less and less important in the practice of social work.

C. The Tradition of Social Work

As noted above, there exist discordance and contradictions between

“managerialism” (that seeks effectiveness and efficiency) and “moral practice” (that seeks moral ideals). When economic efficiency becomes the primary, or even the only, consideration in providing social services, the moral ideals embodied in social work will not be emphasized. Attention will only be paid on whether the services are cost-effective, or whether the “customers” are satisfied with the services. At the same time, the meanings of the moral ideals in social work will also change. For instance, “empowerment” has changed from its original meaning of “a critique of social injustice” to “enjoying freedom in an economic sense” which is more accommodating to the consumer mentality in modern society. Aren’t such changes going further and further away from the ideals of social justice sought in the social work tradition?

The tradition of social work originated from philanthropy and charity work can be dated back to as early as 1601 when Elizabeth I of England issued the Poor Law.¹⁴ According to the Elizabethan Poor Law, only the poor who were eligible could receive assistance. And they could only get less financial assistance than what they really needed. This was to discourage the poor from giving up their jobs in order to claim government assistance. In other words, social work at its earliest stage did not have the aim of fighting for social justice

¹⁴ For the historical origin of social work, see Specht & Courtney, *Unfaithful Angels*, chap. 3.

for the poor. It was an instrument used by the government (or the ruling authority at the time) to “regulate” and “control” the lower class in society.¹⁵

At the end of the 19th century, two social movements began to appear in Britain and America, namely the Charity Organization Societies and the Settlement House Movement. To a certain extent, these two movements constituted the two major approaches in social work practice.¹⁶ The work of the Charity Organization Societies was primarily targeted at eliminating the lower class from “abusing social assistance”. It made use of “social investigation” in assessing the applicants, and only the eligible applicants would be transferred to charitable organizations for assistance. The work of the Charity Organization Societies also included friendly visits. Through the visitors’ teaching and personal influence, it was hoped that the clients would build up the habits of diligence and discipline.¹⁷ Furthermore, Mary Richmond integrated “social investigation” and “friendly visits” into a systematic set of social work practice.¹⁸ This notion of “solving the poverty problem of the lower class from the individual level” became the tradition of “individual treatment” in social work.

Different from the Charity Organization Societies, the Settlement House

¹⁵ Specht & Courtney, *Unfaithful Angels*, 65.

¹⁶ Specht & Courtney, *Unfaithful Angels*, 71-85.

¹⁷ Specht & Courtney, *Unfaithful Angels*, 74-75.

¹⁸ See Patricia Drew, *A Longer View: The Mary E. Richmond Legacy* (Baltimore: School of Social Work, University of Maryland, 1983); and Joanna C. Colcord, *The Long View: Papers*

Movement considered the main cause for the poverty problem of the lower class to be the exploitation of the poor in capitalist society. Settlement houses were set up in the squatter areas so that the knowledgeable middle-class could participate in the everyday life of the working class directly. Together with the working class, they could help improve the community environment, and engaged in the setting up of nurseries, clinics, gymnasiums, playgrounds, art houses, small theatres and so on. In 1889, Jane Addams built the Hull House in Chicago, U.S.A. She allied with other social reform movements to protect collective labour movements, and fight for women's suffrage, etc.¹⁹ This notion of "solving the problem of poverty from the perspective of the lower class, standing side by side with the poor in social reforms, and developing their self-help abilities" became the tradition of "social reform" in social work.

Regarding these two approaches in social work practice, the question of "which is the better approach?" has been a controversial issue in the history of social work for more than a century. In the 1998 Special Centennial Issue of the journal of the National Association of Social Workers, *Social Work*, (Volume 43, number 6), there is a debate on "what social work has meant, what it means, and

and Addresses by Mary E. Richmond (New York: Russell Sage Foundation, 1930).

¹⁹ Specht & Courtney, *Unfaithful Angels*, 80-85. Also see Jane Addams, *Twenty Years at Hull House* (New York: Macmillan, 1925); Jane Addams, *The Second Twenty Years at Hull House: September 1909 to September 1929* (New York: Macmillan, 1930); James Weber Linn, *Jane Addams* (New York: Appleton-Century, 1935); and Margaret Tims, *Jane Addams of Hull*

what it should mean.”²⁰ This is to “articulate and assess what makes social work unique and important.”²¹ In the issue, a number of articles are concerned with the question of whether social work should focus on “individual treatment” or “social reform”.²² In the social work tradition, there is an approach that advocates “changing [or controlling] the individual client so that s/he could adapt himself/herself to society” as well as another approach that advocates “changing the social system for the attainment of social justice”. Given such facts, how can we make a final judgement that only “the pursuit of social justice and social reform” is the essential nature of social work? How can we be justified in our critique that the domination of “managerialism” has led social work astray?

The above question is raised because I do not think that it is easy to judge which approach is better than the other. Rather, I hope to point out the complexity of the debate.²³ As far as I understand, the crux of the debate

House (London: George Allen and Unwin, 1961).

²⁰ Stanley L. Witkin, “Is Social Work an Adjective?” *Social Work*, vol. 43, no. 6 (1998), 483.

²¹ Witkin, “Is Social Work an Adjective?” 483.

²² See the various articles in *Social Work*, vol. 43, no. 6 (1998).

²³ Angelina Yuen-Tsang argues that “the dispute over the polarization [of social work] is not meaningful, because under every particular situation, the nature of social work has its different interpretations and shared definitions. It is constructed collectively by the groups participating at the time. There is no unchanging nature and truth.” See Angelina Yuen-Tsang, “Looking at the nature of social work through the polarization of social work,” in *A Preliminary Inquiry of the Nature of Social Work in Chinese Societies*, ed., Guoliang He and Sibin Wang (New Jersey: Global Publishing, 2000), 114-115 (in Chinese) 阮曾媛琪,〈從社會工作的兩極化看社會工作的本質〉,載於《華人社會社會工作本質的初探》,何國良、王思斌主編,(新澤西:八方文化企業公司,2000),114-115。But at the same time, she notes that in the 1990s, the Hong Kong social work profession came under attack by managerialism. “The nature of social work was repositioned. Social work was forced to return to the mainly therapeutic and remedial [approach].” (ibid., 133) Under this circumstance, social workers should not accept the existing services and their underlying ideals passively, but should uphold the social work values and the commitment to society, “and participate actively in the construction of the

between “individual treatment” and “social reform” does not lie solely at the level of techniques or skills. It is concerned with the deeper question of value-involvement in social work practice. In actual practice, no one would object that in helping the client, a social worker has to consider both the client’s individual and social circumstances and how these two aspects lead to the client’s problems or difficulties in life. In other words, with respect to social work techniques or skills, “individual treatment” and “social reform” are not contradictory or mutual exclusive, but inter-connected and complementary.²⁴ It is not meaningful to have dispute over the polarization of social work. The situation is quite different with respect to the problem of value-involvement in social work practice. Moral critiques are raised by radical social work (with its emphasis on social reform) towards therapeutic social work (with its focus on individual treatment). Radical social work argues that, first, therapeutic social work reduces social problems originated from social structure to individual

nature of social work in society at that time.” (ibid. 133-136) Here, Angelina Yuen-Tsang does not seem to have explained why social workers shouldn’t accept the redefinition of the nature of social work under managerialism. What is the underlying reason? On the other hand, if social workers should participate actively in constructing the nature of social work, which nature of social work should they construct? In the writer’s opinion, Angelina misunderstands that by having accepted the views of social constructionism, she does not have to deal with the problem concerning the universal meaning of the nature of social work. On the contrary, taking this position makes her more incapable of articulating the reasons for objecting to “the nature of social work constructed under managerialism, and the practical social work that has only therapeutic and remedial focuses”.

²⁴ In summarizing the articles published in the Special Centennial Issue of *Social Work*, Stanley L. Witkin notes that social work should “move away from an either/or position with respect to individual and social change toward a ‘both/and’ posture.” See Witkin, “Is Social Work an Adjective?” 483-486.

psychological problems. By ignoring the *injustice* of the social structure, therapeutic social work “blames the victim”, and makes the client responsible for his/her own problems. Second, therapeutic social work reinforces the *domination* of the capitalist system on man.²⁵ These two critiques bring out the problem about the nature of social work. Must social work help the client to be released from domination, and be set free? This is the crux of the matter. Janis Fook proposes radical casework. She argues that in doing casework, the social worker must pay attention to the structural causes of personal problems, and protect the clients against oppression.²⁶ In other words, in order to help the client, no matter whether a particular social work approach is oriented towards “social reform” or “individual treatment”, it must pay attention to the oppression experienced by the client. As far as I understand, traditional social work is criticized not because it focuses on “individual treatment”, but because it disregards the oppression experienced by the client and does not make any value-judgement about the source of the oppression. One point needs to be clarified. In making value-judgement against social oppression, it does not mean that one have to accept some particular set of substantive critique. Value-judgement can be made

²⁵ These two points are taken from Deborah McIntyre, “On the possibility of ‘radical’ casework: a ‘radical’ dissent,” *Contemporary Social Work Education*, vol. 5, no. 3 (1982), 191-208; quoted by Payne, *Modern Social Work Theory*, 216. Italics added by the writer.

²⁶ See Janis Fook, *Radical Casework: a Theory of Practice* (St Leonards, NSW: Allen & Unwin, 1993), 41.

against the capitalist system from a Marxist perspective (like radical social work). Or it can be made against the patriarchal system from a feminist perspective. Or it can be made against the power relationships hidden in social work practice from a Foucauldian perspective. Due to the particularity in the client's concrete social situation, the source of the oppression differs accordingly; thereby the substantive critique should not be the same in every particular case. Even if we accept that social work has to make value-judgements against social oppression, this does not mean that we can put forward an infallible substantive critique. I would like to emphasize the point once again. In advocating "value-judgement" and "social justice", these non-mainstream social work approaches have clearly articulated their understanding of "the moral ideals of social work" and "social work as moral practice". But this articulation does not mean that there can only be one single set of substantive critique.

And at the meta-theoretical level, there are two different understandings of the problem of value-involvement in social work. The mainstream social work approach regards social work as a "technical-rational activity" without the need for any value-involvement. It argues that once all the laws of human behaviour are discovered and verified and the effective intervention skills are mastered, social work will be able to achieve the expected outcomes. The scientific status

of social work will be established.²⁷ Other social work academics disagree. In their views, social work faces individual predicaments and social problems that are full of uncertainty, ambiguity, confusion and doubt, thereby leading to all kinds of moral, social and political dilemmas. It shows that the verified scientific social laws are not really needed. What is needed is the social worker's ability of instant judgement, or artistic imagination. Hence, they argue that social work is not a science, but an art. It is a "practical-moral activity".²⁸ It is significant for them to point out the limitations of the traditional social work epistemology, and the importance of personal judgement in social work practice. But what is the relationship between personal judgement and moral ideals in social work? They have not given a clear answer. I do not intend to discuss this further, as it is already clear that the notion of social work as a science has been queried.

Up to now, I have discussed how managerialism is compatible with the mainstream social work approach. In stressing the importance of effectiveness, efficiency and outcome measurement, it is compatible with the mainstream

²⁷ Both Brian Sheldon and Bruce A. Thyer argue that positivism must be used as the basis in establishing the value and reliability of the social work discipline. See Brian Sheldon, "Theory and Practice in Social Work: A Re-examination of a Tenuous Relationship," *British Journal of Social Work*, vol. 8, no. 1 (1978), 1-22; Bruce A. Thyer, "Social Work Theory and Practice Research: The Approach of Logical Positivism," *Social Work & Social Sciences Review*, vol. 4, no. 1 (1993), 5-26.

²⁸ See Bill Jordan, "A Comment on 'Theory and Practice in Social Work,'" *British Journal of Social Work*, vol. 8, no. 1 (1978), 23-5; Hugh England, *Social Work as Art: Making Sense of Good Practice* (London: Allen & Unwin, 1986); Nigel Parton & Patrick O'Byrne, *Constructive Social Work: Towards a New Practice* (Basingstoke: Macmillan, 2000), chap. 2.

understanding of social work as a value-neutral, evidence-based science.²⁹ I have also noted the limitations of managerialism in understanding the moral aspects of social work. In searching for the moral aspects of social work, I have noted the contributions made by the radical social work approaches in providing a critique of the value-neutral mainstream social work approaches and in articulating the moral ideals of social work practice. At the meta-theoretical level, I have found some non-mainstream social work academics who see social work as an art, not as a science. All these give rise to the question of whether managerialism is distorting the practice of social work, in particular the moral aspects of social work.

II. Purposive Rationality in Managerialism

As noted above, managerialism emphasizes effectiveness and efficiency. This may be recapitulated at a more theoretical level. In managerialism, purposive rationality³⁰ is used as the basic analytical concept. It is concerned

²⁹ For a critique of evidence-based practice in social work, see Stephen A. Webb, "Some Considerations on the Validity of Evidence-based Practice in Social Work," *British Journal of Social Work* 31 (2001), 57-79. For Brian Sheldon's reply to Webb's critique, see Brian Sheldon, "The Validity of Evidence-Based Practice in Social Work: A Reply to Stephen Webb," *British Journal of Social Work* 31 (2001), 801-809.

³⁰ Purposive rationality is explained with reference to Max Weber's theory of social action. See Max Weber, *Economy and Society: An outline of interpretative sociology*, trans. Guenther Roth and Claus Wittich (New York: Bedminster Press, 1968).

with the means-end relationship. An action is understood as purposively rational when an appropriate means is chosen to achieve a particular given end. The end itself cannot be said to be rational or not, because it is only a matter of personal values, and there is no objective way to select among the different values. Based upon purposive rationality, the social work administrator may be able to select an appropriate method to improve organizational efficiency and effectiveness. This is important in its own right. Unless the organization can operate effectively, it cannot provide cost-effective services for its clients. The problem arises only when cost-effectiveness becomes the main concern, and purposive rationality is used as the dominant analytical framework in social work management. This is the case in managerialism, as it assumes that "better management will provide an effective solvent for a wide range of economic and social ills."³¹ As noted in Chapter One, this limits our understanding of social work practice to the technical level of improving cost-effectiveness and efficiency. The moral aspect of social work practice is belittled. Being faced with the managerialist-oriented welfare reforms, social work is caught between the need to prove its cost-effectiveness and the need to protect its "professional" status.³² When

³¹ Pollitt, *Managerialism and the Public Services*, 1.

³² For a discussion of why frontline social workers resist the welfare reforms in Hong Kong, see Fung Yi CHAN and Shuk Fan CHU, "Interpreting Workers' Resistance to Welfare 'Reform'," *Hong Kong Journal of Social Work*, Vol. 36, Nos. 1 & 2 (2002), 113-132.

purposive rationality is used as the dominant analytical framework, it is difficult to see this protection of the “professional status” as anything but “professional self-interest”. But as far as I can understand, it is necessary to take note of the moral aspect of social work practice. Otherwise, we may misunderstand the nature of social work practice, the current resistance of the social workers against the managerialist welfare reforms, and the predicament of the social work profession.

The primary function of social work is to improve the client’s well-being. It is reasonable for the social worker to ask what well-being means for the client. If the client’s understanding of his/her own well-being is to be taken seriously in providing the social service, both the social worker and the client may be required, on an equal footing, to come to a mutual agreement concerning the service goal.³³ Whereas purposive rationality can help social work administrators improve organizational performance (and thus achieve better management), the question of how a mutually acceptable service goal may be identified for both the client and the social worker remains unanswered. This question needs to be studied with an alternative theoretical approach. One

³³ It is noted by both Joel F. Handler and Naomi Gottlieb that as the client is also a participant in the production of social services, the clients should be respected as equals in the social work setting. See Joel F. Handler, “Dependency and discretion,” in *Human Services as Complex Organizations*, ed. Yeheskel Hasenfeld (Newbury Park: Sage, 1992); Naomi Gottlieb, “Empowerment, political analyses, and services for women,” in *Human Services as Complex*

theoretical approach that studies the possibility of rational discussion, which may lead to mutual agreement, is Jurgen Habermas's theory of communicative action. It is hoped that by adopting this theoretical approach, a better understanding of the current situation of social work practice will be gained.

III. Jurgen Habermas's Theory of Communicative Action

A. Communicative Rationality

The foundation of Habermas's theory of communicative action is communicative rationality,³⁴ which means that the basic concept for social inquiry is the interaction between two persons who seek mutual understanding.

For Habermas, communicative rationality is revealed in the human ability to achieve mutual understanding in the use of language in communication. He argues that there is a universal core in our everyday use of language for social interaction.³⁵ When we use language to communicate with one another so that

Organizations, ed. Hasenfeld.

³⁴ Communicative rationality is fully discussed by Jurgen Habermas in *The Theory of Communicative Action*, trans. Thomas McCarthy, 2 vols. (Boston: Beacon Press, 1984-1987). Good and clear exposition can also be found in Jane Braaten, *Habermas's Critical Theory of Society* (New York: State University of New York Press, 1991).

³⁵ For a detailed explanation of universal pragmatics, see Jurgen Habermas, "What is universal pragmatics?" in *Communication and the Evolution of Society*, trans. Thomas McCarthy (Boston: Beacon Press, 1979). A good discussion can also be found in Thomas McCarthy, *The Critical Theory of Jurgen Habermas* (Cambridge, Mass.: MIT Press, 1978), chap. 4. Universal pragmatics and communicative rationality occupy important places in Habermas's theory. They are the foundation upon which Habermas develops his theory of discourse ethics, and his understanding of law and democracy in modern society. For discussions of Habermas's theory

mutual understanding may be achieved, four validity claims are presupposed. These are comprehensibility claim, truth claim, rightness claim, and sincerity claim. These four validity claims are usually taken-for-granted in our everyday life, so that social interaction and communication can continue. However, when these validity claims are being queried and no longer accepted by the social actors, communication may break down. If communication is to continue so that mutual understanding can be achieved, these validity claims must be redeemed and accepted again by the social actors. Among the four validity claims, truth claim and rightness claim can be redeemed in the "ideal speech situation". In the "ideal speech situation", the validity of a validity claim is judged only by the "force of the better argument". The participants accept a particular validity claim not because of internal or external constraints, such as coercive force or psychological fear. The participants accept the particular claim only because they think that the validity claim is supported by reasons. In other words, when a person accepts a particular validity claim because s/he thinks that the claim will also be accepted by all in the "ideal speech situation", it may be said that the

of discourse ethics, see Jurgen Habermas, *Moral Consciousness and Communicative Action*, trans. Christian Lenhardt and Shierry Weber NicholSEN (Cambridge, Mass.: MIT Press, 1990); William Rehg, *Insight and Solidarity: The discourse ethics of Jurgen Habermas* (Berkeley: University of California Press, 1994). For Habermas's discussion of law and democracy, see Jurgen Habermas, *Between Facts and Norms: Contributions to a discourse theory of law and democracy*, trans. William Rehg (Cambridge, Mass.: MIT Press, 1997). Habermas's theory has also been used to examine the current difficulties in social work practice by Ricardo Blaug. See Ricardo Blaug, "Distortion of the Face to Face: Communicative reason and social work practice," *British Journal of Social Work* 25 (1995), 423-439.

claim is accepted rationally. Thus, human rationality can be revealed in human speech and this is called communicative rationality.

Communicative rationality may be used to conceptualize the relationship between the client and the social worker. It may be said that in trying to arrive at a mutual agreement concerning the service goal, the client's well-being becomes the validity claim which is queried, examined, and redeemed. And for the service goal to be mutually accepted as rational, the conditions should be made possible for the client to raise and redeem his/her needs freely.

It is true that in many cases, conditions are not available for the client to express his/her needs freely and to be listened to, as it may be demonstrated in the following situation. In the social work setting where tangible services (such as social security) are provided, it is normal for the worker to be more concerned about whether the client fulfills the requirements for the application, than the client's expressed needs. Administrative procedure, rather than the person, becomes the main concern.

As noted above, managerialism places great emphasis on the public accountability of the social welfare organization. It seems that the organization's need for adaptation to its environment has become more important than the client's need for help (and/or the moral ideal of social work practice). This can be

illustrated with the case of psychiatric rehabilitation. As the public usually thinks that the ex-mentally ill persons are dangerous and should not be allowed to live near the community, it is difficult for the welfare agencies to find places to build the halfway houses, or the day training centres in the community. In some cases, the welfare agencies may have to build large rehabilitation buildings (with several service units, including halfway houses, sheltered workshops, day training centres, etc.) that are removed from the community. Even though it is favourably accepted in the social work profession that the ex-mentally ill persons should be encouraged to return to live in the community after hospitalization, this ideal cannot be carried out by the social welfare agencies.

In order to examine this tension between the organization and the individual, Habermas's "system-lifeworld" perspective will be introduced.

B. The "System-lifeworld" Perspective

Habermas introduces the bi-level concept of "system-lifeworld" as a conceptual tool for social analysis. This allows the social researcher to look at social phenomena from both a "system perspective" and a "lifeworld perspective".

With respect to the present study, from the "system perspective", a social

service organization may be conceptualized as consisting of different elements connected by their functional inter-dependency, and is integrated “by a non-normative regulation of individual decisions that extends beyond the actors’ consciousness.”³⁶ The social service organization may also be conceptualized as “struggling for resources for its survival”, especially when there are other actual or potential competitors in its environment struggling for the same resources. Organizational survival becomes a main concern from this perspective. The focus of the “system perspective” is not to study how the different social actors in the social service organization are able to coordinate their actions (and interactions) in a conscious way through consensus or compromise. The “system perspective” is more focused on the question of how the social service organization is able to achieve (or further enhance) effectiveness and efficiency. Putting it shortly, the “system perspective” is more interested to give us an understanding of the “material reproduction” of the social service organization.

From the “lifeworld perspective”, the social service organization is integrated “by a normatively secured or communicatively achieved consensus.”³⁷ It may be seen as embedding a moral framework with which the social actors in it are able to make sense of their everyday life and their work in the organization.

³⁶ Habermas, *The Theory of Communicative Action*, vol. 2, 117.

³⁷ Habermas, *The Theory of Communicative Action*, vol. 2, 117.

This is significant in the present research. Even for a purely economic activity (such as signing a contract), a moral framework is indispensable in making the economic activity possible, which has been noted by Emile Durkheim.³⁸ (Durkheim calls it “the non-contractual element in contract”). Existence of the social service organization is not exempted from this need of a moral framework. Social service organizations cannot exist without the provision of social services through social work practice. And it has been noted by many social work academics that social work practice contains some indispensable “moral elements”. This is not to belittle the importance of technical skills (e.g., brief therapy) in social work practice. It is only to remind us that social work practice is not only a collection of helping skills, but also an activity embedded with moral elements. Social work is guided by its own set of professional ethics and values. But, in my understanding, ethics and values in social work are not simply the “objective” regulations which the social work practitioners are obliged to obey. Values in social work also provide an interpretive framework with which the social work practitioners are able to make sense of their work (e.g., social work as a helping profession, or social work as helping people to help themselves). When we look at Habermas’s concept of the “lifeworld”, we find

³⁸ See Emile Durkheim, *The Division of Labour in Society*, trans. W. D. Halls (London: Macmillan, 1984), chap. VII.

that it is a formal concept describing how the background of our everyday social interaction is being continuously reproduced by our language-use. Habermas tells us very little about the substantive content of our everyday lifeworld. He only tells us the conditions under which our everyday lifeworld can be reproduced through the use of language. And we have to follow the pragmatic rules of language if we are to reach understanding with one another in our everyday life. Habermas calls this formal study of our pragmatic use of language “universal pragmatics”, or “formal pragmatics”. He regards the substantive contents of the different lifeworlds as constituted by different cultures and traditions, without intending to tell us exactly what these different lifeworlds are.

Habermas, however, discusses how the reproduction of the “lifeworld” can be endangered by the operation of the “system”. This is called “colonization of the lifeworld”. This takes place when system media (such as money and power) foster a purposive-rational attitude among social actors, and that social actors perceive each other as strategic actors whose objective is to maximize their own self-interests. This makes it possible to *bypass* the process of consensus-oriented communication in coordinating their social interactions. System media (such as money and power) are used instead by social actors to achieve their own ends, or to coordinate their social interactions by influencing the decisions of other

participants. When linguistic communication is not merely simplified, but *replaced* by money and power, moral norms which are embedded in social interactions are devalued in favour of media-steered interactions.³⁹ In other words, the reproduction of the lifeworld is endangered when we do not follow the pragmatic rules of language in our everyday life. By not following the pragmatic rules of language, we are not able to achieve mutual understanding through sincere and undistorted communication. Social interaction becomes increasingly dominated by the use of strategic action, money, and power. In this way, the values and norms implicitly presupposed by the pragmatic use of language are destroyed. The moral and ethical contents of the lifeworld are gradually being “colonized” by the system. Thus, when a social welfare organization’s need for adaptation, cost-effectiveness, or efficiency replaces its goal for protecting, maintaining, or enhancing the personal well-being of individuals, colonization of the lifeworld takes place. This happens when the client is seen not as a subject who needs to be respected and listened to as equal, but as a welfare recipient who is treated with a strategic attitude.

³⁹ Habermas, *The Theory of Communicative Action*, vol. 2, 183.

IV. Guidelines for the Present Research

A. The Notion of “Social Work Management”

The present research attempts to use the bi-level concept of “system-lifeworld” to understand social work management. Before the Hong Kong welfare reforms in the 1990s, management in social welfare agencies was quite simple. According to Au Chor-fai,

“More than half of the subvented social welfare units [were] subvented under [the modified standard cost system]. ... The major strength of the ... subvention system ... [lay] in its security and predictability. This [was] built on the fact that most services [were] subvented on the basis of staffing standards, and that once funded, the subvented unit [could] expect to continue to receive the same level of funding in real terms for as long as the service [was] provided. From the administrative point of view, these characteristics ... [simplified] social welfare management. Because service and staff standards [were] clear and basically the same across organisations, the demands on administration [were] greatly

reduced.”⁴⁰

However, this subvention has also been criticised as being too rigid and inflexible.⁴¹ A management consultant firm was appointed by the government in the 1990s to carry out a review of the subvention system of the social service organizations. Reports given by the consultant firm suggests that the government should set up a new system to monitor the service performance of the different social service organizations, and to change the funding system to a unit-grant funding system. This was to enhance greater flexibility, cost-effectiveness and public accountability. There was a change from an “input-based” subvention system to an “outcome-based” subvention system. From a system perspective, one may study how a social service organization may adapt to this new subvention system and achieve greater effectiveness and efficiency.⁴² Or one may study how a social work administrator can deal with the changing industrial relations (between the manager and the employee) in the social service agency

⁴⁰ Chor-fai Au, “Uncharted Waters for Social Welfare Administrators: Reflections on the proposed new subvented system,” in *Social Work in Hong Kong: Reflections & Challenges*, ed. Shek, D.T.L., Lam, M.C., & Au, C.F. (Hong Kong: Department of Social Work, The Chinese University of Hong Kong, 1997), 166.

⁴¹ Criticism of the then subvention system was raised by many of my informants with respect to the rigid staffing standards.

⁴² For example, see K.T. Chan, “Challenges and future development of social welfare organizations in Hong Kong,” in *Advances in Social Welfare in Hong Kong*, ed. Daniel T.L. Shek, et al (Hong Kong: The Chinese University Press, 2002), 81-97 (in Chinese); 陳錦棠，〈香港社會福利機構面對之挑戰和未來發展〉，載於 *Advances in Social Welfare in Hong Kong*, ed. Daniel T.L. Shek, et al (Hong Kong: The Chinese University Press, 2002), 81-97。

under the new subvention system.⁴³ However, these are not the main concerns in the present research. The present research attempts to study social work management from a lifeworld perspective that is concerned with the moral dimension of social work practice.

As far as I know, few attempts have been made in studying social work management from a lifeworld perspective. As it has been noted above in section I of this chapter, discussions have been raised about the moral dimensions of social work practice, and some social work scholars argue that social work practice is inherently moral in nature. Not many attempts have been made in studying how social work management is different from business management.⁴⁴ Is there a moral dimension in social work management? Does a social work administrator have concerns other than cost-effectiveness and efficiency? What are these concerns? Are these moral concerns? These questions will be studied in the present research. Besides, there have been very few attempts in delineating the impact of the “system” (e.g., the management system and/or the subvention

⁴³ For example, see Chor-fai Au, “Social welfare administrator in the new millennium,” in *Advances in Social Welfare in Hong Kong*, ed. Shek, et al, 99-108 (in Chinese); 區初輝, 〈社福新人類:邁進千禧的社會福利行政人員〉, 載於 *Advances in Social Welfare in Hong Kong*, ed. Shek, et al, 99-108。

⁴⁴ For an attempt to delineate the difference between social work management and business management, see M.S. Tsui and C.H. Cheung, “The Nature of Social Work Administration: the search, the reflection and the revelation,” in *A Preliminary Inquiry of the Nature of Social Work in Chinese Societies*, ed., Guoliang He and Sibin Wang (New Jersey: Global Publishing, 2000), 193-218 (in Chinese) 徐明心、張超雄, 〈社會工作行政的本質:探索、反思與啓示〉, 載於《華人社會社會工作本質的初探》, 何國良、王思斌主編, (新澤西: 八方文化企業公司, 2000), 193-218。

system) upon the “lifeworld” (e.g., the moral ideals in social work practice). A working hypothesis is: the “system” endangers the “social work lifeworld” by fostering a purposive-rational attitude among social actors, (including the social workers and the clients) and that social actors perceive each other as strategic actors whose objective is to maximize their own self-interests. And in this way, the moral ideals embedded in social work practice are *devalued* in favour of money and power. The present research is an attempt to explore the moral dimension of social work management and this “system-lifeworld” relationship.

With respect to the moral ideals presupposed in social work practice, I do not intend to give a comprehensive review of them in this study. This review would require another research study. At present, I would like to single out the notion of “empowerment”. This notion has recently been given more and more importance in social work management and social work practice. This will be further discussed in the following section.

B. The Notion of “Empowerment”

The notion of “empowerment” is so diffuse and vague that it can be embraced by both the “radical” and the “conservative” social work perspective. From the “radical” perspective, “empowerment” entails changing social

structures that oppress the poor and the socially marginalized. From the “conservative” perspective, “empowerment” means treating the “client-as-customer”, and hence to improve the effectiveness and efficiency of the social service organization, so that better quality services can be provided. As described by Joe Leung, “To empower the users, [i.e., the client] social services should seek their views and opinion, maximise their choice, provide them with information on service standards and performance, commit to improve service quality, make performance pledges, survey their satisfaction, encourage their participation in programme decisions, and make services more accessible.”⁴⁵ This notion of “empowerment” has been incorporated in the Service Quality Standards in Hong Kong. There is a third meaning of “empowerment”, which may be more probably named “client participation”. As noted by Joel F. Handler and Naomi Gottlieb, social services cannot be produced without the client participating as a co-producer. Hence, the clients should be respected as equals in the social work setting.⁴⁶ In this case, the client participates more actively than the “client-as-customer” who can participate merely by making their choices and giving their preferences.

⁴⁵ Joe C.B. Leung, “The Advent of Managerialism in Social Welfare: The case of Hong Kong,” *Hong Kong Journal of Social Work*, vol. 36, Nos. 1 & 2 (2002), 67.

⁴⁶ See Handler, “Dependency and discretion,” and Gottlieb, “Empowerment, political analyses, and services for women”.

Looking at the notion of “empowerment” with the bi-level concept of “system-lifeworld”, we may ask whether the rise of managerialism will affect (or distort) this social work ideal. A working hypothesis is: with the rise of managerialism and its market-oriented outlook on social services, social work ideals will more and more deviate from their original meaning to accommodate the business mentality. Hence, “empowerment” becomes “helping the client to become a customer”, rather than “changing the social structure so that the client will no longer be oppressed”.

In the next chapter, I will discuss the research method to be used in the present study.

Chapter Three: Research Method

I. Selection of Sample

Informants from five psychiatric rehabilitation social welfare agencies were selected for the present study. The present research does not aim at providing a general description of the present state of social welfare organizations in Hong Kong. Rather, it aims at achieving a deep understanding of the dilemmas faced by the social work administrators, especially with respect to the tension between attaining organizational effectiveness and social work ideals. Psychiatric rehabilitation social welfare agencies were selected to show these dilemmas.

First, these mental health welfare agencies serve the socially marginalized. They provide services for the ex-mentally ill persons, who were discharged from the psychiatric hospitals. Strong negative stigma is attached to people with mental illness, and they are seen as violent and dangerous to the public. This created certain difficulties for the welfare agencies in providing social services for them. In 1984, strong opposition was raised against the setting up of a halfway house in Sun Chui Estate in Shatin by the estate residents there.¹ In

¹ New Life Psychiatric Rehabilitation Association, *New Life Psychiatric Rehabilitation Association Annual Report 1990* (Hong Kong: New Life Psychiatric Rehabilitation

March 1994, when a psychiatric day training centre was established in the Laugna City private estate, a group of residents watched the psychiatric patients in this centre on a daily basis for a period of more than eight months. These residents tried every means to provoke the psychiatric patients. And if any of the patients were provoked to the extent of violence, an excuse could be made by the residents to push the government to demolish the day training centre.² It can be seen how much social pressure the welfare agencies have to face in order to survive. They may have to fight against social discrimination and follow a more radical approach in social work practice. Or they may have to adapt to the social pressure by limiting their services to “controlling” their clients so that the clients will not do anything deviant from the mainstream social norm. Or they may have to provide their services “invisibly” in an “institution-like” setting that is far away from the community so that the public would not feel threatened by the psychiatric rehabilitation services. This brings us to the next point.

Second, there is the question of whether social work is a form of social control or a form of social care.³ This can also be seen in the case of psychiatric

Association, 1990), 63; quoted in Kam-shing Yip, “An Overview of the Development of Psychiatric Rehabilitation Services in Hong Kong,” *Hong Kong Journal of Mental Health* 26 (1997), 25.

² *Sing Tao Daily*, 7-6-1994, and *Oriental Daily News*, 4-11-1994; quoted in Kam-shing Yip, “An Overview of the Development of Psychiatric Rehabilitation Services in Hong Kong,” 27.

³ For a Marxist critique of social work as a form of social control, see R. Bailey and M. Brake, eds., *Radical Social Work* (London: Edward Arnold, 1975); P. Corrigan and P. Leonard, *Social Work Practice Under Capitalism: A Marxist Approach* (London: Macmillan, 1978).

rehabilitation social services. In 1982, severe psychiatric violence occurred in Un Chau Estate. A working group was appointed by the Hong Kong Government to suggest measures for preventing future psychiatric violence.⁴ It has been argued by Yip that, as a result of the Un Chau Estate incident, the Hong Kong psychiatric rehabilitation services have become oriented towards “social control” rather than “community care”. Purpose built halfway house, the Mental Health Review Tribunal, etc., were established to closely track and control the mental patients with a strong disposition of violence. This was against the ideals of “community care” and “normalization”.⁵ It is not necessary to accept Yip’s pessimistic view on psychiatric rehabilitation in Hong Kong uncritically. But this may be taken as a starting point in studying how the welfare agencies are seeking to achieve the ideal of helping the ex-mentally ill persons to re-integrate into society rather than being pressed to “control” the clients.

Third, the notion of “empowerment” has been widely used in the field of mental health services. But its meaning has been too varied. “Empowerment of the client” may mean that “the client is able to lead an independent life”. Or “the

⁴ Hong Kong Government, *Report of the Working Group on Ex-mentally Ill Patients with a History of Criminal Violence or Assessed Disposition to Violence* (Hong Kong: Hong Kong Government, 1983), 3.

⁵ Kam-shing Yip, “‘Community Institution’: The New Model of Hong Kong Psychiatric Rehabilitation Services in the 1990s and its Feasibility in the 21st Century,” in *Social Policy in Hong Kong 2000*, ed. K. W. Chan and C. T. Wong (Hong Kong: Joint Publishing, 2001) (in Chinese) 葉錦成, 〈“社區院舍”：九十年代香港精神康復服務新模式與廿一世紀的可行性〉, 載於《香港社會政策 2000》, 陳錦華、王志鏗編 (香港：三聯書店, 2001)。

client is able to voice out his/her opinions as a customer in the welfare agencies”.

Or “the client is able to voice out his/her opinions as a citizen to the government with respect to welfare services”. In the current welfare reforms, empowerment in the sense of being a customer is often stressed. But this is not the only meaning used in the mental health setting. We shall see in the present research how these different meanings are practiced in the mental health setting, especially with respect to the ideals of social work practice.

Fourteen informants were selected from the five psychiatric rehabilitation social welfare agencies. The informants held different posts in the welfare agencies, namely the director, the social work supervisor, the officer-in-charge and the social work assistant.

At the time of my research, there were in total only eight social service agencies in Hong Kong that provided halfway house services for the formally hospitalised mental patients. Out of these eight agencies, two were the oldest and the largest ones in the mental health field. Thus, I selected these two in my sample. As I would like to have some small agencies in my sample, I selected three other smaller agencies. I introduced my research proposal to the directors of the five selected agencies. After some careful consideration, the directors allowed me to interview their staff.

Within each of the selected social service agency, I noticed that there were appropriately four different levels of staff. They might have different knowledge and understanding of the recent welfare reforms. In order to have a more comprehensive picture of the welfare reforms (especially with respect to government policy) and the relationship between the agencies and the government officials, it was necessary to interview the directors and the social work supervisors. At the same time, in order to understand the moral dimension of social work practice in the frontline, I had to interview the social workers working in the halfway house. And they were the officers-in-charge and the social work assistants working in the halfway house. I interviewed these four levels not for the purpose of comparison, but to give me a more comprehensive picture of the welfare system and the recent welfare reforms. In selecting the interviewees from these four levels, I was given help by the directors.

II. Data Collection

Semi-structured interviews were the chief research method adopted in the present research. The fourteen informants were interviewed between September 1998 and October 1999. For each informant, the number of interviews varied

from once to seven times. Each interview lasted for one to one and a half hours.

The interview schedule is shown in table 3.1. The schedule was used as a guideline in listing out the main areas to be covered in the interviews. Follow-up questions were often used to get a better understanding on particular topics.

