ORIGINAL ARTICLE

Family-oriented practice in disability Services in Hong Kong: A cross-sectoral social work perspectives in the fields of intellectual disability and mental illness

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Abstract

Supporting the families of people with disabilities has become a crucial aim of disability services. In disability services, where people with disabilities are usually positioned at the centre of service provision, family-oriented practice implies practice directions to work with clients' families in service delivery. The study aims at exploring how social workers in intellectual disability services and mental health services deliver a family-oriented practice in Hong Kong. We performed a qualitative analysis, using in-depth interview data collected from two broader studies about social workers' experiences in the fields of intellectual disability and mental illness respectively. Thirteen participants in intellectual disability settings and another 13 participants in mental health settings shared their understanding of and concern with family-oriented practice. Four themes were identified in the participants' accounts regarding the importance of family connectedness, family members' constructions of clients' identity, the scope of activities and the intervention space between individual and family. These findings reflect that family-oriented practice was jointly shaped by clients' family systems and disability service system, and shed light on the strategies for future service development at the broader systematic level.

KEYWORDS
family care, family engagement, family intervention, learning disability, mental health disorder, systems

1 | INTRODUCTION

In Hong Kong, providing support for family carers has been frequently underscored as one of the core agendas in planning disability services during the past decade (Rehabilitation Advisory Committee [RAC], 2020, 2016, 2007). This study aims to explore disability practitioners' everyday practical experience with clients' families, which is conceptualised as family-oriented practice, in disability services.

We situated the analysis in the exploration of practitioner accounts in Hong Kong, a Chinese society (Kapai, 2015), to offer an example of how socio-cultural contexts may influence family-oriented practice. Chinese Confucian culture emphasises interdependence and relatedness of family members (Fan, 2007; Tamis-LeMonda et al., 2008). Family members generally internalise the obligation of providing care for vulnerable relatives (Holroyd, 2003). People with disabilities are culturally represented as the typically vulnerable

people who should be looked after by family members. Moreover, a disability was traditionally viewed as a punishment for family sins (Yeung Yuen, 2005), leading to a widespread social stigma and discrimination not only against people with disabilities but also their family members (Chiu et al., 2013; Zhang & Rosen, 2018). Today, many Chinese families still feel a sense of shame about having a relative with disability and do not want to spread the 'shameful' fact out of family (Huang et al., 2020). Accordingly, many people with disabilities receive care in a relatively isolated social space consisting of family members, staff and peers with disabilities. Additionally, lifelong care brings great stress for Chinese family members (Cui, 2019; Si et al., 2020; Yuen & Chan, 2014). Being supporters of people with disabilities, these family members also need various forms of support, as the studies have shown the negative impacts of providing long-term care, such as greater care stress and poorer health (Chou et al., 2010; Leng et al., 2019), highlighting the importance of support targeting family members in social service.

Despite the importance of family support, family-oriented practice in disability practice remains challenging and ambiguous. Primary objectives of disability services focus on individual training, therapy and health care targeting people with disabilities (RAC, 2020). Disability services have long been dominated by an individual rehabilitation model which rhetorically aims to help people with disabilities to attain 'full participation in social life, and of equalisation of opportunities' (Hong Kong Government [HKG], 1995, p. 27). With the dual focuses of individual and family (RAC, 2020), the rise of the emphasis on family support must compete with the objectives of individual rehabilitation targeting people with disabilities, which may further obscure the family–practitioner relationship. Furthermore, from the conceptual perspective, many terms, such as family therapy and family-centred (or family-focused) care have been used to encapsule the ways that their proponents believe are appropriate for constructing family-oriented practice. However, these terms either take a therapeutic model to address dysfunction in the family system (Wong & Ma, 2013), or propose a more eclectic, pragmatic model that may refer to any format of family involvement (Dixon et al., 2018). These family-focused therapeutic/treatment concepts were often developed without considering the dual focuses of disability services on individuals and families. Although a construction of family-oriented practice offers flexibility and space to understand the distinctive practice of family engagement in disability service context, this vagueness may obstruct the meaningful and consistent implementation of the service agenda for supporting families of people with disabilities. Therefore, the practical experience and concerns of practitioners in family-oriented practice in disability services merit critical attention.

Scant research has explored how practitioners integrate family-oriented practice in their everyday practice in disability services. This is partly because that, in service systems, family members are often positioned as the main target of family services, a category of mainstream services, rather than disability services. Enhancing family function, improving interpersonal relationships and solving family problems are the primary goals of family services (Social Welfare

What is known about this topic and what this paper adds

- Family-oriented practice is of great importance to disability services in Hong Kong as family connectedness is strong in the Chinese Confucian context
- Practitioners believed that family connectedness brings wide impacts on both clients with intellectual disabilities and clients with mental illness
- Practitioners and family members have different understandings of clients' identities and scope of activities
- Family-oriented practice in disability services is more a coordination work and plays a limited role in providing family support

Department [SWD], 2022), which rely on clients' initial help-seeking and provide short-term services for families to restore their function. However, families of people with disabilities usually have long-term supportive needs, and the affiliate stigma prevents family members from seeking help from unfamiliar service providers. Therefore, parents may prefer seeking help from disability services to solve family problems because their offspring receive services there (Xun, 2017).

Despite that some initiatives have explored the effectiveness of specific family-related therapies or models in clinical practice with people with disabilities (Lo et al., 2022; Wong, 2014; Yao et al., 2021). These interventions usually occur in the form of short-term pilot project or private service which were often built into services as add-on services disparate from the existing government-funded service structure because family therapies generally consume more welfare resources. How they were scaled up, sustainably funded and integrated into broader existing disability service systems was scarcely researched. Hence, our investigation in everyday practice, clinical and non-clinical, is significant, because, in the current neoliberal era with heavy workloads and inadequate resources becoming common concerns among practitioners (Lai & Chan, 2009; Yan et al., 2017), the extent to which practitioners can enact therapeutic, more time-consuming sessions beyond the level of clients is questionable. Explorations of practitioners' everyday experience of working with families, grounded in the government-funded service context, are more likely to reveal situations and occurrences that have direct implications for broader frontline disability services.

