FSC – CSWP
CASEWORK PRACTICE GUIDE

August 2021
CONTENTS

Chapter 1  
FOREWORD  
Overview  
A  Introduction to the Practice Guide  
B  Purpose and Use of Practice Guide

Chapter 2  
WORKING IN AN ORGANISATION  
A  Promoting Safe and Professionally Accountable Practice in Organisations  
B  Provision of SOPs and Guidelines  
C  Staff Recruitment  
D  Principles of Safe Practice  
E  Managing Caseloads  
F  Structure and System for Case Reviews  
G  Multi-Disciplinary Work and Networking  
H  Maintaining Confidentiality  
I  Mandatory Reporting under the Criminal Procedure Code  
J  Providing Organisational Safety  
K  Conducting Process Reviews

Chapter 3  
WORKING WITH INDIVIDUALS, FAMILIES AND COMMUNITIES  
A  Overview  
B  Stages of Casework Practice

Chapter 4  
PRACTICE CONSIDERATIONS  
A  Managing Consent  
B  Coordinated Case Management  
C  Case Conference  
D  Contact with the Client  
E  Working with Vulnerable Members of the Family
Chapter 4a  FRAMEWORK FOR ORGANISATIONS TO SIGHT VULNERABLE MEMBERS IN A FAMILY

Chapter 4b  CASE TRACKING FOR SAFETY IN PROTECTION CASES
A  Case Tracking for Safety in Protection
B  Role of FSCs in Managing Protection Cases
C  Case Management Transfer Process
D  Management of Red File Cases
E  Escalation Process

Chapter 4c  FRAMEWORK FOR WORKING WITH UNCONTACTABLE OR UNWILLING CLIENTS

Chapter 5  MANAGING CASES WITH RISK AND SAFETY CONCERNS
A  Cases with Risk and Safety Concerns
B  Understanding Risks and Vulnerabilities
C  Fundamental principles of conducting risk assessment
D  Safety Planning and Monitoring Framework

Chapter 6  CRISIS MANAGEMENT
A  Definition of a Crisis
B  Management of High Risk Crisis Events
C  Practice Considerations
D  Care for Staff

Chapter 7  MANAGEMENT OF CASES WITH SUICIDAL OR SELF INJURY INTENT
A  Cases with Suicidal or Self Injury Intent
Chapter 8: REFLECTIVE PRACTICE AND SUPERVISION

A Reflective Practice
B Developing Reflective Practice in FSCs
C Supervision
D The Supervisory Relationship
E Structure of Supervision
F Supervision with a Risk Lens
G Self Care

Forms ASSESSMENT FORMS AND GUIDES

Home Visit Assessment
Financial Assessment
Elder Care Assessment
Functional Assessment
Suicide Risk Assessment Guide
Mental Health Status Assessment
Supervision Contract

Annex PENAL CODE

GUIDELINES FOR CASE MASTER ACTION PLANNING (CASE MAP)
FOREWORD

Family Service Centres are one of our key social service touchpoints in the community. In working with families, knowledge and skills in assessing risk are indisputably core to responding effectively to the wide ranging issues that vulnerable families present.

Effective casework practice does not rest solely on caseworkers but it does start with critical thinking on the part of caseworkers working within a strong practice culture in an agency. It starts with the agency stating practice guidelines and expectations in its standard operating procedure (SOP) and protocols. This should include support for the practitioner through a supervision structure. All these build the fundamentals for competent and safe practice.

Like polyclinics where a consistent level of service is provided no matter which one you visit, vulnerable families have a right to access a consistent skilled level of service across all FSCs. The Family Service Centre - Code of Social Work Practice (FSC-CSWP) Casework Practice Guide is one way to ensure consistency in casework practice and delivery across various FSCs. As a key reference, the Casework Practice Guide will provide practitioners with “concrete markers” of FSC casework practice.

I am thankful for the inputs from practitioners from across the various practice settings, from the FSCs and the Master Practice Leaders for this guide. The collective practice wisdom in these pages signals our efforts as a community to continue to do better for the families we serve.

Ang Bee Lian
Director of Social Welfare
OVERVIEW

A Introduction to the Practice Guide

1 This Family Service Centre - Code of Social Work Practice (FSC-CSWP) Casework Practice Guide (hereafter known as Practice Guide) outlines for Social Work Practitioners (SWPs) the implementation of the FSC-CSWP in the FSCs.

2 This guide starts off by outlining the considerations that the organisation needs to put in place to support practice in the FSCs. It is recognised that structures and organisational support are important components required to support good casework practice by the SWPs. The Practice Guide then states the expected practice standards of the SWPs in terms of their tasks, roles and responsibilities. It is focused on the provision of direct services for clients and their family.

3 The Practice Guide is a commitment to provide good social work practice so as to enhance the functioning of individuals, families and communities in Singapore.

4 The Guide recognises that FSCs provide a service to clients across a continuum of needs. As such, FSCs need to be equipped in meeting those needs taking into consideration vulnerabilities and the various concerns that exist within the family. This requires workers to be vulnerability centric and family focussed within a community setting.

B Purpose and Use of Practice Guide

1 The Practice Guide indicates:

• General practice considerations SWPs should be attentive to.
• The roles of SWPs and the corresponding intervention tasks required in practice.
• The protocols required for practice.
ACKNOWLEDGEMENT

We would like to extend our thanks and heartfelt appreciation to the following partners and individuals who have contributed in some ways or other, to the development of the Practice Guide.

Family Service Centres (FSC)

1. @27 FSC
2. Ang Mo Kio FSC
3. AWWA FSC
4. Care Corner FSC (Admiralty)
5. Care Corner FSC (Queenstown)
6. Care Corner FSC (Tampines)
7. Care Corner FSC (Toa Payoh)
8. Care Corner FSC (Woodlands)
9. Cheng San FSC
10. Fei Yue Family Services at SSO @ Taman Jurong
11. Fei Yue FSC (Bukit Batok)
12. Fei Yue FSC (Champions Way)
13. Fei Yue FSC (Choa Chu Kang)
14. Fei Yue FSC (Yew Tee)
15. Hougang Sheng Hong FSC
16. Kampong Kapor FSC
17. Kreta Ayer Family Services at SSO@Kreta Ayer
18. Lakeside Family Service Centre (Jurong East)
19. Lakeside Family Service Centre (Jurong West)
20. Marine Parade FSC
21. MWS Covenant FSC (Hougang)
22. MWS Tampines FSC
23. MWS Yishun FSC
24. Pasir Ris FSC
25. PPIS FSC (East)
26. PPIS FSC (West)
27. Punggol FSC
28. REACH FSC
29. Rotary FSC
30. Sembawang FSC
31. Serangoon Moral FSC
32. Sengkang FSC
33. SINDA FSC
34. Singapore Children’s Society FSC (Yishun)
35. South Central Community FSC
36. The SBL Vision FSC
37. THK FSC @ Bedok North
38. THK FSC @ Bukit Panjang
39. THK FSC @ Jurong
40. THK FSC @ MacPherson
41. THK FSC @ Tanjong Pagar
42. TRANS FSC (Bedok)
43. TRANS FSC (Bedok Reservoir)
44. TRANS FSC (Bukit Timah)
45. Viriya FSC
46. Whampoa FSC
47. Whispering Hearts FSC

**Master Practice Leaders**

1. Mr Benny Bong
2. Ms Choy Puay Wun
3. Dr Gilbert Fan Kam Tong
4. Ms Han Yah Yee
5. Ms Lee Yean Wun
6. Dr Vincent Ng
7. Mr Tony Ong
8. Ms Seah Kheng Yeow
9. Ms Tan Sze Wee
10. Mr Udhia Kumar

**Ministry of Social and Family Development**

1. Adult Protective Service
2. Child Protective Service
3. Comcare and Social Support Division
4. Legal Services Unit
5. Service Delivery and Coordination Division
Chapter 2  WORKING IN AN ORGANISATION

A  Promoting Safe and Professionally Accountable Practice in Organisations

1 Social work practice is carried out in an organisational setting as the organisation provides the structure and context for social work interventions. The organisation sets out its mission and defines the roles and responsibilities of SWPs. It provides guidelines for practice and develops an organisational structure that supports the SWPs and the work they do with their clients.

2 The SWPs then conduct their practice in the context of the organisation’s mission and in accordance to its policies, protocols and processes. It is important for SWPs to be supported with supervision and consultation in their case practice in particular when managing complex cases.

3 Organisations play a strong role in ensuring that the practice/service they provide to the clients they serve is safe and professionally accountable.

4 Hence, accountability for professional practice is considered at 2 levels:
   • Organisational (management as well as supervisory); and
   • Individual

B  Provision of SOPs and Guidelines

1 Clear Standard Operating Procedures (SOPs) and guidelines provide clarity to SWPs in managing clients and crises, especially when faced with cases of complex needs and risks. Good SOPs and guidelines will cover the following areas:

   • Policies and principles of practice that are aligned with the requirements of the governing bodies;
   • Protocols and processes on how cases are to be managed, that are aligned with requirements of the governing bodies;
   • Staff management protocols relating to recruitment and staff screening processes; as well as the management of possible practice concerns (please see segments C and K below);
   • Structures and systems to support and guide staff in practice e.g. case management, training and supervision; and
   • It is important that staff are orientated and guided to have a clear understanding of the policies, principles and practice in their work with clients and families.
2 SOPs and guidelines are useful to provide guidance and support to SWPs in their work with their clients, and these may cover the following areas:

- design of the workspace to ensure the workers’ and clients’ safety when aggression breaks out in a workplace setting (please see segment J below);
- how cases are allocated, transferred and closed;
- how cases are to be managed, especially when there are multiple and complex needs and/or risk concerns;
- identifying and flagging cases where there are existing concerns of risk and safety;
- managing cases with persistent system barriers;
- SWPs’ contacts and interactions with the clients, especially those with issues of vulnerability;
- ensuring collaborative practice with other professionals and stakeholders; and
- documentation of work conducted by the SWPs and how these should be managed and kept.

C Staff Recruitment

1 It cannot be denied that work in an FSC setting can be challenging as the SWPs are expected to manage and deal with a myriad of human emotions, issues and behaviours. Good human resource practices hence mean that staff selected have relevant qualifications and are supported in building their required competencies/skills suited to the work. A good organisation will also ensure that the staff are provided with support and guidance in the work they do.

2 Good organisations recognise that there are individuals who may choose to enter into their organisations as a means of gaining access to the vulnerable persons for their own purposes/interest. Others may have the notion of wanting to do more to help but may not have the right values, attitudes and perspectives for the role.

3 In selecting staff, these organisations will sieve out the right persons who best match the requirements of the organisation/job scope. Thus, apart from requiring persons with the relevant qualification and experience, good organisations will select staff with the right aptitude and attitude suited to working in the social service sector.

4 In assessing the suitability of the person being shortlisted, especially if the individual would be having direct interface with clients and their vulnerable family members, the following is useful:
• Require the shortlisted individual to provide a self-declaration that he/she is free of criminal records and has not been subjected to a police investigation before;
• Require the shortlisted individual to provide a self-declaration on their mental health well-being and whether they are receiving services from a mental health professional;
• Reference checks from previous employers that reflect the competency and suitability of the shortlisted individual; and
• Interview that assesses the shortlisted individual’s views on working with persons with vulnerabilities.

5 To ensure that SWPs recruited are able to meet the needs of the clients, good agencies consider the following:
• SWPs managing complex cases (those with multiple needs and/or existing risk concerns) are trained and have the requisite skills and competencies. (Agencies may refer to frameworks such as the Skills Framework for Social Service);
• All SWPs managing cases receive regular clinical and casework supervision; and
• Client feedback channels are created and clients are made aware of them to allow for ethical/professional issues to be surfaced.

D Principles of Safe Practice

1 The following principles support the concept of safe case practice in the FSCs:
• Safety as a priority for both the client and the SWPs.
  o Organisations provide leadership and build structures and systems, as well as SOPs that will promote a culture of ensuring safety and provide support/guidelines to their staff.
  o Organisations ensure that the client’s, members of the client’s family and the worker’s safety are considered as they plan their work around the client, particularly when there are concerns of violence and aggression.
• Practice is vulnerable-client centred, regardless of whom the primary client may be.
  o SWPs make efforts to see vulnerable clients (e.g. children, persons with disability and the elderly) preferably face to face and that the interactions between the vulnerable client and their caregivers are observed and assessed.
- SWPs assess the vulnerable clients’ needs and level of care they are receiving. This is ascertained through interactions that workers have with them. Decisions on regularity of the interaction are based on the nature of the person’s vulnerability and the risks they may be exposed to (e.g. children who may be exposed to child protection concerns would need to be seen minimally on a monthly basis).

- SWPs formulate holistic assessments and interventions in relation to the needs and level of care received by the vulnerable clients, as well as the wellbeing of their caregivers.

- Supervision and case reviews take into consideration vulnerable clients and address their areas of needs.

  - Assessments are evidence-based and holistic
    - Assessments of the vulnerable client are corroborated by information received from other professionals/ stakeholders and/or other observations the SWPs have made. It is not formulated based on self-reports by the caregivers alone.
    - Assessments are holistic biopsychosocial perspective of the clients and the environment they are in.

2 For counselling cases, the SWP should engage in a discussion with their supervisor on the need to involve and assess the vulnerable members in the family. In the course of their counselling work with the individual or couple (e.g. marital counselling), the clients may provide information that may be indicative of the risk or concerns to the vulnerable members who may be living in the same household. This may then raise the need to contact and assess the vulnerable persons.

E Managing Caseloads

1 Good agencies manage their workers’ caseloads well to ensure that workers are not overwhelmed and burnt out such that they are unable to attend to the needs of the clients. Caseloads of each SWP are managed, taking into consideration the SWP’s experience, level of expertise, seniority level and competing demands that the SWP has in the organisation.

2 These agencies take into consideration the case types and level of complexity a case has in determining the number of cases that the SWP can manage effectively. An SWP, for example, would have a challenge in having to manage should they have more CSWP Group 4 cases.
**Supervisor’s caseload**

3 The Supervisor’s caseload is also managed well, taking into consideration the competing demands they have in having to manage other programs (where relevant) and a team of SWPs under their charge. These agencies are clear in acknowledging the key role that Supervisors have in helping to build competencies and guide casework practice of the SWPs. Where necessary, a low caseload is allocated to the Supervisors to facilitate their other roles, as having high caseloads would undermine the Supervisor’s ability to support and attend to their SWPs’ needs adequately.

**F Structure and System for Case Reviews**

1 Case reviews are an important process in case management. It allows for supervisors to:
   
   • track the progress of the cases managed by the SWPs;
   
   • consider the changes that may have taken place in the family that may contribute to existing concerns; and
   
   • check on the effectiveness of the interventions developed to manage the concerns.

There are different types of case reviews and this is discussed in further detail in Chap 3 Working with Individuals, Families and Communities.

2 Good organisations have in place a clear structure for supervision case reviews which take into consideration the following:

   • Flagging of cases with risk concerns and cases on FSC-CSWP Group 4;
   
   • Frequency and structure of supervision case reviews based on FSC-CSWP grouping and risk concerns; and
   
   • Process of identifying cases for panel reviews i.e. case discussions which involve various members of staff or other professionals, which should preferably be multi-disciplinary (e.g. inclusion of other professionals involved in the case) where possible.

**G Multi-Disciplinary Work and Networking**

1 Good organisations facilitate the conduct of collaborative practice both within and outside of the organisation, recognising that casework practice can be challenging and requires the involvement of a network of professionals.
2 These organisations foster a culture that supports a team approach towards cases and consultative practice, where SWPs do not make key decisions in silo:

- SWPs recognise the importance of working in partnership with other professionals, with clear open communication and sharing of key information especially in relation to risk issues or other areas of needs faced by the client.
- SWPs recognise the need to work with various systems, both government and non-government, in resolving the issues that their clients are faced with.
- SWPs are aware of the changing landscape and new services that emerge to meet needs and broker those services for clients.

3 SWPs inform their clients, preferably from the onset, that in the course of attending to the clients, SWPs would need to network with other relevant professionals, who are involved with the clients and their family members. SWPs will assure the clients that the collaborative practice is meant to ensure that the clients receive a holistic and comprehensive service across the agencies (please see Chap 4 Practice Considerations should the client refuse to provide consent for the sharing of information across agencies).

H Maintaining Confidentiality

1 In managing their cases, SWPs should maintain the confidentiality of their clients and not divulge information on the client and the client’s case to others. However, SWPs’ ability to maintain confidentiality is conditional on the following factors:

- The client may be at risk of harm; OR
- There is a possibility of the client committing harm to others\(^1\); OR
- There is a need for the client to be referred for services; OR
- There is a need to collaborate with other professionals in managing the case; OR
- They are required to submit evidence to the police/ authorities; OR
- They are subpoenaed to court for a matter relating to their client.

\(^1\) SASW Code of Professional Ethics – A2c. Client Self Determination and Autonomy
Social Workers support clients’ self-determination and autonomy, except in situations where, in the social worker’s professional judgement, the clients’ actions or potential actions pose a serious, foreseeable or imminent risk to themselves or others.
2 SWPs should educate their clients on the SWP’s role and responsibility in maintaining conditional confidentiality at the start of their engagement with the client. When SWPs are faced with the first 2 scenarios listed above, they should discuss such cases with their supervisors and assess the need for the cases to be brought to the attention of the appropriate authorities, such as the police, where required.

I Mandatory Reporting under the Criminal Procedure Code

1 Organisations need to note that knowledge of certain serious crimes listed in the Penal Code, such as sexual abuse, is required to be reported to the police under the Criminal Procedure Code (CPC) Sec 424. The full listing of offences for which mandatory reporting to the police is required is at Annex A.

2 In facing such cases, do note the following important points:

   - It is NOT the role of the SWP to conduct investigations into the crime and collect evidence.
   - Agencies should treat such cases sensitively and provide support to the SWP in managing such cases.
   - Decisions should not be made in silo but deliberated on strategically as a team in the agency. The agency may also consult their legal counsel on the action to be taken, where required.
   - For cases of sexual abuse, the SWP should NOT interview the victim in detail in relation to the sexual abuse incidents. This can subject the victim to further trauma in having to relive the sexual abuse that they have experienced.
   - It is NOT the SWP’s role to establish whether the victim is telling the truth when they disclose the allegations of sexual abuse. This would cause the victim to feel that they are not believed and possibly even blamed for the abuse that had taken place.

---

2 *Criminal Procedure Code Sec 424 – Duty to give information of certain matters*

Every person aware of the commission of or the intention of any other person to commit any arrestable offence punishable under Chap VI, VII, VIII, XII and XVI of the Penal Code (Cap 224) or under any of the following sections of the Penal Code: Sec 161, 162, 163, 164, 170, 171, 211, 212, 216, 216A, 226, 270, 281, 285, 286, 382, 384, 385, 386, 387, 388, 389, 392, 393, 394, 395, 396, 397, 399, 400, 401, 402, 430A, 435, 436, 437, 438, 440, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 489A, 489B, 489C, 489D and 506, shall, in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, immediately give information to the officer in charge of the nearest police station or to a police officer of the commission or intention.
• For some cases, the SWP may be requested and guided by the Child Protective Service (CPS) or Adult Protective Service (APS) to gather more information on the concern raised. In gathering the information to the best of their ability, the SWP should alert CPS or APS if they encounter any difficulties.

• For cases of sexual abuse, the SWP should NOT alert the perpetrator to the sexual abuse allegation and interview/confront the perpetrator on the sexual abuse incidents. This is best left to the police to manage.

• For cases of child sexual abuse, the SWP should NOT alert the non-perpetrator caregiver to the sexual abuse allegation unless the non-perpetrator caregiver is the person who has stepped forward to seek help in relation to the abuse as the non-perpetrator caregiver support towards the child and the child’s allegation of sexual abuse is unknown. Some non-perpetrator caregivers may pressure the child to withdraw the allegations and alert the perpetrators causing them to flee. Alert either the CPS/ Police IMMEDIATELY (please refer to the Manual on the Management of Child Abuse Cases in Singapore for more details. You may contact CPS should you require a copy of this Manual).

3 The requirement for SWPs to lodge a report under CPC Sec 24 does not require for an agreement by the victim or their family members. The consideration on what constitutes as ‘reasonable excuse’ in CPC Sec 24 is dependent on the facts and considerations of each case and determined by the Court. SWPs should alert the clients on their professional responsibility in having to lodge a report with the authorities whenever a disclosure of a serious crime is made. This should preferably be informed to the clients at the start of the SWPs’ working relationship with the client, rather than only at the point of time when the disclosure has been made.

4 Cases of sexual abuse can be complex. The need to report an offence to the police is not dependent on the age of the victim or the number of years that has passed since the incident occurred or the level of risks to the victim at present. Many sexual abuse perpetrators move on to perpetrate against other victims and there may be other victims that the SWP may not be aware of, who are still subjected to abuse by the perpetrator. SWPs need to also recognise that the perpetrator has committed a serious crime and need to be brought to justice (please refer to Chap 4 Practice Considerations for more discussion on the issue).

5 Decisions on lodging a report should be made based on the interest of the victims involved. Under the Children and Young Persons Act (CYPA) and the Vulnerable Adults Act (VAA), if a report is made on good faith to protect the interests of the vulnerable person, SWPs will not be brought to Court for civil liability. In the CYPA, this is covered under Sec 84(3)(b). In the VAA, this is covered under Sec 23(2)(b). This holds true even if the allegations could not be substantiated subsequently.
J Providing Organisational Safety

Environmental work place safety

1 Good organisations ensure that the environment their SWPs work in are safe in accordance to environmental standards set in place by relevant authorities (e.g. the Singapore Civil Defence Force). In addition to this, the design of the workplace takes into consideration possible safety challenges that may be posed by clients with issues of violence/ aggression.

2 In planning the design and layout of the reception areas and the counselling rooms, which clients and members of the public have access to, the following are considerations that help promote both the SWPs’ and the client’s safety:

- Have clear signs displayed indicating that violence against workers will not be tolerated;
- Use subdued and low contrast wall colours and bright lighting;
- Ensure furniture and seating arrangement allows for the SWPs and/ or clients to escape easily should violence occur;
- Consideration to install alarms and CCTVs in the interview rooms; and
- Ensure all equipment and stationery etc., that could potentially be used as a weapon, is safely secured or kept away.

Ensuring workers’ safety

3 Good organisations are prepared that for incidents of violence in their agency. They ensure that their SWPs are trained on how to manage situations where violence is imminent or has broken out.

4 In order to ensure that all the professionals in the agency are prepared for the eventuality of a violent incident breaking out, the agency will undertake the following:

- Develop risk management plans and procedures, which is reviewed regularly;
- Conduct table top exercises and drills;
- Have roles assigned to staff in responding to alarms/ violent incidents;
- Conduct debriefing sessions subsequent to a violent incident to identify learning points; and
- Train staff on the steps to take.
5 The risk of violence occurring is more likely when SWPs are working with clients with a history of violence, mental health issues, anger management issues, poor impulse control, personality disorders or those who misuse drugs and alcohol. SWPs should be prepared that violence may occur even when there was no prior history of it by a particular client. SWPs should always be alert and respond appropriately to minimise chances of escalation.

6 The following are good practices for SWPs to reduce possibility of harm to them.

*For sessions at the agency:*
  
  - Be updated on the client’s issues and be aware of any mental health diagnosis (and its possible linkage to aggression) and possible relapse symptoms.
  - Minimise waiting time for the client and explain if there are delays.
  - Alert colleagues/ supervisor on nature of the case and concerns of the client potentially becoming violent during the session. Keep the door to the counselling room open for such cases.
  - Do not engage the client if he/ she is armed.
  - Where possible, consider having an alternative entrance/ exit door at the FSC to enable client or staff to escape in the event of emergency.
  - Be alert to possible physical attacks and arrange for a break if needed.
  - Maintain a distance from the client and be seated closest to the door.
  - Keep calm, use an even tone and avoid antagonising the client.
  - It can be hard to predict a client’s reaction when he/ she is agitated. As such, SWP should try to de-escalate and not physically engage with the client. The SWP may not be aware of any concealed weapons that the client may have on them, which may lead to worse outcomes to either the SWP, client or both.
  - In the event that client is aggressive and there is concern of harm to the SWP, client or both, the agency should contact the police immediately.
  - The agency should also note the requirements to lodge an incident report with the Ministry where needed.

*For external visits (please see Chap 4 Practice Consideration on making home visits for more information):*
  
  - Plan visits/ meetings in advance and arrange for it to take place in the day time (where possible).
  - Ask for information from other agencies/ professionals working with the client, who may be aware of any possible risks that the client may pose.
• Assess if it is safe to perform a lone visit or if the SWP needs to be accompanied by a colleague.
• Call client prior to making the visit to assess their state of mind.
• Inform colleagues/supervisor about the visit and how long the visit is expected to take. Arrange for a call from a colleague if the visit takes longer than expected.
• Wear comfortable clothes and shoes that allow for easy movement and avoid wearing jewellery, scarves, etc. that could be grabbed and prevent a quick escape.
• Scan the environment before entering the home, and do not enter should there be concerns about safety (e.g. if client is of opposite gender and is alone).
• Do not allow the main door to be locked and be seated close to the door.
• SWP’s mobile phone should be switched on and on hand at all times.
• Be alert and observant of the environment and behaviours of those present in the home.
• End the visit and leave if the client is noted to become agitated/irritated.

**Conveying negative information to clients**

7 SWPs need to plan ahead in conveying an unfavourable information to the client such as a negative outcome or a piece of ‘bad news’, (e.g. rejection of a financial application or potential reporting of the case to CPS). SWPs should expect the client to react negatively to the news and may potentially become aggressive. In needing to convey such information, SWPs should plan ahead and consider the following:

i) Discuss with other professionals who are involved in the case, on the possible reactions by the clients and the scenarios to anticipate;

ii) Strategize with other professionals on how the news should be shared, the timing and venue;

iii) Consider who should be present at the session when the news is conveyed to the client and the person who is best able to convey the news; and

iv) Consider whether there are other members of the family (e.g. children or other vulnerable persons, who may be at risk as a result of the news).

8 Subsequent to conveying the information, SWPs may need to consider conducting a risk assessment and developing a safety plan for the vulnerable members and for the client, depending on the reaction that the client presents in response to the information shared.
K Conducting Process Reviews

1 A review on the organisation’s processes should be conducted when a serious incident happens in the organisation, that had led to possible harm or death of the client or SWP, the question that comes to mind is how the incident could be avoided and what could be done to prevent it from happening again. A review of the organisation’s processes would be helpful in understanding why the serious incident took place and what improvement needs to be introduced to minimise the possibility of such an incident recurring.

2 Some of the guiding questions the organisation may wish to think about whilst conducting the review are:
   • What are the lessons that could be learnt?
   • Was there a lapse on the part of the agency, the individual SWP or both, that could have contributed to the incident? Were there other contributing factors?
   • What were the issues in the agency that could have contributed to the incident, if any? (e.g. manpower, caseload, lack of supervision etc.).
   • What were the practice issues that could have contributed to the incident, if any? (e.g. not attending to risk concerns, not maintaining contacts with the vulnerable members etc.).
   • For issues attributable to the agency, what were the improvements that could be developed in relation to the SOPs and structures within the agency to prevent or minimise the possibility of a recurrence of such incidences in future?
   • For issues that are attributable to the individual SWP’s competency, what is the support that SWP needs to build their practice competency?

3 Depending on the findings from the review, certain changes may need to be made to the SOPs in relation to how cases are managed or new systems and structures may need to be introduced. Organisations may consider engaging the assistance of independent assessors to help them in reviewing their policies and SOPs to tighten areas which has led to the serious incident.

Managing practice lapses

4 In the course of the process review, the organisation may identify practice lapses on either the part of the organisation or the SWP, or both that could have led to the serious incident.
5 Practice lapses are considered to have happened when certain decisions made or actions taken by the SWP and/or organisation, intentionally or unintentionally, led to negative consequences or a serious incident in the case. Examples of such decisions/actions include:

i) Closing a case despite the knowledge of existing/impending risks in the case which is not being attended to by any other agency.

ii) Not ensuring sight and interaction of vulnerable members in the family despite knowledge of existing/impending risks towards them.

iii) Not attending to crises occurring in the family that are placing the members at harm, despite knowledge of such crises.

iv) Not attending to risks that exist in the family that could potentially pose serious harm to the family members, despite knowledge of such risks.

v) Not guiding the family members towards options of safety despite knowledge of harm happening towards them.

vi) Not guiding SWP on safety options despite knowledge of potential harm by the client towards them.

vii) Not providing supervisory support to the SWP when they are managing complex cases or cases with risk concerns, such that they were left unguided.

viii) Failing to report a serious offence despite knowledge of it having taken place.

(this list is not exhaustive)

6 Good organisations have policies and SOPs on how practice lapses will be managed in the organisation and these are made known to staff from the start of their employment with the organisation.

7 Practice lapses attributable to the organisation would be when:

- systems and structures are not put in place to guide practice (e.g. supervision, case review structures, SOPs);
- staff are not supported in their practice due to lack of clear SOPs, supervision, resources, etc.;
- cases are not assigned appropriately (e.g. crisis cases assigned to SWAs or staff who have not been adequately trained); or
- workload/caseload across staff is not managed adequately such that staff are overloaded and cannot manage the needs of the cases assigned to them.
Practice lapses are attributable to the SWP when:

- staff did not abide by the SOPs, codes of conduct and ethics set by the organisation or the protocols and requirements as spelled out by the relevant authorities or governing bodies in relation to managing cases and clients;
- staff did not follow through the case plans, especially in ensuring safety of the clients and vulnerable members of the family;
- staff did not attend to existing risk issues or safety concerns in the family despite being aware of it (e.g. being aware that a child is being abused in a family and not taking any actions such that the child is subjected to ongoing abuse); or
- staff intentionally conceals information or fabricates information/ case notes.

**Differentiated approach in managing lapses**

In managing practice lapse attributed to the SWP, it is important that the organisation differentiates between lapses that are a result of human error, at-risk behaviour or reckless behaviour. This would then determine the type of response that the organisation would need to make in managing the SWP, which is either to console, coach or discipline respectively.

<table>
<thead>
<tr>
<th>Type of lapse</th>
<th>Human Error (e.g. lapse in overlooking procedure)</th>
<th>At-risk Behaviour (e.g. taking unjustified risk)</th>
<th>Reckless Behaviour (e.g. intentional violation of rules/values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
<td>Console</td>
<td>Coach</td>
<td>Discipline</td>
</tr>
<tr>
<td></td>
<td>Support the individual and facilitate learning around their personal fallibility and system design.</td>
<td>Raise awareness and/ or change the perceptions of risk and establish an understanding of the consequences.</td>
<td>Deter individuals from making undesirable behavioural choices against organisational values and expectations.</td>
</tr>
</tbody>
</table>

Human error is the most common lapse observed in any organisation. The response to human error is in supporting the individual and enhancing SWP’s ability on the specific area identified as well as in strengthening the organisation’s protocols.
11 The following are possible actions that can be taken depending on the nature of
the practice lapse that has taken place:

- staff is sent for additional relevant training.
- staff receives intensive supervision and guidance on the other cases they are
  managing.
- staff is suspended from taking on new cases while receiving further training and
  additional supervision.
- staff is transferred to another area of work that is not related to casework (this
could be a temporary measure whilst investigation is ongoing).
- staff is suspended from duty (this could be a temporary measure whilst
  investigation is ongoing).
- staff is terminated from service (where there is serious behaviour concern and
  the suitability and ability of the staff to carry out the SWP role is in question)
- a police report is lodged (where an offence has taken place).

12 The organisation should provide staff with a fair opportunity to appeal against
findings that were made about their casework practice and provide appropriate
channels that the staff could to turn to, should they disagree with the findings from the
review or the way in which the review was conducted.

13 When an organisation makes a decision to terminate a staff from service due
to serious behavioural concerns, the organisation should alert the Ministry and the
Singapore Association of Social Workers (SASW). This would help minimise the
possibility of the staff easily moving on to another organisation when concerns on their
practice has not been addressed.
Chapter 3  WORKING WITH INDIVIDUALS, FAMILIES AND COMMUNITIES

A  Overview

1  This segment outlines the fundamentals in the practice, processes, roles and responsibilities from the point an FSC engages in working with the individual and/or family to the point of termination.

B  Stages of Casework Practice

1  There are 5 stages of casework practice in the FSC:

   ![Stages of Casework Practice]

   Stage 1  Intake
   Stage 2  Assessment
   Stage 3  Case Planning
   Stage 4  Management and review of Case Plan
   Stage 5  Monitoring & Closure

Stage 1: Intake

2  Intake is the first stage of the FSC’s service process. It is the entry point where the FSC determines whether the referral can be appropriately matched to the resources and competencies available in the FSC.

3  Information of the client/family can be received either through a referral from other professionals or self-referral from the family. Information gathered are then used to make decisions on the type of response required.

4  It is the professional task undertaken by SWPs to determine:
   - if the referral will be appropriate for professional services within the FSC, after which the referring agency is to be informed whether the request for service can be supported;
   - if the self-referred client’s needs can be met by the FSC or need to be redirected to other services as the FSC is unable to provide the services that the client requires; or
   - if the self-referred client may be provided with the required information (SWPs may refer to the service directory on SSNet) and not require further service from the FSC.
5 The intake stage also allows for the FSC to clarify the expectations and services of the FSC and the roles of SWPs in relation to the concerns presented by the clients.

**IMPORTANT TO NOTE**

SWPs should at this stage, where appropriate, share with the clients on the limits of the FSC in relation to conditional confidentiality (Please see Chapter 2 Working in an Organisation) and the role of the FSC in networking with other professionals and agencies (both government and non-government) in order to ensure the best service for the clients. SWPs could also highlight their role in working with both the client and the client’s family members, including the children and other vulnerable adults, to better understand the context of the client’s needs and support the family in working towards their agreed goals.

**Conducting an intake assessment**

6 The purpose of an intake assessment is to determine whether a referral proceeds to a case or be referred to other services within the FSC or externally (should the FSC not be able to meet the needs of the client). During the consideration of intake, SWPs seek to:

- Engage the clients and any significant others (where relevant) in a timely and professional manner to identify concerns and whether these concerns fall within the service purview of the FSC;
- Gather key information to establish presenting concerns;
- Identify the risks present for the client and any other vulnerable individual/s and the appropriate response time;
- Conduct a preliminary biopsychosocial-spiritual assessment (which should include the client/ family’s involvement with other government or non-government systems (e.g. ICA, schools etc.);
- Clarify the follow-up required by the client; and
- Establish the suitability and capacity (resources and manpower competencies) of the FSC to respond to the concerns at the present time or in the immediate future.

7 The following are considerations in promoting an intake to a case:

- The level of need and complexity of case:
  - Are there ongoing or past risk and needs with the client/ family that require attending to?
o Does client/ family require assistance in relation to their intra-psychic and/ or social functioning?

o Are there ongoing or past risk and needs with the client/ family that require attending to?

o Is client/ family facing issues with any systems barriers¹?

o Does client/ family require assistance in systems advocacy (e.g. housing)?

o Are there longer-term services and support that the client/ family need that cannot be met within the intake time frame?

8 Some of the client’s needs, can be met through the services provided at intake. For such clients, the intake need not be promoted to a case. Some scenarios for this could include:

- Clients who require a referral to other services (e.g. employment link up).
- Clients who need to be redirected to other agencies as the FSC may not have the specialised skill to address their issue. FSCs should then facilitate a link-up to the relevant help agencies.

¹ Examples of this may be cases that were rejected by government agencies in spite of professional intervention by social work practitioners.
### Work tasks, roles and forms in intake assessment

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Role</th>
<th>Forms and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intake Worker (IW) receives an Intake from an enquiry.</td>
<td>IW</td>
<td>Enquiry Form</td>
</tr>
<tr>
<td>For self-referred (walk-in/ phone-in) clients, IW will proceed on to Step 3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In receiving a referral from other agencies, IW to acknowledge receipt of the case to the referring agency.</td>
<td>IW</td>
<td>Referral Form and Social Report (if any), from referring agencies</td>
</tr>
<tr>
<td>IW to conduct a discussion with the referring agency, prior to meeting the client, to understand the reason/s for the referral, existence of risk concerns and/or needs and the purpose and roles of the agency for the client. Where possible and/or relevant, a joint handover discussion should be conducted, with the client in attendance.</td>
<td></td>
<td>FSC-Interagency referrals can be done using attachments sent via SSNet (or other means).</td>
</tr>
<tr>
<td>Cases that require immediate attention would require the IW to conduct the intake interview expeditiously. Examples of such cases are:</td>
<td></td>
<td>Referrals to &amp; from SSOs via SSNet (or other means)</td>
</tr>
<tr>
<td>- Cases with family violence concerns (e.g. spousal, child, elderly and persons with disability)</td>
<td></td>
<td>FSCs can refer to the standardised FSC Inter-Agency Referral Form or other established FSC Referral Protocols.</td>
</tr>
<tr>
<td>- Cases with suicidal risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cases with immediate safety concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cases with an acute mental health episode</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. For self-referred cases, IW to arrange the first intake interview to obtain the necessary information and relevant</td>
<td>IW</td>
<td>Intake Assessment Form</td>
</tr>
<tr>
<td>Tasks</td>
<td>Role</td>
<td>Forms and Tools</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>documents for an intake assessment.(^2) IW to enquire on issues faced with systems (if any) and the current impact on the client.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. IW to clarify expectations and share with clients the services of the FSC, including role of the IW to help the clients better understand the services available to them.</td>
<td>IW</td>
<td></td>
</tr>
<tr>
<td>5. IW to undertake a preliminary bio psychosocial-spiritual assessment with the information obtained. IW may make use of a genogram, ecomap and timeline in the Intake Assessment Form to organise information.</td>
<td>IW</td>
<td>Intake Assessment Form</td>
</tr>
<tr>
<td>Where there are indicators of immediate risks to the referred client or other vulnerable persons, IW to complete the Risk Alert Checklist and determine the rate of response, in consultation with his/her Supervisor if risk is detected, for ongoing support to manage the risk or any crisis that arose. The worker should conduct an independent assessment of the person who is potentially at risk of harm and not rely solely on reports from other family members.</td>
<td>IW, Supervisor</td>
<td>Risk Alert Checklist (within Intake Assessment form) Child Abuse Reporting Guide (CARG)</td>
</tr>
<tr>
<td>If concerns on child abuse is noted, the IW should complete the Sector Specific Screening Guide (SSSG) and Child Abuse Reporting Guide (CARG) and discuss the outcome of the findings with the Supervisor. Based on the outcome of the SSSG/ CARG, the IW or Supervisor would be required to contact the Child</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^2\) SWPs should cross reference the information provided by the client against official data available (e.g. marriage records etc.) to ensure its accuracy.
<table>
<thead>
<tr>
<th>Tasks</th>
<th>Role</th>
<th>Forms and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective Service to alert them to the concerns of the case.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similarly, for cases with concerns on spousal violence or abuse of vulnerable adults (e.g. elderly or persons with disabilities), the IW would need to assess the risk of potential harm to the adult and consult with the Adult Protective Services where necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor may make a decision to have the case reassigned to an appropriate worker to manage the risk/ crisis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The safety concerns of the client and/ or vulnerable family member should be attended to urgently without delay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. IW to consult Supervisor in relation to assessment and recommendation to:</td>
<td>IW Supervisor</td>
<td></td>
</tr>
<tr>
<td>• Open case if client requires further assistance from FSC; OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Make referral to other agencies and close Intake if client require assistance from other agencies; OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Follow up on risk concerns should the client refuse further help/ services; OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Close the case at Intake if no further assistance is required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Supervisor endorses the recommendations.</td>
<td>Supervisor</td>
<td></td>
</tr>
<tr>
<td>8. If the intake is not opened as case, IW is to conduct the following:</td>
<td>IW</td>
<td></td>
</tr>
<tr>
<td>• For cases that require a referral to another agency, discuss with the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tasks</td>
<td>Role</td>
<td>Forms and Tools</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
<td>-----------------</td>
</tr>
<tr>
<td>client on the reason for the referral and provide any information and clarification required. Get the client’s consent/ agreement for the case to be referred;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss with the agency receiving the case on the referral and share pertinent information on the case (especially risk concerns and needs) and conduct a joint case discussion with the client present (where possible);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For cases that can be attended to within intake, with no further need for follow up - discuss with the client the services that have been rendered and provide needed information or links for other future support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider to open the case should the intake process extend beyond a month. This is to recognise and register the work required for the client and family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. If the Intake is to be opened as a case, Supervisor may assign the case to an SWP, who will be the assigned Case Manager (CM) for the case.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM to proceed to Case Assessment stage.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: All the processes conducted at Intake should be documented. This include discussions with the Supervisors on the work to be conducted.
Workflow of intake assessment

Intake Process → IW receives an intake → IW acknowledges referral and engages client → IW conducts Intake Assessment

IW completes Risk Alert Checklist

Indication of immediate risk?

Yes → IW in consultation with Supervisor undertake risk assessment and if needed, address safety issues.

No → IW undertakes basic biopsychosocial-spiritual assessment

IW confers with Supervisor in relation to assessment and recommendations

Supervisor approves recommendations

To open case?

Yes → Case open

IW informs referral agency on case outcome (where relevant)

Case Assessment Process

No → IW discusses with client the recommendations

IW refers clients to appropriate service and discusses case with receiving agency. Conducts a case conference with the receiving agency and client (where possible).

IW informs referral agency on case outcome (where relevant)

Intake closed
Stage 2: Case Assessment

9 Stage 2 of the casework practice is the conducting of assessments. It establishes the needs of the client/family and the resources required from the FSC and its SWPs to appropriately and effectively respond to them. Assessments contribute to the development of case plans. It provides direction for intervention and enables an assessment of the FSC’s service capacities and competencies required to proceed with the case.