Table 3.1 An interview schedule with the agency head/officer-in-charge

The main areas	Questions
1. Getting resources	<p>1.1 How to get adequate resources for the agency's operation?</p> <p>1.2 What is the percentage of the Social Welfare Department's subvention to the agency's total income? How does this affect the agency's operation and development?</p> <p>1.3 What is the percentage of the Community Chest's subvention to the agency's total income? How does this affect the agency's operation and development?</p> <p>1.4 Is it necessary to compete for resources with other organizations? What are the competitors? (Does the Hospital Authority become one of the competitors as it provides services similar to the agency's? How does the work done by the Hospital Authority affect the agency's services and its development?</p> <p>1.5 Will these competitions for resources affect the cooperation with other organizations?</p>
2. Getting public acceptance	<p>2.1 How does "public acceptance" affect the agency's service provision and development?</p> <p>2.2 How to make the public more understand and accept the agency's work? What do the tasks include? (E.g., the media, relationship with the community in which the service unit is located, the agency's image, etc.)</p>
3. Cost-effectiveness	<p>3.1 Is cost-effectiveness one of the main concerns in the agency's operation? Why, or why not?</p> <p>3.2 What are the methods used to calculate cost-effectiveness? How are these methods found?</p> <p>3.3 Is there any service that is difficult to be evaluated with the criterion of cost-effectiveness? What are those services?</p> <p>3.4 How does the agency attain cost-effectiveness?</p>
4. Accountable to the government	<p>4.1 How does the government monitor the agency's operation?</p> <p>4.2 What is covered by the "Service Quality Standards"</p>

	<p>and the "Funding and Service Agreements" as agreed by the agency and the government? How do these agreements affect the agency's operation and development?</p> <p>4.3 What are the staffing standards as required by the government in the agency's services? How do these standards affect the agency's operation and development? (E.g., how does the government's requirement for staffing in a halfway house affect the house's operation?)</p> <p>4.4 What are the requirements given by the government for particular services? How do these requirements affect the agency's operation? (E.g., the government may require the residents in the halfway house to bring along the follow-up letter, written by the staff of the halfway house, during psychiatric consultations. What is the rationale for this requirement? How does this affect the halfway house's operation?)</p>
5. Staff training and supervision	<p>5.1 What kind of in-service training is provided by the agency? How does the training affect the staff?</p> <p>5.2 How does a supervisor supervise his/her subordinate?</p> <p>5.3 How to build up the team spirit in the agency, or in the service unit?</p>
6. Meeting the service user's needs	<p>6.1 What kind of service is provided by the agency?</p> <p>6.2 What are the constraints encountered by the agency in its development?</p> <p>6.3 How does the agency identify the service user's needs (especially those needs that are not identified, or satisfied by the present services)?</p> <p>6.4 Is it sometimes necessary to rely on the cooperation of government departments (e.g., the social welfare department, the housing department, etc.), other organizations, and other people in order to satisfy a service user's particular needs (e.g., compassionate re-housing, supported employment, open employment, etc.)? What is your experience in working with these other organizations? How do the others (e.g., the staff in the social welfare department, medical social worker, etc.) understand the service user's needs? Is their understanding appropriate or adequate?</p>
7. Practicing social work values	<p>7.1 Which social work values are particularly emphasized by the agency? How are these values reflected in the services/operation of the agency?</p> <p>7.2 Does the agency have a religious background? If so, how does the religious background affect the services/operation of the agency?</p> <p>7.3 Is there any difficulty in practicing social work values in the face of material constraints and the government's regulations? What are those difficulties? What is your experience?</p>

Before conducting the semi-structured interviews, I was given a chance to do some participant observation in a halfway house by an agency's director. I was able to observe the everyday activities of the staff and the residents in the halfway house. I also participated in the house meetings (舍友大會), the dorm meetings (房會), and the staff meetings (職員會). I also participated as a helper in some of the activities organized in the halfway house, such as paying visits to the supported hostels, and outings. This experience helped me understand the daily operations of the halfway house better. Based on this experience, I drafted some of the questions in the semi-structured interviews. The interview schedule was only used as a guideline in the interviews. New themes (e.g., empowerment) appeared and were then followed up in the interviews.

III. Background of the Informants

Fourteen social work practitioners were invited for interviews. The interviews took place from September 1998 to October 1999. The informants came from five social welfare agencies in the psychiatric rehabilitation setting. For the sake of clarity, I will tabulate the informant's background in Table 4.1.

Table 4.1 Backgrounds of the Informants

Name⁶	Post	Agency⁷	Commitment
Carmen	Agency head	AF Association	1 interview (about 1.5 hours) ⁸
Jenny	Agency head	BF Association	5 interviews (about 7.5 hours)
Karen	Agency head	CF Association	2 interviews (about 4 hours)
Margaret	Agency head	DF Association	1 interview (about 1.5 hours)
Doris	Social service coordinator	EF Association	2 interviews (about 3 hours)
William	Social work supervisor	CF Association	2 interviews (about 3 hours)
Brian	Social work supervisor	BF Association	7 interviews (about 10.5 hours)
Charles	Social work supervisor	DF Association	1 interview (about 1.5 hours)
Clement	Officer-in-charge of a halfway house	EF Association	3 interviews (about 4.5 hours)
Jessica	Officer-in-charge of a halfway house	AF Association	4 interviews (about 6 hours)
Rita	Officer-in-charge of a halfway house	BF Association	6 interviews (about 9 hours)
Lucia	Officer-in-charge of a halfway house	CF Association	1 interview (about 1 hour)
Kitty	Social work assistant of a halfway house	EF Association	1 interview (about 1 hour)
Susan	Social work assistant of a halfway house	BF Association	1 interview (about 1.5 hours)

IV. Limitations of this Research

Based on data of the fourteen informants of five psychiatric rehabilitation agencies, the present research is inadequate in providing a full “casual explanation” of the relationship between managerialism and the moral dimension

⁶ The names used here are not the real names of the informants.

⁷ The names used here are not the real names of the social welfare agencies.

⁸ This is the total sum hours of all interviews of each informant.

of social work practice. However, the main concern of the present research is not to achieve “causal explanation”, but to reach a “deep understanding” of social work management with respect to the moral dimension of social work practice. In order to give a “thick description” of social work management in the psychiatric social service agencies, social work management is conceptualized not simply as the technical application of management skills or techniques. Rather, social work management is conceptualized in relation to the relevant social context of social work practice. According to my understanding, the social work context is constituted by the moral norms and values embedded in substantive social work practice. These moral norms and values are the “moral framework” with which the social workers makes sense of the meaning of their everyday social work practice, their client’s problem, and the goal that the client should strive for. Hence, in the next chapter, I will begin with a discussion of the moral orientations of the social welfare agencies in the psychiatric rehabilitation setting.

When I ask the question of whether the “moral lifeworld of social work practice” is endangered by the “managerialist welfare system” in the present research, I am not arguing that managerialism is the only factor affecting moral practice. As noted above, the present research does not aim at achieving a full

“causal explanation”. Rather, I am more concerned with how social work management can be studied from the moral perspective of social work practice, and whether the managerialist perspective of “purposive rationality” will belittle, or even neglect the moral connotations of social work management.

From a broader perspective, the present research is an example of hermeneutic social research. It studies social work management from the critical hermeneutic perspective of Jurgen Habermas with the concept of “communicative rationality” and the “system-lifeworld” perspective. While the present research may be criticised as being limited in its causal explanatory power, it gives us a deep understanding of social work management in relation to its moral foundation.

Chapter Four: Findings

I. Moral Orientations of the Social Welfare Agencies in the Psychiatric Rehabilitation Setting

The present research studies social work management with particular reference to the moral dimension of social work practice. In presenting the findings, it is appropriate to take note of the underlying moral orientations of the different social welfare agencies studied in the present research.

A. Therapeutic Community

The CF Association (a psychiatric rehabilitation social welfare agency) based its management practice on the therapeutic community model, especially in the management of halfway houses for the ex-mentally ill persons. R. N. Rapoport summarized the idea of the therapeutic community as follows:

- (i) **Democratization:** every person has a vote; everyone's opinion – nurse, doctor or patient – is as good as the other.
- (ii) **Permissiveness:** the members are expected to tolerate disturbed

behaviour; discussion is better than discipline.

- (iii) **Communalism:** equality and sharing are valuable; everyone should express their thoughts and share them with others.
- (iv) **Reality confrontation:** all are expected to face their problems, and interpretations are vigorously forced on them.¹

From R. N. Rapoport's description, we may note that the therapeutic community model is not merely some kind of technical social work skills. Rather, it contains a certain understanding of the "good" community, specifically the community in which the ex-mentally ill persons should live. The model cherishes certain moral values, including democracy, tolerance, community, and reality confrontation.

Karen, the agency head of CF Association, described the therapeutic community not as a concrete practice theory, but as an underlying moral orientation that,

"respect for the individual, and support for

opportunities for personal growth, and encouraging

¹ R. N. Rapoport, *Community as Doctor* (London: Tavistock Publications, 1960), 105.

people to interact and care for each other. And I think that is a very nice way of putting it. I think that's what is now, I think, has moved away from some idea of a very concrete theory, a very absolute theory, like therapeutic community. More like just a, a way of working, an underlying philosophy."

It may not be possible to prove that promoting community care is a logical consequence of upholding the underlying moral orientation of therapeutic community. Nevertheless, Karen made it clear that she was in favour of running small community-type halfway houses in the public housing estates rather than running the halfway houses in the large institutions.² A large psychiatric rehabilitation institution, such as the New Life Building, may house up to 3 halfway houses, 1 long stay care home, 1 sheltered workshop, 1 activity centre,

² In psychiatric rehabilitation, providing psychiatric social services in a large institution usually means that its operation is more similar to that of a hospital than that of a small community type. The services are provided on a large scale (serving a large number of clients) in a large building that is quite far away from the community. Most of the psychiatric services needed by the clients are provided inside the large building. Thus, it is not necessary for the clients to leave the building, but to spend their everyday life inside it. This is often contrasted with community type psychiatric services that are operated on a much smaller scale so that a more home-like environment can be created for the clients. Besides, the clients are encouraged to spend their free time in the neighbouring community. For the situation in Hong Kong, see Kam-shing Yip, " 'Community Institution': The New Model of Hong Kong Psychiatric Rehabilitation Services in the 1990s and its Feasibility in the 21st Century," in *Social Policy in Hong Kong 2000*, ed. K. W. Chan and C. T. Wong (Hong Kong: Joint Publishing, 2001) (in Chinese) 葉錦成,〈“社區院舍”：九十年代香港精神康復服務新模式與廿一世紀的可行性〉,載於《香港社會政策 2000》,陳錦華、王志鏗編(香港:三聯書店,2001)。

and 1 central kitchen which cooks daily meals for 700 persons. Karen explained why she would not apply for one of these large institutions,

“Partly because I don’t think we ever get the money that we have to put into it. Because you normally have to put extra money in. And that’s not by then we are able to do that. And secondly, on principle, I would be very unhappy to manage them. I am sure our agency could do it. It’s a very tempting thing, in many ways. Because our staff said, ‘Well look, we do it better than anybody else.’ And I said. My argument is we don’t want to run good institutions. We want to run good community care facilities.³ And yes, of course, we could do it well. But it would change. There is no way that it would be anything like what we do now, because it would be a big institution. ... I actually don’t believe that we get community integration when we have people inside institutions.”

³ For the differences between institutions and community care facilities in the psychiatric rehabilitation setting, see footnote 5 above.

One may argue that this is because in the large institution, the ex-mentally ill persons (i.e. the clients) are living behind the walls. The large institution literally separates the clients from the community. But how can a small community type halfway house help the clients to be re-integrated into the community? Karen explained,

“At Wan Chai House⁴ [a halfway house of the CF Association], people can poke out and buy ... go down to the neighbourhood food stall [大牌檔], perhaps snacks whenever they want to. It’s not going to be so frightening for them when they’re living in a compassionate re-housing unit in a public housing estate [after being discharged from the halfway house]. Because they’ve been ... Their social integration is still good. But if you’ve been living isolated in an institution, where you haven’t ... It becomes more frightening to go out, becomes more and more

The name used here is not the real name of the halfway house.

frightening going out. Because you'll feel safe in your ... So instead of going to a CR [compassionate re-housing] unit, you prefer to go to a long stay care home in the same building [i.e., in the same large institution].”

In view of the ideals of “therapeutic community” and “community integration”, it is interesting to note that Karen had a high expectation towards the clients living in the halfway houses. To Karen, the halfway house is not simply a place providing food and lodging, similar to a hostel or a hotel. It is a place where the clients are expected to participate. Karen explained this to me when I wondered why there had been such a big difference of opinion between the psychiatrists (from the Hospital Authority) and the social work administrators (from the different social welfare agencies) with respect to their different understanding of the halfway house.

In Hong Kong, when mental patients are ready to be discharged from the public hospitals, these mental patients may apply for the halfway house. At the time of the interview (i.e., in 1998), two assessments had to be made before the to-be-discharged mental patient would be accepted to the halfway house. One

assessment would be done by the psychiatrist in the public hospital. The other one would be done by the halfway house concerned. At that time, the psychiatrists from the public hospitals (as represented by the Hospital Authority) complained why there should be two assessments. They wondered whether the second assessment was slowing down the discharge process. And they queried whether the social welfare agencies were selecting the “non-problematic” cases to be discharged to the halfway house. When I raised this issue to Karen, she said,

“Nobody has ever proved to me that there is a second assessment that delays, that causes so much delay ...

The reason I would fight very hard to keep the second assessment is, that, firstly, frankly, some medical officers have no idea at all about what a halfway house is. They think we should just take everybody ... anybody and everybody.”

And with respect to the issue of selecting the “non-problematic” cases, Karen argued that the psychiatrists were only thinking in terms of the medical

model of illness and they were not thinking in psycho-social rehabilitation terms.

Here Karen elaborated on the particular characteristics of psychiatric rehabilitation social services. She said,

“[The psychiatrists’] job is to take everybody ...
absolutely right, whatever the person’s ability. It is
their job to take him/her into hospital, whether they are
psychotic or neurotic or that one has a suicide attempt.
And it is not our job to take anybody. We ... our job,
to take the people, to re-integrate, and to rehabilitate
them into the community. And the biggest factor for
that, is their willingness to want to be rehabilitated.
Because I can’t make somebody want to be
rehabilitated. If I take somebody into the halfway
house who is not really interested, they are going to
end up, I guarantee, they will go to a long stay care
home unit. Because if they don’t want the buffer of
being rehabilitated then there is nothing I can do. It’s
like an alcoholic or drug addict. If they don’t want to

change, what can I do?"

It is clear from the above that "community re-integration" is a major goal of psychiatric rehabilitation social services. One prerequisite for attaining this goal is the client's willingness to be rehabilitated. In other words, the client should be willing to take up the responsibility of living his or her own life, or to take control of his or her own life. This may be recapitulated in the more theoretical sense as "empowerment of the client". This understanding of "empowerment" is quite different from the managerialist understanding of "empowerment". In the managerialist discourse, "empowerment of the client" means that the client is to be treated as a "consumer" or a "service user" so that the service performance of the welfare agency will be monitored and improved. In a culture of consumer sovereignty, this may encourage the client to become a passive consumer demanding more and better services from the welfare agency, rather than making great demands on himself or herself to cope with life. The notion of "empowerment" will be discussed later to see how the social work managers understand it. At the moment, we will continue with Karen's explanation of the need for the second assessment for those going to the halfway house. Karen said,

“For me, [the second assessment] clarifies, because a lot of the time ... Again, I can’t really say this very openly. But some of the doctors, some of the medical officers spend 5 minutes, even when they’re doing the assessments for somebody to come to the halfway house. They know the patient. They’ve seen the patient five or six times, maybe, four or five minutes each time. They have no idea. They don’t give us a clear background. [In the second assessment], [a]t least that we see somebody who knows our halfway house and whose judgement you trust a bit more. We feel more comfortable having [the patient] in the halfway house. I believe, I believe the [second] assessment is better. I don’t think some of the doctors do very good assessments. They just want, they want the person out of the hospital so they have a spare bed. So they may, even when the person is perhaps not really very able ... And [the patient] maybe very unable to do things, you know, unable to cope with

life ...But in the doctors' point of view they want to push [the patient] out of the hospital. It's basically, I think what the second assessment does, it firstly confirms for us that the person is medically suitable and fit to come to the halfway house."

Besides confirming the medical assessment given by the psychiatrist in the public hospital and giving the welfare agency more confidence in receiving the client to the halfway house, the second assessment has a second purpose. Karen said,

"Even if there were good medical assessments in the hospital, I would still like a client to be assessed by somebody who knows our halfway house, who knows our facilities, who knows how we work. Because I think they would then, they would then put the person into the right place. Because it's not just a matter of pushing someone out, you've got to see if the person really fits into the halfway house. Because not

everybody suits being in a halfway house, not
everybody suits being in a mixed sex halfway house.
And we also have been quite demanding ... Doctor
Young was saying [in the AGM that] a lot of his
patients like, you know, some of them like being in the
CF Association [halfway] house. Some of them don't.
It's too challenging, too demanding. It's not just the
hotel. It's somewhere where you're supposed to come,
and you're supposed to participate, and you're not in a
hostel or a hotel. You're in a halfway house."

As shown in the above, the underlying moral orientation of a particular
welfare agency can be understood by looking at how it treats and expects its
clients. Besides, this can be seen from the way the staff is managed in the
welfare agency. Lucia, an officer-in-charge working in a CF Association halfway
house, told me how she managed her staff within the therapeutic community
model. She said,

"There is no specialized division of labour [in our staff

team]. In other words, the nurse will not only perform the duty of a nurse, giving medication ... From my point of view, every member of the staff is a social worker. And no one [in the team] is irreplaceable ... And in the teamwork, cooperation is most important. Understanding of the staff member is also important. But this does not mean that this is a completely warm and harmonious place. I will create conflict. Because if there is no conflict, they will not grow, and they will not see that the other staff members also have their own weakness. They may think that as a team, everyone should be happy. It is okay when each one can do his/her job according to his/her ability. But from my point of view, this does not mean that you have no weakness. What is meant by teamwork is to accept the other's weakness and to encourage his/her strength. That doesn't mean that by covering up your weakness, your weakness will disappear. There is another dimension in the team spirit. If you have

weakness, I have to help you, but not to encourage you
to deny the weakness ... In fact, in the therapeutic
community model, there is 'reality confrontation', and
we will practice this."

Lucia told me that there was no specialized division of labour in her staff
team, and every member of the staff would be seen as a social worker. I
wondered what a trained nurse would feel in this setting. I asked Lucia, "If I am a
nurse and not familiar with social work. My way of doing things is that in a
hospital setting. Even in the other agencies, my professional training as a nurse is
highlighted ... Will this looking at me as a social worker pressurize me,
especially when I have not received any social work training?" Lucia answered,

"I do not want to look at social work as a very
'powerful' profession. From my point of view, social
worker is a layman. When a person's personality is
okay and knows how to speak in appropriate terms,
s/he can be a social worker. The question is whether
s/he has studied [social work]. And studying [social

work] is getting some theories. But in fact, in social work practice, these [theories] are not the most important thing. It is the person's values [that matter]. Thus, when you asked me whether I had given them pressure, it depends on how you look at pressure.

When I recruit a member of the staff, I mainly look at his/her values ... I will only employ a staff when I can see that s/he has social work values [e.g., respect the other's values] ... When a staff member first comes to work, I will give him/her a lot of supervision. I will not only talk with him/her about his/her work, but also his/her personal life. And see if I can help him/her.

From my point of view, if a social worker cannot deal with his/her own emotional problems, how can s/he deal with the other's? Thus, I will talk with him/her about how one can deal with one's own emotional problems. After that, I will elaborate on how s/he could deal with the client. Thus, during the process of supervision, I will give him/her some tests on

self-understanding and see his/her performance. For example, when Jennifer [the nurse] first came to work here, she was not quite competent. Because she said that she did not know social work. But listen to what she says now, many things are, in fact, things in social work. She does not know that much. The question is how you encourage her, 'You are, in fact, practising it [social work].'"

It is clear that Lucia stressed the staff's self-understanding and values, rather than professional training and knowledge in selecting appropriate staff for her team. But I was still puzzled by Lucia's use of "conflict" in managing her team. I asked her to explain and I began to realize how this was consistent with the value of "reality confrontation" in the therapeutic community model. Lucia said,

"In fact, the staff members are very tolerant towards each other ... For instance, when s/he is not satisfied with the other staff member, s/he will not say it. S/he just tolerates the other person ... In fact, this is not

harmony. In this situation, I will ask them, 'Why don't you say anything? You are so unhappy, and why don't you say anything? Or you may feel that the other staff member is not doing well, and why don't you say something?' In fact, I only hope that the person will express his/her feelings ... When I first came here, the staff members working here had already known each other for a long time ... They told me that they were getting along with one another very well. They were so peaceful, so accepting of each other. But I tell you, my point of view is different. I believed because their work was so trivial that they did not have a chance for the division of labour. When there was no division of labour, you would not know whether there would be any conflicts when working together. Thus, when I first came here, I wanted them to have a lot of programmes. I gave them a lot of work to do. At that time, I deliberately pushed them, so that they would know that they did not have the adequate ability. A

particular staff member was weak in a certain aspect, and became a burden to the team. When this occurred, I began to ask them to see how far their abilities were really up to scratch. I asked them how they could accept the other colleague, who had weaknesses. Or how could they make him/her change? And how could they make their own colleagues accept their own weaknesses? I wanted them to learn all these from their hearts. They all know these now. Working for a long time doesn't mean they are really competent. And working for a long time doesn't mean they are getting along very well."

I realized that this acceptance of one's own and the other's weaknesses is a kind of "reality confrontation". And Lucia said, "It is not appropriate to evade these matters."

The therapeutic community model stresses the importance of democratization in managing the halfway house. D. H. Clark also pointed out that, in practice, the therapeutic community should have a flat authority

pyramid.⁵ I asked Lucia how she perceived her power and authority in managing her subordinates. She answered,

“I do not consider myself as an authority when I ask them to perform some tasks. It is true that my position has given me the authority to give them orders. I cannot escape this reality. The question is what kind of relationship there is between my subordinates and me? ... In asking them to perform some tasks, I always ask them with courtesy and invitation. [And I] explain to them what I wanted them to do. This is to let them know that I do not do things arbitrarily ... I do make mistakes. When I make mistakes, I will apologize ... When I make mistakes before the resident [i.e., the client living in the halfway house], I will also apologize to the resident. They have to learn this.”

⁵ D. H. Clark, “The therapeutic community: concept, practice and future,” *British Journal of Psychiatry* (1965), 950.

It seemed easier for the staff to understand the flat authority pyramid, that is, following the officer-in-charge because of substantive reasons, rather than authority and power. But for the clients (residents) in the halfway house, it seemed that the officer-in-charge is on a more difficult position. On the one hand, the officer-in-charge has to discipline the clients, and make them follow the rules in the house. On the other hand, the officer-in-charge is a social worker who cares, understands, and helps the clients. I asked Lucia how she could handle these two roles. She did not answer my question. Instead, she told me about her grievances against the agency's central administration. She said,

“I do not want to entertain so many visitors ... I would not do a thing that doesn't benefit the residents. But sometimes, the social service agency wants [us to entertain the visitors]. Because this is an agency halfway house, there is no other way but to do it ... [The visitors] come here for a 15 minutes visit. Our residents are not able to talk with the visitors ... The residents can learn nothing from it. The halfway house is treated as a zoo. I do not prefer this. I stress the

importance of [the residents'] dignity and their needs.

When you do not give them a chance to express what

they want to say, or to learn; [when you do not]

understand their inner lives, and to share with them,

what are you coming here for? At this level, I feel that

there is a conflict between the administrative level and

the level as a social worker."

Then, Lucia returned to answer my question. Lucia told me that there had been a conflict between her as an officer-in-charge and as a social worker in the beginning. But after some time, there was no longer such a conflict. Lucia explained,

"Sometimes, when you discharge the duty of an

officer-in-charge, it is hoped that [the residents] can be

helped. Many people might think that as a social

worker, I must have a lot of tolerance and acceptance

towards [the residents]. From my point of view, mere

acceptance cannot help them, especially when they

have a strong sick role. Merely accepting their sick role doesn't mean that they would know their own problems. Thus, sometimes I have to do something, like warning them, or to make them leave the halfway house [when they breach the regulations of the halfway house]. This is to let them know that this is an important matter, and they have a responsibility. Even if they say that they have an illness, they have a responsibility ... Sometimes, this suppresses me from doing some social work, ... and some duties. Am I acting a bit too coldly? Or is it too severe? I would consider the halfway house as a re-socialization agent. There were some problems in [the resident's] previous socialization process. Something in the halfway house should help [the resident] re-learn the appropriate things. If this cannot be done here, how can you help him/her then? Thus, it may be too severe sometimes, but we must let them know why we have to do it this way. It is not okay just to accept them. When I make

[the resident] leave, it is most important to let him/her know the reason why.”

In talking about the halfway house as a re-socialization agent, Lucia also mentioned the impact of institutionalization through hospital life on the residents. Lucia said,

“In the hospital, they only know obeying rules. After being discharged from the hospital, they would follow the rules without asking the reason behind them. ... They still stay at the stage of ‘right’ and ‘wrong’, what is bad and will be punished. You have to bring them back to the stage of being able to discern between ‘good’ and ‘bad’. This is why, sometimes, I let the residents challenge my colleagues [and me].”

In the interview, Lucia always stressed that it was no use just to carry out the rules. It was more important to explain to the residents the reasons why those rules should be carried out. And this, I think, is part of the process of

de-institutionalization in the halfway house. This is consistent with the goal of rehabilitating the clients to be re-integrated back into the community.

B. Client Participation

In other social welfare agencies, the underlying moral orientation may not be as explicit as that of the CF Association in articulating the therapeutic community model as the basis for its mental health services. But it is still possible to study their underlying moral orientations by looking at what they promote for the clients. In the BF Association, “client participation” was being promoted as a value in providing social services for its clients. Jenny, the agency head of the BF Association, told me that there were different levels of “client participation”. These different levels were listed as follows:

- (i) The most basic level: concerning whether the client was allowed to make decisions for his/her own matters, for example, the way s/he makes his/her bed. Or whether the client was allowed to bring his/her personal belongings to the halfway house.
- (ii) Concerning the sleeping room that the client shared with others: how did the roommates coordinate with each other? How much was the

client allowed to change the room setting, e.g., decoration, or other arrangements concerning the room.

- (iii) Concerning social activities organized by the clients themselves.
- (iv) Concerning taking medication by themselves.
- (v) Concerning the operation of the whole house, e.g., the time of closing the door and/or turning off the lights in the house, the choice of watching certain TV channels, the daily menu, etc.

In practising “client participation” in the social welfare agency, Jenny explained,

“We have to strike a balance, as there are 40 people living in the halfway house. How do you allow [the clients] to have some self-determination, without affecting the others? And the house has also made some rules. We need to learn slowly how to strike the balance. There are differences in different houses, because it depends very much upon how much our staff is willing to let go. We always say, ‘There are a

lot of pre-requisites for “client participation”.’ For example, is there [adequate] information [for the client]? Do you respect the client when s/he raises his/her opinion? Is our staff ready to accept, or listen to these opinions? And are the clients ready to voice their opinions? Very often, the clients are not willing, or not ready, or not used to voice their opinions. When the client does not voice it, it doesn’t mean that s/he has no opinion, and you can make the decision yourself. In fact, you [should] encourage him/her, or find some ways that s/he can express his/her views. I think this concerns the readiness in attitude, or mentality. In other words, our staff has to be ready to do it. At first, when we talked about [‘client participation’], our staff was a bit resistant to it. They felt that in allowing the client to make decisions, [the client] would challenge [the staff’s] authority ... [The staff argued,] ‘If the client refuses to see the psychiatrist, to take medication, what should we do?

Where is our limit? ... When one room wants this and the other room wants that, what should we do? ... If the house operates 24 hours a day and does not turn the lights off, what should we do?' They would talk about a lot of extreme situations. But in fact, in reality, we can see that the clients are very submissive. Sometimes the clients are more self-constrained than we are. In others words, when we want to give the clients more flexibility, they would say 'no'. [They said,] 'We cannot sleep late. We would not have enough energy to work the following morning.' ... In fact, for the greatest part, [the clients] know that. Therefore, ... things that are assumed by our staff are only extreme cases. It is because of their reluctance to face this situation."

Jenny explained to me that "client participation" is a necessary element in her work. She said,

“We are doing a community service. What do we want to achieve? We don’t want to control these clients. We hope that they can take charge of their own lives. Then, what is our role? Our role is to help them regain control of their own lives. Then, how do you help them regain control of their lives? If you make all the decisions for the clients when they are living in the halfway house, ... then when they move out of the house and have no one to remind them, this will still be bad for them. Therefore, I think that in our work ... what we talk about as the transitional period. How do you let the clients become themselves and take control of their future lives?”

In hearing this, I realized that Jenny’s notion of “client participation” is quite different from the consumerist notion of “consumer rights”. I asked Jenny whether the Social Welfare Department had asked her to implement this idea of “client participation” in running the halfway house service. She said that the Social Welfare Department did not ask for this explicitly. She said,

“You can say that all these are in our social work values, what we learned from our training. The question is how much you carry them out. Some people are practising them without saying it. Some others do not value these principles. They think that it is OK when the halfway house is neat and tidy and administratively accountable ... They can answer all the questions raised by the Social Welfare Department. They have [achieved] the [appropriate] turnover rate, the [appropriate] occupancy rate. [In other words,] all the statistics looks fine, and the management looks fine ... But I ... believe in social work values ... In the beginning, when we raise this issue [concerning ‘client participation’], there were a lot of hesitations among our staff. Of course, there were some individuals who agreed and were willing to try. Gradually, an atmosphere was created. All of us could see the need [for ‘client participation’]. And the outcome is

significant. You asked whether the Social Welfare Department required me to do this? The Social Welfare Department will certainly not require me to do this.”

At the time of interview, (i.e., in 1999) the Social Welfare Department had already been asking the government-subsidized welfare agencies to implement the Service Quality Standards (SQSs). These SQSs were used to monitor the service performance of the welfare agencies with respect to a number of quality standards, and were measured with a number of indicators. I asked Jenny whether these quality standards could show their work on “client participation”. Jenny was silent for a few seconds. Then she said,

“Maybe [these quality standards] can measure some aspects [of ‘client participation’]. For example, [the standards] mentioned that your information should be made more accessible. Or the client should know under what circumstances, s/he will be discharged or can leave the service. In these aspects, there maybe a

little help. But I think that things like the [Service Quality Standards] are quite dead and rigid. I always think, when you want to carry out ['client participation'], it all depends on your attitude ... For example, when a staff member is working out the year plan, s/he may use the questionnaire [and other methods] to collect [the clients'] views. But it turns out that all the collected views are what s/he has already anticipated. Because the problem is ... s/he can use leading questions [to collect views], and does not allow any space for [the clients] to express their own opinions. Or you don't encourage them to voice them. When they do not voice them, you treat them as having no opinion ... Thus, what I am concerned with is that it comes from the heart. In other words, do you want to do this? Do you really believe in this, and are you not being forced by the others? ... Even for the Service Quality Standards, if you do not go for ['client participation'], you can always be perfunctory in doing

it ... What our organization needs to do, is to cultivate
our staff's mentality ... Frankly speaking, you can
quite easily satisfy the outside requirements. But in my
opinion, if you really want good service, it has to be
come from your heart. Especially, we talk about
'person-centred service', 'quality service', etc. ...
Motivation from the heart is more important than the
requirements set by the others."

This brings us to the question of how social work values may be distorted
by government control of the social welfare agency. This will be discussed in the
next section.

II. Government Control Over the Social Welfare Agencies

Government control of the social welfare agencies may take the form of
imposing external constraints on the welfare agencies, such as the government
established staffing standard with which the welfare agencies must comply, and
the government subvention of the welfare agencies. Government control may

also take a more subtle form of setting up the criteria with which the performance of the welfare agencies is to be evaluated. This is related to the problem of how “cost-effectiveness” and “success rate” are to be defined. Should they be defined in purely economic terms, or in human terms? In this section, the following issues will be studied: (a) staffing standard of the halfway house, (b) government subvention, (c) the meanings of “cost-effectiveness”, and (d) the monitoring of service performance.

A. Staffing Standard of the Halfway House

The halfway house is a transitional residential care service provided for the ex-mentally ill persons, who have been discharged from the hospital, to help them re-integrate into the community. It is a psychiatric rehabilitation service. In Hong Kong, psychiatric rehabilitation social services began at the time when an experimental halfway house was started by the New Life Mutual Aid Club (later re-organized to form the New Life Psychiatric Rehabilitation Association) in 1964 for three discharged mental patients from Castle Peak Hospital.⁶ In 1967, a male halfway house (Irene House) with 20 beds was built by the Mental Health Association of Hong Kong in Wong Tai Sin Public Estate. It was the first

⁶ Stella Liu, “The New Life and I,” in *New Life Psychiatric Rehabilitation Association 1989-90 Annual Report* (Hong Kong: New Life Psychiatric Rehabilitation Association, 1990), 49-51.

halfway house in a public estate.⁷ Other psychiatric rehabilitation services, such as sheltered workshops, rehabilitation farms were also tried out by the social welfare agencies. At first, these rehabilitation services appeared in the form of pilot projects and did not receive formal recognition and subvention from the government. There was minimal manpower and resources input into these initial attempts. It was only gradually that the government financed and supported the halfway houses and the sheltered workshops.⁸

In 1982, a severe psychiatric violent incident occurred in Un Chau Estate. A non-compliant psychiatric outpatient killed his mother and sister at home, three more victims on the staircase, and a number of children in a kindergarten. This incident aroused the concern of the whole society. A working group was appointed by the Hong Kong Government to suggest measures for preventing future psychiatric violence.⁹

In 1984, a standard halfway house policy was established by the government. A standard halfway house accommodates 40 persons in an area of about 540 square metres. It is staffed by one assistant social work officer (ASWO)

⁷ T. N. Foo, "The Mental Health Association of Hong Kong: A Brief History," in *Aspects of Mental Health Care: Hong Kong 1981*, ed. T. P. Khoo (Hong Kong: Mental Health Association of Hong Kong, 1981), 85-103.

⁸ See Kam-shing Yip, "An Overview of the Development of Psychiatric Rehabilitation Services in Hong Kong," *Hong Kong Journal of Mental Health* 26 (1997), 8-27.

⁹ Hong Kong Government, *Report of the Working Group on Ex-mentally Ill Patients with a History of Criminal Violence or Assessed Disposition to Violence* (Hong Kong: Hong Kong Government, 1983).

as the officer-in-charge, with the assistance of one senior welfare worker (SWW), five welfare workers (WW), two psychiatric enrolled nurses (EN), one cook, and one minor staff.¹⁰ When I raised the issue of the staffing standard in the halfway house to Jenny (the agency head of the BF Association) in the interview, Jenny recalled that when she entered the field of mental health social services in 1983, there were only four members of staff in a halfway house (with 30 beds). The officer-in-charge was usually a diploma holder in social work, at the rank of a social work assistant (SWA). Besides, there were two welfare workers (WW), and one caretaker (or workman). I asked Jenny what she thought about the two different staffing standards. Jenny said,

“To a certain extent, you may say that it was more natural at that time [i.e. back in the old days in 1983].

The worker-client relationship was, in fact, very natural ... You could not in any way work as a worker.

You could only treat them as a family member.

Everyone lived together, worked together. It was in this way that s/he [i.e. the client] was to be influenced.

¹⁰ New Life Psychiatric Rehabilitation Association, *New Life Psychiatric Rehabilitation Association 1989-90 Annual Report* (Hong Kong: New Life Psychiatric Rehabilitation

You could not possibly help him/her with a caseworker as it is now ... I think the expectation at that time was that the worker in the halfway house was to take care of the client's daily living, and to see if there was anything wrong. If there was anything wrong, [the worker] had to refer the client out. I do not know whether that was good. In fact, it might be good. Because if you look at it from the other side, [you may ask whether] the present practice [i.e., in following the 1984 government established standard halfway house staffing standard] has become too institutionalized? At present, there is more manpower. But it has become too institutionalized, with a clearly defined division of labour. There is less close contact, because when there are more people, relationship building will be worse."

Then we talked about the more "professional" worker-client relationship (after the 1984 government established staffing standard) in the halfway house.

This can be seen in the role played by the officer-in-charge in the halfway house.

The officer-in charge takes up the dual role of being the only social worker as well as the manager in the halfway house. Jenny said,

“[The officer-in-charge] is the only social worker [in the halfway house] ... How much time should s/he spend in providing professional input? And how much should s/he spend in doing administrative work? In fact, there are sometimes some contradictions [between these two roles]. On the one hand, [the officer-in-charge] is a social worker ... [S/he] uses [his/her] skills and knowledge to help [the client] ... But on the other hand, [the officer-in-charge] is an administrator of rules and regulations. When [the client] breaks the rules, [the officer-in-charge] would have to uphold some discipline ... [The officer-in-charge] also has to consider how to be accountable to the government, and to the public. Sometimes, it is difficult to keep the balance.”

With respect to other staff in the halfway house, the 1984 staffing standard requires that in each halfway house, there should be two psychiatric enrolled nurses. But for a long period before 1998, it was very difficult for the social welfare agencies to fill the post of enrolled nurse. A blister programme to train enrolled nurses was organized by the Social Welfare Department, the Hospital Authority and the Hong Kong Council of Social Services in 1998.

When I interviewed Jenny in 1998, she told me that due to the shortage of enrolled nurses at that time, the post of enrolled nurse had been swapped for the post of social work assistant in the halfway house. But she had hesitated for a long time before the “swap”. She said,

“Because our agency had always been following the [government established] rules and regulations. You may say that we are conservative. Or we are afraid. We are afraid that if we do not follow the rules, there may be some [financial] implications from the government. Because, in fact, there is. If you do not follow the staffing standard, there will be some implications

concerning the [government] subvention.”