The organisation of family-oriented practice may also depend on the type of clients' disability, as it is often linked to distinctive dynamics within familial environment. Particularly, we explored the services for people with mental illness and intellectual disability, as these two groups represent the two important categories of service users of disability support, in all of the day training, residential care and community service sectors (SWD, 2020). More importantly, this exploration of the two disability fields may reflect the impact of the two specific disabilities, on organising family-oriented practice. Intellectual disability refers to a non-progressive cognitive

impairment with an intelligence quotient below 70 that limits one's adaptive behaviour (Schalock et al., 2007), while chronic mental illness, which may significantly affect how a person feels, thinks, behaves and interact with other people, is also commonly considered a disability (Equality Act, 2010). The diagnosis of intellectual disability is often made in infant period when the mother is generally in young adulthood, whereas the condition of severe mental illness, particularly psychosis, is usually identified in early adulthood or late adolescence when the affected person is seeking increasing independence from parents (Greenberg et al., 2003). Historically, these two groups were severely discriminated in the society in Hong Kong (Lau & Cheung, 1999; Mak & Cheung, 2008). While this difference may lead to distinctive dynamics in familial interactions, people with both two disabilities are positioned in a particularly disadvantageous position and are accompanied by complicated supportive needs (Bigby et al., 2019; Care et al., 2016).

2 | CURRENT STUDY

In Hong Kong, social workers are major providers of holistic disability support in frontline practice (Cui et al., 2019; Xun, 2019a). They often take the responsibility to work with the various stakeholders in disability services, including family members (Cui, 2019; Xun, 2019a). Nonetheless, in social work research, family-related practice skills and knowledge have seldom been explored in the context of disability services, or in relation to the characteristics of a specific disability clientele. Therefore, this study aimed to explore how practitioners perceive family-oriented practice in disability services, and in particular, how frontline social workers in intellectual disability and mental health services perceive and perform family engagement in Hong Kong.

2.1 | An analytical framework: Systems theory

In this study, we employed systems theory as the main analytic framework to understand family-oriented practice in disability services. Systems in human society are essentially interrelated fields bounded by space and time, and every field has its own structure and functioning (Bronfenbrenner, 1995). According to Bronfenbtenner (1979), microsystem points to the immediate environment, shaping the individual development; ecosystem refers to the social structures which indirectly influence the microsystems and macrosystem incorporates the broader sociocultural context. In this study, the practitioner is positioned within a system of disability services, which consists of non-governmental organisation (NGO) and the government. In specific, Social Welfare Department designed and standardised the objective, staffing structure and nature of every type of disability services outsourced them to NGOs. NGOs signed the contact with the government, gain the subsidy and run disability services.

To allow a careful analysis in the microsystem, we further employed family system theory as a part of framework. Kerr and

Bowen (1988) proposed family system theory and stated that family is exactly a system, in which members interact with each other and exchange behaviours. These interactions create and perpetuate both problematic and nonproblematic behaviours (Pfeiffer & In-Albon, 2022). Another key concept in this theory is differentiation of self, used to describe individual's capacity of functioning autonomously, while emotionally remaining connected to the family of origin (Kerr & Bowen, 1988). According to Kerr and Bowen (1988), self-differentiation is key to a healthy family life cycle, because the new generation needs to master survival techniques and live independently as the ancestors fade away. Self-differentiation was found to be negatively associated with strong emotional interdependence (Pfeiffer & In-Albon, 2022), often manifested as the sense of responsibility for another's response (Kerr & Bowen, 1988). The theory also emphasises the function of a third person in addressing tension and conflicts in relationships (e.g. the father–mother–child triangle), and this triangle may move back and forth with dyadic relationship when the tension is diffused (Brown, 1999). These concepts of family system theory were used to shed light on directions to explore how practitioners enacted family-oriented practice in disability service.

Practitioners' experience of family-oriented practice reflects the intersectional influence of disability services system and clients' family systems. In specific, family members' attitudes towards clients were perceived by practitioners and impact their interventions. Meanwhile, practitioners' intervention direction was associated with the objective of disability services. This intersectional influence in family-oriented practice is shown in Figure 1.
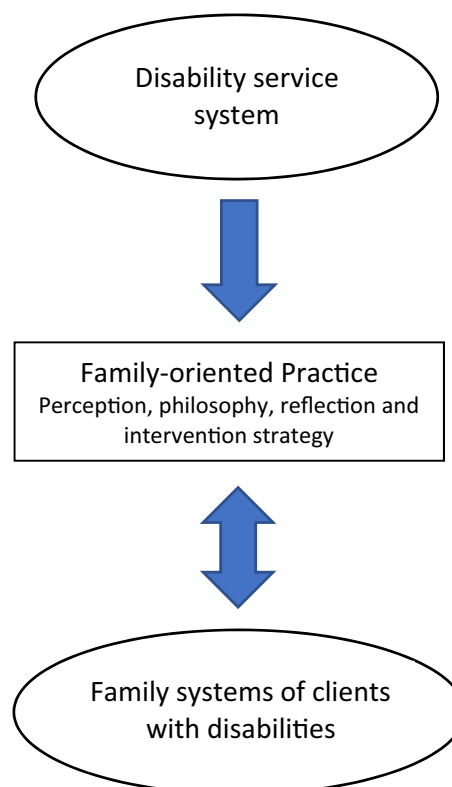

FIGURE 1 Analytical framework.

3 | METHODS

This paper is derived from a qualitative analysis of the data collected for two broader studies that explored the experiences of frontline social workers in the mental health and intellectual disability sectors (Cui, 2019; Xun, 2017). These two studies are the first author's M.Phil project and the second author's PhD project respectively. Except for their practitioners in different disability fields, the two studies have similarities in research aims, sampling methods, interview methods and questions, justifying the comparability of their two datasets for the purpose of this paper. Both studies employed a qualitative approach, were conducted in 2015–2017 after obtaining ethical approval from the university research ethics committee and explored social workers' experience of working with families of people with disabilities.

