



救世軍 港澳軍區
The Salvation Army
Hong Kong and Macau Command



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救世軍社會服務部 露宿者綜合服務——標星服務模式

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引言

1. 在過去幾年，救世軍採用「標星」模式（“Outcomes Star” Model）作為服務介入及評估。「標星」模式建基於實證研究，讓機構量度和評估不同社群的需要，並且透過繪製「星途」推動服務使用者改變。2015年，救世軍安排資深社會工作者到倫敦受訓，成為首批亞洲的合資格培訓導師，期望以「標星」模式有系統地推展露宿者及相關的服務及未來發展。
2. 為著評估本地化「標星」模式的有效性，救世軍於2017年委託香港中文大學社會工作學系黃洪副教授及黃於唱副教授（黃於唱副教授由2019年9月起任職明愛專上學院湯羅鳳賢社會科學院）進行是次「標星服務模式評估研究」。研究目標為設計全面及深入的數據收集方法，評估及檢討為露宿者及弱勢人士提供支援的標星服務模式，服務成效，找出影響服務使用者的重要因素。
3. 為無家者而設的標星是用以支援和量度改變的評估工具。當中關注十個協助無家者脫離露宿的核心範疇，包括 (1) 動機和承擔責任；(2) 自我照顧和生活技能；(3) 金錢與自我管理；(4) 社交網絡與人際關係；(5) 藥物和酒精濫用；(6) 身體健康；(7) 情緒及精神健康；(8) 善用時間；(9) 租務及住屋管理；及 (10) 違法行為。

研究方法

4. 本研究採取結合量化及質性研究方法的混合研究策略。量性方面採用縱向研究設計，向服務使用者進行三個階段的數據收集。基線數據收集是個案開始時，第一階段及第二階段分別是個案開始6個月後及9個月後，由曾受訓的香港中文大學訪問員向服務使用者進行面對面的問卷調查。同時，將服務使用者分為「接受服務組」及「控制組」，前者是參與「標星」服務模式的服務使用者，後者則沒有參與「標星」服務模式，使用一般服務的人士。質性研究方面，以個案研究形式訪問服務使用者及焦點小組形式訪問職員，輔以個案研究訪問一位負責培訓、督導及於前線服務的主管。
5. 問卷調查採用的測量工具包括房屋設備指數、房屋問題指數、無家程度指數、自我評定健康指數、精神健康 - 焦慮指數與抑鬱指數、社會接納指數、社會交往指數、生活層面滿意指數、主觀幸福感、入不敷支指數、借貸還債指數、財政紀錄指數、改變動機指數、服務參與指數及尋求協助指數。

研究結果及分析——問卷調查

6. 面談問卷調查共成功訪問了81名服務使用者。基線階段(T0)有61人為接受服務組，20人為控制組；第一階段(T1)成功在接受服務組訪問了31人，控制組則訪問了10人；第二階段(T2)接受

服務組及控制組的成功受訪人數分別為2人及1人。由於第二階段(T2)問卷調查的樣本數量太少(N=3)，出現誤差的機會較大，所以並不會進行結果分析，只將基線及第一階段的問卷調查結果報告。

7. 在基線面談問卷調查(T0)的接受服務組中，被訪者以男性為主，佔88.5%。年齡以年長人士為主，61歲及以上佔32.8%，其次是51-60歲組群佔31.1%。婚姻狀況方面，以單身較多(36.1%)，其次是離婚(27.9%)。在香港出生的受訪者佔77.0%。最高教育程度方面，最多是中一至中三(初中)程度被訪者(34.4%)。控制組在各個特徵的比例相若，差異較大的分別是離婚人士較接受服務組多(45.0%)，而整體的教育程度較稍低。
8. 接受服務組與控制組在T0至T1期間，主要的變化如下：

住屋

- 8.1. 接受服務組的露宿及居住在宿舍的比例有所下降，但仍面對房屋設備下降的問題，包括減少街窗及電梯直達。房屋問題亦上升，包括牆壁、天花板、地板潮濕、窗框或地板有腐蝕、鼠患 / 蟲患 / 虱患、噪音及公眾地方出現問題。同時，其無家程度上升，可能是面對在居所出現的爭執、吵架及被打，令其情願搬往其他居所。