10 Before making an assessment, it is critical for the worker to gather information about the client/family. Information gathering is undertaken to gain a broader, more detailed and in-depth holistic picture of the case. This would enable the worker to understand the presenting concerns and identify the needs and risks of the case. The quantity and quality of information gathered at this stage, coupled with the information gathered at the intake assessment, enables SWPs to conduct a holistic assessment.

IMPORTANT TO NOTE
Assessments are reviewed when there is new information about the clients, changes occurring to the client or their family and/or occurrence of a crisis or critical incident. Reviews could also take place at specific junctures of the case process and this may have been pre-agreed on with the client e.g. at 6 months after the case is first known to the FSC.

11 Assessments are written up as professional reports by SWPs or captured clearly in the Biopsychosocial-spiritual (BPSS) template within the casefile. They are also used as a document to inform others about the context of the case.

Purposeful information gathering for case assessment

12 Information gathering is a continual process, with new information incorporated with what is known. As the relationship established between SWPs and clients forms the fundamental basis for any intervention, it is of utmost importance that the SWP is able to engage and form an empathic, professional and therapeutic relationship with the clients. Information is shared when trust and respect is developed in the relationship. SWPs could achieve this by demonstrating adequate professional curiosity and utilise appropriate interpersonal and interviewing skills. Clients then share their concerns and situation to SWPs, so that SWPs could frame these concerns using a holistic BPSS assessment.
13 There are various professional skills that SWPs could use to engage and intervene to help clients. Utilising these skills appropriately and confidently enables SWPs to progress successfully through the different stages and provide assistance to the clients.

**Formulating case assessments**

14 SWPs utilise their practice wisdom and theoretical knowledge to develop in-depth knowledge, awareness and understanding of the case. They require a sound and updated theoretical base to guide their work with clients. The knowledge provided by theories and research help SWPs understand individuals and their interactions with other people and the environment. A comprehensive theoretical base also helps SWPs to recognise issues, events, behaviours and responses surrounding humans and their environment.

15 Social work assessments involve a holistic BPSS assessment of persons and their environment; which include individuals, families, communities and government agencies. It is through the interaction of these factors that complexities of needs, risks and strengths are better understood.

16 The assessment stage illuminates an understanding of the clients and their situations. Hence in assessment, these key areas of social work practice are seen:

- **Observation:** What SWPs see and look out for.
- **Description:** How information and observations are organised and understood; how SWPs make meaning of and analyse the case.
- **Delineation:** How varied entities in the environment and systems are defined, positioned and impacted.
- **Recognition:** What the needs, risks and strengths are.
- **Explanation:** How observations might be connected and related; the possible relationships between one event and another.
- **Anticipation:** What might possibly happen next and the possible consequences; what SWPs hypothesise and question about the case.
• Planning and Intervention: What might be done to bring about change or relief.

**Key theories guiding the assessment framework**

17 The social work profession draws on theories of human development and behaviour and social systems to explore and understand complex situations, so as to facilitate changes and betterment in the individual, organisational, social and cultural domains. The theories, perspectives, approaches and knowledge base that inform social work practice stem from the various disciplines of studies, particularly sociology, psychology and counselling. They include:

- **General Systems Theories** Reciprocal relationships amongst systems, mutually influencing factors in the environment.

- **Humanistic and Client-Centred Theories** Belief in the worth and potential of the individual and unconditional positive regard for people.

- **Psychodynamics Theories** Internal processes of an individual include conscious or unconscious needs, drives, emotions, past experiences that are either motivating or overwhelming forces in an individual’s life. Focus on insights and interpretations.

- **Cognitive-Behavioural Approaches** The cognitive influence and maintenance of behaviours through reinforcements.

- **Social Learning Theories** Behaviours are learned as the individual interacts with the environment.

- **Psychosocial and Life-span Development Theories** Human development and changes are defined in life stages and cycles.

- **Systemic Family Therapies** The structural, relational and influencing forces and patterns in the family.
• **Strengths Theories**  
  Humans have much strength and resources within themselves or in their environment to deal with problems.

• **Ecological Perspectives**  
  Various systems in the environment interact and influence each other constantly.

• **Conflict Theory**  
  Conflicts arise through power and control in power structures and disparities.

• **Symbolic Interaction Theory**  
  People make meaning out of their experiences they face and the self is developed through interactions between people.

• **Crisis Theory**  
  The individual’s perception and response to a situation they are facing, will determine whether they are able to overcome the hurdle.

**Principles in BPSS assessment**

18  The principles stem from theoretical practice approaches that support the practice of social work. Social work recognises the complexity of interactions between human beings and their environment, and the possibility of people being both affected by and influencing the multiple psychosocial factors acting upon them.

19  The main overarching principles involved focus on the:

• **Individuals**
  - Individuals’ response to the experiences and problems they face in their lives, shape the outcomes. They are therefore one of the important resources that are tapped on to manage and resolve the issues they face. The focus on individuals also reflects social work tenets that respect the individual’s self-worth and dignity and the belief that individuals have a right to self-determination and capable of positive change.

• **Systems in the environment**
  - These systems refer to individuals, communities, and institutions in society (which would include government agencies).
• Intrapersonal interactions
  o The responses and exchanges within the emotional, physiological, cognitive and intra-psychic domains of an individual.

• Interpersonal interactions
  o This refers to exchanges and communication between two or more individuals in the environment. The types, duration, intensity and quality of relationships are evident in these interactions.

• Inter-systems interactions
  o This refers to exchanges between two or more social entities in the environment. The various systems can be understood from Bronfenbrenner’s (1979) concepts of Microsystem, Mesosystem, Exosystem, Macrosystem and Chronosystem.
    - Microsystem : This refers to the individual's most immediate environment and interactions within personal relationships.
    - Mesosystem : This refers to the interactions between the individual's Microsystems.
    - Exosystem : This refers to linkages between 2 or more systems, in which the individual is not directly involved in, but is indirectly affected.
    - Macrosystem : The larger systems (e.g. the political, cultural, economic, social forces) that have a significant impact on the individuals’ and family’s functioning.
    - Chronosystem : This refers to the change and constancy in the individual’s environment (e.g. changes in family structure, societal changes etc.).

• The Person-Environment-Fit
  o This perspective seeks to understand the individual and their behaviour within the environment that they are in. The individual’s behaviours and responses are viewed and understood taking into consideration the different environmental context the individual is in. This environment includes the familial, social, spiritual, physical, political and economic conditions.
  o The individual is the main focus in this person-environment-fit perspective. Attention is paid to how the individual is sustained within their environment, as well as the influence and reciprocal impact between the person and the social environment.
**Essential features in BPSS assessment**

20 As SWPs conduct the BPSS assessment, they would need to utilise their skills, knowledge and practice wisdom to understand the client’s presenting issues through the interactions of the intrapersonal, interpersonal and environmental systems. The client is looked at from the perspective of eight domains:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Physiological issues</td>
<td>i. Stages of cognitive development</td>
</tr>
<tr>
<td>ii. Life Cycle stages</td>
<td>ii. Decision making</td>
</tr>
<tr>
<td>iii. Physical disability</td>
<td>iii. Problem solving</td>
</tr>
<tr>
<td>iv. Health issues</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychological and Mental Health</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Self-identity</td>
<td>i. Emotional attachment</td>
</tr>
<tr>
<td>ii. Self-worth</td>
<td>ii. Emotional display and regulation</td>
</tr>
<tr>
<td>iii. Self-efficacy</td>
<td></td>
</tr>
<tr>
<td>iv. Mental health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual/ Moral</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Sense of purpose and meaning in life</td>
<td>i. Friends/ relatives</td>
</tr>
<tr>
<td>ii. Religion</td>
<td>ii. Relationships</td>
</tr>
<tr>
<td>iii. Moral development, reasoning and judgment</td>
<td>iii. Social support and network</td>
</tr>
<tr>
<td></td>
<td>iv. Social communities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cultural</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Values and beliefs</td>
<td>i. Employment</td>
</tr>
<tr>
<td>ii. Habits and traditions</td>
<td>ii. Financial</td>
</tr>
<tr>
<td></td>
<td>iii. Housing/ accommodation</td>
</tr>
<tr>
<td></td>
<td>iv. Education</td>
</tr>
<tr>
<td></td>
<td>v. Literacy</td>
</tr>
</tbody>
</table>

21 SWPs consider the various systems surrounding the individual client and their environment to ascertain the issues and concerns. The use of tools such as genograms, eco-maps and timelines of the client and his/ her family is helpful for this purpose. SWP then utilises the three lenses of risks, needs and strength to assess the client further.

22 The BPSS assessment will help SWPs to arrive at an analysis, hypothesis and an intervention plan for the presenting concerns. SWPs describe the identified concern by offering explanations, identifying connections, stating theoretical and conceptual analysis, highlighting patterns and themes to establish a better understanding of the clients and their situation. The causal factors contributing to the concerns and needs are identified while protective factors are evaluated.
23 SWPs also assess the impact of an absence of intervention, should the concern or area of need remain.

**IMPORTANT TO NOTE**
In the process of conducting assessments, SWPs state the basis of their assessment to ensure that it is evidence based and not coloured by personal biases and values. Assessments are formulated based on information provided by various members of the family, as well as other professionals and stakeholders involved with the family, where necessary and as best as possible, and not on self-reports by the main client alone. This would ensure a more holistic and comprehensive assessment.

**Formulating the BPSS**

24 The BPSS framework enables SWPs to consider various aspects of the client’s and their family’s functioning across various domains. The table below encapsulate the various areas to consider:

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family System and Social Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio</td>
<td></td>
</tr>
<tr>
<td>• Basic physiological needs (food, clothing, shelter)</td>
<td>• Inter-relational impact between an individual's physical/bio needs and their social environment, on the family’s stability</td>
</tr>
<tr>
<td>• Medical needs</td>
<td>e.g. a family member’s retrenchment (i.e. the social environment) would have an impact on the ability of the individual/family to meet the medical needs of another member of the family.</td>
</tr>
<tr>
<td>• Ability to conduct Activities of daily living (ADL)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Inter-relational impact of a family’s relationships with systems (both formal and informal), on the family and individual’s physiological needs</td>
</tr>
<tr>
<td></td>
<td>e.g. a family having a good support system from their extended family would see positive impacts in terms of how the family functions as it</td>
</tr>
<tr>
<td>Individual</td>
<td>Family System and Social Environment</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>Psychological and Spiritual</strong></td>
<td>enables them to receive support.</td>
</tr>
</tbody>
</table>
| - Emotions and feelings | - Inter-relational impact between an individual’s psychological and spiritual needs and the social environment, on the family’s stability  
  *e.g. adult mental health issues may impact on the children’s ability to develop age appropriate social skills and sense of self.*  
- Psychological (sense of self)  
- Cognitive (age appropriate knowledge and skills)  
- Moral (sense of acceptable & unacceptable behaviour in relation to self and others)  
- Spiritual (sense of self and others in the context of cultural roots and larger cosmos) | - Inter-relational impact of the family’s access and relationships with systems (both formal and informal) on the family and individual’s psychological and spiritual needs  
  *e.g. the family’s close relationship with their friends from church, help foster their sense of belonging and belief systems.* |
| **Social** |  
| - Sense of being wanted and valued as a member of society | - Inter-relational impact between the individual’s social needs and environment on the family’s stability  
  *e.g. a mother’s wish to spend time with her friends and boyfriend would impact on her ability to meet the children’s needs and care.*  
<p>| - Age appropriate social skills and social interactions | - Inter-relational impact of the family’s access and relationships with formal and informal systems on the family system and individual's social needs |</p>
<table>
<thead>
<tr>
<th>Safety Concerns</th>
<th>Individual</th>
<th>Family System and Social Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child abuse</td>
<td></td>
<td><em>e.g. the family’s close ties with the grass-root agencies has an impact on their social connectedness with their neighbours and community</em></td>
</tr>
<tr>
<td>• Spousal Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Elder Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other Types of Family Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exploitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Home Environment Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessment of underlying causal factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>contributing to the safety concerns and harm to the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk behaviours</td>
<td>• Suicide</td>
<td>• Impact of the individual's risk behaviours on their family's safety and functioning</td>
</tr>
<tr>
<td>• Self-Harm</td>
<td>• Danger to Others</td>
<td>• Assessment of future potential harm to the family members</td>
</tr>
<tr>
<td>• Sexual Aggression</td>
<td>• Sexual Aggression</td>
<td><em>e.g. the children’s placement in foster care, due to the child protection concerns, would ensure safety for the children. However, at the same time, it may have an impact on the parent’s parenting and attachment bonds between the parent and child.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Family System and Social Environment</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• Criminal Behaviours</td>
<td>e.g. a father’s frequent suicidal</td>
<td></td>
</tr>
<tr>
<td>• Other Risk Taking Behaviours</td>
<td>ideation and attempts have an</td>
<td></td>
</tr>
<tr>
<td>- Impact of the individual’s risk behaviours on their safety and</td>
<td>impact on his children’s sense</td>
<td></td>
</tr>
<tr>
<td>- Assessment of underlying causal factors contributing to the risk</td>
<td>of security and stability.</td>
<td></td>
</tr>
<tr>
<td>- Assessment of the individual’s receipt of help services and how</td>
<td>• Impact of the family’s</td>
<td></td>
</tr>
<tr>
<td>this is impacting on them and their functioning</td>
<td>involvement and relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with systems (formal and informal) in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>addressing the risk behaviours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Impact of the system’s support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and help on the family’s functioning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e.g. the psychological and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>emotional toll that a family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>faces in having to manage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>suicide threats and attempts by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a family member; and the impact of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>having to ensure that the family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>member receive medical help, on their</td>
<td></td>
</tr>
<tr>
<td></td>
<td>family dynamics and functioning.</td>
<td></td>
</tr>
</tbody>
</table>

- Increase of help and support services for the family members.
Assessing for Risks, Strengths, and Needs
Completing the Family and Adult Support Tool (FAST)

25 FAST provides a common understanding of family’s needs in Singapore and it is designed to support decision making, case planning and management of outcomes. The information is used in all aspects of managing the system from individual family planning to supervision, programme and system operations.

26 The Singaporean version of the FAST was developed by community partners with guidance from the Praed Foundation. It was designed to facilitate effective communication of a shared vision at all levels of the system, based on communication theory rather than psychometric theories that have influenced the development of most measurement tools.

27 In the CSWP Assessment Framework, the FAST serves as an output of the assessments conducted by the SWPs. The information is captured broadly through the FAST ratings, which gives an overall view on the kinds of needs that require mild, moderate or intensive levels of intervention. Identified areas of needs that compromise the safety of the family or any family member have to be attended to immediately. SWPs should be assessing for safety and risks as these can change depending on the circumstances of the family and the stressors they face in their lives.

28 The CSWP classification based on FAST ratings gives a reflection of the complexity of the case. Information captured on the FAST can be used as a guide to help families and SWPs identify and collaborate on case formulations and intervention goals setting. As the FAST is dependent on the SWPs’ continued assessments of the family, it needs to be updated and reviewed periodically. This will allow for a better understanding of treatment progress over time.

29 This same information when seen at an agency level, can also help provide information such as an assessment on the family’s progress over time, and the total intensity and complexity of current family needs the SWP is managing. This would allow Supervisors to match the case to the appropriate SWP, while taking into consideration the SWP’s workload. At the systems level, as stakeholders become more familiar with using this data to manage systems and understand performance, they are better able to identify ways in which the system can improve the dissemination and use of effective practices. Agencies could also use the system to track the types of cases they manage and the intensity of such cases over time.

Rating FAST

30 SWPs rate the items on FAST based on their assessments of the case, guided by the definitions in the FAST User Guide. Attention should be paid to items that are actionable (ratings of either 2 or 3) with priority given to Safety Concern and Risk Behaviour items (items 1-12 in the FAST tool).
IMPORTANT TO NOTE
Other items in the FAST can have an influence on the Safety Concern and Risk Behaviour items, which would then escalate risks/safety concerns to members of the family. Alertness on Safety Concern and Risk Behaviour items has to be maintained even though the items have been given a rating of 1, and SWPs could consider interventions that would help maintain the safety of the client and/or other family members.

Example: Although the rating of the child abuse item is 1, certain needs items such as parents/caregivers stress, family conflict and financial resources, which have ratings of 2 or 3, can cause an escalation of concerns on the child’s safety. SWPs could develop interventions that help support the safety of the child in the household.

Complementing BPSS Assessment and FAST ratings

31 Most areas assessed within the BPSS framework can be mapped directly onto the FAST tool. Where BPSS provides a framework of assessing families holistically, FAST then guides the SWP in thinking about the severity of the issue affecting the family.

Example: SWP identifies through the BPSS framework that an elderly was experiencing abuse by his children and that the family communication patterns and existing conflicts was contributing to this abuse. SWP then utilises the FAST tool and provides ratings for the level at which the elderly is subjected to the abuse, the level of family conflict and the family communication. This then guides the intervention that needs to be put in place.
Workflow of Case Assessment

- SWP obtains information on client, client’s family and environmental systems
  - SWP conducts bio psycho-social assessment
    - SWP completes the FAST rating of items
      - Items rated a 1
        - SWP keeps items in view and identifies plans that maintains the item at a rating of 1, where needed
      - Needs items rated a 2 or 3
      - Safety and risk items rated a 2 or 3
        - SWP conducts in-depth assessment
          - SWP uses other assessment tools, where appropriate, to assess safety concerns and needs of clients
          - Are there risks identified for immediate intervention?
            - Yes
              - SWP develops intervention goals
            - No
              - SWP develops intervention goals

Case Planning Process

Note: Supervisor’s inputs is sought throughout the process
# Work Tasks, Role, Forms and Tools of Case Assessment

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Role</th>
<th>Forms and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Case Manager (CM) obtains information on the individual, family</td>
<td>CM</td>
<td>• BPSS Assessment Form</td>
</tr>
<tr>
<td>and environmental systems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CM fills in the BPSS assessment form on their understanding of the</td>
<td>CM</td>
<td>• FAST</td>
</tr>
<tr>
<td>client and his/her situation, and not just merely capturing data or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>descriptive contents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. CM uses his/her assessment on case to complete FAST.</td>
<td>CM</td>
<td>Tools for in-depth assessment:</td>
</tr>
<tr>
<td>4. When a case is identified to have risks and safety concerns, CM</td>
<td>CM</td>
<td>• Financial Assessment</td>
</tr>
<tr>
<td>conducts in-depth assessments. These include:</td>
<td></td>
<td>• Mental Health Examination</td>
</tr>
<tr>
<td>• Suicide Risk</td>
<td>CM</td>
<td>• Suicide Risk Assessment Guide</td>
</tr>
<tr>
<td>• Vulnerable Adults Risk</td>
<td>Supervisor</td>
<td>• Vulnerable Adults Risk Assessment Tool (VARAT)</td>
</tr>
<tr>
<td>• Child Abuse (list is not exhaustive)</td>
<td>CM</td>
<td>• Child Abuse Assessment</td>
</tr>
<tr>
<td>• CM can also use other assessment tools to further assess and guide</td>
<td>Supervisor</td>
<td>• Elder Needs Assessment (list is not exhaustive)</td>
</tr>
<tr>
<td>interventions, whenever appropriate.</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>• For cases where Safety Concern and Risk Behaviour items have</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>been rated a 3, CM alerts his/her Supervisor and a decision on how</td>
<td>Executive Director</td>
<td></td>
</tr>
<tr>
<td>intervention should be carried out is made jointly.</td>
<td>(ED) for endorsement.</td>
<td></td>
</tr>
<tr>
<td>5. CM submits the assessment to the Supervisor and/or Centre Manager</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>and Executive Director (ED) for endorsement.</td>
<td>Supervisor/Executive</td>
<td></td>
</tr>
<tr>
<td>Manager/ED</td>
<td>(ED)</td>
<td></td>
</tr>
<tr>
<td>Tasks</td>
<td>Role</td>
<td>Forms and Tools</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>6. Supervisor/ Centre Manager/ ED endorses the assessment.</td>
<td>Supervisor/ ED</td>
<td></td>
</tr>
</tbody>
</table>
Stage 3: Case Planning

32 The Case Plan guides SWPs on the intervention to be delivered to the clients in a coordinated and professional manner. It outlines how SWPs respond to the factors identified through the assessment conducted.

Conducting case planning

33 Case Planning ensures that intervention does not happen in an unplanned way, without purpose or direction as this could result in an inappropriate, ineffective or inefficient intervention.

34 One of the key focus in Case Planning is to identify whether the factors assessed earlier need to be controlled, changed or a combination of both. ‘Control’ based objectives are meant to support and direct clients to operate within social expectations and boundaries; while ‘change’ based objectives are meant to educate and support clients in understanding their choices and the resultant consequences, so as to help the client develop insight and create change. (Based on Taft & Robinson’s concept of boundaries of stability).

IMPORTANT NOTE

SWPs can use their therapeutic relationship with the clients to effect either the change based or control based objectives. The control based objectives should not be seen as being in conflict with the therapeutic relationship that SWPs have already developed with the client. Instead, SWPs can use their therapeutic relationship to challenge the client’s thinking and move the client towards a more acceptable way of behaving.

Example: A mother uses harsh methods of punishment on her young child. The SWP can use the therapeutic relationship she has with the mother, to challenge the mother’s views of using such methods, highlighting the impact of such methods of punishment on the child and direct the mother towards using more acceptable modes of parenting.

i. Prioritising of concerns for intervention

35 After all the concerns have been identified in the assessment stage, SWPs would prioritise which concerns would require more immediate attention and intervention vis a vis the other concerns identified.

36 The rating of items in FAST could guide SWPs in this. Actionable items in FAST are items that have been rated either a “2” or a “3”. This indicate to SWPs the need to formulate intervention plans for these items. Risk Behaviour or Safety Concern
items which are actionable should be prioritised as they impact on the safety of the client/ vulnerable family members or others around them.

**IMPORTANT TO NOTE**

Items that are assessed to be impacting/ contributing to the Risk Behaviour/ Safety Concern items are paid attention to with interventions formulated, although the Risk Behaviour/ Safety Concern items may be at a rating of “1”. Such items may cause the Risk Behaviour/ Safety Concern items to escalate in rating should they not be attended to. SWP could also identify areas of concern that need to be prioritised based on the risk assessment BPSS assessments that was earlier conducted.

37 SWPs would craft intervention plans utilising both control and change objectives (where relevant) with the aim of reducing the ratings of the Risk Behaviour or Safety Concern items, or the rating of other items that are contributing to risk. The intervention plans could be developed in collaboration with other professionals working with the family, where available and relevant, outlining the different roles of each of the professionals in the family. This helps SWPs to share the responsibility of safeguarding the vulnerable members and manage risk across agencies/professionals.

*Example: The rating of the elder abuse item is 1. However, SWP noted that the caregiver stress and financial stress in the family is either a 2 or a 3 and these are areas which may potentially impact on the care of the elderly in the household. The SWP should ensure interventions on these areas as a means of safeguarding the elder member of the family.*

ii. **Creating a case plan**

38 Creating a case plan consists of four parts:

- Identify suitable intervention goals based on the concerns prioritised;
- Identify the strategies and tasks to be undertaken to meet the intervention goals in the case plan. Depending on the CSWP classification or FAST item rating, the intensity of intervention would also vary;
- Identify who is responsible for undertaking the various tasks required; and
- Identify the time frame for the tasks to be undertaken and when it should be reviewed.

39 In developing the case plans, consults with the Supervisor should be held to ensure that the identified strategies are robust and targeted to the needs of the client.
IMPORTANT TO NOTE
Case management practice in the FSC is family focused and vulnerable person-centric (e.g. elderly, persons with disability and children). Where possible, build rapport with all members of the family as this may surface differing perspectives and resources. Children, persons with disability and the elderly may often not be given a voice in goal setting and intervention. However, they are the most vulnerable members in a family and need to be safeguarded. Goals and interventions for the family are developed taking into consideration the vulnerable members’ needs.

40 The following are possible case needs of the client:

- Need to respond to the intra-psychic needs of the client – how the individual understands themselves as a person and how this understanding shapes self-functioning in terms of themselves as a person and their interactions with others.

- Need to respond to the social functioning need of the structural context of the client – how the individual understands and functions within the social environment (family, school, neighbourhood, work environment etc.), particularly in relation to daily instrumental functioning to respond to care needs of themselves and others dependent upon them.

- Need to respond to the social interaction needs of the client within the social environment – how the individual understands and functions in relation to interacting with others within the social environment, i.e. the ability to operate in socially empathic relationship with others within a structural environment (family, school, neighbourhood, work environment etc.).

41 Interventions utilise multiple methods of practice to ensure better outcomes for the clients we serve. Differing methods of practice have their own strength and the SWP could flexibly tap on the various methods of practice in developing a case plan. Based upon the case need, there are 2 types of intervention that could be provided:

- Therapeutic intervention: the intervention responds to the intra-psychic needs of the client/s in the case. Attention and strategic intervention efforts are directed towards:
  - How the individual perceives himself or herself as an individual, i.e. self-identity, self-worth and self-efficacy;
  - Why the individual perceives the self in this manner: historical factors which could have led to the construction and understanding of self;
- Functionality/dysfunctionality of the understanding and enactment of self upon the social environment and social interactions within this environment;
- How the individual’s perception and construction of self-impact their relationship with significant people and systems in their life; and
- Understanding of and motivation for change.

- **Non-therapeutic intervention**: intervention responds to the social community environment of the individual. Non-therapeutic intervention is directed towards understanding and enhancing social functioning.

42 A decision matrix in deciding the method of practice based on the Case Need and intervention type is as follows:

<table>
<thead>
<tr>
<th>Case Need</th>
<th>Intervention type</th>
<th>Intervention Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to respond to the intra-psychic and inter-personal needs of the client</td>
<td>Therapeutic</td>
<td>Casework Group work</td>
</tr>
<tr>
<td>Need to respond to the social functioning, structural context needs of the client</td>
<td>Non-therapeutic</td>
<td>Casework Group work Community work</td>
</tr>
<tr>
<td>Need to respond to the social interaction needs of the client within the social environment</td>
<td>Non-therapeutic</td>
<td>Group work Community work</td>
</tr>
</tbody>
</table>

43 In cases with risk concerns, risks need to be managed and be stabilised first through non-therapeutic interventions. Further intervention in terms of therapeutic casework intervention could then follow through until the intra-psychic and interpersonal needs are more stabilised.

44 The different combination of intervention types and methods can also be considered for other members of the family.

Example: A single mother who has been harsh in her method of disciplining her child for educational reasons may first receive non-therapeutic casework where the child is placed in student care services to support her in her care of the child and reduce the amount of time she needs to spend in monitoring the child’s school work. The worker can then provide therapeutic casework with the mother to process her expectations of herself as a mother, while groupwork could be used to work through her challenges as a single mother. The child, too, can receive both therapeutic case work and/or group work in managing the trauma that she may have experienced through her mother’s harsh parenting.
iii. Collaborating with client and family as partners

45 The client and family are the SWPs’ partners in creating change. Case plans are therefore developed collaboratively with the client and family.

46 In the process of deliberating on the strategies, tasks and roles, SWPs should not impose their personal views on the family. SWPs try to understand why the clients might not be ready to work on certain areas and pace with the client on the necessary change. SWPs also try to expand clients’ worldviews and understanding of their current circumstances, so that they might arrive at a point where they would be more willing to work on the priority areas of needs.

IMPORTANT TO NOTE

In situations where the family’s safety or well-being of any vulnerable person may be at risk, the SWP should be mindful of control objectives and to assert direction and action that may over-rule the client’s self-determination. This may mean the need to involve the relevant authorities and protective services to ensure the safety of the persons involved where required.

Example: An elderly infirmed man is in need of immediate medical attention. However, his adult children have been neglecting his needs and have refused for him to be attended to medically, believing that he is exaggerating his symptoms. They were also unwilling to help the man as he had not been a good father to them previously. The SWP processes with the children their anger towards their father and how this is impacting on his care and welfare, as part of the change intervention. However, as a priority, SWP would need to attend to the man’s safety and alert the authorities for his medical needs to be attended to urgently, failing which his life may be in danger.

iv. Setting realistic and achievable tasks

47 Tasks are established collaboratively and are realistic and achievable. Smaller and attainable steps would be preferred as it helps motivate the client compared to bigger but harder to attain steps. Tapping on what client already does well may lead to better outcomes. SWPs could also identify, acknowledge and use the strengths within the client, strength in each of the family members and also strength in relationships across the various internal and external systems.

v. Involving other SWPs from within the FSC

48 FSCs are accountable for their cases. For all clients, SWP is the main case manager (within the FSC) to work with the cases, supported by the Supervisor.
However, for Group 3 and 4 clients, there may be an additional co-worker or a more senior SWP to partner in the intervention, especially when the SWP is a junior staff.

vi. Setting timelines

The purpose of time-limiting a Case Plan is to ensure that case plans are reviewed - tracking progress and assessing suitability of the interventions identified. Generally, Case Plans with ‘control’ based objectives should be reviewed within a shorter time period, while Case Plans with ‘change’ based objectives can have a longer review timeline.

vii. Matching intensity to level of risks and complexity of needs

Interventions are to be carried out in a timely and focused manner. In cases where the risk is higher, the SWP would proactively engage with client/s to effect the interventions. When risk is very high, regular check-in and monitoring will be needed to prevent the clients/ family from going into a crisis. SWPs could also tap on other systems to help them in monitoring and supporting the family (e.g. schools to help monitor the children’s well-being).

SWPs should check in with their Supervisors during case discussions to assess the suitability of the case having a lower intensity of contacts after a course of intervention has been provided. Certain cases may require the intensity to be maintained for a longer period, depending on the issues to be addressed. For example, a case with multiple needs issues involving multiple systems, may require the SWP to maintain contacts with the family twice monthly for a longer period although the CSWP categorisation for the case is at Group 3.

SWPs should also discuss with their Supervisors on the type of contacts that should be made – whether these should be face to face or whether phone calls would suffice. There should be clear justification on when phone calls should suffice. As a guide, SWPs should ensure face to face contact for cases with existing safety and risk concerns, cases involving vulnerable members in the household, cases with recent incidents of crises and cases that are new to the agency.

IMPORTANT TO NOTE

The intensity of contacts with the clients should be increased when crisis occurs in the family, or when there are escalating concerns, regardless of the CSWP Grouping of the case. The BPSS and FAST is then reviewed as soon as possible to assess the changes in ratings to the relevant items and review the case plans to address the new concerns/ escalating concerns/ concerns that has led to the crisis.
viii. Working with systems and partners

54 SWPs hold a person-in-environment perspective to better identify potential partners that can play a part in their case planning. Hence, building a positive working relationship with the key systems and partners involved in the case is essential.

IMPORTANT TO NOTE

Cases, especially those with higher complexity of needs (CSWP Groups 3 and 4) or where Safety Concern items/ Risk behaviour items are rated as actionable, require the involvement of multiple systems. SWPs would then conduct coordinated case management alongside other professionals from other agencies involved in the case. Tapping on the knowledge, skills and networks of other partners is helpful to reduce the likelihood of cases falling through the cracks. Therefore, clarity of roles across the different systems and professionals, ongoing communication and regular updates to partners to review and track progress of the case are crucial.

55 SWPs could:

- Touch base with relevant agencies that have served the client, regardless of how minimal their involvement might have been, once aware of their existence. This will reduce the likelihood of important information being omitted.

- Utilise common risk and needs assessment tools in discussing these cases (e.g. Child Abuse Reporting Guide (CARG), Vulnerable Adult Risk Assessment Guide (VARAG) and the FAST).

Example: A client has been sharing on how she has been impacted by her family’s treatment towards her. She has been feeling down and this was compounded by the numerous quarrels she has been having with her husband about the family’s finances and the care of their children. She has shared with the worker her plans to withdraw from everyone and find solitude. The SWP has concerns that the client’s emotional state may place her in danger of harming herself as she had a history of having been hospitalised for self-harm previously and is known to the hospital’s Medical Social Worker (MSW). The SWP should engage and work with both the MSW and the School Counsellor in ensuring that the welfare of the client as well as the vulnerable member in the household (i.e. the child) is safeguarded. The SWP should hold regular discussions with these other professionals, clarify on their respective roles, plans of action and indicate issues that would require sharing across the professionals.

Please see Chapter 4 Practice Considerations on providing coordinated case management and Annex B for the Guidelines for Master Action Planning for Complex Cases.
### Work Tasks, Role and Forms of Case Planning

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Role</th>
<th>Forms and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collaboration with client: CM engages the client/s on case plan</td>
<td>CM Client</td>
<td>Case Plan Form</td>
</tr>
<tr>
<td>2. CM collaborates with other professionals (where relevant and available) in developing the case plan with clarity on the roles of the different professionals.</td>
<td>CM Other Professionals</td>
<td></td>
</tr>
<tr>
<td>3. CM identifies the tasks, roles and time frame required for the case management plan/ case plan.</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>A case conference can also be conducted to better clarify, identify and set in place the roles to be played by the various professionals.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For cases in FAST Classification 3 and 4, it is recommended for case conferences to be conducted with the partners and/or the team. A multi-disciplinary team approach may be needed for cases with complex needs.*

| 4. CM discusses the case plan with Supervisor and seeks support. | CM Supervisor | |
| 5. CM establishes shared understanding and agreement with the client and other professionals on the case plan. | CM Client Other Professionals | |
**Workflow of Case Planning**

1. **CM engages client and other professionals on case plan**

2. **CM develops case plan and identifies the tasks, roles and time frame for implementation**

3. **CM discusses case plan with Supervisor and seeks support.**

4. **CM considers the identified concerns and intervention goals in developing the strategies**

5. **CM establishes shared understanding and agreement on case plan with client/s and other professionals**

6. **Case management process**
Stage 4: Management and review of Case Plans

56 Case plans are managed and reviewed to ensure that it is implemented and followed through. Proper management of a case plan ensures service accountability towards the clients, government and the community.

57 In managing the case plans, SWP tracks the progress of the case and how the intervention plan is impacting on the family in moving towards the intended outcome. Reviewing the case plan helps determine whether intervention outcomes of the case plan have been achieved appropriately, effectively and efficiently. It allows the case managers to review the effectiveness of the implementation of the case management plan. This will mean making possible and necessary changes to the case plan due to the new information or changes.

58 SWPs review risk concerns, complex case needs and case plans in consultation with other agencies involved in the case, whilst monitoring the risks and needs of their client.

IMPORTANT TO NOTE

CSWP classifications of Group 2 or 3 does not indicate that a case has no risk concerns or that the risk concerns will be stagnate. Risk factors can be dynamic and changes within the family could lead to concerns as interventions are being provided. Families with multiple needs may also experience escalating risks as the needs impact on the underlying risk and safety concerns. For example, a family who had experienced issues of child abuse previously are at risk of this issue surfacing again, should the family be facing high stress levels in terms of employment, finances etc.

Having the case review scheduled as part of case management is essential and the SWP takes active initiative to keep track of their cases and keep their Supervisors involved in the process. All case reviews and discussions conducted are recorded in the client’s case files, regardless of whether these were conducted formally or informally. This ensures that SWPs are able to track the decisions being made and that other SWPs and Supervisors are able to follow through these decisions should the original SWP not be present or is no longer serving the agency.

Purpose of Case Review

59 The purpose of case review is to determine if:

- intervention goals have been met;
- strategies and tasks have been completed;
- case intervention need to continue with or without changes;
• a new case plan;
• re-assessment to be conducted if there are changes to the case situation;
• a new strategy is required should the clients not be in agreement with the case plan;
• case require a transfer to other specialist agencies;
• case to proceed to the case monitoring stage to ensure sustainability of the case plan; or
• case is to be closed as
  o goals have been achieved
  o significant progress towards goals and objectives have been achieved

There are various types of case reviews:

i.  **Case reviews with Clients**

Case review timelines can be set in advance. As SWPs engage the client on the case plan, the client is also informed as to when the progress of the case will be reviewed and what the targeted outcome from the intervention was. The review would then assess how well the outcome has been achieved and the progress the client has made within that timeline. The reviews can be set at 3-6 monthly timelines depending on the need.

ii.  **Crisis case reviews**

Apart from case reviews that has been set in advance, reviews also take place after a crisis. The purpose of such a review is to ascertain whether the crisis has resulted in changes to the family’s dynamics and functioning and whether there needs to be any changes to the case interventions and plans formulated earlier.

SWPs review their earlier assessments on the BPSS and the ratings of the items on FAST, paying close attention to items that are contributing to the crisis the family has experienced or that has changed as a result of the crisis. SWPs then review the case plans to address this. Priorities may also have shifted from the initial case plans. Earlier active case plans may become inactive.

Example: *Initial case plan was to support the father in maintaining stable employment. However, a crisis occurred when the father met with an accident and the family has to now cope with the loss of a breadwinner. Case plans will now have to shift in focussing to support the family in their grief and providing them with the necessary financial support, while assessing the ability of the mother to take on the breadwinner role for the family.*
iii. Supervisory case reviews

These are case reviews where SWPs check in regularly with their Supervisors either formally or informally. It allows for the SWP to update the Supervisor on the progress of the case and seek inputs on some actions that need to be taken. This ensures that SWPs are not working in silo, ensuring support to SWPs and providing shared responsibility on decisions made. An added advantage is the sharing of knowledge and expertise in addressing issues being faced by the family.

Cases that are of higher risk and needs are reviewed at a greater frequency. To facilitate this, SWPs and their Supervisors could flag their cases to allow for easy retrieval and monitoring of cases with greater concerns (e.g. family violence, suicide etc.). Decisions made during such discussions should be recorded and filed in the case file.

iv. Agency case reviews

These are formal case reviews where a case is presented to senior members of the agency for a discussion on the case’s progress. Such case reviews can also be multi-disciplinary where other professionals (e.g. psychologists, doctors etc.) are invited to provide inputs as neutral/ independent members. These reviews should ideally be chaired by the Head of the agency or a Lead Supervisor.

Such reviews allow for SWPs to be provided with guidance especially on complex cases whilst the multi-disciplinary inputs can provide a wealth in alternative perspectives on how the case can be managed.

61 Agencies may consider scoping such case reviews, which can be held several times within a year, for certain category of cases:

- Cases with risk concerns
- High needs cases
- Cases with higher levels of complexity
- Cases where SWP is facing challenges
- Cases that require endorsement for closure or transfer to another agency

Reflecting case reviews on the SSNet

62 SWPs reflect the changes in their assessments in both the BPSS and FAST tools, on the SSNet. Such reviews allow for changes in the family’s circumstance, following interventions conducted, be captured in the BPSS assessment and the FAST ratings. This then shapes the review of the case plans and whether new interventions will now need to be crafted.
63 The SWP could utilise the case reviews (ii) to (iv) above and capture them into the SSNet.
## Work Tasks, Role and Forms of Case Management

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Role</th>
<th>Forms and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CM oversees the implementation of the case management/ case plan.</td>
<td>CM</td>
<td>Case Plan Form</td>
</tr>
<tr>
<td>2. CM engages clients to achieve the goals of intervention and sets a review date.</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>3. CM implements and coordinates the needed tasks to be performed by the various systems including his/ her own roles and tasks.</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>CM conducts regular follow-up with the clients and the other systems to track progress as well as to address issues that surface.</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>Advocacy and mediation may be needed when the client and their informal support network are unable to access certain formal systems.</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>4. Supervisory Case Reviews CM schedules reviews with their Supervisor</td>
<td>CM Supervisor</td>
<td></td>
</tr>
<tr>
<td>5. Updating SSNet CM updates the BPSS based on the outcomes of the case reviews and revise the FAST ratings, where appropriate.</td>
<td>CM</td>
<td>Case Review Form</td>
</tr>
<tr>
<td>CM completes the Case Review Form with the following:</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>• indicate whether Intervention Goals have been achieved and the reasons if not achieved;</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>Tasks</td>
<td>Role</td>
<td>Forms and Tools</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td>• make recommendations on next action plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. CM may make the following recommendations based on the case progress:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• develop new case plans if there are new developments on case situation or if the case has escalated to a higher risk grouping;</td>
<td>CM</td>
<td></td>
</tr>
<tr>
<td>• continue with the existing case plan;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• proceed to Monitoring stage or Case Closure Stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. CM gets approval from Supervisor on the recommendations.</td>
<td>CM Supervisor</td>
<td></td>
</tr>
</tbody>
</table>
**Workflow of Case Management**

CM implements case plans

CM engages with client on the case plans and sets a review date

CM reviews BPSS, FAST and case plans with Supervisor and on SSNet

CM completes Case Review Form

Have the intervention goals been met?

Yes

CM moves case towards monitoring or case closure stage

No

To indicate reasons if the intervention goals are not completed

CM reviews case plans

Continue with existing Case Plan

Make recommendations for new Case Plan

Frequency of review is dependent on the risk levels and/ or CSWP case classification
Stage 6: Case Monitoring and Closing

64 The monitoring stage is conducted prior to case closure to ensure case outcomes are sustained for individuals and families over a period of time. Cases are placed on the monitoring stage once the outcomes are stabilised and the risk and safety concerns have been attended to and minimised. The monitoring stage then serves as a period where the family’s ability to sustain the changes/ progress they have made can be ascertained. Upon achieving sustainable service outcomes, the termination of the case will be done at the closure stage.

65 During the monitoring stage, no active intervention is required. However, it is important for the SWP to have a case monitoring plan, which may be developed in consultation with the clients and/or the professionals who are working with the clients.

66 The case monitoring plan should pay attention to the following six aspects:
- Monitoring professional partnership between the client and other professionals working with the family (e.g. schools);
- Monitoring responsibilities (e.g. father’s continued employment);
- Reporting feedback on client’s or family’s progress (e.g. from other professionals working with the family);
- Sustainability of case outcomes;
- Potential emerging risks and vulnerabilities; and
- Identified strengths to sustain intervention gains.