We collected data from social workers because they are the direct executors of family-oriented practice. The other stakeholders, such as people with disabilities and their family members, were not invited to participate in data collection due to limited research resources. Semi-structured interviews were conducted in Hong Kong with 26 practitioners. Thirteen of them were working with people with intellectual disabilities and other 13 were working with people who have mental illness. They were recruited with the support of local disability organisations, professional bodies and a pilot online survey. To ensure that the participants were familiar with social work and disability services, both studies required participants to (1) be a registered social worker in Hong Kong and (2) have frontline working experience with people with intellectual disability or mental illness. Participants in both studies included practitioners working in vocational, residential and community services and the majority had obtained a bachelor's degree or above. Table 1 demonstrates the profile of the 26 participants. 'ID' and 'MH' represented intellectual disability services and mental health services respectively. Only

the services for people with mild grade or moderate grade intellectual disability were considered because the mission of service for people with several or profound disability is distinct. As the direct executors of family-oriented practice, social workers are important data sources in this area. Purposive sampling was used to choose information-rich participants for in-depth study in two projects (Patton, 2015).

The exploration of family-oriented practice formed an essential section of the interviews in both studies. Adopting the semi-structured interview method, questions in relation to family-oriented practice in both studies revolved around the common focuses on (1) practitioners' experiences of engaging family members in disability services; (2) their concerns and struggles in this process working with family; (3) their reflections regarding the impact of family involvement on the service process and client outcomes and (4) their strategies to address familial issues in service delivery. Pilot interviews were conducted with social workers in both contexts with supervisory support. These interviews were conducted mainly in Cantonese, and each took one and half hours on average.

All interviews were transcribed verbatim and subject to a rigorous de-identification process. The data analysis was informed by the thematic analysis approach. The first author coded the de-identified data line by line to generate a comprehensive understanding of the whole dataset. The second author reviewed the codes and make suggestions for revision. Open coding is used to extract the meaning of participants' accounts related to family-oriented practice. These initial codes include participants' perceptions, attitudes, reflection, affective outcome and intervention strategies. The areas where codes aggregated were further developed into themes which were subsequently reviewed and revised by both authors to ensure the themes represented the dataset as a whole. This analysis was conducted using Nvivo.

TABLE 1 Profile of participants

Pseudonym	Gender	Years serving people with disabilities	Service setting	Pseudonym	Gender	Years serving people with disabilities	Service setting
ID01	Female	3	Day	MH01	Female	10	Residential
ID02	Male	6	Day	MH02	Female	5	Community
ID03	Female	3	Day	MH03	Female	3	Community
ID04	Female	9	Day	MH04	Female	4	Day service
ID05	Female	14	Residential	MH05	Female	2	Community
ID06	Female	3	Residential	MIH06	Female	1	Community
ID07	Male	5	Day service	MH07	Female	4	Community
ID08	Female	13	Day and Residential	MH08	Female	9	Community
ID09	Female	3	Day	MH09	Female	6	Community
ID10	Female	7	Day service	MH10	Male	11	Community
ID11	Female	5	Community	MH11	Female	6	Community
ID12	Female	4	Community	MH12	Male	8	Community
ID13	Male	19	Residential	MH13	Female	7	Community

4 | Findings

The four themes were developed from social workers' perceptions, observations and reflections on their working experience with families. The first theme explained the rationale of family-oriented practice in disability services. The second and third themes reflect practitioners and family members' different understandings about the clients' identity and service scope. The last theme discussed practitioners' ambivalence towards the intervention between individuals and families.

4.1 | Family connectedness as a double-edged sword

The participants were aware of a significant connection between clients and their significant family members in two disability settings. Most participants considered family to be the source of both clients' growth and problems. On the one hand, a client's positive change is driven by family support. ID 09, a social worker in supported employment service, shared that 'for people with intellectual disability, parents are the most important supporters…if family members are supportive, clients will improve very quickly.' Similarly, MH 07 found that family members who were willing to understand the client's mental illness would make a great contribution to the client's recovery. On the other hand, family is also seen as the source of the client's problems. ID 09 highlighted the genetic traits of intellectual disability:

> We needed to take the generic inheritance into consideration. Fundamentally, the clients' parents probably have a mild or borderline intellectual disability. Their self-discipline is weak. They can hardly help the clients. We need to intervene more. For example, when the parents fail to ask the client to get up on time, we have to call them to get up, fulfilling the parents' role.
>
> (ID 09)

Besides biological traits, ID 09 attributed the client's problem (i.e. being late) to the parents' weak self-discipline, which affected their capacity in parenting. The everyday caring of adult offspring with disabilities is considered by practitioners as the primary responsibility of family members, particularly parents, to some degree, mirroring the traditional Chinese values. When the family is seen as insufficient to fulfil the responsibility, extra interventions from practitioners or other parts of the ecosystem (e.g. schools and agencies) which may serve as a substitute of the family function are required to ensure the achievement of service outcomes. Thus, in practitioners' eyes, connections with family are key, but their function in the service context is not irreplaceable. Furthermore, a family's socioeconomic status was also believed to be associated with individual problems. For example a person's mental health problem was portrayed as 'a gradual result of his/her family always living at the bottom of society' (MH 07).

Overall, participants' accounts indicated that family connectedness is the reason of implementing family-oriented practice. Practitioners' attitudes towards the connectedness depend on whether this connectedness contributes to the objective of disability services regarding their self-development.

4.2 | The divergent understandings of clients

One major concern of our participants regarding family-oriented practice focused on how to construct the identities of people with disabilities. According to participants' narratives, both groups with disabilities were frequently cast by their family members as being an inferior group, which further shapes these client's role as passive care recipients. The nuances in family members' identity construction towards their relatives with disabilities in the two service settings are also found. The participants in intellectual disability setting reported that family members, mainly parents, would like to treat their clients as 'forever children', where participants in mental health setting disclosed 'forever patients' as the identity constructed by family members. ID 10 worked in services for people with intellectual disability for 7 years. When talking about the parents' perception of their children, ID 10 felt frustrated.