心理健康

- 8.2. 接受服務組自我評定健康指數出現顯著的上升，而控制組自我評定健康指數雖然有上升，但並不屬統計上顯著。
- 8.3. 接受服務組相對控制組的精神健康亦有較大的改善。接受服務組的焦慮指數下降，但控制組的焦慮指數卻上升，兩者變化並不屬統計上顯著。
- 8.4. 接受服務組的壓力指數有所下降，但仍然有六分之一受助人面對嚴重的心理壓力，值得服務機構關心服務使用者的精神壓力情況。

社交

- 8.5. 接受服務組社會交往指數出現顯著的上升，而控制組社會交往指數卻出現下降。這顯示接受服務組在標星服務的介入後，增加了與親友聯絡、去參加消遣、娛樂、及參加機構舉辦的活動，與社會接觸及交往的機會增加。
- 8.6. 接受服務組社會接納指數亦有上升；反觀控制組的社會接納指數卻下降。兩者變化並不屬統計上顯著。

生活層面滿意指數及主觀幸福感

- 8.7. 接受服務組的生活層面滿意指數亦有所上升，而控制組的生活層面滿意指數卻沒有改變。接受服務組在滿意個人衛生狀況、有足夠運動、有足夠放鬆心情的機會、有與人溝通、及有留意自己的情緒均有所改善。
- 8.8. 接受服務組及控制組的主觀幸福感均有所上升，控制組在T1時的主觀幸福感較接受服務組為高，亦較接受服務組有更大的提升。

財政管理

- 8.9. 接受服務組的收支紀錄習慣指數有所上升和入不敷支指數下降，而且轉變均是統計學上顯著的，加上借貸還債指數下降，可見接受服務組人士在接受標星服務模式的介入後，財政管理的知識、行為及意識均有明顯的改善。
- 8.10. 反觀，控制組人士其收支紀錄習慣指數下降，入不敷支指數下降、借貸還債指數下降，但由於控制組人士未建立收支紀錄習慣，因此入不敷支及借貸還債的下降並不屬統計上顯著。

服務主動意識

- 8.11. 接受服務組的改變動機指數出現下降，而控制組改變動機指數卻出現上升。而在參與服務指數及尋求協助指數兩方面，接受服務組及控制組均出現下降。

研究結果及分析——質性訪談


9. 研究共訪問了9位服務使用者，8位屬於接受服務組，1位屬於控制組，全部在接受救世軍服務至少六個月後受訪。
10. 受訪者對救世軍服務的意見如下：
 - 10.1. 救世軍服務使他們的住宿環境、工作、財政管理都得到改善。除了實質援助，職員的態度和關顧也是令受訪者印象深刻的部分。受訪者描述有需要時能夠有社工聆聽他們，會感到被重視，減少孤單的感覺。可見職員願意聆聽、接納和尊重服務使用者的重要性。
 - 10.2. 受訪者認為標星服務模式的優勢包括協助他們訂定目標、使生活變得有方向，願意承擔責任，繼而逐步實踐。此外，定期由工作人員與他們檢視目標達成的情況，有助推動自己進步，檢視不同階段的變化。
 - 10.3. 標星服務模式的限制是大部分受訪者對標星這套工具印象模糊，只對職員關懷備至和尊重的態度，及能提供適時協助的感覺尤深。可見，社工傳統的個案工作手法必須與標星