I asked her what that meant. At that time, she explained that government subvention to the halfway house was calculated by “standard cost”. If the halfway house followed the staffing standard, all the staff’s salaries (including salary increase) would be supported by the government subvention. If the halfway house did not follow the staffing standard (e.g., by swapping the nurse with a social work assistant), the government subvention might only cover up to the mid-point of all the staff’s salaries. When the salaries of some staff had reached beyond the mid-point, the agency would not get the full subvention and would have to make up for the difference. For an agency that depended almost totally upon government subvention for its financial support, this made it more reluctant to deviate from the staffing standard. Every March and September, each halfway house had to report its staff list to the Social Welfare Department. In this way, the Social Welfare Department would know whether the halfway house had followed the staffing standard, and would give the subvention accordingly.

Jenny continued to explain how the decision to “swap” the post of social work assistant for the post of enrolled nurse had been made. She said,

“The post [of the nurse] had been vacant [in two
halfway houses] for over six months. Our staff had
been working very hard. Instead of having 11 staff
members, there were only 10 members. [Our agency]
then decided to attempt to employ a social work
assistant instead of the nurse.”

In “swapping” a social work assistant for an enrolled nurse, Jenny’s agency had to write a letter to the Social Welfare Department to explain why the social work assistant had been employed instead of the required enrolled nurse. The request had to be sent in case by case. In other words, for each “swap”, a separate letter had to be written to explain how long the post had been vacant, whether advertisements had been posted in the newspaper, whether there had been any applicants, and whether the applicants were suitable for the post. In other words, the agency had to justify why the vacant post could not be filled, and whether efforts had been paid in trying to find a suitable enrolled nurse. It was only after paying adequate efforts but without success that the agency could recommend the vacant post of the nurse to be filled by a social work assistant. The Social Welfare Department would then recognize the “swap”, and the social

work assistant's work experience in the halfway house, even though there was no such post in the staffing standard of the halfway house.

This request for recognizing the "swap" by the Social Welfare Department did not meet any problems before the blister programme. But when the blister programme was being designed, the Social Welfare Department began to tighten up its practice. Jenny told me that at this time, her agency joined the blister programme and sent six of her staff to be trained to become enrolled psychiatric nurses. Within this training period, she was told that contract staff could be employed to fill the vacancy. But the contract staff had to be from the nursing profession. Jenny commented that this was ridiculous. She said,

"If I could find nurses, I would have already employed the nurses. I do not have to join the blister programme and wait for 2 years [for the training of the nurses]."

She noted that some agencies were resistant to the idea of having nurses in the staff team in the halfway house, as they argued that the halfway house was a community service and did not need any nurses. With respect to her agency, Jenny said,

“In our agency’s halfway houses, the nurse does not only perform the tasks of nursing care. She is not much different from the other members in the team. In other words, she also has to do casework, lead programmes, attend to the case [i.e. the client], and perform the routine work of the house ... In the interview, we will have told the applicant this. We also select those who do not so much stick to their own [nursing] profession ... Some nurses [are so stuck to their own profession that they] perform only the duty of nursing care. Frankly speaking, how much work concerning nursing care is there in the [halfway] house? There is no bedside nursing, and no giving injection. They [i.e., the clients] can keep and take their own medication. [The nurse] is only assessing their [i.e., the clients’] mental state ... But all members of the team are already assessing [the client’s] mental state. Therefore, we will tell [the nurse], ‘although you are

trained as a nurse, you should not look at yourself as a nurse, because you are now working in a community team. Sometimes, you have to follow the community team's approach.' We are fortunate to have employed nurses who can tune in. At least, they can accept this, i.e., they are no longer working in the hospital [setting]."

I noticed that in the halfway house, the nurses were doing more "social work" than "nursing care". I wondered why the subvention branch of the Social Welfare Department did not see this and could thus be more flexible in recognizing the need of the agency to "swap" the nurse with the social work assistant. Jenny told me that before the blister programme began, the subvention branch was more flexible in recognizing the need for the "swap". But the subvention branch became stricter after the blister programme began. Jenny's agency joined the blister programme. The Social Welfare Department told her that after the blister programme, her agency would no longer be allowed to employ social work assistants in the halfway houses. But even in the period when her staff had joined the blister programme and needed to employ some contract

staff to fill up the post, she had difficulties in getting the subvention branch to recognize her need to employ social work assistants. At that time, someone from the subvention branch told her, "This has always been our policy. In the past, we were only dealing with it with flexibility. But as you now do not enjoy that flexibility, then continue to follow our rules. ... If you want this [i.e., the flexibility to employ a social work assistant rather than an enrolled psychiatric nurse], then the funding mode of 'fixed funding grant' proposed before should have satisfied your needs. Why did you fight against that proposed funding mode?"

I asked Jenny why the subvention branch did not understand the contribution made by the social work assistant in the halfway house. She answered,

"They are not discussing this issue with you. They are only saying, 'If you want to review the staffing standard, you have to fight in another forum. As far as it is an agreed staffing standard [that began in 1984], [we] have to follow that agreed standard.' They did not deny the social work assistant's contribution. But the

problem is, they are not looking at your operational needs. They are only looking at the [financial] accounts. They would suggest, 'If you really want to review the staffing standard and feel that there is a need for the social work assistant, then talk to another branch. They are only the subvention branch. You go to talk to the staff in the policy, or service branch ...

When we talked with the staff in the policy, or service branch, they did not give a clear answer ... For example, when we discussed [with the policy, or service branch] the funding and service agreements, about other reviews, about staffing, I was told that this had to be discussed in the Rehabilitation Programme Plan. We said, 'Frankly speaking, your standard was established more than 10 years ago. It is a suitable time for review to see whether it is still needed, and whether it really helps in our operation.' But the attitude of those on the other side did not want to change so many things. Even when we raised our

concerns in discussing the Rehabilitation Programme Plan, they just kicked the ball away and said, 'The Social Welfare Department is reviewing the Programme. Wait for the review of the Social Welfare Department.' Therefore, very often, you do not know which forum you should use to reflect these problems. But these problems are still affecting our daily operations. We have no way [of solving them]. We can only ... Our present strategy is not to let the problem become our internal contradictions, because, in fact, some of our staff might feel that this is our own agency's problem. They said, 'Why don't you fight for it?' Or, 'Why could this be done [i.e. employing a social work assistant rather than a nurse] in the past, but not any longer now?' ... What we can do is to let our staff know about our situation as best as we can. Thus, we always keep our staff informed, about the dialogue, the deal, or the bargain between the government and us. This is 'a bit better'. Our staff will

understand. Even for those who might be affected [by the rules and regulations of the subvention branch of the Social Welfare Department], ... I think they will understand the situation.”

The same issue about the difference between a social worker and a nurse in the halfway house was also raised by Susan (a frontline social worker [at the rank of social work assistant] working in the BF Association halfway house). Susan said,

“People with different training do have different beliefs. For instance, when the client does not return to the halfway house, the nurse may perceive the problem as related to medication. But as a social worker, I would look more deeply into the cause why the client did it, or what should be done afterwards, or whether the client had some particular needs?”

For Susan, it was clear that the social worker and the nurse had different

mentalities, and hence held different attitudes toward the clients. And I have always wondered why the staffing standard had required so few social work trained staff in the halfway house. Was it negligence? Or was it a result of the dominance of the medical model in the psychiatric services in Hong Kong? Lucia (an officer-in-charge in a CF Association halfway house) once told me,

“The staffing standard is not satisfactory. Why are there one senior welfare worker, five welfare workers, and two enrolled nurses? [It is] imposing a medical model. The nurses are here to discipline the clients. The welfare workers are to keep an eye on the clients, to see if the clients can keep themselves clean. Why didn’t [the government] expect the welfare workers to deal with questions of human relationship? These questions affect the operation of the halfway house significantly. What does the government want the halfway house to do? It is clear that [the government] wants [us] to control the clients. Why don’t they just look for a hospital [to do this]? ... Thus, our social

service agency exchanged the senior welfare worker for a social work assistant, and an enrolled nurse for another social work assistant. But as you know, the government has many restrictions. When you have deviated from the staffing standard, the government would ask you for an explanation.”

Lucia’s comment on the staffing standard clearly shows what she considered the goal of the halfway house should be. However, other social workers might not share her opinion. Lucia told me about her friend. She said,

“I have a friend who also works in a halfway house.

He thinks that there is nothing wrong [with the staffing standard]. In his opinion, the purpose of the halfway house is to maintain these clients so that they would not cause trouble to anybody. [The present staffing] is already adequate in achieving this. Why do you need to employ a social worker when you have already got the enrolled nurses, and the welfare workers?”

When Karen came to work as the agency head of the CF Association in 1986, the halfway house staffing standard had already fixed. I asked Karen whether she had any problems with the fixed staffing standard. She said,

“Yes, it was fixed before [I became the agency head]. I accept that. I have no problem with a fixed staffing standard. My problem is they never review it. They said something in 1984. And that’s it. It’s like the Ten Commandments or something. You know. It’s like the word of God. You never ever, nobody, nobody questions it. Nobody reviews it. Um, and they have, they do have some flexibility like the SWW-SWA substitutions [i.e. substituting the SWA for the SWW in the halfway house staff team]. We’ve never wanted SWWs. It’s my view that something like a SWW post is actually quite destructive to a halfway house.”

I asked what she meant. She answered,

“Because usually the SWW [senior welfare worker] has more experience than the OIC [officer-in-charge], okay? ... SWWs have 5 years experience and then they are promoted, right? The WW [welfare worker], 5 years, and they are promoted. And they stay, because where can they move to? There aren’t many SWW posts. So, if you look at some of the other agencies, you will see the SWWs have been there for ten, fifteen years, and they’re very, very powerful. And so the new OIC comes in full of ideas, you know, just graduated, very enthusiastic, wants to change things. Impossible! It’s really, really difficult to shift the mentality of a SWW. We’ve had two. We tried two in our agency. And they, both of them didn’t work, or neither of them worked. Rather, very well, they didn’t work when they were in the halfway house. They have ... they don’t have social work training. They just have a lot of experience and, I think they get institutionalized. If

you work too long in an institution you get institutionalized just like the residents would. The staff aren't protected from it, and I think the SWWs are ... so, so, that's my theory. ... I was very reluctant to have an SWW, but we tried it, and never again. So our agency now always has SWAs, but there's no problem with that, they [i.e., the government] allow that flexibility."

I asked why the government allowed this flexibility. Karen said, "Because it is cheaper." I then asked where the WWs would go as there wasn't any SWW post in Karen's agency. Karen explained,

"I would push them to go on for training as an SWA.

And I would encourage ... That's why we have a

policy in our agency that we do have ... one person

from each halfway house in training. That, that's the

encouragement. I wouldn't say, 'Go to be an SWW.'

Because I think that's a limited career prospect. If you

promote them to SWW, where do they go after that? It means they stay there!"

But what would be the role played by the nurses in the halfway house? It may be argued that in the medical model, the nurses would only play the role of disciplining the clients (e.g., as it was noted by Lucia above). But is this necessarily the case? Karen told me what she thought about the nurses in the halfway house. Karen said,

"With regards to nurses, the issue is, I would be very happy to have psychiatric-trained nurses. It's not a problem. If they have the interest and the incentive to work with community work, and to have a very flexible view of their role and see themselves as community nurses, working in the community. Not expecting to do blood pressure tests, and test physical health checking, that's not what we want them to do. I don't really see the point of having enrolled nurses. An enrolled nurse has no special training in psychiatry.

What are they supposed to do? That's something I've never quite understood. I am very happy to have a psychiatric nurse with the right mentality. Somebody who ... It's the person, rather. To be honest, it's the person rather than the qualification. I would rather have a committed and interested psychiatric nurse. It's better than an uncommitted SWA or a disinterested SWA. Ah, when we first started, we found there were very few psychiatric nurses interested in working in the community and they're such a shortage. We had an EN [enrolled nurse] who had been very good, very committed, and we normally have one in each house, at least. I am happy to have one, I don't really see the need for two, because it seems to me that you're putting the, you're putting more priority on medical things, than on social things. My preference is to have the ASWO, two SWAs, and one nurse. Rather than two nurses, and one SWA."

In order to explain her reactions to the government requirement of having the psychiatric nurses in the halfway house, Karen told me about the opening of the CF Association purpose-built halfway house in Ping Shan. A purpose-built halfway house is one that provides transitional residential service for the ex-mentally ill patients with a history of violence or assessed disposition to violence.¹¹

“We had a very interesting situation when we opened Ping Shan [House] which was the first sub-target halfway house [i.e., a purpose-built halfway house]. They’d given us an SWO [social work officer] post, then uh ... and then something like an SWA, or SWW. We chose SWA. And then three ... I think it was three nurses, three or four nurses, and only a couple of welfare workers. So with many, many nurses. And we said ‘no’. We don’t want ... I, I, ... we had two psychiatric nurses in Ping Shan. And the other two. I argued and argued and argued with SWD [Social

¹¹ See Yip, “An Overview of the Development of Psychiatric Rehabilitation Services in Hong Kong,” 14.

Welfare Department] and I said, "I want the flexibility, could we have SWAs instead?" So we have, we've got two SWAs in Ping Shan, two SWAs, two nurses and eh, an SWO. Because we ... what's the point to have ... and I was asking Michael, 'What do you think the nurses are going to do?' And they said, 'Well, they could give injections and things.' I said, 'No you can't.' You know, there's not really a clear understanding of what ... it ... it, of what a nurse can do. It's more a response, a very reflex-response, like, we call a knee-jerk, a knee-jerk reaction, the public, public fear. If they say, 'O Look, they've got nurses there, it must be okay.' Well it's nonsense."

It can be seen from the above that Karen's disagreement with the government staffing standard was not simply concerned with the question of manpower input. It was, at a deeper level, concerned with the practice model upon which psychiatric rehabilitation should be based. As it has been pointed out above in section I of this chapter, from Karen's perspective, psychiatric

rehabilitation should be based on a psycho-social model rather than a medical model. The placing of many nurses in the halfway house might give the public more confidence that the halfway house is able to control the ex-mentally ill persons from causing disturbances in the community. But as noted by Karen, this is “putting more priority on medical things, than on social things”. Similar views are shared by Margaret, the agency head of the DF Association. When I asked Margaret whether she wanted to employ SWA instead of EN, she answered,

“Don’t say this. We stress strongly our freedom in employing the SWA instead of the EN. This does not mean that we think there is absolutely no need for the EN, or that every agency should employ the SWA. But from our perspective, we think that the SWA is more appropriate to the needs of those [psychiatric] patients.

The main reason is because we do not very much believe in a medical model in rehabilitation. If there is only one ASWO with no SWA as her subordinate, it is very difficult to ‘echo’ with the atmosphere of the halfway house. It is very difficult to promote [social

rehabilitation]. It will be much easier, if there is an SWA. ... For example, if the ASWO [i.e., the officer-in-charge] has to do all the 40 cases [in the halfway house] and all the administrative tasks, it would be impossible to finish all this work. But if there is an SWA, this will be a great support to the officer-in-charge, with respect to the casework as well as the administrative tasks. ... When you talk about the EN, his/her main job is to distribute medications, or to provide training on hygiene. I think if you sent the SWA or the WW to have training in First Aid, they can also do that. Besides, there is now the Community Psychiatric Nurse and the Community Psychiatric Team. They would come to visit [the halfway houses] and encourage [the clients] to go for follow-up psychiatric consultations. Is there any real need [for us] to carry out [the clients'] medical follow-ups? We strongly encourage the inmates of the halfway house to learn independent living. ... In other words, they

have to make a habit of taking medications and going for follow-up psychiatric consultations. If you want the psychiatric nurse to remind them everyday, this will be very difficult [for them to learn independent living].”

B. Government Subvention and the Notion of “Cost-effectiveness”

As noted in the last section, Jenny’s agency had always followed the government rules and regulations. This did not mean that Jenny had always agreed with the government rules and regulations. Rather, Jenny was afraid that if her agency had not followed the rules, there might be financial implications concerning the government subvention.

At the time of the interviews in 1998, the government subvention of the halfway house was based on the standard cost system. “The standard cost is based on personal emoluments calculated at midpoint salaries of the recognised posts. But allocation is based on actual salary requirement.”¹² In the words of Joe Leung, “[This] subvention could be described as an ‘iron rice bowl’. While government control had been focused on financial and personal input, there was

¹² Information is obtained from the website of the social welfare department, and is quoted in Joe C. B. Leung, “The Advent of Managerialism in Social Welfare: The Case of Hong Kong,”

little review over the effectiveness of the services and the continuous relevance of needs.”¹³ In this way, Joe Leung is discussing from an economic perspective the ineffectiveness of the subvention system and the main reason why the welfare reform was needed in Hong Kong. In the present research, however, the issue is conceptualized from the moral perspective of social work practice, rather than from an economic perspective. In the following, I would like to note the constraints made by the subvention system on social work practice in the halfway house setting. As mentioned above, the standard cost system focused on the control of financial and personal input. This is why the issue of the staffing standard in the halfway house is important, because when the social service agency does not follow the staffing standard, they may get fewer subventions from the government. This is how the government is controlling the manpower input. And although Joe Leung called the standard cost system an “iron rice bowl”, Lucia might not totally agree with him. I asked Lucia, “As an officer-in-charge, are money and effectiveness always an important part in your work?” Lucia answered,

“I don’t think they are. But the government pushed

Hong Kong Journal of Social Work Vol. 36, Nos. 1 & 2 (2002), 69.
¹³ Leung, “The Advent of Managerialism in Social Welfare,” 69.

them to be [an important part in my work]. Ha ...

ha ... For instance, we are not always able to deal with

the occupancy rate. At least there should be 38

residents [out of 40 places in the halfway house] every

month. If you cannot attain this figure, [the

government] will deduct your money. You have to pay

special attention to this matter. It seems that money

comes before the residents. Ha ... ha ... We have to

make them pay the rent. We have become like a

housekeeper, or what. In fact, this is not so good. And

the government has limited our maintenance expenses

to 12 thousand a year. This was fixed ten years ago. ...

There was no [consideration of] inflation, and no wage

increase.”

Lucia told me another example illustrating how the government subvention

did not consider the client’s need in the halfway house. She said,

“The government [official] told me that they did not

support the large water-boiler [in the subvention]. ...

[He said,] 'I will give you two small electric water-boilers.' I said, 'How many times would I have to boil water each day?' He said, 'The standard needs of a halfway house do not cover things like this [i.e., a large water-boiler].' I had to write a letter to him, saying, 'For 40 persons, 3 times each day, one person one cup of water, that is 120 cups of water. How can you boil 120 cups of water [by using 2 small electric water-boiler]?' But in his reply letter, it said, 'I will let you install [the large water-boiler]. But you have to find the money yourself.' This is it. You can see many things so ... so called 'bureaucratic', or which do not have flexibility. ... I always said, 'The [social] services in Hong Kong are different from other places. Sometimes, I feel that in other places, the services are meeting the client's needs. But in Hong Kong, it is the client who is to fit into the services' needs.'

In order to deal with the problems arising from the inflexibility of the standard cost system, it might be argued that the welfare reforms (and the lump-sum grant mode of subvention) had been implemented to enhance the social welfare agencies to have more flexibility in the use of government subventions. Under the new subvention system, the management in the various social welfare agencies is free to determine the staffing structure and the associated remuneration scales, instead of having to follow the rigid staffing structure as it was under the old funding system. Does this mean that the social welfare agencies are under less government control? Or does this mean that the social welfare agencies are simply under a more subtle form of government control? In the following, the notion of "cost-effectiveness" will be studied to see how it may be used as a criterion to monitor and manage the performance of the social welfare agencies.

In 1998, the Chief Executive of Hong Kong announced in his Policy Address that the Enhanced Productivity Programme (EPP) would be introduced across the public sector, including the subvented welfare services. Under the Programme, all government and subvented social welfare agencies have to achieve a 5% savings between 2000 and 2002. In other words, the welfare agencies are required to perform 100% with only 95% monetary resources. I

asked Doris (the social service coordinator of the EF Association) whether this Programme and the government's stress on cost-effectiveness had become a pressure to her work as a manager, she answered,

“Perhaps, social work has always given the image of ineffectiveness to ordinary people. When something is done, it may take a long time without seeing the results. As different from making a machine, there may be more than one outcome in social work.

Suppose you are doing counselling, and have gone through all the counselling process. This does not mean that the client will change. S/he is affected by a lot of factors, including his/her mental state that affects his/her emotions. S/he may not arrive at your expected outcome. And the time duration is long. If you apply directly the notion of ‘cost-effectiveness’ in the commercial setting [to the social work setting], this is unfair to all the [social welfare] agencies.”

Doris continued to explain why this was unfair to the welfare agencies. She said,

“Outcome is not the most important matter. [The important thing] is not how much [the client] has changed. [What matters is] the process, and the things that s/he has learned during the counselling process. What s/he has learned may not be what we had wanted him/her to learn. But s/he has learned some other things. Shouldn't we look at these [other things] as well? Besides, there exist a lot of variables in the [counselling] process. If you measure the outcome without considering all these variables, I think that it is unfair. Our colleagues may have put in a lot of efforts. But you do not count [these efforts]. ... This is unfair to the agency and the colleagues.”

I also noted that the government had used a number of indicators to measure cost-effectiveness. For example, success rate was used as an output

indicator to evaluate the service performance of a halfway house. It was assessed on the basis of the reasons for the client's discharge from the halfway house. It was regarded as successful when the discharge case leads to family reunion or independent living. Self-withdrawal was regarded as no change.

Re-hospitalization or suicide was regarded as unsuccessful.¹⁴ I asked Doris what she thought about these criteria of measuring success. Doris answered,

“Suppose that there is a severe case of mental illness.
S/he can live in the mental hospital for some ten years
in a stable manner, with medication and care given by
the health care practitioners. ... Nevertheless, s/he has
to be hospitalized. Maybe s/he has to stay in the
hospital for the rest of his/her life. Would you say that
s/he is a successful case? Can we say that s/he is a
failure?”

On another occasion, I asked Karen the question about cost-effectiveness, and what she thought about it. She said,

¹⁴ See Social Welfare Department, *In-depth Study on Six Halfway Houses for Discharged Mental Patients (July – September 1995): Summary Findings* (Hong Kong: Evaluation Unit,

“I don’t know, frankly, [about] cost-effectiveness. I don’t sit around and worry about whether we are cost-effective, because I think the government does that. The government, seems to me, spends a huge amount of their time worrying if we got forty people in the halfway house and if we’re cost-effective in that sense.”

This brought me to notice that the occupancy rate (or enrolment rate) had been used by the government to assess the cost-effectiveness of the service. I asked Karen whether it was a formal requirement to have at least 38 clients living in the halfway house. Karen answered,

“Oh it’s a formal ... it’s formally clear. If you drop below 38, the REO [Rehabilitation and Elderly Officer in the Social Welfare Department] keeps knocking at the door and say what’s going on. And also financially

you get penalized, because you don't get enough fee income [i.e. the fees from the residents living in the halfway house] to cover the ... the money to cover what you need. So there's a financial penalty as well."

Karen then argued against the way cost-effectiveness had been understood by the government in terms of numbers, without really looking at these clients' lives. Karen told me how the clients suffered from the "revolving door syndrome". She said,

"Is it cost-effective to have somebody in the community for six months at a time? And then in-between those six months, they spend two years in the halfway house? Two years in the halfway house, [and then during the] six months in the community they break down, [and then] they go back to hospital, [and then] two years in the halfway house?"

Karen then told me how she came to notice this "revolving door syndrome".

She said,

“We’ve got people who first came to my notice, when I realized we had people who were in their third halfway house. Okay, the third time, not in our halfway house. They may be applying to Wan Chai house,¹⁵ and they’ve had two or three previous admissions to halfway houses. ... So if you got somebody who’s been in three halfway houses in ten years, that means at least six or seven years they’ve been in halfway houses over the last ten [years]. It’s crazy.”

I was surprised by the great proportion of time spent by the clients in the halfway houses. Karen continued,

“Yes, and they’ve already been in halfway houses for such a short time. So they must have had those

¹⁵ The name used here is not the real name of the halfway house.

admissions very quickly one after the other. So you think, well, how? You know. It does cost money for people to be in the halfway house. What's the point of s/he ...? Where're they halfway to? You know three times in a halfway house. Halfway to where? Halfway to what? ... And nobody agreed to look at that very much. I think now they're becoming more aware of that, but I think that's a very important part of cost-effectiveness. And if it's not working, don't blame the halfway houses. Look at what the clients need. The clients need a long-term accommodation in the community. Not a long stay care home,¹⁶ but long term supported hostels where there is no time limit. Why should we chuck people out of their houses every two years, it's crazy! It's not what they want. They want long-term supported housing where you can live

¹⁶ According to the *Handbook on Rehabilitation Services*, "[long stay care homes] provide long term residential care and active maintenance services to discharged chronic mental patients to enable them with the necessary abilities to progress to more integrated living in the community with support services." (See Rehabilitation and Medical Social Services Branch, Social Welfare Department, *Handbook on Rehabilitation Services* [Hong Kong: Social Welfare Department, 2000], 40.) In Hong Kong, a standard long stay care home provides accommodations for 200 clients. Thus, it may be argued that a long stay care home is in fact a large institution separated from the neighbouring community. See Yip, "Community

for the rest of your lives. I want to live in my house for
the rest of my life. I don't want to be thrown out after
two years, and every two years told to move on to
somewhere else. Of course I am going to become, I am
going to become more disturbed if that happens to me.
Give me a house for life. Somewhere I got a right to
live. It's only basic human right."

Another way by which the government evaluates the service performance of
a halfway house is to calculate its turnover rate. According to the Social Welfare
Department, "turnover rate is the sum of admission and discharge during the
same month against capacity in percentage."¹⁷ In order to maintain a good
turnover rate, the halfway house is under the pressure to keep the client's
duration of stay in the halfway house within a limit of two years. Hence Karen
commented,

"Why should we chuck people out of their houses
every two years? It's crazy!"

Institution', " (in Chinese) 葉錦成, 〈“社區院舍”〉。

¹⁷ Social Welfare Department, *In-depth Study on Six Halfway Houses for Discharged Mental*

In commenting on the notion of cost-effectiveness, Karen said,

“I think the definition [of cost-effectiveness that] we

have now is very narrow. And it’s even narrower

because it’s a financial definition and it’s a narrow

financial definition. ‘Have we got 40 people in every

halfway house?’ ‘Yes, okay fine, it’s cost-effective.’

But no. You know the question should be ‘Are they the

same forty people? How long have those 40 people

been there? How many times have they been

previously into a halfway house?’ That’s so much

better, that’s a broader issue of cost-effectiveness. But

I think that’s SWD’s [Social Welfare Department’s]

job. ... I don’t particularly like that. I consider cost ...

what I, I don’t look at cost-effectiveness like that at all.

I think my job is to look at ... ‘Is it people-effective?’

‘Is it costing these people?’ What is it? What are we

achieving? Is it cost-effective in terms of people
feeling better about themselves? Feeling stronger?
Feeling valued? Feeling like real people? And that's,
you know, and about how to evaluate. Services are
difficult to be evaluated. They all are, ha ha, I don't
know. I don't know what to say. And how do we attain
cost effectiveness? It's really difficult to say. See, you
can say we're not cost-effective every time someone
commits suicide. Is that, 'Are we being cost-effective
or not?' You're saving a lot of money, if someone
commits suicide. It's cost-effective 'cos it's been a
very short cost. They're not going to cost the
government any more money to look after. You know?
I mean in that sense it's great. It's how you interpret
cost-effectiveness. I've never really interpreted like
that, in a very harsh way, say, 'well, solved that
problem'. I'd rather look at it in terms of cost-effective
in people. ... I think we are cost-effective if somebody
comes into the halfway house, once, or twice,

maximum. I don't mind people coming in a second time, maximum, twice, and they then go on to live effectively in the community for several years. That's fine. That, to me is cost-effective. The other thing that I think is cost-effective, if that person has been in the halfway house, they live in the community, and if they start to have some sort of relapse or breakdown, if they are able to come for help either to the halfway house or to the outpatient clinic appropriately, if they are appropriately able to seek help for themselves, then I think that's cost-effective. If it has prevented them having another full relapse, that's cost-effective for me. But I don't think anybody else would agree in that. It's cost-effective in people, 'cos you're talking about people's lives. You're helping people to deal with their lives better."

William, the social work supervisor in the CF Association, took me by surprise when he told me that "cost-effectiveness" was nothing serious, rather

but a gimmick. He said,

“From my point of view, [cost-effectiveness] is just a gimmick. What is needed is to do it on paper, such as presenting the occupancy rate, the discharge rate etc., which is not difficult to achieve. It is quite similar to doing trading business. In a sense, we are only concerned with turnover rate, discharge rate but not the recovery status of the patient.”

I thought that the government should have some ways to monitor the service performance of a social welfare agency. And so I asked William how the Social Welfare Department measured the successful turnover rate. He answered,

“There are gray areas in the definition of successful turnover rate and we can play around with the figures. There is no absolute answer for it. Therefore, it would not be difficult for us to report the successful cases.”

I asked William whether the government monitored successful turnover rate had brought pressures to his work. William answered that the pressure to work better was brought on by the social work practitioners themselves, rather than by the government rules and regulations. He said,

“Honestly speaking, we bring ourselves the pressure to have better work performance. We cannot work solely by following the government rules and regulations. We want to perform better professionally, in a way to convince the clients [in the halfway house] to stay longer for further treatment. We believe it is necessary to work professionally.”

I asked William whether there had been much government pressure on the halfway houses to limit the client’s stay to less than 2 years, so that the turnover rate in the halfway house would be higher. He answered,

“There is not much pressure from the government [to limit the client’s stay to less than 2 years]. It will be

bad if this happens. The real situation will be distorted. ... When the client is discharged prematurely, s/he will need further medical treatment [such as hospitalization] after leaving the halfway house. This will push up the admission rate of hospitals. It is a waste of the taxpayer's money. The cost for the client living in a halfway house is only about \$10,000 per month, while the cost for a hospital bed per month is more than \$20,000. ... Moreover, it should be the officer-in charge [in the halfway house] who makes the discharge decision on the basis of his/her professional knowledge. It is possible that, in order to satisfy the government-set discharge rate, the officer-in-charge has no choice but to discharge the client prematurely. The welfare agencies are considered as good operators as they can meet the high discharge rate. However, this makes the whole society suffer. This is a big issue in the sense that managerialism has overridden professionalism."

William's reply points to the question of why government monitoring of the performance of social welfare agencies may distort the provision of social services. This issue will be treated in the following section.

C. Monitoring Social Services

Before the Service Performance Monitoring System (SPMS) was introduced in 1999, the government was already monitoring the service performance of the social services by requiring the social welfare agencies to submit monthly or quarterly service statistics. In the quarterly service statistics submitted by halfway houses to the Social Welfare Department, the following information is included: (1) number of residents (including admissions and discharges) during the period; (2) number of vacancies; (3) number of absentees; (4) number on waiting list; (5) age profile of residents; (6) attendance; (7) number of applications; and (8) duration of stay. The occupancy rate and the turnover rate were used as the two main indicators to monitor the performance of the halfway house. As noted in the last section by Jenny and Lucia, a halfway house will be financially penalized if it cannot attain the 95% occupancy rate (i.e., having at least 38 residents out of the 40 places). The halfway house may not get adequate

money for its programmes, maintenance, and daily operation. As Lucia said, “[Because] you have to pay special attention to this matter, it seems that money comes before the residents.” However, with respect to the turnover rate, as noted by William, the halfway houses were facing less administrative pressure from the government.

During July-September 1995, an evaluative study was done by the Evaluation Unit of the Subventions Branch of the Social Welfare Department to evaluate the performance of the halfway house.¹⁸ As explained in the report, the study was done because the enrolment rates of some halfway houses were not satisfactory. The report says,

“The range of enrolment rates of all the HWHs (halfway houses) in 1993/94 from 77.9% to 98.8% was unusually large. While the average enrolment rate in 1993/94 was 93% and it dropped to 90.9% in 1994/95. The enrolment rates of individual HWHs in 1994/95 also revealed a wide range from 75.4% to 99.2%. Some HWHs obviously failed to meet the

¹⁸ See Social Welfare Department, *In-depth Study on Six Half-way Houses for Discharged Mental Patients (July-September 1995): Summary Findings* (Hong Kong: Evaluation Unit,

[then] 90% policy requirement in enrolment for calculation of fee income.¹⁹ In view of the above, it was considered timely and meaningful to conduct an evaluation of this service.”²⁰

And the goals of the evaluation study were:

- “(a) to look into the possible factors contributing to the differences in relatively high/low enrolment rate;
- (b) to explore ways and means to boost up the utilization;
- (c) to look into how far the service objectives of the HWHs were met; and
- (d) to look into the satisfaction level of the residents.”²¹

Subventions Branch, Social Welfare Department, December 1997).

¹⁹ The 1995/96 target enrolment rate for the halfway house was 90%. But at the time of doing the present research, the enrolment rate had then been increased to 95%.

²⁰ Social Welfare Department, *In-depth Study on Six Half-way Houses for Discharged Mental Patients (July-September 1995)*, 1.

²¹ Social Welfare Department, *In-depth Study on Six Half-way Houses for Discharged Mental Patients (July-September 1995)*, 1.

The main concern of the report focuses on the service utilization of the halfway houses. In the concluding summary, it says, "It is observed from the data gathered that the enrolment rate of most of the 6 HWHs had increased during the evaluation period. The utilization and turnover rates [of] the 6 HWHs were generally satisfactory from the quantitative point of view. Nevertheless there is room for improvement."²² Five suggestions are given to improve service utilization: "[1] [T]he Department and operating agencies should work together to further streamline the existing admission procedures in particular the psychiatric screening. ... [2] [T]here should be new measures to review duration of stay of residents before their discharge so that overstaying cases in HWHs can be avoided as far as possible. [3] In view of suicides and relapse of mental illness, manual of procedures which set out guidelines during crisis situations should be provided in each HWH. [4] To enhance effectiveness of the service, it is recommended that further performance indicators which help to achieve service objective should be devised. [5] Innovative programmes which help the residents achieve social re-integration at the end of the rehabilitative process through a

²² Social Welfare Department, *In-depth Study on Six Half-way Houses for Discharged Mental Patients (July-September 1995)*, 9.

period of stay in the HWH should be explored and formulated.”²³

In this evaluation study, quantitative measurements are used to evaluate the service performance of the halfway houses. These measurements include the enrolment rate, the utilization rate, the turnover rate, the changes in the clients’ employment status, the duration of stay, and the success discharge rate. In order to look into how far the service objectives of the halfway houses were met, the report briefly describes the rehabilitative programmes provided by the halfway houses. It then concludes, “In sum, the social/recreational as well as treatment/rehabilitation programmes/group activities, etc. delivered by the staff of the 6 HWHs to the residents were relevant to the service objective of HWH.”²⁴ The report also uses the “changes in the clients’ employment status” as an indicator to measure the extent to which the clients “might learn to re-integrate into the community” by receiving “work habit training” provided in the halfway houses.²⁵ However, the report does not tell us much details on the ways social work programmes are provided, the moral elements embedded in them, and whether these programmes are “good” for the clients. There is no discussion of what constitutes “goodness” for the ex-mentally ill persons living

²³ Social Welfare Department, *In-depth Study on Six Half-way Houses for Discharged Mental Patients (July-September 1995)*, 9.

²⁴ Social Welfare Department, *In-depth Study on Six Half-way Houses for Discharged Mental Patients (July-September 1995)*, 4.

²⁵ Social Welfare Department, *In-depth Study on Six Half-way Houses for Discharged Mental*

in the halfway houses. Rather, the concern is focused on enhancing cost-effectiveness of the halfway house services. In other words, social work practice is being seen as consisting of merely technical skills, rather than being a moral practice. However, as it has been noted in chapter 4 section I, the provision of rehabilitation services for the ex-mentally ill persons is guided by the moral orientations of the social welfare agencies. The present thesis argues that the moral dimension is indispensable in getting a deeper understanding of social work practice. Thus, social work management should take into account of the moral dimension of social work practice in order to appreciate the contributions made by the social work practitioners.

In March 1995, the Hong Kong Social Welfare Department contracted an international management consultant firm, Coopers & Lybrand, to conduct a comprehensive review of the social welfare subvention system and to make recommendations to improve the welfare system. The consultant firm recommended that:

“(a) Clearer sets of *performance measurement* should
be introduced to make NGOs

[Non-governmental organizations] more

accountable for their service quality;

(b) The *input-based* funding system should be

changed so as to provide more flexibility to

NGOs to manage their resources; and

(c) A *cultural change* should be initiated to arouse

the Sector's awareness of the need to deliver

services in a responsive, cost-effectiveness [sic]

and competitive manner."²⁶

Based on the recommendations, the Social Welfare Department proposed to change the funding system and the monitoring system. From the outset, no objection was made towards reforming the service monitoring system. What was objected to was the proposed reform of the subvention system. After several years of bargaining over the adverse effect on job security and professional standards, the Unit Grant mode was replaced by another government proposal – the fixed funding mode. Then, in February 2000, the government proposed the

²⁶ See Coopers & Lybrand, *Review of the Social Welfare Subvention System: Changing the Way NGOs are Funded* (Hong Kong: Coopers & Lybrand, April 1996); quoted in Joe C. B. Leung, "The Advent of Managerialism in Social Welfare: The Case of Hong Kong," *Hong Kong Journal of Social Work* Vol. 36, Nos. 1 & 2 (2002), 70.

lump sum grant mode. The controversy was mainly centred on the issues of how much resources social welfare agencies could get (e.g., was the government setting up the limit for future social service expenditure?) and staff benefits (e.g., staff wages, provident fund and staff contracts). With respect to the NGOs' need to meet contractual obligations to the serving staff for salary and provident fund, the government agreed to assist the NGOs by providing the "Tide-Over Grant". The government also made other arrangements so that in the short term, the NGOs would not get into financial difficulties in joining the lump sum grant mode of subvention.²⁷ According to the letter written by the Director of Social Welfare (Mrs. Carrie LAM) to the Chairman and Executive of all subvented Agencies on 13 December 2000, a total of 95 NGOs (55% of the 186 subvented NGOs) had decided to join the lump sum grant mode in 2000-01. These NGOs accounted for some 75% of the total recurrent subvention expenditure.²⁸

As noted in chapter 4 section II (B), the lump sum grant mode was introduced to break the "iron rice bowl" of the standard cost system. It was assumed that by increasing the NGOs' flexibility in managing the government subvention, greater cost-effectiveness would be achieved. As the notion of "cost-effectiveness" has already been dealt with in the previous section, the issue

²⁷ Leung, "The Advent of Managerialism in Social Welfare," 71.