> Even though their adult children with intellectual disability were 40 or 50 years old, the parents still treated them as kids. How can kids make their own decisions? Cognitively, we know we need to empower clients, no matter what type of disability they have. But actually, the social atmosphere in Hong Kong does not aim to empower people with intellectual disability.
>
> (ID 10)

In this account, the term 'forever children' means that these adult clients, in parents' eyes, are not equipped with adequate capability to make their own decisions, so guardianship is constantly needed. Similarly, in the mental health setting, clients are often cast as 'forever patients' in need of protection. MH 09, who worked in mental health service for 9 years, shared, 'family members regarded clients as patients' (MH 09), especially when the clients go to school or go to work, their family members worry that the clients can hardly handle the pressure and have a relapse. Therefore, these 'forever patients' should receive medical care and live in a safe environment. Both two identities indicate an expectation of a poorly differentiated self of people with disabilities in the family system, which requires the acceptance or approval of other family members for thinking and acting. The self-differentiation of adults with intellectual disability seems lower, as 'forever children' are often positioned as in need of constant protection and care (e.g. getting up) while 'forever patients' presumably in the context with potential relevance to their illness.

In contrast, echoing ID 10's view, most participants with social work backgrounds did not agree on these two identities as

constructed by family members. Instead of focusing on the clients' limitations or vulnerability, practitioners generally regarded the clients as people who have potential and strength, for self-determination and positive self-development, potentially, reflecting the influence of social work ethics and education.

4.3 | The divergent understandings of the scope of activities

A subsequent theme following the discussion on clients' identity is the divergent understandings of the scope of activities, further illustrating the impact of poor self-differentiation on the practitioners' service provision. The participants reported that they have different understandings with family members regarding what kind of activities clients could be engaged. The core concern here is that while engaging in socially integrative activities (e.g. open employment) contributes to a client's self-development, it also produces unknown risks. According to participants' accounts, many family members tended to eliminate these risks. In the intellectual disability field, family's worries often include clients being abused, bullied and hurt, and they believed that clients can easily become victims (ID 01). A familial distrust of the social environment prevails, indicating the strong influences of the macrosystem (e.g. perceived stigma) on the micro-family system in the Hong Kong disability context. As a result, this distrust fosters parents taking conservative parenting strategies and prompts them to prevent clients from taking risks associated with active community participation, further perpetuating the low self-differentiation of clients. For example ID 03 was in charge of a supported employment service. She realised that some clients had sufficient functional ability to work in an integrated workplace, but they had lost the confidence to do so under their parents' long-term overprotection (ID 03).

In the participant accounts of mental health field, family's concerns often focused on the impact of these activities on the clients' mental stability, and more importantly, on the harmony of the whole family. MH 05, who had worked in a community mental health vocational service, shared her experience of working with families.

> Many family members are afraid that the client would experience a relapse, which they consider may have an enormous impact on the family. So, if everything to do with the client was under control, and nothing was changed, the family members would loosen up and feel relieved.
>
> (MH 05)

As MH 05 perceived, the family members gave priority to having a stable and safe service environment minimising the risk of relapse. This perception is echoed by many participants in mental health field who believed that changes in the working and living environment would increase the family members' anxiety over the family peace. Unlike the concern for victimisation in the intellectual disability field, a tension that arises in the engagement of unknown risk was constructed as coming from the clients, more precisely from their health and illness, and impacting mainly the family system itself. Therefore, family members sense an intense responsibility for controlling unknown risks for the sake of the whole family and may take for granted that this protection also benefits clients.

In contrast, most participants in two disability settings tended to hold positive attitudes towards risk-taking, encouraged clients to join the integrative activities and regarded over-protectiveness as a barrier that keeps clients away from self-development. In the practitioners' view, risk-taking behaviours can improve the clients' capability, confidence and social networks, thus, 'over-protectiveness' squeezes the space for practitioners' intervention. This 'over-protectiveness' was reinforced largely from the negative aspects of excessive protection without acknowledging the rationale and positive effects of protection. This indicates that while practitioners may stand on the side of their service/professional mission, they may not fully take the family's concerns into consideration. After all, practitioners do not live with the clients and bear as much of the emotional burden associated with risks of abuse or relapse as family members do. The divergent understandings of clients' identities and the scope of activities mirrored a potential tense working relationship.

4.4 | Strive between the individual and family

As previously discussed, facilitating clients' self-development was commonly recognised as a key purpose of interventions in disability services. Almost all participants recognised that collaboration with family members was key to clients' changes. Striving between the individual and key family carers, the practitioner becomes a 'third person' in the service context, mirroring the triangle relationship in the family system theory.

To attain this objective of client's self-development, practitioners in intellectual disability settings tend to maintain a closer relationship with parents, particularly the one who takes the primary caring responsibility. Some participants (ID 03, ID 05, ID 06, ID 09) revealed that they would seek parents' informed consent before implementing a service plan. When parents were not co-operative, they often tried to take a gradual, strategic approach to facilitate changes in family members' perceptions and attitudes towards the persons they support. ID 11, who worked in community service for 5 years, shared her experience in motivating a family.

> If some family members are too protective, we need to deliver some education. For example, we can introduce the idea that clients want to have space to make their own choices and family members should discuss these choices with them first. I know parents cannot

change immediately, but we can gradually motivate them to reach a consensus.

(ID 11)

Echoing ID 11's view, psychoeducation was commonly regarded as an effective approach to countering family overprotectiveness in two disability settings. However, achieving such an aim often necessitates a long-term process of dialogue and negotiation. The initial interventions involving promoting parent–child communication and explaining the risk management measures aim to persuade family members to release the clients to participate in more developmental opportunities. When some small progress has been achieved, the participant would show the family members with the clients' positive changes and strive for more manoeuvring room.