並行採用。

- 10.4. 受訪者提出的改善建議包括增加社交及教育性活動、協助轉介工作及增加與職業相關的培訓，並提點職員延續現時尊重和理解使用者的獨特性的態度。另外，居住宿舍能多方面正面地影響使用者，他們提出如果住宿期能從六個月延長至兩年，有助他們在安定下來後，有時間計劃生活並逐步實踐。
11. 職員對標星服務模式的意見如下：
 - 11.1. 標星服務模式的優勢是採用優勢為本的視角，強調動機和承擔責任，並能透過分數簡明地表達。成效上，社工認為服務使用者的動機與行為互為影響。透過標星訂定的小及可行的目標，成功實踐後，能提高他們持續改變的意欲。另外，標星強調服務使用者的參與，社工擔當同行者的角色。社工認為，這種同行的感覺足以提升他們改變的動機，呼應服務使用者在個別訪談的回應。標星整全的框架及定期檢視的機制都有助持續評估服務使用者的情況。
 - 11.2. 標星服務模式的限制是只提供一個宏觀框架理解及評估服務使用者生活的各種情況和改變的意願，但要推動持續和具體的改變，需要配合社工個案工作的技巧。另外，討論全部範疇需時長、部分用語難掌握、強調個人層面的轉化而少觸及社會制度和文化的影響都是標星的限制。
 - 11.3. 社工認為需要將標星服務模式本土化，配合露宿者的特性。機構層面可安排個案工作技巧的培訓。社福服務層面上，需要與其他類型的社會服務單位或機構加強溝通，有助轉介服務及持續跟進露宿者的情況。另外，與服務使用者一樣，社工認同要延長宿舍住宿期至兩年。

建議

12. 根據評估結果，研究團隊提出以下建議：
 - 12.1. 考慮到標星服務模式有眾多範疇，建議社工按服務使用者的特性及其不同階段的需要集中討論某些範疇，以回應服務使用者避免再露宿或適應社區生活的不同目標。
 - 12.2. 延續標星服務模式中的整全特色，檢視的範疇由服務使用者的動機(motivation)開始，在過程中注意其態度(attitude)的轉變，及至介入的中、後期關注其行為(behaviour)的轉變。
 - 12.3. 工作人員要關注服務使用者的社會交往及被社會接納的情況，並提供持續協助。
 - 12.4. 由於標星服務使用者在財政管理的知識、行為及意識均有明顯的改善，建議繼續以改善服務使用者財政收支紀錄的習慣作為其改善財政管理的基礎。
 - 12.5. 工作人員需加強服務使用者參與的意識和動機，可透過其他服務如長者服務中的長者義



工、長期病患者服務的病人自助組織的參觀和分享，加強服務使用者對服務能有更深入和主動的參與。使他們的生命更豐盛和有意義，亦活得更有自尊。這是在身心之外，工作人員應對服務使用者的靈性有所關注和培養。

- 12.6. 加長標星服務模式的服務期，由六至九個月延長至一年至兩年，配合宿舍服務期的延長，令介入有更長時間發揮作用。
- 12.7. 延長宿舍期的居住期，由現時只有半年延長至起碼有兩年，讓服務使用者有一定的時間適應生活、申請政府援助及尋找工作。在宿舍期，亦可增加社交、康樂及教育活動，加強服務使用者的交往，強化其自助及互助的網絡。
- 12.8. 工作人員在協助服務使用者去尋找居所時，可考慮提供更多的選擇如共居模式的社會房屋、單身人士宿舍以及業主 / 二房東較好管理的舊式樓宇，減少其面對房屋問題及同住人士爭吵的機會，服務使用者能重建「家」的溫暖感覺。
- 12.9. 工作人員連結其他服務提供者，提升服務使用者在離開宿舍後的安全感及被別人關心的感覺，以減低服務使用者的無家程度。露宿者服務的同工亦可向其他服務如家庭服務、長者服務的同工介紹標星服務模式的成效，令其他同工明白有關模式的價值，能尊重前露宿者，進行跟進介入，令有關服務的成效能得以維持及延伸。
- 12.10. 繼續鼓勵社會工作人員採用優勢為本的視角作介入價值，因標星的框架強調個人責任，不涵蓋外在或客觀條件如經濟結構、年紀老邁對個人的影響。故此，要加強工作人員對宏觀政策的敏銳和知識，明白環境及政策對露宿者的影響。在微觀的介入技巧方面，應透過訓練和交流加強社工個案工作技巧，以便配合標星服務模式中作出的診斷，使工作人員能有更深入細緻的介入，促進服務使用者進一步理解自己的行為、情緒和想法以作出改變。



Introduction

1. In the past few years, the Salvation Army Social Services Department (TSA) provided service interventions and evaluations by adopting the “Outcomes Star” Model, which is an evidence-based tools designed to enable organizations to measure and summarize change across a range of services that work with people who have different needs. It is also a key tool that can support service users to make positive changes by providing them a map of journey , and a way of plotting their progress. In 2015, experienced social workers of TSA were trained in London and became the first Licensed Trainers for the Outcomes Star in Asia. It was expected that the Outcomes Star will be the protocol to guide the implementation and future development of TSA and and its homelessness services.