²⁸ Director of Social Welfare, *Letter to Chairman and Executive of all subvented Agencies* (Hong

of service monitoring will be discussed in the following.

In 1999, the Social Welfare Department introduced the Service Performance Monitoring System (SPMS). The system consisted of three parts: (1) the Funding and Service Agreements (FSAs); (2) a generic set of Service Quality Standards (SQSs); and (3) Service Performance Assessment. Service performance was assessed on the performance standards set out in the FSAs. The performance standards were composed of three parts: (1) the output standards; (2) the essential service requirements; and (3) the service quality standards.

With respect to the output standards, it was necessary for the halfway houses to meet the following two standards at the agreed level: (1) 95% average enrollment rate within one year;²⁹ and (2) 13% of residents successfully discharged within one year.³⁰ With respect to the essential service requirements, it was necessary for the halfway houses: (1) to have staff on shift duty 24 hours a day; (2) to provide sufficient and varied food appropriate to the age and health condition of the residents; and (3) to have a registered social worker included in the staffing. With respect to the service quality standards, the halfway house

Kong, 13 December 2000), 1.

²⁹ In other words, for a halfway house with a capacity of 40 places, there should be at least 38 residents living in the halfway house every month.

³⁰ In other words, for a halfway house with a capacity of 40 places, there should be at least 5.2 residents successfully discharged from the halfway house every year.

should meet the requirements of the 16 Service Quality Standards (SQSs).³¹

It may be noted that service statistics (e.g., the enrollment rate, the

³¹ When the government first proposed the implementation of the Service Quality Standards (SQSs) in 1999, there were 19 SQSs. Later, it was revised to 16 SQSs. These 16 SQSs were grouped under 4 principles. These 16 SQSs are tabulated in Table 4.2.

Table 4.2 The 16 SQSs

Principle 1	Provision of Information
SQS 1	The service unit ensures that a clear description of its purpose, objectives and mode of service delivery is publicly available.
SQS 2	The service unit should review and update the documented policies and procedures describing how it will approach key service delivery issues.
SQS 3	The service unit maintains accurate and current records of service operations and activities.
Principle 2	Service Management
SQS 4	The roles and responsibilities of all staff, managers, the Management Committee and/or the Board or other decision-making bodies should be clearly defined.
SQS 5	The service unit/agency implements effective staff recruitment, contracting, development, training, assessment, deployment and disciplinary practices.
SQS 6	The service unit regularly plans, reviews and evaluates its own performance, and has an effective mechanism by which service users, staff and other interested parties can provide feedback on its performance.
SQS 7	The service unit implements policies and procedures to ensure effective financial management.
SQS 8	The service unit complies with all relevant legal obligations.
SQS 9	The service unit takes all reasonable steps to ensure that it provides a safe physical environment for its staff and service users.
Principle 3	Service to Users
SQS 10	The service unit ensures that service users have clear and accurate information about how to enter and leave the service.
SQS 11	The service unit has a planned approach to assessing and meeting service users' needs (whether the service user is an individual, family, group or community).
Principle 4	Respect for Service Users' Right
SQS 12	The service unit respects the service users' right to make informed choices of the service they receive as far as practicable.
SQS 13	The service unit respects the service users' rights in relation to private property.
SQS 14	The service unit respects the service users' rights for privacy and confidentiality.
SQS 15	Each service user and staff member is free to raise and have addressed, without fear of retribution, any complaints he or she may have regarding the agency or the service unit.
SQS 16	The service unit takes all reasonable steps to ensure that service users are free from abuse.

As noted by Leung, these SQSs are used to evaluate an agency's operational procedures and the process of service delivery. Hence, the focus is given to the process rather than to the outcome. These SQSs set the generic and minimum standards for the social service sector. See W. H. Leung, "Quality Assurance" and the 'Service Performance Monitoring System' of the Social Welfare Department," in *Social Service Quality Standards*, ed. W. H. Leung and C. T. Lai (Hong Kong: Yan Oi Tong, and Aberdeen Kai-fong Welfare Association Social Service Centre, 2003), 4. (in Chinese) 梁偉康,〈“質素保證”與社會署所推行之“服務表現監察機制”〉,載於《社會服務質素標準:集思錦囊》,梁偉康、黎志棠主編(香港:仁愛堂、香港仔街坊福利會社會服務中心,2003),4。

discharge rate, duration of stay, etc.) had already been used to monitor the service performance of the halfway house before implementing the SPMS. The FSA only made the requirements of the output standards more formal and explicit. Could the implementation of these output standards in the FSA force the welfare agencies to provide better quality services? One of my interviewees, Margaret (the agency head of the DF Association) told me that she did not think so. Her reason was a bit peculiar. She seemed to be quite proud of her agency's service performance. Thus, instead of perceiving the output requirement as a threat to her agency, Margaret told me that she was not satisfied with the output requirement of the 13% successful discharge rate in the FSA. She thought that the rate was too low. She told me that in the halfway houses of her welfare agency, it took approximately 2 years to have a turnover.³² Then I asked her whether it is difficult to maintain this high turnover. Margaret answered,

"I think this is a must. There is no choice. ... If [the client] stays for more than 2 years, it is necessary to justify why s/he is still here. Otherwise, when [the client] is more familiar than the staff [about the house

³² In other words, approximately half of the residents would be discharged from the halfway house every year.

programme], the whole programme will drag on.

There will not be any improvements. ... For

individuals who have to stay [in the halfway house]

for longer than 2 to 3 years, an explanation is needed.

It is not absolutely prohibited. It depends on the real

situation.”

Then I asked whether maintaining a high turnover had become a pressure for her agency. She answered,

“The government had done a study on the output of

the halfway house for the last few years. We [i.e.

Margaret’s agency] almost got the highest turnover

rate. We should not be the first to be worried about

it. ... Some agencies can have an annual [turnover rate]

of less than 5%, 6%, or 7%. I think they should

evaluate themselves. This is impossible. Our annual

[turnover rate] is approximately 30-40%. Sometimes,

it can go up to 50%. I think we can make it. I think

that the Funding and Service Agreements prepared by the government is a joke. The 13% [successful discharge rate] really makes me laugh. This is impossible. But some agencies have already said that this is not OK. I am sorry. I don't think this is ... I think that this is very shameful. This is impossible. If you have such a low rate, this is not a halfway house. It is better to call it a long stay care home."

Margaret was very confident of her agency's service performance. She said,

"When the [Funding and Service] Agreement was prepared with [the output standard of] only 13% [successful discharge rate], does it have any use for me? If I use this criterion to evaluate my [agency's] service, I do not need to evaluate. Frankly speaking, I think [my agency] can definitely attain the output standard. How can we fail to attain the 13%? At present, I hope that the [successful discharge rate] can be increased to

30-40%. This is what really makes things work.”

I do not know whether Margaret wanted the government to impose a stricter demand on the discharge rate. But it is clear that Margaret was quite dissatisfied with some other agencies. She said that those agencies “should evaluate themselves”. There were tensions (or even subtle conflicts) among the different agencies in the field of psychiatric rehabilitation. Would these tensions hinder the building up of a genuine social work professional community among those welfare agencies? This question will be discussed in the next section. At present, we will continue to discuss the government monitoring system. As Margaret thought that the 13% successful discharge rate was too low, I asked her if it was necessary for the psychiatric rehabilitation field to reach a consensus to set the new output standard. Margaret answered, “Yes, and therefore, I think this is very difficult.” She further commented that there was a long way before the real issue could be tackled. She explained,

“Because at present, the government does not run any
[halfway house] service. It is in an unfavourable
position. It depends on the top persons [in the different

agencies] to come to agreement. ... What can [the government] rely upon to judge what is right?

Everything is by consensus. That is the impasse.

Certainly, the minimum will be set as the standard.

Therefore, I think that all these [standards] are nothing but empty shells. We'll do what is required. But frankly speaking, there is not much real meaning in doing these. And for a layman, who knows nothing about the [social work] profession, what does s/he rely upon to judge if this is good, or that is not good? S/he does not know it. Thus, this is only a show."

Margaret did not consider the current monitoring system (such as the Funding and Service Agreements [FSAs], and the Service Quality Standards [SQSs]) as really contributing to better social services. She commented on the implementation of the FSAs and the SQSs. She said,

"I think that [the FSAs and the SQSs] are very superficial. They are very numerical-oriented, very

show-oriented. ... Am I against all these? I don't think so. I think these are good. In other words, it is good to attach great importance to output, quality, or the client's feelings. But the problem is: are these [measures] adequate for proving the professional [status] of social work? I don't think so. And can these reflect the [social service] quality accurately? I don't think so, because many of these are [only] layman definitions. And the particularity and the uniqueness of the client-worker relationship have not been taken into account. ... For instance, there are a lot of tensions, contradictions, hate and other emotions in the relationship between a psychiatric social worker and an ex-mentally ill person. Is the [social worker] 'bad' simply because s/he is harsh and does not please [the client]? Is the [service] quality poor? Is it that simple? Come on. We are not three years old kids. Thus, I think that this does not apply. There are many ... many professional evaluation techniques. They do not apply

to the current superficial SQSs and the superficial

[Funding and] Service Agreements.”

Similarly, Doris (the social service coordinator of the EF Association)

thought that implementing the SQSs did not contribute to quality social service,

or better quality of life for the clients. She said,

“Fulfilling all the requirements of the 19 Standards³³

does not mean that you have achieved quality service.

As you can see quite clearly, all these standards are

very superficial. ... You have to spend a lot of time in

documentation, to justify, to prove that you have done

all these. Then how much time have you spent? When

my employees use 50% of their working time to do

this [i.e., the SQSs], I’ll get 50% less employees to do

the social services. The quality that we can give to the

service is very little. When there is any problem, I

have to deal with the most superficial, obvious ones.

³³ At the time of the interview, the SQSs consisted of 19 Standards. Later, they were revised to 16 Standards.

Then there will be no time to see the hidden problems.

This is already a sacrifice.”

I asked Doris whether she thought that this is pessimistic. She answered,

“It is practical pessimistic. Ha! Ha! In fact, this will affect the [service] quality. ... Simply speaking, the SQSs are a checklist.³⁴ A checklist is only a checklist. In other words, when you are working on the 19 Standards [i.e., the 19 SQSs], there is so much documentation. ... [The documentation] can be so thick with only 1 Standard. Then how will it be when all the 19 Standards are to be implemented? And you have to meet the requirements [of the Standards] for every single service unit, not simply on the basis of an agency. You have to write the documentation every year, to be spread over so many months. When you think about it ... ”

³⁴ For the details of the revised 16 Standards, see footnote 34 above.

Then Doris told me how she performed the task of service monitoring as a supervisor. She said,

“[In the past,] as a supervisor, I would go to the [service units] to attend their meetings and see how they work. And now ... I have to look at their paperwork. Do you understand? I can only perform ‘paper monitoring’, and cannot perform ‘direct service monitoring’. In the past, there was time. I would sit in and observe how the staff held the meetings. And now I have to sacrifice these times. I read on paper how many meetings [the staff] have held, and the contents of the meetings. Who is affected at last? This is not a big deal for the frontline [staff]. [They] will do what is required of them. When I want to get the full funding, I will do the homework well. Who is the loser at last? It is the user. But all along, the Social Welfare Department has not dealt with this problem directly.

The department has not conceptualized the issue from
a user's perspective to see whether it is a gain or a
loss."

However, Doris explained to me that the Service Quality had to be
implemented. She said,

"It is impossible not to implement the Service Quality.
[Otherwise,] it would be difficult for us to be
accountable to the public. When you get the funding
but refuse to have quality, how can you be accountable?
[The problem] is: [the government] said that this [i.e.,
implementing the SQSs] was equal to implementing
quality. I can have many ways of implementing quality.
It is not necessary to follow [the government's]
way ... What is the meaning of doing such
paperwork?"

I told Doris that it was a pity to have so few public discussions on the

Service Quality Standards. I asked her if there had been any discussions on the Standards in the welfare sector. She answered,

“There has been no detailed discussion on it. Basically, we do not object to quality. We want to provide good services. I think no agency wants to provide poor services. ... The question is: how to provide good services? Who will monitor? How to monitor? At present, there is no incentive [for doing the SQSs]. If [the government] really want the welfare sector to be good, there must be some incentives. ... But when these SQSs have been proposed, there is no incentive. I feel dizzy when I look at all these documents. If I agree that [the government's] set [of SQSs] is good, I will try my best to tell my staff to do it. But the problem is: even as a service operator, when I look at the set [of SQSs], I cannot convince myself [that it is good]. And I have to ask my staff to do it?! There will be tensions between the staff and me. As a service

operator, as an agency, we face pressures. But it is the same for the staff who faces this paperwork. In a sense, if a staff member really wants to do direct service, [doing this paperwork] is really discouraging her joining the [social work] profession. It is treated as an ordinary job. In the past, it was not like this. Job satisfaction was derived from encountering human relationships [at work], or from doing the [social work] programmes. Now, there is less job satisfaction. Less work is done, but the workload is heavier. Think about what kind of atmosphere there is in the [social work] field.”

Brian (a social work supervisor in the BF Association) told me that the social workers did not have any objections to the SQSs. Rather, the concerns were more about the implementation of the SQSs. He said,

“[First,] a very big concern is: where are the criteria?

What is to be regarded as a ‘pass’ [in the Service

Performance Assessment]? How to measure these criteria? ... [Second,] there is the problem of resources. [The government] asks me to do all these. But it does not talk about giving extra financial or manpower support to us. Then how can we do it?"

Brian's concern about the problems in implementing the SQSs was shared by Rita (an officer-in-charge of a halfway house). Rita said,

"It is not difficult to attain the required performance standards, and the scope is not very broad. But there is still some pressure [on us], because there is something that we cannot control, e.g., the 95% enrollment rate. When there is no referral, how can you maintain the 95% [enrollment rate in the halfway house]? ... In recent years, many new halfway houses have been opened. ... When we expect a resident to leave one to two months in advance, we would tell the Central Referral System for Disabled Adults [CRSDA] to give

us new cases. We may even give them follow-up calls concerning the new cases. But the CRSDA reply, 'I would have given you if I had any.' At present, there is really inadequate referral. And there is a time lag. ... When the CRSDA informs 20 medical social workers [MSWs] that there is a place [in our halfway house], it takes two weeks' time for the MSWs to answer the CRSDA whether the client wants [the halfway house place]. This is not what we can control. But we have to maintain [the enrollment rate] at 95%. Otherwise, there will be a financial implication for us. ... [And the government] will tell us that we have not attained the required standard, and how far have we missed."

Rita then continued to tell me how she tried to implement the Service Quality Standards (SQSs) in her halfway house. She said,

"The first thing is to interpret what [the 19 SQSs] mean. Second, we have to see whether we have

attained [the required standards], and what needs to be improved. When we look at the standards one by one, it is a great deal of work. ... And it seems to have no end. It depends on how far and how deep you go.”

I asked Rita whether she was unsure of the standard required for passing the SQSs. She said, “Yes.” This is because the SQSs were written in such a general way that they could be applicable to all types of social services. In other words, each social service type has to find its own interpretations and adaptations of the SQSs in its particular situation. In Rita’s halfway house, each staff member had to study the SQSs and see whether the halfway house had already attained the requirement. If it had attained the requirement, what kind of documents, records, or current practices could be given to justify this claim? And if it has not attained the requirement, what should be done? Rita told me the difficulties in doing this. She said,

“First, we do not know whether our understanding [of the SQSs] is the same as that of the social welfare department. ... [Second], as one of the service units in

the social service agency, it is not adequate just to describe how our units practise the different SQSs. The social service agency would expect that there is a common practice among the different service units. ... [Third], how do we involve the client, to let them know and give them the chance to express their views [about the SQSs]? ... If there is no [SQSs], I and my colleagues could spend more energy on the programmes and other direct services. But having these [SQSs], I think I need to discuss with my colleagues ... to see whether there should be some changes in the halfway house's activities. Are we able to do all these things?"

I asked Rita whether the SQSs were improving and upgrading the social services. Rita answered,

"When you said that [implementing the SQSs] can improve and upgrade the service, it depends on which

aspect you are talking about. I would agree that with respect to management and administration, there are more guarantees. But when you spend more time on [the SQSs], less time would be spent on direct services and the quality of the direct services would fall. ... [When the staff] has to check [the safety environment] on a regular basis and put down on records [of the regular safety assessments], s/he would have less time to see the client and to organize programmes.”

And with respect to whether the SQSs had taken into account the social work values, Rita said,

“Maybe the SQSs are too broad to be applicable to any social service. [The SQSs] will not specifically assess whether [the halfway house] is able to help the client attain independent living, whether the halfway house is homelike, and how the ideal of normalization is implemented.”

The problem with the welfare reforms lies not only in the difficulties in implementing them, and spending less time in doing direct service. A bigger problem lies in the belittlement of social work values in social work practices. With respect to the SQSs, Rita said,

“I think that the [SQSs] are more similar to customer service. ... Customer service is more utilitarian. ... Why do you have to be so good to him/her? Or why do you have to listen to his/her opinions? ... It is like a relationship of gains and losses. Because s/he is your customer, you have to serve him/her. But it is different in social work. It is based on my belief in man. I respect him/her as a person. I care for him/her whole-heartedly. I do this not because s/he is simply my client. ... A good social service should be more than customer service.”

And in respect to the content of the SQSs, Rita said,

“The SQSs are not talking about your service methods, or your service effectiveness. They are looking at whether you have implemented and carried out the system. And whether you have the procedures. If you have these, you can have the ‘quality mark’. They are looking at the form, not the content. They do not say how many fire drills you should have in a year. They just require you to have the records of the fire drills. When they are looking at service effectiveness, they are only looking at how many people are discharged [successfully] from the house. They do not look at your house programme. They do not look at the personal growth of the discharged residents.”

With respect to the output requirements in the Funding and Service Agreements, Rita told me how the strict requirement on figures had caused a bad result. As Rita said,

“[Nowadays], there is a greater concern for the figures. ... In the past, we were more willing to accept the marginal cases. Those marginal cases progressed slowly, and it was difficult for them to move out of the halfway house to re-integrate in the community even after having lived in the halfway house for 2 to 3 years. It was because the halfway house service helps them improve. If the halfway house did not accept them, they would be much worse off in staying in the hospital or at home. But if you ask me now, I will be more reserved. When we have accepted these marginal cases, the staff will spend a lot of time on them. ... But it does not attain the requirements of the figures. Then you have to consider whether it is possible to report the figures after one year. After considering these, I would abandon these cases. ... Yes, the consideration has changed. We are not only considering whether the client has benefited, whether the service can help him/her rehabilitate, and whether the service has

meaning. We could no longer only consider these. We have to consider other things, such as the whole agency, the whole unit.”

With respect to the question of attaining the SQSs, it may be argued that the welfare agencies had been over-worried about “not passing” the Service Performance Assessment. In Phase 1 of the implementation of the Service Performance Monitoring System (SPMS) in 1999, 99.6% of the service units (including 2082 service units of the Social Welfare Department and the subvented NGOs) fully fulfilled the SQSs and the Essential Service Requirements (ESRs). Phase 2 was implemented in 2000, and 99.8% of the service units (i.e., 2030 out of 2034) fully fulfilled the SQSs and the ESRs. In 2001 when Phase 3 was implemented, 99.8% of the service units (i.e., 2033 out of 2037) fully fulfilled the SQSs and the ESRs. However, conceptualizing the problem of the SPMS into a problem of implementation may have reduced it into a merely technical problem. This reduction may lead us to overlook the moral dimension of social work practice. As noted by Margaret and Doris above, the current SPMS was too superficial in capturing the depth and complexities of social work practice.

III. The Social Work Professional Community

In chapter 1, it has been argued that social work is a moral practice. It is a moral practice not only because the individual social workers have to follow the professional code of ethics. It is also because the social work profession has always been serving the socially marginalized. This can be seen clearly in the case of psychiatric social work. In chapter 4 section I, the underlying moral orientations of the psychiatric rehabilitation welfare agencies were noted. In order to achieve the goal of “psychiatric rehabilitation”, the different welfare agencies have designed their social work programmes with reference to the values of “therapeutic community”, “client participation”, or “empowerment”. In order to implement the values of “therapeutic community” or “client participation” in the halfway house, some agencies would employ a social work assistant instead of an enrolled nurse (as in the staffing standard). As noted in chapter 4 section II (A), this has created some tensions between the welfare agencies and the government.

With respect to the issue of monitoring social services, whereas the government conceptualizes the “cost-effectiveness” of social services in

objective quantitative and monetary terms, some social work practitioners argue that the “worthiness” of social services should be understood with respect to the client’s own life. As noted by Karen, Margaret and Doris, evaluating social services in terms of quantitative outcome measurements (such as the enrollment rate, the successful discharge rate, etc.) is inadequate in capturing the depth and complexities of social work, especially the moral dimension of social work practice.

The current welfare reform in Hong Kong may be divided into two parts: (1) the subvention reform; and (2) the service performance monitoring system. Regarding the subvention reform, the social workers had strongly resisted the government’s proposal to introduce the Unit Grant Subvention.³⁵ But as noted above, after the government had made some revisions to the subvention system, 55% of the 186 subvented welfare agencies had agreed to join the lump sum grant mode in December 2000. However, with respect to the new service performance monitoring system, there hasn’t been much resistance of the social welfare agencies to the government’s introduction of the Funding and Service Agreements, the Service Quality Standards, and the managerial use of

³⁵ For an interesting articulation of the reasons why the frontline social workers resisted the government’s new welfare reform, see Fung Yi CHAN and Shuk Fan CHU, “Interpreting Workers’ Resistance to Welfare ‘Reform’,” *Hong Kong Journal of Social Work*, Vol. 36, Nos. 1&2 (2002), 113-132.

quantitative outcome measurements in monitoring social services. It seems that the welfare agencies are quite compliant with the government's control and monitoring. Why is this the case? Is it because the welfare agencies in Hong Kong have not developed a strong social work professional community? By using the term "social work professional community", I do not mean that it is merely a functional group whose members would cooperate among themselves in performing some particular work tasks. I understand a social work professional community as a group whose members would share among themselves the social work values and moral visions. This does not mean that these social work values and moral visions are ready-made. Rather, these social work values and moral visions may develop as the social work practitioners try to make sense of the moral aspects of their everyday social work practice. However, the Hong Kong social workers have placed too much emphasis on the technical aspect of social work practice (e.g., attaining the required Service Quality Standards, successful discharge rates, etc.), and have spent too little time in developing the awareness of social work values and moral visions.

A. Difficulties of having Genuine Discussions among the Welfare Agencies

In Hong Kong, a Coordinating Committee for the Mentally Ill (CCMI) was

formed among the welfare agencies providing psychiatric rehabilitation social services in the Hong Kong Council of Social Service (HKCSS). Did this coordinating committee provide a platform for the different agencies to develop a shared moral and value base in understanding their own social work practice?

During an interview, Karen (the agency head of the CF Association) told me about the “revolving door syndrome” when the ex-mentally ill persons moved from one halfway house to another halfway house without being able to settle. Then Karen told me about a problem that her agency encountered. When two discharges of the halfway house in her agency moved out of the halfway house and lived together in the same compassionate re-housing unit, they would experience a lot of difficulties in adapting to each other. There might be a lot of conflicts among the two discharges. And the social worker responsible for the aftercare work for these two discharges would have to deal with these problems. I told Karen that the other agencies must also have a lot of similar experiences in dealing with the same problem. But Karen told me that the other agencies did not seem to be interested in this problem. When Karen brought this problem out in the Coordinating Committee meeting, the other agencies did not share their own experience in tackling this problem. I wondered why this is so. Karen thought this might be due to cultural differences. Karen was a foreigner, coming from

England. She explained,

“I do think there’s a difference in some ways, in attitude, that [for the Chinese] nobody likes to point out problems. Everything’s got to be fine. Rather like in a family ... This is a really happy family.

Everything would be fine. And you cannot possibly say, ‘We actually know there are problems.’ It can be very difficult sometimes to be ... And I think that’s one role of being a foreigner, I’ve been able to fulfill a bit, is actually pointing out something ... Just say, ‘I don’t think this is right!’ And being willing to say within our agency, ‘Yes, we have problems.’ ... We have problems but we expect to have problems. That’s the deal. Because if it was perfect, I would really [be] worried. I would really not trust it if I get brilliant reports for everything. I think you’re lying because life is not like that. ... Years and years ago when I was in College, I worked in a pub. You know. When you

always had to earn money when you were still in training. And the first time I worked in a pub, the manager of the pub said to me, 'I never trust the staff who always has the right money in the till. You know, at the end of the day, the money is always, every day, if the money's right, then there's something wrong. Because life isn't like that.' And I'll always remember that. Because I think it's exactly the same with my staff. If you never hear anything from the unit, everyone's really happy and the staff team is really happy and the residents we have, I think 'uh-uh!' there's a big problem there somewhere and they're not telling me. And so I think that might be a cultural thing. Whenever I said, 'Oh! We have a problem with something' sometimes in the CCMI [Coordinating Committee for the Mentally Ill] and I said, 'Our agency has a problem,' they [i.e., the other agency heads] say, 'Oh, look! You must be doing something wrong!' And I said, 'I am sure I am! Have you never

had this problem?' 'Oh! No, no, no!' and I think 'Uh, ha, ha, ha, not true, not true.' The people aren't willing to share. And I think it'll be a big step forward if the people are willing to say, 'Oh, yes. This was ... a huge problem.'"

Then I asked whether the competition for resources among the different agencies would affect their cooperative relationships. Karen answered,

"Competing for resources definitely, I think, definitely, I know, does affect cooperation. Because, you don't have open competition, I think. It is not like ... I think there's a lot which goes on with these [subtle and informal] connections and who knows which committees you're on and then what committees. After the committee meeting, you might go to dinner together. And you'll hear about a [social service] unit is coming up that you're interested in. I don't think it's a fair system, but then I don't think any systems are

fair.”

I then said to Karen that the “competitive relationship” among the different welfare agencies was very subtle and could not be seen easily. Karen answered,

“It’s difficult because we all, in theory, we all want to achieve the same thing. If you ask all the agency heads, they would all say, ‘Oh, yes! We would want to achieve what’s best for the user, and we all want to work together to make sure [that the] SWD [Social Welfare Department] fulfills their responsibilities.’ That, theoretically, [is] what we want.”

When I interviewed Jenny (the agency head of BF Association), we also talked about the reasons why people were so reluctant to bring their problems out for open discussions. Jenny said,

“In the [mental health] field, there are too many involved parties [e.g., the different social welfare

agencies, the Hospital Authority, the Social Welfare

Departments, etc.]. ... And there is too much

'sectarianism'. When there is a problem, there is worry.

If I tell the others about the problem, will this affect

my subvention? Will I give the others an impression

that I am the one who always has problems?"

I said to Jenny, "The one who raises the problem becomes the one who is problematic." Jenny answered,

"Yes, ... sometimes the staff in our agency has the

same concern. ... Although I always tell [them],

'Raising the problem doesn't mean that there must be

something wrong in your [service] unit. On the

contrary, [it means that] you have the insight to

perceive the problem.' But sometimes the staff still

thinks that there is no reason why I should raise the

question every time. The worst thing is when some

[other] staff's reaction is 'I do not have this problem in

[my service unit]'. This is more damaging [to the one who raise the question]."

Then I talked about how Karen would always be the one who brings problems out for open discussions in the CCMI meetings. Jenny said,

"Maybe Karen is very fast [in expressing her concerns]. She is raising it faster than we would like to raise the issue ourselves. ... When sometime happens, ... I may be able to see that problem. But I will not bring the problem out in the first instance.

Perhaps it's because I would try to look at [the problem] from different angles. What actually is the problem? Or did I perceive the problem wrongly? Did I miss something? Or is something not adequately done? Or is there anything that I can do to rectify the situation? I think I will do it in this way. Do it first.

Hence, comparatively speaking, when [Karen] sees the problem, she would bring the problem out and hope

that we would do something together.”

Jenny was aware that there was a difference between her and Karen in dealing with problems. Even though she and Karen might be able to discover the problem at the same time, she would not bring the problem out in the first instance. Jenny explained that this might be due to cultural differences. She said,

“It has more to do with treasuring the [human] relationship [i.e. Guanxi]. I will ask myself if I bring the problem out, will I offend the others? ... I do not mind bringing the problem out for discussion. But the question is, sometimes I think, which strategy is more likely to succeed? This is because sometimes when you confront [the others] directly, this may not be the best strategy. On the contrary, you may make the others very defensive [of their own position]. Maybe originally s/he is willing to change, and now s/he is not willing to change. This is a question of how to do it strategically. I do not know. Maybe Karen does not

agree with [my opinion].”

At this stage, it may be too early to conclude the role played by cultural differences in hindering (or enhancing) the possibility of having open discussions in the psychiatric social service setting. Is it true that the western culture is more conducive than the Chinese culture in encouraging one to admit one's own problem and inadequacy? But it is quite clear that it is difficult to have a genuine discussions among the psychiatric welfare agencies, especially when this is related to one's own subvention, or one's own social standing in the mental health field. This may be due to a subtle competitive relationship among the welfare agencies in the mental health field. The sad thing is that “the one who raise the problem may become the one who is problematic”.

As the welfare reform was being introduced, was it an opportunity for the welfare agencies to discuss among themselves their common concerns? In an interview, Doris (the social service coordinator of the EF Association) told me how difficult it was to inform and discuss the welfare reform with the Board members of her agency. Doris said,

“I talk about [the welfare reform] in every Board

meeting, and give [the Board members] quite updated information. ... But because most of [the Board members] are volunteers, and are not paid staff, most of them are not in this field, ... it is questionable how much time they can spend on this issue [concerning the welfare reform]. ... Second, their mind-set is different from our mind-set. This means that they do not understand [us] in a lot of ways. ... They just have a good intention to give their time to be a volunteer. Or [they] consider it as a charity. [They] do not expect to give so much time on things about direct service. They just come to the meetings on a regular basis, or donate money to us when we ask them. ... The Board members' mentality is always like this. ... If you depend on the Board to monitor [us], I think that is of not much use. Fortunately, we have a lot of social workers in our agency, and thus there is much more support [in dealing with the welfare reform]. But in fact, [the social workers] are using their own time [to

do this].”

I asked Doris the extent to which Board members were able to help the agency deal with the consultation (or implementation) of the welfare reform (especially regarding the subvention review). Doris said,

“Still, it is the agency managers who deal with the problem. ... In fact, the Board members say, ‘You can tell me what to do! It is OK when you say so.’”

Then Doris told how difficult it was for her to deal with the consultation of the welfare reform. She said,

“In the [welfare] sector, [different people] have different opinions. If you do not have your own view, you may not know which way to go [or what to do]. Or you may have to ask the Board members [for directions]. ... Or [you may have to consult] the views of the frontline staff. As a paid staff member, when

you have to deal with this issue, it is a difficult task. ...

It is very difficult. There have to be some support

groups in which we can meet, discuss and share. ...

There is a concern group [on subvention review]

established among the small agencies that do not have

a central administration. We can meet and discuss the

relevant issues. For example, we are now talking about

[government] funding. ... We have always asked the

Hong Kong Council of Social Service [HKCSS] to pay

close attention to how the subvention review will

affect the small agencies. We told HKCSS that they

should not only be concerned with the interests of the

large agencies. They should also be concerned with the

interests of the medium and small agencies. ... And

now, they begin to look into [our needs and interests].

At first, [they] really did not pay any attention [to the

special needs and interests of the small agencies].”

Then we talked about whether implementing the Service Quality Standards

would bring about good social service. Doris said,

“In fact, we have not discussed how to measure a good [social] service. ... Even for the 19 Service Quality Standards [SQSs], the non-government organizations [NGOs] have not been consulted. ... They have not considered whether the Standards would be appropriate in the Hong Kong welfare setting, and in the [Hong Kong] culture. ... There was no consultation [about the 19 SQSs]. They only gave us the list, and saw whether the minor points were consistent with the major points. ... There was no courageous overview of asking whether these 19 SQSs really meant good practice. ... [Regarding good practice,] the views of the NGOs are different from the Social Welfare Department. Different services have different understandings [of good practice]. How can you use one set of standards to define all these?”

The government proposed SQSs were only used as a management tool to control and to monitor the service performance of the different welfare agencies.

There had not been any genuine discussions on the meaning of good social work practice and whether the implementation of the SQSs would bring about good practice.

From the above, it can be seen that there was not much sharing and mutual support at the agency level. Was it similar at the service unit level? Rita was an officer-in-charge of a halfway house. I asked Rita whether there had been any sharing among the different officers-in-charge from the different welfare agencies in the same district. Rita replied,

“Not very formally. ... It is because each [halfway] house is under its own agency, and each agency has its own view and its way of doing things. Although it may be a sharing, but each of us are doing it differently and we have different experiences.”

I asked Rita whether this kind of informal sharing could provide mutual support for them. Rita said,

“Yes, if you ask me. I think that, at least, we know that all of us are searching. It doesn’t matter. Even to the extent that we are not concerned with the agency level. We exchange [our views] for each of us to see, and give them some opinions. But it is very personal, and it depends on our own personal social network.”

Rita continued to explain to me that it was sensitive for the different officers-in-charge from the different agencies to share among themselves. She said,

“When fellow [officers-in-charge of the other agencies] share something with you, or help us do something, they always say that the senior staff and the boss must not know about it. If this is not so, [they] will have to give an explanation. [They] will not be OK. A very informal sharing among the officers-in-charge of the halfway houses in the district had once been initiated.

But what we had shared would not be disclosed elsewhere. It is OK when it will not be known to the [senior staff] in the agency. You still have to accept that some agencies are not too open. The heads [of the agencies] are still quite strict in [management] control.”

I also asked Rita whether it was easy to share among the officers-in-charge.

Rita said that it was not necessarily so. Rita said,

“There is a general feeling that all of us are officers-in-charge responsible for a service unit. We are only accountable to our clients and boss for our own service units. There is no need to be accountable to the other service units. It doesn’t matter to me whether the other service units are doing well or not. Sometimes when we notice that the other service units are doing well, we would like to learn more about the inside details. When we notice something bad [in the

other service units], and if we feel that [the other officer-in-charge] is a friend, we would point it out to him. If [the officer-in-charge] is a casual acquaintance, we tend not to care. ... [Otherwise,] the others may think that you are meddlesome.”

From the above, it can be seen that there are two hindrances to the building up of a social work professional community by genuine discussions. First, the social workers are more accountable to their administrative seniors in their own agencies, than to their fellow social workers in the field of social work. In other words, the practices of social workers are more controlled and monitored administratively by their agencies, than by the values and moral visions of the social work profession. It may even be queried whether there is a strong social work profession in Hong Kong. It seems that the social work practices in Hong Kong have been reduced from moral practices to administrative (and technical) practices. Second, due to the subtle (or even explicit?) competitive relationship among the different welfare agencies, there is a strong atmosphere of “sectarianism” in the field of social work in Hong Kong. This makes it difficult for the social workers from the different agencies to develop genuine discussions

and mutual support. In this context, is it possible to develop reflective learning in the social work setting in Hong Kong? This will be discussed in the next section.

B. The Problem of Reflective Learning

As noted above in chapter 4 section II (A), some of my informants raised the issue of replacing one of the two enrolled nurses in the halfway house with a social worker. Karen even argued that there was no need for two nurses in the halfway house. Otherwise, the priority would be given to medical considerations, rather than to social-psychological considerations. This is an argument asking us to reflect upon the moral visions of psychiatric rehabilitation. Should psychiatric rehabilitation be based on a medical model, or on a more humanistic social-psychological model? But as I could observe in the Coordinating Committee for the Mentally Ill (CCMI) meetings, little time and effort was spent in having deeper reflections about the reasons for substituting the nurse with the social worker. Replacing the nurse with the social worker was understood simply as a technical strategy in solving the difficulty of recruiting an enrolled nurse. In other words, the reasons for the need of replacing the nurse with the social worker had not been discussed, or deeply reflected upon in the CCMI meetings. When I asked Karen what she thought about my observations of the CCMI

meetings, she said,

“Yes, and I think it’s very difficult to get that sort of deeper reflection, because it doesn’t happen in the CCMI. What happens there, I think, sometimes is quite bullying. ‘We’re the biggest agency. We do this so you shut up.’ That’s basically what’s being said.”

I wonder whether that was being said explicitly. Karen said,

“No, I mean, it’s not. ... [But] that’s the message!”

I then asked Karen why the frontline social workers had not developed deeper reflections on their everyday social work practice and gave us a clearer picture of the moral visions of psychiatric rehabilitation. Karen answered,

“Um, why isn’t anybody looking at what we are doing?

Partly, I think, everyone’s always so busy doing it. Ha!

Ha! They’re so busy with the day-to-day of doing it.

You don't get time to think. And I think that's dangerous. And also, again, I think it's when administration takes over from social work. I mean ... I'm not a good administrator. I don't like it. That's one of the reasons I'm leaving. I actually don't like [it]. I've realized I don't like [it]. I've tried it. But I don't like doing it. ... I certainly don't want to think or myself doing it, for another ten years. Because, I think you lose, for me, I would lose something very precious to me, which is actually the face to face work which I enjoy more, and thinking of [the] philosophy 'why', rather than just doing it. And I think that's why we do encourage our staff to have more opportunities for sitting together and talking, and thinking. Not just doing it, but thinking about it. It's reflective learning. It's that sort of idea. It's what a community meeting is about. There is nothing wrong with having an integrated philosophy where the staff and the residents [in the halfway house], all of them, even [including]

me, the agency head, everybody should be at times
made to sit and think about, 'What are you doing?
Why are you doing it?'"

Karen continued to explain what reflective learning meant. She said,

"And reflective thinking means you'll be challenged.

And challenges are culturally inappropriate, perhaps in
Chinese society, twenty years ago, thirty years ago.