Although the close working relationship is perceived as significant in intellectual disability setting, it has also led to the social workers becoming confused regarding the boundary between disability services and family services. ID 08, with 13 years' working experience, put it in this way:

> The vocational service centre (a specific disability service) I worked for seems like a family service. I needed to spend much time on working with parents, and satisfied the clients' needs through supporting their parents, who also have their own needs. I felt confused. Isn't there a family service in society? Why does nobody refer the older parents just discharged from hospital to home care services? Reflecting on my practice, I was actually solving the parents' problems. But, aren't my clients people with intellectual disability? When there are family problems affecting the clients, who should I help?
>
> (ID 08)

Owing to a strong family connection, ID 08's much effort was spent on working with family members, which resulted in a lot of added work for her. This reflects that, in the client-family-practitioner triangle relationship, in the short run, practitioners may appreciate the involvement of family members as in problem-solving, but in the long run, practitioners were inclined to push the 'odd man out' (Haefner, 2014). Family members were considered the 'odd man' here, because usually they are not officially recognised as the service targets in the service structure. Therefore, participants like ID 08 felt overloaded and helpless, inviting the input from the broader ecosystem (e.g. mainstream services) to share the work of family support.

Conversely, in the mental health setting, collaboration with families was perceived as important, but not indispensable. A client with mental illness was seen by most participants as an independent decision-maker despite potential objections from family members. Social workers played the role of mediator who balanced the opinions of clients with those of their family members. MH10 shared her experience with dealing with the different opinions of clients and their family members.

> MH 10: I think clients and their families need to communicate better with each other. It is best to invite all stakeholders to sit together in a session. Everyone is expected to speak up about his/her personal concern to see whether a consensus can be reached. But eventually, we would respect the client's final decision, because we provide services for the client rather than their family members.

Clearly, MH 10 regarded the client as someone who is capable of giving opinions while their family members may not. A family meeting to reach a consensus was considered as an effective approach to resolving family disputes, but not a necessity. Although supporting the families of people with disabilities is positioned as an important agenda in the disability policies in Hong Kong, many participants in the mental health setting argued that their main clients are still the people with mental illness. In this sense, family-oriented practice should be confined to seeking the family's input regarding service delivery or planning, rather than prioritising the family member's decisions or solving the family members' own problems.

5 | DISCUSSION

The strong connectedness in the micro-family system is in line with the previous findings that Chinese family members, rather than the government or society, took the responsibility of providing lifelong care for and maintain long-term interdependence with their relatives with disabilities (Liang, 2015; Si et al., 2020; Wang et al., 2020). The double-edged sword effect found in this study aligns with the statement of family system theory that family members' interaction patterns perpetuate both problematic and non-problematic behaviours (Pfeiffer & In-Albon, 2022).

Kerr and Bowen (1988) also believed that strong family interdependence reduces self-differentiation. In this study, both identities of 'forever children' and 'forever patient' reflect the inadequate differentiation of self in family system of the two disability groups which may justify the strong interdependence among adults with disabilities. These two identities also mirror the protective parenting patterns in Chinese context (Kuo & Geraci, 2012; Yang, 2015), interweaving with the Confucian culture that emphasises family responsibilities for the vulnerable people (Fan, 2007; Tamis-LeMonda et al., 2008).

Further, the nuances in the constructed identities in the two disability settings may merit more attention. The 'forever children' in intellectual disability setting is consistent with the western studies that suggest parents treated their adult offspring with intellectual disability as 'innocent' children (Bagnall & Eyal, 2016). In contrast, the 'forever patient' constructed in mental health field is different from the identity, more often as the 'autonomous citizen', less as a forever

sick role, found in Western family studies (Bagnall & Eyal, 2016; Cui et al., 2021). It is probably because no literature shows that Hong Kong has experienced a widespread movement for disability rights as in the West. Nonetheless, for taking care of 'forever children' or 'forever patients', a safe environment was seen as a core strategy to prevent them from potential hurt, harm or relapse, that further affects the whole family. This may not only indicate a more adverse social environment but also reflect the closer family relationship in the Hong Kong context (Zhang & Rosen, 2018). Within this more fused relationship, the function of family members' immediate reactions to unknown risks is to comfort the emotion of members within the whole family system, but not necessarily in line with clients' individual needs (Brown, 1999). It provides an explanation to understand the function of some family members' protective parenting.

The findings further shed light on the strategies taken by social workers to work with family members in disability service. These strategies were largely based on relationship-building and taken in a step-by-step manner. In the Chinese context, the inter-generational relationship is commonly conceptualised as Shan-Shia (superior-subordinate) under paternalism, which means children should obey their parents (Kuo & Geraci, 2012). When making decisions for the clients, practitioners' actions to seek family members' informed consent in intellectual disability settings and organise family meetings in mental health settings indicate that social workers recognised the influence of this authoritative culture in the family system and the function of family as the catalyst of clients' change. Meanwhile, participants also recognised their own inclinations towards promoting social work values (e.g. self-determination), which arise presumably from the individualist western contexts (Yan, 2008). Our finding further suggests that practitioners felt surer and more grounded to enact such professional values with clients with relatively higher self-differentiation (e.g. people with mental illness rather than people with intellectually disability) in the family system.

Despite practitioners' procession of multiple strategies, tense working relationships between practitioners and family members commonly emerged in service provision, particularly when aiming at objectives, such as facilitating integrated employment, enhancing living skills and fostering community integration. In managing this relationship, a major concern of practitioners, arising from the ecosystem, is their role ambiguity in family-oriented practice given the existing service structure. No policies have explicitly positioned family members as the main target group of specific disability services in routine practice (RAC, 2020). Accordingly, if the goal of disability services focuses more on clients rather than family members, practitioners may be inevitably disinclined to prioritise family members' needs and reject their long-term, substantial influence in service provision for individual clients. This is exemplified by practitioners in intellectual disability field questioning whether her work was going beyond the boundary of disability services and had stepped into family services (ID 08). The ambiguity may be exacerbated by the tension between the neoliberal emphasis on cost-effectiveness and the added workload by addressing family needs, and it may significantly affect service outcomes (Judd et al., 2017;

Tubre & Collins, 2000). Role ambiguity reflects that the institutional support and clarification of roles for practitioners may not be adequate. This inference is underpinned by previous studies in the Chinese context which found that the inadequate institutional support in disability service overdraw practitioners' professional capabilities (Xun, 2019b; Zheng et al., 2022). By contrast, this role ambiguity was rarely expressed in the mental health setting, although a few participants also mentioned the overlap between community mental health service and family service. This, again, points to the importance of self-differentiation of clients, which may contribute to the practitioner's differentiation in the service structure.