67 When it is determined that the case is ready to be moved to the monitoring stage in preparation for closure, SWPs conduct a session with the family to share on what has changed since the interventions were put in place and discuss other existing goals that the family may have. SWPs should share with the family the monitoring plan and help the family to identify strengths to sustain intervention goals and to look out for potential emerging risks and vulnerabilities. This would include the identification of informal supports such as family or friends who will encourage and support them.

68 SWPs conduct a session with the clients to:
- Elicit and summarise the accomplishment during the intervention, emphasising the positive changes in behaviours and conditions;
- Discuss any obstacles encountered and focus on the successes and knowledge obtained;
- Remind the clients of the progress made as well as the methods they can use when future problems arise;
• Help the clients plan how to maintain the changes. Discuss any potential obstacles they may encounter as well as strategies for overcoming them; and/or

• Elicit and summarise the accomplishment - emphasise on the positive changes, discuss obstacles encountered, focus on success and knowledge obtained.

i. **Timely Termination of Intervention**

69 Set a realistic period for the monitoring stage which should preferably not be longer than 3 months. The period should be sufficient to ensure that the service outcomes are sustainable and yet not over-stretch the resources unnecessarily. Once the monitoring period is over, SWPs could move towards closure promptly.

ii. **Community Collaboration During Case Closure**

70 When a family has received services from other agencies or service providers, the evaluation of the family progress should, as best as possible, be conducted collaboratively where SWPs determine the family's progress based on information provided by all the relevant service providers. It is good practice to convene a multi-disciplinary case conference to review the family’s progress in relation to the assessment, case plan, and service agreement prior to the closure.

**Closure**

71 The process of ending the relationship between SWPs and the family involves a mutual review of the progress made throughout the helping relationship. Termination is the process of ending SWPs’ relationship with the family and providing the family with the opportunity to put closure to their relationship with SWPs and possibly the FSC.

72 The nature of the relationship between SWPs, the client and the family, the goals accomplished and the nature of the closure, may generate a range of feelings at the point of termination. Each family’s experience of and response to ending the relationship will be unique. Feelings can range from relief, satisfaction, and happiness to sadness, loss, anger, powerlessness, fear, rejection, denial, and ambivalence. It is important to encourage the family members to discuss and process these feelings and discuss their coping styles and support systems in managing the termination of SWPs’ involvement with the family. Even if it has been a difficult relationship, SWPs should provide some positive statement of closure. Some practical ways may include leaving the door open for services should the family need them in the future, including providing appropriate contact information. Referring the family to any additional needed resources will also help the family to cope with the closure.
73 Involuntary clients may be less likely than voluntary clients to experience feelings of loss at closure. Since their involvement was not voluntary, termination is likely to be met with relief that an unsought pressure is being removed. However, if SWPs had worked through the resistance and engage the family in the intervention process, the clients may experience similar feelings of loss as the voluntary clients. This is a positive sign as the family members will experience these feelings if the relationship or the work by the SWP has been valued.

74 When a case is closed, SWPs would notify the client and/ or the working partners from the formal/ professional agencies, such as Child Protective Service, Adult Protective Service, Social Service Office (SSO), Medical Social Workers, schools etc.

75 The following are different types of case closures:

i) **Goals achieved**

Optimally, cases are closed when the families have achieved their goals and the risk identified has been reduced or eliminated.

ii) **Referral and Transfer to External Agency**

Referrals to another agency for purposes of case transfer may take place due to several reasons:

- Family has moved to another locale and prefer to be attended to by an agency that is nearer to their new home;
- Family may not be willing to be engaged by the current agency, preferring instead to be managed by another agency for their own reasons; or
- Family’s needs are better able to be met by other service providers or by specialist providers.

When such referrals happen, SWPs will liaise with the new agency in informing them of the referral and share on the existing concerns as well as the interventions that has been conducted, and discuss on possible follow up interventions that are required. SWPs should preferably conduct at least one joint session to introduce the new practitioner to the family and share on the interventions that will be conducted.

iii. **Transfer (within FSC)**

Due to various circumstances, SWP may end work with the client and transfer the case to another SWP in the agency. Both the current SWP and the SWP taking over the case should have a case handover discussion with a Supervisor present, where necessary, to discuss the needs and concerns of
the case. Both SWPs should preferably, also have at least one joint session to introduce the new SWP to the family and discuss the follow up intervention.

iv. Discontinuation by the family

Some closures may occur when the client discontinues services although the families may still require assistance. They may resist the agency’s intervention or their needs are not within the scope of the FSC to provide.

There are instances, too when the family is not ready or unwilling to work with SWPs further, and this decision may be communicated behaviourally. For example, family members may gradually or suddenly stop keeping to scheduled appointments and not respond to SWPs’ efforts to reconnect. Discontinuation by the family is the least desirable type of case closure but likely to happen some of the time.

If the family is receiving voluntary services and assessments indicate that there is no risk or safety issues within the family, SWPs may agree that ending the relationship with the family is appropriate. However, SWPs should first discuss such cases with their Supervisor to ensure that their assessments of the family have been holistic in that there are no presenting risk or safety concerns that SWPs may have overlooked. SWPs could inform the family of other services available and that they could also return to the FSC should they need help in future. Every effort should be made to help the family receive services through appropriate community agencies (Please see Chapter 4 Practice Considerations for further discussion on families who refuse help).
IMPORTANT TO NOTE

If the family was referred to the FSC by protective or statutory services (e.g. Child or Adult Protective Services, Child Protection Specialist Centres, Family Violence Specialist Centres), the SWP should consult with the Supervisor on how to engage the family further and formulate an assessment of the vulnerable family member’s safety. Should there be existing risk and safety concerns that could not be attended to and the family persist in refusing to work with the FSC, the FSC should alert the agency that had referred the case to them and alert them on the challenges that the FSC is facing. Depending on the level of concerns, the referring agency may need to re-engage with the family. The FSC may close the case should it be decided collaboratively with the referring agency that the FSC may not have a role to play further or the family is so resistant that the FSC’s involvement will yield little value add.

Example: Child Protective Services had referred the family to the FSC to provide parenting skills to the parents. In the course of working with the family, the SWP had difficulty engaging with them as they often missed appointments. The family has stopped contacting the SWP in the last 3 months and home visits to the home revealed no one was home. SWP should then contact the Child Protective Services to alert them of the situation.
## Work Tasks, Roles and Forms of Monitoring and Closing

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Role</th>
<th>Forms and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Progression to case monitoring stage</td>
<td>CM Supervisor</td>
<td>Case Review Form</td>
</tr>
<tr>
<td>Based on the progress of the case identified during the case review, CM submits recommendation to the Supervisor to place the case on monitoring stage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Case monitoring plan</td>
<td>CM Supervisor</td>
<td>Case Plan Form</td>
</tr>
<tr>
<td>CM develops the case monitoring plan in consultation with the client/s and other professionals who are working with the clients.</td>
<td></td>
<td>Case notes</td>
</tr>
<tr>
<td>CM conducts a session with the clients to summarise achievements and discuss how to sustain positive changes made.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The monitoring plan is endorsed by the Supervisor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Approval to closure of case</td>
<td>CM Supervisor/ Centre Manager</td>
<td>Case Closure Approval Form</td>
</tr>
<tr>
<td>Upon achieving the sustainable service outcomes based on the monitoring plan after the stipulated period of time, the CM submits the Case Closure Approval Form to the Supervisor/ Centre Manager/ ED for approval.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon checking on the case, the Supervisor/ Centre Manager endorses the closure of the case.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For classification 4 cases or cases with risk concerns, the approving authorities will be the Centre Manager/ ED.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter 4  PRACTICE CONSIDERATIONS

A  Managing Consent

1  In view of the Personal Data Protection Act, SWP needs to respectfully obtain consent from the client to allow their personal data to be obtained and shared at the start of their engagement with the client. SWP could highlight to the client that data will be shared with the MSF Regional Services Team and other government agencies where needed in order to facilitate networking across systems and to ease service delivery. A copy of the consent form should be provided to the client for their reference.

2  SWPs should assure clients on how their data will be shared and the purpose behind the sharing. If clients still do not consent to their data being shared, services should not be denied. In such cases, the SWP can continue to register the client but note that they are not to share or conduct screening with other agencies, using the data. When the need for screening should arise at a later stage, the SWP would need to request for consent from the client specifically for that purpose (e.g. needing to screen the client’s data with HDB to facilitate an application).

B  Coordinated Case Management\(^1\)

1  Clients with multiple stressors may require the services of different agencies and multiple SWPs, each providing services shaped by unique perspectives, knowledge and skills, to address their various needs. The different agencies and SWPs would work together and collaborate in ensuring that the services provided to the client is coordinated. A coordinated approach also supports the SWP in the provision of services, as it ensures that multiple professionals are working together in meeting the needs of the clients and their family members.

2  SWPs are encouraged to inform the client at the start of their relationship of the FSC’s role in forming networks with other professionals involved with the family, to ensure a collaborative and coordinated approach. SWPs would integrate their knowledge and skills, to be able to either provide coordinated and holistic services, or broker the services from suitable providers.

3  The following principles undergird the coordinated approach to case management:

   - **Safety and well-being of client** - Ensuring the safety and well-being of each client is paramount.

\(^1\) Please refer to Annex B on the Guidelines for Master Action Planning for Complex Cases developed by MSF in 2018.
• **Consistent and integrated approach** - SWPs coordinating their case management adopt a consistent and integrated approach in rendering their services that are in the best interest of the client and their families.

• **Client-centric approach** - Clients, especially the vulnerable members of the family, are to be at the centre of decisions and plans, and their views taken into consideration.

4 Coordinated Case Management enables the following:

• **Timely integration of information** - Helps SWPs access and integrate information in a timely manner, to form a more holistic and accurate understanding of the risks and needs of the client.

• **Effective care planning** - Provides clarity on each SWP’s roles, tasks, and timelines so as to render effective intervention.

5 When a client is attended to by multiple agencies, these agencies have a shared responsibility and accountability for the client and the family. Agencies should seek to utilise their expertise/services to contribute to the holistic plan and not focus solely on their own areas. Shared responsibility and accountability in a client’s care and service plan can be achieved by having the following:

  • A relationship of trust and mutual respect, and support for fellow SWPs.
  • Appropriate staff assigned to manage cases and attend meetings.
  • All stakeholders participate and contribute to case discussions. Follow through with decisions made and adhere to the agreed timelines (unless circumstances necessitate change).
  • Timely response to correspondence.
  • All important information is disseminated promptly to all relevant parties (e.g. key developments in risks, needs and services obtained by client).
  • Regular review and revision of case plans to meet the dynamic needs of the client.
  • Joint case conferences and collaboration with additional agencies as necessary.
  • Proper handover/transition and support/update between agencies.

6 SWPs avoid working in-silo by taking these steps:

• Actively look for agencies who can better support clients.

• Practice collective decision-making (in tandem with clients), but be flexible enough to review case management plans in the face of new information.
The coordinated case plan should not prevent the agencies involved from taking prompt action if the need arises.

- Regularly sharing information.

C Case Conference

1 Case conferencing is a means for SWPs to bring together multiple partners involved in the case, to collaborate in the intervention of the case. SWPs may opt to include the client in some of the conferences, where needed.

2 The objectives of a case conference include clarifying key needs, identifying intervention strategies involving the various partners and their roles as well as a means to update and review progress of the case.

3 SWPs make the effort, where possible, to attend case conferences, especially those organised by the statutory services in relation to the case e.g. the Child Abuse Protection Team (CAPT) meetings and the Child Abuse Review Team (CART) meetings (which are conducted by the Child Protective Service), Vulnerable Adult Protection Team (VAPT) meetings and Vulnerable Adult Review Team (VART) meetings (which are conducted by the Adult Protective Service), or the Adult Protection Team meetings (conducted by the Family Violence Specialist Centres). Attendance at such meetings provides SWPs with key information on the risk and safety concerns that exist in the case and allows them to establish the roles they play vis-a-vis the statutory agencies.

4 When attending or conducting a case conference, SWPs are prepared and ensure clarity on the following:
   - Objectives of the case conference;
   - Agenda for discussion;
   - Partners to be involved in the case conference, their roles and position;
   - Role of the SWP in relation to the case; and
   - Possible dynamics and issues that partners will bring that may impact the attainment of objectives of the case conference.

5 SWPs prepare adequately for the case conference in relation to:
   - Most recent update of case, including assessment, program and changes in bio-data.
   - Social reports/ review reports/ programme reports, if required.
• Informing Supervisor on the purpose/ objectives of case conference. The supervisor should assess the need for themselves to be present at the case conference with the SWP. This is especially for junior SWPs.

6 SWPs articulate practice thinking and reasoning in a professional, logical, theoretically informed and respectful manner. This will ensure a professional representation of the organisation and profession.

D Contact with the Client

1 Accessibility, timeliness of response, clarity of expectations and roles and professionalism of practice characterise the SWPs’ interactions with the client throughout their journey with the FSC.

2 There are many means to engage and connect with clients. They include face-to-face contact at the FSC, at the client’s home or at external venues, (e.g. playground, void deck or other suitable places within the community or at other stakeholders’ premises). Contact could also be made through telephone, emails, handphone messages and letters. However, these should supplement contacts made face-to-face and not be a total replacement for face-to-face contacts.

Clients who refuse help

3 SWPs may face challenges in working with clients who refuse help. Such clients may have walked in to the FSC to request for services initially but then refuse further offers of help, or may have been referred to the FSC by other agencies.

4 Take the effort and time to understand the possible reasons behind the refusal for help. There may be the existence of safety and risk concerns or mental health issues that may lead to the refusal for help offered.

5 In managing clients who refuse help although there are existing risk concerns in the case, consider the following:
  • Engage with the client and continue to make efforts to build rapport. For some clients, this engagement process may take a protracted period of time.
  • Seek assistance from other professional agencies, who had referred the family to the FSC or who may have an ongoing relationship with the family, to help link you with the client and to assist in monitoring the client and the members of the family so as to be on the alert for any escalating concerns.
• Assess whether the client or vulnerable members of their family (e.g. children, vulnerable adults such as the elderly or persons with disability, where applicable), are at risk of imminent harm. Where possible, assessments should be conducted through observations and direct interactions with the client/ family members and not rely solely on self-reports of one particular member of the family.

• Contact other professional agencies who may have ongoing relationships with the client/ members of the family and engage their support to assess the client/ members of the family on their needs and the existence of risks that potentially may place them at harm.

• Consult with the Supervisor should efforts to engage with the client not be successful and/ or there are concerns of harm to the client/ members of the family.

• Conduct an assessment using the Child Abuse Reporting Guide (CARG) for cases involving children and contact the Child Protective Service (CPS) should the CARG assessment indicate the need to do so. For cases involving vulnerable adults (e.g. elderly or persons with disability), contact the Adult Protective Service (APS) for advice and the need to refer.

• Should the safety concerns continue to escalate, call for a case conference with other professional agencies to discuss strategies to work with the client/ members of the family. Involve CPS or APS where necessary, especially if the case had been previously referred to the FSC for management by them.

• In respecting and protecting clients’ confidentiality, information shared with other professional agencies are on a need-to-know basis. In accordance to the Personal Data Protection Act, confidential information on the client and their family members can be shared, should there be concerns of safety and harm happening to the client and/ or their family members.

6 SWPs should consult with their Supervisor on their assessments of these cases and the decisions/ actions to be taken. For cases assessed to have no risk concerns and the client has refused help, the SWP could then discuss the option of closing the case, with their Supervisor.

**Un-contactable clients with risk concerns**

7 There will be cases where SWPs may face challenges in making contact with the client. Such cases may have been referred to the FSC by another agency or may have walked in for a service at the FSC initially but became un-contactable subsequently. Clients who have refused help are also likely to become un-contactable.
In managing such situations, SWPs take into consideration the existing risk and safety concerns in the case in strategizing how to engage the client further. SWPs should also discuss their strategies with their Supervisor. Existence of risk concerns would mean that the efforts to engage with the client/ vulnerable members of the family are expedited and heightened to ensure that the client/ vulnerable members of the family remain safe.

The following are considerations in making efforts to contact clients who have not been contactable and there are known risk issues or concerns in the case:

- For clients that are referred to the FSC by other agencies, SWPs contact the referral agency for clarification on the contact details. Discuss with the referral agency, as well, on existing concerns in the case and seek the referring agency’s assistance to engage with the client.

- Conduct home visits for cases with perceived/ reported needs and risks (e.g. cases referred for concerns of family violence or cases of elderly living alone). Discuss with the Supervisor on the need for a home visit, clearly outlining the concerns that exist in the case and the possible concerns/ risk in making a home visit. Strategise with the Supervisor on how the visits should be conducted especially for cases where there is concern of harm to a vulnerable family member.

- Make a minimum of three attempts to conduct home visits with the clients at different timings and additionally through other various modes of contacts (e.g. phone calls, letters, emails). All these attempts should be documented.

- Consult the Supervisor should clients continue not to respond. The SWP may need to engage help from the police or protective services, where required.

**Uncontactable cases with no known risk concerns**

For cases with no known risk concerns and are uncontactable, the SWP could consult with their Supervisor on the case and discuss the options available. The Supervisor then discusses the case holistically taking care that any possible risk concerns are not being overlooked. The SWP should also alert the referring agency, where relevant, on the client being uncontactable and the efforts that have been made in working with the family.

Should it be ascertained that there are no known risk concerns in the family, the SWP can discuss with the Supervisor on the last efforts to be made to contact the client. The SWP would need to make 3 attempts via home visits, letters or phone calls to contact the client. Preferably different modes of attempts should be made, on different days, at different times of the day. Should the 3 attempts not be successful
in reaching the client, the SWP should alert the Supervisor and discuss on the decision for closure. The referring agency should be alerted to this decision, where relevant.

E Working with Vulnerable Members of the Family

1 Although the person approaching or being referred to the FSC may be the primary client, SWPs have a responsibility in looking into the safety and welfare of the vulnerable family members of the primary client especially if they are residing within the same household. The SWP makes effort to ascertain whether there are other underlying risk concerns that exist in the family, even though the presenting issue of the primary client may not involve the other members of the family. These vulnerable family members include the children, persons with disabilities and infirmed elderly, who do not have the capacity to seek help on their own. They are also at risk of abuse and neglect by their caregivers, due to their vulnerabilities.

2 At the start of SWPs’ relationship with the client, highlight SWPs’ role in having access with the client’s family, especially the vulnerable members to ensure the provision of holistic support, where possible. SWPs could make the effort to interact with the vulnerable member during home visits or sessions at the FSC to assess the level of care that the vulnerable member is receiving. SWPs could also identify and understand who are the various other professionals involved in providing services to the vulnerable member, (e.g. schools, hospitals etc.), and alert these professionals of SWPs’ involvement with the family and collaborate on the development of assessments, safety plans and interventions.

3 There will be clients who may refuse to have SWPs engage and have access with the vulnerable members in the family. It is important for SWPs to process this refusal with the client to understand the reason behind their concerns and assure the client on the role of the FSC in needing to attend to the needs of the family holistically.

4 Should the client persists in not allowing SWPs access to the vulnerable members, this should raise alerts, especially if the vulnerable member is not receiving any other services and there are no other professionals having access to the vulnerable member to assess their level of care. When this happens, it is imperative for SWPs to consult their Supervisor on assessments of the vulnerable member and the possible strategies that could be taken.

Interacting with children

5 Most children tend to be wary of strangers and take time to warm up to the adult, though this is dependent on the personality of the child. Efforts to engage with the child and build rapport, could include asking the child their likes, interests and daily
activities. This not only help SWPs build rapport with the child, but also helps SWPs
to get to know the child better and understand the care they are receiving.

6 While interacting with the children, SWPs could discreetly assess whether the
child’s needs are being met:
   • Is the child’s physical needs met (e.g. food, shelter, clothes etc.)?
   • Is the child emotionally and psychologically engaged (e.g. receiving attention
     and being emotionally attended to)?
   • Is the child interacting with other members of the family or being kept isolated?
   • Is the child receiving cognitive stimulation (e.g. through school)?
   • Is the child’s development age appropriate (e.g. is the child talking and walking
     at the appropriate milestones)?
   • Has the child’s birth been registered and has the child been immunised?

7 SWPs could look out for any signs that may indicate that a child may have been
harmed or neglected:
   • injuries on visible parts of the body;
   • expressions of fear, distress or watchfulness in the presence of certain adults/
     caregivers;
   • lack of interaction and warmth between caregivers and the child;
   • signs of not having been fed or cared for (e.g. unwashed and dirty);
   • lack of care items meant for the child (e.g. children’s clothes, toys, milk
     powder);
   • exposed to high levels of violence and conflicts in the household; and/ or
   • safety and conduciveness of their living environment (e.g. lack of grilles in a
     high rise home and hazardous materials easily accessible).

(This list is not exhaustive. SWPs should also make reference to the Manual on the
Management of child abuse cases in Singapore produced by CPS. SWPs can contact
CPS should they need a copy of this Manual.)

8 SWPs should not do the following:
   • Ask a child to undress to check for injuries on hidden parts of the body;
   • Talk to the child on concerns in the presence of the caregiver, unless the child
     requested for the latter’s presence;
   • Interrogate a child on concerns related to them; and
10. Assessments made about children and their relationship with their caregivers should be holistic and developed over a period of time. SWPs need to be careful that they do not formulate assessments based on just one encounter/observation that they have of the child, as this may not provide a holistic understanding of the child, the care that they are receiving and their relationship with the caregiver.

**Interacting with vulnerable adults**

11. A vulnerable adult is a person who is 18 years and above and is incapable of protecting him or herself from abuse, neglect and self-neglect, due to mental and physical infirmity, disability or incapacity. The extent of disability an individual is assessed to have is measured by the number of Activities of Daily Living (ADL)\(^2\) that the individual can perform. The Ministry of Health (MOH) defines disability as a person who is unable to perform at least 3 of the ADLs.

12. In terms of mental capacity, an individual is deemed to be unable to make decisions for him or herself if the individual is unable:

- to understand the information relevant to the decision;
- to retain that information;
- to use or weigh that information as part of the process of making the decision; or
- to communicate his/ her decision (whether by talking, using sign language or any other means).

13. When interacting with vulnerable adults, SWPs could assess the following about the vulnerable adult and/ or the care that they are receiving from their caregivers:

- the safety and conduciveness of their living environment;
- interactions between the caregiver and the vulnerable adult;
- whether their needs are being met (e.g. food, clothing, shelter, medication etc.);
- whether there are injuries that are suspected to be inflicted and non-accidental;

---

\(^2\) ADLs include washing, dressing, feeding, toileting, mobility and transferring.
• whether their medical and mental health care is managed and provided for (e.g. attending medical appointments, wounds and ailments are attended to etc.);
• whether they are conscious and oriented; and
• whether they are restrained inappropriately.

14 Check the information with other professionals and other adults involved in the vulnerable adult’s care, and not rely solely on the information received from the vulnerable adult or the caregiver alone. SWPs should discuss the findings and concerns with their Supervisors.

F Managing Sexual Abuse Victims

1 Cases of sexual abuse or where sexual abuse has been alleged, need to be managed very sensitively and carefully. Sexual abuse can be committed against anyone, of any gender and any age group. Sexual abuse can also be committed by either strangers or persons who are familiar to the victim.

Intra-familiar sexual abuse

2 Sexual abuse tends to be committed under shrouds of secrecy. This is especially in cases where the abuse is by a person familiar to the victim, as the perpetrator would want to continue having an ongoing relationship with the victim, enabling the abuse to occur over extended periods of time. Where sexual abuse perpetrated by strangers tends to be once off, intra familiar sexual abuse tends to take place over multiple incidences.

3 Perpetrators of sexual abuse may sexually groom their victims, such that their victims are more receptive to the abuse perpetrated against them. The abuse may escalate over time, culminating in more penetrative acts of abuse. Some victims are made to feel that the abuse taking place is part of a ‘special’ relationship that they share with the perpetrator. In other cases, they may be made to feel that they are to be blamed and had ‘asked to be abused’ (e.g. due to their behaviours or clothing they wear).

4 The relationship that victims share with their perpetrators tend to disable them from telling others that they have been abused. The victims may feel the need to protect the perpetrator, the family or members of the family, and they may fear the consequences that may take place should the abuse be disclosed to others. This enables the perpetrator to continue the abuse they are perpetrating and is part of the reason why intra familiar sexual abuse tend to be kept secret long after the abuse against the victim has stopped.
**Working with victims**

5 In working with sexual abuse victims, be aware of the psychological barriers that have been placed on the victim by the perpetrator over the many years of abuse that the victim has been subjected to. Some victims may wish to continue keeping the abuse a secret due to the feelings of shame and the need to protect the family. However, they need help to recognise that the abuse was a serious crime that had been perpetrated against them and that they were not to be blamed.

6 Perpetrators of sexual abuse may have perpetrated against more than one victim. SWPs could check with the client on other possible current or potential victims that may be present within the household and not assume that the client was the only victim. Even when the abuse against SWP’s client may have stopped, the perpetrator may have moved on to other victims, either within the household or elsewhere. Continuing to keep the sexual abuse a secret, enables the perpetrator to seek and victimise others.

7 Perpetrators of sexual abuse come from all walks of life and some may even be outstanding members of the community. For some, their ability to maintain a positive and wholesome image, provides a front for them to engage with victims and perpetrate abuse. SWPs should be careful that they not dismiss or disbelief allegations of sexual abuse by victims, based on the vocation or community standing of the perpetrator (e.g. religious leaders, high ranking persons etc.) or wrongly assume that the perpetrators may have reformed and not perpetrated against others further. The decision to lodge a police report against the perpetrator should not be based on whether the perpetrator has reformed.

**G Conducting Home Visits**

1 Conducting home visits is an important means to conduct outreach, engage with the client/ family and formulate assessments for cases with financial needs, especially where there may be higher complexity of needs/ existence of risk concerns. Home visits provide for a more comprehensive assessment as it allows the conduct of holistic observations of the family’s circumstances and natural interactions amongst the family members.

2 In cases where there are possible risks, SWPs make efforts to reach out to the client by visiting them at the home or other suitable venues, where possible. It can be an effective way to address the balance of power as SWPs demonstrate sincerity and work from the client’s comfort zone instead of expecting the client to go to SWPs’ office.
3 Home visits can be used at any phase of the case management process with the family. It is also a practical way to conduct family sessions when it is challenging for the family to make their way to the FSC’s office as it reduces the client’s need to travel and creates convenience for the client in receiving a service.

4 Home visits require careful planning. SWPs review their past case recordings on the case to remain alert to the issues or concerns that had arisen so that these could be attended to during the visit and be clear on the purpose that they hope to achieve in the visit.

5 As SWPs plan to make a home visit, the safety considerations highlighted in the earlier chapters would need to be applied. SWPs should not take for granted their personal or clients’ safety when home visits are being made. Where needed, they should consult their Supervisors in planning for the home visit, taking into consideration the risks involved.

6 During the home visit, do note the following:
   - surroundings and living condition of the home;
   - conduciveness of the living environment for children and vulnerable members of the family (e.g. sharp items lying around or no grilles affixed to the windows);
   - evidence of potential mental health and/ or medical/ hygiene concerns (e.g. hoarding, bed bugs infestation etc.);
   - evidence of over-crowding concerns;
   - identity of persons living in the home and the permanence of their stay i.e. are there constant changes in the persons residing in the home;
   - presence of adequate household appliances and furnishing to meet the needs of the client and their family;
   - presence of adequate food; and
   - any other concerns that may pose a risk or danger to the client and/ or their family members.

7 Discuss the findings with the Supervisor and record details of the home visit. The recordings on the visit should include details about the observations of the home, the persons present and the interactions between them, in addition to the discussions SWPs had with the client. Visits made to the home where the client was not home should also be recorded as it reflects the effort made by SWPs in contacting the client.
H Documentation

1 There are various types of documentation that SWPs maintain in their case files. All case information should be accurately and promptly documented. This documentation needs to be maintained and kept well as it serves as evidence of the work conducted and allows for easy tracking of the interventions and progress of the client/family. It also allows for easy access to information should the client/family require other services in the future. Information on the risks and needs as well as the decision process should also be clearly documented.

2 Types of documentation include:
   - copies of identifying documents (e.g. birth certificate, NRIC)
   - copies of employment and educational records, where relevant
   - correspondences (e.g. emails, letters, screenshots of WhatsApp or SMS messages etc.)
   - social reports, referral reports etc.
   - other legal documents (e.g. statutory declarations, police reports etc.)
   - case notes
   - record of supervision discussions on the case
   - record of case conferences or other discussions with related professionals on the case
   - relevant forms (intake, case review, closure, consent forms)
   - BPSS and FAST assessments

Case notes

3 Case notes is an important documentation that provides key information about the client/family and the work the FSC is conducting with them. It should be completed as soon as possible after the completion of the session with the client/family members/relevant professionals to ensure that the case notes are recorded accurately.

4 Case notes should be typewritten or handwritten neatly and legibly. Sub-headers would be useful in breaking up the information and categorising them for easy reading. Case notes can be directly inputted into SSNet or uploaded.

5 Case notes serves the following purposes:
   - tracks the interactions that the SWP has with the client and/or family;
• records the interventions conducted and how the client and/or family members respond to them;
• facilitates reviews conducted on the client and/or family and the progress made;
• allows follow through by the SWP taking over the case from a previous worker;
• facilitates supervision of the SWP working on the case; and
• provides evidence and details on the incidents within the case.

6 Case notes should include the following:

• Date, time and venue;
• Persons SWPs interacted with;
• Presence of other persons whom the SWP did not interact with should also be noted (e.g. other members of the family present during the home visit or accompanying the family member during the session with the SWP);
• Observations made of the environment, behaviours, interactions between members of the family;
• Objectives of the session;
• Discussions between the SWP and the client and/or family members;
• Issues identified, highlighting the safety concerns or risks or areas of needs noted;
• Interventions conducted and its outcome;
• Assessments of risks and the impacts of this on the client and/or family members;
• Case plans for intervention to be provided and/or safety plans to ensure safety of vulnerable members in the family and/or to address the issues discussed during the session;
• Discussions SWPs have with other relevant professional on the client and/or family;
• Any other relevant information.
Chapter 4a FRAMEWORK FOR ORGANISATIONS TO SIGHT VULNERABLE MEMBERS IN A FAMILY

1 This framework has been developed with the aim to protect vulnerable family member’s welfare and safety and minimise the risk of vulnerable family members falling through the gaps. It highlights the importance of strengthening and enhancing communication and collaboration amongst agencies involved in the care and support of vulnerable families and facilitates the conduct of joint assessments and interventions.

2 In working with families, it is important for Social Work Practitioners (SWPs) from Social Service Agencies (SSAs) to have sight of and interact with the vulnerable members in the families. This is to ensure that these vulnerable members are safe from abuse or neglect. It will also enable SWPs to assess the vulnerable members’ safety and general well-being. SWPs need to assure the family by explaining that the role of SWPs and the agency is to engage the family as a whole and not just the individual main client.

3 By engaging and building rapport with clients, SWPs develop a helping relationship that is crucial for the assessments of their and their family members’ well-being, risks, and needs. The agency may consider alternative means to sight the vulnerable family member by engaging the family. This can be achieved by referring them to relevant services or programmes by other agencies. When the agency has sight of the vulnerable person, please refer to Chapter 4, page 17 of this Casework Practice Guide on the means of interacting with them and assessing the care that they are receiving.

4 There are clients who may refuse to let SWPs interact with and have sight of the vulnerable family members. SWPs should identify possible reasons for the refusal, and make efforts to engage the family to resolve or clarify them. It is important to process this refusal with the client to understand the reason. Their refusal could possibly be due to:

- the client’s need for privacy and viewing the request as intrusion into their lives;
- the client’s perception of being “judged” or scrutinized by SWPs;
- the client’s anxiety over certain information being uncovered;
- the client’s fear of incrimination if the vulnerable family member has not been properly cared for.

5 SWPs should consult their Supervisor and Head of Agency on the concerns they may have for the case, highlighting the challenges they face in sighting the vulnerable family members and discuss possible strategies that could be taken. SWPs
should minimally make three attempts to conduct home visits at different timings (where possible) as part of their best practice to try have sight of the vulnerable member. It is also helpful for the supervisors of the SWPs or Lead Social Worker to do a joint home visit. All these attempts should be documented.

6 As SWPs continue to engage with the family and attempt to have sight of the vulnerable member, they should concurrently try to assess if there are other concerns for the vulnerable member’s safety and welfare, to the best of their ability. The client’s persistent refusal for the vulnerable family member to be sighted may be indicative of possible concerns in relation to the well-being and/or safety of the vulnerable family member. It could also be indicative of harm that has already been incurred on the vulnerable member and there is intent to hide that.

7 If there are known concerns about a child’s safety and welfare, SWPs should conduct the Sector Specific Screening Guide (SSSG)/ Child Abuse Reporting Guide (CARG) and consult Child Protective Service (CPS) or Child Protection Specialist Centres (CPSCs) where necessary. The same would apply for concerns in relation to other vulnerable members such as the vulnerable elderly or persons with disability where SWPs would conduct the Vulnerable Adult (VA) Triage tool¹ on the case. SWPs should screen the case concurrently with Child Protective Service (CPS)/ Adult Protective Service (APS) to find out if the child/vulnerable adult is/ was known to CPS/APS. (Please refer to the flow chart in Annexes A1 and A2).

8 When the SWP is unable to sight the persons who are at greater risk of abuse or neglect (e.g. a very young child below three years old) after three attempts to conduct home visits at different timings, the lack of visibility and inability to assess whether their care needs are being met, increase the risk to the person. Hence, it will be prudent for SWP to collaborate with other professionals to sight the vulnerable member. SWP could screen the family with the relevant Social Service Office (SSO) and alert SSO on the challenges faced. Concurrently, SWPs could also gather information to establish if the vulnerable member is known to any other social service agencies² (SSAs). SWPs could work alongside the other professionals to strategise and share information to further assist the family.

¹ The assessment tool is subject to change
² Sections 2, 17(3) and 21(4) Disclosure of personal data without consent.

An organisation may disclose personal data about an individual without the consent of the individual in any of the following circumstances: the disclosure is necessary for any purpose which is clearly in the interests of the individual, if consent for its disclosure cannot be obtained in a timely way; the disclosure is necessary to respond to an emergency that threatens the life, health or safety of the individual or another individual; subject to the conditions in paragraph 2, there are reasonable grounds to believe that the health or safety of the individual or another individual will be seriously affected and consent for the disclosure of the data cannot be obtained in a timely way; the personal data is publicly available; the disclosure is necessary in the national interest; the disclosure is necessary for any investigation or proceedings; the disclosure is to a public agency and such disclosure is necessary in the public interest; the disclosure is necessary for evaluative purposes;
**Process to Sight Children**

9 The SWPs could screen by providing the child/ren’s or their parents’ particulars (whichever is available) with the Early Childhood Development Agency (ECDA)/ MOE Compulsory Education (CE) Unit (where relevant) to establish which childcare/ school the child/ren is enrolled at or whether they are known to KidSTART. This should be done if SWPs continue to face challenges in sighting the child/ren despite efforts made and is not able to receive any information on the child/ren from the family. The form to use in screening with ECDA and MOE CE Unit is at Annex B and Annex C respectively. SWPs are required to copy the Office of Director-General of Social Welfare (ODGSW) in their email correspondences with ECDA and MOE when requesting for school information on the child/ren.

10 SWPs requiring information on the child/ren in school and/or seeking collaboration with the school in relation to the child/ren, would complete the information Request Form at Annex D and submit this to ODGSW. SWPs should state clearly their concerns in relation to the child/ren and their reasons for seeking information/ collaboration. ODGSW would then liaise with MOE HQ to seek information from the schools.

11 However, if the child/ren is not in school or known to any organisations and if the family continues to be resistant to the child/ren being sighted, all the relevant organisations involved in this case should strategise on how the child/ren’s welfare and safety could be assessed, possibly through information sharing, case conference etc. SWPs should alert CPS if new safety concerns emerge about the child/ren and family. The same would apply for concerns in relation to other vulnerable members such as the vulnerable elderly or persons with disability.

**Process to Sight Vulnerable Adults**

12 The SWPs could screen by providing the VAs’ particulars with organisations such as Agency for Integrated Care (AIC), SG Enable (SGE) and Silver Generation Office (SGO) to establish if the VAs are known to any of these organisations and to request for information to assess the safety and well-being of the VAs. SWPs should state clearly their concerns in relation to the VAs and their reasons for seeking information/ collaboration. When seeking for information from SGE, SWPs should copy MSF Disability Office (DO) (Please refer to Annex D for contact details).

13 However, if the VA is not known to any organisations and if the family continues to be resistant to the VA being sighted, all the relevant organisations involved in this case should strategise on how the VA’s welfare and safety could be assessed, possibly through information sharing, case conference etc. SWPs should alert APS if new safety concerns emerge about the VA and family.
Inter-agency Strategic Meeting

14 The FSC or lead agency in the case should call for an inter-agency strategic meeting with all the relevant agencies (SSO, SSAs/ FSCs and ECDA/ MOE/ schools) to strategise ways to access and have sight of the child/ren or VA and work with the family.

Filing of Police Report

15 A police report should be lodged should efforts made to sight the child/ren or VA was unsuccessful. If the child/ren or VA could not be located despite attempts made by the various agencies (over a maximum period of 3 months since the first attempt made by SWP to have sight of child/ren or VA), it is imperative that the FSC Head or the head of the lead agency lodge a police report.

16 The decision on when this report should be lodged is dependent on the age of the child/ren (e.g. children who are below the age of 3) and the level of vulnerability of the individual (child/ren or vulnerable adults who are not sighted by any other professionals). The higher vulnerability of the individual would require a police report to be lodged within a shorter frame of time (earlier than the maximum of 3 months).

17 The decision on which agency is to lodge the police report and the timeline to doing so could be established through the strategy meeting.

Notification to the ODGSW

18 SWPs could notify the ODGSW in writing through an email referral with case summary for the following scenarios:

- If family continues to persist in not allowing professionals to sight the child/ren over a period of 3 months; and/ or
- Family has provided false information on the child/ren’s whereabouts; and/ or
- Child/ren is below 3 years old or older child/ren with developmental issues.

19 Where necessary, the DGSW can activate the Powers of Protector to compel the family to bring the child/ren forward for the purpose of assessment.
Framework for Organisations facing Challenges to Sight Child/ren

Organisations (FSCs/SSOs etc.) face challenges to sight children despite reasonable efforts made

- Assess using SSS/G CARG
- Consult with refer to CPS if CARG outcome indicate so
- Consult CPSCs

Is case known to CPS?

Yes, active case with CPS with ongoing CP concerns

Yes, but the case has been closed and there are no known CP concerns

No but there are CP concerns warranting CPS' involvement

No and there are no known CP concerns

Any concerns on children's safety/

Work with the SSA/FSC* on assessing children's safety and well-being

Known to SSA/FSC*?

Yes

Known to SSO? and alert SSO on challenges

Screen with CPS

No

Screen with ECDA/MOE CE Unit* (cc ODGSW) Forms at Annex B/Annex C

To alert CPS if new safety concerns emerge about the children and family

If family continues to be resistant to the children being sighted

If family continues to persist in not allowing professionals to sight the children over a period of 3 months and/or

Family has provided false information on the children's whereabouts and/or

Children is below 3 years old or older childen with developmental issues

Family refuses to cooperate and allow children to be sighted

All agencies involved in the case (SSO, SSA/FSCs and ECDA/MOE/ schools (where applicable) strategise on how children's welfare and safety could be assessed.

Engage the family to ensure children's safety and welfare

Office of DGSW to be activated for any of the following scenarios:
- If family continues to persist in not allowing professionals to sight the children over a period of 3 months and/or
- Family has provided false information on the children's whereabouts and/or
- Children is below 3 years old or older children with developmental issues

Activate Powers of Protector where necessary to compel the family to bring the children forward

IMPORTANT: If the children could not be located despite attempts by organisations after a maximum period of 3 months, lead agency to lodge a police report.

*where relevant

* schools to inform the inter-agency strategy meeting if they have any concerns about the children's safety and welfare.
Framework for Organisations facing Challenges to Sight Vulnerable Adult (VA)

Organisations (FSCs/SSOs etc.) face challenges to sight VA despite efforts made.

- Any concerns on VA's safety/welfare?
  - Yes: Conduct VA Triage, Consult/Screen with APS.
  - No: Screen with APS.

- Is case known to APS?
  - Yes, but the case has been closed and there are no known AP concerns: APS involvement.
  - Yes, active case with APS with ongoing AP concerns: Institutions assess VA for concerns.
  - No and there are AP concerns warranting APS involvement: Intervention by APS.
  - No: Screen with SSO* and alert SSO on challenges.

- VA known to these organisations?
  - Yes: Request for information/assistance from the institutions.
  - No: To alert APS if new safety concerns emerge about the VA/family.

- All agencies involved in the case (SSO, SSAs/FSCs and AIC/SGE/SGO* (where applicable)) strategise on how VA's welfare and safety could be assessed.

- Work with the SSA/FSC* on reversing VA's safety and well-being.
  - If family continues to be resistant to the VA being sighted: Engage the family to ensure VA's safety and welfare.

- Screen with SSO* and alert SSO on challenges.

- Screen with AIC/SGE/SGO*

IMPORTANT: If the VA could not be located despite attempts by organisations after a maximum period of 3 months, lead agency to lodge a police report.