2. Based on the above background, TSA commissioned Dr. Wong Hung, the Associate Professor of the Department of Social Work of the Chinese University of Hong Kong (CUHK) and Dr. Wong Yu Cheung, the Associate Professor of the Department of Social Work of CUHK (Professor of the Felizberta Lo Padilla Tong School of Social Sciences since September 2019) to conduct this ‘Evaluative Study on Support Service for Street Sleepers and underprivileged by using the “Outcome Star” Model’ (the Study) in 2017. Research objectives include the following:
 1. To build up comprehensive and in-depth data collection protocol, assessing and evaluating the Support Service for Street Sleepers and underprivileged by using the “Outcome Star” Model.
 2. To study the effectiveness of the services based on the designed system.
 3. To find out significant factors make the impact to the service users.

3. The Homelessness Star is an assessment tool used for support and measure changes. It covers ten key outcome areas, including (1) Motivation and taking responsibility, (2) Self-care and living skills, (3) Managing money and personal administration, (4) Social networks and relationships, (5) Drug and alcohol misuse, (6) Physical health, (7) Emotional and mental health, (8) Meaningful use of time, (9) Managing tenancy and accommodation, and (10) Offending.




Methodology

4. This study adopts a mixed-method strategy using both quantitative and qualitative method. For quantitative method, a longitudinal research design was used to collect data from service users in three phases. The baseline data collection was done when the case was opened. The first and second phases were conducted 6 months and 9 months after the case opened respectively. The face-to-face surveys for the service users in the second and third phases were conducted by trained interviewers of the Chinese University of Hong Kong. The service users were divided into “service recipient group” and “control group”. The former refers to service users participated in the “outcomes star”, the latter received traditional services and did not participate in the “outcomes star”. In qualitative research, case study interviews were performed for service users and one focus group interview were conducted for staff, supplemented by a case study interview with the supervisor responsible for training, supervision and frontline services.
5. The measurement tools used in the questionnaire include the housing facilities index, housing problem index, homelessness index, self-rated health scale, mental health-anxiety and depression index, social acceptance index, social interaction index, life satisfaction index, subjective well-being, overspent index, debt repayment index, financial management index, motivation to change index, service participation index and seeking assistance index.

Research results and analysis – face-to-face questionnaire

6. The face-to-face questionnaire successfully interviewed 81 service users. During the baseline (T0), there were 61 respondents in the service recipient group and 20 respondents in the control group. In the first phase (T1), 31 and 10 users were successfully interviewed in the service recipient group and the control group respectively. In the second phase (T2), the service recipient group and the control group received 2 and 1 successful interviews respectively. Given the small sample size (N=3) of the second phase (T2), and its higher chance of statistical error, the results will not be analysed. Only the results of the baseline and the first phase questionnaire are reported.
7. In the service recipient group of the baseline questionnaire (T0), the respondents were mainly male, accounting for 88.5%. Most of them were older persons, with 61 years old and above accounting for 32.8% and 51-60 years old accounting for 31.1%. In terms of marital status, singles were the majority (36.1%), followed by divorced



(27.9%). Respondents who were born in Hong Kong accounted for 77.0%. For the highest level of education, most respondents attained level of Secondary 1 to Secondary 3 (junior high school) (34.4%). The control group had similar proportions in various demographic characteristics. Major differences were that there were more divorced persons than the service recipient group (45.0%), and overall a slightly lower education level.

8. During the period from T0 to T1, the major changes of the service recipient group and the control group are as follows:

Housing

- 8.1. The proportion of street sleeping and living in hostel of the service recipient group has decreased, but they still faced the problem of decline in housing facilities, including the reduction of windows and access to elevator. Besides, housing problems have increased, including moisture of walls, ceilings or floors, corroded window frames or floors, having rats/insects/bed bugs, noise, and problems in public areas. Meanwhile, their homelessness index has risen. A possible reason for the desire of moving to other places is in facing of disputes, quarrels and fightings in residence.