Under the combined effect of clients' family systems and disability services system, family-oriented practice in disability services shows some distinctive characteristics from traditional client-centred social work interventions or therapeutic family interventions. On the one hand, participants' accounts indicate that family-oriented practice in disability services is more of a type of instrumental coordination work, which is differentiated from family therapy targeting whole family relationships (Wong & Ma, 2013). The practitioners targeted more people with disabilities than their family members, and regarded working with family members can be essentially an intermediate path to promote clients' self-development. On the other hand, family-oriented practice in disability services also seems to involve some fundamental goals and techniques of therapeutic family interventions. For example promoting clients' self-development is in line with the goal of enhancing self-differentiation in family therapy (Kerr & Bowen, 1988). Some techniques such as negotiation, alliance building and persuasion which were frequently mentioned by practitioners in family-oriented practice are also used in family therapy. However, the contrast between family-oriented practice and family therapy also needs to be noted. The participants usually intervened in the relationship between clients and the key carer/supporter, and rarely aimed to deal with the whole family system. The enactment of intervention is usually related to issues of clients' personal development or rehabilitation (e.g. self-care skills). Unlike therapeutic counselling, family-oriented practice generally lacks regular and fixed formats and the interactions between practitioners and family members may occur in various forms. Comparing two specific types of disabilities, this study found that clients with intellectual disability incline to obey parents and practitioners and experience poorer self-differentiation. In mental heal field, the triangle relationships among clients, practitioners and family members were more obvious, indicating people with mental illness have more spaces to make their own decisions.

Some implications are put forward for future service development at the broader systematic level. At the disability policy level, policy-makers should take serious consideration of the fitness between the focus of disability services on people with disabilities and familial cultural context. To reduce practitioners' ambiguity, a clarification about how social service sectors (e.g. disability services or family services) should engage family members of people with disabilities, why and the extent to which disability services should take the responsibility of supporting family members without disability. More disability-related needs of family members without disability (e.g. psychological

care fatigue) should be addressed by disability services. In addition, in the organisational ecosystem, a clearer and more detailed guideline on family-oriented practice should be provided for social workers in the specific type of disability service to help them work more confidently and efficiently with family members. Organisations may also provide more training, and successful experience sharing sessions about family-oriented practice for practitioners. Given the complexity of family needs, guidelines for the cooperation between disability services and other mainstream services, for example, family services, should be promoted in service to provide more effective services for the whole family of people with disabilities.

6 | CONCLUSION AND LIMITATIONS

Through a qualitative analysis, this study found that family-oriented practice, which is recognised as an important agenda in disability services, had a limited impact on providing comprehensive family support. Family-oriented practice in disability services essentially plays an instrumental role in facilitating the individual development of people with disabilities. The limitations of this analysis arise from merely taking social workers' perspectives, and inadequate attention being paid to the social workers' educational experiences and pre-vocational life experiences on family-oriented practice. Further research may explore the perspectives of people with disabilities and their families regarding how they could be better supported in family-oriented disability services. Furthermore, the differences among family members, such as parents and siblings, were not discussed separately. Therefore, future research should take note of these differences. Additionally, we suggest that explorations of how the practitioners in disability services cooperate with other service providers in providing support for families may bear fruit.

AUTHOR CONTRIBUTIONS

Kangwei Xun: Conceptualisation, design of the paper; data collection, data analysis, drafting the paper; Jialiang Cui: Conceptualisation, design of the paper; data collection, data analysis, critical revisions of the paper. All authors read and gave final approval of the manuscript version submitted for publication.

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REFERENCES
Bagnall, A., & Eyal, G. (2016). Forever children and autonomous citizens: Comparing the deinstitutionalizations of psychiatric patients and developmentally disabled individuals in the United States. *Advances in Medical Sociology, 17,* 27–61. https://doi.org/10.1108/S1057-629020160000017002

Bigby, C., Whiteside, M., & Douglas, J. (2019). Providing support for decision making to adults with intellectual disability: Perspectives of family members and workers in disability support services. *Journal of Intellectual and Developmental Disability, 44*(4), 396–409. https://doi.org/10.3109/13668250.2017.1378873

Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In *Examining lives in context: Perspectives on the ecology of human development* (pp. 619–647). American Psychological Association. https://doi.org/10.1037/10176-018

Bronfenbtenner, U. (1979). *The ecological of human development: Experiments by nature and design*. Harvard University Press.

Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique. *Australian and New Zealand Journal of Family Therapy, 20*(2), 94–103. https://doi.org/10.1002/j.1467-8438.1999.tb00363.x

Care, F., Dixon, L. B., Holoshitz, Y., & Nossel, I. (2016). Treatment engagement of individuals experiencing mental illness: Review and update. *World Psychiatry, 15*(1), 13–20. https://doi.org/10.1002/wps.20306

Chiu, M. Y. L., Yang, X., Wong, F. H. T., Li, J. H., & Li, J. (2013). Caregiving of children with intellectual disabilities in China—An examination of affiliate stigma and the cultural thesis. *Journal of Intellectual Disability Research, 57*(12), 1117–1129. https://doi.org/10.1111/j.1365-2788.2012.01624.x