We're talking about Chinese society in Hong Kong in

1998. And it is not inappropriate now for people to
challenge. It is actually very much what people do.

More and more people are going for legislative, em,

for legal, legal roots, huh, claim. More and more

unions are starting, you know, and getting very

powerful. It's not inappropriate anymore. So stop

assuming. It's this sort of assumption that everybody's

going to sit there very subserviently and nod their

heads. No! If people start doing that, I really get

worried. And it's taken [me] a long time with, with, I think, for me, I had to really work closely with our staff to say, 'If you argue with me, I am not going to fire you. I am not going to give you your white envelope if you disagree with me.' Because, sometimes I may be wrong because I'm not God either. Ha! Ha! I don't have the power magic when you are the agency head. You get it wrong sometimes. And I don't work in a halfway house everyday. And I certainly don't know much about the [sheltered] workshop. So, if Stephen [the officer-in-charge of the sheltered workshop] doesn't tell me, I don't know if I'm making a mistake. It's going off a long way but I do think it is really very important. It's all part of the same thing. If you get reflective learning, you'll get challenges. And that's a good thing to me ... Not everybody thinks like that."

As noted in the previous section, the agency heads and the

officers-in-charge were quite reluctant to disclose their agency problems to the other agencies. This made it much more difficult to develop an atmosphere of reflective learning in the field of psychiatric rehabilitation social service in Hong Kong. However, Karen tried to develop an atmosphere of reflective learning in her agency. Karen said,

“They [i.e., the frontline workers in the halfway house, including the welfare workers, the nurses and the social workers] have to have the time to do that [i.e., reflective learning], or being encouraged to do it. I mean, I know, sometimes they get really fed up that we ask for so many meetings. You know, they think, ‘Oh my goodness! Another staff meeting! Another community meeting!’ But it’s those meetings when people sit together and talk and think. You know they may talk about cases, they will share their experience and they’ll learn something.”

It is a pity that it is so difficult to have genuine and open discussions among

the different welfare agencies in the field of psychiatric rehabilitation work. This may be due to several factors: the Chinese culture of “saving face”, the subtle “competitive” relationships among the different agencies, and the administrative need to attain the objective quantifiable social service performance. Reflective learning among the social workers (especially among the different agencies) becomes much more difficult. With the strong emphasis on attaining the administrative requirements, the moral dimension of social work practice will be belittled.

IV. Management in Practice

In this section, three case studies on social work management will be presented in order to understand how a social work manager manages his/her subordinates. This is to see how social work values may be involved in the management of social service units. All three informants had worked as front-line social work practitioners before they were promoted as the officers-in-charge in the halfway house.

A. Management as Empowering the Subordinate Staff: Brian

When Brian entered the field of social services, he did not have any social work qualifications. He worked as a house-parent in a hostel for the severely mentally retarded children. When he realized that his career development would be quite limited, he enrolled in a Master's course in social work. After having graduated from the social work Master's course, Brian began to work as an officer-in-charge of a halfway house. Seven years later, Brian was promoted to be a social work supervisor. As a social work supervisor, Brian had to supervise the officers-in-charge of the halfway houses in the social welfare agency.

(i) Being an officer-in-charge in the halfway house for the ex-mentally ill persons

I asked Brian how he felt about being an officer-in-charge in the halfway house. Brian said, "It was very difficult. As I recall, it was very hard, because I have not taken up the role of a manager [i.e., an officer-in-charge] before." When Brian worked as a house-parent in the hostel for the severely mentally retarded children, he was only one of the team-leaders under the direct supervision of the officer-in-charge in the hostel. Brian did not have any experience in being an officer-in-charge. Brian said, "Being a team-leader is very different from being an officer-in-charge." I asked him how much difference there was between the

two roles. Brian said,

“[In being an officer-in-charge], you have to take up
the responsibility, make decisions, and be fast. ...

When I was a team-leader [of the house-parents in the
hostel], I treated it as teamwork. I only had to
cooperate with the other colleagues [in doing my job].

[Sometimes, I had questions. For example,] should I
perform certain tasks? Did I get any support? How
should I take up the final responsibility? Could I carry
out the responsibility? I could still ask my superior
[i.e., the officer-in-charge in the hostel] for instructions.

[When I had these questions,] I could still get support
[from my officer-in-charge in the hostel]. But in the
team of the halfway house, I could not get any support
[from the staff team in the halfway house].”

Brian continued to explain it to me,

“In fact, for a long period of time, there had not been any officer-in-charge to lead the team in the halfway house. ... Operation was somewhat loose [in the halfway house], including the filing system, the intake and the discharge of cases. The colleagues [in the halfway house] had got used to acting arbitrarily, as there were not so many persons for them to ask for instructions. Things had become like this: I would do it in this way, and you would do it in that way. Each person did things in his/her own way. ... There was an advantage. Decision-making was faster, and more courageous. But when you are talking about consistency, and working as a team, it was not so clear. It was a bit loose.”

Another difficulty that Brian faced was that the management system in the welfare agency was quite poor. Brian said, “There was no [social work] supervisor in the welfare agency.” Besides the agency head, there was no one for Brian to ask for instructions. Brian said,

“On the first day when I reported for duty, the colleagues [in the halfway house] did not know about my arrival. No notice had been given to the colleagues that a new officer-in-charge would come. When I arrived, everybody was very shocked, ... felt very sudden, and was at a loss. ... I also did not know what to do. I got a seat to sit down, and put down the things.”

Brian continued,

“There was no orientation, in which the agency head would tell me what I should do and what my responsibilities were. Or the accountant would tell me what the accounting procedures were. There was nothing. ... I had to find it out myself. This was my difficulty. As soon as I sat down and found out what needed to be done, I had to begin to perform the tasks.

Let's say 'the intake of cases'. I have to deal with the intake of cases when I began to assume duty. When the cases were not 'good', I had to deal with them immediately. Or when the cases were going to follow-up psychiatric consultation, I had to write follow-up letters [to the psychiatrists] immediately. I had to contact the social welfare department immediately. ... When I began to work on the first few days, that had already been the situation. And I was not even able to know who the cases were. ... I felt very hard. ... [Besides], I had to get to know the Mental Health Ordinance immediately. ... There were so many things that I had not studied. ... For instance, I had not been studying about mental illness in much depth, such as the different kinds of mental illness, the different symptoms, the different medications, and the different approaches [in curing mental illness]."

Apart from the problem of being unfamiliar with the clients and their mental

illness, Brian had the other problem of leading the staff in the halfway house.

Brian said,

“When I arrived, the colleagues did not trust me. I did not have any qualifications [in the field of mental health]. I had only freshly graduated [overseas]. I had just come back. They could run the halfway house without an officer-in-charge. [They queried] why they should trust me. [They also queried] whether things would go wrong when they listened to me.”

I asked Brian how he began to build up the team spirit and his leadership role. He told me that it took him more than one year to build up the team spirit. He said, “At first, I looked at the team dynamics, finding out who had the authority and the influence over the others, and who could not be offended.” Brian found that the deputy had the highest authority. He continued,

“The two minor staff [i.e., the cook and the cleaner in the halfway house] were quite stubborn. ... They had

got used to not being supervised. They had persisted in their own ways of doing things. ... They did not think of themselves as part of the team. ... I did not deal with these [two minor staff]. Dealing with these would be fatal [to my leadership role in the halfway house]. ... [Rather], I hope to empower the deputy to supervise [the subordinates]. ... As the deputy had authority, I had to be able to 'rule over him'. Besides, there were the two nurses, because it was clear that the nurses were more professional than the welfare workers. With regard to medical issues, ... [e.g.,] medication, relapse, going to hospital, etc., you had to get the agreement of the nurse. ... I had to deal with the two nurses and the deputy first. Regarding the welfare workers. I would rely on those who were more competent. Some of the welfare workers would gradually drop out. ... When they were replaced by those I recruited, things would become much better."

Brian told me how he began to supervise the deputy. He said,

“I like to clarify our expectations [towards the other]. ... I told the deputy ... what I did not know, what he had been doing, and what our cooperation would be. I would articulate clearly, and told him my expectations. What I expected him to do for me. I would also get him involved in my scheme. I told him that the halfway house did not only belong to me. I was not the only person in-charge. Both he and I were in-charge of the house. Whether the house was good or bad, he had a part in it. If [the house’s] performance was good and had a good reputation, he had a part in it and he would felt honoured. ... In introducing a policy [in the halfway house], I would talk to the deputy before the staff meeting. ... I would get a consensus before the meeting. I would not introduce the policy [without any preparation] in the meeting. If the deputy said that the policy would not work [in the

meeting], ... I would be left along. It would not work in this way. I expected the deputy to be a bridge.

Before the meeting, he would see how the other staff thought about the policy, what would be the resistance against the policy, and how likely would the staff agree with the policy. Then I would get a consensus with the deputy. When faced with disagreements from the other staff, how could he help, or how he could be the mediator. ... I expected him to manage the halfway house together with me. He had already been an established team leader, and had the ability to mobilize the other staff. In the beginning when I began to mobilize the staff, it was in cooperating with my deputy that allowed me to supervise the other staff, and to mobilize the other staff."

In managing the nurses, Brian tried to change their mentality from a medical orientation to a casework orientation. I asked Brian how he was able to do this.

Brian said,

“When the nurses were doing well, I would commend them. When they were not doing well, I would help them think about the possible solutions. What could be done? To help them think: if they look at things from the client’s perspective, what would they do? To help them broaden their perspectives. And I had also been changing the practices [in the halfway house], e.g., taking medications. They had always kept a close watch on the clients’ taking medications. ... I was the first one who advocated letting the clients take medications by themselves in the welfare agency.

When I first wanted to introduce this, there was a lot of resistance. ... [The staff] were afraid that something would go wrong. [If the clients] did not take their medications, who would take the responsibility? ...

The officer-in-charge [i.e., Brian] stayed overnight in the house once every two weeks. They [i.e., the other staff] stayed overnight every night [by rotation]. When

[the client] relapsed, who would 'catch' the client to go to the hospital? ... If [the client] took an overdose [e.g., attempted suicide], how should they handle it? Who should take the responsibility? They were afraid of these. ... The nurses were more worried than the welfare workers. This might be related to their training. Their training had been focused on making sure that people would take medications, and telling people what the dangerous medications were."

In order to build up the team spirit, Brian tried to make all his staff capable of performing all the tasks in the house. He told me,

"As one team, there was less distinct division among us. [I told them], 'You have to respect one another and be considerate. Think about the other person's situation.' When there were conflicts among them, I would catch them to sit down and talk. When they could not resolve their conflicts, I would tell them,

'You are in a relationship of cooperation. I do not mind if you do not like to be friends. But I want you to be cooperative among yourselves with respect to work. This is the area that I will intervene.' ... In my approach [of managing the halfway house], I want ... every member of the staff to be capable of doing all the work in the halfway house. The welfare worker would come and say to me, 'I am not professionally trained. You are the only one [trained professionally]. You asked me to do group work? How am I able to lead [the group]?' ... In fact, there was no way out. Because the officer-in-charge had to do administrative tasks, had to maintain contact [with relevant persons], had to attend outside meetings. If [the officer-in-charge] had to stay at night [in the halfway house] to do group work, to do casework, it is practically impossible. I would rather support my staff to do casework through strong supervision and peer support of the whole team. ... I expected everyone [of

the team] to know everything [in the halfway house].

And the team could still manage the house when one of us was missing. ... My method was: everybody had their chance to practice the different tasks. There was rotation every three months, until one knew every task in the house. When I was not here [in the halfway house], anyone [of the team] was [to take up the role of] the in-charge. I had emphasized this point many times. In a halfway house, we were working in shifts.

Whoever was here [in the halfway house] saw the situation, s/he had to make the decision. ... [I told them], 'You are the in-charge. I am not the only in-charge. When I am not here, you are the in-charge.' ... If [my staff] were afraid of making mistakes, I would tell them, 'When a decision has to be made, you make the decision. I will bear the responsibility if things go wrong. I will not let you bear the responsibility when things go wrong.'"

I asked how Brian could be so at ease in giving power to his staff. He replied,

“I felt that they were not without the adequate ability, and this ability can be gradually cultivated. I could see his/her ability during supervision, and what I could do. Thinking realistically, nothing too serious would happen to the clients in the halfway house. The most serious would be the crisis of committing suicide. But if the client told my staff that s/he would commit suicide, the staff would definitely tell me this. ... Sometimes, the problems were: how to stop the fighting [between the clients]? Or was it necessary [for a client] to have advance follow-up psychiatric consultation? Or should we report to the police when [a client] was missing? With respect to these problems, I felt that even if something had gone wrong, I was still capable of carrying out the responsibility. I was not afraid. And if you want to be an in-charge, you

have to practise what you preach. You cannot shift responsibility, especially in a halfway house. When you shift responsibility, you will not be able to build up your image. The staff will not trust you.”

(ii) Being a social work supervisor

Brian became a social work supervisor in 1997, supervising five halfway houses and the aftercare service. His work included the following: (1) Brian had to manage the staff in their daily operation of the social services. This included supervising casework by attending case conference in the halfway houses, attending residence meeting in the halfway houses, attending staff meeting in the halfway houses, monitoring and approving the staff's vacation leave and the roster, recruiting new staff, revising the operational manual of the halfway houses, handling the funding applications of the halfway houses, chairing the service coordinating meeting of the halfway houses. (2) Brian also had to handle the different government requirements with which the social services provided by the organization had to comply. The different government requirements included: the Privacy Ordinance, the Service Quality Standards (SQSs), the Funding and Service Agreements (FSAs), and the Central Referral System for Disabled Adults (CRSDA).

I asked Brian what he thought about the difference between an officer-in-charge of a service unit and a social work supervisor managing other officers-in-charges. Was there any change of mentality? Brian said,

“When I began to work as a supervisor, I was a bit trembling with fear. First, I could not foresee the new areas of work that I would have to deal with. ... It was clear that with the passage of time, there would be a lot of new demands, new directions and new service developments. For instance, there had been discussions about the subvention review, the consultant firms, the service quality standards [SQSs], and quality management. ... Then I had to deal with the opening of the new building with the expansion of new social services, and the transfer of manpower in the service organization. ... Concerning other things, I had more psychological preparation, e.g., my role in dealing with my colleagues, my subordinates, my superiors ... I thought about the role that I played.

When I was the officer-in-charge, I saw myself as a bridge between the superiors and the subordinates. On the one hand, message from the above had to be transmitted downwards. But I was not simply throwing the message downwards. Of course, I had to help my colleagues to understand the organization's policy, as there were some conflicts of interest [between the organization and the staff]. The organization placed much importance on administration and effectiveness. The colleagues were very self-oriented, placing much importance on their own self-interest and convenience at work. They would also ask for flexibility which might not be allowed from the perspective of administration."

I asked Brian what kind of flexibility the staff was asking for. Brian answered,

"For example, overtime, and approval of vacation

leaves. The staff would like to get the approval of vacation leaves in a week's time. ... But from the headquarter's point of view, it has to manage several hundred staff and more than twenty service units. There must be rules for dealing with particular issues, e.g., how long does it take for one to get the approval of long vacation leaves? ... When I was an officer-in-charge, I was a mediator, passing messages from the superiors to my colleagues so that they might know about the administrative ideas. On the other hand, I had to report my colleagues' requests and concerns back to the superiors. Otherwise, my colleagues would not trust and obey me. They would feel that I was taking side with the superiors, and did not have any sympathy [towards them]. Besides dealing with tasks, we had to deal with human relationships. It thus became a matter of keeping the balance, depending on which side you were on. When I was an officer-in-charge, I was more on the side of

the staff. I was able to make contacts with both sides.

The superiors were able to make contact with the subordinates. But when the subordinates wanted to talk to the superiors and if I did not speak for them, they would not have any opportunity to express their concerns, e.g., medical insurance, employee benefits.

If they had expressed their views and I did not speak for them, it would be a waste of time for me to ask them for their opinions. Second, I could not see how they could have a better opportunity to express their views. Therefore, I would stand more with the subordinates. As a result, I had been seen [by my boss] as more in line with the subordinates. ... But when I became a supervisor, there was another level [between the front-line staff and me]. There is an officer-in-charge, and I am not managing the front-line staff directly. In the organizational hierarchy, I am nearer to the management level. I see my position as a point of balance. As an officer-in-charge, I would be

more concerned with service operation, and the front-line staff. But as a supervisor, I would be more concerned with administration, rules and regulations. I was not indifferent to the front-line staff. They would be part of my consideration. But I would not help them directly, ... consider or report all their concerns. I would rather encourage their officers-in-charge to speak for their concerns more openly at the unit Heads' meeting. It was not so appropriate for me to speak for the front-line staff at the meeting. ... With respect to doing casework, I changed from a direct role to an indirect role. This was what I had prepared psychologically in the beginning. ..."

Brian also told me how he had readjusted his relationship with his other fellow officers-in-charge. He said,

"When I became the supervisor, I had to do supervision with my fellow officers-in-charge, give

them directions, and give my advice to their year plan.

The readjustment had been quite fast. I think that there were two reasons. First, I was, in fact, more senior than the other officers-in-charge [of the halfway houses]. Some of them had only come for about two years. ... Second, my academic qualification had also helped me. When I returned, I had already got the Master's degree. With respect to professional training and case discussions, I felt more competent and comfortable in discussing with the officers-in-charge."

I asked Brian why he said that it was not appropriate for him to speak for the front-line staff in the unit Heads' meeting, and whether there was something that he was worried about. Brian said,

"It was not a matter of appropriateness. I considered it to be a matter of my role. ... When I attended the [front-line] staff meeting once every two or three months [in the halfway houses], I could sometimes

hear their requests or their feedback to the organization's new rules and regulations, e.g., concerning the organization's plan for enhanced productivity programme [EPP]. The [top management] would ask [the front-line staff whether they would accept] wage cuts, whether the staff had any other solutions, what the staff's views were, and whether the staff would be very reluctant to accept the enhanced productivity programme. In the [front-line] staff meeting, I could see that the staff had their own opinions. ... The officer-in-charge should have heard them, and s/he should be the one to speak for them. In the unit Heads' meeting, when we were exchanging our views, I could not assume that the officer-in-charge would not speak and then I spoke for him/her. There were more than twenty officers-in-charge, and s/he had to get an opportunity to speak. I would wait for him/her to speak. ... And I didn't want to deny his/her chance to speak. If I spoke,

it seemed that I did not quite trust him/her, and thought that s/he would not speak. I would rather encourage him/her to speak more. And this was one of my expectations. ... When I was the officer-in-charge, I wanted the front-line staff to obey me. When I was the supervisor, I wanted the front-line staff to welcome me when I went to the halfway house. If I could not let the officer-in-charge perform his/her duty, speak for the staff and discuss the issue with us together [in the unit Heads' meeting], it would be useless. Therefore, I would rather let the officer-in-charge speak.”

Brian was promoted from being an officer-in-charge in the halfway house supervising the front-line workers, to be a social work supervisor supervising the officers-in-charge in the halfway houses in the welfare agency. I asked Brian whether he had undergone any change of mentality when he was promoted from being an officer-in-charge to be a supervisor. Brian said,

“In fact, the mentality is the same. When I was the

officer-in-charge [in the halfway house] and wanted the front-line staff to change, I couldn't make it work simply by ordering them to follow my command. At that time, I hope that my fellow staff could think and realize for themselves that there was a need to change. And it was due to their own thinking that things could be done. If I had told them directly, they would immediately put ten counter-arguments for any one of my suggestions. ... Therefore, at that time, I used working groups to let them think and perform their tasks. When they thought it over themselves, they would have more confidence in it. It was the same. [Later,] when I became a supervisor supervising the officers-in-charge [of the different halfway houses in the welfare agency], I was still using the same method. If I told them, 'I had used this method before [when I was an officer-in-charge] in a halfway house. There is no reason why I succeeded and you failed. You just follow me.' I did not want it to be in this way. And I

could see that this method [of managing] would fail definitely. Even though the officer-in-charge might agree, his/her staff team might not. S/he was not like me as I had mobilized my front-line staff. I could only give him/her some opinions for his/her reference. I wanted him/her to think, looking at the needs. Then s/he thought about what s/he should do, and how s/he could carry out some new plans. The methodology is the same. When the staff team was mine, it was more direct because I could mobilize the staff members. It was very direct. But when there were so many service units and I wanted them to move in the same direction, I can only tell the different officers-in-charge what to do, or to influence the different officers-in-charge. But [there are other factors, such as] the way the officer-in-charge would use, whether the officer-in-charge was competent, and whether the staff team would obey him/her. All these were dependent on the officer-in-charge himself/herself. I could hardly

help him/her. This was a bit too far from my influence.”

I noticed that in Brian’s reply, he wanted the front-line staff to obey him when he was the officer-in-charge, but wanted them to welcome him when he was later promoted as the social work supervisor. I asked Brian whether there was any difference when he used the two words “obey” and “welcome”. Brian answered,

“I think there is a difference. When I first went to the halfway house, it was a time of confusion. The organization did not have any direction. The staff team was led by a previous leader. I did not have adequate experience. ... It was clear to me that the problem was how to make the staff work with me in a very short time. At that time, I know that I had to make the staff trust me. Why do I speak of ‘trust’? Because I was young and did not have adequate experience at that time. The deputy’s salary was higher than mine, and he

had more holidays than I. In many aspects, I did not feel competent and comfortable when I began my work [as an officer-in-charge in the halfway house].

When I asked the staff to do something, they had many testing behaviours. So I was more concerned about their obedience, and whether they believed that I had a clear direction in doing things. The other thing [that I was concerned with] was their trust in me, knowing that I would report their views [to the superiors] when they had any opinions, and I would consider their difficulties. I would carry out the responsibility whenever there was anything wrong. I would give them a free hand in their work. I would like them to be completely convinced. At present, when I face the officer-in-charge as a [social work] supervisor, I feel that I cannot mould the different halfway houses [in the same way], make the officers-in-charge follow the same direction and do the same thing. Even though I may be able to convince them, they may not be able to

follow my plan. I would rather hope that by sharing and exchanging views among themselves, they realize that my advice is good and acceptable. And they take a welcoming posture [towards me]. They would feel that [as a social work supervisor,] I am more in a helping role than in a supervising role [towards them], even though my title is [social work] supervisor. I don't want it to be a monitoring role. You can imagine that as an officer-in-charge, you would not welcome a person who always comes to monitor and criticise your work. I do not want to take up this role. I would like to take up the role that can help them with respect to administrative issues, give them more support and convenience [in their everyday work]. Then my role would become a welcoming role."

I then asked Brian whether he thought that the relationship between himself as a social work supervisor and the officers-in-charge has become more equal than the relationship between him as an officer-in-charge and the front-line staff

members. Brian said,

“It is difficult to compare. There are differences. In the halfway house, besides equality, the relationship was more intimate. For example, during holidays, the staff would go to my home. ... But as a supervisor, this did not happen so frequently. That is, when the staff member had some activities, they would invite the supervisor to join them. Sometimes, when they had a Christmas party in the halfway house, they would invite me to join and contribute some money to the party. Previously [when I was the officer-in-charge], every team member was under my direct supervision. But now, the staff team members [in the different halfway houses] are not under my direct supervision. There is another level between us. Another thing is that, the relationship between the officers-in-charge is not as close as those working in the same halfway house. ... They belong to different service units and

only meet during coordinating meetings. So there is a difference. There may be more suspicions among them, e.g., when there is partiality and little transparency. ...

When I was the officer-in-charge, everyone [in the halfway house] could see how I treated and supervised every member in the team. There was no favouritism or inconsistency in doing things. But when you are facing different staff members in the different halfway houses, house A does not see how I treat houses B, C, D, E, F. ... You have to get their trust in impartiality and transparency.”

I asked Brian how he could make it transparent, as it seemed quite difficult.

Brian answered,

“It is very difficult. ... For example, there was once an officer-in-charge who was not competent in his work. After one year, the officer-in-charge left. The staff in the other halfway houses guessed [what had happened].

I think there had been [different speculations] during the whole period. Or when the staff suddenly leave and we have to recruit a new staff. ...The staff will guess why and what has happened, what I have done or what the staff [the one who left] had done. But there are things that cannot be disclosed to them, as privacy is involved. The organization's standpoint is involved. And sometimes it is the agreement made between that particular staff and me. In these situations, transparency cannot be made. However, I do not want there to be too many speculations. I would let them know what can be known and let them discuss. With respect to the daily operation of social services, I will tell them explicitly when something is wrong ...

Although they may not know how I deal with the particular [unsatisfactory] staff, they will know that I am dealing with that staff and am not quite satisfied with him. Complete transparency is basically not possible."

B. The Officer-in-charge is a “Lonely” Post: Jessica

Jessica had worked as a front-line social worker in the field of psychiatric rehabilitation. She had worked in the sheltered workshop and in the hostel.

Jessica was an officer-in-charge of a hostel for adults of mentally handicapped (or mentally retarded) coupled with mental illness. I asked Jessica what she had to do as an officer-in-charge. She said,

“In fact, I had to do almost everything. True, I began as an IC [in-charge]. Yet, it wasn’t simply the ‘management responsibility’ that I was facing. I had to pursue, at the same time, my ‘social worker duty’ as well. In particular, I had to look after those MR [mentally retarded] cases. My MR clients tended to be quite ‘passionately’ fond of seeing the lady social worker at work. Sometimes, they might ‘break into’ my office, merely to seek help. Of course, their level [of intelligence] might not allow them to tell whether they really needed our help. Yet they’d come to us for

help just like that, however trivial the matter could have been. And so you've got to deal with them incidentally. In addition, some clients' 'emotional' or 'mental' problems would probably require me to deal with them directly. Hence I had to be on night shifts at least twice a week. During the night shifts, a lot of time was spent on casework. In fact, besides having to deal with those cases, I had to supervise the other lady social worker. The other social worker had to deal with her cases and programmes. Other colleagues had to do a variety of programmes under my supervision. Moreover, I had a nurse working under my supervision, responsible for all sorts of health programmes. In fact, I felt very much tied up and felt like in a state of chaos. In my everyday work, especially during the night shifts, [I] didn't have the time to sit down to think and plan for the future of the house operation. I could only [have the time to] deal with the immediate concerns. These included dealing with the cases, the

programmes and other trivial matters, like the disputes among the cooks. ... [I also had to deal with] other issues, including the agency's programmes, and the local district meetings, even though they weren't directly concerned with the hostel. ... As a result, one would hardly be able to squeeze time, say, in 'polishing up' one's own management skill in playing the role as a 'manager'."

I asked Jessica if she found any differences between her role as "a manager" supervising her subordinates and as "a social worker" dealing with her clients. She answered,

"As a matter of fact, I found that they're quite different from one another. If I were allowed to choose, I would rather be a social worker doing casework than be an IC [in-charge] taking up the supervisory role. On the face of it, dealing with the clients' problems ...seemed to be quite difficult. In fact, as I see it, managing the staff

was far more complicated. For one thing, most clients knew right from the beginning that they're seeking help. ... The role of being a client was accepted, 'as clear as a crystal' throughout the process, by them. As such, they'd have no problem in accepting the service treatments rendered by the social workers, as they knew these services would be good for them. And so, they're kind of 'motivated' to 'respect' us in the first place. That being the case, for a social worker, like me, to get acquainted with them for a cosy relationship would be way easier. They'd be more than willing to cooperate. Managing the staff, however, could be another story. For whether a manager could establish an intimate relationship with the [subordinate] staff is not always controllable. All it boils down to is the question of whether and when the manager could really get along with them all. The staff might tend to believe what they're doing is nothing but a job. This rooted view of theirs would probably be different from

the social work manager's view. And so, in my opinion, there would basically be conflicts of interests, for a manager, like me, is supposed to be overseeing them in many ways. Which means their performance appraisal and job evaluation reports would rest on my judgment. Hence, it was the basic 'barrier' between the manager and her [subordinate] staff. And so, it would be very difficult for me to 'get closer' to them at all. On the other hand, they'd tend to have reservations in letting the IC to get 'close' to them. The reason is straightforward enough: there were inevitable conflicts of interests. Mind you, their performance would affect my appraisal of them. And the tough part was: the manager had spent tremendous efforts in building up a closer relationship with the [subordinate] staff. This was done probably for the purpose of establishing a smoother and more orderly work environment. But the efforts would almost certainly end up fruitless. This would be quite different

from the scenario of my doing casework: in which the plan of accomplishing my objectives would be implemented. If I were to differentiate the two in terms of the degree of difficulty, I think doing casework would be easier, whereas staff management would be relatively harder. I'm not sure if I've expressed myself clearly enough there, but you know it was exactly how I felt about it."

I asked Jessica whether it was true that she also had to assess the clients and write appraisal reports of the clients in doing casework. If that was the case, why did Jessica find it much more difficult in supervising the subordinate staff?

Jessica answered,

"I know what you mean. The 'staff' isn't a 'case', that's why. I mean, the staff isn't the client. Let me put it this way. It's quite easy to talk about a 'case'. Even if you were discussing with your colleagues over a case, it'd be easy for you to pinpoint what's wrong

with a particular client. It was easy to talk about the others. It also seemed that the 'cases' were willing to let us discuss their problems. They must've well accepted the fact that they came to us because they had problems. Regarding the staff, I came to notice that everyone of them had his or her weakness or problems. Yet these weaknesses or problems would affect their work performance. But they weren't your 'cases'. They were just your subordinates. They did not have to tell you, as a manager, what was really on their minds. Let's say you knew they're weak on one aspect, not good enough on another. But the tough part was that, even if you're able to tell them their weakness directly, it doesn't mean they would also 'accept' them as such. ... That's what I meant about the difficulty in dealing with the staff. Summing up, as I see it, dealing with a staff member would be tougher than dealing with a case, as not every staff member would be as open as a client to you, in particular, concerning their

deep feelings. It is easy to talk about work tasks with the staff. However, some matters are not simply isolated work tasks. A lot of things are related to one's own personality, [one's own judgment,] etc. But not many people are so open as to talk to you and to acknowledge their own weaknesses. This is the difficulty. And they would keep a distance from you, unlike some cases, who wouldn't mind showing their affection for you openly with obvious gesture, if they thought they'd known you for some time. My [subordinate] staff, no matter how close [we are], had not shown anything similar. Of course, that might be my problem. ... Anyway, that's how I perceive the differences."

I asked Jessica why it was necessary for the staff to express their inner feelings to the manager. Wasn't it true that the relationship between the manager and the staff is a working relationship? Wasn't it true that the staff's "work performance", "effectiveness" and "efficiency" were a more important concern

for the manager than the staff's "personality weaknesses"?

"After all, their job was involved with nothing else but human beings. And so, their work would affect another human being. That's why it was so important. I might not be talking about their personality weakness. But I might be telling them about their ways of dealing with different matters, [such as dealing with the clients] in the past. I felt it was necessary to put the matters in relation with [their personality weakness]. ... Very often, my starting point was to look at places where there was something wrong and could be improved in their work. If these were related to their personal ... personal weakness, I would find it necessary to talk about it. But not everyone was able to accept this. Not just because you are my superior and you pointed out my personal weakness, would I accept it. Thus, I find it more difficult to deal with my [subordinate] staff than with the cases [i.e., the clients], if I really had a

problem staff. Of course, if every one of my staff had a clear concept, and had motivations to do this, this would not be a problem. It would not be so difficult in management. But as it was much more difficult to deal with 'problem staff' than with 'problem cases', it adversely affected my own emotions. After all, they're your colleagues. You would see them almost everyday."

As Jessica was promoted from the post of a front-line worker to that of a social work manager, she felt the difficulty in adjusting to the new identity of being a manager. She said,

"I was so close to my colleagues when I was working at the [sheltered] workshop [as a social worker]. I was always together with them, showing up in the activities after work. Yet once I became an IC [in-charge], it was so hard to get used to the change. However hard I tried, the cosy feelings weren't there

anymore. For instance, when I was an SSWA [Senior Social Work Assistant], I had a few colleagues of similar rank with whom I could share my feelings and from whom I could get [moral] support. But once I became an IC, they were no longer there. True, there was a SWA [Social Work Assistant]. The nurse was there, too. She was quite a good person [for me] to talk to. Yet they might be the only ones I could still talk to. But unlike before, there was no one else I could share [my feelings] with, except perhaps my superior. But the feelings of having an intimate, close and cosy relationship with my colleagues were definitely all gone. Not there any more. Therefore I replied to your question of the identity shift. All of a sudden, I was being placed in a different position. The new reality was: regardless of how desperate I had tried, the cosy feelings with my colleagues that I had once enjoyed so much had long gone. And once the feelings were gone, it would never resume. ... After all, once your post

was there, your identity was there, and other people's views on you would naturally follow suit. Hence, there was the distance between the staff and me. This was an established fact. It was necessary to get used to this. Quite hard to ... But you cannot say that this is a suffering. I don't think I was upset. Just sort of missing that lost feeling of mine. Who could forget that lovely time, when we were so free to talk, even laugh, while getting things done? That was it: the freedom that went with the 4 years of experience. All this had been quite different from what it was like while I became an IC. True, I could still talk to the SWA. Yet, she was working under [me], regarding [me] as a superior. True, there was the nurse with whom I could talk things over, although she belonged to another profession. That said, the conversations with them were not as free, or as open, as those before. Maybe this is related to ... the change of identity."

Thus, for Jessica, being promoted to be an officer-in-charge was not simply the taking up of a new job. It constituted a new “superior-subordinate relationship” between her and her colleagues. In taking up the new role of being an officer-in-charge with the need to exert managerial authority and power, Jessica found it difficult to have deep sharing with her colleagues. Besides, it affected her identity as a social worker and/or as a manager. She found this quite uncomfortable. She explained,

“I had asked myself what image I should show as an IC. Not sure if I had been asked by my boss how I would dress when going to work. I used to dress in a casual way when working in the [sheltered] workshop, like wearing short pants with white socks and running shoes. Once I became an IC, I cannot dress like that again. They would gossip about it. Not even a T-shirt with blue jeans was considered appropriate. It ended up with many more ‘don’ts’. As I see it, these would be the things that a new IC, with a social work background taking up the new role of management,

would find difficult to get used to. You have no one to back up or support you like before. All the staff are your subordinates. You couldn't help feeling that you're there 'alone'. I have to find someone else at the same grade, from the other houses, to share [my feelings and my views]. For some particular matters, I can only disclose to my subordinates up to a certain extent. Certainly, some matters might be related to the agency and would not be appropriate for discussions with the subordinates. But this might be affecting myself, and I had a very difficult feeling. For you'd need that someone to be just by your side to listen to your 'complaints', whenever you felt like talking about them freely."

Then Jessica told me how difficult it had been for her to share freely with her subordinates even when it had nothing to do with the "confidential" matters that her subordinates were not supposed to know about. She said,

‘Not possible any more, for sure. Because it lacks the fair basis for something like that to happen again.

Look, as I see it, sharing among the colleagues at your same rank is one kind. And sharing between you as a superior and your subordinates is a totally different one. The understanding is different in the two cases.

Colleagues with the same rank can talk more openly, smoothly and freely among themselves. And, in the case of the subordinates, it all depends on the particular individual. Of course, it doesn’t mean that you can have a [good] sharing with everyone in your team. I think I am a person who can share with others quite easily. Besides those matters that are inappropriate for [open] discussions, I think I can discuss anything with my colleagues. It depends on whether they are willing to discuss with me. If the other person is not willing to listen, or not willing to share [his thoughts], I will stop talking. It depends on the [human] relationship if I am able talk to the

subordinate [at a deeper level]. ... It cannot be said
that it is impossible to have a sharing with them. But
still, that is the feeling. It is totally different. ... Ha!
Ha!”

Jessica continued to explain the different feelings to me. She said,

“Well, let’s say while you were at the university, when
you’re having a free and open discussion with your
schoolmates. The kind of dialogue and communication
among your schoolmates would tend to be so unsubtle
and tactless; but yet so sincere and real; that everyone
there would not be annoyed about it. There existed
similar kinds of feelings that I had with my colleagues
in the [sheltered workshop]. But once I became [an IC]
supervising my subordinates, it was totally different.
No matter how nice I believe I’ve acted and how
easy-going and humorous I thought I was, I could not
find any feelings similar to the ones before, when

everyone then was seen as equal. It was so obvious
that they would remember you are now an IC, even
trying to 'please' me tactfully at times. Oh well ...
Quite hard for me to put it in my words ... you know,
Ha! Ha!"

C. Management as Building up the Team Spirit: Clement

Clement had worked as a front-line social worker in a Children and Youth Centre. Then, Clement entered the field of psychiatric rehabilitation and worked as an officer-in-charge of a halfway house. I asked Clement how he was able to build up his subordinates' team spirit in the halfway house. He answered,

"Hmmm ... How was it built up? Oh well, I think
basically the team spirit among the staff has always
been on their minds anyway, given a similar common
belief on their part. The common belief is that they're
all here to service and help out. Or else they wouldn't
be here in the first place. And yet, among these
individuals, I think there is still a certain degree of

variance in their perspectives. After all, most of them are young men without a sophisticated experience in life as yet. That said, their individual characters might have stopped them from cultivating smooth communications. And so, to a certain extent I would insist on spending enough time in order to have more dialogue with them. For example, we had meetings each week, be they 'planning' or 'case' meetings. Over a 'planning' meeting, the good thing is that, they'd not only be able to share work experiences but also be able to express personal feelings on subjects surrounding the work experiences. Therein the communication is easily being built up. That's why my first half-year here was spent mainly in relationship building. And so, other than those formal meetings that I just mentioned, during supervisions, I had been actively involved in building up the communication among them as well. And so, to a certain degree I would see them on an individual basis as well as on a group basis. For

example, I would gather all the WWs [Welfare Workers] or all the SWAs [Social Work Assistants] for discussions over some issues to achieve a specific understanding. This would include running specific courses allowing the WW [Welfare Worker] and the SWA [Social Work Assistant] to get together for discussions, as well as for the purpose of sharing their views on the work and on the 'case'. As such, I believe it must have achieved 'improvement'."

I told Clement that I could understand how his staff might share a common belief in their work, but I asked him if there had been any difference of opinion among the staff on a particular matter; or whether the staff had drawn different conclusions in handling a particular matter. Clement answered,

"Absolutely. For sure there have been things like that.