*SWPs should copy MSF Disability Office (DO)
To: ECDA  
Cc: ODGSW

SCREENING REQUEST FORM ON CHILD’S ENROLMENT IN PRESCHOOL/KidSTART

<table>
<thead>
<tr>
<th>Child’s Details</th>
<th>Name: _________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BC No: _________________________________</td>
</tr>
<tr>
<td></td>
<td>D.O.B: ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents' Name</th>
<th>Father: _________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NRIC No: _______________________________</td>
</tr>
<tr>
<td></td>
<td>Mother: _________________________________</td>
</tr>
<tr>
<td></td>
<td>NRIC No: _______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason for Screening</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Centre Head's name and contact details</th>
<th>Name: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email Address: ____________</td>
</tr>
<tr>
<td></td>
<td>Tel No: ________________</td>
</tr>
<tr>
<td></td>
<td>Organisation’s Name: __________________</td>
</tr>
</tbody>
</table>
To: MOE Compulsory Education Unit  
CC: ODGSW

SCREENING REQUEST FORM ON CHILD’S ENROLMENT IN MOE SCHOOLS

<table>
<thead>
<tr>
<th>Child’s Details</th>
<th>Name: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.C No: ______________________________</td>
</tr>
<tr>
<td></td>
<td>D.O.B: ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents’ Name</th>
<th>Father: ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NRIC No: ______________________________</td>
</tr>
<tr>
<td></td>
<td>Mother: _______________________________</td>
</tr>
<tr>
<td></td>
<td>NRIC No: ______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason for Screening</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Centre Head’s name and contact details</th>
<th>Name: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email Address: ________________________</td>
</tr>
<tr>
<td></td>
<td>Tel No: ______________________________</td>
</tr>
<tr>
<td></td>
<td>Organisation’s Name: __________________</td>
</tr>
</tbody>
</table>

Annex C
# INFORMATION REQUEST FORM ON STUDENT

<table>
<thead>
<tr>
<th>Child's Details</th>
<th>Name: _________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School: _______________________________</td>
</tr>
<tr>
<td></td>
<td>Class: _____________</td>
</tr>
<tr>
<td>Parents’ Name</td>
<td>Father: _______________________________</td>
</tr>
<tr>
<td></td>
<td>Mother: _______________________________</td>
</tr>
<tr>
<td>Issue of concern in relation to child/family</td>
<td></td>
</tr>
<tr>
<td>Information needed from school/ Area of collaboration required</td>
<td></td>
</tr>
<tr>
<td>Centre Head’s name and contact details</td>
<td>Name: _______________________________</td>
</tr>
<tr>
<td></td>
<td>Email Address: _________________________</td>
</tr>
<tr>
<td></td>
<td>Tel No: ______________________________</td>
</tr>
<tr>
<td></td>
<td>Organisation’s Name: __________________</td>
</tr>
</tbody>
</table>
### Contact Information

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Integrated Care (AIC)</td>
<td>Email: <a href="mailto:careinmind@aic.sg">careinmind@aic.sg</a></td>
</tr>
<tr>
<td>Early Childhood Development Agency (ECDA)</td>
<td>Email: <a href="mailto:contact@ecda.gov.sg">contact@ecda.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td>If SWPs do not get a response within 5 working days, they may then email the following officers:</td>
</tr>
<tr>
<td></td>
<td>- <a href="mailto:Nicholas_TAY@ecda.gov.sg">Nicholas_TAY@ecda.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td>- <a href="mailto:Thomas_LIM@ecda.gov.sg">Thomas_LIM@ecda.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td>- <a href="mailto:Eleanor_LIM@ecda.gov.sg">Eleanor_LIM@ecda.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td>- <a href="mailto:Ford_LIM@ecda.gov.sg">Ford_LIM@ecda.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td>cc: ODGSW</td>
</tr>
<tr>
<td>Ministry of Education (MOE)</td>
<td>Email: <a href="mailto:eddie_teo@moe.gov.sg">eddie_teo@moe.gov.sg</a> or <a href="mailto:Vishaal_bhardwaj@moe.gov.sg">Vishaal_bhardwaj@moe.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td>cc: ODGSW</td>
</tr>
<tr>
<td>Office of the Director-General of Social Welfare (ODGSW)</td>
<td>Email: <a href="mailto:Nini_Fazelin_Mohamed_Noor@msf.gov.sg">Nini_Fazelin_Mohamed_Noor@msf.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td>cc: <a href="mailto:Nur_Ezrina_Elias@msf.gov.sg">Nur_Ezrina_Elias@msf.gov.sg</a></td>
</tr>
<tr>
<td>SG Enable (SGE)</td>
<td>Email: (Adult Disability) <a href="mailto:ad.services@sgenable.sg">ad.services@sgenable.sg</a></td>
</tr>
<tr>
<td></td>
<td>(Child Disability) <a href="mailto:cd.services@sgenable.sg">cd.services@sgenable.sg</a></td>
</tr>
<tr>
<td></td>
<td>Infoline: <strong>1800 8585 885</strong></td>
</tr>
<tr>
<td></td>
<td>Disability Office (DO): Email: <a href="mailto:Joey_WONG@msf.gov.sg">Joey_WONG@msf.gov.sg</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Amanda_LAU@msf.gov.sg">Amanda_LAU@msf.gov.sg</a></td>
</tr>
<tr>
<td>Silver Generation Office (SGO)</td>
<td>Contact Person: Ms. Susan See (Head at Tanjong Pagar Satellite Office) Email: <a href="mailto:susan.see@aic.sg">susan.see@aic.sg</a></td>
</tr>
</tbody>
</table>
A  Case Tracking for Safety in Protection

1  Case Tracking for Safety (CTS) is a process that monitors protection cases\(^1\) that have been transferred from the MSF Rehabilitation and Protection Group (MSF/RPG) to the Family Service Centres (FSCs) for ongoing case management. These cases that are transferred to the FSCs would have received earlier intervention from either the MSF Adult Protective Service (APS) or Child Protective Service (CPS). Hence, the safety concerns for these cases have been addressed but the family would still require a period of monitoring and support, e.g. family member has stopped their physical abuse towards their child/ vulnerable adult (VA) but ongoing case management and monitoring of the child’s/ vulnerable adult’s safety and well-being is still required. These families would also require ongoing case management to support them in their care and management of the children or vulnerable adults.

2  CTS tightens the coordination between MSF/RPG and the FSCs to ensure that the vulnerable victims are sighted and visible in the community and that their safety, care and welfare is monitored and supported.

B  Role of FSCs in Managing Protection Cases

1  The roles of FSCs in managing protection cases include ensuring sighting of the vulnerable members and their families and providing needed resources and services to sustain a safe environment for the family members. The ongoing case management by FSCs increases the visibility of the vulnerable members, reduces the possibility of recurrence being missed and/or unaddressed and supports the provision of their care and well-being.

   **Transfer of Protection Cases to FSC**

2  Once a case is identified for ongoing case management to the FSCs, a “Red File” is prepared by APS/ CPS to ensure that necessary information on the case is provided to the prospective FSCs. An assessment on the risk level of the case will also be completed and this will be included in the red file.

3  The red file on a case will include the following information:

   i)  information on the child/ vulnerable adult and family;

---
\(^1\) Protection cases are cases involving vulnerable adults or children who have been abused or neglected by their family members.
ii) information on the concerns leading to CPS’ or APS’ involvement with the family; and

iii) contact list of both formal (i.e. professionals working with the family) and informal contacts (i.e. friends, neighbours, colleagues etc.) involved with the family.

a) CPS Red File

i) Collaborative Assessment and Planning Framework (CAPF)

A copy of CPS’ CAPF will be provided to assist the FSC Social Work Practitioner (SWP) in understanding the child protection concerns and circumstances surrounding a particular case. It will also include a genogram of the family and recommended steps to support the family in addressing child protection concerns.

ii) Safety Plan and/or Long-Term Support Plan

CPS Safety Plan and/or Long-Term Support Plan, which include non-negotiables and case plans discussed with child’s parents/guardians and significant others, would be included. The SWP can monitor the case progress with the help of the safety plan and long-term support plan and raise concerns to CPS when there is a breach in safety plan or lapse in case plan. CPS’ Long Term Support Plan will include the necessary actions to be taken by the SWP to support the family in the community.

iii) Summary of SDM Safety Assessment Danger Items and Initial Likelihood of Future Harm Assessment Items

The SWP can utilise the SDM Safety Assessment Danger Items to understand the child protection concerns that had resulted in CPS’ intervention for the child and family.

The initial Likelihood of Future Harm (LFH) assessment items will also be included in the file to provide the SWP an understanding of the level of risk or likelihood of future harm that the child is experiencing at the point of CPS’ intervention. The SWP can use these items to assess whether the initial presenting risk or likelihood of future harm for a child is still present or has decreased over time.

iv) Contact guidelines

To ensure frequent, consistent sighting, interaction and assessment of children and their parents/ guardians or significant others, the FSCs should sight, interact and assess the child at least once a month and do likewise for their parents/ guardians or significant other(s) in either separate or joint sessions.
v) Child Sighting, Interaction and Assessment (SIA) plan

The FSC worker would indicate the frequency of their contact(s) and any remarks/observations/assessments noted monthly in the child SIA form. This allows FSC workers to assess the child’s level of risk regularly and to highlight to CPS intake again should there be any harm that has occurred to the child after the transfer.

b) APS Red File

i) Collaborative Assessment and Planning Framework (CAPF)

A copy of APS’ CAPF will be provided to assist the FSC worker in understanding the VA protection concerns and circumstances surrounding the case. It will also include a genogram of the family and recommended steps to support the family in addressing the VA protection concerns.

ii) Safety Plan

An APS Safety Plan which include non-negotiables and case plans discussed with the VA, the VA’s caregiver, family and significant others, would be included. The FSC SWP can monitor the case’s progress with the help of the safety plan and raise concerns when there is a breach in safety plan or lapse in case plan.

iii) Contact guidelines

To ensure frequent, consistent sighting and engagement of the VA, person who caused harm (PCH), their family members or significant others, the FSC worker should sight, interact and assess the VA and meet with the PCH and their family members or significant other(s) at least once a month. These sessions with VA could either be done separately or in joint sessions with their family members/significant others.

iv) VA Sighting, Interaction and Assessment (SIA) plan

The FSC worker would utilise the VA SIA form to indicate the frequency of their contact(s) and any remarks/observations noted monthly. This allows the FSC worker to assess the VA’s level of risk regularly and to ascertain the need to highlight the case to APS intake should there be recurrence.

C Case Management Transfer Process2

1 After a case has been identified for ongoing case management by the FSC:

i) CPS/APS prepares a “Red File” on the case.

---

2 This “Red File” transfer process applies to both CPS and APS cases that are transferred to the FSCs for ongoing case management. CPS would be involved in cases of children while APS would be involved in cases of vulnerable adults.
ii) An FSC is identified based on whether the case is an existing case with the FSC or based on proximity i.e. the FSC nearest to the family’s residential address. Only cases where the safety concerns have been adequately addressed by APS/ CPS will be transferred to the FSCs.

iii) A case transfer discussion (either held face to face or utilising virtual platforms) is held between CPS/ APS and the FSC, which has agreed to manage the case, to discuss on the case details and case management requirements. Both the direct case worker and supervisor from both CPS/ APS and the FSC should be present for the discussion.

iv) CPS/ APS officer makes arrangement for a case transfer meeting involving CPS/ APS, the FSC’s assigned SW, the child/ Vulnerable Adult, their family, the person who caused harm (PCH) (for VA cases), significant others and other agencies involved with the family within 2 weeks after the case transfer discussion.

v) CPS/ APS informs other professionals working with the family on the transfer of case to the FSC for ongoing management.

2 Upon completion of the case transfer:
   - FSC workers to open a case in SSNet One and create tagging in SSNet One by selecting “Child Protection Low Risk Case” for CPS cases and “Adult Protection Case” for APS cases in Outcome Plan.
   - CPS/ APS conducts 3-monthly check in with the FSC via phone call on the progress of the case.
   - FSC workers to review “Red File” protection cases with their supervisor at least once every 3 months. The review should include discussions on the sighting and assessment of the vulnerable member(s) of the family, and whether there were challenges in meeting recommended frequency of contacts with the family and the vulnerable member(s).
   - FSC workers may write in to the following if they need clarification or more information on the case after the case transfer:
     - CPS
       - MSF_CPSintake@msf.gov.sg
     - APS
       - Adult Protection Coordinator.
       - For urgent clarifications or if immediate consultation is required, do contact the APS duty-line at 6354 9706 or email API_intake@msf.gov.sg
D Management of Red File Cases

Case Closure

1 FSCs are to manage the “Red File” cases for at least 12 months from the date of transfer from CPS/APS. If an FSC decides to close a “Red File” protection case within 12 months from the date of transfer, the FSC must consult CPS through MSF_CPSIntake@msf.gov.sg and APS through API_intake@msf.gov.sg. CPS/APS will respond within 3 working days.

Case Transfer

2 FSCs that need to transfer the management of the “Red File” protection cases to another FSC, would need to transfer the physical red file with the accompanying documents to the receiving FSC. The FSC should also share with the receiving FSC the updates to the case and the interventions they have provided since taking on the case management from CPS/APS.

3 For cases that are within the first 12 months of transfer from CPS/APS, the FSC will need to inform CPS/APS via CPS/APS intake respectively of the plans for transfer during the 3-monthly post-transfer check-in call with CPS/APS. The FSCs transferring and receiving the case should then arrange for a case discussion to ensure a smooth transfer of information on the case and family.

E Escalation Process

1 The SWP would need to alert their Supervisor and Head of the agency immediately when they encounter challenges in managing the case. This would include situations where:
   i) Injuries or concerns on the child or vulnerable adult is noted;
   ii) The caregiver prevents the SWP from having access to the child or vulnerable adult;
   iii) The caregivers refuse to engage with the SWP; and/or
   iv) The safety plans for the child or vulnerable adult has been breached.

2 The SWP and their supervisors should discuss the challenges and strategise on how the case should be best managed.
IMPORTANT TO NOTE

The FSCs need to consult CPS intake (phone: 1800 777 0000 or email: MSF_CPSIntake@msf.gov.sg)\(^3\) at any time when they experience the following and CPS will respond within 3 working days:

- Harm occurs to any of the children in terms of recurrence of abuse as guided by the Child Abuse Reporting Guide (CARG) for cases to be reported to CPS\(^2\); and/or
- Parents do not want to engage with the FSC despite the need to do so being clearly outlined; and/or
- Parents or caregivers block access to the child to be sighted and assessed; and/or
- Long-term support and safety plan are breached.

The FSCs need to consult APS intake (duty line: 6354 9706 or email: API_intake@msf.gov.sg\(^4\)) at any time when they experience the following and APS will respond within 3 working days:

- Harm occurs to any of the VA; and/or
- Caregiver, family members or PCH block access to the VA to be sighted and assessed despite making minimally three attempts to conduct home visits at different timings; and/or
- VA refuses to be sighted and assessed despite multiple engagement efforts made for a month; and/or
- Caregiver, family members or PCH do not want to engage with the FSC despite multiple engagement efforts made for a month; and/or
- Long-term support and safety plan are breached.

For cases where there are imminent safety issues and/or after office hours, please call 999 for police assistance.

---

\(^3\) For urgent matters, FSCs could contact the officers listed in the CPS POC listing that had been circulated to the EDs in May 2020.

\(^4\) APS duty line operating hours are from Monday – Friday, 8.30am – 5.30pm. For urgent matters, FSCs could contact APS at 87153087 if they are unable to get through the dutyline.
Case Transfer Process

Is it an existing FSC case?

Yes: Case transfer starts

- APS/CPS to prepare red file with key documents* for transfer of case to FSC
- APS/CPS to hand over and brief FSC worker and supervisor on details in the red file in a face-to-face session before the case transfer meeting
- APS/CPS to arrange and conduct a case transfer meeting involving APS/CPS, FSC, client’s family and network, and other involved agencies to clarify roles and follow-up actions
- APS/CPS to copy the relevant SSO GM & AGM(RST) in the email to FSC on the transferred case
- FSC’s Role After Transfer of Case Management

No: APS/CPS to identify an FSC for transfer of case management

APS/CPS to email to ED of FSC on the referral of the case

FSC To acknowledge receipt within 4 working days

APS/CPS to seek clarification with ED of FSC on the reasons for disagreement

FSC agreeable with case referral?

Yes: FSC agreeable with case

No: FSC agreeable with case

Yes: FSC agreeable with case

No: FSC agreeable with case

SSO RS Teams to facilitate discussion between APS/CPS and FSC

APS/CPS to seek assistance from relevant SSO RS Teams (email RS AGM, cc GM)

APS/CPS to explore referral to other FSCs

Regular Case Reviews for Red File Cases

Supervisory reviews at least once every 3 months is recommended

Transfer of case to other FSC in the period of post transfer tracking:
- Transferring FSC must inform the new FSC that the case is a Red File case and update on the tracking process
- APS/CPS will contact EDs of the receiving FSCs if there is no response from FSC worker after 2 reminders. (The reminders will be sent consecutively for two weeks)

Case is identified to be suitable for transfer to FSCs as safety concerns are addressed but still require monitoring

APS/CPS screens case in SSNet to check whether case is known to FSC

Ongoing Consultation with APS/CPS

FSC worker to consult APS/CPS intake at any time when:
- Harm occurs to any of the clients, meeting the threshold for “Immediate report to CPS” or “Report to CPS” in the CARG or re-assessment using the APS-assigned assessment tool indicates “High” risk;
- Parents, caregiver, family members or PCH do not want to engage with the FSC despite the need to do so being clearly outlined;
- Parents, caregivers, family members or PCH block access to the child to be sighted and assessed; or
- Long-term support and safety plan are breached.

*Key Documents include:
- VA/Child Sighting, Interaction and Assessment Plan
- Collaborative Assessment and Planning Framework (with genogram)
- Safety Plan
- Case Plan for post-intervention (CPS)
- Summary of Danger Items and Likelihood of Future Harm (LHF) Risk Items (CPS)
- Contact list
- Contact guidelines
- Advisory on when and contact persons to report cases back to APS/CPS

No case closure for Red File Cases within 12 months after case transfer. FSCs to consult APS/CPS for proposed case closures before 12 months.

(*Documents: Case closure summary with supervisor’s endorsement)
# CASE TRACKING AND MONITORING CHECKLIST

**Name of VA/Child(ren):**

**Date of email/call to APS/CPS:**

**Date of transfer to FSC:**

**Review Period (select one)**

- [ ] 3 months after case transfer
- [ ] 6 months after case transfer
- [ ] 12 months after case transfer

**Monitoring Checklist (complete all questions)**

1. **Parents, caregiver, person who caused harm, family members or significant other came for services or have been engaged via video/phone calls monthly in the past 3 months**

   - [ ] Yes
   - [ ] No

   If Yes, please state the dates of engagement:

   ____________________________________________

   If No, please state the reasons:

   ____________________________________________

2. **VA/Children has direct interaction with and assessed by FSC worker, through either face to face contact or video call check-ins, monthly in the past 3 months**

   - [ ] Yes
   - [ ] No

   If yes, when were the last time VA/child(ren) was sighted?

   ____________________________________________

   If No, please state the reasons:

   ____________________________________________

   ____________________________________________
3. Was SSSG or CARG or APS-assigned assessment tool\(^5\) consulted at any point in the past 3 months?
   - Yes
   - No
   If yes, indicate outcome of consultation and interventions (if any) put in place:

   If no, mark “NA” for Q4.

4. Were there incidents of concern where, when CARG was consulted, the results were “Immediate report to CPS” or “Report to CPS” or re-assessment using the APS-assigned assessment tool indicates “High” risk in the past 3 months?
   - Yes
   - No
   - NA
   If yes, describe the incidents and interventions (if any) put in place:

   If no, state the CARG/APS-assigned assessment tool results and the incident(s) of concern that resulted in the use of CARG/APS-assigned assessment tool? Also describe interventions (if any) put in place:

5. Were there incidents of concern that may have impacted on VA/child(ren)’s welfare but the SSSG or CARG or APS-assigned assessment tool was not consulted?
   - Yes
   - No
   If yes, describe the incidents and interventions (if any) put in place:

\(^5\) As of 1 August 2019, the APS-assigned assessment tool refers to the Vulnerable Adult Triage Form (VA Triage). APS is reviewing the assessment tool which is subjected to changes subsequent to the review.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Is VA/child still in the same placement/care arrangements as per 3 months ago?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>If no, describe reasons for change and the new arrangements</td>
</tr>
<tr>
<td>7. A physical Red file was handed over to FSC</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
Chapter 4c  FRAMEWORK FOR WORKING WITH UNCONTACTABLE OR UNWILLING CLIENTS

1 This framework has been developed to guide and provide support to social work practitioners (SWPs) in managing uncontactable clients and clients refusing to work with agencies. It emphasises the need to enhance communication and collaboration among agencies in the care and support of clients. This is particularly important for cases involving vulnerable\(^1\) persons, and for cases where it may be difficult to maintain contact with clients, such as those involving rough sleepers.

2 SWPs should consider the clients’ possible risks/vulnerability, and the potential impact of being uncontactable or disengaged. Some of the possible impact on those at higher levels of risk/vulnerability include being at risk of receiving inadequate care, neglect and/or abuse. These vulnerable members may also not have the means or ability to reach out to someone for assistance. In such situations, there is a crucial need to collaborate with other professionals to ensure the clients’ safety and well-being. Please refer to Chapter 4a for more information on such cases. This includes the screening framework for SWPs when they face challenges in sighting vulnerable persons.

3 Clients may become uncontactable or refuse to work with social service agencies (SSAs) at either the intake stage, or at any point after the case has been opened. When this happens, it is important to identify the reasons for such, and work with clients to address their concerns. Some reasons for clients becoming uncontactable or unwilling to engage include but are not limited to:

- Clients’ unwillingness to work on safety concerns;
- Clients’ feeling that the SSA worker/services have not been helpful to them / met their expectations/resulted in the change they want;
- Clients’ perception of being scrutinised or “judged” by SSA workers;
- Clients’ anxieties over the “inconvenience” that services would have on them;
- Clients’ anxieties over services uncovering certain information about them that they might not want services to know;
- Clients not having a permanent place of residence (e.g. homeless);
- Clients wandering outside their home due to mental health or cognitive functioning issues;
- Clients who may be home but not respond to visitors due to advancing age, deteriorating health, physical or cognitive functioning;

\(^1\) For cases involving vulnerable clients such as children and vulnerable adults please refer to Chapter 4a (Framework for Organisations facing Challenges to Sight Vulnerable Members) of the FSC - CSWP Casework Practice Guide. A vulnerable adult is defined in the Vulnerable Adults Act as an individual who is:

- 18 years of age or older; and has
- Mental or physical infirmity; or
- Disability or incapacity; and because of it
- Is unable to protect himself/herself from abuse, neglect or self-neglect
• Clients moving to reside elsewhere, moving overseas, or returning to country of origin (for non-resident clients); and
• Clients ‘on the run’ from authorities.

Three Key Principles for Consideration – 3 Rs

4 There are three key principles that SWPs should consider when working with uncontactable or unwilling clients. They are Recognise, Reach Out and Resolve (together).

a. Recognise

i) SWPs should first attempt to identify and understand the reason(s) why the clients are or have become uncontactable and/or are unwilling to continue to be engaged. SWPs could gather information through home visits and discussions with other organisations whom the clients are known to, such as Social Service Offices (SSOs), SSAs, schools etc. SWPs could also check with neighbours to ascertain if the client is still residing at the registered address or where the client could usually be found within the neighbourhood.

ii) Some clients such as the rough sleepers and elderly may be harder to contact after intake interviews. Therefore, SWPs could, together with their clients, explore ways of reaching them and staying contactable, such as enquiring about their daily or regular routine, the place they usually spend their time at, their contact numbers (if any) etc. SWPs could also gather information from other organisations that the clients are known to, on the clients’ daily routine, their mental health and cognitive functioning or common places where they usually could be found (e.g. void deck, pavilion, bus-stop, coffeeshop, market etc).

iii) Gathering information from other agencies or significant others may give us possible insights on any incident or experiences that may have contributed to the clients’ current emotions and responses. This includes finding out if the client had any known medical (physical or mental) conditions and their baseline behaviour, which can be helpful in guiding the SWP’s re-engagement plans. These may have resulted in them becoming uncontactable or disengaged². In considering the clients’ experiences, SWPs should also reflect on the systems’ interventions/responses as well as individual practice to identify if the clients’ actions were in response to the actions of the various systems or

² The word “disengaged” can be used interchangeably with the word “unwilling to engage”.

---

2 The word “disengaged” can be used interchangeably with the word “unwilling to engage”. 
workers and if the clients might be resistant to the help offered due to their past experiences and belief systems, leading to negative and uncooperative behaviours (e.g. anger/disillusion at service provider or previous workers).

b. Reach Out

i) SWPs could make attempts to re-establish contact and engage the clients through their informal support networks, and / or other agencies involved in supporting them. SWPs could also check with the Housing Development Board (HDB) Rental Department or branch offices for any existing concerns / difficulties they had encountered while working with these clients. For clients who tend to wander around the neighbourhood, SWPs could also work with the local Neighbourhood Police Centre (NPC) to alert them of any sightings of these clients. Where possible, SWPs should conduct joint home visits with these parties to try and engage the client.

ii) SWPs could build rapport with the client by acknowledging the difficulties that they experience and affirming their strengths in areas where they are coping well. SWPs could also ascertain the needs of the client and provide practical support (such as financial assistance, child-care arrangements and medical appointments etc.).

iii) SWPs should remember that uncontactable and unwilling clients often lack trust in social services. It is thus important to build trust by taking time to clarify misperceptions and allay the anxieties that they may have. This can be achieved through being consistent, honest and open to admitting if a mistake has been made by the organisation or practitioners.

iv) Alternatively, some of these clients may be generally mistrusting of others even if they may or may not have had negative experiences with social services. In such cases, SWPs should consider coordinating with other service providers to either alternate visits or have joint visits to gradually build trust with the client through exposure and interactions with SWPs.

v) As the clients’ negative attitudes and perceptions toward social services (and other help agencies) may take time to change, being patient, persistent and flexible (where possible) would help in building the rapport with and engage the clients. In addition, SWPs should be conscious that the clients may have had a long history of bad experiences with various
systems and help professionals, and that their negative attitudes may go beyond the current situation they are experiencing.

vi) It is also important for SWPs to be clear in their communication with the clients, which helps to build trust. As the clients may be unfamiliar with and struggle to understand certain processes and interventions, it is important for SWPs to prepare the clients by explaining the purpose for their participation, providing information on what to expect in the process, and how it could improve their situations. This would ensure that the clients make informed decisions.

vii) Some significant factors in building meaningful engagement with clients include:

- Having clear, honest and respectful communication with the clients;
- Including the clients in the decision-making process and validating the role of the clients’ family; and
- Being consistent and reliable (including frequency and level of contact).

viii) In addition to reaching out to the client, it is also important to contact referring agencies or other agencies known to the client, and share relevant information and concerns in relation to the case. For example, if the case involves a school-going child, it is crucial to connect with the child’s school to share relevant information or concerns that SWPs may have. SWPs could refer to the screening framework in Chapter 4a, including the screening process with MOE and ECDA, when they face challenges in sighting vulnerable clients.

viii) If the client and / or their family is known to another agency, SWPs could work alongside the other professionals to strategise and share information to further assist the family. SWPs could request for the agency to reach out to the family and link the family with SWPs. Alternatively, the agency with better rapport with the client could be the one to take the lead in engaging the client.

c) Resolve (Together)

i) Once the clients’ concerns have been identified, SWPs should work through these concerns and re-establish contact and engagement by providing concrete help to address their needs. SWPs should consider working with the clients on tasks that are relevant to addressing needs and that can be solved in a timely manner. Success in accomplishing
these initial tasks would encourage the clients to remain engaged with services. SWPs could review the previous efforts and solutions that they had previously attempted and ascertain whether such efforts and solutions could be re-attempted or avoided, so as to prevent further disengagement with services and/or the worker.

ii) In the effort to reengage the client, it is crucial to seek assistance from other partner agencies and professionals to co-construct strategies and reengagement plans, explore leveraging on another agency where practical or find an entry point through them. For example, if the client requires financial assistance, SWPs could refer them to an SSO; alternatively, if the client is having issues with housing, SWPs could help to liaise with the Housing Development Board on their housing needs. If the client is more forthcoming with other agencies, they could be an entry point for the worker, or can also help the FSC be the interface for the time being.

5 SWPs should keep their Supervisors and Head of Agencies abreast on the challenges they face in contacting or engaging the clients and consult them on the next steps to be taken. SWPs should minimally make three attempts to conduct home visits on different days and timings (where possible) as part of their best practice to engage the client. If the clients are not at home or not responsive, SWPs could consider leaving memos, name cards etc. under the door and/or with the neighbours. It is also helpful for Supervisors of SWPs or Lead Social Workers to do a joint home visit with the SWPs. SWPs are to document all attempts to engage clients, have proactive discussion with supervisors/heads of the agencies on exploring different ways to engage clients. Assessment should be conducted to assess if it is possible to cease contacting or engaging clients, bearing in mind the risk and vulnerabilities concerns that the clients might have. Endorsements would need to be obtained from supervisors and heads of the agencies.

**Collaboration with Other Agencies**

6 When the SWPs are unable to contact or engage the clients after three attempts to conduct home visits on different dates, days and timings, it is imperative that the SWPs alert the SSOs on the challenges faced and request assistance for screening with HDB POCs to verify the clients’ address and if there are other contact information of the clients that are relevant. Concurrently, the SWPs could also gather information to establish whether the clients are known to other SSAs. SWPs could work alongside

---

3 Sections 2, 17(3) and 21(4) Disclosure of personal data without consent. An organisation may disclose personal data about an individual without the consent of the individual in any of the following circumstances: the disclosure is necessary for any purpose which is clearly in the interests of the individual, if consent for its disclosure cannot be obtained in a timely way; the disclosure
the other professionals to strategise how clients could be contacted and/or engaged and conduct joint visits where possible. For cases involving vulnerable clients such as children, persons with disabilities or vulnerable elderly, please refer to Chapter 4a of the FSC-CSWP Casework Practice Guide.

7 SWPs should also screen the client with SSNet / One Client View (OneCV)\(^4\), to ascertain that they have the correct address when making a home visit.

- Should the SWP continue to face challenges in contacting or engaging the client despite the joint interventions with other professionals, Head of Agency should escalate the case to the relevant authorities and/or statutory departments for the following scenarios:
  - Client has known risk/vulnerability concerns and have remained uncontactable despite attempts to locate them; or
  - Client has known risk/ vulnerability concerns and persist in disengaging with services.

\(^4\) OneCV is currently not available. FSCs will be given access to OneCV progressively from second half of 2021. The data will be real-time as it will be drawn from CANVAS (ICA is the source).
WORKING WITH UNCONTACTABLE AND UNWILLING CLIENTS FLOWCHART

Annex A

1. Self-referrals or by other professionals
   - Client can be contacted*? / Willing to be engaged?
     - Yes
       - Intake Officer conducts intake assessment. 
       - Open case?
         - Yes: Makes a referral to other services or other agencies with the specialised skills to address client’s issues.
         - No: Screen with SSnet & OneCV to obtain clients’ address
       - No: Any vulnerable person (s) if in household? 
         - Yes
           - Refer to workflow at CSWP Chapter 4a (Framework for Organisations facing Challenges to Sighting Vulnerable Members)
         - No
           - Screen with SSAs / FSCs*

2. Screen with SSnet & OneCV to obtain clients’ address
   - Client/ family can be contacted? *
     - Yes
       - Alert SSO on challenges (after 3 attempts to contact client)
       - Yes: Escalation of case to relevant authorities and/or statutory departments for the following scenarios:
         - Client/family has known risk/vulnerability concerns and have remained uncontactable despite attempts to locate them;
         - Client/family has known risk/vulnerability concerns and persist in disengaging with services
     - No: Close the case should last efforts made be unsuccessful and alert the referring agency of case closure (where applicable)
   - No: Client/ family willing to be engaged?
     - Yes: Discuss the case with Supervisor holistically:
       - **Known risk/vulnerability concerns on the client/family**
         - "Taking note of possible risk concerns
         - Last efforts to be made to contact/ engage with client/family
         - Case closure
     - No: **Continue working with client/family to address their needs**

3. Contact the agencies to strategise on how family may be contacted and conduct joint visits where possible

4. Challenges in contacting and/or engaging family/client despite efforts made?
   - Yes: Escalation of case to relevant authorities and/or statutory departments for the following scenarios:
     - **Known risk/vulnerability concerns on the client/family**
       - "Taking note of possible risk concerns
       - Last efforts to be made to contact/ engage with client/family
       - Case closure
   - No

*Make a min of 3 attempts to contact the client on different days and timings.
**The case worker should keep the Supervisor abreast of the concerns in the case and consult them on the next steps to be taken.
***Client may decide to stop working with agency after a few sessions.
If Children and / or vulnerable adult. A vulnerable adult is defined as:
- 18 years of age or older; and has
- Mental or physical infirmity; or
- Disability or incapacity; and because of it
- Is unable to protect himself/herself from abuse, neglect or self-neglect.
## WORKING WITH UNCONTACTABLE CLIENTS CHECKLIST

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
<th>Outcome</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened with SSNet / OneCV to ascertain client details</td>
<td></td>
<td>e.g. Client address &amp; contact details obtained / outdated.</td>
<td>e.g. Home visit to be conducted on 14 April 2021.</td>
</tr>
<tr>
<td>Attempted contact with Client / Family (e.g. call / visit / letter)</td>
<td>(1&lt;sup&gt;st&lt;/sup&gt; Attempt) e.g. 14 April 2021, 5pm, home visit</td>
<td>e.g. Client did not answer door knock.</td>
<td>e.g. Second attempt to be made on 16 April Morning.</td>
</tr>
<tr>
<td>(Please indicate date, time &amp; mode of contact)</td>
<td>(2&lt;sup&gt;nd&lt;/sup&gt; Attempt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3&lt;sup&gt;rd&lt;/sup&gt; Attempt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screened with relevant SSA / FSCs</td>
<td></td>
<td>e.g. Client previously known to ABC FSC for child-care needs.</td>
<td>e.g. Contact previous social worker to identify needs and concerns and strategise on how family may be contacted.</td>
</tr>
<tr>
<td>Screened with SSO</td>
<td></td>
<td>e.g. Client receiving SMTA from SSO for 5 months, expiring in September 2021.</td>
<td>e.g. Contact SA officer to identify needs and concerns.</td>
</tr>
<tr>
<td>Re-engagement plans &amp; information sharing with other relevant agencies (e.g. joint visits / practical needs / risk concerns etc.)</td>
<td></td>
<td>e.g. FSC &amp; SGO identified as contact points with family</td>
<td>e.g. Discussion on re-engagement plans with ABC FSC on 20 April 2021. Joint home visit arranged for 25 April 2021.</td>
</tr>
</tbody>
</table>
Chapter 5  MANAGING CASES WITH RISK AND SAFETY CONCERNS

A  Cases with Risk and Safety Concerns

1  FSCs manage a myriad of cases and the cases will range in terms of the type of assistance needed, FSC-CSWP case grouping, presence of risk and safety concerns and needs of the clients. SWPs will need to be vigilant when cases present risk and safety concerns and attend to the concerns regardless of the FSC-CSWP grouping of the cases.

2  When risk is detected, SWPs should alert his/her Supervisor to formulate an assessment of the concerns and strategies on a suitable plan to address the concerns. A team approach is important in managing the risk concern, so that it does not escalate, with safety of the various family members taken into consideration. Additionally, there may be circumstances, where the risk is too high and protective factors low, which may warrant an immediate report to CPS/ APS/ police.

B  Understanding Risks and Vulnerabilities

1  All families and individuals approaching FSCs for assistance present with vulnerabilities and risks. Within the scope of the FSC-CSWP, ‘risk’ is understood in relation to factors that pose a threat to the safety of the individual, either as a result of self-inflicted harm, or harm from others.

2  There are various ways in which vulnerability and risk are defined in international literature with no clear consensus of a universally accepted definition for use within social work. SWPs need to note that different concerns have differing risk and vulnerability factors that they need to consider.

   Example: Factors that impact on risk and vulnerability of a child would differ from the factors that affect a person’s vulnerability and risk to suicide.

Risks

3  Risk can:
   •  Endanger a person’s safety.
   •  Involve harm if not addressed.
   •  Cause the possibility of loss of life or injury.
   •  Be posed to oneself and to others.
• Place the person in danger of future negative experiences and outcomes due to the past negative experiences.

• Recur to the same person.

_Example:_ A person who has experienced prior physical violence is at risk of future physical violence if nothing is done to address the past experience.

4 Risk should be assessed in relation to its:

• **Likelihood (imminent vs. emerging)**

  The assessment on the likelihood of harm occurring would determine the priority of response to address the identified concern. An imminent risk would indicate that a person is very likely to be harmed within the near future and this would warrant immediate attention and intervention.

  _Example:_ A wife who has a history of being physically battered by her husband calling the SWP to share that her husband has come home drunk and threatening to hit her again.

  Emerging risks are new and unforeseen risks and would require a period of monitoring as their potential for harm is not fully known. SWPs will need to monitor the issue closely to determine whether there is likelihood of an escalation that would require intervention.

  _Example:_ A father’s loss of employment which is impacting on his ability to pay for the flat’s rent could lead to the possible loss of the family’s home. However, this is uncertain at the current point as it is dependent on the father’s ability to find new employment soon.

• **Fluidity (static vs. dynamic)**

  The fluidity of a safety concern would significantly influence the type of intervention (control vs. change-based) implemented to address the identified concern. Static risks tend to remain largely unchanged over time (e.g. disability, history of mental health), while dynamic risks (e.g family violence risks, risks of self-harming) have the potential to escalate, de-escalate, or even be eliminated with appropriate intervention. It is crucial that SWPs be mindful that static risks cannot be completely eradicated, only managed and reduced through intervention. As such, various safety plans need to be built in to ensure safety.

  _Example:_ The person with physical disability who requires much care support and is at risk of being harmed by the caregiver, would require safety plans and interventions built around his care to ensure his safety. His physical disability in itself cannot be eliminated.
• **Nature (internal vs. external)**

Internal risks refer to concerns that are internal within the individual. Physiological issues (e.g. physical disabilities or limitations), intra-psychic issues (e.g. mental illness including personality disorders), and cognitive issues (e.g. intellectual disability) are classified as internal risks, while interpersonal and environmental issues (e.g. family conflicts, high crime neighbourhoods) are termed as external risks. It is worthwhile noting that some internal risks (e.g. disabilities) are also characterised by stativity which would significantly dictate the required level of monitoring and intervention planning for the individual and family. Some internal risks are also regarded as forms of vulnerability to the individual if it subjects them to the potential of harm.

**Vulnerability**

5 A person with a vulnerability has a condition or is in a circumstance which makes them vulnerable or susceptible to being harmed. A vulnerability in itself, however, does not place a person at risk of being harmed. The person may have a good care environment and other protective factors that helps to safeguard and ensure the person’s safety and welfare. A vulnerability develops into a risk when and if the person lacks protective factors and/ or the situation they are in is not addressed.  

*Example: A person with a cognitive disability is vulnerable due to their condition. Risk may develop should the caregiver choose to take advantage of the person’s cognitive disability and mistreat them. However, risk may be averted should the person be cared for by a different caregiver who provides good care.*

6 There is general consensus in the child protection/ welfare research and literature that children below the age of five are vulnerable to being harmed by their caregivers as they are less likely to be attending schools which can potentially act as an external monitoring system for the child. Additionally, these children are considered vulnerable due to their smaller size, lack of abilities to appropriately assess dangerous situations, enact adequate self-protective measures and self-report.

7 Assessments of risk are dynamic and changes in accordance to the circumstances in the family’s situation and environment. A vulnerable person who may be safe from harm at one point of time may not be so when family circumstances change. Vulnerabilities also has a direct impact on resilience as it erodes the person’s or their caregiver’s capacity to cope. This may not be resolved by increasing resources alone.

*Example: A single mother may be able to provide good care of her son who has autism. As he grows older, she may face greater challenges in meeting his needs financially as well as in managing his emotional melt-downs. She may have a harder
time coping especially if she has new stressors, e.g. employment, that is impacting on her ability to manage.

8 As such, during the process of gathering information, be it at the intake or casework level, it is crucial that SWPs be vigilant to risks and safety concerns surrounding vulnerable members in the family. It is also important for SWPs to maintain an ongoing relationship through direct sight, interaction and assessment of the vulnerable members to monitor the ongoing safety of the vulnerable members.

C Fundamental Principles of Conducting Risk Assessment

1 A risk assessment is conducted to establish the levels of concern in a case. It is an ongoing process as the assessment of risk has to be reviewed periodically and whenever there are changes in the family’s circumstance.

2 Do be mindful of these principles in conducting risk assessments:
   - Concerns on safety and risk permeate gender, social and cultural contexts;
   - Concerns are identified and assessed in relation to the potential of harm happening, regardless of intent (e.g. lack of a caregiver’s knowledge to provide adequate care resulting in injuries);
   - Harm is assessed and articulated in terms of physical and emotional/psychological harm.

3 Risk assessment involves an analysis of all the information about the family. SWPs take into consideration the various factors that exist in the family, to ensure that the assessment is holistic and comprehensive. It takes into consideration factors about the vulnerable members, factors about the family and factors about the environment they live in.

4 The characteristics of individuals and family systems are largely influenced by past events, relationships and experiences, alongside the current. Hence, it is important that risk assessments consider past information (e.g. childhood history, abuse/violence history) to ascertain their impact on the present circumstances. This information would then facilitate a more robust projection of the future likelihood of harm.
5 Risk assessment should always be conducted in consultation with the Supervisor. The Supervisor’s role would be to question and challenge the assumptions and assessments that the SWP is making, to ensure that the assessment is not swayed by the SWP’s own personal values and possible biases.