Chou, Y. C., Pu, C. Y., Fu, L. Y., & Kröger, T. (2010). Depressive symptoms in older female carers of adults with intellectual disabilities. *Journal of Intellectual Disability Research, 54*(12), 1031–1044. https://doi.org/10.1111/j.1365-2788.2010.01332.x

Cui, J. (2019). *Understanding the empowerment of people with severe mental illness in the community through the eyes of social work practitioners in Sydney and Hong Kong* (issue August). University of New South Wales. https://doi.org/10.26190/unsworks/21537

Cui, J., Lancaster, K., & Newman, C. E. (2019). Making the subjects of mental health care: A cross-cultural comparison of mental health policy in Hong Kong, China and New South Wales, Australia. *Sociology of Health and Illness, 41*(4), 740–754. https://doi.org/10.1111/1467-9566.12851

Cui, J., Mao, L., Newman, C. E., Kwan, C. K., & Lancaster, K. (2021). Managing risk in the pro-empowerment era of mental health care: A cross-cultural study of social work perspectives in Hong Kong and Sydney. *British Journal of Social Work, 51*(3), 831–848. https://doi.org/10.1093/bjsw/bcaa232

Dixon, J., Lei, J., Huang, W., Sin, J., & Smith, G. (2018). The views of mental health manager towards the use of a family work model for psychosis in Guangzhou, China. *Community Mental Health Journal*, *54*(7), 1057–1063. https://doi.org/10.1007/s10597-018-0247-7

Equality Act. (2010). *When a mental health condition becomes a disability*. https://www.gov.uk/when-mental-health-condition-becomes-disability

Fan, R. (2007). Which care? Whose responsibility? And why family? A Confucian account of long-term care for the elderly. *Journal of Medicine and Philosophy*, *32*(5), 495–517. https://doi.org/10.1080/03605310701626331

Greenberg, J. S., Kim, H. W., Krauss, M. W., & Seltzer, M. M. (2003). The role of coping in maintaining the psychological well-being of mothers of adults with intellectual disability and mental illness. *Journal of Intellectual Disability Research*, *47*(4–5), 313–327.

Haefner, J. (2014). An application of Bowen family systems theory. *Issues in Mental Health Nursing*, *35*(11), 835–841. https://doi.org/10.3109/01612840.2014.921257

Holroyd, E. (2003). Hong Kong Chinese family caregiving: Cultural categories of bodily order and the location of self. *Qualitative Health Research*, *13*(2), 158–170. https://doi.org/10.1177/1049732302239596

Hong Kong Government. (1995). *White paper on rehabilitation policies and services on equal opportunities and full participation: A better tomorrow for all*. Government Printer.

Huang, Y. P., Wang, S. Y., Kellett, U., & Chen, C. H. (2020). Shame, suffering, and believing in the family: The experiences of grandmothers of a grandchild with a developmental delay or disability in the context of Chinese culture. *Journal of Family Nursing*, *26*(1), 52–64. https://doi.org/10.1177/1074840719895264

Judd, M. J., Dorozenko, K. P., & Breen, L. J. (2017). Workplace stress, burnout and coping: A qualitative study of the experiences of Australian disability support workers. *Health and Social Care in the Community*, *25*(3), 1109–1117. https://doi.org/10.1111/hsc.12409

Kapai, P. (2015). *The status of ethnic minorities in Hong Kong, 1997 to 2014*. Centre for Comparative and Public Law. https://tbinternet.ohchr.org/Treaties/CERD/SharedDocuments/HKG/INT_CERD_NGO_CHN_31912_E.pdf

Kerr, M., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. Norton.

Kuo, Y.-C., & Geraci, L. M. (2012). Sister's caregiving experience to a sibling with cerebral palsy- the impact to daughter-mother relationships. *Sex Roles*, *66*(7–8), 544–557. https://doi.org/10.1007/s11199-011-0098-y

Lai, W. H. F., & Chan, K. T. T. (2009). Social work in Hong Kong: From professionalization to 're-professionalization'. *China Journal of Social Work*, *2*(2), 95–108. https://doi.org/10.1080/17525090902992289

Lau, J. T. F., & Cheung, C. K. (1999). Discriminatory attitudes to people with intellectual disability or mental health difficulty. *International Social Work*, *42*(4), 431–444. https://doi.org/10.1177/002087289904200405

Leng, A., Xu, C., Nicholas, S., Nicholas, J., & Wang, J. (2019). Quality of life in caregivers of a family member with serious mental illness: Evidence from China. *Archives of Psychiatric Nursing*, *33*(1), 23–29. https://doi.org/10.1016/j.apnu.2018.08.010

Liang, L. (2015). *Sibling relationship of adults with intellectual disabilities in China*. The University of Hong Kong. https://doi.org/10.1017/CBO9781107415324.004

Lo, J. W. K., Ma, J. L. C., Wong, M. M. C., & Yau-Ng, M. L. T. (2022). Virtual care during the pandemic: Multi-family group sessions for Hong Kong Chinese families of adolescents with intellectual disabilities. *Journal of Intellectual Disabilities*, 1–18. https://doi.org/10.1177/17446295221076693

Mak, W. W. S., & Cheung, R. Y. M. (2008). Affiliate stigma among caregivers of people with intellectual disability or mental illness. *Journal of Applied Research in Intellectual Disabilities*, *21*(6), 532–545. https://doi.org/10.1111/j.1468-3148.2008.00426.x

Patton, M. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Sage.