Mental health

- 8.2. The self-rated health index of the service recipient group showed a significant increase. The self-rated health index of the control group increased but it was not statistically significant.
- 8.3. The mental health of the service recipient group was improved compared with the control group. The anxiety index of the service recipient group decreased, but that of the control group increased. Both changes were not statistically significant.
- 8.4. The stress index of the service recipient group has declined, but one sixth of them still faced severe psychological pressure. It is worthwhile for the organization to show concern for the stress of service users.



Social

- 8.5. The social interaction index of the service recipient group increased significantly, while that of the control group decreased. This shows that after participating in the “outcomes star”, the service recipient group has increased contact with relatives and friends, entertainment and took part in activities organized by different organizations that created more opportunities for social contact and interaction.
- 8.6. The social acceptance index of the service recipient group also increased. In contrast, the social acceptance index of the control group decreased. The two changes were not statistically significant.

Life satisfaction and subjective well-being

- 8.7. The life satisfaction index of the service recipient group increased, while that of the control group did not change. The service recipient group has improved their satisfaction on personal hygiene, having sufficient exercise, sufficient opportunities to relax, communication with others, and being attended to their own emotions.
- 8.8. Subjective well-being of both the service recipient group and the control group have increased. The subjective well-being of the control group was higher than that of the service recipient group in T1 and attained a larger improvement than the service recipient group.

Financial management


- 8.9. The financial management index of the service recipient group has increased, and their overspent index has decreased. Both changes were statistically significant. Added with the decline in debt repayment index, it shows that the knowledge, behavior and awareness of financial management of users in the service recipient group significantly improved after receiving the “outcomes star” service.
- 8.10. On the other hand, the financial management index of the control group has decreased. Since they had not developed the habit of recording income and expenditure, the decrease in both overspent index and debt repayment index were statistically insignificant.

Awareness of participating in the service and help seeking

- 8.11. The motivation to change index of the service recipient group decreased, while that of the control group increased. The service recipient group and control group showed decline in both the service participation index and the seeking assistance index.

Research Results and Analysis-Qualitative Interview

9. The study interviewed a total of 9 service users, 8 of which belonged to the service recipient group and 1 to the control group, all of whom were interviewed after receiving service for at least six months.
10. Service users' opinions on the service are as follows:
 - 10.1. The TSA service has improved their accommodation environment, work, and financial management. In addition to tangible assistance, the attitude and care of staff were impressive to the respondents. They described being able to have social workers listened to when needed, they felt being accompanied and reduced the feeling of loneliness. It shows the importance of staff being willing to listen to, accept and respect service users.
 - 10.2. Respondents believed that the advantages of the “outcomes star” model include assisting them in setting goals so as to provide directions, be encouraged to take responsibility, and gradually practice the goals in life. In addition, it is helpful that the staff reviewed the attainment of goals with them on a regular basis, facilitating their progress and be aware of their changes at different stages.
 - 10.3. However, most of the respondents had a vague impression of the “outcomes star” model, serving as one of the limitations. They remembered most were about the care and respect of staff, and that they could provide timely assistance. It implies that traditional casework skills and attitude of social workers are equally important in implementation of the “outcomes star” model.



10.4. The improvement suggestions put forward by the respondents include increasing social and educational activities, assisting in job referrals and career training, encouraging staff to continue to maintain their existing attitude of showing respect and understanding to the uniqueness of users. In addition, living in hostel could positively affect users in many ways. They proposed that if the period of stay could be extended from six months to two years, it allowed time to plan their lives and gradually practice it after settling down.

11. The staff's opinions on the "outcomes star" model are as follows:


11.1. The advantages of the "outcomes star" model include a strength-based perspective, emphasizing motivation to change and taking responsibility. Messages can be expressed concisely with scores. In terms of effectiveness, social workers believed that motivation and behavior of service users influenced each other. Through the small and feasible goals set by the "outcomes star" model, and witnessing their own progress upon realization, service users became motivated for continued improvement. In addition, "outcomes star" model emphasizes the participation of service users, accompanied by social workers. Social workers believed that the sense of being accompanied promoted their motivation to change, echoing the response of service users in individual interviews. The comprehensive framework and mechanism of regular review also facilitated conducting continuous assessment on service users.