It happens quite often too. For instance, I remember when I first got here, a new SWA had just been added to our staff team. And so, it first appeared that the

'power' of the rest of the staff team [i.e., the other welfare workers in the team] was being reduced.

Moreover, it appeared that the big direction was being more influenced by the social worker than anyone else.

And so, the 'voice' of the [welfare worker] was weakened. Or some opinion like that was being voiced.

Probably they're inclined to believe that the way they handle things would never be appreciated by the social worker. Or they'd tend to think that the social worker is more idealistic and would be less realistic to be able to feel what they've been doing. You see, scenarios like that did happen before."

I asked Clement what the welfare workers had meant by seeing the social worker as being more "idealistic"? Clement said,

"Probably it has a lot to do with their views on 'casework'. As we all know, 'cases' will change, and will develop into another stage. Maybe some 'cases'

were more difficult. Or some staff might have found it impossible to resolve the case's underlying problems despite numerous attempts. And so, at times they would tend to give up on them. And things like that did occur. I'd say the situation appeared to be particularly serious some one-and-a-half-years ago. And so, it took us quite some time trying to resolve the issue. It's because the staff would voice their difficulties and their helplessness during the [helping] process. And so they might wonder if the social worker would really understand them at all. Hence the paradox. And so, it became necessary to bridge the differences in opinion among the two and to see that they understand the other. I would point out to them: they were using similar methods and yet they might have to face different difficulties."

I asked Clement whether the differences between the welfare workers and the social work assistants were related to their different expertise and skills.

Clement answered,

“Absolutely. Apart from the differences in their knowledge, there were differences in building up their own values. Probably some would rely on their common sense and past personal experiences to judge things. They might stick to their past behaviour. Hence they might end up having the same-as-before judgment most of the time. That being the case, they might not consider that you have another view. To a certain extent, then, they might have a different demand of the clients. And so, I would spent quite an amount of time with them discussing on how we should perceive an individual as a person; on how we would perceive, say, an MI [mentally ill person], a ‘middle-aged child’, and as an individual? ... In fact, the difference in value could be quite large. And yet we [social workers] would stress that humans will change, that they have their dignity, that they can be

independent and things like that. Maybe it might never have occurred to them that humans should be understood in this way. After all, they were not trained [in social work] and you can't expect them to be of the same high caliber. They were willing to help other people. All they probably think was that, while the clients had problems, they'd be quick to offer help. Nothing wrong with that, it seemed. And yet, they might have overlooked the fact that the clients had their own independence and their own dignity. And so, skill would be another difficulty for [the welfare workers]. It's because sometimes the situation might require them to have better skill in handling the situation. And so, sometimes, however eager they would want to perform, it does not necessarily mean they could always resolve the problem."

I asked Clement whether skills or values were posing the more difficult problem for the welfare workers. Clement answered,

“They encountered more difficulties in using the value perspective. Their values had a direct influence on how they perceived the clients, and how they would serve the clients. As opposed to [technical] skills that can be trained, a person’s values have much more to do with the person’s own background, personal history, and experience. Hence the difficulty therein. For example, a [particular worker] had a difficult relationship with his/her parents, especially with his/her father. When s/he came here and saw that all the [clients] were like his/her father, s/he would have an immense struggle. It seemed that s/he was seeing his/her father’s shadow.”

I asked Clement how long it took him to deal with the difficulties encountered by the welfare workers. He said,

“It’s always been like this. Actually, I think my

colleagues have been improving a lot. After all, deep down in their minds they're basically committed to helping the clients. And so, given our continuous dialogue, the training, and the courses offered to them at the Polytechnic and the City Polytechnic, it had most certainly helped. Besides, I've come to realize that, the longer the staff are here, chances are, it'd be easier for them to 'develop' a better understanding. They were more able to understand the client and the client's self-determination. When we experienced it and discussed it together, it did help. True, in the beginning, they did find it hard to accept all of those; when you help a person and so many demands are made on you. And as such, they found it intolerable. It had even emerged that without the authority, it became quite difficult to control the clients. And so, it might require a tedious process to experience it. The entire process could even take a long time. During the process, a lot of things happened and you might take

the opportunity to explain to them your understanding of 'man'. They might have attempted but in vain.

When more self-determination was given to the client and the client had to think more [about himself], it might even have turned out that the outcome was very bad. Under such circumstance, they would probably begin to ask, 'Why did it go so bad? Did I fail? Shouldn't I use this perspective?' There were experiences like that. In particular, as and when the old rules were to be changed, this was the greatest experience. When you loosen the rules, naturally there would be many people violating the rules. How would you evaluate the problem? How could you still insist on the client's freedom?"

Later, I asked Clement whether he agreed that a social work manager did not only take care of the clients, but had to take care of his subordinates as well.

Clement answered,

“Absolutely yes. After all, we are all humans. That said, sometimes the colleagues would bring up their problems to me so we could talk about them together. Actually, the situation was more severe than now in the very beginning. Lest we forget, they were still quite young. That was why in the beginning there used to be a time when they tended to bring in emotions to the office, whining about almost every trivial thing, such as being jilted. This would make me wonder what had actually happened, leaving me perhaps no other alternative but to handle the situation right away. And yet now it’s improved a lot already. You see. I had worked in the C & Y [Children and Youth Centre] before, dealing with similar [problems]. I felt I might as well do it anyway. In all, it was okay. It was fun. Besides, having talked to them, I was able to strengthen the team to a greater extent. They would discover that someone was there supporting them. It was not that nobody would care for them.”

I asked Clement if that had increased his workload. Clement said,

“That’s for sure. Often, I had to spend a lot of time talking over the issues. But it also had certain advantages. It might help them alleviate their emotions and thereby they were able to treat their clients better and had a better work performance. ... Anyway, our past experience suggested that it was better than sitting in the office the whole day but not achieving anything. And so, I had evaluated the situation and thought that it was still worthwhile.”

I then asked Clement how he was able to deal with so much stress in his work. He said,

“Actually I doubt it’s that severe as yet. Of course, whenever I felt the stress, I’d bring it up and share it with my colleagues. After all, our relationship has

been quite cozy anyway. We're friendly enough as to being able to support each other and to establish among us a direct dialogue over problematic issues. In particular, the dialogue can be established among social work colleagues, and other individual welfare worker colleagues and other more experienced colleagues. This would include their whining about 'how intolerable it has been', 'how very tough it has been', and things like that. And so, we showed our mutual support and they would understand you more. The underlying problem is that sometimes you got screwed in between. And yet I wouldn't think so. Instead, I would go in line with the colleagues to face the problems. I shared and responded to their feelings whenever they said they had their problems. For example, we had to face the neighbourhood's understanding of our work. I would be quick to share my difficulties with that. It made the staff understand me more. Of course, I might not have been able to

resolve every single problem there. But when they
knew it, it made it easier for them to see that I was
supporting them. Let us do it together. This mattered.”

I asked Clement whether he found it difficult to share his personal feelings
and difficulties with his subordinates, especially when his role was assumed to
implement the agency’s policy. Was it unwise for him to disclose his personal
feelings on particular matters? Clement answered,

“No, not really. At least not according to my past
experience anyway. Whether it’s C & Y or here, I
doubt it would happen to me. It’s because I really see
the value of my team as something really crucial,
whether or not I would step in the shoes of my
colleagues wholeheartedly in doing [the service].
Hence I emphasize the importance of having a
dialogue with them, sharing their difficulties from time
to time. In fact, they would do it to me likewise. The
way I see it is that, although I am still their superior,

the sense of my being a superior to them would be very minor, if there at all. I am more a friend and a colleague [in the same team] than a superior to them. The former one or two OICs [officers-in-charge] would sit in an OIC room like this one, being separated from their fellow colleagues. And yet I am not like them. I would bring all my work out of this room, sitting right beside my fellow colleagues out there to get my work done together with them. Their room might be a bit small for so many of us. And yet I would still prefer to be out there, while leaving this [OIC] room for storage and filing purposes. The more I have come to getting along with them, the more I expect that our work can be done by wholehearted teamwork. It has nothing to do with me being an IC or not. As long as they can perform, it's okay. Of course you can say that it violated the agency [policy or rules] or there would be some systemic difficulties. Of course, when they violated [the policy or rules], I

would tell them, 'If you just run away, I would be in a difficult position.' According to my experience, if I insist on adopting such measures, they would not violate [the policy or rules], and would not just walk away like that without a reason. Or be involved with something too drastic."

I asked Clement how he saw himself as playing the leadership role. He said,

"I believe there is the leadership role. Despite a cozy relationship with my fellow colleagues, to some extent, I've got to play a leadership role, particularly when it comes to leading them; or when it comes to insisting on the importance of the social work values or when it comes to the ways of handling a case etc. And so, they would all understand my way of thinking there: be a leader leading them to the right way forward. At least, I've always tried to strike the balance between being an IC with authority and being their friend and

teamwork colleague. After all, I would find them quite understanding. For example, we talked of a “year plan” in which a lot of things regarding rehabilitation were being covered. They would understand that my role was to lead them during the process, or to join the effort in thinking. They would listen to you to do things, or to think together about the things to be done. I think this is rather ... this is what I hope for anyway.

At any rate, I seldom use my authority or use a strong leadership role while getting along with them. After all, they had their own views on things. Nothing wrong with that, it seems. After all, brain storming among all of us should be better than just doing all the thinking all by myself, or relying them to carry out my orders.”

I asked Clement whether he had to demonstrate his leadership role vehemently. He answered,

“Yes, for sure. Something like that did happen before.

For instance, when it comes to some disciplinary matters, it would require me to exercise my power. In particular, there used to be a time when some fellow colleagues were ... oh well, how should I put it? ... they failed to handle a case well enough ... kind of getting slack about their job ... or even showing up late and leaving earlier than expected, or things like that. And so, I needed to warn them. Even under this situation, I still hope to use the social work perspective to warn them, not the perspective of an administrative executive. ... I would talk with them, trying to understand why they acted like that and/or why something like that had happened to them. Did they have a better explanation? Or what could I do to help them overcome the hurdles? Could it be their emotional problems or simply just laziness on their part? Only until after all of the dialogues have been tried and if they still failed to show improvement, then I would let them know that a warning letter will be

issued if their bad conduct continued without any improvement at all. Of course, in the past, it has occurred that a warning letter had to be issued and eventually I had to ask him to leave. And yet the last thing I wanted to do would be to fire them. I would rather help them resolve the problem instead.”

I asked Clement whether he had experienced any difficulties in collaborating with his colleagues whose working methods were so different from his that he had to warn the colleagues. He answered,

“Not often. Even if there had been any difference, it would have been brought up in the first place so that we could understand each other. At the later stage, things like that happened less often. This is unlike the situation in the very beginning, when traditional wisdom appeared to dominate the way of thinking of most of the staff that have been there for more than 7 or 8 years. And so, they’d tend to think differently

from people like me who [are 'fresh', and] have only been at the halfway house for less than 8 years, for example. That's why it appeared hard for them to change their way of thinking. Over time, however, chances are, they would begin to think that it was worthwhile to change how they see things. If they couldn't adapt to the new ways to dealing with problems, the clients, or the service, then they would start leaving the house."

I noticed that there had been a change in management attitude towards not using rigidly strong rules to manage the halfway house. I asked Clement whether there had been other significant changes in the house. Clement answered,

"Guess this is the most crucial change [I've initiated] basically. Other than that, there hadn't been any other big changes. What I feel is that, the past development was good. Perhaps after a while it had transpired that the ICs before all became used to making use of

‘authority’ to take control over them, that’s why. And so, by and by, they began to use ‘authority’ to make decisions, while forgetting the importance of challenge, freedom and independence. And yet the change has been initiated in accordance with the current changes in social work and social services. After all, not just here, even the management of most hospital-related institutions has been so used to be counting more on ‘authority-oriented’ approaches.”

I asked how Clement came to see the significance of using this humanistic management approach in managing the halfway house. He said,

“Basically, the social work values should have more to do with it. Apart from that, I guess the ‘stimulation’ that I experienced at the university also had something to do with it. ... I’ve always thought that the theory of [de-institutionalization] should be worth spending efforts on. And so, I had always wanted to find out if

the theory could really be practised in the welfare agency. At first, when I visited [some agencies], it was not like that. They were dependent on authority [in service management]. And yet, I insisted on trying. In particular, I also looked into those pioneer agencies that had advocated the non-authority approach. As I see it, it has much to do with the social work values. Social work's conception of humans, of the clients; all these affect our understanding of values directly."

I told Clement that it must have been very difficult for him to implement this humanistic management approach in the beginning. He said,

"Exactly. Even 'whether the lights should be turned off' became an issue [laughing out loud]. When should the door be closed? When [a client] is late for breakfast, is s/he still entitled to have the breakfast? Or trivial matters similar to these had to be discussed. ... In the past, after 8 a.m. they [the staff] would just

come and clean up and move breakfast meals away.

And yet, after a while, they came to realize that the [client] might need to sleep till 8:15 a.m. Do you not let him/her have the breakfast? After all, [the client] goes to work at 8:30 a.m. And so, things like that might give rise to different perspectives between the non-trained staff and the trained staff. Therefore, it is necessary to tackle such an issue as soon as possible with a 'systematic' approach, like stating clearly when the breakfast will be finished. There will be no breakfast left for anyone. The statement would be made firmly. And so, it is for the management to specify the rules and the regulations with which one has to comply. And yet, from our perspective [i.e., the social work perspective] we might not agree with this, as everyone is different. Everyone's need may be different. And it is necessary for the [rules] to be different. This is the greatest argument [among us]."

This brings us to the question of how the clients should be managed in the halfway house setting. In the next section, the way “client participation” was implemented in the halfway houses will be discussed.

V. Client Participation

The managerialist approach argues that the client can be empowered by being treated as a consumer. In other words, the client is able to participate in social welfare (or in the provision of social services) by expressing his/her own individual wants and demands as a consumer. This is a highly restricted view of “client participation”. In the following, we will see how “client participation” is being practised in the halfway houses.

In the halfway houses, the notion of “client participation” can cover a lot of different issues. It may mean that the client participates in his/her own rehabilitation plan. It may mean that the client participates in the running of the halfway house, or organizes social activities for the residents in the halfway house. It may also mean that the client is concerned with his/her rights as a “service user” and participates in some sort of concern group. In the following, I will describe these different ways of client participation in the halfway house.

A. Participation in One's Own Rehabilitation

In the halfway house where Rita was the officer-in-charge, the clients were encouraged to write their own rehabilitation plan. Rita explained this to me,

“Last year, there were a few instances where we have taken a bold attempt. For instance, we would let our residents [i.e., the clients] write their own rehabilitation plan. After discussing with our staff, [the clients] would think about the things that they would like to achieve in the coming year, or during their stay in the halfway house, and that what they wanted to achieve in the short term and in the long term. Then we would ask them to write it down. In this way, their targets could be written down. They would write down something like: have their own savings. And [they would write down] how the plan should take shape. Perhaps, for example, they wanted to improve their social relationship with the others. Which means

would [the client] use to improve in this area? For instance, if [the client] wanted to get a job, or doing his/her job well, what did that really mean [for the client]? Our former practice was that after our colleagues had discussed with them, our staff would write the whole thing down. But in the last year we tried this: our residents would write down the [plan].”

I asked Rita what she meant by having the clients writing down the whole rehabilitation plan. Did it mean that the clients would write the [plan] before discussing with the staff? Rita answered,

“No, it’s after discussing with our staff. Then our residents wrote the account themselves. They were given papers to write down their own rehabilitation plan. This means that they were more active than before. First, they would have a stronger impression, because they needed to think before writing it down. Second, they would have stronger commitments, as

these were things belonging to them. Before introducing this program, we had thought that such a move would not be easy. Many residents had not been writing for a long time. A small minority did not know how to write. We thought that we would have to spend a lot of time on this. It turned out that with the efforts of our staff, most of our residents were able to do this [i.e., writing their own rehabilitation plan]. If I were not mistaken, there were over seventy residents participating. It was much better than what I had expected. I had expected that it would be very good if half of the residents would be able to do this. Before, only a few clients were able to write [the rehabilitation plan] themselves. Last year, we thought this was of immediate concern. If the halfway house was to prepare the residents for independent living, the residents had to learn to plan ahead themselves. We hoped that the residents would not depend too much on our staff, not relying on our staff for everything,

telling them what to do, or making all the relevant arrangements. Last year we tried this. We also tried to let the residents choose their own [domestic] tasks in the halfway house.³⁶ They could choose their own time-schedule of work and their working partners in the halfway house. This was based on the same idea that they should not rely on the staff for everything. 'Madam, it would be much better if you work out the time-schedule. I don't have to think, and just follow your schedule.' But I wanted them to know that they would not have a staff member following through things all their life-span. [They] can learn to make arrangements, and make [their] lives more orderly and predictable. Then [they] can have more mastery of [their] own life. It is actually a part of 'empowerment'.³⁷ "

³⁶ In order to develop and train the residents' life skills, the residents are asked to take up some domestic tasks in the halfway house, e.g., helping in the kitchen, cleaning the living room, cleaning the toilet, etc.

³⁷ This notion of "empowerment" as "mastery of one's own life" is quite different from the consumerist notion of "empowerment" as "the power of the consumer in demanding for better

I noted that when the clients left the halfway house to live independently, they would have to plan ahead for their daily lives. Rita responded,

“Well, [in the halfway house] they also needed to plan ahead, like on which weekday they would take home-leave. When they choose to do the domestic tasks in the halfway house, they would make sure that this would not clash with the home-leave days. They also had to think with whom they would get along better. ... In a way, there were some elements of interpersonal relationships that we could work on here. ‘Then maybe I would ask him/her to join me to do the domestic tasks in the halfway house.’ Because in particular, some of them told me that they would like to be partners with A and B to live in a compassionate re-housing unit later. Then we would always suggest that they should try to team up together to do the domestic tasks in the house. It is also a means for the

quality services from the service provider”.

residents to see for themselves, enabling them to build up mutual friendship, or to see if they were emotionally compatible. These were the things that we tried last year. Before, not many residents choose [the particular domestic tasks]. Not much encouragement was given by the staff. We felt that regarding participation at the personal level, there was still a lot that we could develop. After one year, there was a lot of improvement in the residents' taking up the domestic tasks in the house [自選舍務]. Certainly, our expectations this year will be much better. But comparatively speaking, it's not so difficult. It was most difficult at the beginning when we had to make our residents accept such a move and convince more people to join in. But when some [residents] have already participated in it, it will not be too difficult to ask more to join in."

Rita continued to tell me the other ways that she encouraged the clients to

participate in their own rehabilitation. She said,

“Last year, another thing that we promoted was to let the residents take charge of their medication, i.e., regarding the ratio of those who take charge of their own medication. In fact, it was based on the same idea. I would rather let [the clients] take charge of their own medications here, when there would not be too many problems. Because sooner or later they have to face [this problem], whether it is a trial or a training. If they choose not to take their medication and would like to take the risk, I would rather [let] them take this risk [when they are still] in my halfway house [than let them take this risk after they have been discharged from the halfway house]. Even if they may suffer from their own choice, the consequences would not be that severe [as it can be discovered by us in the halfway house at an early stage]. They would not be found out only after the very adverse effects came out [at a much

later stage when they are living on their own in society]. Then, when they learned a lesson, things would be easier. It could be seen that such are the directions we would like them to pursue. Moreover, last year we had tried to let the residents keep their own medical appointment cards [覆診咭]. They should learn to remember the dates of their own medical appointments. They should have the sense to think of what to say to the doctors. They were encouraged to tell their doctors directly about their illness. These attempts were made last year. We feel that these several attempts are important. So these are given priority [in our year plan last year]. After one year, if you look at the review, you'll find out the performance and the outcomes are quite satisfactory.”

Then I asked Rita whether the staff had to give more time and efforts to their work when the clients were encouraged to participate in their own rehabilitation in writing their own rehabilitation plan. Rita answered,

“You’re right. It was much easier when we wrote the [plan] for them before. Now when you ask them to write [their own rehabilitation plan], it takes much longer time. Usually, it takes at least three to four weeks. ... First, we will tell them that it is about time for them to review their rehabilitation plan. We will ask them to think about the targets they want to achieve in the coming months. Then some hints would be given for them to consider. Then one to two weeks will be given to them to think about it. They need to think about this before discussing it with [the staff].

After the discussion, they will choose [among the different targets] before writing [down the plan]. Right?

It is often the case that they would procrastinate. It is common that this takes one month. Comparatively speaking, in the past [when the clients were not to write their rehabilitation plan], [our staff] would have begun to write the plan after having talked with the

clients.”

I told Rita that encouraging the clients to participate in their own rehabilitation plan was already a kind of positive and active participation. Rita answered,

“Right! Just think about this. Some [of our] clients come from the hospitals. Imagine the great change they have experienced between the past, when they were in the hospital, to the present, when they are encouraged to take their own initiative. But I feel that once you have the atmosphere, things would develop much more smoothly. For instance, regarding the residents’ taking up the domestic tasks in the house [自選舍務], it’s normal that the residents would make the choice themselves. At the beginning, it was difficult. We attempted to let the residents choose the particular domestic tasks [自選舍務] for more than a year. We started this plan the year before, but the

outcome was not so satisfactory. There were several reasons for this. First, this plan was too new, and the residents were used to the practice that things had been arranged readily for them. They really enjoyed having the arrangements made by the others. A lot of efforts had to be made to make the change so that the residents would think [or plan] for themselves. Also when we first thought about the plan of letting the residents choose the particular domestic tasks [自選舍務], there was much room for improvement regarding the operational system. For instance, at the beginning, the system was a bit complex. Apart from the [particular] residents choosing the particular domestic tasks, we also had some 'reserve'. When some clients were not able to do the tasks, the 'reserve' would move in [to do that particular task]. Then it became difficult for them to get the main ideas. They needed to sign so many names, and they had to sign against the 'reserve' too. They had to know the time when they had to

substitute for the 'reserve' and the time when they did not have to substitute and so on. Right! We learned from the experience. When we reviewed this in our year plan, we found it to be too complex. It must be simplified. If you want the residents to participate in it willingly, you have to simplify the system. In this way, they will feel that this is not that difficult and they can manage it. Right? It is only then that they can participate. Only the very smart ones could participate in the complex system. In fact, we had always been trying to make changes during the process. ... In the beginning, our staff always forgot to ask the residents to write their rehabilitation plans. Some of them were just too quick and wrote down [the plans] for the residents after talking with them. Usually, when the plans were passed to me, everything was written down and completed. Sometimes, well, how should I put it? I would not like to send the plans back to them too often. ... Often, they not only had written out the plan,

but also had given it to the clients to read it and, had the client signed it before passing it on to me. I did not like to tell our staff to ask the residents to re-write [the plan] only after I had received the plan. I did not like to act like this. I had no other choice but to wait for another half year when a review could be made. Then at that time, they were more determined to do this.

When we began to introduce it, it took us more than half a year to get used to everything. Sometimes, there were unexpected things. We did not expect that so many residents took up writing and so many did actually produce the writing. At first I did not expect so many.”

However, the rehabilitation plan was not simply the clients’ individual project. Rita told me that the successful implementation of the clients’ rehabilitation plans depends on the support and cooperation of the clients’ family members. She said,

“When the clients talked about the problems in taking their home-leave [in writing the rehabilitation plan], my staff might have to act as a bridge and to help the communications [between the clients and their family members]. Another thing was to get their families’ support. Well, we made another attempt last year. We made copies of the rehabilitation plans we had drafted together with the clients for their families. We wanted to encourage their families’ participation [in the clients’ rehabilitation]. Then, our staff followed up by making phone calls and talked with their families. This was to let the families know how they could help with respect to the clients’ rehabilitation plan. Maybe we would let them know that in this year we would organize for the clients the plans on medication, work, savings and so on. Maybe I’ll talk with their families, say, regarding savings, they had to cooperate [with us]. For instance, their families should not be giving money to the clients without [good] reasons.”

B. Participating in the Running of the Halfway House

(i) The Residents' Meeting

Client participation can also take the form of participating in the everyday running of the halfway house. Rita told me that her clients could discuss matters concerning the everyday operations of the halfway house in the residents' meeting [舍友大會]. I asked Rita whether this meant that the clients also participated in decision-making concerning the daily operation of the house. Rita answered,

“Yes, [the clients] participate in decision-making. Of course, for those matters that they are not allowed to decide, they would be informed right at the beginning.

They cannot decide on such and such, such as paying rent, the amount has already been fixed. You cannot argue with me that you would like to pay less [rent].

They cannot decide on matters mostly about administration, or ... how should I put it? There are matters like 'No smoking in their rooms' that they

cannot decide. Most certainly, we would explain to them why they had no say on these matters. But they would not be asked to vote on such matters. Do you understand? For certain matters, there was no point in asking them to vote when there is no choice. But I will explain [to them] the reason why, because, you know, [things like] fire precautions, and places liable to fire. In the past, they had burned some rubbish bins in the halfway house. These acts are not worth doing, so on and so forth. You have to tell [them] all these. But in fact, there are not many things that we cannot discuss. We can discuss [with the clients] about most of the matters. ... When our staff tries their best to have an open mind, or to teach the residents to exercise their rights, or to teach them to make certain decisions. The more you do this, the more you will have confidence in letting the residents make the decisions."

I told Rita that this was true especially when the staff could see that the

clients were not making rash decisions. Rita responded,

“On the contrary, if you are too scary and would not
let them try, the outcome would be most undesirable.”

Rita continued to tell me how the residents’ meeting [舍友大會] was held.

She said,

“Sometimes, we make use of the residents’ meeting to
decide on certain matters instead of the staff [making
the decisions]. The advantage is that [the clients] will
feel they are able to change things. Sometimes, we
know for sure that for certain matters, many people
will help us to ban them. We do not need to ban these
unreasonable requests ourselves. We will use the
group dynamics. [These requests] will be discussed in
the residents’ meeting. [Then] we have the voting.
This is quite popular [in the meetings]. What the staff
does is to throw the issue out. Then the staff talks

about the pros and cons. Then let [the residents] make their choice. Or [the staff] may remind them. As a matter of fact, this is what we have always been doing, or what I guide some new staff to learn: to think more about the reasons behind everything. We guide our residents to see the reasons behind things. Why do we do it in this way? Why is this way of doing things better than that way? Instead of treating it as a regulation, only knowing that such and such is forbidden or permitted. This is meaningless. As a matter of fact, we are guiding our staff to learn to think more [deeply]: why do we set some [particular rules], or why were some rules set in the past? What are the reasons? In fact, this is also to guide our residents to learn to see the reasons before they make decisions. Last month, a lot of time was spent in the residents' meeting to discuss about what could be put inside the washing machine to be washed. They voted on each [particular] item. Can underwear, underpants, or sports

shoes be put inside [the washing machine]? They even asked whether their knapsacks could be put inside. Everything you can think of. ... We guided them to discuss why such and such were not allowed to be put inside [the washing machine]. We raised questions like, 'What happened if someone is infected with skin disease?' 'They're so dirty.' 'After using, I need to do a lot of scrubbing for him.' They raised these concerns. In fact, our staff can only raise similar points. It is better for our residents to express [these concerns]."

I told Rita that the agreement reached would be more convincing if the reasons were raised by the residents. Rita responded,

"Right! At the end, when the votes were to be counted, the majority rejected [the request] and the one being rejected would feel more at ease. In fact, I think that it interacts as both cause and effect [互爲因果]. I can see very clearly that the halfway house is changing.

Before and after the past two years, there is a change
in the relationship between [the staff] and the residents.
In the early years, there was a kind of antagonism
inside the relationship. It's about authority: the
residents had to do whatever the staff tell them to do."

I noted that the roles played by the staff had changed. Rita responded,

"Yes. Before, there were a lot of penalties. Ha ... ah ...
ah. It was a 'real eye-opener' [開眼界]. There was a
penalty of 30 dollars for foul language. And there was
penalty for smoking. I was amazed by their ability to
think of something like that! But at present, this is the
message that we are conveying. We will discuss a lot
of different issues in the residents' meetings. At the
end, the majority thought that these [i.e., using foul
language, smoking, etc.] were not OK. I believe that,
in fact, most of the residents ... How should I put
it? ... You do not have to worry too much. Collectively,

they would not agree on something that goes much
beyond what is proper.”

I told Rita that we had to believe that everyone had his or her judgment. Rita
responded,

“Right! We don’t have to be too nervous. But, in the
early years, the staff was afraid and worried about
such things. But they found out that things had not
turned out as bad as they had expected. If at the end,
these were the agreements reached in the residents’
meetings, [the clients] would felt that these could be
discussed with the staff. ... Even if we have to carry
out [the decisions made] later, we have justice on our
side [理直氣壯]. It is not that we forbid it. It has been
discussed in the residents’ meeting, and everyone
thought that it is not good. There is no room for them
to lodge complaints so loudly!
So it’s clear that things have changed. Also, there is a

change regarding the high-low status between our staff and the residents. They're sort of equal. How should I put it? There is no absolute equality, but then the difference [in status] between them is not too great."

(ii) Organizing Social Activities for Others

Kitty was a social work assistant working in a halfway house. Under her supervision, a group of eight clients was formed to organize social and recreational activities for the other residents in the halfway house. She told me why she initiated the social activities group. She said,

"When I had my placement in a halfway house, I saw that the ex-mentally ill persons participated in a lot of the [different] activities. The ex-mentally ill persons can participate in the big meetings. In their participation, it could be seen that they had a strong ability in organization and expression. After my placement, when I came here to work, I could not get used to [this halfway house]. The staff led a lot of the big meetings. The staff organized a lot of the [different]

activities. I began to feel that there was something that the ex-mentally ill persons could handle. This could also increase their commitment [to the halfway house].

Later, in the year plan, I suggested that a social activities group should be formed. It was hoped that through this [social activities group], the residents could gradually learn how to plan and lead the activities. I also thought that as they were living in this halfway house. When they were organizing activities for themselves, they knew each other's need. It is better than the staff making the decisions or organizing the activities. It was because of these reasons that I wanted to form this group."

I asked Kitty how the group was formed. Kitty answered,

"First, we found some core members. There were eight of them. Then the staff became the role model for them, showing them how to organize activities. Then

gradually, they would organize activities for their own group members. After two times, they would organize activities for the whole halfway house. The whole process was quite smooth.”

I asked Kitty what activities had been organized. Kitty answered,

“The first one was a social gathering. We went to a Chinese restaurant [飲茶]. During the social gathering, we asked them to have a division of labour, e.g., in ordering food. We wanted them not to get used to being served by our staff. Because sometimes, our staff had done the work very quickly. This was a very big problem. Thus, it was necessary to train them to have a division of labour in the activities. ... Before each activity, we had our [preparation] meetings.”

For the second activity, the group members voted and decided to go to the Kowloon Walled City Park. Kitty told me that, in the preparation meeting, she

taught the group members how to organize an activity. What was needed to make people enjoy the activity? How to attract people to join the activity? She also taught the group members how to use money. For example, how should the group members use 100 dollars to organize two games? She asked the group members to look for the information about the place and see how they could go to the Kowloon Walled City Park. During the activity, the group members were responsible for the roll call and reminding the participants to take their medications. Then the group organized three other outings, inviting all the halfway house residents to join them. The last programme organized by the group was an evening gathering in which the group members could share their feelings and experiences with the other residents. Outsiders were also invited to the evening gathering, so that they did not only see the worse part of the ex-mentally ill persons when they relapsed, but to appreciate their potential and abilities. I asked Kitty whether the group members had changed after joining the group. She answered,

“Yes. ... Through these few social activities, they had changed a lot. Some of them had a good command of organization ability. But they were too shy to show it.

In the group, [they] were good at leading games, and explaining how to play the games. They were gradually trained to be bolder.”

Kitty also mentioned the other group members who had changed. She said,

“I was greatly encouraged as I could see [this person’s] change. Some people always said that he was a good ‘painter’. But we had not thought of asking him to put up the wall newspaper [做壁報]. But as it turned out, he could do it very well. In fact, the staff could easily stifle the residents’ abilities. ... There was another resident who had made a great breakthrough. He changed from a careless person to an organizer. When he had more participation, he realized that the world was such a big place. He realized that there was so much fun in planning these activities.”

C. The Social Concern Group

In Rita's halfway house, there was a social concern group formed by the residents. The social concern group organized a number of forums in which the residents could express their views on different social issues. Some of the topics discussed between May 2000 and January 2002 were: (1) "Should the ex-mentally ill persons stand up to fight for their rights?"; (2) "Should the government reduce the number of psychiatric beds in the hospital?"; (3) "Is it beneficial for the social rehabilitation of the ex-mentally ill persons if they live in the halfway house after being discharged from the hospital?"; (4) "Has the government done sufficient public education on mental illness?"; (5) "Are the ex-mentally ill persons also responsible for the phenomenon of being discriminated in society? How can they help reduce social discrimination?"; (6) "How can the ex-mentally ill persons overcome the limitations to be re-integrated into society?"; (7) "Which is better: applying for an individual compassionate re-housing unit or a group compassionate re-housing unit?"; (8) "How to face the new government subvention programme?" Sometimes, after the forum, the concern group would send a letter to the authority to express their views. For instance, after the forum on public education on mental illness, the concerned group found that many residents were not satisfied with the

government's performance. The group sent a letter to the government, expressing their views on how public education on mental illness could be improved. In about a month's time, the group received the government's reply. In the reply, the government thanked the group's recommendations, and gave an explanation of what the government had done in the past and what the government will do in the coming two years.

I asked Rita when and how the social concern group was formed. Rita answered,

“[It was formed] at the end of October 1998. I was the one who set up the group. I was studying a postgraduate diploma course in the mental health stream. I had my placement in my own halfway house. The placement lasted for 16 weeks, one day in a week. ... The group was part of my placement. I began to plan for the concern group, and selected some issues to discuss with them. I also tried to set up the forums. Before that, I had had no confidence. For the forum, if more people were talking, responding and interacting,

it would be fun. If no one was talking, you could just go home quite early. It could bore you to death. So at that time, I was having a mentality of 'just give it a try'. Also, from what I could see in the field, there were not many references or precedents in this area."

I asked Rita whether she meant the social work field in Hong Kong. She answered,

"I refer to the Hong Kong field. ... I couldn't find any [reference]. So at that time, I had to think about it myself. It was until ... When we had tried our first forum, we knew that it should work, judging from the response [of the clients] and so on. This line [of service] could be pursued. But I could not follow up the whole thing all by myself. As an in-charge, I had to take charge of so many things. So, once I had finished my placement, I passed this task to Ms Tong."

Rita continued to tell me how she had done her job in setting up the social concern group. She said,

“My placement lasted from October to January. During this period, I organized two forums in my own halfway house. ... I discussed with [the group members] what issues they were interested in, what their points were as pros and cons. I also did the preparation with them together, about the preparation of the [forum]. On the day [of the forum], regarding the division of labour, they were assigned tasks that they were able to help with. It was inevitable that in the initial stage, the discussion was mostly led by the staff. [The clients] could only perform the role of the master of ceremonies, perhaps just introducing the run-down and the topic of the forum by reading them aloud from the script. It was inevitable for the staff to lead. Of course, we expected that when the group became mature, more residents could play a more active role. However, how should I put it? We did not have

such a high expectation. For them, these demands were really difficult. You needed to strike a balance. Say, if you let the group members do all the leading ... We were also concerned with the response of the many residents who participated as the audience. We were concerned with the members in the concern group. We were concerned whether they could learn anything from it, and whether they enjoyed [being in the group]. But we were also concerned with how the programme was evaluated by all [the residents] in the halfway house. Did the other residents find the [forum] enjoyable? Were they also interested in continuing to discuss like this? We considered all these things important. If [the forum] was not well led and they got bored, you might not find any support to continue to run [the forum]. Sometimes you needed to strike a balance. ... I have taken a video recording [of the two forums]. About thirty residents attended [the forums]. Normally, [the forum] lasted for one-and-a-half hours, over one hour usually. Basically,

there was not much awkward silence. There was always someone expressing his/her opinions. It was better than what I had expected.”

Rita continued to tell me what she and her staff had prepared for the forum.

She said,

“My staff responsible of the group and the programme had a difficult job. There was a lot of preparation work both before and after [the forum]. Because [they] had to guide the residents to discuss the issue. Before the programme, [they] needed to do a lot of research. Then [they] had to help the residents to understand the materials. [The residents] needed to understand the issue before they could give their views. Things like that. In fact, there was quite a lot of preparation. When a person was ready to be the master of ceremonies and s/he should be given the script for the master of ceremonies. Someone was to be responsible for buying the gifts, wrapping them. And also

before the programme, we have the 'mini-survey'."

I asked Rita what the "mini-survey" was. She explained,

"Before the programme, a few [survey] questions would be developed about the topic [to be discussed in the forum]. The other residents would tick on the column expressing their views. For example, [the questions were], 'Would the Comprehensive Social Security Assistance Scheme make a person lazy?'; 'Would the Comprehensive Social Security Assistance Scheme make the ex-mentally ill persons lazy?' 'Would you take up a job with a certain salary when a certain sum was to be deducted [from your salary]?' In fact, the purpose of this was to enable more residents to have a warm-up before the programme. They would have thought about the topic. We would calculate the statistics. On that day, we could let them see: Oh, so many residents hold this or that particular view. Then [we would] lead them to think about the reasons why such

views were being held. Other residents had other views.

They would have some warm-up before [the programme].

It would also make the [forum's content] richer. On many occasions, it was clear that there was attitude change before and after [the forum]. Perhaps before [the forum], certain people held certain attitudes. We believed that debating helps us to have a clearer picture [真理愈辯愈明]. In fact, throughout the discussions, no matter whether s/he was the staff or the resident, s/he might change his/her views. Sometimes it was clear that after the discussions, ... initially s/he might hold a certain view, later his/her views had changed. Perhaps after having listened to a few others' opinions, s/he was convinced.

This needed a lot of work. [Survey] questions had to be set before [the forum]. Ask the residents to fill in the questionnaires. And ask some residents to help us collect the filled-in questionnaires. Then we calculated the statistics. In any case, it was a difficult task for those responsible for the programme. Moreover, our concern

group had joined the Alliance.³⁸ There would be reports about the progress of the Alliance [in the meetings of the concern group]. Sometimes, we would tell them about the Alliance's activities. Like the last time, the Alliance discussed its constitution. The concern group had meetings for two evenings to discuss the Alliance's constitution. These was the extra workload apart from organizing the forums. Right? But I can see that ... How should I put it? It is worth doing. The direction and the general trend, we thought, should be like this. In fact, we have put a lot of manpower and attention into these programmes."