Pfeiffer, S., & In-Albon, T. (2022). 1.10—Family systems. In G. J. G. B. T.-C. C. P. (Second E. Asmundson) (Ed.), *Comprehensive clinical psychology* (2nd ed., pp. 185–201). Elsevier. https://doi.org/10.1016/B978-0-12-818697-8.00080-7

Rehabilitation Advisory Committee. (2007). *Hong Kong rehabilitation programme plan*. https://www.lwb.gov.hk/files/download/committees/rac/rpp/report/en/Summary.pdf

Rehabilitation Advisory Committee. (2016). *Report of working group on ageing of people with intellectual disability*. (in Chinese). https://www.lwb.gov.hk/en/other_info/Report%20of%20Working%20Group%20on%20Ageing%20of%20PwIDs%202016_c.pdf

Rehabilitation Advisory Committee. (2020). *Persons with disabilities and rehabilitation programme plan*. https://www.lwb.gov.hk/tc/highlights/rpp/FinalRPPReport.pdf

Schalock, R. L., Luckasson, R. A., Shogren, K. A., Borthwick-Duffy, S., Bradley, V., Buntinx, W. H. E., Coulter, D. L., Craig, E. M., Gomez, S. C., Lachapelle, Y., Reeve, A., Snell, M. E., Spreat, S., Tassé, M. J., Thompson, J. R., Verdugo, M. A., Wehmeyer, M. L., & Yeager, M. H. (2007). The renaming of mental retardation: Understanding the change to the term intellectual disability. *Intellectual and Developmental Disabilities*, *45*(2), 116–124. https://doi.org/10.1352/1934-9556(2007)45[116:TROMRU]2.0.CO;2

Si, Y., Ma, J. L. C., & Zhang, J. (2020). Factors influencing parenting stress among Chinese families of children with attention-deficit/hyperactivity disorder. *Children and Youth Services Review*, *116*(June), 105148. https://doi.org/10.1016/j.childyouth.2020.105148

Social Welfare Department. (2020). *Rehabilitation service*. https://www.swd.gov.hk/en/index/site_pubsvc/page_rehab/

Social Welfare Department. (2022). *Funding and Service Agreement: Integrated Family Service Centre*. https://www.swd.gov.hk/doc/Subv_SAMPLEFSAs2015/FamilyandChildWelfareServices/FS10-e.pdf

Tamis-LeMonda, C. S., Way, N., Hughes, D., Yoshikawa, H., Kalman, R. K., & Niwa, E. Y. (2008). Parents' goals for children: The dynamic coexistence of individualism and collectivism in cultures and individuals: Topic review. *Social Development*, *17*(1), 183–209. https://doi.org/10.1111/j.1467-9507.2007.00419.x

Tubre, T. C., & Collins, J. M. (2000). Jackson and schuler (1985) revisited: A meta-analysis of the relationships between role ambiguity, role conflict, and job performance. *Journal of Management*, *26*(1), 155–169. https://doi.org/10.1177/014920630002600104

Wang, H., Hu, X., & Han, Z. R. (2020). Parental stress, involvement, and family quality of life in mothers and fathers of children with autism spectrum disorder in mainland China: A dyadic analysis. *Research in Developmental Disabilities*, *107*, 103791. https://doi.org/10.1016/j.ridd.2020.103791

Wong, O. L. (2014). Contextual barriers to the successful implementation of family-centered practice in mental health care: A Hong Kong study. *Archives of Psychiatric Nursing*, *28*(3), 212–219. https://doi.org/10.1016/j.apnu.2014.02.001

Wong, O. L., & Ma, J. L. C. (2013). Development of family therapy in Hong Kong. *Contemporary Family Therapy*, *35*(2), 244–256. https://doi.org/10.1007/s10591-013-9251-9

Xun, K. (2017). *Transcending the horizons: Social work case management in services for adults with intellectual disabilities in Hong Kong*. The University of Hong Kong.

Xun, K. (2019a). Seeing flowers through the mist: How social workers in disability services retrospectively view their educational experiences related to case management in Hong Kong. *China Journal of Social Work*, *12*(1), 39–55. https://doi.org/10.1080/17525098.2019.1558741

Xun, K. (2019b). The landing is too hard: How social workers perceive institutional support for case management in services for adults with intellectual disabilities in Hong Kong. *International Social Work*, 62, 1548–1560. https://doi.org/10.1177/0020872819852145

Yan, M. C. (2008). Exploring cultural tensions in cross-cultural social work practice. *Social Work*, 53(4), 317–328. https://doi.org/10.1093/sw/53.4.317

Yan, M. C., Cheung, J. C. S., Tsui, M. S., & Chu, C. K. (2017). Examining the neoliberal discourse of accountability: The case of Hong Kong's social service sector. *International Social Work*, 60(4), 976–989. https://doi.org/10.1177/0020872815594229

Yang, X. (2015). No matter how I think, it already hurts: Self-stigmatized feelings and face concern of Chinese caregivers of people with intellectual disabilities. *Journal of Intellectual Disabilities*, 19(4), 367–380. https://doi.org/10.1177/1744629515577909

Yao, H., Guan, L., Zhang, C., Pan, Y., Han, J., He, R., Chang, Z., Zhou, T., Du, C., Wu, T., Sun, J., Yuan, Y., Maybery, D., & Ma, H. (2021). Chinese mental health workers' family-focused practices: A cross-sectional survey. *BMC Health Services Research*, 21(1), 1–10. https://doi.org/10.1186/s12913-021-06572-4

Yeung Yuen, C. K. L. (2005). *A narrative analysis of fathers' experiences in having a child with intellectual disability* (Vol. 3222725, July). The Chinese University of Hong Kong. https://search.proquest.com/docview/305346504?accountid=12543%0Ahttp://opurl.bib.umont real.ca:9003/sfx_local?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&genre=dissertations+%26+theses&sid=ProQ:ProQuest+Dissertations+%26+Theses+Global

Yuen, W. K., & Chan, C. Y. J. (2014). Stress and marital satisfaction of parents with children with disabilities in Hong Kong. *Psychology*, 5(5), 349–357. https://doi.org/10.4236/psych.2014.55045

Zhang, Y., & Rosen, S. (2018). Confucian philosophy and contemporary Chinese societal attitudes toward people with disabilities and inclusive education. *Educational Philosophy and Theory*, 50(12), 1113–1123. https://doi.org/10.1080/00131857.2018.1434505

Zheng, G., Jiang, N., Zhao, P., & Lyu, X. (2022). Associations between psychological ownership and the service impact among Chinese disability support workers. *Health and social Care in the Community*, March, 1–10. https://doi.org/10.1111/hsc.13809