**IMPORTANT TO NOTE**

The assessment of risk is evidence based and cannot be based solely on self-reports by the clients. It is recognised that clients may not share the full truth regardless of the level of rapport they may share with SWPs.

6 Safety and risk concerns are weighed and assessed against identified protective factors. In turn, protective factors have to be assessed in relation to their direct and evidenced impact on the identified risk or safety concerns and that this can be sustained over time. However, SWPs have to consider various evidence that both support and negate their assessments to ensure that the assessments they are making are objective, and not just supporting the assessments they wish to make on the client and family.

*Example 1: Referral to an agency for support services does not automatically identify the agency as a protective factor unless the services and intervention by the agency has been assessed to reduce the concerns.*

*Example 2: Father has been showing efforts in managing his alcohol intake as part of the safety plan, to reduce his tendency to use violence in the home. This was confirmed by various members of the family. However, the child’s recent diagnosis of having a learning disability is placing much stress on the family and causing father to have trouble managing his anger while coaching the child in his schoolwork. Both factors need to be considered in formulating the risk assessment.*

7 Protective factors are not static. Changes in the family’s circumstance may impact on the protective factor’s ability to reduce concerns and maintain safety. Do be alert to patterns of behaviors rather than focus on recent memorable events.

*Example 1: Grandmother may be a protective factor for the child, as she helped to care for and protect him whenever his father returns home drunk. However, her failing health is impacting on her ability to continue her care of the child such that she may no longer remain as a protective factor for the child.*

*Example 2: Daughter is keen to take on the care of her elderly bedridden mother. She has shown recent changes of taking on new employment to ensure she can meet her mother’s medical needs. However, there was a past pattern of behaviour of daughter leaving her mother unattended whenever she enters into a new relationship. This
pattern of behaviour needs to be taken into consideration in light of the daughter’s recent change in willingness to care for her mother.

D  Safety Planning and Monitoring Framework

1  Once SWPs are aware of the vulnerabilities of the individuals within the family system and the risks of potential harm they may be susceptible to, SWPs would then develop safety plans for the individual and family.

Safety planning

2  This is a collaborative rigorous process that SWPs undertake with the family and their network to promote safety of the members of the family in both the short and longer term. Safety planning happens after risk assessment has been conducted for the family. It is part of the case planning and case management process.

3  Safety planning and monitoring aims to prevent another traumatic episode of harm to the vulnerable member. This is done by pre-empting possible triggers and developing solutions around these triggers.

4  The failure to conduct safety planning places a vulnerable person at risk of being harmed again or harmed at a higher level of severity. It also prevents the person who had caused harm to the vulnerable member to be supported in wanting to change and keep the vulnerable member safe. Both the informal and formal networks may also be unclear of what is expected of them or their roles, such that they mistakenly assume that the other person is monitoring the vulnerable person’s safety when no one is.

---

1  Taken from the training on “A 5.5 Step Model for Safety Planning and Monitoring for FSC cases”
5 Safety planning requires all involved to be transparent and upfront, with clarity on the steps to be taken or the goals to be achieved. The plans have to be behaviourally specific, concrete, realistic and sustainable. As safety plans are monitored closely, families then learn that professionals are serious about the plan.

**Principles of Safety Planning**

6 The following are principles of safety planning:
- Reinstating power to the family and their network of support to ensure the family’s safety.
- Involves facilitating a change process.
- A journey and not a product.
- Placing the responsibility for the harm caused, to the person who caused the harm without shaming them.
- Agreement should be about the future safety of the vulnerable person, not agreement about the past.
- Ensure immediate safety for the vulnerable members at each stage of the process.
- Involve the vulnerable member in every part of the safety planning process.

**5.5 Steps in Safety Planning**

7 The 5.5 steps in safety planning is a working model that was developed by CPS in 2016. The steps are:

- **Step 0.5 Pre Planning**

In the pre planning stage, SWPs would need to consider the concerns that exist in the case and what would be needed to ensure the safety of the vulnerable members. SWPs should also consider whether they feel competent and equipped in conducting the safety planning session and the supervision and support they require.

SWPs need to be clear on:

- What are the safety concerns?
- Who in the family needs a safety plan?
- What are the SWP’s non-negotiable terms in ensuring safety?
- Why would the plan be critical?
• Who needs to be involved and how they need to be engaged and prepared?
• What SWPs need to put in place to ensure safety?
• Dynamics between the parties involved and the possible problems that may arise

• Step 1  Lay it Out

In this step, existing power dynamics amongst the various parties involved are noted and SWPs ensure that they do not get caught in such dynamics. At this point, SWPs take into consideration any new circumstances of the family (e.g. recent births, release of members of the family from prison etc). Other considerations will be the existence of other concerns that may require interventions and safety planning as well (e.g. family violence, suicide, mental health concerns etc).

This step requires all the relevant parties to be brought to the same platform where existing safety concerns are stated clearly. Ground rules and the non-negotiables are also shared, whilst creating safety for those involved. The various parties are also resourced with psycho education.

• Step 2  Creating a Sustainable Network with the Family

A sustainable network requires the involvement of various persons, both formal and informal, that help ensure the safety of the vulnerable members. The quantity of persons in the network is dependent on the need of the case. However, SWPs, should ensure that there should be a mix of professionals and family members involved. SWPs have to be realistic in their expectations of the network and its ability to keep the vulnerable members safe, with clarity on the network members’ roles and the time period they are able to commit to. The vulnerable member must also be clear on who the members within the network are and the roles they can play.

• Step 3  Resourcing, Relapse, Recovery

SWPs may explore multiple resources to link to the family and guide the family on how these resources can be activated. Apart from this, SWPs educate and guide the family and vulnerable members on the protective behaviors, how to emotionally regulate themselves and to de-escalate.
• Step 4      Creating a Safety Plan with the Family

A safety plan highlights the areas in which the family and professionals need to comply with, in order to ensure the safety of the vulnerable members in the family. This plan must be documented clearly, indicating the concerns/ ‘worries’ that exist, the possibility of incidents occurring (the ‘what ifs’) and the plans to deal with these incidents and the non-negotiables.

The safety plan should be detailed, concrete and measurable. It should be easy to understand, in a medium that is understood by the members of the family, including the vulnerable members (where possible). The safety plan should include the consequences should the safety plan be breached and what behaviors will be seen as a breach. The safety plan should be reviewed periodically.

For children, using simple visuals would help them understand the safety plan.

• Step 5      Monitoring and Timely Reviews

SWPs empower the network to be part of the monitoring plan with clarity on what needs to be monitored. SWPs consider the time period for which the case will be monitored and alert the partners on when the case will be reviewed and have a fixed date set for this.

In this process, SWPs check in with the vulnerable person regularly on the care they are receiving and the safety rating. As part of the monitoring process, SWPs and/ or other professionals involved in the case should conduct surprise visits and calls to check on the vulnerable person.

As part of the review, SWPs would discuss with the family any near lapses that may have potentially harmed the vulnerable person and reinforce what has helped the family. SWPs also celebrate success with the family in terms of what has worked in ensuring the safety of the vulnerable person and reinforce the family’s commitment, in ensuring safety of the vulnerable person.

When breaches to the vulnerable person’s safety happen, consideration should be made whether the case should be referred to CPS (through the conduct of CARG) or APS. SWPs may also need to develop safety plans around new safety concerns that have arose.
Chapter 6  CRISIS MANAGEMENT

A  Definition of a Crisis

1  An event is deemed a crisis when the client or family perceives that their internal or external resources are not able to alleviate the distress or perceived threat presented by an earlier event in the family. This is based on the subjective perception the client or family has of the earlier event.

The perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person, and unless the person gains relief the crisis has the potential to cause severe affective, cognitive and behavioural malfunctioning. (James & Gilliland, 2001)

2  There are different types of crisis that an individual and/ or their family members may face.

Types of Crises

<table>
<thead>
<tr>
<th>Crisis Types</th>
<th>Developmental</th>
<th>Situational</th>
<th>Existential</th>
<th>Systemic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normative changes</td>
<td>Non-normative changes</td>
<td>Inner conflicts of existence</td>
<td>Large segments of society affected</td>
</tr>
<tr>
<td></td>
<td>Flow of life disrupted</td>
<td>No way of forecasting</td>
<td>Important unfulfilled part of life</td>
<td>Basic needs unmet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FSC Crisis Examples</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s concern over child entering Primary school and worried about child’s coping</td>
<td>Family Violence</td>
<td>Mid-life crisis over role in family and purpose in life</td>
<td>Economic downturn resulting in massive job retrenchments</td>
<td></td>
</tr>
<tr>
<td>Adolescent child starts to assert their autonomy and displays challenging behaviours</td>
<td>Discovery of an extra marital affair</td>
<td>Questioning one’s faith in relation to present life predicaments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unexpected job loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-extension of Visa for a single parent with children born in SG</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B  Management of High Risk Crisis Events

1  From the point of intake assessment of a case to the point of closure, crisis can take place at different junctures with varying degrees. The level of crisis can range
from low to high levels of crisis as the assessment is determined by the subjective appraisal of the individual and the availability of individual, family and community resources to alleviate the stressors. As such, not all events are deemed to be crisis provoking and this may differ across individuals.

2 A client and their family may also experience multiple different crises at a point in time. SWPs then attend to the most critical crisis which may have an impact on the client and/or their family members' safety if not attended to.

Managing crisis events

3 The remaining part of this chapter will focus on crises managed by the FSCs, that have an impact or threat to life (e.g. suicides, violence, aggression etc.). Once such a crisis happens, the crisis intervention protocol will precede normal case management procedures until the risks have reduced and stabilized.

4 In managing such high risk crisis events, SWPs would have to respond very quickly and at the same time maintain ongoing consultations with the Supervisor and/or head of agency to ensure that the SWP is not managing the crisis event in silo. The focus is in ensuring the safety of the victim, other vulnerable members of the family, other persons nearby, as well as that of the SWP.

Example: In attending to a spousal violence situation, the SWP would attend to the safety of both the wife (being the victim in the situation) and that of the young children in the household.

5 SWPs should contact the police and other protective agencies (e.g. CPS or APS) where needed and have the medical needs of the victim attended to, where relevant. SWPs may also arrange for safe placement of the victims and/or other vulnerable members of the family in a shelter where needed. FSC Heads may deploy one or more SWPs to assist and support the main SWP in managing the crisis event. Managing a crisis event may require SWPs to spend much time at the police station or hospital, where required.

6 The Supervisor conducts a debrief with the SWP/s at the next best time once the crisis event has been attended to. The Supervisor and SWP would also plan the next strategy in managing any post trauma of the victims and any other interventions required to move the family forward.

C Practice Considerations

1 Crises can happen at any point of a case being managed by the agency. For cases at intake, the SWP should immediately inform the relevant Supervisor or designated senior staff of the crisis.
2 The Supervisor should assign an appropriate staff (SWP with adequate capability and competency to handle crisis situations) to follow-up or to attend to the client in crisis. The SWP will provide support to the intake worker. For ongoing cases, the Centre Head or Supervisor can assign a Senior SWP to support the SWP who is already managing the case.

3 SWPs need to attend to the crisis immediately and follow-up until the danger is managed. The crisis is only considered to be over when safety of the client and/or any other vulnerable family member is managed. SWPs responding to the crisis need to be contactable by their agency at all times during the course of the crisis.

4 SWPs should not be working alone in managing a crisis and seek support from their Supervisor. The Supervisor has to be kept informed of SWPs’ assessments and intervention outcomes. Decisions on the next course of action to be taken are not made in silo, and preferably in consultation with the Supervisor and/or the Head of the Centre. This helps to reduce the burden of responsibility solely on the shoulders of one worker. The Supervisor should assure the SWP on the support that would be given and that they should not be worried in seeking support especially when they feel overwhelmed by the situation.

5 During the period of crisis, the Senior SWP is available for consultation at all times to provide adequate support for the worker designated to handle the crisis. This includes discussing and providing back-up support, such as being the contact person while the worker goes on-site to attend to the crisis. Crises can be high stress situations and having a partner is important to help ground the worker. If necessary, the Senior SWP may also involve other colleagues in providing support to complete certain specified roles/tasks.

6 For clients with suicidal ideation/attempt, it is important not to leave the client unattended/alone in the centre lest client leave the centre/act upon his suicide plans. SWP may consider having another staff to be on hand to support them where needed. (Please refer to Chapter 7 Management of Cases with Suicidal or Self Injury Intent for details).

7 The following are general crisis intervention guidelines to be considered:

- **Safety first.** Client at risk should be protected by removing them from the source of danger or by removing the source/weapon of danger. If there is perceived immediate harm, the police and/or other emergency services (e.g. ambulance) need to be contacted. The worker’s safety must also be taken into consideration.
• Police and/or family members/significant others must be contacted if safety of the client/others is at risk. **Confidentiality should not precede the safety of a person.**

• When attending to clients who become very abusive, aggressive or emotional, SWPs should consider taking the following precautions:
  - attend to the client with another SWP’s knowledge or presence;
  - use a more ‘public’ space to attend to the client; and
  - not attend to a client who is under the influence of drugs or alcohol as a general rule.

8 The Senior SWP will need to debrief the SWP as soon as possible after the crisis - where possible within the same day or the next working day.

**Issues to Note:**

| Documentation | ▪ Proper documentation shows diligence and reflects promotion of client welfare. Failure to document means there is no evidence of decisions and actions.  
▪ Areas to be documented:  
  o Decisions and actions made based on evidence and issues faced  
  o Risk/ Lethality Assessment Tools or other validated tools used  
▪ Exact notes captured as information may be crucial in case of investigation.  
▪ Notes are precise and clear, not vague and open to interpretation.  
▪ Documentation can be captured in a Crisis Management Record Sheet.  
▪ Documentation is maintained in a proper data storage system (either hard copy or online) which would allow for easy retrieval by approved persons. |
| --- | --- |
| Conditional Confidentiality | ▪ Abide by the professional ethical and legal obligation of the worker to not disclose information about the client without client’s written consent.  
▪ However, the worker can breach the rules of confidentiality in situations where a client is a danger to self or others or when the worker is mandated by law to make a report.  
▪ Comply with the legal requirement on mandatory reporting of criminal offenses and incident reporting requirements specified by MSF. |
**Termination in Crisis Work**

- Due to the brief and intense nature of crisis work, appropriate termination procedures need to be followed.
- SWPs conduct a debrief with their clients and process with them how the crisis situation had impacted them.
- SWPs review the plans with their clients and develop new goals and plans where necessary.

---

**D Care for Staff**

1. In dealing with crises, SWPs are subjected to much unpredictability. SWPs are subject to vicarious stressors which may have physical and psychological impacts on them. SWPs should monitor their mental health and maintain proper self-care.

2. Managing crises do take on an emotional, cognitive and physical toll on workers. Supervisors and Management level staff should note, ensure and enable a trauma informed and trauma healing practice environment. Impacts of managing ongoing crises may permeate through the team and entire agency, affecting morale.

3. Supervisors should institute periodic check-ins for situations where SWPs are having to manage crisis on a prolonged basis or encountering multiple crises in their cases. Failure on the part of the SWP to manage or cope can lead to burnout, compassion fatigue and vicarious trauma. (Please see Chapter 8 Reflective Practice and Supervision for more discussion on this).

**Conducting a debrief for staff**

4. A debrief is conducted following psychologically traumatic events, such as a crisis, receiving news of an unexpected death of client, or receiving threats from clients.

   **Purpose:**
   - To let SWPs express feelings about the crisis/incident they have witnessed or experienced;
   - To acknowledge and normalise feelings expressed by the SWPs;
   - To identify post trauma symptoms and impacts of vicarious trauma on the staff;
   - To identify SWPs who may need follow-up support;
   - To provide information on positive coping and stress management and the normal psycho/physiological response to acutely stressful situations; and
   - To identify areas of management that may need to be enhanced to prevent a recurrence, where relevant, or to provide better support for SWPs in future situations.
5 Debriefing should ideally involve all the persons involved in the incident. It should be conducted within hours of the trauma event, as much as possible. However, there is also a need to respect the decision of individuals who may not want to attend. For such SWPs, the supervisor could follow up individually with them to understand why they may not want to be part of the debriefing session and attend to the impacts of the trauma event on them separately.

6 The debriefing session should be held in a comfortable setting where SWPs feel safe to share. The persons who conduct the brief should be trained in crisis intervention or be skilled to facilitate the brief process. There are seven stages of debriefing:

i. Introduction – to explain process and set expectations of the session

ii. Fact Phase – to describe traumatic event from each SWP’s perspective at a cognitive level

iii. Thought Phase – to allow participants to describe cognitive reactions and to transition to emotional reactions

iv. Reaction Phase – to identify the most traumatic aspect of the event for the participants and identify emotional reactions

v. Reflection Phase – to help those involved to tie in the facts, thoughts feelings and the meaning they make of the incident

vi. Education Phase – to educate the affected SWP/s on normal reactions and adaptive coping mechanisms. This is also to explore follow-ups needed and changes that may need to be implemented

vii. Re-entry Phase – to allow the affected SWP/s to clarify any ambiguities and prepare for closure of the incident
Chapter 7 MANAGEMENT OF CASES WITH SUICIDAL OR SELF INJURY INTENT

A Cases with Suicidal or Self Injury Intent

1 Suicide is the act of intentionally causing one’s death. A suicidal attempt involves a person attempting to commit suicide but survives. Non-suicidal self-injury is often used by an individual as a way to try to regulate emotional pain or soothe oneself but not as a means to end one’s life. Because the behaviours can look similar, it can be very difficult to tell the difference between them. In general, non-suicidal self-injury is a behaviour undertaken to feel better or to cope whereas suicidal behaviours are undertaken to end the capacity to feel by ending one’s life. Although unintentional death can occur with non-suicidal self-injury, it is not common.1

2 FSCs may be involved in cases where an individual has expressed an intent to commit self-injury or commit suicide. SWPs will then in such cases, provide direct interventions to ensure the safety of the individual and reduce the possibility of the individual attempting to take his/ her own lives and/ or engage in self-injury. SWPs should not undertake the management of such cases alone and should always be in consultation with their supervisor on the decisions and actions to be taken.

B Principles in Managing Cases with Suicidal Intent or Non-suicidal Self-Injury

1 The principles of management include:

- Protection of life should be the SWPs’ priority over other non-life threatening issues presented by individuals.
- An early assessment of non-suicidal self-injury or suicide needs to be conducted once SWPs identify or is alerted to the individual’s risk for suicide or self-injury.
- Suicide intent and non-suicidal self-injury should be assessed periodically and on an on-going basis.
- Cases should be assessed and managed jointly with significant others of the individual who is at risk and other stakeholders, where appropriate, so that a community is involved in keeping the individual safe.

C Conducting a Suicide/ Non-suicidal Self-injury Assessment

1 Screening for suicidal or non-suicidal self-injury intent can be performed by trained individuals (i.e. those who have undergone crisis management training, suicide assessment training, mental health first aid training or other related training). The objective of the screening is to ascertain the presence of suicidal intent or non-suicidal self-injury and the current levels of risk, develop a safety plan and make appropriate referrals to the relevant parties. Further interventions, such as developing a comprehensive mental health assessment, can be conducted by trained mental health professionals (e.g. mental health trained social workers, counsellors, psychologists or psychiatrists) in collaboration with the community partners.

2 A suicide and non-suicidal self-injury assessment needs to be conducted once the SWPs identify or is alerted to the individual’s risk for suicide or self-injury. This could arise when:
   - an individual verbalises their intent to SWPs;
   - a member of the family or other professionals alert SWPs to the individual’s intent or past history of suicidal or self-injury attempts;
   - SWPs noted injuries on the individual that had been a result of the individual’s past suicide attempts or self-injury.

3 An assessment should also be conducted when an individual is experiencing challenges in his/ her life circumstances, although he/ she may not have verbalised any intent to harm himself/ herself. SWPs make efforts to directly enquire on the individual’s methods of coping and ascertain the presence of any suicidal or self-injury intentions that the individual may have. This is especially when the individual:
   - displays mood changes
   - has past episodes of suicidal attempts or ideation
   - has ever verbalised the intent to die
   - has a mental health condition
   - faces issues that may have caused significant distress to the individual (e.g. illnesses, legal issues, marital disputes, family conflict and violence, bullying, gender issues etc.)
   - is socially isolated or lacks social support

4 Regardless of the approach taken by SWPs, a suicide attempt/ self injury assessment should include an understanding of the following:
   - The ‘why, when, what, who and how’ behind episodes of suicide attempts and self-injury
     o ‘why’ requires an understanding of the triggers and functions of the behaviour as well as other existing factors (e.g. mental health, personality and outlook in life) leading to the suicidal ideation/ act or self-injury
• ‘when’ refers to the time and date when the suicidal thoughts or act or self-injury occurs and its frequency of occurrence

• ‘what’ refers to what the individual does to put himself/ herself at risk of harm, the methods used and the individual’s perception about the act

• ‘who’ refers to persons involved in supporting the individual with the necessary psycho-emotional support, such as a protective figure or a person whom the individual could turn to for help; ‘who’ can also be individuals involved who triggered the suicidal thoughts, attempts or self-injurious behaviours

• ‘how’ refers to how a suicide plan/ self-injury is carried out, the intensity and seriousness of the thought/ act, how the individual copes and how committed they are in keeping themselves safe in the near future

• Intent of the act - The intent can be explicit or implicit. When a person engages in a suicidal attempt or self-injury, the intent behind the attempt or act should be assessed. An act with a clear death intent would warrant a closer follow-up with the person and more stakeholders to be involved to support the person. However, a non-suicidal self-injurious act with no intent of dying can be equally life-endangering.

• Mental health or psychiatric care - Suicidal attempts and self-injury behaviours have a close relationship with depression and other mental health conditions such as schizophrenia. SWPs should understand the mental health history of an individual. It is also important to note that the individual may not have been officially diagnosed with a mental health condition but may be demonstrating symptoms of the condition.

• Rational thinking capability - When a person is in high distress, judgement and insight into one’s thinking and behaviours can be compromised. SWPs assess the individual’s ability to make rational decisions for themselves and keep themselves safe (e.g. the individual may appear to be fixated in carrying out his/ her plan of suicide or self-injury when discussing issues with the SWP)

• Use of alcohol or substance - Alcohol and substance use compromises the individual’s rational thinking and increases the risk.

• Social support and coping strategies - The availability and support from family members and other community partners could enhance the safety of the individual. An individual with limited support would be at a higher risk of suicide or self harm.

• Sense of hopelessness and helplessness - The individual’s general outlook in life and their perspective towards their future is ascertained. Another related area for assessment is the individual’s sense of helplessness, which signals how the individual views the support given to them.
Note: SWPs should document clearly should they have certain information missing or when the individual has refused to divulge information.

**Defining risk level**

5 There is no universal definition on risk levels in cases of individuals at risk of suicide or self-injury. A combination of factors, which include factors giving rise to the thought or act of self-injury or suicide, as well as factors protecting an individual from self-injury or suicide, should be taken into account when considering the risk level involved.

6 The following provides a broad classification of risk levels. Risk levels can escalate quickly when situations change. Regular monitoring of such cases is therefore of critical importance. In the event that the SWP uses instruments (e.g. Deliberate Self-Harm Inventory, Suicide Risk Screening Tools) to gauge risk levels and the recommended risk level from the tool differs from the SWP’s professional opinion, a discussion should be held between SWP and his/ her supervisor to jointly decide on the risk level.

i. **High risk scenario**

A ‘high’ risk scenario involves serious intent of death or serious injury by the individual. This is characterised by:

**Presence of suicide / self-injury plan**

- having a detailed plan and access to highly lethal means (e.g. where an individual indicates that he/ she has access to high dosage of medicine that he/ she would use to harm him/ herself)
- verbalised intent of self-injury and suicide by the individual with plans on how the act would be carried out
- intense self-injury or suicide intent
- having a subjective intent (e.g. where the individual has indicated that they would engage in suicide or self-injurious behaviours should they face a particular situation)

**Past self-injury/ suicide history**

- serious past suicidal attempts or serious injuries due to previous incidents of self-injurious behaviours
Presence of triggers/ stressors

- the individual is in extreme distress and has poor coping strategies
- recent losses or stressors and response towards stressor
- upcoming or impending date or event where the individual is likely to be triggered and engage in self injury/ suicidal behaviours (e.g. death anniversary of a loved one)

Presence of factors that aggravate risk level

- presence of multiple risk factors
- substance use, abuse or psychiatric history (especially schizophrenia, depression, post-traumatic stress disorder, personality disorders)
- individual having impaired self-control (e.g. displaying reckless behaviour)

Limited protective factors

- individuals with very limited protective factors identified (e.g. where the individual may have very limited social support for help or the individual is very unwilling to seek help).

ii. Intermediate risk scenario

It involves incidents with no serious intent of death or serious injury by the individual. This is characterised by:

- Frequent or chronic suicidal or self-injury ideations;
- non-life threatening act with limited intensity and duration;
- ambivalence to continue living but there is no immediate risk involved (e.g. a person harbours thoughts of self-injury or suicide but at the same time, expresses hope for the future);
- some risk factors present with identifiable protective factors; and/ or
- acts that would not warrant immediate interventions.

iii. Low risk scenario

A ‘low’ risk scenario is one where the individual has no intent of death and there are a number of protective factors, such as the individual having self-control (e.g. an individual makes a remark of dying or hurting himself with no other risk factors present, has a good level of self-control and social support). This is characterised by:

- having self-injury/ suicidal ideation infrequently (e.g. having a passing thought to do so once in a number of years) OR no prior incidents of suicide attempt or serious self-injury;
- no intention of dying and no other risk factors present;
• good self-control;
• absence of psychiatric disorders;
• a supportive social environment; and/ or
• verbalised intent of suicide/ self-harm with no plans on how the acts would be
carried out.

D Conducting Interventions

1 In accordance to social work ethics, the protection of life takes precedence over
other social interventions. The consideration on the choice of intervention and plan of
action should therefore prioritise the need to safeguard the client’s life.

2 A priority for the SWP would be to develop interventions to attend to the suicide
intent or self-injury concerns. The intervention should be provided immediately for
cases assessed to be of high risk. A safety plan should be developed together with
the individual who is at risk and, as much as possible, with their significant others to
help mitigate the risk. This plan would include ways in which to keep the individual
safe, alert the individual’s significant others on the risks present and link the individual
with other professionals or stakeholders to provide the needed support.

3 An intervention may involve crisis intervention, safety planning and safety
monitoring:
   i. Crisis intervention (Please refer to Chapter 6 Crisis Management for more
details)

   This refers to the immediate response that has to be undertaken when a suicidal
attempt or an incident of self-injury occurs. As soon as an SWP is aware of an
individual’s intent to attempt suicide or commit self-injury on themselves, the
SWP should make the effort to contact the individual, family members and/ or
significant others to stop the escalation of harm.

   If the risk is imminent and an immediate referral for psychiatric services is
required, the family of the client should be notified and the client should be
escorted to the Emergency Room of Institute of Mental Health (IMH) or the
Accidents and Emergency (A&E) departments of other restructured hospitals. If
the client is highly resistant or unresponsive to aid, an ambulance can be called.

   In a crisis, SWPs may provide a note to the hospital emergency department
providing details about the client, i.e. the client’s name and identification number,
contact number of their next of kin and current known stressors, as well as the
FSC’s interventions and plans. Where possible, FSC should use the FSC’s
interagency referral form to make a referral to the hospital.

   Additionally, should further support services be required, the following
information could be included:
   • Client’s consent to the referral and reasons for the lack of consent if this was
refused
• SWP’s assessment of the risk which includes:
  o Presenting problems e.g. psychiatric, social, financial
  o Severity of the concern e.g. extent and frequency
  o Urgency i.e. whether the individual poses an imminent danger to self/ others
  o Type of risk behaviour e.g. suicidal, aggressive to self/ others

ii. Safety planning

A safety plan involves a collaborative process undertaken with the individual, their family and their community network to promote safety for the individual in the short and long term. Safety planning should form part of the overall case plan.

A safety plan may include the following:

  • The individual at-risk is aware of what the individual should and should not do when in distress –
    o understands measures to be taken to calm himself/ herself (e.g. contacting family members, friends, a hotline);
    o reminds himself/ herself on reasons for living or not engaging in self harm or suicidal thoughts, and gets help;
    o reduces access to means of committing suicide or self-injury.

  • Family members are alerted to –
    o the warning signs of the individual’s suicide and self-injury;
    o the non-negotiables (e.g. challenging the individual to take his/ her life, leaving the individual alone unattended especially when they are in high risk of harm);
    o ways of keeping the environment safe for the individual (e.g. removing objects that can be used to conduct self-injury);
    o look into ways to enhance protective factors for the individual (e.g. fixing an appointment for the individual with a helping professional); and
    o provide support for the individual.

  • Linking up the individual and/ or family members for other support services (e.g. referring the individual to seek mental health treatment in a hospital). Where possible, SWPs should obtain consent before making referrals to other agencies for other services. However, if the SWPs assess that the individual or family members are unlikely to keep the individual safe, referral without consent can be considered, (e.g. if the individual behaviours threaten his/ her or others’ safety or the method used in conducting the self-injurious / suicide attempt was life threatening).
iii. Safety monitoring

A safety monitoring plan is as important as a safety plan. The following is strongly recommended:

- On-going assessments and check in sessions with client (at least once a week especially in the initial period of safety monitoring) to monitor risk factors and warning signs

- Obtain regular updates and check in with family members and stakeholders (at least once a week esp in the initial period) on the individual’s well-being and circumstance, presence of warning signs displayed by the individual and occurrence of thoughts/ act of self-injury or suicidal attempts.

- Conduct a regular case review, especially when there are changes to the individual and/ or family’s situation. More frequent reviews should be conducted with a supervisor especially for ‘intermediate’ to ‘high’ risk cases

- Discuss with supervisor and stakeholders the areas of support for the individual at risk, that needs to be strengthened.

The above guidelines can be moderated if there are other professional stakeholders jointly and actively managing the case/ monitoring the individual’s risk, and all the parties involved are clear about their roles in ensuring the client’s safety. There should also be regular updates between the various stakeholders and the client’s family members on the client’s progress and levels of risk.
E  Management of Cases Where Client Has Passed Away Due to Suicide or Self-injury

Support for the family

1  In the event that a client has passed away due to suicide or self-injury, SWPs assess the family’s coping, provide support to the bereaved family and follow up for a period of time to help the family grieve and manage any outstanding matters that may have arose from the individual’s death (e.g. financial support, care arrangement of other members etc.). SWPs could also conduct an assessment on how the family members have been impacted by the death and refer them for other support, where required. It is important for the bereaved family to be given the space to grieve and cope and be informed of available help

Support for the SWP

2  The sudden death of a client from suicidal or self-injury can have a significant impact on the SWP concerned. Experiencing the death of a client can lead to feelings of guilt, anger, sadness and fear of being blamed, burnout and compassion fatigue in the SWP.

3  When dealing with the loss, SWPs would need help and support in coping. At a personal level, support can come from family members and friends. SWPs should be given the space to express their emotions related to the loss, time off from work, support from a group and time for self-care, where needed. SWPs may opt to attend the funeral of the client and meet with the client’s family should they give consent for SWPs to do so.

4  The agency conducts a debrief with SWPs and his/ her supervisor to provide them with the appropriate support.

Agency review

5  The agency reviews their protocols and procedures in managing suicide or self-injury cases (e.g. the need to enhance risk assessments and safety planning). A debrief is conducted by the agency to understand the circumstances of the case and analyse the need to strengthen case management procedures should this be needed.
Chapter 8  REFLECTIVE PRACTICE AND SUPERVISION

A  Reflective Practice

1  Reflective practice requires one to pause and take stock of the actions and decisions that they are making, in order to learn from their experiences. Boud, Keogh & Walker (1985) considered reflective practice as ‘an important human activity in which people recapture their experience, think about it, mull over and evaluate it. It is this working with experiences that is important in learning.’

2  Reflective practice focusses on professional practice and helps the agency ensure ethical practice by helping the SWP explore basic assumptions underpinning their work and making them more conscious of potential biases in their thinking. It is a key aspect in ensuring professionalism and can then lead to better social work practice and improve outcomes for the service users. Agencies enable reflective practice by providing their SWPs with the support, time and availability of resources.

3  Reflective practice need not be limited to just within the FSC but can include service users, stakeholders and other relevant systems who could provide feedback to enhance the learning.

B  Developing Reflective Practice in FSCs

1  The conduct of reflective practice has to be cultivated in an FSC and this can be done through:

- Building a culture of learning – Reflective practice requires time and effort to develop. Agencies provide the space and culture for their SWPs to explore, develop, reflect and at times make mistakes as part of the learning process.

- Establishing a structure for reflective practice – Reflective practice can be built into case reviews, supervision, programme development and organisational planning.

- Developing a model for reflective practice – There are various models of reflective practice. The FSC considers different models of reflective practice and develops one that best fit their organisation and style of working for implementation. Having a model for reflective practice will enable a better articulation of how reflective practice is undertaken within the agency.
C Supervision

1 Supervision, training and ongoing long-term professional development of the SWP is a means to enhance professional competency which in turn leads to quality service delivery. All FSCs should have a written policy on supervision which clarifies what is expected of the SWP and the agency. While SWPs should be committed to lifelong learning and proactively seek supervision, the FSC needs to ensure adequate provision of supervision and where resources are not available internally, seek external resources to meet the supervision requirements.

2 Supervision is a dynamic social process where the Supervisor facilitates discussion, guidance and support to supervisee(s). Supervision primarily ensures that quality professional service is rendered within the organisation’s objectives for the protection of clients’ best interests and provision of quality outcomes.

Functions of supervision

3 Supervision serves 3 main functions:
   i. Educational function
      It focuses on the development of the SWPs’ competency and confidence by enhancing their practice knowledge, skills and attitudes.
   ii. Supportive function
      It provides a space for SWPs to work through emotions and reactions towards their work and help SWPs attain better self-care.
   iii. Administrative function
      It has a managerial function to ensure organisational accountability, by ensuring service quality is met, and ethical practice. Performance appraisal, however, should not be the main goal of supervision.

Principles of supervision

4 Supervisors should uphold and be guided by the principles of ethics set out by the different professional bodies such as the Singapore Association of Social Workers (SASW) Code of Ethics.

5 Supervisors ensure the following:
   • Respect for diversity
      FSCs consist of staff from different backgrounds. Their perspective and approach on issues may vary and Supervisors are to be sensitive and respectful of these differences.
• Social Justice
Supervisors should advocate and mediate for their supervisees, where this is necessary. Such situations would be necessary especially when there are differences between the agency’s actions and professional ethics or differences between the supervisee and the organisation.

• Protecting client and vulnerable family members
Supervision should be used as a platform to discuss and review the concerns that exist in a case, especially when faced with risk related concerns or complex social issues.

• Adopting a person-in-environment perspective
Supervision should ensure that SWPs take an ecosystem perspective in assessment and intervention where the client’s family system and other stakeholders are involved in the helping process.

**Supervision ethics**

6 Social work Supervisors and supervisees may face ethical dilemmas when providing services to clients. To address those dilemmas, the Supervisor and the supervisee should have a good knowledge of the code of ethics that guides their practice with clients as well as their supervisory relationship.

• Supervisors need to be aware of their own levels of competency, strength and limitations. They should have the necessary knowledge and skill to supervise or provide consults and do so only within their areas of knowledge and competence. Should they not have the necessary expertise to support the supervisee in a particular area of work, they could engage the help of other Supervisors.

• Supervisors are responsible in setting clear, appropriate, culturally sensitive and professional boundaries and be mindful of the power imbalance that exist between them and their supervisees.

• Supervisors should notify their management should the supervisee discloses an intent of possibly harming themselves or others, and have the matter handled appropriately.

• Supervisors evaluate supervisees’ performance fairly and respectfully. They should not use information disclosed during the supervision process to penalise the supervisee in the appraisal process.

(Social Work Supervision Guidelines, 2017)
Types of supervision

7 There are various types of supervision:

• Managerial Supervision
  This type of supervision focuses on the supervisee’s roles and tasks within the organisation. The Supervisor is likely to be the line manager of the supervisee and the relationship can be characterised as manager-subordinate. The area covered during supervision may be administrative in nature.

• Clinical Supervision
  This type of supervision focuses on the supervisee’s work with the client, which supports the use of professional knowledge and skills in the conduct of casework and counselling. Clinical supervision tends to be more process and relationship oriented as it focuses on helping the supervisee clarify thinking about the case, the self of the SWP and how these impact on their work with the clients.

• Professional Supervision
  This type of supervision focuses on the professional development of the staff. This involves the Supervisor and the supervisee exploring training gaps and identifying appropriate areas of growth for the supervisee’s career.

8 The provision of individual supervision might be the most common mode of supervision in the FSC. However, other modes of supervision such as group, team or peer could also be used to support the SWP’s growth and learning. The three types of group supervision described below meet the functions of supervision but the particular tasks and format differ slightly in each:

• Team Supervision
  A team can be identified as a small work unit with a team leader. In the FSC’s setting, the people working together on a programme or headed by the same Supervisor may be in a team. There may also be smaller teams who are working together in managing the same case.

  The Supervisor/ team manager may decide that team supervision would be helpful to facilitate learning in the team and in meeting the team’s goals to work effectively with clients. The Supervisor would be responsible for planning the team supervision, establishing its structure and boundaries and in facilitating its process. This might be done in consultation with team members and to include rotation in tasks such as chairing and minute taking. Team supervision is more process focused than staff meetings and has a managerial and educational aim.
Team supervision should not replace individual supervision. To run a successful team supervision, a Supervisor needs to be clear on what should be covered in the team supervision and what belongs in individual supervision. The Supervisor also is trained in group dynamics/group work and understands the impact of their role and their individual relationships with members of the team.

- Group Supervision

This has some similarities with team supervision and requires similar understanding of group dynamics. Where it differs is in the planning, content of the sessions and the extent the Supervisor helps the group to share responsibility in the supervisory process.

Group members tend to have a strong sense of ownership to the group and usually wish to control its’ boundaries and membership - though groups can take in new members, with careful planning, as they mature. Groups wishing to introduce group supervision need to make conscious decisions to examine the practice and professional development of their members and set the rules and process of the group for themselves. Supervisors can be facilitators for the group or can take on other roles with agreement by the group members.

Group supervision can be a very useful tool in developing the skills of group members. However, knowledge of group dynamics and group work methods are important for this process to take place.

- Peer Supervision

In peer supervision, workers with similar levels of experience and work areas get together to discuss both practice and personal development issues. This tends to work best for SWPs or Supervisors who are more experienced and developed in their practice capabilities. Sharing practice and professional concerns to peers may cause anxiety in the SWPs, making them defensive and unwilling to receive the comments and suggestions given. Peer supervision groups comprising less experienced workers may require the services of a consultant to help facilitate the group and keep it on track.

*External consultation*

9 FSCs may opt to engage an external consultant to provide either individual or team supervision to the SWPs. This may be needed should the agency lack suitable Supervisors especially for senior staff. In such instances, the agency is responsible for the payment of these services.
10 SWPs may at their own initiative engage an external consultant to meet their personal professional growth or accreditation requirements. This may fall outside of the agency’s purview but involve discussions regarding the agency’s client. As such, it would be important for each FSC to develop relevant policies to guide their staff on this – providing clarity on the possible qualifications of the consultant engaged, confidentiality requirements and accountability issues.

D The Supervisory Relationship

1 The supervisory relationship is the core in a supervision process. In some aspects, it parallels the relationship SWPs has with the client. However, the supervisee is NOT a client of the Supervisor. The supervisory relationship is characterised by:

- **Respect** – Both the Supervisor and the supervisee are fellow professionals with their own rights and perspectives. Just as respect is a key value to uphold in our work with the clients, the Supervisor models this by demonstrating respect to the supervisee in their relationship.

- **Uniqueness** – Each supervisee has different competencies, personality and learning style. The Supervisors take into consideration the uniqueness of each individual and tailor their supervision to the individual and their learning style where possible.

- **Collaboration** – Supervisors are usually at a higher position of power vis a vis the supervisee. The Supervisor is then expected to have the required levels of competency and knowledge to provide guidance. Collaboration between the Supervisor and the supervisee is enabled when the Supervisor takes on a position of ‘authoritative doubt’ (Mason, 2005), offering the supervisee possibilities and expanding their ideas.

- **Positive Affirmation** – Learning is enriched from a position of strength. The supervisee needs to experience a positive supervision experience to enable learning to take place. The Supervisor would need to uncover the strength of the supervisee, communicate observations tactfully and be conscious on having and providing a positive perspective.

- **Reflexivity** – Reflective practice and reflexivity facilitates growth and learning. The Supervisor should also model this by having their supervision practice observed.

- **Confidentiality** – In the supervisory relationship, trust must be built and maintaining confidentiality is an essential component to building this trust. This clause on confidentiality, however, is conditional and could be breached should the safety and interest of the client or the supervisee be at risk. Supervisors are obligated to report and address the concerns shared.
• Growth – The relationship needs to be angled from the perspective of professional growth of the supervisee. The fundamental purpose of supervision is to enable the provision of better service quality for the service users.

2 A Supervisor’s guidance is critical in helping supervisees shape their professional practice and identity. Their roles and responsibilities may include the following:

• The Supervisor needs to ensure their availability in supporting the supervisee. When the Supervisor is not available for the supervisee, the supervisee is clear on the next person they could approach for support and guidance.

• The Supervisor creates an environment of safety to enable the supervisee to share and learn in an open manner. As learning is most effective in the style preferred by the learner, the Supervisor has to adapt to the various styles of learning and adjust accordingly. Supervisors may also make reference to the Kolb’s Learning Cycle, to understand the different learning styles of their supervisees.

• Both the Supervisor and the supervisee should have the option of requesting for a change in the person providing the supervisory role, should they assess that the current match is not a suitable one.