11.2. The "outcomes star" model only provided a macro framework to understand and assess the situation and motivation of service users. It required the incorporation of micro skills of social worker to promote sustained and real changes. In addition, it took time to discuss all the outcome areas. Other limitations include some terms were difficult to grasp and the emphasis on transformation at the individual level, neglecting the impacts of social systems and culture.

11.3. Social workers believed that it is necessary to localize the "outcomes star" model to match the characteristics of street sleepers. At the institutional level, training on casework skills can be arranged. At the level of social welfare services, it is necessary to strengthen communication with other types of social service units or organizations to facilitate referral services and follow-up with the situations of street sleepers. Moreover, they agreed with service users to extend the period of stay of hostel to two years.

Recommendations

12. Based on the evaluation results, the study team proposes the following recommendations:
 - 12.1. Considering the manifold areas the “outcomes star” model, social workers are recommended to focus on certain areas according to the characteristics of service users and their needs at different stages, in order to respond to the different goals of service users such as avoiding relapse and adapting to community life.
 - 12.2. Following the comprehensiveness of the “outcomes star” model by reviewing the motivation to change of service users in the beginning, paying attention to the change in attitude during the process, and to their behavioral changes in the middle and later stages of the intervention.
 - 12.3. Workers should pay attention to the social interaction and acceptance of service users and provide continuous assistance.
 - 12.4. As the knowledge, behavior and awareness of financial management of service users participated in the “outcomes star” model showed significant improvement, it is recommended to continue to develop service users’ habit of recording income and expenditure so as to improve their financial management.
 - 12.5. Staff still need to enhance service users’ awareness and motivation of participation through other kinds of services. For instance, paying visits to and sharing from elderly volunteers in the elderly service and self-help groups of chronically ill patients can deepen and encourage active participation of service users. Staff need to encourage service users to participate in voluntary work, services provided for current street sleepers and form small social enterprises. It aims to create a more fruitful and meaningful life with better self-esteem, extending the attention of social worker to promoting the spirituality of service users in addition to physical and mental health.
 - 12.6. Due to the short intervention period with high mobility, it is recommended to extend the service period of the “outcomes star” model from six to nine months to one to two years. The effect can be enhanced when it works in conjunction with the extension of the period of stay of hostel.
 - 12.7. Extending the period of stay of hostel from currently half a year to at least two years. It allows service users the time for adjustment, apply for government assistance and find jobs. During the stay in the hostel, services users have higher possibility to take part in social, recreational and educational activities, strengthening their social interaction through self-help and mutual help networks.

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- 12.8. Assisting service users to find a place to live, service workers may consider providing more options such as co-living social housing, singleton dormitories, and old buildings with better management by owners/second landlords. It aims to reduce their housing problems and opportunities of having quarrels in neighborhood. Service users can reestablish the feeling of "home".
- 12.9. Staff connect with other service providers to improve service users' the sense of security and the feeling of being cared for, so as to reduce their homelessness level. Workers serving street sleepers can also introduce the effectiveness of the "outcomes star" model to workers in other service sectors such as the family and elderly services. The effectiveness of the service model can be sustained through their enhanced understanding of the value of the model, respecting the former street sleepers and providing follow-up intervention when needed.
- 12.10. Social workers are recommended to continually adopt the strength-based perspective for intervention. The framework of "outcomes star" model emphasizes personal responsibility and does not cover the impacts of external factors or objective conditions on individuals such as economic structure and aging. Meanwhile, it is necessary to improve the staff's sensitivity and knowledge on the impacts of the macro environment and policies on street sleepers. In terms of micro intervention skills, case work skills of social workers should be strengthened through trainings and idea exchanges. This allows workers to put forth more in-depth interventions upon the diagnosis made in the "outcomes star" model, assisting service users to better understand their behaviors, emotions and thoughts that facilitate further changes.