From the above, it can be seen that in Rita's halfway house, encouraging client participation had been seen as a very important task. In the newsletter published by Rita's halfway house, news about the social concern group and the Alliance was reported in almost every issue. Besides, the different opinions

³⁸ The full name of the Alliance was "Alliance for the Ex-mentally Ill of Hong Kong". It was composed of a number of self-help groups formed by the ex-mentally ill persons. During the time of the interview, the Alliance was still at its early stage and it was drafting its constitution. The social concern group described here was also a member of the Alliance.

expressed in the forums were also reported in the halfway house's newsletter.

This gave the residents and the others the opportunity to reflect on their views on the different issues.

In this section, we have seen the different forms of client participation. It may be argued that these are not typical of an ordinary halfway house. The purpose of presenting these different forms of client participation is not to give a general description of the rehabilitation programmes provided by a typical halfway house. Rather, this is to provide a background for us to see whether the managerialist or the consumerist conceptualization of client empowerment is able to capture all these different forms of client participation. In other words, it may be queried whether the managerialist or the consumerist conceptualization has distorted the social work understanding of client participation. This question will be discussed in the next chapter.

Chapter Five: Data Analysis

Instead of conceptualizing social work management from the mainstream perspective of “cost-effectiveness”, the present research conceptualizes social work management from the moral dimension of social work practice. And to study whether the moral dimension of social work practices is constrained by the structural and/or organizational factors, it is necessary to deal with the relationship between the macro dimension and the micro dimension of social work practice.

With respect to the macro dimension of social work practice in psychiatric rehabilitation in Hong Kong, the following issues are noted: (1) the recent Hong Kong welfare reforms, including the Service Performance Monitoring System, the Service Quality Standards, and the Funding and Service Agreements; (2) the Government’s control over the psychiatric rehabilitation social welfare agencies, including the monitoring system, the subvention system, and the staffing standards; (3) the psychiatric rehabilitation policy in Hong Kong, in particular whether the policy is based on the “medical model” rather than a more “psycho-social model”; (4) whether the competition among the different welfare agencies hinders the building of a professional social work community.

With respect to the micro dimension, the present research looks into the ways social work practitioners understand the moral dimension of social work practices in the psychiatric rehabilitation setting. In particular, how does a social work manager put the social work elements (e.g., social work skills, or social work values) into his/her everyday management practice? How does a social work manager understand the well-being of the client? Is the client's well-being understood in terms of "client participation"? Is "client participation" understood as a moral value of social work practice? Or is it a requirement of the managerialist (and consumerist) social welfare reform? How does the social work manager perceive or understand the recent welfare reform? Does the social work manager feel that there are any conflicts, or tensions between his/her role as a manager and as a social worker? What are the tensions that are perceived by the social work manager? These were the questions asked in doing the present research.

In Chapter Two, Jurgen Habermas's theory of communicative action was introduced. Habermas's "communicative rationality" provides a useful analytical tool for conceptualizing the moral elements embedded in the client-worker relationship in social work practice. And Habermas's "system-lifeworld" perspective provides a good conceptual framework for understanding how social

work is caught between the macro administrative system and the micro moral framework of social work practice. For Habermas, “communicative rationality” is revealed in the human ability to achieve mutual understanding in the use of language in communication. As it has been pointed out in Chapter Two section III (A), when we use language to communicate with one another so that mutual understanding may be achieved, four validity claims are presupposed. These four validity claims are the comprehensibility claim, the truth claim, the rightness claim, and the sincerity claim. When a person accepts a particular validity claim because s/he thinks that the claim will be accepted by all in the “ideal speech situation” as being supported with good reasons, it may be said that the claim is accepted rationally. As we can see in Chapter Four section V, when “client participation” was introduced and implemented in the halfway houses, the clients in the halfway houses were not encouraged to participate merely as passive “consumers”, but as persons who knew how to give reasons for their own views. In other words, the clients were encouraged to develop their ability to reason with others when participating: (1) in their own rehabilitation plans, (2) in the running of the halfway house, and/or (3) in the social concern group. From the perspective of the social worker, this is related to the problem of how the client’s “well-being” should be conceptualized. This will be discussed further in section

II of the present chapter.

The concept of “communicative rationality” also enables us to raise the question of whether the moral elements embedded in social work practice might be clearly articulated and clarified in the social work setting. In Chapter Four, I have described how the officers-in-charge in the halfway houses taught their subordinates the moral values embedded in social work practice. When Lucia wanted to teach her subordinates the moral value of “democratization” embedded in the therapeutic community model, she would always explain to her subordinates what she wanted them to do. Lucia wanted her subordinates to know that she did not manage them only with power and authority in an arbitrary manner, but with reasons. And Lucia would apologize when she made mistakes. When Brian tried to convince the nurses in the halfway house to change their mentality from a medical orientation to a social work casework orientation, he would ask the nurses to think: if they were looking at the client’s situation from the client’s own perspective, what would they do? In this way, Brian tried to change the nurses’ mentality not by exerting power and authority, but by giving reasons and arguments. Brian argued that he could not bring about changes in the halfway house simply by ordering his subordinates to follow his command. Instead, Brian had to encourage his subordinates to reflect upon the

taken-for-granted practices in the halfway house and realized that there was a need for change. When reasons, instead of power, are used in managing the daily operation of the halfway house, a public forum (that is devoid of power) will be created for the staff and the clients to participate in genuine and rational discussions.

Is there any similar public forum for the agency heads to have genuine discussions among themselves in the field of psychiatric rehabilitation? In Hong Kong, a Coordinating Committee for the Mentally Ill (CCMI) was formed by the social welfare agencies providing psychiatric rehabilitation social services. But, as I have described in Chapter Four section III (A), the CCMI was unable to become a platform for genuine and rational discussions in which the different agency heads might develop a shared moral and value base in understanding the moral dimension of their own social work practice. This may be explained by two reasons. First, the CCMI did not encourage one to share the problems one encountered when managing the welfare agency. When Karen told the other agency heads that she encountered a particular problem, the other agency heads simply dismissed the question and said that they had not encountered the problem before. Second, it was easy for the agency heads to overlook the moral aspect of a particular problem, and treating it as a technical problem instead.

Jenny encountered difficulties in recruiting enrolled psychiatric nurses for her welfare agency. After the post had been vacant for over six months, Jenny wrote a letter to the Social Welfare Department asking for the permission to recruit a social work assistant instead of the required enrolled psychiatric nurse. Jenny's agency also joined the blister programme and sent six of her staff to be trained as enrolled nurses, so that the recruitment problem could be solved. But there is a moral aspect in this problem. It may be queried whether the medical model is appropriate in the psychiatric rehabilitation setting (such as in the halfway house). If the medical model is inappropriate, it may be queried if it is still appropriate to recruit the enrolled psychiatric nurse in the halfway house. And if we look at the problem with reference to the moral dimension of social work practice, it may be queried whether the medical model is actually diverting psychiatric social work practice away from "empowering" the client to become a person with the ability to reason. Seen in this light, the question of whether to recruit an enrolled psychiatric nurse in the halfway house is not a technical problem, but a moral problem. It can only be solved with genuine and rational discussions on the moral ideals of psychiatric social work practice.

However, the moral concern of social work practice is often replaced by the administrative concerns of cost-effectiveness and efficiency. Habermas's

“system-lifeworld” perspective provides a good conceptual framework for understanding how the moral dimension of social work practice is being gradually eroded by the administrative system. From the “lifeworld perspective”, the social welfare agency is integrated “by a normatively secured or communicatively achieved consensus”.¹ In other words, the social welfare agency may be seen as being constituted by a moral framework with which the social worker is able to make sense of the moral dimension in his/her everyday social work practice. In Chapter Four, I have described the moral orientations of the social welfare agencies, and how the social workers had understood the moral aspects of their social work practice.

From the “system perspective”, the social welfare agency may be conceptualized as consisting of different elements connected by their functional inter-dependency, and integrated “by a non-normative regulation of individual decisions that extends beyond the actors’ consciousness”.² In other words, the organizational behaviour of the social welfare agency may be seen as being regulated (or constrained) by the impersonal rules imposed by the government. And in order to maintain organizational survival, it is necessary for the social welfare agency to place great emphasis on cost-effectiveness and efficiency. In

¹ Jurgen Habermas, *The Theory of Communicative Action*, vol. 2 (Boston: Beacon Press, 1987), 117.

Chapter Four section II, I have described how the government exerted its control over the welfare agencies by establishing the staffing standard, providing government subvention and monitoring social service performance.

And when the operation of the “system” endangers the symbolic reproduction of the “lifeworld”, there will be a “colonization of the lifeworld”. This happens when genuine and rational discussions are replaced by the use of money and power in coordinating our everyday social interactions. Moral norms and values embedded in social interactions are then devalued in favour of the use of money and power.³ In the context of the present research, this means that when the moral concern embedded in social work practice is devalued in favour of the administrative concern about cost-effectiveness and efficiency, there will be a “colonization of the moral lifeworld of social work practice”. And a main focus of the present research is to study whether the current welfare reforms (which are based on managerialism) are colonizing (or eroding) the moral lifeworld of social work practice.

In the following, I will discuss the following two questions with reference to the findings presented in the last chapter: (1) Does managerialism lead to the colonization of the moral lifeworld of social work practice? (2) Does the

² Habermas, *The Theory of Communicative Action*, vol. 2, 117.

³ Habermas, *The Theory of Communicative Action*, vol. 2, 183.

managerialist perspective limit our understanding of the client's well-being?

I. Does Managerialism Lead to the Colonization of the Moral Lifeworld of Social Work Practice?

In Chapter One, we have seen that the “managerialist” approach argues that better social work management will provide an effective solvent for a wide range of economic and social ills. In other words, it is assumed that better management will lead to better social services. But is this assumption true? The main question is: what is a good social service? The present research argues that in deciding what a good social service is, a moral understanding of social work practice is indispensable. In Chapter Two, I have discussed how the moral dimension of social work practice can be conceptualized. And in Chapter Four, I have described the moral orientations of the social welfare agencies in the psychiatric rehabilitation setting, including the “therapeutic community model” and “client participation”. I have described how the front-line social work managers understood management as practising social work values, such as empowering the subordinate staff. I have also described how “client participation” was practised in the different social welfare agencies. On the other hand, I have not

neglected how management control, especially the government managerial control, may hinder the moral practice of social work. This is discussed in Chapter Four section II. At the same time, grievances were raised by the social work practitioners towards management control. In Chapter Four section III, I have discussed why it was so difficult to build up the social work professional community as a moral community in putting into practice the social work values.

In the following, we will first look into the complaints made by the social work practitioners towards the old welfare system. When we look at the data, it is necessary to see whether the social work practitioners were asking for more cost-effective and efficient management, or for more autonomy in their everyday practice that is more in line with the social work values.

A. Complaining about the Inflexibility of the Old Welfare System

With respect to the old welfare system, the informants were dissatisfied with two issues: (1) the inflexible staffing standard; and (2) the inflexible funding system.

Regarding the staffing standard, it has been noted in Chapter Four section II (A), that a standard halfway house policy was established by the Hong Kong government in 1984. According to this policy, there should be two psychiatric

enrolled nurses in the halfway house. But only one social worker was required in the halfway house. The other eight members of staff were non-professionals, including the welfare workers, the cook and the minor staff. It can be argued that the staffing standard was based on a “medical model” rather than on a “psycho-social model”. As pointed out by Lucia,

“Why are there one senior welfare worker, five welfare workers, and two enrolled nurses? [It is] imposing a medical model. The nurses are here to discipline the clients. The welfare workers are to keep an eye on the clients, to see if the clients can keep themselves clean. ... These questions affect the operation of the halfway house significantly. What does the government want the halfway house to do? It is clear that [the government] wants [us] to control the clients.”

Margaret shared Lucia’s opinion. Margaret further explained why she thought that a social work practitioner would be more appropriate than the nurse

in caring for the needs of the ex-mentally ill persons living in the halfway house.

Margaret said,

“We think that the SWA [social work assistant] is more appropriate to the needs of those [psychiatric] patients.

The main reason is because we do not very much believe in a medical model in rehabilitation. If there is only one ASWO [assistant social work officer] with no SWA as her subordinate, it is very difficult to ‘echo’ with the atmosphere of the halfway house. It is very difficult to promote [social rehabilitation]. It will be much easier, if there is an SWA. ... For example, if the ASWO [i.e., the officer-in-charge] has to do all the 40 cases [in the halfway house] and all the administrative tasks, it would be impossible to finish all this work. But if there is an SWA, this will be a great support to the officer-in-charge, with respect to the casework as well as the administrative tasks.”

Even when the nurses were employed in the halfway house, they were doing more “social work” than “nursing care”. Jenny said,

“In our agency’s halfway houses, the nurse does not only perform the tasks of nursing care. She is not much different from the other members in the team. In other words, she also has to do casework, lead programmes, attend to the case [i.e. the client], and perform the routine work of the house. ... We will tell [the nurse], ‘Although you are trained as a nurse, you should not look at yourself as a nurse, because you are now working in a community team. Sometimes, you have to follow the community team’s approach.’ We are fortunate to have employed nurses who can tune in. At least, they can accept this, i.e., they are no longer working in the hospital [setting].”

Karen had similar expectations of the nurses working in the halfway house.

Karen said,

“With regards to nurses, the issue is, I would be very happy to have psychiatric-trained nurses. It’s not a problem, if they have the interest and the incentive to work with community work, and to have a very flexible view of their role and see themselves as community nurses, working in the community. Not expecting to do blood pressure tests, and test physical health checking, that’s not what we want them to do.”

It is clear that the social work managers were not satisfied with the staffing standard specified by the government. But when the social work managers wanted to change the staffing standard, some implications concerning the government subvention might follow. This made Jenny hesitate at “swapping” the post of enrolled nurse for the post of social work assistant in the halfway house. Jenny decided to employ a social work assistant instead of an enrolled nurse only when the post had been vacant for over six months. In other words, the “swap” was made not because a social work practitioner was considered to be more appropriate than the nurse, but because the post had been vacant for over

six months. Even if Jenny had decided to “swap” the post, a letter had to be written to the Social Welfare Department to explain why the “swapping” was necessary. In the letter, the agency had to explain why the vacant post was not filled, and whether efforts had been paid in trying to find a suitable enrolled nurse. It was only after paying adequate efforts but without success that the agency could recommend the vacant post of the nurse to be filled by a social work assistant. In other words, the necessity of the “swap” was considered not on the values and ideals of social work practice in the community psychiatric rehabilitation setting, but only on the technical need of filling the vacant post.

Besides, these requests were considered on a case by case basis. Thus, for each “swap”, a separate letter had to be written. Jenny had asked the government officials in the Subvention Branch in the Social Welfare Department to understand the needs of the welfare agencies and be more flexible in dealing with the staffing standard, but the officials would not discuss the issue with her. The officials only told her, “As far as that is an agreed staffing standard [that began in 1984], [we] have to follow that agreed standard.” Besides, Jenny had also raised the question of reviewing the staffing standard in discussing the Rehabilitation Programme Plan with the government officials. But the officials only said, “The Social Welfare Department is reviewing. Wait for the review of the Social

Welfare Department.” Jenny found it difficult to review and change the staffing standard. She said,

“Very often, you do not know which forum you should use to reflect these problems. But these problems are still affecting our daily operations. We have no way [of solving them].”

The shortage of nurses did not give rise to a review of the staffing standard, or to a deeper reflection of the values and ideals of community psychiatric rehabilitation. Hence, there had been no discussions on whether a social work practitioner or a nurse was more appropriate in the community psychiatric rehabilitation setting. Rather, the shortage problem was only solved at the superficial technical level of “swapping”, or providing nurse training for the staff in the welfare agencies. In order to fill up the shortage of enrolled nurses, a blister programme to train enrolled nurses was organized by the Social Welfare Department, the Hospital Authority and the Hong Kong Council of Social Services in 1998. This is an example of how the possibility of having a deep moral reflection about the values and ideals of community psychiatric

rehabilitation had been displaced by a narrow technical managerialist conceptualization of the shortage problem.

The informants also complained about the inflexibility of the old funding system. In the interview, Lucia told me that, according to the standard needs to be covered by the government subvention, the government would not provide financial support for the halfway house to buy the large water-boiler. She complained that the government had not considered the clients' need for the large water-boiler in the halfway house, and she had to find the money herself.

Jenny told me that in following the old "standard cost system", her agency had to follow the government established staffing standard. Her agency did not have the flexibility to employ a social work assistant rather than an enrolled psychiatric nurse. A government official of the subvention branch had once told her that if she wanted the flexibility to employ a social worker rather than an enrolled psychiatric nurse, the government funding mode had to be changed. That was the time when the government was proposing the new funding mode of "fixed funding grant". Would the new welfare system solve the problem of inflexibility in the old welfare system? This will be discussed in the next section.

B. The New Welfare System

In 1999, the new Service Performance Monitoring System was introduced.

In 2000, the new subvention system of “lump sum grant mode” was introduced.

Did the new monitoring system and the new subvention system give the social welfare agencies and the social work practitioners more flexibility in social work practice? It is true that under the new subvention system, the management in the various welfare agencies is free to determine the staffing structure and the associated remuneration scales, instead of having to follow the rigid staffing structure as it was under the old funding system. But does this mean that the social work practitioners are free to pursue the values and ideals of social work practice in their everyday work?

The new subvention system might indeed give some financial flexibility to the welfare agencies in terms of how the government subvention could be used. However, in order to ensure that the social services were provided in a cost-effective manner, the service performance of the welfare agencies was under close government monitoring and control by means of the new Service Performance Monitoring System. First, the welfare agencies are required to attain certain service output standards. Second, the welfare agencies are required to provide the different social services in line with the respective essential service

requirements. Third, the social services provided by the welfare agencies have to attain the basic requirements of the Service Quality Standards. But do these different requirements necessarily lead to the provision of better quality social services? Margaret said,

“I think that [the Funding and Service Agreements and the Service Quality Standards] are very superficial.

They are very numerical-oriented, very

show-oriented. ... Are these [measures] adequate for

proving the professional [status] of social work? I

don't think so. And can these reflect the [social service]

quality accurately? I don't think so, because many of

these are [only] layman definitions. And the

particularity and the uniqueness of the client-worker

relationship have not been taken into account.”

Doris had a similar opinion. She said,

“Fulfilling all the requirements of the 19 [Service

Quality] Standards⁴ does not mean that you have achieved quality service. As you can see quite clearly, all these standards are very superficial.”

Why didn't the introduction of the new Service Performance Monitoring System lead to the provision of better quality social services? Doris explained the reason why,

“When my employees use 50% of their working time to do this [i.e., the Service Quality Standards], I'll get 50% less employees to do the social services. The quality that we can give to the service is very little. When there is any problem, I have to deal with the most superficial, obvious ones. Then there will be no time to see the hidden problems.”

Doris further explained how her work as a supervisor had been hindered by the introduction of the new Service Performance Monitoring System. She said,

⁴ At the time of the interview, the Service Quality Standards consisted of 19 Standards. Later, they were revised to 16 Standards.

“[In the past,] as a supervisor, I would go to the [service units] to attend their meetings and see how they work. And now ... I have to look at their paperwork. Do you understand? I can only perform ‘paper monitoring’, and cannot perform ‘direct service monitoring’. In the past, there was time. I would sit in and observe how the staff held the meetings. And now I have to sacrifice these times. I read on paper how many meetings [the staff] have held, and the contents of the meetings.”

Margaret gave another reason explaining why the new monitoring system did not bring better social services. Margaret thought that the requirements were too low. She said,

“I think that the Funding and Service Agreements prepared by the government is a joke. The 13% [successful discharge rate] really makes me laugh.

This is impossible. ... I am sorry. I don't think this is ... I think that this is very shameful. This is impossible. If you have such a low rate, this is not a halfway house."

And Margaret thought that only by increasing the output standards that there would be better social services. She said,

"I hope that the [successful discharge rate] can be increased to 30-40%. This is what really makes things work."

Thus, under the new monitoring system, the social work managers and the frontline social work practitioners had to do a lot of extra administrative tasks without doing better social work practice. On the other hand, the monitoring system was only setting the minimum standards that do not have any real meaning in terms of professional social work practice. Margaret said,

"The minimum will be set as the standard. Therefore, I

think that all these [standards] are nothing but empty shells. We'll do what is required. But frankly speaking, there is not much real meaning in doing these. And for a layman, who knows nothing about the [social work] profession, what does s/he rely upon to judge if this is good, or that is not good? S/he does not know it. Thus, this is only a show."

Why was the new monitoring system unable to reflect the real meaning of social work practice? It may be caused by the lack of discussion among the social work practitioners. Doris said,

"There has been no detailed discussion on [the Service Quality Standards]. Basically, we do not object to quality. We want to provide good services. I think no agency wants to provide poor services. ... The question is: how to provide good services? Who will monitor? How to monitor?"

As can be seen in the above quotation, Doris raised the questions of how the new monitoring system could be implemented. But I think that Doris had not touched on the more fundamental question of what “quality” social work practice was.⁵ This is dangerous as the technical question of how the new monitoring system can be successfully implemented may displace the more fundamental moral question of what constitutes “good” social work practice. This is why I argue that the managerialist approach in the social work setting may colonize the moral lifeworld of social work practice. This can be seen when Brian told me that the social workers had no objections to the contents of the Service Quality Standards. Rather, they were more worried about the implementation of the Service Quality Standard in the welfare agencies and whether they could pass. As Brian said,

“A very big concern is: where are the criteria? What is to be regarded as a ‘pass’ [in the Service Performance

⁵ In Hong Kong social work, there are not many discussions on this question. An exception is Chor-fai Au. Au thinks that it is extremely difficult, or even impossible, to define “quality” accurately. And he does not discuss the meta-value standards for judging “quality”. See Chor-fai Au, “The definition of and the search for quality: the various dilemmas in social welfare services,” in *Milestone in the 21st Century Social Service: Essays on Quality Management*, Hong Kong Sheng Kung Hui Welfare Council, 47-62 (in Chinese) 區初輝,〈質的定義與追求：探索社會福利服務諸般的矛盾〉,載於《21世紀社會服務新里程：優質管理文集》,香港聖公會福利協會,47-62。Joe Leung shares a similar view, see Joe Leung, “Further thoughts on quality management,” in *Milestone in the 21st Century Social Service*, 66-77 (in Chinese) 梁祖彬,〈邁向優質管理的再思〉,載於《21世紀社會服務新里程》,66-77。This view may represent a consensus shared by the Hong Kong social workers.

Assessment]? How to measure these criteria?”

C. The Moral Lifeworld of Social Work Practice

From the above, it can be seen that the new welfare system of service monitoring has pressed the social workers to keep their focus on the technical issue of attaining cost-effectiveness and efficiency in providing social services.

Does this mean that the social workers were not concerned about the moral elements embedded in their everyday social work practice? I think that the answer is “No”. As noted in Chapter Four section I, there are underlying moral orientations embedded in social work practice in the psychiatric rehabilitation welfare agencies. For example, Karen described the “therapeutic community model” in the halfway house not as a concrete practice theory, but as an underlying moral orientation that realises,

“respect for the individual, and support for
opportunities for personal growth, and encouraging
people to interact and care for each other.”

For Karen, the halfway house is not simply a place providing food and

lodging, similar to a hostel or a hotel. It is a place where the clients are expected to participate. As pointed out by Karen,

“[the social worker’s] job [is] to take the people, to re-integrate, and to rehabilitate them into the community. And the biggest factor for that, is their willingness to want to be rehabilitated. Because I can’t make somebody want to be rehabilitated. ... If [the client] doesn’t want to change, what can I do? ”

It can be seen that “the client’s willingness to be rehabilitated” is indispensable in the provision of psychiatric rehabilitation social services. In other words, the client should be willing to take up the responsibility of living his or her own life, or to take control of his or her own life. This may be recapitulated in the more theoretical sense as “empowerment of the client”. This social work understanding of “empowerment” is quite different from the managerialist understanding of “empowerment”. In the managerialist discourse, “empowerment of the client” means that the client is to be treated as a “consumer” or a “service user” so that the service performance of the welfare

agency will be monitored and improved. In a culture of consumer sovereignty, this may encourage the client to become a passive consumer demanding more and better services from the welfare agency, rather than making great demands on himself or herself to cope with life. Thus, it can be seen that the moral orientations underlying “empowerment” in social work practice are quite different from the managerialist perspective of “satisfying the customer’s wants by providing cost-effective quality services”. This is related to the question how the client’s well-being should be conceptualized, and “empowerment of the client” will be discussed further in section II of the present chapter.

We will continue to discuss the moral lifeworld of the social work practitioners. The moral orientations of social work practice can be found not only in the “client-worker relationship”. It can also be found in the management of social services. In the following, we will see how social work management may be understood as a moral practice.

In managing her subordinate staff, Lucia told me that she was following the “therapeutic community model”. She said,

“There is no specialized division of labour [in our staff team]. In other words, the nurse will not only perform

the duty of a nurse, giving medication ... From my point of view, every member of the staff is a social worker. And no one [in the team] is irreplaceable ... And in the teamwork, cooperation is most important. Understanding of the staff member is also important. But this does not mean that this is a completely warm and harmonious place. I will create conflict. Because if there is no conflict, they will not grow, and they will not see that the other staff members also have their own weakness. They may think that as a team, everyone should be happy. It is okay when each one can do his/her job according to his/her ability. But from my point of view, this does not mean that you have no weakness. What is meant by teamwork is to accept the other's weakness and to encourage his/her strength. That doesn't mean that by covering up your weakness, your weakness will disappear. There is another dimension in the team spirit. If you have weakness, I have to help you, but not to encourage you

to deny the weakness ... In fact, in the therapeutic community model, there is 'reality confrontation', and we will practice this."

The "therapeutic community model" also stresses the value of democratization. In describing her authority as a managing officer-in-charge in the halfway house, Lucia said,

"I do not consider myself as an authority when I ask them to perform some tasks. It is true that my position has given me the authority to give them orders. I cannot escape this reality. The question is what kind of relationship there is between my subordinates and me? ... In asking them to perform some tasks, I always ask them with courtesy and invitation. [And I] explain to them what I wanted them to do. This is to let them know that I do not do things arbitrarily ... I do make mistakes. When I make mistakes, I will apologize ... When I make mistakes before the

resident [i.e., the client living in the halfway house], I will also apologize to the resident. They have to learn this."

It has been noted above that the nurses in the halfway house were not only doing nursing care. They were expected to do social work as members of the community rehabilitation team. In managing the nurses in the halfway house, Brian told me how he changed the nurses' mentality from a medical orientation to a casework orientation. He said,

"To help them think: if they look at things from the client's perspective, what would they do? To help them broaden their perspectives. And I had also been changing the practices [in the halfway house], e.g., taking medications. They had always kept a close watch on the clients' taking medications. ... I was the first one who advocated letting the clients take medications by themselves in the welfare agency. When I first wanted to introduce this, there was a lot

of resistance. ... [The staff] was afraid that something would go wrong. [If the clients] did not take their medications, who would take the responsibility? ... When [the client] relapsed, who would 'catch' the client to go to the hospital? ... If [the client] took an overdose [e.g., attempted suicide], how should they handle it? Who should take the responsibility? They were afraid of these. ... The nurses were more worried than the welfare workers. This might be related to their training. Their training had been focused on making sure that people would take medications, and telling people what the dangerous medications were."

In changing the nurse's mentality from a more medical orientation to a casework orientation, Brian was teaching them the moral orientations of social work practices in the psychiatric rehabilitation setting. That is to "empower the clients" to learn to take charge of their own lives. And in empowering the clients, Brian was also empowering his subordinate staff. In other words, Brian had to let his subordinate staff make decisions and take charge of the day-to-day operations

of the halfway house. Brian said,

“In my approach [of managing the halfway house], I want ... every member of the staff to be capable of doing all the work in the halfway house. The welfare worker would come and say to me, ‘I am not professionally trained. You are the only one [trained professionally]. You asked me to do group work? How am I able to lead [the group]?’ ... [Instead of doing all the casework myself,] I would rather support my staff to do casework through strong supervision and peer support of the whole team. ... I expected everyone [of the team] to know everything [in the halfway house]. And the team could still manage the house when one of us was missing.”

Clement told me that in his first year as an officer-in-charge in the halfway house, he spent most of his time in “relationship-building” among the staff. This “relationship-building” was not only concerned with how a smooth and

harmonious working relationship could be established among the staff in the halfway house. It was about how social work values could be shared among the social work trained and non-trained staff. In order to teach the non-social work trained staff (e.g., the welfare workers), Clement would spend a lot of time discussing with them how a social worker would see the client as an independent individual with dignity. Clement was concerned with the values held by his subordinate staff because “their values had a direct influence on how they perceive the clients, and how they would serve the clients”. In other words, when a social work manager wants the clients to be “empowered”, s/he had to let his/her subordinate staff understand the social work concept of “man”, the moral values of “client self-determination”, “empowerment” and so on.

In carrying out his leadership role, Clement did not depend much on power and authority. Rather, Clement depended on teamwork. As Clement said, “I am more a friend and a colleague [in the same team] than a superior to them.”

Clement said,

“The former one or two OICs [officers-in-charge] would sit in an OIC room like this one, being separated from their fellow colleagues. And yet I am

not like them. I would bring all my work out of this
room, sitting right beside my fellow colleagues out
there to get my work done together with them. ... The
more I have come to getting along with them, the more
I expect that our work can be done by wholehearted
teamwork."

The above examples are used to illustrate that social work management is not only concerned with technical expertise. Rather, it is intimately connected with practising moral values. As social work practice is related to how a person should be treated morally, a social work manager has to teach his/her subordinate staff how the clients should be treated morally as well. The social work manager does not only teach his/her subordinates verbally, but also has to practise what s/he preaches when managing his/her staff. This is what Brian said, "[I]f you want to be an in-charge, you have to practise what you preach."

However, it may be queried that if the moral dimension of social work practice is indispensable in social work management, how is it possible for the moral dimensions of social work practice to be displaced by the use of the "managerialist" perspective in social work management? This will be discussed

in the next section.

D. Colonization of the Moral Lifeworld

It is true that management techniques are necessary in the everyday operation of the welfare agencies and their service units. It is necessary for a social work manager to instruct his/her subordinate staff to do their respective tasks, to supervise them, and to evaluate their work performance. In the present thesis, I am not denying the importance of management in providing social services. Rather, I want to point out the crisis in social work practice when managerial cost-effectiveness and efficiency have become the sole concern in the provision of social services and in the running of the welfare agencies. In other words, there will be a crisis in social work when the moral dimension of social work practice is replaced by the “managerialist” concern about service cost-effectiveness and efficiency.

This kind of displacement of the moral dimension of social work practice has been illustrated above. In section I (A) of the present chapter, I have discussed how the complaints made by the social work managers concerning the nurses in the halfway house had been understood as a manpower shortage problem, rather than a reflection of the appropriateness of using the medical

model in the psychiatric rehabilitation setting (such as the halfway house). In section I (B) of the present chapter, I have discussed how the new service performance monitoring system had diverted the social workers' concern from asking "what is good for the client" to "how to get a pass in the service performance assessments". Though the moral dimension in social work practice has also been illustrated above, there is a danger of it being displaced (or colonized) by the managerialist concern about cost-effectiveness and efficiency.

However, as social work is a moral practice, why isn't there any strong resistance against the managerialist colonization of the moral lifeworld of social work practice? The new monitoring system was implemented without much resistance from the social workers. The social workers were more concerned about whether they and their agencies were able to pass the service performance assessment. As can be seen in Chapter Four section III, social work practitioners in Hong Kong were not able to establish themselves as a moral community. The different welfare agencies are more likely to compete with each other, than to become companions in the common search for human goodness. As Karen told me, when she brought out her agency's problems in the Coordinating Committee meetings among the different agency heads, she did not receive any support from the others. She explained,

“Whenever I said, ‘Oh! We have a problem with something’ sometimes in the CCMI [Coordinating Committee for the Mentally Ill] and I said, ‘Our agency has a problem.’ They [i.e., the other agency heads] say, ‘Oh, look! You must be doing something wrong!’ And I said, ‘I am sure I am! Have you never had this problem?’ ‘Oh! No, no, no!’ and I think ‘Uh, ha, ha, ha, not true, not true.’ The people aren’t willing to share.”

In this way, the one who raises the problem becomes the one who is problematic. In this situation, it would be difficult to have sincere and undistorted communication among the different agency heads.

Besides, it was also difficult to have deep reflections on what constitutes good social work practice among the agency heads. Karen said,

“I think it’s very difficult to get that sort of deeper reflection, because it doesn’t happen in the CCMI

[Coordinating Committee for the Mentally Ill

meetings]. What happens there, I think, sometimes is quite bullying. 'We're the biggest agency. We do this so you shut up.' That's basically what's being said."

During the consultation period of the welfare reform, the small welfare agencies found themselves being neglected by the large agencies in the Hong Kong Council of Social Services. As pointed out by Doris,

"We [the small agencies] have always asked the Hong Kong Council of Social Service [HKCSS] to pay close attention to how the subvention review will affect the small agencies. We told HKCSS that they should not only be concerned with the interests of the large agencies. They should also be concerned with the interests of the medium and small agencies. ... And now, they begin to look into [our needs and interests]. At first, [they] really did not pay any attention [to the special needs and interests of the small agencies]."

Doris also told me that there had not been any genuine discussions among the different agencies and the government on the meaning of good social work practice and whether the implementation of the Service Quality Standards would bring about good practice. As a result, the Service Quality Standards were often seen from the technical perspective of implementation, rather than from the moral perspective of whether the Service Quality Standards would constitute good social work practice.

Apart from the competitive relationship among the different social welfare agencies, the building up of a moral social work community is further hindered by the administrative accountability of the social workers. The social workers are more accountable to their administrative seniors in their own agencies, than to their fellow social workers in the field of social work. In other words, the practice of social workers is more controlled and monitored administratively by their agencies, than by the values and moral visions of the social work profession. This is further aggravated by the introduction of the new monitoring system that extended the administrative control to the government. In this way, social work practice in Hong Kong has been reduced from moral practice to administrative (and technical) practice, and hence the colonization of the moral lifeworld of

social work practice. In the next section, I will discuss whether the managerialist perspective has also limited our understanding of the client's well-being.

II. Conceptualizing the Client's Well-being from a Social Work Perspective

In section I of the present chapter, I have looked at the moral dimension of social work practice with reference to the social worker's situation under the changing welfare system in Hong Kong. In this section, I will look into the moral dimension of social work practice with reference to the conceptualization of the client's well-being.

From the managerialist perspective, it might be argued that the recent management reforms in the welfare system (e.g., the service performance monitoring system, the new funding system) are introduced to make the welfare agencies more flexible, more responsive, more accountable, more cost-effective and more efficient in providing social services. It is expected that the provision of better quality social services will follow. As a result, the clients will benefit from it.

However, in section I of the present chapter, I have argued that by

introducing the new service performance monitoring system, the technical question of how to implement the monitoring system may displace the more fundamental question of what constitutes “good” social work practice. In this way, managerialism replaces “goodness” with “cost-effectiveness”. And a “good” social service is assumed to be equal to a “cost-effective” social service. This is a highly restricted view of what constitutes “good” social work practice and “good” social services. Besides, from the managerialist perspective, the client is treated as a consumer. Enhancing the client’s well-being is seen as satisfying the consumer’s demands and/or wants. Although it is argued by the managerialist approach that better management will enhance the client’s well-being, the core question remains to be answered. Is the managerialist understanding of the client’s well-being a restricted (or even a distorted) understanding? In the following, I will discuss the social work understanding of the client’s well-being in order to see more clearly the limitations of the managerialist perspective.

A major goal of psychiatric rehabilitation social services is to help the client (who has been discharged from the hospital) to be re-integrated into the community. When the client stays at the hospital to receive psychiatric medical treatments, s/he is required to obey the hospital rules, being closely monitored,

and being supervised to take his/her medications. In this way, the client may be affected by the institutionalization process of the disciplined and isolating hospital life, and does not know how to lead an independent life on his/her own. Hence, the goal of the halfway house is to re-socialize the client so that s/he will become a normal person when s/he returns to live in the community. This may be recapitulated at a more theoretical sense as the process of de-institutionalization in the halfway house.

As pointed out by Karen, Jenny and Lucia, psychiatric rehabilitation social welfare agencies are doing community services. This does not only mean that the psychiatric rehabilitation social services are provided in the community, away from the hospital setting. On a deeper level, this means that the psychiatric rehabilitation social services are provided to counteract the institutionalization influences of the hospital setting on the client, so that the client can be re-integrated into the community. As noted in Chapter Four section I, Karen wanted to run good community-care facilities, but not good institutions that would provide everything inside the large building, so that the clients do not need to leave the building. On the contrary, a small community type halfway house can help the client to be re-integrated into the community. Karen explained,

“At Wan Chai House⁶ [a community type halfway house], people can poke out and buy ... go down to the neighbourhood food stall [大牌檔], perhaps snacks whenever they want to. It’s not going to be so frightening for them when they’re living in a compassionate re-housing unit in a public housing estate [after being discharged from the halfway house]. Because they’ve been ... Their social integration is still good. But if you’ve been living isolated in an institution [i.e., in a large building], where you haven’t ... It becomes more frightening to go out, becomes more and more frightening going out.”

As has been pointed out in Chapter Four, if the client is to be re-integrated into the community, it is necessary for the client to be willing to be rehabilitated. In other words, the client must be willing to take up the responsibility of living his/her own life. In my opinion, this is the core meaning of “empowerment of the client”. And the client’s well-being will be enhanced when s/he is willing to bear

⁶ The name used here is not the real name of the halfway house.

responsibility for living his/her own life. And it may be argued that “empowerment of the client” is indispensable in psychiatric rehabilitation community services. This was clearly articulated by Jenny,

“We are doing a community service. What do we want to achieve? We don’t want to control these clients. We hope that they can take charge of their own lives. Then, what is our role? Our role is to help them regain control of their own lives. Then, how do you help them regain control of their lives? If you make all the decisions for the clients when they are living in the halfway house, ... then when they move out of the house and have no one to remind them, this will still be bad for them. Therefore, I think that in our work ... what we talk about as the transitional period. How do you let the clients become themselves and take control of their future lives?”