• It is the responsibility of the Supervisor to ensure that the supervisee maintains professional standard and ethics in their work.

• The Supervisor and supervisee establish a clear boundary in the supervisory relationship.

• The Supervisor helps the supervisee to maintain an appropriate workload in terms of managing cases and other roles they may play in the agency. The Supervisor supports the supervisee in ensuring that the latter’s time is well managed with a good balance maintained between work and training.

• The Supervisor will guide the supervisee in translating theories to practice, connecting the latter to appropriate resources and coaching on practice methods, approaches and skills relevant for the supervisee’s professional growth.

• The Supervisor regularly provides feedback and review the work of the supervisee in a constructive and formative way focusing on the supervisee’s professional development so as to better serve the clients.

**Reflective practice in supervision**

3 There are various types of reflective practice that is conducted in supervision:

• Reflection-on-action
• Reflection-in-action
• Reflection before action

In each of these, the SWPs are guided in reflecting on their emotions, responses and actions as they conduct their practice. This is either conducted after the practice has taken place (reflection-on-action), as the practice is taking place (reflection-in-action) or prior to the practice taking place. It enables the SWPs to be alert and very self-aware of the responses they developed in facing situations posed by the clients, and pre-empt their future responses to ensure that they are appropriate.

4 The following consists of the process involved in reflective practice and how a Supervisor may transfer learning.

**Competency of the Supervisor**

5 FSCs should match the knowledge and skills required by the supervisee with that of the Supervisor’s. Supervisors may not possess the expertise in all practice related areas. There may be situations where cross supervision is needed or an external Supervisor is brought in to provide additional support.
6 Supervisors should receive sufficient orientation and training before they are tasked to supervise others. It is also the responsibility of the Supervisor to continually upgrade their skills and knowledge, to enable them to fulfil the demands of their role as a Supervisor.

**Supervisor’s workload**

7 Agencies need to recognise the important role that Supervisors play in supporting SWPs’ case management practice. Supervisors should hold a smaller case/ work load to ensure focus on the provision of supervision. This would enable them to provide the support to SWPs and help develop the latter’s practice competency.

**Supervisee’s responsibility**

8 While a Supervisor plays a vital role in developing professionalism, a supervisee’s motivation to learn is equally important. The following are roles and responsibilities of a supervisee:

- Supervisee undertakes supervision proactively as part of their professional development in an open and willing manner. This includes bringing in any doubts, uncertainties and questions that they may have into supervision.
- Supervisee prepares for supervision by thinking through their work and having clear goals to bring into the supervision session.
- Supervisee is aware of their professional accreditation or standards requirements, agency’s supervision and HR policy and be able to raise concerns should there be a need.
- Supervisee develops an open, non-defensive stance to discuss issues of self and concerns related to their work with the clients. This includes having difficult conversations on disagreements and conflicts they may have with their Supervisor.
- Supervisee has the responsibility to develop their knowledge and skills in their work with the clients. This can be achieved through various methods of learning such as supervision, self-learning through reflections, readings, obtaining relevant training etc.

E **Structure of Supervision**

1 FSCs should put in place a policy on the provision of supervision outlining the structure and expectations in the supervisory process. A supervision structure should clearly state how supervision is to be carried out for different levels of staff and the required frequency of supervision.
<table>
<thead>
<tr>
<th>Staff Level</th>
<th>Minimum Supervision Requirement</th>
<th>Supervisor Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work Practitioner 0-1 year</td>
<td>Weekly supervision 6 hours per month</td>
<td>Social Worker with 3 years or more years in the position</td>
</tr>
<tr>
<td>Social Work Practitioner 1-3 years</td>
<td>Twice a month 4 hours per month</td>
<td>Senior Social Work Practitioner</td>
</tr>
<tr>
<td>Social Work Practitioner 3-5 years and above</td>
<td>Once a month 3 hours per month</td>
<td>Senior Social Work Practitioner with 5 years or more years in the position</td>
</tr>
<tr>
<td>Senior Social Work Practitioner</td>
<td>Once a month 3 hours per month</td>
<td>Senior Social Worker with 8 years and above in the position or Lead Social Worker</td>
</tr>
<tr>
<td>Lead Social Work Practitioner</td>
<td>Once a month 3 hours per month</td>
<td>Master Social Worker External clinical consultant</td>
</tr>
</tbody>
</table>

**Supervision contract**

2 The main purpose of the supervision contract is to outline the responsibilities of each participant and setting the goals of learning as well as the methods that will be undertaken to facilitate the learning.

3 The process of creating a supervision contract promotes genuine collaboration when both parties are able to openly discuss their expectations and make explicit the terms of agreement. The supervision contract is then reviewed regularly to ensure that the learning goals are being met or amended to meet changing needs. A revised contract can be drawn up to meet the changing needs of the supervisee.

4 Components in Supervision Contract
   • Goals of supervision
   • Ground rules in the supervision relationship
   • Logistic and structural issues such as frequency, type, methods, documentation in the supervision sessions
   • Review and evaluative procedures

**Documentation of supervision**

5 Each supervisory session is documented. Documentation on each supervision sessions should be properly kept and be accessible to the Supervisor,
supervisee and the head of the agency. Documentation on clinical supervision sessions pertaining to the supervisee should be kept separate from documentation of casework supervision specific to a case. The latter should be kept in the case file. This allows for a quick retrieval of information on how supervisory decision on the case was made.

6 Social work regulatory boards may request for documentation of the supervision received when supervisees apply for accreditation.

7 Recommended supervision related documents to be kept include:

- Supervision Contract
- Supervision Recording
- Supervision Log
- Supervision Evaluation Form

F Supervision with a Risk Lens

1 In the FSC setting, SWPs manage a range or types of cases. Some of these cases involve the management of risk and safety concerns within the family (e.g. suicide, family violence, abuse). Apart from needing to support the SWPs in ensuring their emotional and professional resilience to face the challenges of such cases, supervision is also a means of ensuring that the SWPs remain alert to the risk and safety concerns that exist or are imminent, and that these risk and safety concerns are being attended to. Supervision therefore helps to ensure the safety of the clients involved.

2 In other to do this, however, Supervisors have to be trained on issues of managing risk and safety concerns and be alert to such concerns themselves.

Professional dangerousness

3 Professional dangerousness is the process by which individual SWPs or multidisciplinary networks can, act in such a way as to collude with, maintain or increase the dangerous dynamics of the family in which abuse takes place (Reeder, Duncan & Gray, 1993, 1999).

4 Clients and families may show various forms of resistance whilst working with the SWP. Some of these forms of resistance include the show of:

- Hostility
- Passive aggressiveness
- Passive helplessness
• Challenging/ Chaotic behaviours

**Hostage syndrome**

5 As a result of the hostile resistance shown by the client and families, SWPs may demonstrate ‘hostage syndrome’ where SWPs become compliant with the abuser with the view that this will reduce the threat and stress to the SWP. This would reinforce the positive attributes of the person who is being hostile and abusive - in that the person had the ability to harm the SWP but did not do so. This then gives the abusive person considerable control over the situation (Stanley and Goddard, 2002).

6 These are the possible reasons for which an SWP may demonstrate hostage syndrome:

• Fear
• Own unresolved childhood experiences
• Personal history of physical abuse
• Perceiving and over identifying with the client as the ‘underdog’
• Professional pressure not to admit fear of client

(Stanley & Goddard, 1993)

7 The following are signs of a hostage syndrome:

• Avoiding clients or avoiding confrontation with the family
• Seeing only one of the caregivers
• Early termination of a case
• Denial or minimising severity of the situation, rationalising the abuser’s behaviour or the child’s and other vulnerable members’ injuries
• Unfounded optimism about changes being achieved
• Underestimating the level of violence in the family
• Return of children or other vulnerable members to households where violence still exists
• Denial of own feelings of being scared or threatened

**Common decision making errors**

8 Another form of professional dangerousness is when SWPs formulate decision making errors in their case practice. The following list is not exhaustive and are examples of these decision making errors:
• Being biased – the SWP is biased towards certain groups of clientele due to their own personal issues and history.

• Focus on recent memorable events rather than patterns of behaviour – the SWP focusses on the latest positive change that the client has demonstrated without considering past patterns of behaviour where these positive changes tended to be short-lived. The SWPs should identify and study patterns that exist and monitor positive successes over a period of time.

• Rule of optimism – the SWPs is overly optimistic on the client’s progress and looks only at the positive or successful behaviors of the clients, ignoring the negative behaviours as evidence or justification to support their decisions. The SWPs should analyse cases taking into consideration both positive and negative experiences with the clients.

• Uncritical of new information that supports own view but critical of information that goes against the SWP’s views – this is similar to the point above where the SWP only looks for evidence that supports their own view of the client and the client’s situation.

9 Supervision, through the processes of reflective practice, enables the Supervisor to identify the responses being made by the SWPs and correct/ apprehend any professional dangerousness that may be taking place. It brings to the fore the responses and emotions of the SWPs, facilitating discussions around this.

G Self Care

1 SWPs have a professional obligation to ensure self-care in order to ensure the continued provision of quality services to the clients. It also forms an important step in retaining valued professionals and helping practitioners maintain their commitment to the profession.

2 Agencies need to develop self-care strategies/ plans that would help buffer the SWPs against the unwanted impact of the work they do. There should be an ongoing consistent effort to help support and sustain the SWPs before the negative impacts are being felt.

Recognising the signs and symptoms

3 Recognising the signs and symptoms forms the next crucial step in addressing the adverse signs and symptoms often associated with the helping profession.

i. Burnout

Burnout is a term frequently used to describe a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress when SWPs feel
overwhelmed and unable to meet constant demands. Burnout damages the SWPs’
ability to empathise and function in the helping relationship and tends to occur when
SWPs exhaust themselves both physically and emotionally through overwork and
lack of proper self-care. Common symptoms of burnout include, but are not limited to:

- Anxiety
- Increased frequency of illness due to depleted immunity
- Depressive symptoms
- Irritability or outbursts of anger
- Loss of appetite
- Insomnia or sleep disturbances
- Physiological symptoms such as headaches, chest pain, shortness of breath or
gastrointestinal pain
- Loss of enjoyment and motivation to work which may extend to other areas of
the person’s life
- Increased absenteeism
- Withdrawal from socialising
- Sense of detachment or disconnectedness from others and the environment
- Sense of apathy and hopelessness
- Deteriorating work performance and productivity

ii. **Secondary traumatic stress/ compassion fatigue**

Secondary traumatic stress, most commonly associated with compassion fatigue, is a
prolonged experience of behaviours and emotions that arise from knowing about a
traumatising event experienced by others. In addition to the symptoms associated
with burnout, SWPs may also experience changes in memory, reduction in their sense
of efficacy, a depletion of personal resources and disruptions in their perception of
safety, trust, and independence.

iii. **Vicarious traumatisation**

Vicarious traumatisation occurs when SWPs who were not an immediate witness or
victim of the trauma, absorb and integrate disturbing aspects of the client’s/ victim’s
traumatic experience as if they had experienced it themselves. Research has indicated
that the SWPs with unresolved personal trauma history are vulnerable to vicarious
traumatisation. The SWPs’ worldview and sense of self may be affected as they react
to the client’s experience. Symptoms of vicarious traumatisation are similar to that of
direct trauma but with less intensity. Common symptoms include, but are not limited to:
• Social withdrawal
• Mood swings
• Heightened sensitivity to violence
• Somatic symptoms
• Disrupted sleeping patterns
• Sexual difficulties
• Difficulties managing boundaries with clients
• Difficulties in relationships
• Self-harming behaviours
• Substance abuse
• Helplessness and powerless

iv. Countertransference

Countertransference occurs when workers ascribe characteristics of significant people and events in their past to their clients. The client’s emotions, behaviours and issues may stir up unresolved or suppressed emotions within the SWP who might then identify too closely with the client and use the relationship to fulfil unmet needs.

Formulating a self-care plan

4 The formulation of a self-care plan is not a “one-size-fits-all” approach. A self-care plan is a personal process, and crafted based on the SWPs’ unique life history, stress threshold, coping styles, responses to stressors and challenges, and individual goals and aspirations. The self-care plan would evolve with the changes surrounding the SWPs’ professional and personal growth.

5 The objectives commonly noted in self-care plans can include but are not limited to the following:
• taking care of physical health;
• managing and reducing stress;
• honouring emotional and spiritual needs;
• nurturing relationships; and
• finding work/ life balance

6 Some research has indicated that self-care is part of healing, which is to focus on obtaining what is needed to survive and energise. Part of self-care is also knowing when to seek help from others. Receiving help from a trained professional or therapist not only allows for an alternative perspective, but also assistance in the development of self-care strategies.
7 Regular supervision provides for the identification of ‘blind spots’, guidance and mentoring on the development of practice knowledge and skills so as to better manage complex or difficult cases, workload demands and other issues. SWPs can learn to be aware of their internal processes and bring it up for discussion with their Supervisors.

8 It is crucial for the Supervisors to pay attention to signs of job stress and address them with their supervisees. The Supervisors should provide resources to help supervisees and make outside referrals where necessary. Peer consultation can be helpful to the Supervisors and the supervisees in such cases.

**Self-Care of the Supervisor**

9 Being an effective Supervisor requires good self-awareness, where the Supervisor is conscious of their own needs and responsibility for self-care.

10 Supervisors may feel that their ability to supervise depends on their levels of effort and expertise, negating their own need to be able to manage and express stress. They may identify and become overly-involved with their clients’ and supervisees’ experiences, such that they may feel guilty at not being able to help achieve desired results. They may perceive that the agency discourages the expression of such feelings and may fear of being judged as incompetent.

11 The Supervisors need to enable themselves and their supervisees to recognize stress symptoms and find ways of expressing and dealing with the stress so that it does not become unbearable leading to increased frustrations and be covered through secrecy. Support for the Supervisor in terms of group support or external consultation is needed. Just like their supervisees, Supervisors should receive regular supervision and consults.

12 A Supervisor who is stressed in her/ his work situation will be unable to support the supervisees and work through the latter's stress. In turn, this will affect the supervisee's ability to support clients.

**Meeting own needs as a Supervisor**

13 The Supervisors need to manage their own needs as a Supervisor through the following ways:

- Feel a right to require cooperation and work from supervisees.
- Learn to be honest in acknowledging the difficulties that originate within them, those which originate from the supervisee and those from the agency.
- Provide feedback to the agency and point out if their policies and procedures (or lack of these) are making the supervisory tasks more difficult.
- Participate in support groups inside or outside the agency to share experiences with others and try out new ideas and approaches in supervision.
- Develop other leisure interests outside of the work sphere. It is helpful to maintain a work-life balance.
- Learn to recognise feelings of frustration and distress within the self and seek help from the Supervisor/consultant/support group in bringing this into the open and discussing it.
- Look for training and refresher courses and refreshers in supervisory skills.
- Ensure that they, the agency and the supervisees understand and recognise the supervisory tasks.
- Try not to feel overly responsible for the supervisees. The Supervisors cannot manage the supervisees’ lives or their work for them. The supervisees are responsible for themselves.
FORMS AND ANNEXES
# HOME VISIT ASSESSMENT FORM

**Date / Time of Visit**: 

**Duration**: 

**People Present**:  

**Conducted by**: 

<table>
<thead>
<tr>
<th>Physical Condition / Needs</th>
<th>Remarks (if any):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical condition of home</strong></td>
<td></td>
</tr>
<tr>
<td>General condition of home</td>
<td>□ Excellent □ Good □ Satisfactory □ Unsatisfactory □ Concerns noted</td>
</tr>
<tr>
<td><strong>Hygiene / Cleanliness</strong></td>
<td></td>
</tr>
<tr>
<td>Hygiene / Cleanliness</td>
<td>□ Excellent □ Good □ Satisfactory □ Unsatisfactory □ Concerns noted</td>
</tr>
<tr>
<td><strong>Appliances &amp; furnishings</strong></td>
<td></td>
</tr>
<tr>
<td>Availability and condition of furniture / appliances</td>
<td>□ Excellent □ Good □ Satisfactory □ Unsatisfactory □ Concerns noted</td>
</tr>
<tr>
<td><strong>Safety issues</strong></td>
<td></td>
</tr>
<tr>
<td>Overall home condition. Indicate if there are possible safety needs and concerns to individual residing there. (e.g. sleeping arrangement, grills in windows for family with children, availability of grab bars, non-slip flooring for elderly etc.)</td>
<td>□ Excellent □ Good □ Satisfactory □ Unsatisfactory □ Concerns noted</td>
</tr>
</tbody>
</table>
## Social & Emotional Condition / Needs

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>Remarks (if any):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons living in the household. Indicate if there are concerns of overcrowding or presence of unrelated or possible higher risk housemates.</td>
<td></td>
</tr>
<tr>
<td>□ Excellent</td>
<td>□ Good</td>
</tr>
<tr>
<td>□ Satisfactory</td>
<td>□ Unsatisfactory</td>
</tr>
<tr>
<td>□ Concerns noted</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional health of members</th>
<th>Remarks (if any):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship between persons living in the household: between adults, couple subsystems, parent-child/children subsystem, between siblings</td>
<td></td>
</tr>
<tr>
<td>□ Positive, supportive, receptive, reciprocal</td>
<td>□ More supportive than non-supportive</td>
</tr>
<tr>
<td>□ More non-supportive than supportive</td>
<td>□ Non-supportive</td>
</tr>
<tr>
<td>□ Not observed</td>
<td></td>
</tr>
</tbody>
</table>

## Physiological conditions / Needs

<table>
<thead>
<tr>
<th>Physical health of members</th>
<th>Remarks (if any):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of health issues</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Presence of disability</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Availability of physical or medical aid(s) and resources to cope</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

## Overall Observation & Assessment

| | |
| | |
| | |

---

2
# FINANCIAL ASSESSMENT

**Date** : _____________

**By** : _____________

Current housing type: HDB/ Private (Purchased / Rented)/ others _____________

## I. FAMILY INCOME and EXPENDITURE

<table>
<thead>
<tr>
<th>INCOME (per month)</th>
<th>AMOUNT ($)</th>
<th>EXPENDITURE (per month)</th>
<th>AMOUNT ($)</th>
<th>Arrears / Credit balance ($) as at (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Salary (after CPF deduction)</td>
<td>Rent or Mortgage payment (cash only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions from family members</td>
<td>Service and Conservancy Charges (SCC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance received from Other Sources (as below list)</td>
<td>Utility Charges (Power Supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Agency** | **Period of Assistance** | **Food and Sundry** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Educational Expenses (School fees, pocket money, etc.)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Childcare/ Babysitter’s fees</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Transport</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Work related expenses (meal allowances etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Expenses (Private GP/ Polyclinic/ Hospital)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance paid to Parents/ wife/ children</td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td>Telecommunication charges including internet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Arrears instalment committed (SP, SCC, medical, rent, mortgage, maintenance, telecommunication, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Expenditure items¹ (provide details) (e.g. credit card instalment, cigarettes, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Per Capita Income (PCI)

## II. BANK / SAVINGS INFORMATION

<table>
<thead>
<tr>
<th>Account Holder</th>
<th>Bank Name</th>
<th>Account Number</th>
<th>Balance</th>
<th>Last update (balance as at)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## III. ASSESSMENT (include family’s identified barriers and strengths which could be positively tapped on)

<table>
<thead>
<tr>
<th>IV. RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of scheme / assistance</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Remarks:

---

¹ This may include uncommon expenses which applicants need to make due to the family’s extenuating circumstances e.g. expenses for a maid to take care of family member(s) with special needs, medication and supplements not covered under Medifund, elder care etc. In addition, SWPs should also ask if there are foregone expenses i.e. expenses which are necessary but which applicants forego because of their financial constraints e.g. providing balanced and nutritious meals for the family, clinic or hospital visits for treatment/follow-up treatment etc.
Suicide Risk Assessment

This assessment guide highlights the key factors that Social Work Practitioners need to be aware of when assessing suicide risk. It is essential to look out for warning signs especially when there is **acute risk:** when an individual is likely to carry out the suicide act. For such cases, intervention is needed immediately to mitigate the risk. (Please refer to Chapter 7 Management of Cases with Suicidal and Self-Injury Intent for more details)

**SUICIDE SEVERITY RATING SCALE**

<table>
<thead>
<tr>
<th>SUICIDE IDEATION DEFINITIONS AND PROMPTS</th>
<th>Current</th>
<th>Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible questions that can be asked are in bold and italics.</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>1) Wish to be Dead:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual entertains thoughts about being dead or wish to fall asleep and not wake up</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Have you ever wished you were dead or wished you could go to sleep and not wake up?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2) Suicidal Thoughts:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General non-specific thoughts of wanting to end one’s life/commit suicide, “I've thought about killing myself” without having specific ways to kill oneself/associated methods, intent or plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Have you had any thoughts of killing yourself?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual entertains thoughts of suicide and has thought of at least one method during the period of assessment. This is different from having a specific plan with time, place or method details worked out. “I thought about overdosing on my medication but has never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Have you been thinking about how you might kill yourself?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4) Suicidal Intent (without Specific Plan):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active suicidal thoughts of killing self and individual reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Have you had these thoughts and had some intention of acting on them?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5) Suicide Intent with Specific Plan:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts of killing self with details of plan fully or partially worked out and person has some intent to carry it out.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUICIDE IDEATION DEFINITIONS AND PROMPTS</td>
<td>Current</td>
<td>Past Month</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>Possible questions that can be asked are in bold and italics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Suicide Behaviour Question:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples: Collected pills, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, went to a high floor but didn’t jump etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If YES, ask:</strong> <em>How long ago did you do any of these?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Over a year ago? □ Between three months and a year ago? □ Within the last three months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Adapted from Columbia-Suicide Severity Rating Scale (SSRS)*
Mental Health Status Assessment

At the FSC, SWPs may need to conduct a generic mental health assessment for some of the clients. This is **not** a formal psychiatric assessment which is conducted by a doctor or a psychiatrist. It is part of the assessment to be conducted by SWPs, when needed.

The mental health assessment is conducted by systematically observing the client’s behaviour, state of feeling, thinking process to better understand the client’s emotional and cognitive functioning.

**What to Observe**

- General appearance
- Behaviour
- Thought processes and the communication of this
- Emotion and emotional response
- Impulse control
- Insight, awareness of self and others and the impact of their actions
- Reality testing and cognitive functioning.

**How to Observe**

This does not differ greatly from how SWP conducts interviews. If there is concern about the mental health status, more care may need to be given to the volume, choice of words and the mindfulness of the client’s reaction. Note how the client communicates verbally and non-verbally and how the client relates information.

Observation is not restricted to contact with the client but include those around the client. It is helpful to consider perspectives of others who come into frequent contact with the client. This can include family members, flat-mates and even neighbours or significant others in the community with reliable information. This may include talking and visiting them to gather more information. Environmental observations like state of the home will also form an essential part of the assessment.
### Mental Health Status Assessment

**Client Name**: _______________________

**Date Completed**: ______________________

**Conducted by**: _______________________

**Key:**

- **F** – Frequent
- **O** – Occasional
- **NP** – Not Present
- **H** – History
- **ND** – No Data

<table>
<thead>
<tr>
<th>General Areas</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appearance</strong></td>
<td>Physically unkempt, unclean</td>
</tr>
<tr>
<td></td>
<td>Clothing atypical, unusual, bizarre</td>
</tr>
<tr>
<td></td>
<td>Unusual physical characteristic - twitches, posture</td>
</tr>
<tr>
<td><strong>Behaviour</strong></td>
<td>General movement - accelerated, slowed, atypical, fidgety, restless, inappropriate</td>
</tr>
<tr>
<td></td>
<td>Speech - inappropriate volume, slurring, stammer</td>
</tr>
<tr>
<td></td>
<td>Sleep, diet and energy level - inappropriate level observed</td>
</tr>
<tr>
<td><strong>Emotions</strong></td>
<td>Euphoria, elation</td>
</tr>
<tr>
<td></td>
<td>Fear, anxiety, apprehension</td>
</tr>
<tr>
<td></td>
<td>Depression, sadness</td>
</tr>
<tr>
<td><strong>Perception</strong></td>
<td>Disorientation of person, place and time</td>
</tr>
<tr>
<td></td>
<td>Poor immediate recall, recent and remote memory</td>
</tr>
<tr>
<td></td>
<td>Presence of illusions</td>
</tr>
<tr>
<td></td>
<td>Presence of hallucination - sounds, visual or others</td>
</tr>
<tr>
<td></td>
<td>Lack of insight into their issues and their impact on others</td>
</tr>
<tr>
<td><strong>Thought Content</strong></td>
<td>Inability to focus and concentrate</td>
</tr>
<tr>
<td></td>
<td>Distortion of reality e.g. a woman with anorexia who thinks that she is fat</td>
</tr>
<tr>
<td></td>
<td>Delusion - an inappropriate idea that cannot be dissuaded using evidence e.g. a man believing</td>
</tr>
<tr>
<td>Thought Processes</td>
<td>Inability to link ideas and no flow to ideas</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Illogical and incoherent in presentation of thoughts</td>
</tr>
<tr>
<td></td>
<td>Difficulties in evaluating their situation and making logical decisions e.g. binge-drinking, high risk sex behaviour</td>
</tr>
<tr>
<td>Preoccupations</td>
<td>Somatic preoccupation - over focus on bodily functions, physical health</td>
</tr>
<tr>
<td></td>
<td>Obsessions - persistent thoughts that are intrusive and unwanted that haunts the person</td>
</tr>
<tr>
<td></td>
<td>Compulsions - urges that cannot be controlled</td>
</tr>
<tr>
<td></td>
<td>Phobias - irrational persistent fears</td>
</tr>
<tr>
<td>High Risk Ideas</td>
<td>Suicidal Ideation</td>
</tr>
<tr>
<td></td>
<td>Homicidal Ideation</td>
</tr>
<tr>
<td></td>
<td>Delusions/ hallucination that can lead to harm to self or others</td>
</tr>
<tr>
<td>Impulse Control</td>
<td>Difficulties in controlling anger; strong desires including sexual urges</td>
</tr>
<tr>
<td>Environment</td>
<td>Inappropriate physical surroundings - poor hygiene, many pets that have affected the individual’s quality of life</td>
</tr>
<tr>
<td></td>
<td>Presence of waste, junk and hoarding</td>
</tr>
</tbody>
</table>

Worker’s Summary
## ANNEX A

### PENAL CODE CHAPTER VI

#### OFFENCES AGAINST THE STATE

<table>
<thead>
<tr>
<th>SECTION</th>
<th>INFORMATION ABOUT THE SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>121</td>
<td>Waging or attempting to wage war or abetting the waging of war against the Government</td>
</tr>
<tr>
<td>121A</td>
<td>Offences against the President's person</td>
</tr>
<tr>
<td>121B</td>
<td>Offences against authority</td>
</tr>
<tr>
<td>121C</td>
<td>Abetting offences under section 121A or 121B</td>
</tr>
<tr>
<td>121D</td>
<td>Intentional omission to give information of offences against section 121, 121A, 121B or 121C by a person bound to inform</td>
</tr>
<tr>
<td>122</td>
<td>Collecting arms, etc., with the intention of waging war against the Government</td>
</tr>
<tr>
<td>123</td>
<td>Concealing with intent to facilitate a design to wage war</td>
</tr>
<tr>
<td>124</td>
<td>Assaulting President, etc., with intent to compel or restrain the exercise of any lawful power</td>
</tr>
<tr>
<td>125</td>
<td>Waging war against any power in alliance or at peace with Singapore</td>
</tr>
<tr>
<td>126</td>
<td>Committing depredation on the territories of any power in alliance or at peace with Singapore</td>
</tr>
<tr>
<td>127</td>
<td>Receiving property taken by war or depredation mentioned in sections 125 and 126</td>
</tr>
<tr>
<td>128</td>
<td>Public servant voluntarily allowing prisoner of State or war in his custody to escape</td>
</tr>
<tr>
<td>129</td>
<td>Public servant negligently suffering prisoner of State or war in his custody to escape</td>
</tr>
<tr>
<td>130</td>
<td>Aiding escape of, rescuing, or harbouring such prisoner</td>
</tr>
</tbody>
</table>
| 130A    | “Harbour”  
130A. In this Chapter, “harbour” includes the supplying a person with shelter, food, drink, money, clothes, arms, ammunition, or means of conveyance, or the assisting a person in any way to evade apprehension |
## PENAL CODE CHAPTER VII

OFFENCES RELATING TO THE ARMED FORCES

<table>
<thead>
<tr>
<th>SECTION</th>
<th>INFORMATION ABOUT THE SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>131</td>
<td>Abetting mutiny, or attempting to seduce an officer or a serviceman from his duty</td>
</tr>
<tr>
<td>132</td>
<td>Abetment of mutiny, if mutiny is committed in consequence thereof</td>
</tr>
<tr>
<td>133</td>
<td>Abetment of an assault by an officer or a serviceman on his superior officer, when in the execution of his office</td>
</tr>
<tr>
<td>134</td>
<td>Abetment of such assault, if the assault is committed</td>
</tr>
<tr>
<td>135</td>
<td>Abetment of the desertion of an officer or a serviceman</td>
</tr>
<tr>
<td>136</td>
<td>Harbouring a deserter</td>
</tr>
<tr>
<td>137</td>
<td>Deserter concealed on board merchant vessel through negligence of master</td>
</tr>
<tr>
<td>138</td>
<td>Abetment of act of insubordination by an officer or a serviceman</td>
</tr>
<tr>
<td>139</td>
<td>Saving</td>
</tr>
<tr>
<td></td>
<td>139. Where provision is made in any law relating to the discipline of the Singapore Armed Forces for the punishment of an offence corresponding to an offence defined in this Chapter, no person who is subject to such provision shall be subject to punishment under this Code for the offence defined in this Chapter</td>
</tr>
<tr>
<td>140</td>
<td>Wearing the dress of a serviceman</td>
</tr>
<tr>
<td>140A</td>
<td>‘Harbour’</td>
</tr>
<tr>
<td></td>
<td>140A. In this Chapter, ‘harbour’ includes the supplying a person with shelter, food, drink, money, clothes, arms, ammunition, or means of conveyance, or the assisting a person in any way to evade apprehension</td>
</tr>
<tr>
<td>140B</td>
<td>Application of Chapter VII to Singapore Police Force</td>
</tr>
</tbody>
</table>
## PENAL CODE CHAPTER VIII

### OFFENCES RELATING TO UNLAWFUL ASSEMBLY

<table>
<thead>
<tr>
<th>SECTION</th>
<th>INFORMATION ABOUT THE SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>141</td>
<td>Unlawful assembly</td>
</tr>
<tr>
<td>142</td>
<td>Being a member of an unlawful assembly</td>
</tr>
<tr>
<td>143</td>
<td>Punishment</td>
</tr>
<tr>
<td></td>
<td>143. Whoever is a member of an unlawful assembly, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both</td>
</tr>
<tr>
<td>144</td>
<td>Joining an unlawful assembly armed with any deadly weapon</td>
</tr>
<tr>
<td>145</td>
<td>Joining or continuing in an unlawful assembly, knowing that it has been commanded to disperse</td>
</tr>
<tr>
<td>146</td>
<td>Force used by one member in prosecution of common object</td>
</tr>
<tr>
<td>147</td>
<td>Punishment for rioting</td>
</tr>
<tr>
<td>148</td>
<td>Rioting, armed with a deadly weapon</td>
</tr>
<tr>
<td>149</td>
<td>Every member of an unlawful assembly to be deemed guilty of any offence committed in prosecution of common object</td>
</tr>
<tr>
<td>150</td>
<td>Hiring, or conniving at hiring, of persons to join an unlawful assembly</td>
</tr>
<tr>
<td>151</td>
<td>Knowingly joining or continuing in any assembly of 5 or more persons after it has been commanded to disperse</td>
</tr>
<tr>
<td>151A</td>
<td>Posting placards, etc.</td>
</tr>
<tr>
<td></td>
<td>151A. Repealed by Act 51 of 2007</td>
</tr>
<tr>
<td>152</td>
<td>Assaulting or obstructing public servant when suppressing riot, etc.</td>
</tr>
<tr>
<td>153</td>
<td>Wantonly giving provocation, with intent to cause riot</td>
</tr>
<tr>
<td>154</td>
<td>Owner or occupier of land on which an unlawful assembly is held</td>
</tr>
<tr>
<td>155</td>
<td>Liability of person for whose benefit a riot is committed</td>
</tr>
<tr>
<td>156</td>
<td>Liability of agent of owner or occupier for whose benefit a riot is committed</td>
</tr>
<tr>
<td>157</td>
<td>Harbouring persons hired for an unlawful assembly</td>
</tr>
<tr>
<td>158</td>
<td>Being hired to take part in an unlawful assembly or riot</td>
</tr>
</tbody>
</table>
### PENAL CODE CHAPTER XII
### OFFENCES RELATING TO COIN AND GOVERNMENT STAMPS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>INFORMATION ABOUT THE SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>230</td>
<td>“Coin” and “current coin”</td>
</tr>
<tr>
<td>231</td>
<td>Counterfeiting coin</td>
</tr>
<tr>
<td>232</td>
<td>Counterfeiting current coin</td>
</tr>
<tr>
<td>233</td>
<td>Making or selling instrument for counterfeiting coin</td>
</tr>
<tr>
<td>234</td>
<td>Making or selling instrument for counterfeiting current coin</td>
</tr>
<tr>
<td>235</td>
<td>Possession of instrument or material for the purpose of using the same for counterfeiting coin</td>
</tr>
<tr>
<td>236</td>
<td>Abetting in Singapore the counterfeiting out of Singapore of coin or current coin</td>
</tr>
<tr>
<td>237</td>
<td>Import or export of counterfeit coin</td>
</tr>
<tr>
<td>238</td>
<td>Import or export of counterfeits of current coin</td>
</tr>
<tr>
<td>239</td>
<td>Delivery to another of coin, possessed with the knowledge that it is counterfeit</td>
</tr>
<tr>
<td>240</td>
<td>Delivery of current coin, possessed with the knowledge that it is counterfeit</td>
</tr>
<tr>
<td>241</td>
<td>Delivery to another of coin as genuine, which when first possessed the deliverer did not know to be counterfeit</td>
</tr>
<tr>
<td>241A</td>
<td>Delivery to another of current coin as genuine, which when first possessed the deliverer did not know to be counterfeit</td>
</tr>
<tr>
<td>242</td>
<td>Possession of counterfeit coin by a person who knew it to be counterfeit when he became possessed thereof</td>
</tr>
<tr>
<td>243</td>
<td>Possession of current coin by a person who knew it to be counterfeit when he became possessed thereof</td>
</tr>
<tr>
<td>246</td>
<td>Fraudulently or dishonestly diminishing the weight or altering the composition of any coin</td>
</tr>
<tr>
<td>247</td>
<td>Fraudulently or dishonestly diminishing the weight or altering the composition of current coin</td>
</tr>
<tr>
<td>248</td>
<td>Altering appearance of any coin with intent that it shall pass as a coin of a different description</td>
</tr>
<tr>
<td>249</td>
<td>Altering appearance of current coin with intent that it shall pass as a coin of a different description</td>
</tr>
<tr>
<td>250</td>
<td>Delivery to another of coin possessed with the knowledge that it is altered</td>
</tr>
<tr>
<td>251</td>
<td>Delivery of current coin possessed with the knowledge that it is altered</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>252</td>
<td>Possession of altered coin by a person who knew it to be altered when he became possessed thereof</td>
</tr>
<tr>
<td>253</td>
<td>Possession of current coin by a person who knew it to be altered when he became possessed thereof</td>
</tr>
<tr>
<td>254</td>
<td>Delivery to another of coin as genuine, which when first possessed the deliverer did not know to be altered</td>
</tr>
<tr>
<td>254A</td>
<td>Delivery to another of current coin as genuine, which when first possessed the deliverer did not know to be altered</td>
</tr>
<tr>
<td>255</td>
<td>Counterfeiting a Government stamp</td>
</tr>
<tr>
<td>256</td>
<td>Having possession of an instrument or material for the purpose of counterfeiting a Government stamp</td>
</tr>
<tr>
<td>257</td>
<td>Making or selling an instrument for the purpose of counterfeiting a Government stamp</td>
</tr>
<tr>
<td>258</td>
<td>Sale of counterfeit Government stamp</td>
</tr>
<tr>
<td>259</td>
<td>Having possession of a counterfeit Government stamp</td>
</tr>
<tr>
<td>260</td>
<td>Using as genuine a Government stamp known to be counterfeit</td>
</tr>
<tr>
<td>261</td>
<td>Effacing any writing from a substance bearing a Government stamp, or removing from a document a stamp used for it, with intent to cause loss to Government</td>
</tr>
<tr>
<td>262</td>
<td>Using a Government stamp known to have been before used</td>
</tr>
<tr>
<td>263</td>
<td>Erasure of mark denoting that stamp has been used</td>
</tr>
</tbody>
</table>
## PENAL CODE CHAPTER XVI

### OFFENCES AFFECTING THE HUMAN BODY

<table>
<thead>
<tr>
<th>SECTION</th>
<th>INFORMATION ABOUT THE SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>299</td>
<td>Culpable homicide</td>
</tr>
<tr>
<td>300</td>
<td>Murder</td>
</tr>
<tr>
<td>301</td>
<td>Culpable homicide by causing the death of a person other than the person whose death was intended</td>
</tr>
<tr>
<td>302</td>
<td>Punishment for murder</td>
</tr>
<tr>
<td>304</td>
<td>Punishment for culpable homicide not amounting to murder</td>
</tr>
<tr>
<td>304A</td>
<td>Causing death by rash or negligent act</td>
</tr>
<tr>
<td>305</td>
<td>Abetment of suicide of child or insane person</td>
</tr>
<tr>
<td>306</td>
<td>Abetment of suicide</td>
</tr>
<tr>
<td>307</td>
<td>Attempt to murder</td>
</tr>
<tr>
<td>308</td>
<td>Attempt to commit culpable homicide</td>
</tr>
<tr>
<td>309</td>
<td>Attempt to commit suicide</td>
</tr>
<tr>
<td>310</td>
<td>Infanticide</td>
</tr>
<tr>
<td>311</td>
<td>Punishment for infanticide</td>
</tr>
<tr>
<td>312</td>
<td>Causing miscarriage</td>
</tr>
<tr>
<td>313</td>
<td>Causing miscarriage without woman’s consent</td>
</tr>
<tr>
<td>314</td>
<td>Death caused by act done with intent to cause miscarriage</td>
</tr>
<tr>
<td>315</td>
<td>Child destruction before, at or immediately after birth</td>
</tr>
<tr>
<td>316</td>
<td>Causing death of a quick unborn child by an act amounting to culpable homicide</td>
</tr>
<tr>
<td>317</td>
<td>Exposure and abandonment of a child under 12 years by parent or person having care of it</td>
</tr>
<tr>
<td>318</td>
<td>Concealment of birth by secret disposal of dead body</td>
</tr>
<tr>
<td>319</td>
<td>Hurt</td>
</tr>
<tr>
<td>320</td>
<td>Grievous hurt</td>
</tr>
<tr>
<td>321</td>
<td>Voluntarily causing hurt</td>
</tr>
<tr>
<td>322</td>
<td>Voluntarily causing grievous hurt</td>
</tr>
<tr>
<td>323</td>
<td>Punishment for voluntarily causing hurt</td>
</tr>
<tr>
<td>324</td>
<td>Voluntarily causing hurt by dangerous weapons or means</td>
</tr>
<tr>
<td>325</td>
<td>Punishment for voluntarily causing grievous hurt</td>
</tr>
<tr>
<td>326</td>
<td>Voluntarily causing grievous hurt by dangerous weapons or means</td>
</tr>
<tr>
<td>327</td>
<td>Voluntarily causing hurt to extort property or to constrain to an illegal act</td>
</tr>
<tr>
<td>328</td>
<td>Causing hurt by means of poison, etc., with intent to commit an offence</td>
</tr>
<tr>
<td>S. No.</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>329</td>
<td>Voluntarily causing grievous hurt to extort property, or to constrain to an illegal act</td>
</tr>
<tr>
<td>330</td>
<td>Voluntarily causing hurt to extort confession or to compel restoration of property</td>
</tr>
<tr>
<td>331</td>
<td>Voluntarily causing grievous hurt to extort confession or to compel restoration of property</td>
</tr>
<tr>
<td>332</td>
<td>Voluntarily causing hurt to deter public servant from his duty</td>
</tr>
<tr>
<td>333</td>
<td>Voluntarily causing grievous hurt to deter public servant from his duty</td>
</tr>
<tr>
<td>334</td>
<td>Voluntarily causing hurt on provocation</td>
</tr>
<tr>
<td>335</td>
<td>Causing grievous hurt on provocation</td>
</tr>
<tr>
<td>336</td>
<td>Punishment for act which endangers life or the personal safety of others</td>
</tr>
<tr>
<td>337</td>
<td>Causing hurt by an act which endangers life or the personal safety of others</td>
</tr>
<tr>
<td>338</td>
<td>Causing grievous hurt by an act which endangers life or the personal safety of others</td>
</tr>
<tr>
<td>339</td>
<td>Wrongful restraint</td>
</tr>
<tr>
<td>340</td>
<td>Wrongful confinement</td>
</tr>
<tr>
<td>341</td>
<td>Punishment for wrongful restraint</td>
</tr>
<tr>
<td>342</td>
<td>Punishment for wrongful confinement</td>
</tr>
<tr>
<td>343</td>
<td>Wrongful confinement for 3 or more days</td>
</tr>
<tr>
<td>344</td>
<td>Wrongful confinement for 10 or more days</td>
</tr>
<tr>
<td>345</td>
<td>Wrongful confinement of person for whose liberation a writ has been issued</td>
</tr>
<tr>
<td>346</td>
<td>Wrongful confinement in secret</td>
</tr>
<tr>
<td>347</td>
<td>Wrongful confinement for the purpose of extorting property or constraining to an illegal act</td>
</tr>
<tr>
<td>348</td>
<td>Wrongful confinement for the purpose of extorting confession or of compelling restoration of property</td>
</tr>
<tr>
<td>349</td>
<td>Force</td>
</tr>
<tr>
<td>350</td>
<td>Criminal force</td>
</tr>
<tr>
<td>351</td>
<td>Assault</td>
</tr>
<tr>
<td>352</td>
<td>Punishment for using criminal force otherwise than on grave and sudden provocation</td>
</tr>
<tr>
<td>353</td>
<td>Using criminal force to deter a public servant from discharge of his duty</td>
</tr>
<tr>
<td>354</td>
<td>Assault or use of criminal force to a person with intent to outrage modesty</td>
</tr>
<tr>
<td>354A</td>
<td>Outraging modesty in certain circumstances</td>
</tr>
<tr>
<td>355</td>
<td>Assault or criminal force with intent to dishonour otherwise than on grave and sudden provocation</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>356</td>
<td>Assault or criminal force in committing or attempting to commit theft of property carried by a person</td>
</tr>
<tr>
<td>357</td>
<td>Assault or criminal force in attempting wrongfully to confine a person</td>
</tr>
<tr>
<td>358</td>
<td>Assaulting or using criminal force on grave and sudden provocation</td>
</tr>
<tr>
<td>359</td>
<td>Kidnapping</td>
</tr>
<tr>
<td>360</td>
<td>Kidnapping from Singapore</td>
</tr>
<tr>
<td>361</td>
<td>Kidnapping from lawful guardianship</td>
</tr>
<tr>
<td>362</td>
<td>Abduction</td>
</tr>
<tr>
<td>363</td>
<td>Punishment for kidnapping</td>
</tr>
<tr>
<td>363A</td>
<td>Punishment for abduction</td>
</tr>
<tr>
<td>364</td>
<td>Kidnapping or abducting in order to murder</td>
</tr>
<tr>
<td>365</td>
<td>Kidnapping or abducting with intent secretly and wrongfully to confine a person</td>
</tr>
<tr>
<td>366</td>
<td>Kidnapping or abducting a woman to compel her marriage, etc.</td>
</tr>
<tr>
<td>367</td>
<td>Kidnapping or abducting in order to subject a person to grievous hurt, slavery, etc.</td>
</tr>
<tr>
<td>368</td>
<td>Wrongfully concealing or keeping in confinement a kidnapped person</td>
</tr>
<tr>
<td>369</td>
<td>Kidnapping or abducting child under 10 years with intent to steal movable property from the person of such child</td>
</tr>
<tr>
<td>370</td>
<td>Buying or disposing of any person as a slave</td>
</tr>
<tr>
<td>371</td>
<td>Habitual dealing in slaves</td>
</tr>
<tr>
<td>372</td>
<td>Selling minor for purposes of prostitution, etc.</td>
</tr>
<tr>
<td>373</td>
<td>Buying minor for purposes of prostitution, etc.</td>
</tr>
<tr>
<td>373A</td>
<td>Importing woman for purposes of prostitution, etc.</td>
</tr>
<tr>
<td>374</td>
<td>Unlawful compulsory labour</td>
</tr>
<tr>
<td>375</td>
<td>Rape</td>
</tr>
<tr>
<td>376</td>
<td>Sexual assault by penetration</td>
</tr>
<tr>
<td>376A</td>
<td>Sexual penetration of minor under 16</td>
</tr>
<tr>
<td>376B</td>
<td>Commercial sex with minor under 18</td>
</tr>
<tr>
<td>376C</td>
<td>Commercial sex with minor under 18 outside Singapore</td>
</tr>
<tr>
<td>376D</td>
<td>Tour outside Singapore for commercial sex with minor under 18</td>
</tr>
<tr>
<td>376E</td>
<td>Sexual grooming of minor under 16</td>
</tr>
<tr>
<td>376F</td>
<td>Procurement of sexual activity with person with mental disability</td>
</tr>
<tr>
<td>376G</td>
<td>Incest</td>
</tr>
<tr>
<td>377</td>
<td>Sexual penetration of a corpse</td>
</tr>
<tr>
<td>377A</td>
<td>Outrages on decency</td>
</tr>
<tr>
<td>377B</td>
<td>Sexual penetration with living animal</td>
</tr>
<tr>
<td>377C</td>
<td>Interpretation of sections 375 to 377B (sexual offences)</td>
</tr>
<tr>
<td>377D</td>
<td>Mistake as to age</td>
</tr>
</tbody>
</table>
PENAL CODE CHAPTER VI

OFFENCES AGAINST THE STATE

Waging or attempting to wage war or abetting the waging of war against the Government

121. Whoever wages war against the Government, or attempts to wage such war, or abets the waging of such war, shall be punished with death, or with imprisonment for life and shall, if he is not sentenced to death, also be liable to fine.

[51/2007]

Illustration

A joins an insurrection against the Government. A has committed the offence defined in this section.
[Indian PC 1860, s. 121]

Offences against the President's person

121A. Whoever compasses, imagines, invents, devises, or intends the death of or hurt to or imprisonment or restraint of the President, shall be punished with death, or with imprisonment for life and shall, if he is not sentenced to death, also be liable to fine.

[51/2007]

Offences against authority

121B. Whoever compasses, imagines, invents, devises or intends the deprivation or deposition of the President from the sovereignty of Singapore, or the overawing by criminal force of the Government, shall be punished with imprisonment for life, and shall also be liable to fine.

[51/2007]

Abetting offences under section 121A or 121B

121C. Whoever abets the commission of any of the offences punishable by section 121A or 121B shall be punished with the punishment provided for those offences.
Intentional omission to give information of offences against section 121, 121A, 121B or 121C by a person bound to inform

121D. Whoever knowing or having reason to believe that any offence punishable under section 121, 121A, 121B or 121C has been committed intentionally omits to give any information respecting that offence which he is legally bound to give, shall be punished with imprisonment for a term which may extend to 10 years, or with fine, or with both.

[51/2007]

Collecting arms, etc., with the intention of waging war against the Government

122. Whoever collects men, arms or ammunition or otherwise prepares to wage war, with the intention of either waging or being prepared to wage war against the Government, shall be punished with imprisonment for life or imprisonment for a term not exceeding 20 years, and shall also be liable to fine.

[Indian PC 1860, s. 122]

Concealing with intent to facilitate a design to wage war

123. Whoever by any act, or by any illegal omission, conceals the existence of a design to wage war against the Government, intending by such concealment to facilitate, or knowing it to be likely that such concealment will facilitate, the waging of such war, shall be punished with imprisonment for a term which may extend to 15 years, and shall also be liable to fine.

[Indian PC 1860, s. 123]

Assaulting President, etc., with intent to compel or restrain the exercise of any lawful power

124. Whoever, with the intention of inducing or compelling the President or a Member of Parliament or the Cabinet, to exercise or refrain from exercising in any manner any of the lawful powers of the President, or such Member, assaults or wrongfully restrains, or attempts wrongfully to restrain, or overawes by means of criminal force, or the show of criminal force, or attempts so to overawe, the President or such Member, shall be punished with imprisonment for life or for a term which may extend to 20 years, and shall also be liable to fine.

[Indian PC 1860, s. 124]
Waging war against any power in alliance or at peace with Singapore

125. Whoever wages war against the government of any power in alliance or at peace with the Government, or attempts to wage such war, or abets the waging of such war, shall be punished with imprisonment for life, to which fine may be added; or with imprisonment for a term which may extend to 15 years, to which fine may be added, or with fine.  
[Indian PC 1860, s. 125]

Committing depredation on the territories of any power in alliance or at peace with Singapore

126. Whoever commits depredation, or makes preparations to commit depredation, on the territories of any power in alliance or at peace with the Government, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine, and any property used, or intended to be used, in committing such depredation, or acquired by such depredation, shall be forfeited.  
[Indian PC 1860, s. 126]

Receiving property taken by war or depredation mentioned in sections 125 and 126

127. Whoever receives any property knowing the same to have been taken in the commission of any of the offences mentioned in sections 125 and 126, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine, and the property so received shall be forfeited.  
[Indian PC 1860, s. 127]

Public servant voluntarily allowing prisoner of State or war in his custody to escape

128. Whoever, being a public servant, and having the custody of any prisoner of State or prisoner of war, voluntarily allows such prisoner to escape from any place in which such prisoner is confined, shall be punished with imprisonment for life, or imprisonment for a term which may extend to 15 years, and shall also be liable to fine.  
[Indian PC 1860, s. 128]

Public servant negligently suffering prisoner of State or war in his custody to escape

129. Whoever, being a public servant, and having the custody of any prisoner of State or prisoner of war, negligently suffers such prisoner to escape from any place of confinement in which such prisoner is confined, shall be
punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

[Indian PC 1860, s. 129]

Aiding escape of, rescuing, or harbouring such prisoner

130. Whoever knowingly aids or assists any prisoner of State or prisoner of war in escaping from lawful custody or rescues or attempts to rescue any such prisoner, or harbours or conceals any such prisoner who has escaped from lawful custody, or offers or attempts to offer any resistance to the recapture of such prisoner, shall be punished with imprisonment for life, or with imprisonment for a term which may extend to 15 years, and shall also be liable to fine.

[51/2007]

Explanation.—A prisoner of State or prisoner of war who is permitted to be at large on his parole within certain limits in Singapore, is said to escape from lawful custody if he goes beyond the limits within which he is allowed to be at large.

[Indian PC 1860, s. 130]

“Harbour”

130A. In this Chapter, “harbour” includes the supplying a person with shelter, food, drink, money, clothes, arms, ammunition, or means of conveyance, or the assisting a person in any way to evade apprehension.
PENAL CODE CHAPTER VII

OFFENCES RELATING TO THE ARMED FORCES

Abetting mutiny, or attempting to seduce an officer or a serviceman from his duty

131. Whoever abets the committing of mutiny by an officer or any serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore or attempts to seduce any such officer or serviceman from his allegiance or his duty, shall be punished with imprisonment for life, or with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.
[Indian PC 1860, s. 131]

Abetment of mutiny, if mutiny is committed in consequence thereof

132. Whoever abets the committing of mutiny by an officer or any serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore shall, if mutiny be committed in consequence of that abetment, be punished with death or with imprisonment for life, or with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.
[Indian PC 1860, s. 132]

Abetment of an assault by an officer or a serviceman on his superior officer, when in the execution of his office

133. Whoever abets an assault by an officer or any serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore, on any superior officer being in the execution of his office, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.
[Indian PC 1860, s. 133]

Abetment of such assault, if the assault is committed

134. Whoever abets an assault by an officer or any serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore, on any superior officer being in the execution of his office, shall, if such assault be committed in consequence of that abetment, be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.
[Indian PC 1860, s. 134]

Abetment of the desertion of an officer or a serviceman

135. Whoever abets the desertion of any officer or any serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore,
shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.
[Indian PC 1860, s. 135]

Harbouring a deserter

136. Whoever, except as hereinafter excepted, knowing or having reason to believe that an officer or a serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore has deserted, harbours such officer or serviceman shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.

    Exception.—This provision does not extend to the case in which the harbour is given by a wife to her husband.
[Indian PC 1860, s. 136]

Deserter concealed on board merchant vessel through negligence of master

137. The master or person in charge of a merchant vessel, on board of which any deserter from the Singapore Armed Forces or any visiting forces lawfully present in Singapore is concealed, shall, though ignorant of such concealment, be liable to a penalty not exceeding $1,500, if he might have known of such concealment, but for some neglect of his duty as such master or person in charge, or but for some want of discipline on board of the vessel.  

[51/2007]
[Indian PC 1860, s. 137]

Abetment of act of insubordination by an officer or a serviceman

138. Whoever abets what he knows to be an act of insubordination by an officer or any serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore, shall, if such act of insubordination be committed in consequence of that abetment, be punished with imprisonment for a term which may extend to 6 months, or with fine, or with both.

[Indian PC 1860, s. 138]

Saving

139. Where provision is made in any law relating to the discipline of the Singapore Armed Forces for the punishment of an offence corresponding to an offence defined in this Chapter, no person who is subject to such provision shall be subject to punishment under this Code for the offence defined in this Chapter.

[Indian PC 1860, s. 139]
Wearing the dress of a serviceman

140. Whoever, not being a serviceman in the Singapore Armed Forces or any visiting forces lawfully present in Singapore, wears any garb or carries any token resembling any garb or token used by such a serviceman, with the intention that it may be believed that he is such a serviceman, shall be punished with imprisonment for a term which may extend to 6 months, or with fine which may extend to $2,500, or with both.

[Indian PC 1860, s. 140]

“Harbour”

140A. In this Chapter, “harbour” includes the supplying a person with shelter, food, drink, money, clothes, arms, ammunition, or means of conveyance, or the assisting a person in any way to evade apprehension.

Application of Chapter VII to Singapore Police Force

140B. The provisions of this Chapter relating to offences committed in relation to members of the Singapore Armed Forces or any visiting forces lawfully present in Singapore shall apply, with the necessary modifications, to similar acts committed in relation to members of the Singapore Police Force or any volunteer, auxiliary or special force attached to, or coming under the jurisdiction of, that Force.
PENAL CODE CHAPTER VIII
OFFENCES RELATING TO UNLAWFUL ASSEMBLY

Unlawful assembly

141. An assembly of 5 or more persons is designated an “unlawful assembly”, if the common object of the persons composing that assembly is —

(a) to overawe by criminal force, or show of criminal force, the Legislative or Executive Government, or any public servant in the exercise of the lawful power of such public servant;

(b) to resist the execution of any law, or of any legal process;

(c) to commit any offence;

(d) by means of criminal force, or show of criminal force, to any person, to take or obtain possession of any property, or to deprive any person of the enjoyment of a right of way, or of the use of water or other incorporeal right of which he is in possession or enjoyment, or to enforce any right or supposed right; or

(e) by means of criminal force, or show of criminal force, to compel any person to do what he is not legally bound to do, or to omit to do what he is legally entitled to do.

[51/2007]

Explanation.—An assembly which was not unlawful when it assembled may subsequently become an unlawful assembly.

[Indian PC 1860, s. 141]

Being a member of an unlawful assembly

142. Whoever, being aware of facts which render any assembly an unlawful assembly, intentionally joins that assembly, or continues in it, is said to be a member of an unlawful assembly.

[Indian PC 1860, s. 142]

Punishment

143. Whoever is a member of an unlawful assembly, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.

[51/2007]

[Indian PC 1860, s. 143]

Joining an unlawful assembly armed with any deadly weapon

144. Whoever, being armed with any deadly weapon, or with anything which, used as a weapon of offence, is likely to cause death, is a member of an unlawful assembly shall be punished with imprisonment for a term which may
extend to 5 years, or with fine, or with caning, or with any combination of such punishments.

Illustration

A wooden pole sharpened at the end is a thing which, used as a weapon of offence, is likely to cause death.

This illustration is applicable to sections 148 and 158.

Joining or continuing in an unlawful assembly, knowing that it has been commanded to disperse

145. Whoever joins or continues in an unlawful assembly, knowing that such unlawful assembly has been commanded in the manner prescribed by law to disperse, shall be punished with imprisonment for a term which may extend to 5 years, or with fine, or with both.

Force used by one member in prosecution of common object

146. Whenever force or violence is used by an unlawful assembly or by any member thereof, in prosecution of the common object of such assembly, every member of such assembly is guilty of the offence of rioting.

Punishment for rioting

147. Whoever is guilty of rioting shall be punished with imprisonment for a term which may extend to 7 years and shall also be liable to caning.

Rioting, armed with a deadly weapon

148. Whoever is guilty of rioting, being armed with a deadly weapon, or with anything which, used as a weapon of offence, is likely to cause death, shall be punished with imprisonment for a term which may extend to 10 years and shall also be liable to caning.

Illustration

The last section is subject to the same illustration as section 144.
Every member of an unlawful assembly to be deemed guilty of any offence committed in prosecution of common object

149. If an offence is committed by any member of an unlawful assembly in prosecution of the common object of that assembly, or such as the members of that assembly knew to be likely to be committed in prosecution of that object, every person who, at the time of the committing of that offence, is a member of the same assembly is guilty of that offence.
[Indian PC 1860, s. 149]

Hiring, or conniving at hiring, of persons to join an unlawful assembly

150. Whoever hires, or engages, or employs, or promotes or connives at the hiring, engagement, or employment of any person to join or become a member of any unlawful assembly shall be punishable as a member of such unlawful assembly, and for any offence which may be committed by any such person as a member of such unlawful assembly, in pursuance of such hiring, engagement, or employment, in the same manner as if he had been a member of such unlawful assembly, or himself had committed such offence.
[Indian PC 1860, s. 150]

Knowingly joining or continuing in any assembly of 5 or more persons after it has been commanded to disperse

151. Whoever knowingly joins or continues in any assembly of 5 or more persons likely to cause a disturbance of the public peace, after such assembly has been lawfully commanded to disperse, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.

[51/2007]

Explanation.—If the assembly is an unlawful assembly within the meaning of section 141, the offender will be punishable under section 145.
[Indian PC 1860, s. 151]

Posting placards, etc.

151A. [Repealed by Act 51 of 2007]

Assaulting or obstructing public servant when suppressing riot, etc.

152. Whoever assaults or threatens to assault, or obstructs or attempts to obstruct, any public servant in the discharge of his duty as such public servant in endeavouring to disperse an unlawful assembly or to suppress a riot or an affray, or uses, or threatens or attempts to use, criminal force to such public servant, shall be punished with imprisonment for a term which may extend to 8 years, or with fine, or with both.

[Indian PC 1860, s. 152]
Wantonly giving provocation, with intent to cause riot

153. Whoever malignantly or wantonly, by doing anything which is illegal, gives provocation to any person, intending or knowing it to be likely that such provocation will cause the offence of rioting to be committed, shall, if the offence of rioting is committed in consequence of such provocation, be punished with imprisonment for a term which may extend to 3 years, or with fine, or with both; and if the offence of rioting is not committed, with imprisonment for a term which may extend to one year, or with fine, or with both.

[Indian PC 1860, s. 153]

Owner or occupier of land on which an unlawful assembly is held

154. Whenever any unlawful assembly or riot takes place, the owner or occupier of the land upon which such unlawful assembly is held or such riot is committed, and any person having or claiming an interest in such land, shall be punishable with fine not exceeding $5,000, if he or his agent or manager, knowing that such offence is being or has been committed, or having reason to believe it is likely to be committed, do not give the earliest notice thereof in his or their power to the principal officer at the nearest police station, and do not, in the case of his or their having reason to believe that it is about to be committed, use all lawful means in his or their power to prevent it, and in the event of its taking place, do not use all lawful means in his or their power to disperse or suppress the riot or unlawful assembly.

[Indian PC 1860, s. 154]

Liability of person for whose benefit a riot is committed

155. Whenever a riot is committed for the benefit or on behalf of any person who is the owner or occupier of any land respecting which such riot takes place, or who claims any interest in such land, or in the subject of any dispute which gave rise to the riot, or who has accepted or derived any benefit therefrom, such person shall be punishable with fine, if he or his agent or manager, having reason to believe that such riot was likely to be committed, or that the unlawful assembly by which such riot was committed was likely to be held, shall not respectively use all lawful means in his or their power to prevent such riot or assembly from taking place, and for suppressing and dispersing the same.

[Indian PC 1860, s. 155]

Liability of agent of owner or occupier for whose benefit a riot is committed

156. Whenever a riot is committed for the benefit or on behalf of any person who is the owner or occupier of any land respecting which such riot takes place, or who claims any interest in such land, or in the subject of any dispute which gave rise to the riot, or who has accepted or derived any benefit therefrom, the agent or manager of such person shall be punishable with fine, if such agent or
manager, having reason to believe that such riot was likely to be committed, or that the unlawful assembly by which such riot was committed was likely to be held, shall not use all lawful means in his power to prevent such riot or assembly from taking place, and for suppressing and dispersing the same.  
[Indian PC 1860, s. 156]

**Harbouring persons hired for an unlawful assembly**

157. Whoever harbours, receives or assembles in any house or premises in his occupation or charge, or under his control, any persons, knowing that such persons have been hired, engaged or employed, or are about to be hired, engaged or employed, to join or become members of an unlawful assembly, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.  
[Indian PC 1860, s. 157]

**Being hired to take part in an unlawful assembly or riot**

158. Whoever is engaged or hired, or offers or attempts to be hired or engaged, to do or assist in doing any of the acts specified in section 141, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both; and whoever, being so engaged or hired as aforesaid, goes armed, or engages or offers to go armed, with any deadly weapon, or with anything which used as a weapon of offence is likely to cause death, shall be punished with imprisonment for a term which may extend to 5 years, or with fine, or with both.  
[51/2007]

*Illustration*

The last section is subject to the same illustration as section 144.  
[Indian PC 1860, s. 158]
PENAL CODE CHAPTER XII

OFFENCES RELATING TO COIN AND GOVERNMENT STAMPS

“Coin” and “current coin”

230. “Coin” is metal used as money stamped and issued by the authority of the Government or by the authority of the government of any foreign country in order to be so used.

“Current coin” means coin which is legal tender in Singapore or in any foreign country.

[51/2007]

Illustrations

(a) to (c) [Deleted by Act 51 of 2007]

[Indian PC 1860, s. 230]

Counterfeiting coin

231. Whoever counterfeits or knowingly performs any part of the process of counterfeiting coin, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

Explanation.—A person commits this offence, who, intending to practise deception, or knowing it to be likely that deception will thereby be practised, causes a genuine coin to appear like a different coin.

[Indian PC 1860, s. 231]

Counterfeiting current coin

232. Whoever counterfeits or knowingly performs any part of the process of counterfeiting current coin, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

[51/2007]

Making or selling instrument for counterfeiting coin

233. Whoever makes or mends, or performs any part of the process of making or mending, or buys, sells or disposes of, any die or instrument, for the purpose of being used, or knowing or having reason to believe that it is intended to be used, for the purpose of counterfeiting coin, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.

[Indian PC 1860, s. 233]
Making or selling instrument for counterfeiting current coin

234. Whoever makes or mends, or performs any part of the process of making or mending, or buys, sells or disposes of, any die or instrument for the purpose of being used, or knowing or having reason to believe that it is intended to be used, for the purpose of counterfeiting current coin, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.
[Indian PC 1860, s. 234]

Possession of instrument or material for the purpose of using the same for counterfeiting coin

235. Whoever is in possession of any instrument or material for the purpose of using the same for counterfeiting coin, or knowing or having reason to believe that the same is intended to be used for that purpose, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine; and if the coin to be counterfeited is current coin, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.
[51/2007]

Abetting in Singapore the counterfeiting out of Singapore of coin or current coin

236. Whoever, being within Singapore, abets the counterfeiting of coin or current coin out of Singapore, shall be punished in the same manner as if he abetted the counterfeiting of such coin or current coin within Singapore.
[Indian PC 1860, s. 236]

Import or export of counterfeit coin

237. Whoever imports into Singapore, or exports therefrom, any counterfeit coin, knowing or having reason to believe that the same is counterfeit, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.
[Indian PC 1860, s. 237]

Import or export of counterfeits of current coin

238. Whoever imports into Singapore, or exports therefrom, any counterfeit coin which he knows or has reason to believe to be a counterfeit of current coin, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.
[51/2007]
Delivery to another of coin, possessed with the knowledge that it is counterfeit

239. Whoever, having any counterfeit coin which at the time when he became possessed of it he knew to be counterfeit, fraudulently or with intent that fraud may be committed, delivers the same to any person, or attempts to induce any person to receive it, shall be punished with imprisonment for a term which may extend to 5 years, and shall also be liable to fine.

[Indian PC 1860, s. 239]

Delivery of current coin, possessed with the knowledge that it is counterfeit

240. Whoever, having any counterfeit coin which is a counterfeit of current coin, and which at the time when he became possessed of it he knew to be a counterfeit of current coin, fraudulently or with intent that fraud may be committed, delivers the same to any person, or attempts to induce any person to receive it, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

[51/2007]

[Indian PC 1860, s. 240]

Delivery to another of coin as genuine, which when first possessed the deliverer did not know to be counterfeit

241. Whoever delivers to any other person as genuine, or attempts to induce any other person to receive as genuine, any counterfeit coin which he knows to be counterfeit, but which he did not know to be counterfeit at the time when he took it into his possession, shall be punished with imprisonment for a term which may extend to 2 years, or with fine to an amount which may extend to 10 times the value of the coin counterfeited, or with both.

Illustration

A, a coiner, delivers counterfeit Hong Kong dollars to his accomplice B, for the purpose of uttering them. B sells the dollars to C, another utterer, who buys them knowing them to be counterfeit. C pays away the dollars for goods to D, who receives them, not knowing them to be counterfeit. D, after receiving the dollars, discovers that they are counterfeit, and pays them away as if they were good. Here D is punishable only under this section, but B and C are punishable under section 239 or 240 as the case may be.

[Indian PC 1860, s. 241]
Delivery to another of current coin as genuine, which when first possessed the deliverer did not know to be counterfeit

241A. Whoever delivers to any other person as genuine, or attempts to induce any other person to receive as genuine, any counterfeit coin which is a counterfeit of current coin which he knows to be counterfeit, but which he did not know to be counterfeit at the time when he took it into his possession, shall be punished with imprisonment for a term which may extend to 5 years, or with fine, or with both.  

[51/2007]

Possession of counterfeit coin by a person who knew it to be counterfeit when he became possessed thereof

242. Whoever, fraudulently or with intent that fraud may be committed, is in possession of counterfeit coin, having known at the time when he became possessed of it that the coin was counterfeit, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.  

[Indian PC 1860, s. 242]

Possession of current coin by a person who knew it to be counterfeit when he became possessed thereof

243. Whoever, fraudulently or with intent that fraud may be committed, is in possession of counterfeit coin, which is a counterfeit of current coin, having known at the time when he became possessed of it that it was a counterfeit, shall be punished with imprisonment for a term which may extend to 5 years, and shall also be liable to fine.  

[51/2007]

Fraudulently or dishonestly diminishing the weight or altering the composition of any coin

246. Whoever fraudulently or dishonestly performs on any coin any operation which diminishes the weight or alters the composition of that coin shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.

Explanation.—A person who scoops out part of the coin and puts anything else into the cavity, alters the composition of that coin.  

[Indian PC 1860, s. 246]
Fraudulently or dishonestly diminishing the weight or altering the composition of current coin

247. Whoever fraudulently or dishonestly performs on any current coin any operation which diminishes the weight or alters the composition of that coin, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.
[Indian PC 1860, s. 247]

Altering appearance of any coin with intent that it shall pass as a coin of a different description

248. Whoever performs on any coin any operation which alters the appearance of that coin, with the intention that that coin shall pass as a coin of a different description, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.
[Indian PC 1860, s. 248]

Altering appearance of current coin with intent that it shall pass as a coin of a different description

249. Whoever performs on any current coin any operation which alters the appearance of that coin, with the intention that that coin shall pass as a coin of a different description, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.
[Indian PC 1860, s. 249]

Delivery to another of coin possessed with the knowledge that it is altered

250. Whoever, having coin in his possession with respect to which the offence defined in section 246 or 248 has been committed, and having known at the time when he became possessed of the coin that such offence had been committed with respect to it, fraudulently or with intent that fraud may be committed, delivers the coin to any other person, or attempts to induce any other person to receive the coin, shall be punished with imprisonment for a term which may extend to 5 years, and shall also be liable to fine.
[Indian PC 1860, s. 250]

Delivery of current coin possessed with the knowledge that it is altered

251. Whoever, having coin in his possession with respect to which the offence defined in section 247 or 249 has been committed, and having known at the time when he became possessed of the coin that such offence had been committed with respect to it, fraudulently or with intent that fraud may be committed, delivers the coin to any other person, or attempts to induce any
other person to receive the coin, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

[Indian PC 1860, s. 251]

Possession of altered coin by a person who knew it to be altered when he became possessed thereof

252. Whoever, fraudulently or with intent that fraud may be committed, is in possession of coin with respect to which the offence defined in section 246 or 248 has been committed, having known at the time of becoming possessed thereof that that offence had been committed with respect to such coin, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.

[Indian PC 1860, s. 252]

Possession of current coin by a person who knew it to be altered when he became possessed thereof

253. Whoever, fraudulently or with intent that fraud may be committed, is in possession of coin with respect to which the offence defined in section 247 or 249 has been committed, having known at the time of becoming possessed thereof that that offence had been committed with respect to such coin, shall be punished with imprisonment for a term which may extend to 5 years, and shall also be liable to fine.

[Indian PC 1860, s. 253]

Delivery to another of coin as genuine, which when first possessed the deliverer did not know to be altered

254. Whoever delivers to any other person as genuine or as a coin of a different description from what it is, or attempts to induce any person to receive as genuine or as a different coin from what it is, any coin in respect of which he knows that any such operation as that mentioned in section 246 or 248 has been performed, but in respect of which he did not, at the time when he took it into his possession, know that such operation had been performed, shall be punished with imprisonment for a term which may extend to 2 years, or with fine to an amount which may extend to 10 times the value of the coin for which the altered coin is passed or attempted to be passed.

[Indian PC 1860, s. 254]

Delivery to another of current coin as genuine, which when first possessed the deliverer did not know to be altered

254A. Whoever delivers to any other person as genuine or as a coin of a different description from what it is, or attempts to induce any person to receive as genuine or as a different coin from what it is, any coin in respect of which he
knows that any such operation as that mentioned in section 247 or 249 has been performed, but in respect of which he did not, at the time when he took it into his possession, know that such operation had been performed, shall be punished with imprisonment for a term which may extend to 5 years, or with fine, or with both.

[51/2007]

Counterfeiting a Government stamp

‘255. Whoever counterfeits, or knowingly performs any part of the process of counterfeiting, any stamp issued by the Government for the purpose of revenue, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

[51/2007]

Explanation.—A person who counterfeits by causing a genuine stamp of one denomination to appear like a genuine stamp of a different denomination commits this offence.

[Indian PC 1860, s. 255]

‘ Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.

Having possession of an instrument or material for the purpose of counterfeiting a Government stamp

‘256. Whoever has in his possession any instrument or material for the purpose of being used, or knowing or having reason to believe that it is intended to be used, for the purpose of counterfeiting any stamp issued by the Government for the purpose of revenue, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

[Indian PC 1860, s. 256]

‘ Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.

Making or selling an instrument for the purpose of counterfeiting a Government stamp

‘257. Whoever makes, performs any part of the process of making, buys, sells or disposes of, any instrument for the purpose of being used, or knowing or having reason to believe that it is intended to be used, for the purpose of counterfeiting any stamp issued by the Government for the purpose of revenue, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.
Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.

**Sale of counterfeit Government stamp**

258. Whoever sells, or offers for sale, any stamp which he knows or has reason to believe to be a counterfeit of any stamp issued by the Government for the purpose of revenue, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.

**Having possession of a counterfeit Government stamp**

259. Whoever has in his possession any stamp which he knows to be a counterfeit of any stamp issued by the Government for the purpose of revenue, intending to use or dispose of the same as a genuine stamp, or in order that it may be used as a genuine stamp, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.

**Using as genuine a Government stamp known to be counterfeit**

260. Whoever uses as genuine any stamp, knowing it to be a counterfeit of any stamp issued by the Government for the purpose of revenue, shall be punished with imprisonment for a term which may extend to 7 years, or with fine, or with both.

Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.
Effacing any writing from a substance bearing a Government stamp, or removing from a document a stamp used for it, with intent to cause loss to Government

261. Whoever, fraudulently or with intent to cause loss to the Government, removes or effaces from any substance bearing any stamp issued by the Government for the purpose of revenue, any writing or document for which such stamp has been used, or removes from any writing or document a stamp which has been used for such writing or document, in order that such stamp may be used for a different writing or document, shall be punished with imprisonment for a term which may extend to 3 years, or with fine, or with both. [Indian PC 1860, s. 261]

Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.

Using a Government stamp known to have been before used

262. Whoever, fraudulently or with intent to cause loss to the Government, uses for any purpose a stamp issued by the Government for the purpose of revenue, which he knows to have been before used, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both. [Indian PC 1860, s. 262]

Pursuant to section 39(1) of the Stamp Duties (Amendment) Act 1999 (Act 33 of 1999), any reference to a Government stamp or stamp in sections 255 to 262 of the Penal Code (Cap. 224) shall be read as including a reference to a stamp certificate issued under the Stamp Duties Act (Cap. 312) as amended by the Stamp Duties (Amendment) Act 1999.

Erasure of mark denoting that stamp has been used

263. Whoever, fraudulently or with intent to cause loss to the Government, erases or removes from a stamp issued by the Government for the purpose of revenue, any mark put or impressed upon such stamp for the purpose of denoting that the stamp has been used, or knowingly has in his possession, or sells or disposes of, any such stamp from which such mark has been erased or removed, or sells or disposes of any such stamp which he knows to have been used, shall be punished with imprisonment for a term which may extend to 3 years, or with fine, or with both. [Indian PC 1860, s. 263]
PENAL CODE CHAPTER XVI

OFFENCES AFFECTING THE HUMAN BODY

Offences affecting life

Culpable homicide

299. Whoever causes death by doing an act with the intention of causing death, or with the intention of causing such bodily injury as is likely to cause death, or with the knowledge that he is likely by such act to cause death, commits the offence of culpable homicide.

Illustrations

(a) A lays sticks and turf over a pit, with the intention of thereby causing death, or with the knowledge that death is likely to be thereby caused. Z, believing the ground to be firm, treads on it, falls in and is killed. A has committed the offence of culpable homicide.

(b) A knows Z to be behind a bush. B does not know it. A, intending to cause, or knowing it to be likely to cause Z’s death, induces B to fire at the bush. B fires and kills Z. Here B may be guilty of no offence; but A has committed the offence of culpable homicide.

(c) [Deleted by Act 51 of 2007]

Explanation 1.—A person who causes bodily injury to another who is labouring under a disorder, disease or bodily infirmity, and thereby accelerates the death of that other, shall be deemed to have caused his death.

Explanation 2.—Where death is caused by bodily injury, the person who causes such bodily injury shall be deemed to have caused the death, although by resorting to proper remedies and skilful treatment the death might have been prevented.

Explanation 3.—The causing of the death of a child in the mother’s womb is not homicide. But it may amount to culpable homicide to cause the death of a living child, if any part of that child has been brought forth, though the child may not have breathed or been completely born.

[Indian PC 1860, s. 299]

Murder

300. Except in the cases hereinafter excepted culpable homicide is murder —

(a) if the act by which the death is caused is done with the intention of causing death;
(b) if it is done with the intention of causing such bodily injury as the offender knows to be likely to cause the death of the person to whom the harm is caused;

(c) if it is done with the intention of causing bodily injury to any person, and the bodily injury intended to be inflicted is sufficient in the ordinary course of nature to cause death; or

(d) if the person committing the act knows that it is so imminently dangerous that it must in all probability cause death, or such bodily injury as is likely to cause death, and commits such act without any excuse for incurring the risk of causing death, or such injury as aforesaid.

Illustrations

(a) A shoots Z with the intention of killing him. Z dies in consequence. A commits murder.

(b) A, knowing that Z is labouring under such a disease that a blow is likely to cause his death, strikes him with the intention of causing bodily injury. Z dies in consequence of the blow. A is guilty of murder, although the blow might not have been sufficient in the ordinary course of nature to cause the death of a person in a sound state of health. But if A, not knowing that Z is labouring under any disease, gives him such a blow as would not in the ordinary course of nature kill a person in a sound state of health, here A, although he may intend to cause bodily injury, is not guilty of murder, if he did not intend to cause death, or such bodily injury as in the ordinary course of nature would cause death.

(c) A intentionally gives Z a knife-cut or club-wound sufficient to cause the death of a man in the ordinary course of nature. Z dies in consequence. Here A is guilty of murder, although he may not have intended to cause Z's death.

(d) A, without any excuse, fires a loaded cannon into a crowd of persons and kills one of them. A is guilty of murder, although he may not have had a premeditated design to kill any particular individual.

[51/2007]

When culpable homicide is not murder

Exception 1.—Culpable homicide is not murder if the offender whilst deprived of the power of self-control by grave and sudden provocation, causes the death of the person who gave the provocation, or causes the death of any other person by mistake or accident.

The above exception is subject to the following provisos:

(a) that the provocation is not sought or voluntarily provoked by the offender as an excuse for killing or doing harm to any person;
(b) that the provocation is not given by anything done in obedience to the law, or by a public servant in the lawful exercise of the powers of such public servant;

(c) that the provocation is not given by anything done in the lawful exercise of the right of private defence.

*Explanation.*—Whether the provocation was grave and sudden enough to prevent the offence from amounting to murder is a question of fact.

*Illustrations*

(a) A, under the influence of passion excited by a provocation given by Z, intentionally kills Y, Z’s child. This is murder, inasmuch as the provocation was not given by the child, and the death of the child was not caused by accident or misfortune in doing an act caused by the provocation.

(b) Y gives grave and sudden provocation to A. A, on this provocation, fires a pistol at Y, neither intending nor knowing himself to be likely to kill Z, who is near him, but out of sight. A kills Z. Here A has not committed murder but merely culpable homicide.

(c) A is lawfully arrested by Z, a police officer. A is excited to sudden and violent passion by the arrest, and kills Z. This is murder, inasmuch as the provocation was given by a thing done by a public servant in the exercise of his powers.

(d) A appears as a witness before Z, a Magistrate. Z says that he does not believe a word of A’s deposition, and that A has perjured himself. A is moved to sudden passion by these words, and kills Z. This is murder.

(e) A attempts to pull Z’s nose. Z, in the exercise of the right of private defence, lays hold of A to prevent him from doing so. A is moved to sudden and violent passion in consequence, and kills Z. This is murder, inasmuch as the provocation was given by a thing done in the exercise of the right of private defence.

(f) Z strikes B. B is by this provocation excited to violent rage. A, a bystander, intending to take advantage of B’s rage, and to cause him to kill Z, puts a knife into B’s hand for that purpose. B kills Z with the knife. Here B may have committed only culpable homicide, but A is guilty of murder.

*Exception 2.*—Culpable homicide is not murder if the offender, in the exercise in good faith of the right of private defence of person or property, exceeds the power given to him by law, and causes the death of the person against whom he is exercising such right of defence, without premeditation and without any intention of doing more harm than is necessary for the purpose of such defence.
Illustration

[Deleted by Act 51 of 2007]

Exception 3.—Culpable homicide is not murder if the offender, being a public servant, or aiding a public servant acting for the advancement of public justice, exceeds the powers given to him by law, and causes death by doing an act which he, in good faith, believes to be lawful and necessary for the due discharge of his duty as such public servant, and without ill-will towards the person whose death is caused.

Exception 4.—Culpable homicide is not murder if it is committed without premeditation in a sudden fight in the heat of passion upon a sudden quarrel, and without the offender having taken undue advantage or acted in a cruel or unusual manner.

Explanation.—It is immaterial in such cases which party offers the provocation or commits the first assault.

Exception 5.—Culpable homicide is not murder when the person whose death is caused, being above the age of 18 years, suffers death or takes the risk of death with his own consent.

Illustration

A, by instigation, voluntarily causes Z, a person under 18 years of age, to commit suicide. Here, on account of Z’s youth, he was incapable of giving consent to his own death. A has therefore abetted murder.

Exception 6.—Culpable homicide is not murder if the offender being a woman voluntarily causes the death of her child being a child under the age of 12 months, and at the time of the offence the balance of her mind was disturbed by reason of her not having fully recovered from the effect of giving birth to the child or by reason of the effect of lactation consequent upon the birth of the child.

Exception 7.—Culpable homicide is not murder if the offender was suffering from such abnormality of mind (whether arising from a condition of arrested or retarded development of mind or any inherent causes or induced by disease or injury) as substantially impaired his mental responsibility for his acts and omissions in causing the death or being a party to causing the death.

[Indian PC 1860, s. 300]
Culpable homicide by causing the death of a person other than the person whose death was intended

301. If a person, by doing anything which he intends or knows to be likely to cause death, commits culpable homicide by causing the death of any person whose death he neither intends nor knows himself to be likely to cause, the culpable homicide committed by the offender is of the description of which it would have been if he had caused the death of the person whose death he intended or knew himself to be likely to cause.

[Indian PC 1860, s. 301]

Punishment for murder

302.—(1) Whoever commits murder within the meaning of section 300(a) shall be punished with death.

(2) Whoever commits murder within the meaning of section 300(b), (c) or (d) shall be punished with death or imprisonment for life and shall, if he is not punished with death, also be liable to caning.

[Act 32 of 2012 w.e.f 01/01/2013]

Punishment for culpable homicide not amounting to murder

304. Whoever commits culpable homicide not amounting to murder shall —

(a) if the act by which death is caused is done with the intention of causing death, or of causing such bodily injury as is likely to cause death, be punished with —

(i) imprisonment for life, and shall also be liable to caning; or

(ii) imprisonment for a term which may extend to 20 years, and shall also be liable to fine or to caning; or

(b) if the act is done with the knowledge that it is likely to cause death, but without any intention to cause death, or to cause such bodily injury as is likely to cause death, be punished with imprisonment for a term which may extend to 10 years, or with fine, or with caning, or with any combination of such punishments.

[Act 32 of 2012 w.e.f 01/01/2013]

Causing death by rash or negligent act

304A. Whoever causes the death of any person by doing any rash or negligent act not amounting to culpable homicide, shall be punished —

(a) in the case of a rash act, with imprisonment for a term which may extend to 5 years, or with fine, or with both; or
(b) in the case of a negligent act, with imprisonment for a term which may extend to 2 years, or with fine, or with both.