The above-mentioned dispute over the staffing standard in the halfway

house concerning the substitution of the psychiatric enrolled nurse with the social work assistant can also be seen in this light. Lucia, Margaret, Jenny and Karen argued that the operation of the halfway house should not be based on the “medical model” that depends on the psychiatric nurses to take care of the client’s medical needs. When the client attended follow-up psychiatric consultations, the psychiatrist in the hospital could take care of the client’s medical needs. Rather, the halfway house’s main concern should be the client’s psycho-social need for community re-integration. Lucia and Margaret thought that the social work assistant would be more appropriate than the psychiatric enrolled nurse in taking care of the client’s psycho-social needs. And even when the nurses were to be employed in the halfway house, Jenny and Karen thought that the nurses were doing more “social work” than “nursing care” in the house.

When the halfway house is operated on the basis of the “psycho-social model” instead of the “medical model”, the client’s well-being is conceptualized in a different way. This can be illustrated with the way house rules are carried out in the halfway house. As noted above, the halfway house is a re-socializing agent that helps the client to counteract the impact of hospital institutionalization. Does this mean that the client does not need to obey any rules in the halfway house?

The answer is “No”. The client still has to obey the house rules. But as Lucia

noted, there was no use just to impose the house rules upon the clients. It was more important to explain to the clients the reasons why those rules should be carried out. As Lucia said,

“In the hospital, [the clients] only know obeying rules.

After being discharged from the hospital [and as a result of hospital institutionalization], they would follow the rules without asking the reason behind them. ... You have to bring them back to the [moral development] stage of being able to discern between ‘good’ and ‘bad’.”

Rita agreed with Lucia that the clients would benefit when they understand the reasons behind the house rules. Rita made use of the residents’ meeting in the halfway house to let the clients decide on certain matters concerning the halfway house. As Rita explained,

“Sometimes, we make use of the residents’ meeting to decide on certain matters instead of the staff [making

all the decisions]. ... [These requests] will be discussed in the residents' meeting. [Then] we have the voting. This is quite popular [in the meetings].

What the staff does is to throw the issue out. Then the staff talks about the pros and cons. Then let [the residents] make their choice. Or [the staff] may remind them. As a matter of fact, this is what we have always been doing, or what I guide some new staff to learn: to think more about the reasons behind everything. We guide our residents to see the reasons behind. Why do we do it in this way? Why is this way of doing better than that way? Instead of treating it as a regulation, only knowing that such and such is forbidden or permitted. This is meaningless. As a matter of fact, we are guiding our staff to learn to think more [deeply]: why do we set some [particular rules], or why were some rules set in the past? What are the reasons? In fact, this is also to guide our residents to learn to see the reasons before they make decisions."

In other words, it is essential to the client's well-being that the client is capable of making decisions based on reasons. This is different from the managerialist assumption that the client's well-being lies simply in his/her ability to voice out his/her demands and wants as a consumer. It is true that the social work understanding of the client's well-being also consists of the client's ability to voice out his/her needs. However, as it has been noted above, it is essential for the client to be able to give his/her reasons for his/her request, and to listen to the reasons given by the others, and hence to know the pros and the cons of the request. This was clearly articulated by Lucia, "You have to bring them back to the stage of being able to discern between 'good' and 'bad'." It is this ability of discerning between "good" and "bad" that makes a person autonomous, capable of taking up the responsibility for living his/her own life, and taking charge of his/her own life. In my opinion, this is an important entry-point in understanding the moral meanings of "empowerment of the client" and "client participation" in psychiatric social work practice.

In Rita's halfway house, the client was encouraged to participate in his/her own rehabilitation process by writing his/her rehabilitation plan. It is not understood by Rita as a means by which the social work practitioner can collect

and assess the client's expressed needs (as it might be understood from the managerialist perspective). Rather, it is a means by which the client is trained (or empowered) to plan ahead for himself/herself. As Rita explained,

“If the halfway house was to prepare the residents for independent living, the residents had to learn to plan ahead themselves. We hoped that the residents would not depend too much on our staff, not relying on our staff for everything, telling them what to do, or making all the relevant arrangements. ... I wanted them to know that they would not have a staff member following through things all their life-span. [They] can learn to make arrangements, and make [their] lives more orderly and predictable. Then [they] can have more mastery of [their] own life. It is actually a part of ‘empowerment’.”

Besides, Rita also encouraged the clients to take charge of their own medications, and their own medical appointment cards. This gave the clients the

opportunity to develop insights into their own mental illness. As Rita said,

“They should learn to remember the dates of their own
medical appointments. They should have the sense to
think of what to say to the doctors. They were
encouraged to tell their doctors directly about their
illness.”

Empowering the clients to take charge of their own medications was not
always accepted without resistance. The resistance came from the staff in the
halfway house, especially from the nurses. In recalling his experience, Brian
said,

“When I first wanted to introduce this [i.e., letting the
clients take charge of their own medications], there
was a lot of resistance. ... [The staff] was afraid that
something would go wrong. [If the clients] did not
take their medications, who would take the
responsibility? ... When [the client] relapsed, who

would 'catch' the client to go to the hospital? ... If [the client] took an overdose [e.g., attempted suicide], how should they handle it? Who should take the responsibility? They were afraid of these. ... The nurses were more worried than the welfare workers. This might be related to their training. Their training had been focused on making sure that people would take medications."

It can be clearly seen from the above that the staff [i.e., mainly composed of the nurses and the welfare workers] were more concerned about who would bear the responsibility when something went wrong. In other words, it seemed that they were more concerned about themselves than the clients' well-being. They were afraid that the clients would not be able to take care of themselves, and so someone had to make sure that the clients would take medications. In other words, the client was to be "disciplined" (or "controlled") rather than to be "cared" for. Then, what would be the social worker's reason for letting (or empowering) the clients to take charge of their own medications? Rita gave this explanation. Rita said,

“Because sooner or later they have to face [this problem of taking charge of their own medications], whether it is a trial or a training. If they choose not to take their medication and would like to take the risk, I would rather they take this risk in my halfway house. Even if they may suffer from their own choice, the consequences would not be that severe. They would not be found out only after the very adverse effects came out. Then when they learned a lesson, things would be easier.”

The clients live in the halfway house only for a transitional period. Sooner or later, they have to move out of the halfway house and take care of themselves. This includes taking charge of their own medications. In order to prepare the clients for independent living, Rita would let the clients take charge of their own medications. In this way, Rita was also taking the risk that the clients might not take their medications, suffered a relapse, and learned the lesson afterwards while they were still living in the halfway house. What is the lesson to be learned by

the clients? On the surface, the client will suffer the relapse of mental illness when s/he does not take the necessary medications. Knowing the consequences of not taking good care of one's own medications may make one be more concerned about one's own psychiatric rehabilitation and to develop insights about one's own mental illness. On a deeper level, the client should learn that s/he should not simply rely upon his/her own desires (or wants) in making the decision that s/she would stop taking the necessary medications. The client should develop the ability to discern between "good" and "bad". In other words, the client should be able to see that not taking the necessary medications is "bad" for him/her even though s/he might not like to take the medications. And this is important for the empowerment of the client.

In encouraging the clients to participate in the residents' meetings to decide on certain matters concerning the halfway house, it is essential that the clients are capable of discerning between "good" and "bad". Otherwise, rash decisions might be made and the outcome might be most undesirable. At first, it would be quite difficult to prove empirically that the clients should have this discerning ability. And empowering the clients to decide on certain matters concerning the halfway house seems to be based upon the social work practitioner's moral ideals rather than upon some proven empirical facts. As Rita said, "In the early years,

the staff was afraid and worried.” But Rita argued, “You do not have to worry too much. Collectively, [the clients] would not agree on something that goes much beyond what is proper [in the residents’ meetings].” And according to Rita, “[It is necessary] to guide our clients to learn to see [i.e., to understand, to reflect, and to evaluate] the reasons before they make decisions [in the residents’ meetings].” Hence, the residents’ meeting is not only a means by which the service unit can collect the clients’ expressed needs, or the clients’ feedback on service performance (as it might be understood from the managerialist perspective). Rather, the residents’ meeting becomes a public forum in which the clients can learn, grow and mature in making reasonable decisions. This is important for the clients who will lead independent lives after being discharged from the halfway house.

The work of the social concern group can be seen in a similar light. As noted in Chapter Four section V (C), the social concern group was not only a means by which the clients were able to express their views, and /or to fight for their rights as service users (or consumers of social service). In saying this, I am not denying that these were the important functions played by the social concern group. However, I would like to take note of the things that the clients could learn in participating in the forum organized by the social concern group. As Rita

explained, "It was necessary for [the clients] to understand the [particular] issue before they could give their views." And before the forum took place, there was a "mini-survey". The "mini-survey" was to arouse the clients to think about the particular issue to be discussed before the forum. Then the statistics would be calculated and the clients could see for themselves the number of clients holding this or that particular view. Then the staff would lead the clients to think about the reasons why a certain view was being held. And as Rita recalled, "On many occasions, it was clear that there was attitude change before and after [the forum]. ... We believed that debating helps us to have a clearer picture. ... Perhaps after having listened to a few others' opinions, s/he was convinced [by the others and changed his/her mind]." In other words, the forum allowed the clients to listen to the others' opinions, to reflect upon their own views, and to change their minds if they found it more convincing to do so.

In this way, "empowerment of the client" does not simply mean that the client is able to voice his/her demands and wants. Rather, it means that the client is able to reflect upon the reasons behind his/her demands and wants, and is able to discern between "good" and "bad" by reflecting and listening to the others' opinions. The managerialist perspective is limited in its understanding of the client's well-being because it is only concerned with whether the client is able to

voice his/her demands and wants, without digging deeper into the question of whether the client's demand is reasonable. This is probably due to its restricted understanding of "human beings".

Chapter Six: Conclusion

I. Some Concluding Remarks

In doing the present research, I attempted to answer the following two questions. First, what is the moral dimension of social work practice? Second, how is the moral dimension of social work practice affected by the rise of managerialism in social work management?

In conceptualizing the moral dimension of social work practice, I did not only consider the theoretical discussions on “social work as a moral practice” and “the professional social work ethics that regulates the social worker’s behaviour”. I also studied the values and moral ideals that were embedded in concrete and substantive social work practice. But what is “good” social work practice? It is a pity that in emphasizing “value-neutrality”, the mainstream social work approach has limited its concern to the various “intervention models” and therapeutic means. As a result, in the mainstream approach, “good” social work practice is understood as an “effective” intervention model. And “good” social worker is the one who can grasp the latest knowledge and knows how to use the most “effective” intervention model. The “good” referred to here does not mean being

“morally good”. Instead, it refers to whether the social worker is “technically effective”. Here, we can see how mainstream social work approach’s conceptualization of a “good” social work practice can be compatible with the managerialist emphasis on “cost-effectiveness”.

As there were very few theoretical discussions concerning values and moral ideals in the mainstream social work approach, I began to look at how the client was treated in social work practice. This is because the practice of social work is concerned with enhancing the client’s well-being. I noticed that “empowerment of the client” was a moral value accepted by both the mainstream approach and the non-mainstream approach. The mainstream approach, with its “value-neutral” stance towards the client, conceptualizes “empowerment of the client” from the managerialist perspective as “empowering the client to be a consumer of social services”. In this way, the mainstream approach can maintain its value-neutral stance towards the client by allowing the client to pursue his/her own interests as a consumer. The client’s well-being can only be subjectively determined by the client. “What is the client’s well-being?” becomes a question without an objective answer. Similarly, there is no objective answer to the question: “What is a good social work practice?” Hence, I was not able to find out the moral dimension of social work practice from the mainstream approach.

On the other hand, “empowering the client to be a consumer” makes it easier for the government to impose the Service Performance Monitoring System (SPMS) upon the social welfare agencies. This is because the SPMS is modelled after the business model, with its emphasis on attaining cost-effectiveness and satisfying the requirements of the different output standards. When the moral sources of social work practice remain unarticulated (as it is in the mainstream social work approach), it will be difficult for the welfare agencies to resist the rise of managerialism in the social work setting. It will be difficult for the welfare agencies to give reasons to argue against the managerial demands for achieving cost-effectiveness and higher service output statistics. In my opinion, this is due to a limited understanding of the client’s “well-being”.

As it can be seen in the empirical findings, the social workers working in the psychiatric rehabilitation setting are pursuing a deeper understanding of the client’s “well-being”. Rather than simply accepting the client as a self-interest-seeking consumer, the social workers want to “empower” the client to bear responsibility in taking charge of his/her own life so that the client can be re-integrated into the community. It is in this sense that the client can be himself/herself without becoming over-dependent upon the social workers. In order to bear responsibility in taking charge of one’s life, one must be able to

discern between “good” and “bad” in making choices in life (especially when one is making the significant but difficult choices in life). As pointed out by Charles Taylor, what is distinctive about human beings is their ability to discern between “good” and “bad”, and between “right” and “wrong”.¹ In my opinion, this understanding of the distinctiveness of “human beings” is much better than the consumer model. And it gives us a better articulation of what constitutes a client’s “well-being”. I have argued in Chapter Two section I (B), “Social work practice as we can see at present is engaged in helping the client face his/her life predicaments and be set free from them.” Instead of seeing the “client-as-consumer”, a deeper understanding of the client’s “well-being” can help us better understand the moral commitments made in social work practice. It can also help us understand the moral dimension of social work practice.

How is the moral dimension of social work practice affected by the rise of managerialism in the social work setting? It can be clearly seen that there is a tension between the government’s administrative requirements and the social worker’s professional concerns. This can be recapitulated as the tension between the administrator’s concern about cost-effectiveness and the social worker’s moral concern. Jenny elaborated this tension in the psychiatric social service

¹ For a more detailed discussion, see Charles Taylor, *Sources of the Self: The Making of Modern Identity* (Cambridge, Mass.: Harvard University Press, 1989), part 1.

setting. She said,

“In recent years, we are trying to cultivate an atmosphere of ‘client participation’ in our service units. ... In social work, one of our major concerns is ‘helping people to help themselves’. ... When you want to ‘help a person to help himself/herself’, you have to give him/her the opportunity to participate, to get information. Usually, we try to start from our service unit, by giving the clients the opportunity to express their opinions, to participate in and to understand the decision-making process. When you have [client] participation, the decision-making process would be slower. When you ask, you have to give time for [the client] to consider. You have to wait for him/her to decide. Maybe in the middle of the decision-making process, there are a lot of compromises to be made. How to make him/her understand? How to make him/her listen? How would

s/he take up some tasks [and responsibilities]? This process must be in conflict with 'effectiveness'. The question is: 'How much can you tolerate?' Moreover, sometimes you have to push the client [so that they will participate]. ... Some clients [says], 'Don't ask for my opinion. ... Madam, I have always listened to you.' ... [In this case], you are not just telling him/her so that s/he may know. You have to make him/her understand why it is necessary for you to tell him/her. If you are management-oriented, seeking effectiveness and efficiency, then this is totally contrary to [client participation]. ... [Thus] for some issues, you may not be able to respond in such a swift manner. ... [And then], the government, or other third parties would query why you are [administratively speaking] so ineffective, loose and unsystematic. At present, there is a trend towards effectiveness, ... good packaging. As a result, there is a certain tension for my staff. How much time should [my staff] spend in making good

administrative packaging, in order to be accountable to
the public?"

In order to conceptualize the above-mentioned tension in the present research, Jurgen Habermas's "system-lifeworld" perspective is introduced. I am aware of the danger that the empirical data might be fitted too rigidly into the "system-lifeworld" framework. For example, the Service Performance Monitoring System, the Service Quality Standards, the government subvention system, and the government established staffing standards might be seen as constituting the administrative "system". The social worker's understanding of the values and moral ideals in social work practice might be seen as constituting the social worker's moral "lifeworld". In this way, the administrative "system" might be seen as devoid of any moral meanings.

However, moral choices do exist within the administrative "system". As noted by Yeheskel Hasenfeld, social welfare agencies face the daily problems of managing and distributing resources to "suitable" clients. In deciding how the resources should be managed and distributed, social work administrators are not merely solving technical problems, but making moral choices.² It can also be

² See Yeheskel Hasenfeld, "The Nature of Human Service Organizations," in *Human Services as Complex Organizations*, ed. Yeheskel Hasenfeld (Newbury Park, California: Sage, 1992),

illustrated by the moral disputes over the staffing standards in the halfway house as they were described in Chapter Four section II (A).

I do not intend to use the “system-lifeworld” framework to reify the administrative “system” in such a way that it might seem impossible to have moral social work practice unless the administrative system is gone (or unless there is no longer any social work management). Rather, the “system-lifeworld” perspective is used as an analytical tool to help us understand how social work is caught between the administrative “system”, and its professional and/or moral concerns. In Chapter Four section IV, I described how social work values could be implemented in social work management.

I understand the colonization of the moral lifeworld of social work practice not simply as the implementation of social work management in the social work setting. If this is the case, the social worker can only have the escapist option in facing the administrative system. I understand the colonization of the lifeworld in the social work setting as a displacement of the social worker’s moral-practical concern by the administrator’s concern for cost-effectiveness. For instance, when the disputes over the staffing standard in the halfway house are understood as a manpower shortage problem instead of a moral problem concerning the

3-23; Yeheskel Hasenfeld, “Organizational Forms as Moral Practices: The Case of Welfare Departments,” *Social Service Review* 74 (2000), 329-351.

appropriateness of using the medical model in psychiatric rehabilitation, then there is the colonization of the lifeworld.

In this research, I am arguing for a rethinking of social work management to take into account of the moral dimension of social work practice. In particular, it is necessary to rethink our taken-for-granted conceptualization of the client's "well-being", so that the limitations of the managerialist assumption of treating the "client-as-consumer" can be clearly seen. Social work management may then be considered as a moral practice rather than a technical skill.

II. Implications for Policy, Practice and Research

In this research, I raise the question of whether the moral dimension of social work practice should be taken more seriously in social work management. I attempt to do this by noting the limitations of the perspective of "purposive rationality" and its practice in "managerialism" in social work management. I also use Jurgen Habermas's concept of "communicative rationality" to look at the moral dimension of social work practice. When "purposive rationality" is taken as the only "rational" perspective in understanding social work management, the moral dimension of social work practice may be endangered. "Purposive

rationality” is only concerned with whether the “means” is technically appropriately in achieving the “end”, and it is not concerned with whether the “end” is morally good. In this way, the moral connotations of social work management will be belittled, or even neglected.

According to my understanding, the moral dimension of social work practice has been under-theorised and under-problematised in mainstream social work. Although it has always been said that social work is a moral practice, the meaning of “social work as moral practice” remains unclear. In aspiring to attain the scientific or professional status, mainstream social work is more concerned with whether it has got the scientific knowledge foundation for its practice. On the other hand, it is not so concerned with the moral dimension of social work practice, or with the notion of “social work as moral practice”. In other words, there is an absence of theoretical discussions about values and moral ideals in mainstream social work.

By studying social work management from a moral perspective in the present research, I hope that the policy makers, the social work practitioners and the social work researchers will be more aware of the significance of “social work as moral practice”. It is necessary for them to understand their practice as a moral practice rather than as a mechanical technical application of

skills/techniques. For instance, in Chapter Four section IV, I discuss the moral connotations of management in the front-line. In this section, I discuss three cases. In the first case, I discuss how the manager is able to practise the moral value of “empowerment” in management. In the second case, the manager is more constrained by her managerial task in practising social work. And in the third case, the manager takes a more social work approach in his management duty. In discussing these three cases, I am not arguing or generalizing that social work practice must be incompatible with the managerial task. Rather, I attempt to see if there might be a possibility for having both “good” management and good and sustainable social work practice at the same time.

In conclusion, I think that the moral dimension of social work practice should be taken more seriously in social work management, and “communicative rationality” may serve as an alternative conceptual framework in understanding the moral dimension of social work practice.

BIBLIOGRAPHY

- Adams, Robert, *Quality Social Work* (London: Macmillan, 1998).
- Addams, Jane, *Twenty Years at Hull House* (New York: Macmillan, 1925).
- Addams, Jane, *The Second Twenty Years at Hull House: September 1909 to September 1929* (New York: Macmillan, 1930).
- Alvesson, Mats, *Organisation theory and technocratic consciousness: rationality, ideology and quality of work* (New York: de Gruyter, 1987).
- Alvesson, Mats and Willmott, Hugh, *Making Sense of Management: A Critical Introduction* (London: Sage, 1996).
- Au, Chor-fai, "Uncharted Waters for Social Welfare Administrators: Reflections on the proposed new subvented system," in *Social Work in Hong Kong: Reflections & Challenges*, ed. Shek, D.T.L., Lam, M.C., & Au, C.F. (Hong Kong: Department of Social Work, The Chinese University of Hong Kong, 1997).
- Au, Chor-fai, "The definition of and the search for quality: the various dilemmas in social welfare services," in *Milestone in the 21st Century Social Service: Essays on Quality Management* (Hong Kong: Hong Kong Sheng Kung Hui Welfare Council, 1999), 47-62 (in Chinese) 區初輝,〈質的定義與追求: 探索社會福利服務諸般的矛盾〉, 載於《21世紀社會服務新里程: 優質管理文集》(香港: 香港聖公會福利協會, 1999), 47-62。
- Au, Chor-fai, "Social welfare administrator in the new millennium," in *Advances in Social Welfare in Hong Kong*, ed. Daniel T.L. Shek, et al (Hong Kong: The Chinese University Press, 2002), 99-108 (in Chinese); 區初輝,〈社福新人類: 邁進千禧的社會福利行政人員〉, 載於 *Advances in Social Welfare in Hong Kong*, ed. Daniel T.L. Shek, et al (Hong Kong: The Chinese University Press, 2002), 99-108。
- Bacon, R. and Eltis, W., *Britain's Economic Problem: Too Few Producers* (Basingstoke: Macmillan, 1976).
- Bailey, Roy and Brake, Mike, eds., *Radical Social Work* (London: Edward Arnold, 1975).
- Bailey, Roy and Brake, Mike, eds., *Radical Social Work and Practice* (London: Edward Arnold, 1980).
- Banks, Sarah, *Ethics and Values in Social Work*, 2d ed. (Basingstoke: Macmillan, 2001).
- Bellah, Robert, et al, *The Good Society* (New York: Vintage Books, 1992).
- Biestek, F., *The Casework Relationship* (London: Allen and Unwin, 1961).

- Blaug, Ricardo, "Distortion of the Face to Face: Communicative reason and social work practice," *British Journal of Social Work* 25 (1995), 423-439.
- Braaten, Jane, *Habermas's Critical Theory of Society* (New York: State University of New York Press, 1991).
- Camilleri, Peter, "Social work and its search for meaning: Theories, narratives and practices," in *Transforming Social Work Practice: Postmodern critical perspectives*, ed. Bob Pease & Jan Fook (London and New York: Routledge, 1999), 25-39.
- Chan, Fung Yi and Chu, Shuk Fan, "Interpreting Workers' Resistance to Welfare 'Reform'," *Hong Kong Journal of Social Work*, Vol. 36, Nos. 1 & 2 (2002), 113-132.
- Chan, K.T., "Challenges and future development of social welfare organizations in Hong Kong," in *Advances in Social Welfare in Hong Kong*, ed. Daniel T.L. Shek, et al (Hong Kong: The Chinese University Press, 2002), 81-97 (in Chinese); 陳錦棠, 〈香港社會福利機構面對之挑戰和未來發展〉, 載於 *Advances in Social Welfare in Hong Kong*, ed. Daniel T.L. Shek, et al (Hong Kong: The Chinese University Press, 2002), 81-97.
- Chan, Y., Chan, C. L. W., Law, W. F., Hung, S. L. and Tsang, K. H., *An Empowerment Training Manual for Divorced Women in Hong Kong* (Hong Kong: Department of Social Work and Social Administration, HKU, 1999).
- Clark, D. H., "The therapeutic community: concept, practice and future," *British Journal of Psychiatry* (1965), 947-954.
- Clarke, John, *New Times and Old Enemies: Essays on Cultural Studies and America* (London: HarperCollins Academic, 1991).
- Clarke, John, "Capturing the Customer: Consumerism and Social Welfare," *Self, Agency & Society* 1 (1997), 55-73.
- Clarke, John, Cochrane, Allan and McLaughlin, Eugene, eds., *Managing Social Policy* (London: Sage, 1994).
- Clarke, John and Newman, Janet, *The Managerial State: Power, Politics and Ideology in the Making of Social Welfare* (London: Sage, 1997).
- Clarke, John, Gewirtz, Sharon and Eugene MuLaughlin, *New Managerialism, New Welfare* (London: Sage, 2000).
- Colcord, Joanna C., *The Long View: Papers and Addresses by Mary E. Richmond* (New York: Russell Sage Foundation, 1930).
- Coles, Robert, *Lives of Moral Leadership: Men and Women Who Have Made a Difference* (New York: Random House, 2001).
- Coopers & Lybrand, *Review of the Social Welfare Subvention System: Changing the*

Way NGOs are Funded (Hong Kong: Coopers & Lybrand, April 1996).

Corrigan, P. and Leonard, P., *Social Work Practice Under Capitalism: A Marxist Approach* (London: Macmillan, 1978).

Drew, Patricia, *A Longer View: The Mary E. Richmond Legacy* (Baltimore: School of Social Work, University of Maryland, 1983).

Durkheim, Emile, *The Division of Labour in Society*, trans. W. D. Halls (London: Macmillan, 1984).

England, Hugh, *Social Work as Art: Making Sense of Good Practice* (London: Allen & Unwin, 1986).

Foo, T. N., "The Mental Health Association of Hong Kong: A Brief History," in *Aspects of Mental Health Care: Hong Kong 1981*, ed. T. P. Khoo (Hong Kong: Mental Health Association of Hong Kong, 1981), 85-103.

Fook, Janis, *Radical Casework: a Theory of Practice* (St Leonards, NSW: Allen & Unwin, 1993).

Friedman, M. and Friedman, R., *The Tyranny of the Status Quo* (Orlando, FL: Harcourt Brace Jovanovich, 1984).

Gottlieb, Naomi, "Empowerment, political analyses, and services for women," in *Human Services as Complex Organizations*, ed. Yeheskel Hasenfeld (Newbury Park: Sage, 1992).

Habermas, Jurgen, "What is universal pragmatics?" in *Communication and the Evolution of Society*, trans. Thomas McCarthy (Boston: Beacon Press, 1979).

Habermas, Jurgen, *The Theory of Communicative Action*, trans. Thomas McCarthy, 2 vols. (Boston: Beacon Press, 1984-1987).

Habermas, Jurgen, *Moral Consciousness and Communicative Action*, trans. Christian Lenhardt and Shierry Weber Nicholsen (Cambridge, Mass.: MIT Press, 1990).

Habermas, Jurgen, *Between Facts and Norms: Contributions to a discourse theory of law and democracy*, trans. William Rehg (Cambridge, Mass.: MIT Press, 1997).

Handler, Joel F., "Dependency and discretion," in *Human Services as Complex Organizations*, ed. Yeheskel Hasenfeld (Newbury Park: Sage, 1992).

Hasenfeld, Yeheskel, "The Nature of Human Service Organizations," in *Human Services as Complex Organizations*, ed. Yeheskel Hasenfeld (Newbury Park, California: Sage, 1992), 3-23.

Hasenfeld, Yeheskel, "Organizational Forms as Moral Practices: The Case of Welfare Departments," *Social Service Review* 74 (2000), 329-351.

Healy, Karen, *Social Work Practices: Contemporary Perspectives on Change* (London: Sage, 2000).

Hong Kong Government, *Report of the Working Group on Ex-mentally Ill Patients with a History of Criminal Violence or Assessed Disposition to Violence* (Hong Kong: Hong Kong Government, 1983).

Hong Kong Sheng Kung Hui Welfare Council, *Milestone in the 21st Century Social Service: Essays on Quality Management* (Hong Kong: Hong Kong Sheng Kung Hui Welfare Council, 1999) (in Chinese) 香港聖公會福利協會,《21世紀社會服務新里程：優質管理文集》(香港：香港聖公會福利協會，1999)。

Hough, Gary, "The organisation of social work in the consumer culture," in *Transforming Social Work Practice: Postmodern critical perspectives*, ed. Bob Pease & Jan Fook (London and New York: Routledge, 1999), 40-54.

Ife, Jim, *Rethinking Social Work: Towards critical practice* (South Melbourne: Longman, 1997).

Johnson, T., *Professions and Power* (London: Macmillan, 1972).

Jordan, Bill, "A Comment on 'Theory and Practice in Social Work,'" *British Journal of Social Work*, vol. 8, no. 1 (1978), 23-5.

Leung, Joe, "Further thoughts on quality management," in *Milestone in the 21st Century Social Service: Essays on Quality Management* (Hong Kong Sheng Kung Hui Welfare Council, 1999), 66-77 (in Chinese) 梁祖彬,〈邁向優質管理的再思〉,載於《21世紀社會服務新里程：優質管理文集》(香港：香港聖公會福利協會，1999)，66-77。

Leung, Joe C.B., "The Advent of Managerialism in Social Welfare: The case of Hong Kong," *Hong Kong Journal of Social Work*, vol. 36, Nos. 1 & 2 (2002), 61-81.

Leung, W. H., " 'Quality Assurance' and the 'Service Performance Monitoring System' of the Social Welfare Department," in *Social Service Quality Standards*, ed. W. H. Leung and C. T. Lai (Hong Kong: Yan Oi Tong, and Aberdeen Kai-fong Welfare Association Social Service Centre, 2003). (in Chinese) 梁偉康,〈“質素保證”與社會署所推行之“服務表現監察機制”〉,載於《社會服務質素標準：集思錦囊》,梁偉康、黎志棠主編(香港：仁愛堂、香港仔街坊福利會社會服務中心，2003)。

Li, Xianglin, Qiu, Deji and Zeng, Fuyi, *Organizational Change: Insights from the Hong Kong Association for the Aged* (Hong Kong: Ming Bao, 2000) (in Chinese) 李祥麟、仇德基、曾福怡,《變革現生機：耆康會給企業管理的啓示》(香港：明報出版社，2000)。

Liang, Weikang, *Management and Practice in Social Welfare Organizations* (Hong Kong: Ji xian she, 1990) (in Chinese) 梁偉康,《社會福利機構行政管理與實踐》(香

港：集賢社，1990)。

Liang, Weikang and Huang, Yuming, eds., *New Directions in Social Work Management* (Hong Kong: Ji xian she, 1994) (in Chinese) 梁偉康、黃玉明編，《社會服務機構管理新知》(香港：集賢社，1994)。

Linn, James Weber, *Jane Addams* (New York: Appleton-Century, 1935).

Liu, Stella, "The New Life and I," in *New Life Psychiatric Rehabilitation Association 1989-90 Annual Report* (Hong Kong: New Life Psychiatric Rehabilitation Association, 1990), 49-51.

Lymbery, Mark, "Social Work at the Crossroads," *British Journal of Social Work* 31 (2000), 369-384.

Margalin, Leslie, *Under the Cover of Kindness: The Invention of Social Work* (Charlottesville and London: University Press of Virginia, 1997).

McCarthy, Thomas, *The Critical Theory of Jurgen Habermas* (Cambridge, Mass.: MIT Press, 1978).

McIntyre, Deborah, "On the possibility of 'radical' casework: a 'radical' dissent," *Contemporary Social Work Education*, vol. 5, no. 3 (1982), 191-208.

Metcalf, L. and Richards, S., *Improving Public Management*, 2d ed. (London: Sage, 1990).

Mintzberg, H., *Structure in Fives: Designing Effective Organizations* (Englewood Cliffs, NJ: Prentice-Hall, 1983).

Mullaly, Robert, *Structural Social Work*, 2d ed. (Toronto: Oxford University Press, 1997).

New Life Psychiatric Rehabilitation Association, *New Life Psychiatric Rehabilitation Association Annual Report 1990* (Hong Kong: New Life Psychiatric Rehabilitation Association, 1990).

Newman, Janet and Clarke, John, "Going about Our Business? The Managerialization of Public Services," in *Managing Social Policy*, ed. John Clarke, Allan Cochrane & Eugene McLaughlin (London: Sage, 1994), pp. 13-31.

Osborne, David and Gaebler, Ted, *Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector* (Reading, MA: Addison-Wesley, 1992).

Parton, Nigel and O'Byrne, Patrick, *Constructive Social Work: Towards a New Practice* (Basingstoke: Macmillan, 2000).

Payne, Malcolm, *Modern Social Work Theory*, 2d ed. (Basingstoke: Macmillan, 1997).

- Pease, Bob and Fook, Jan, eds., *Transforming Social Work Practice: Postmodern critical perspectives* (London and New York: Routledge, 1999).
- Pfeffer, N. and Coote, A., *Is Quality Good for You?* Social Policy Paper no. 5 (London: Institute for Public Policy Research, 1991).
- Pollitt, Christopher, *Managerialism and the Public Services: Cuts or Cultural Change in the 1990s?* 2d ed. (Oxford: Blackwell, 1993).
- Rapoport, R. N., *Community as Doctor* (London: Tavistock Publications, 1960).
- Reed, Michael, *The Sociology of Management* (Hemel Hempstead: Harvester Wheatsheaf, 1989).
- Rehg, William, *Insight and Solidarity: The discourse ethics of Jurgen Habermas* (Berkeley: University of California Press, 1994).
- Sheldon, Brian, "Theory and Practice in Social Work: A Re-examination of a Tenuous Relationship," *British Journal of Social Work*, vol. 8, no. 1 (1978), 1-22.
- Sheldon, Brian, "The Validity of Evidence-Based Practice in Social Work: A Reply to Stephen Webb," *British Journal of Social Work* 31 (2001), 801-809.
- Social Welfare Department, *In-depth Study on Six Halfway Houses for Discharged Mental Patients (July – September 1995): Summary Findings* (Hong Kong: Evaluation Unit, Subvention Branch, Social Welfare Department, 1997).
- Solomon, Barbara Bryant, *Black Empowerment: Social Work in Oppressed Communities* (New York: Columbia University Press, 1976).
- Specht, Harry and Courtney, Mark E., *Unfaithful Angels: How Social Work has Abandoned its Mission* (New York: The Free Press, 1994).
- Swann, D., *The Retreat of the State: Deregulation and Privatisation in the UK and the US* (New York and London: Harvester Wheatsheaf, 1988).
- Taylor, Charles, *Sources of the Self: The Making of Modern Identity* (Cambridge, Mass.: Harvard University Press, 1989).
- Taylor-Gooby, Peter and Lawson, Robyn, eds., *Markets and Managers: New Issues in the Delivery of Welfare* (Buckingham: Open University Press, 1993).
- Thyer, Bruce A., "Social Work Theory and Practice Research: The Approach of Logical Positivism," *Social Work & Social Sciences Review*, vol. 4, no. 1 (1993), 5-26.
- Tims, Margaret, *Jane Addams of Hull House* (London: George Allen and Unwin, 1961).
- Tsui, M.S. and Cheung, C.H., "The Nature of Social Work Administration: the search,

the reflection and the revelation," in *A Preliminary Inquiry of the Nature of Social Work in Chinese Societies*, ed., Guoliang He and Sibin Wang (New Jersey: Global Publishing, 2000), 193-218 (in Chinese) 徐明心、張超雄,〈社會工作行政的本質：探索、反思與啓示〉,載於《華人社會社會工作本質的初探》,何國良、王思斌主編, (新澤西：八方文化企業公司, 2000), 193-218。

Webb, Stephen A., "Some Considerations on the Validity of Evidence-based Practice in Social Work," *British Journal of Social Work* 31 (2001), 57-79.

Weber, Max, *Economy and Society: An outline of interpretative sociology*, trans. Guenther Roth and Claus Wittich (New York: Bedminster Press, 1968).

Willcocks, C. and Harrow, J., eds., *Rediscovering Public Service Management* (London: McGraw-Hill, 1992).

Witkin, Stanley L., "Is Social Work an Adjective?" *Social Work*, vol. 43, no. 6 (1998), 483-486.

Yip, Kam-shing, "An Overview of the Development of Psychiatric Rehabilitation Services in Hong Kong," *Hong Kong Journal of Mental Health* 26 (1997), 8-27.

Yip, Kam-shing, "'Community Institution': The New Model of Hong Kong Psychiatric Rehabilitation Services in the 1990s and its Feasibility in the 21st Century," in *Social Policy in Hong Kong 2000*, ed. K. W. Chan and C. T. Wong (Hong Kong: Joint Publishing, 2001) (in Chinese) 葉錦成,〈“社區院舍”：九十年代香港精神康復服務新模式與廿一世紀的可行性〉,載於《香港社會政策 2000》,陳錦華、王志錚編 (香港：三聯書店, 2001)。

Yip, K. S., et al, "The Therapeutic Community: Implications for the Management of Halfway Houses in the Richmond Fellowship of Hong Kong," in *Psychiatric Rehabilitation: The Asian Experience* (Proceedings of A Conference), ed. Veronica Pearson, et al (Hong Kong: The University of Hong Kong, 1993).

Yuen-Tsang, Angelina, "Looking at the nature of social work through the polarization of social work," in *A Preliminary Inquiry of the Nature of Social Work in Chinese Societies*, ed., Guoliang He and Sibin Wang (New Jersey: Global Publishing, 2000), 114-115 (in Chinese) 阮曾媛琪,〈從社會工作的兩極化看社會工作的本質〉,載於《華人社會社會工作本質的初探》,何國良、王思斌主編, (新澤西：八方文化企業公司, 2000), 114-115。

Zhuang, Minglian, Chen, Hongtao and Liang, Weikang *The Setting Up of the Service Quality Standards and the Monitoring System for Social Service Organizations* (Hong Kong: s.n., 1997) (in Chinese) 莊明蓮、陳洪濤、梁偉康,《社會服務機構質素標準的制訂和監察機制之建立》(香港：鷹聯管理叢書, 1997)。