[Indian PC 1860, s. 304A]

Abetment of suicide of child or insane person

305. If any person under 18 years of age, any insane person, any delirious person, any idiot, or any person in a state of intoxication, commits suicide, whoever abets the commission of such suicide shall be punished with death or imprisonment for life, or with imprisonment for a term not exceeding 10 years, and shall also be liable to fine.

[Indian PC 1860, s. 305]

Abetment of suicide

306. If any person commits suicide, whoever abets the commission of such suicide shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

[Indian PC 1860, s. 306]

Attempt to murder

307.—(1) Whoever does any act with such intention or knowledge and under such circumstances that if he by that act caused death he would be guilty of murder, shall be punished with imprisonment for a term which may extend to 15 years, and shall also be liable to fine; and if hurt is caused to any person by such act, the offender shall be liable either to imprisonment for life, or to imprisonment for a term which may extend to 20 years, and shall also be liable to caning or fine or both.

[6273; 51/2007]

Illustrations

(a) A shoots at Z with intention to kill him, under such circumstances that, if death ensued, A would be guilty of murder. A is liable to punishment under this section.

(b) A, with intention of causing the death of a child of tender years, throws the child into a river. A has committed the offence defined by this section, although the death of the child does not ensue.

(c) A, intending to murder Z, buys a gun and loads it. A has not yet committed the offence. A fires the gun at Z. He has committed the offence defined in this section; and if by such firing he wounds Z, he is liable to the punishment provided by the latter part of this section.
(d) A, intending to murder Z by poison, purchases poison and mixes the same with food which remains in A’s keeping; A has not yet committed the offence defined in this section. A places the food on Z’s table or delivers it to Z’s servants to place it on Z’s table. A has committed the offence defined in this section.

[51/2007]

Other offences by convicts

(2) When any person offending under this section is under sentence of imprisonment for life, he may, if hurt is caused, be punished with death.
[Indian PC 1860, s. 307]

Attempt to commit culpable homicide

308. Whoever does any act with such intention or knowledge and under such circumstances that if he by that act caused death he would be guilty of culpable homicide not amounting to murder, shall be punished with imprisonment for a term which may extend to 7 years, or with fine, or with both; and if hurt is caused to any person by such act, the offender shall be punished with imprisonment for a term which may extend to 15 years, or with fine, or with caning, or with any combination of such punishments.

[51/2007]

Illustration

A, on grave and sudden provocation, fires a pistol at Z, under such circumstances that if he thereby caused death he would be guilty of culpable homicide not amounting to murder. A has committed the offence defined in this section.
[Indian PC 1860, s. 308]

Attempt to commit suicide

309. Whoever attempts to commit suicide, and does any act towards the commission of such offence, shall be punished with imprisonment for a term which may extend to one year, or with fine, or with both.
[Indian PC 1860, s. 309]

Infanticide

310. When any woman by any wilful act or omission causes the death of her child being a child under the age of 12 months, but at the time of the act or omission the balance of her mind was disturbed by reason of her not having fully recovered from the effect of giving birth to the child or by reason of the effect of lactation consequent upon the birth of the child, she shall,
notwithstanding that the circumstances were such that but for this section the offence would have amounted to murder, be guilty of the offence of infanticide.

Punishment for infanticide

311. Whoever commits the offence of infanticide shall be punished at the discretion of the court with imprisonment for life, or with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

_Causing miscarriage; injuries to unborn children; exposure of infants; and concealment of births_

Causing miscarriage

312. Subject to the provisions of the Termination of Pregnancy Act (Cap. 324), whoever voluntarily causes a woman with child to miscarry, shall be punished with imprisonment for a term which may extend to 3 years, or with fine, or with both; and if the woman is quick with child, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

_[32/80_

Explanation.—A woman who causes herself to miscarry is within the meaning of this section.
_[Indian PC 1860, s. 312_

Causing miscarriage without woman's consent

313. Whoever commits the offence defined in section 312, without the consent of the woman, whether the woman is quick with child or not, shall be punished with imprisonment for life, or with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

_[Indian PC 1860, s. 313_

Death caused by act done with intent to cause miscarriage

314. Subject to the provisions of the Termination of Pregnancy Act (Cap. 324), whoever with intent to cause the miscarriage of a woman with child does any act which causes the death of such woman, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine; and if the act is done without the consent of the woman, shall be punished either with imprisonment for life, or with the punishment above-mentioned.

_[32/80_

Explanation.—It is not essential to this offence that the offender should know that the act is likely to cause death.
_[Indian PC 1860, s. 314_
Child destruction before, at or immediately after birth

315.—(1) Subject to the provisions of the Termination of Pregnancy Act, whoever, with intent to destroy the life of a child capable of being born alive, by any wilful act causes a child to die before it has an existence independent of its mother or by such act causes the child to die after its birth, shall, unless such act is immediately necessary to save the life of the mother, be punished with imprisonment for a term not exceeding 10 years, or with fine, or with both.

[32/80; 51/2007]

(2) For the purposes of this section, evidence that a woman had at any material time been pregnant for a period of 28 weeks or more shall be prima facie evidence that she was at that time pregnant of a child capable of being born alive.

[Indian PC 1860, s. 315]

Causing death of a quick unborn child by an act amounting to culpable homicide

316. Whoever does any act under such circumstances that if he thereby caused death he would be guilty of culpable homicide, and does by such act cause the death of a quick unborn child, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

Illustration

A, knowing that he is likely to cause the death of a pregnant woman, does an act which, if it caused the death of the woman, would amount to culpable homicide. The woman is injured, but does not die; but the death of an unborn quick child with which she is pregnant is thereby caused. A is guilty of the offence defined in this section.

[Indian PC 1860, s. 316]

Exposure and abandonment of a child under 12 years by parent or person having care of it

317. Whoever, being the father or mother of a child under the age of 12 years, or having the care of such child, exposes or leaves such child in any place with the intention of wholly abandoning such child shall be punished with imprisonment for a term which may extend to 7 years, or with fine, or with both.

Explanation .—This section is not intended to prevent the trial of the offender for murder or culpable homicide as the case may be, if the child dies in consequence of the exposure.

[Indian PC 1860, s. 317]
Concealment of birth by secret disposal of dead body

318. Whoever by secretly burying or otherwise disposing of the dead body of a child, whether such child dies before or after or during its birth, intentionally conceals or endeavours to conceal the birth of such child shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.
[Indian PC 1860, s. 318]

Hurt

319. Whoever causes bodily pain, disease or infirmity to any person is said to cause hurt.

Explanation.—A person is said to cause hurt if he causes another person to be unconscious.
[51/2007]
[Indian PC 1860, s. 319]

Grievous hurt

320. The following kinds of hurt only are designated as “grievous”:

(a) emasculation;

(aa) death;

(b) permanent privation of the sight of either eye;

(c) permanent privation of the hearing of either ear;

(d) privation of any member or joint;

(e) destruction or permanent impairing of the powers of any member or joint;

(f) permanent disfigurement of the head or face;

(g) fracture or dislocation of a bone;

(h) any hurt which endangers life, or which causes the sufferer to be, during the space of 20 days, in severe bodily pain, or unable to follow his ordinary pursuits;

(i) penetration of the vagina or anus, as the case may be, of a person without that person’s consent, which causes severe bodily pain.
[51/2007]
[Indian PC 1860, s. 320]
Voluntarily causing hurt

321. Whoever does any act with the intention of thereby causing hurt to any person, or with the knowledge that he is likely thereby to cause hurt to any person, and does thereby cause hurt to any person, is said “voluntarily to cause hurt”.

[Indian PC 1860, s. 321]

Voluntarily causing grievous hurt

322. Whoever voluntarily causes hurt, if the hurt which he intends to cause or knows himself to be likely to cause is grievous hurt, and if the hurt which he causes is grievous hurt, is said “voluntarily to cause grievous hurt”.

Explanation.—A person is not said voluntarily to cause grievous hurt except when he both causes grievous hurt and intends or knows himself to be likely to cause grievous hurt. But he is said voluntarily to cause grievous hurt if, intending or knowing himself to be likely to cause grievous hurt of one kind, he actually causes grievous hurt of another kind.

Illustration

A, intending or knowing himself to be likely permanently to disfigure Z’s face, gives Z a blow which does not permanently disfigure Z’s face but which causes Z to suffer severe bodily pain for the space of 20 days. A has voluntarily caused grievous hurt.

[Indian PC 1860, s. 322]

Punishment for voluntarily causing hurt

323. Whoever, except in the case provided for by section 334, voluntarily causes hurt, shall be punished with imprisonment for a term which may extend to 2 years, or with fine which may extend to $5,000, or with both.

[Indian PC 1860, s. 323]

Voluntarily causing hurt by dangerous weapons or means

324. Whoever, except in the case provided for by section 334, voluntarily causes hurt by means of any instrument for shooting, stabbing or cutting, or any instrument which, used as a weapon of offence, is likely to cause death, or by means of fire or any heated substance, or by means of any poison or any corrosive substance, or by means of any explosive substance, or by means of any substance which it is deleterious to the human body to inhale, to swallow, or to receive into the blood, or by means of any animal, shall be punished with
imprisonment for a term which may extend to 7 years, or with fine, or with caning, or with any combination of such punishments.  

[Indian PC 1860, s. 324]

**Punishment for voluntarily causing grievous hurt**

325. Whoever, except in the case provided for by section 335, voluntarily causes grievous hurt, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.  

[Indian PC 1860, s. 325]

**Voluntarily causing grievous hurt by dangerous weapons or means**

326. Whoever, except in the case provided for by section 335, voluntarily causes grievous hurt by means of any instrument for shooting, stabbing or cutting, or any instrument which, used as a weapon of offence, is likely to cause death, or by means of fire or any heated substance, or by means of any poison or any corrosive substance, or by means of any explosive substance, or by means of any substance which it is deleterious to the human body to inhale, to swallow, or to receive into the blood, or by means of any animal, shall be punished with imprisonment for life, or with imprisonment for a term which may extend to 15 years, and shall also be liable to fine or to caning.  

[51/2007]

[Indian PC 1860, s. 326]

**Voluntarily causing hurt to extort property or to constrain to an illegal act**

327. Whoever voluntarily causes hurt for the purpose of extorting from the sufferer, or from any person interested in the sufferer, any property or valuable security, or of constraining the sufferer, or any person interested in such sufferer, to do anything which is illegal or which may facilitate the commission of an offence, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.  

[Indian PC 1860, s. 327]

**Causing hurt by means of poison, etc., with intent to commit an offence**

328. Whoever administers to, or causes to be taken by, any person any poison or any stupefying, intoxicating or unwholesome drug or other thing, with intent to cause hurt to such person, or with intent to commit or to facilitate the commission of an offence, or knowing it to be likely that he will thereby cause hurt, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.  

[51/2007]

[Indian PC 1860, s. 328]
Voluntarily causing grievous hurt to extort property, or to constrain to an illegal act

329. Whoever voluntarily causes grievous hurt for the purpose of extorting from the sufferer, or from any person interested in the sufferer, any property or valuable security, or of constraining the sufferer, or any person interested in such sufferer, to do anything which is illegal or which may facilitate the commission of an offence, shall be punished with imprisonment for life, or imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.

[Indian PC 1860, s. 329]

Voluntarily causing hurt to extort confession or to compel restoration of property

330. Whoever voluntarily causes hurt for the purpose of extorting from the sufferer, or from any person interested in the sufferer, any confession or any information which may lead to the detection of an offence or misconduct, or for the purpose of constraining the sufferer, or any person interested in the sufferer, to restore or to cause the restoration of any property or valuable security, or to satisfy any claim or demand, or to give information which may lead to the restoration of any property or valuable security, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine or to caning.

[51/2007]

Illustrations

(a) A, a police officer, tortures Z in order to induce Z to confess that he committed a crime. A is guilty of an offence under this section.

(b) A, a police officer, tortures B to induce him to point out where certain stolen property is deposited. A is guilty of an offence under this section.

(c) A, a customs officer, tortures Z in order to compel him to confess to a pretended offence against the customs laws. A is guilty of an offence under this section.

[Indian PC 1860, s. 330]

Voluntarily causing grievous hurt to extort confession or to compel restoration of property

331. Whoever voluntarily causes grievous hurt for the purpose of extorting from the sufferer, or from any person interested in the sufferer, any confession or any information which may lead to the detection of an offence or misconduct, or for the purpose of constraining the sufferer, or any person interested in the sufferer, to restore or to cause the restoration of any property or valuable...
Voluntarily causing hurt to deter public servant from his duty

332. Whoever voluntarily causes hurt to any person being a public servant in the discharge of his duty as such public servant, or with intent to prevent or deter that person or any other public servant from discharging his duty as such public servant, or in consequence of anything done or attempted to be done by that person in the lawful discharge of his duty as such public servant, shall be punished with imprisonment for a term which may extend to 7 years, or with fine, or with caning, or with any combination of such punishments.

[Indian PC 1860, s. 332] [62/73; 51/2007]

Voluntarily causing grievous hurt to deter public servant from his duty

333. Whoever voluntarily causes grievous hurt to any person being a public servant in the discharge of his duty as such public servant, or with intent to prevent or deter that person or any other public servant from discharging his duty as such public servant, or in consequence of anything done or attempted to be done by that person in the lawful discharge of his duty as such public servant, shall be punished with imprisonment for a term which may extend to 15 years, and shall also be liable to fine or to caning.

[Indian PC 1860, s. 333] [62/73; 51/2007]

Voluntarily causing hurt on provocation

334. Whoever voluntarily causes hurt on grave and sudden provocation, if he neither intends nor knows himself to be likely to cause hurt to any person other than the person who gave the provocation, shall be punished with imprisonment for a term which may extend to 3 months, or with fine which may extend to $2,500, or with both.

[Indian PC 1860, s. 334] [51/2007]

Causing grievous hurt on provocation

335. Whoever voluntarily causes grievous hurt on grave and sudden provocation, if he neither intends nor knows himself to be likely to cause grievous hurt to any person other than the person who gave the provocation,
shall be punished with imprisonment for a term which may extend to 6 years, or with fine which may extend to $10,000, or with both.

[51/2007]

Explanation.—Sections 334 and 335 are subject to the same provisos as exception 1 of section 300.
[Indian PC 1860, s. 335]

Punishment for act which endangers life or the personal safety of others

336. Whoever does any act so rashly or negligently as to endanger human life or the personal safety of others, shall be punished —

(a) in the case of a rash act, with imprisonment for a term which may extend to 6 months, or with fine which may extend to $2,500, or with both; or

(b) in the case of a negligent act, with imprisonment for a term which may extend to 3 months, or with fine which may extend to $1,500, or with both.

[51/2007]

[Indian PC 1860, s. 336]

Causing hurt by an act which endangers life or the personal safety of others

337. Whoever causes hurt to any person by doing any act so rashly or negligently as to endanger human life or the personal safety of others, shall be punished —

(a) in the case of a rash act, with imprisonment for a term which may extend to one year, or with fine which may extend to $5,000, or with both; or

(b) in the case of a negligent act, with imprisonment for a term which may extend to 6 months, or with fine which may extend to $2,500, or with both.

[51/2007]

[Indian PC 1860, s. 337]

Causing grievous hurt by an act which endangers life or the personal safety of others

338. Whoever causes grievous hurt to any person by doing any act so rashly or negligently as to endanger human life or the personal safety of others, shall be punished —
(a) in the case of a rash act, with imprisonment for a term which may extend to 4 years, or with fine which may extend to $10,000, or with both; or

(b) in the case of a negligent act, with imprisonment for a term which may extend to 2 years, or with fine which may extend to $5,000, or with both.

[Indian PC 1860, s. 338]

Wrongful restraint and wrongful confinement

Wrongful restraint

339. Whoever voluntarily obstructs any person, so as to prevent that person from proceeding in any direction in which that person has a right to proceed, is said wrongfully to restrain that person.

Exception.—The obstruction of a private way over land or water which a person in good faith believes himself to have a lawful right to obstruct, is not an offence within the meaning of this section.

Illustrations

A obstructs a path along which Z has a right to pass, A not believing in good faith that he has a right to stop the path. Z is thereby prevented from passing. A wrongfully restrains Z.

[Indian PC 1860, s. 339]

Wrongful confinement

340. Whoever wrongfully restrains any person in such a manner as to prevent that person from proceeding beyond certain circumscribing limits, is said “wrongfully to confine” that person.

Illustrations

(a) A causes Z to go within a walled space, and locks Z in. Z is thus prevented from proceeding in any direction beyond the circumscribing line of wall. A wrongfully confines Z.

(b) A places men with firearms at the outlets of a building and tells Z that they will fire at Z if Z attempts to leave the building. A wrongfully confines Z.

[Indian PC 1860, s. 340]
Punishment for wrongful restraint  
341. Whoever wrongfully restrains any person shall be punished with imprisonment for a term which may extend to one month, or with fine which may extend to $1,500, or with both.  
[Indian PC 1860, s. 341]  
Punishment for wrongful confinement  
342. Whoever wrongfully confines any person shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to $3,000, or with both.  
[Indian PC 1860, s. 342]  
Wrongful confinement for 3 or more days  
343. Whoever wrongfully confines any person for 3 days or more, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.  
[Indian PC 1860, s. 343]  
Wrongful confinement for 10 or more days  
344. Whoever wrongfully confines any person for 10 days or more, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.  
[Indian PC 1860, s. 344]  
Wrongful confinement of person for whose liberation a writ has been issued  
345. Whoever keeps any person in wrongful confinement, knowing that a writ for the liberation of that person has been duly issued, shall be punished with imprisonment for a term which may extend to 2 years, in addition to any term of imprisonment to which he may be liable under any other section of this Code.  
[Indian PC 1860, s. 345]  
Wrongful confinement in secret  
346. Whoever wrongfully confines any person in such a manner as to indicate an intention that the confinement of that person may not be known to any person interested in the person so confined, or to any public servant, or that the place of such confinement may not be known to or discovered by any such person or public servant as hereinbefore mentioned, shall be punished with imprisonment for a term which may extend to 2 years, in addition to any other punishment to which he may be liable for such wrongful confinement.  
[Indian PC 1860, s. 346]
Wrongful confinement for the purpose of extorting property or constraining to an illegal act

347. Whoever wrongfully confines any person for the purpose of extorting from the person confined, or from any person interested in the person confined, any property or valuable security, or of constraining the person confined, or any person interested in such person, to do anything illegal or to give any information which may facilitate the commission of an offence, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.

[Indian PC 1860, s. 347]

Wrongful confinement for the purpose of extorting confession or of compelling restoration of property

348. Whoever wrongfully confines any person for the purpose of extorting from the person confined, or from any person interested in the person confined, any confession or any information which may lead to the detection of an offence or misconduct, or for the purpose of constraining the person confined, or any person interested in the person confined, to restore, or to cause the restoration of any property or valuable security, or to satisfy any claim or demand, or to give information which may lead to the restoration of any property or valuable security, shall be punished with imprisonment for a term which may extend to 3 years, and shall also be liable to fine.

[Indian PC 1860, s. 348]

Criminal force and assault

Force

349. A person is said to use force to another if he causes motion, change of motion, or cessation of motion to that other, or if he causes to any substance such motion, or change of motion, or cessation of motion as brings that substance into contact with any part of that other’s body, or with anything which that other is wearing or carrying, or with anything so situated that such contact affects that other’s sense of feeling:

Provided that the person causing the motion, or change of motion, or cessation of motion, causes that motion, change of motion, or cessation of motion in one of the following 3 ways:

(a) by his own bodily power;

(b) by disposing any substance in such a manner that the motion, or change or cessation of motion, takes place without any further act on his part, or on the part of any other person;
(c) by inducing any animal to move, to change its motion, or to cease to move.

[Indian PC 1860, s. 349]

Criminal force

350. Whoever intentionally uses force to any person, without that person’s consent, in order to cause the committing of any offence, or intending by the use of such force illegally to cause, or knowing it to be likely that by the use of such force he will illegally cause injury, fear or annoyance to the person to whom the force is used, is said to use criminal force to that other.

Illustrations

(a) Z is sitting in a moored boat on a river. A unfastens the moorings, and thus intentionally causes the boat to drift down the stream. Here A intentionally causes motion to Z, and he does this by disposing substances in such a manner that the motion is produced without any other act on any person’s part. A has therefore intentionally used force to Z; and if he has done so without Z’s consent, in order to cause the committing of any offence, or intending or knowing it to be likely that this use of force will cause injury, fear or annoyance to Z, A has used criminal force to Z.

(b) Z is riding a horse. A lashes Z’s horse, and thereby causes it to quicken its pace. Here A has caused change of motion to Z by inducing the horse to change its motion. A has therefore used force to Z; and if A has done this without Z’s consent, intending or knowing it to be likely that he may thereby injure, frighten or annoy Z, A has used criminal force to Z.

(c) Z is riding a horse. A, intending to cause hurt to Z, seizes the horse and stops it. Here A has caused cessation of motion to Z, and he has done this by his own bodily power. A has therefore used force to Z; and as A has acted thus intentionally without Z’s consent, in order to cause the commission of an offence, A has used criminal force to Z.

(d) A intentionally pushes against Z in the street. Here A has by his own bodily power moved his own person so as to bring it into contact with Z. He has therefore intentionally used force to Z, and if he has done so without Z’s consent, intending or knowing it to be likely that he may thereby injure, frighten or annoy Z, he has used criminal force to Z.

(e) A throws a stone, intending or knowing it to be likely that the stone will be thus brought into contact with Z, or with Z’s clothes, or with something carried by Z, or that it will strike water and dash up the water against Z’s clothes, or something carried by Z. Here if the throwing of the stone produces the effect of causing any substance to come into contact with Z, or Z’s clothes, A has used force to Z; and if he has done so without Z’s consent, intending thereby to injure, frighten or annoy Z, he has used criminal force to Z.

(f) A intentionally pulls up a woman’s veil. Here A intentionally uses force to her; and if he does so without her consent, intending or knowing it to be likely that he may thereby injure, frighten or annoy her, he has used criminal force to her.
(g) Z is bathing. A pours into the bath water which he knows to be boiling. Here A intentionally by his own bodily power causes such motion in the boiling water as brings that water into contact with Z, or with other water so situated that such contact must affect Z’s sense of feeling; A has therefore intentionally used force to Z; and if he has done this without Z’s consent, intending or knowing it to be likely that he may thereby cause injury, fear or annoyance to Z, A has used criminal force to Z.

(h) A incites a dog to spring upon Z without Z’s consent. Here, if A intends to cause injury, fear or annoyance to Z, he uses criminal force to Z.

(i) [Deleted by Act 51 of 2007]

[Indian PC 1860, s. 350]

Assault

351. Whoever makes any gesture or any preparation, intending or knowing it to be likely that such gesture or preparation will cause any person present to apprehend that he who makes that gesture or preparation is about to use criminal force to that person, is said to commit an assault.

Explanation.—Mere words do not amount to an assault. But the words which a person uses may give to his gestures or preparations such a meaning as may make those gestures or preparations amount to an assault.

Illustrations

(a) A shakes his fist at Z, intending or knowing it to be likely that he may thereby cause Z to believe that A is about to strike Z. A has committed an assault.

(b) A begins to unloose the muzzle of a ferocious dog, intending or knowing it to be likely that he may thereby cause Z to believe that he is about to cause the dog to attack Z. A has committed an assault upon Z.

(c) A takes up a stick, saying to Z, “I will give you a beating”. Here, though the words used by A could in no case amount to an assault, and though the mere gesture, unaccompanied by any other circumstances might not amount to an assault, the gesture explained by the words may amount to an assault.

[Indian PC 1860, s. 351]

Punishment for using criminal force otherwise than on grave and sudden provocation

352. Whoever assaults or uses criminal force to any person otherwise than on grave and sudden provocation given by that person, shall be punished with
imprisonment for a term which may extend to 3 months, or with fine which may extend to $1,500, or with both.  

[51/2007]

Explanations.—Grave and sudden provocation will not mitigate the punishment for an offence under this section, if the provocation is sought or voluntarily provoked by the offender as an excuse for the offence; or

if the provocation is given by anything done in obedience to the law or by a public servant in the lawful exercise of the powers of such public servant; or

if the provocation is given by anything done in the lawful exercise of the right of private defence.

Whether the provocation was grave and sudden enough to mitigate the offence, is a question of fact.  
[Indian PC 1860, s. 352]

Using criminal force to deter a public servant from discharge of his duty

353. Whoever assaults or uses criminal force to any person being a public servant in the execution of his duty as such public servant, or with intent to prevent or deter that person from discharging his duty as such public servant, or in consequence of anything done or attempted to be done by such person in the lawful discharge of his duty as such public servant, shall be punished with imprisonment for a term which may extend to 4 years, or with fine, or with both.  
[51/2007]

[Indian PC 1860, s. 353]

Assault or use of criminal force to a person with intent to outrage modesty

354.—(1) Whoever assaults or uses criminal force to any person, intending to outrage or knowing it to be likely that he will thereby outrage the modesty of that person, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with caning, or with any combination of such punishments.

[51/2007]

(2) Whoever commits an offence under subsection (1) against any person under 14 years of age shall be punished with imprisonment for a term which may extend to 5 years, or with fine, or with caning, or with any combination of such punishments.

[Indian PC 1860, s. 354]

Outraging modesty in certain circumstances

354A.—(1) Whoever, in order to commit or to facilitate the commission of an offence against any person under section 354, voluntarily causes or attempts to cause to that person death, or hurt, or wrongful restraint, or fear of instant death, instant hurt or instant wrongful restraint, shall be punished with
imprisonment for a term of not less than 2 years and not more than 10 years and with caning.  

[23/84]

(2) Whoever commits an offence under subsection (1) —

(a) in a lift in any building; or

(b) against any person under 14 years of age,

shall be punished with imprisonment for a term of not less than 3 years and not more than 10 years and with caning.

Assault or criminal force with intent to dishonour otherwise than on grave and sudden provocation

355. Whoever assaults or uses criminal force to any person, intending thereby to dishonour that person, otherwise than on grave and sudden provocation given by that person, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.

[Indian PC 1860, s. 355]

Assault or criminal force in committing or attempting to commit theft of property carried by a person

356. Whoever assaults or uses criminal force on any person, in committing or attempting to commit theft of any property which that person is then wearing or carrying, shall be punished with imprisonment for a term which may extend to one year and not more than 7 years, and shall also be liable to caning.

[23/84]

[Indian PC 1860, s. 356]

Assault or criminal force in attempting wrongfully to confine a person

357. Whoever assaults or uses criminal force to any person, in attempting wrongfully to confine that person, shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to $3,000, or with both.

[51/2007]

[Indian PC 1860, s. 357]

Assaulting or using criminal force on grave and sudden provocation

358. Whoever assaults or uses criminal force to any person on grave and sudden provocation given by that person, shall be punished with imprisonment for a term which may extend to one month, or with fine which may extend to $1,000, or with both.

[51/2007]

Explanation .—This section is subject to the same explanation as section 352.

[Indian PC 1860, s. 358]
Kidnapping, abduction, slavery and forced labour

Kidnapping

359. Kidnapping is of two kinds: kidnapping from Singapore, and kidnapping from lawful guardianship.
[Indian PC 1860, s. 359]

Kidnapping from Singapore

360. Whoever conveys any person beyond the limits of Singapore without the consent of that person, or of some person legally authorised to consent on behalf of that person, is said to kidnap that person from Singapore.
[Indian PC 1860, s. 360]

Kidnapping from lawful guardianship

361. Whoever takes or entices any minor under 14 years of age if a male, or under 16 years of age if a female, or any person of unsound mind, out of the keeping of the lawful guardian of such minor or person of unsound mind, without the consent of such guardian, is said to kidnap such minor or person from lawful guardianship.

Explanation.—The words “lawful guardian” in this section include any person lawfully entrusted with the care or custody of such minor or other person.

Exception.—This section does not extend to the act of any person who in good faith believes himself to be the father of an illegitimate child or who in good faith believes himself to be entitled to the lawful custody of such child, unless such act is committed for an immoral or unlawful purpose.
[Indian PC 1860, s. 361]

Abduction

362. Whoever by force compels, or by any deceitful means induces any person to go from any place, is said to abduct that person.
[Indian PC 1860, s. 362]

Punishment for kidnapping

363. Whoever kidnaps any person from Singapore or from lawful guardianship, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.
[Indian PC 1860, s. 363]
Punishment for abduction

363A. Whoever abducts any person shall be punished with imprisonment for a term which may extend to 7 years, or with fine, or with caning, or with any combination of such punishments.

[51/2007]

Kidnapping or abducting in order to murder

364. Whoever kidnaps or abducts any person in order that such person may be murdered, or may be so disposed of as to be put in danger of being murdered, shall be punished with death or imprisonment for life and shall, if he is not sentenced to death, also be liable to caning.

Illustrations

(a) A kidnaps Z from Singapore, intending or knowing it to be likely that Z may be sacrificed to an idol. A has committed the offence defined in this section.

(b) A forcibly carries or entices B away from his home in order that B may be murdered. A has committed the offence defined in this section.

[Indian PC 1860, s. 364]


Kidnapping or abducting with intent secretly and wrongfully to confine a person

365. Whoever kidnaps or abducts any person with intent to cause that person to be secretly and wrongfully confined, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.

[Indian PC 1860, s. 365]

Kidnapping or abducting a woman to compel her marriage, etc.

366. Whoever kidnaps or abducts any woman with intent that she may be compelled, or knowing it to be likely that she will be compelled to marry any person against her will, or in order that she may be forced or seduced to illicit intercourse, or to a life of prostitution, or knowing it to be likely that she will be forced or seduced to illicit intercourse, or to a life of prostitution, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.

[Indian PC 1860, s. 366]
Kidnapping or abducting in order to subject a person to grievous hurt, slavery, etc.

367. Whoever kidnaps or abducts any person in order that such person may be subjected, or may be so disposed of as to be put in danger of being subjected to grievous hurt or slavery, or to non-consensual penile penetration of the anus, or knowing it to be likely that such person will be so subjected or disposed of, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.

[Indian PC 1860, s. 367]

Wrongfully concealing or keeping in confinement a kidnapped person

368. Whoever, knowing that any person has been kidnapped or has been abducted, wrongfully conceals or keeps such person in confinement, shall be punished in the same manner as if he had kidnapped or abducted such person with the same intention or knowledge or for the same purpose as that with or for which he conceals or detains such person in confinement.

[Indian PC 1860, s. 368]

Kidnapping or abducting child under 10 years with intent to steal movable property from the person of such child

369. Whoever kidnaps or abducts any child under the age of 10 years, with the intention of taking dishonestly any movable property from the person of such child, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine or to caning.

[Indian PC 1860, s. 369]

Buying or disposing of any person as a slave

370. Whoever imports, exports, removes, buys, sells or disposes of any person as a slave, or accepts, receives or detains against his will any person as a slave, shall be punished with imprisonment for a term which may extend to 7 years, and shall also be liable to fine.

[Indian PC 1860, s. 370]

Habitual dealing in slaves

371. Whoever habitually imports, exports, removes, buys, sells, traffics or deals in slaves, shall be punished with imprisonment for life, or with imprisonment for a term not exceeding 10 years, and shall also be liable to fine.

[Indian PC 1860, s. 371]

Selling minor for purposes of prostitution, etc.

372. Whoever sells, lets to hire, or otherwise disposes of any person under the age of 21 years with intent that such person shall at any age be employed
or used for the purpose of prostitution or illicit intercourse with any person or for any unlawful and immoral purpose, or knowing it to be likely that such person will at any age be employed or used for any such purpose, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

*Explanation.*—When a female under the age of 21 years is sold, let for hire, or otherwise disposed of to a prostitute or to any person who keeps or manages a brothel, the person so disposing of such female shall, until the contrary is proved, be presumed to have disposed of her with the intent that she shall be used for the purpose of prostitution.

[Indian PC 1860, s. 372]

**Buying minor for purposes of prostitution, etc.**

373. Whoever buys, hires or otherwise obtains possession of any person under the age of 21 years with intent that such person shall at any age be employed or used for the purpose of prostitution or illicit intercourse with any person or for any unlawful and immoral purpose, or knowing it to be likely that such person will at any age be employed or used for any such purpose, shall be punished with imprisonment for a term which may extend to 10 years, and shall also be liable to fine.

*Explanation.*—Any prostitute, or any person keeping or managing a brothel, who buys, hires or otherwise obtains possession of a female under the age of 21 years shall, until the contrary is proved, be presumed to have obtained possession of such female with the intent that she shall be used for the purpose of prostitution.

[Indian PC 1860, s. 373]

**Importing woman for purposes of prostitution, etc.**

373A. Whoever —

(a) by any false pretence, false representation, or fraudulent or deceitful means, brings, or assists in bringing, into Singapore any woman with intent that such woman may be employed or used for the purpose of prostitution;

(b) brings, or assists in bringing, into Singapore any woman with intent that such woman may be sold or bought for the purpose of prostitution; or

(c) sells or buys any woman for the purpose of prostitution,

shall be punished with imprisonment for a term not exceeding 10 years, and shall also be liable to fine.
Unlawful compulsory labour

374. Whoever unlawfully compels any person to labour against the will of that person, shall be punished with imprisonment for a term which may extend to one year, or with fine, or with both.
[Indian PC 1860, s. 374]

Sexual offences

Rape

375.—(1) Any man who penetrates the vagina of a woman with his penis —
(a) without her consent; or
(b) with or without her consent, when she is under 14 years of age,
shall be guilty of an offence.

[51/2007]

(2) Subject to subsection (3), a man who is guilty of an offence under this section shall be punished with imprisonment for a term which may extend to 20 years, and shall also be liable to fine or to caning.

[51/2007]

(3) Whoever —
(a) in order to commit or to facilitate the commission of an offence under subsection (1) —
(i) voluntarily causes hurt to the woman or to any other person;
or
(ii) puts her in fear of death or hurt to herself or any other person; or

(b) commits an offence under subsection (1) with a woman under 14 years of age without her consent,
shall be punished with imprisonment for a term of not less than 8 years and not more than 20 years and shall also be punished with caning with not less than 12 strokes.

[51/2007]

(4) No man shall be guilty of an offence under subsection (1) against his wife, who is not under 13 years of age, except where at the time of the offence —
(a) his wife was living apart from him —
(i) under an interim judgment of divorce not made final or a decree nisi for divorce not made absolute;
(ii) under an interim judgment of nullity not made final or a decree nisi for nullity not made absolute;
(iii) under a judgment or decree of judicial separation; or
(iv) under a written separation agreement;

(b) his wife was living apart from him and proceedings have been commenced for divorce, nullity or judicial separation, and such proceedings have not been terminated or concluded;

(c) there was in force a court injunction to the effect of restraining him from having sexual intercourse with his wife;

(d) there was in force a protection order under section 65 or an expedited order under section 66 of the Women’s Charter (Cap. 353) made against him for the benefit of his wife; or

(e) his wife was living apart from him and proceedings have been commenced for the protection order or expedited order referred to in paragraph (d), and such proceedings have not been terminated or concluded.

[51/2007]

(5) Notwithstanding subsection (4), no man shall be guilty of an offence under subsection (1)(b) for an act of penetration against his wife with her consent.

[51/2007]

[UK SOA 2003, s. 1; SPC 1985 Ed., s. 375 (repealed); SPC 1985 Ed., s. 376 (repealed); Indian PC 1860, s. 375; Malaysia PC 2006 Ed., s. 375]

Sexual assault by penetration

376.—(1) Any man (A) who —

(a) penetrates, with A’s penis, the anus or mouth of another person (B); or

(b) causes another man (B) to penetrate, with B’s penis, the anus or mouth of A,

shall be guilty of an offence if B did not consent to the penetration.

[51/2007]

(2) Any person (A) who —

(a) sexually penetrates, with a part of A’s body (other than A’s penis) or anything else, the vagina or anus, as the case may be, of another person (B);
(b) causes a man (B) to penetrate, with B’s penis, the vagina, anus or mouth, as the case may be, of another person (C); or

(c) causes another person (B), to sexually penetrate, with a part of B’s body (other than B’s penis) or anything else, the vagina or anus, as the case may be, of any person including A or B,

shall be guilty of an offence if B did not consent to the penetration. 

[51/2007]

(3) Subject to subsection (4), a person who is guilty of an offence under this section shall be punished with imprisonment for a term which may extend to 20 years, and shall also be liable to fine or to caning. 

[51/2007]

(4) Whoever —

(a) in order to commit or to facilitate the commission of an offence under subsection (1) or (2) —

(i) voluntarily causes hurt to any person; or

(ii) puts any person in fear of death or hurt to himself or any other person; or

(b) commits an offence under subsection (1) or (2) against a person (B) who is under 14 years of age,

shall be punished with imprisonment for a term of not less than 8 years and not more than 20 years and shall also be punished with caning with not less than 12 strokes.

[UK SOA 2003, ss. 2, 4; SPC 1985 Ed., s. 376(2) (repealed)]

Sexual penetration of minor under 16

376A.—(1) Any person (A) who —

(a) penetrates, with A’s penis, the vagina, anus or mouth, as the case may be, of a person under 16 years of age (B);

(b) sexually penetrates, with a part of A’s body (other than A’s penis) or anything else, the vagina or anus, as the case may be, of a person under 16 years of age (B);

(c) causes a man under 16 years of age (B) to penetrate, with B’s penis, the vagina, anus or mouth, as the case may be, of another person including A; or
(d) causes a person under 16 years of age (B) to sexually penetrate, with a part of B’s body (other than B’s penis) or anything else, the vagina or anus, as the case may be, of any person including A or B, with or without B’s consent, shall be guilty of an offence. [51/2007]

(2) Subject to subsection (3), a person who is guilty of an offence under this section shall be punished with imprisonment for a term which may extend to 10 years, or with fine, or with both. [51/2007]

(3) Whoever commits an offence under this section against a person (B) who is under 14 years of age shall be punished with imprisonment for a term which may extend to 20 years, and shall also be liable to fine or to caning. [51/2007]

(4) No person shall be guilty of an offence under this section for an act of penetration against his or her spouse with the consent of that spouse. [51/2007]

(5) No man shall be guilty of an offence under subsection (1)(a) for penetrating with his penis the vagina of his wife without her consent, if his wife is not under 13 years of age, except where at the time of the offence —

(a) his wife was living apart from him —
   (i) under an interim judgment of divorce not made final or a decree nisi for divorce not made absolute;
   (ii) under an interim judgment of nullity not made final or a decree nisi for nullity not made absolute;
   (iii) under a judgment or decree of judicial separation; or
   (iv) under a written separation agreement;

(b) his wife was living apart from him and proceedings have been commenced for divorce, nullity or judicial separation, and such proceedings have not been terminated or concluded;

(c) there was in force a court injunction to the effect of restraining him from having sexual intercourse with his wife;

(d) there was in force a protection order under section 65 or an expedited order under section 66 of the Women’s Charter (Cap. 353) made against him for the benefit of his wife; or

(e) his wife was living apart from him and proceedings have been commenced for the protection order or expedited order referred to in paragraph (d), and such proceedings have not been terminated or concluded. [51/2007]
Commercial sex with minor under 18

376B.—(1) Any person who obtains for consideration the sexual services of a person, who is under 18 years of age, shall be punished with imprisonment for a term which may extend to 7 years, or with fine, or with both. [51/2007]

(2) Any person who communicates with another person for the purpose of obtaining for consideration, the sexual services of a person who is under 18 years of age, shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both. [51/2007]

(3) No person shall be guilty of an offence under this section for any sexual services obtained from that person’s spouse. [51/2007]

(4) In this section, “sexual services” means any sexual services involving —

(a) sexual penetration of the vagina or anus, as the case may be, of a person by a part of another person’s body (other than the penis) or by anything else; or

(b) penetration of the vagina, anus or mouth, as the case may be, of a person by a man’s penis. [51/2007]

[Canada CC R.S. 1985, s. 212; SPC 1985 Ed., s. 376A(1)]

Commercial sex with minor under 18 outside Singapore

376C.—(1) Any person, being a citizen or a permanent resident of Singapore, who does, outside Singapore, any act that would, if done in Singapore, constitute an offence under section 376B, shall be guilty of an offence. [51/2007]

(2) A person who is guilty of an offence under this section shall be liable to the same punishment to which he would have been liable had he been convicted of an offence under section 376B. [51/2007]

[NZ CA 1961, s. 144A]

Tour outside Singapore for commercial sex with minor under 18

376D.—(1) Any person who —
(a) makes or organises any travel arrangements for or on behalf of any other person with the intention of facilitating the commission by that other person of an offence under section 376C, whether or not such an offence is actually committed by that other person;

(b) transports any other person to a place outside Singapore with the intention of facilitating the commission by that other person of an offence under section 376C, whether or not such an offence is actually committed by that other person; or

(c) prints, publishes or distributes any information that is intended to promote conduct that would constitute an offence under section 376C, or to assist any other person to engage in such conduct,

shall be guilty of an offence. [51/2007]

(2) For the purposes of subsection (1)(c), the publication of information means publication of information by any means, whether by written, electronic, or other form of communication. [51/2007]

(3) A person who is guilty of an offence under this section shall be punished with imprisonment for a term which may extend to 10 years, or with fine, or with both. [51/2007]

[NZ CA 1961, s. 144C]

Sexual grooming of minor under 16

376E.—(1) Any person of or above the age of 21 years (A) shall be guilty of an offence if having met or communicated with another person (B) on 2 or more previous occasions —

(a) A intentionally meets B or travels with the intention of meeting B; and

(b) at the time of the acts referred to in paragraph (a) —

(i) A intends to do anything to or in respect of B, during or after the meeting, which if done will involve the commission by A of a relevant offence;

(ii) B is under 16 years of age; and

(iii) A does not reasonably believe that B is of or above the age of 16 years. [51/2007]

(2) In subsection (1), “relevant offence” means an offence under —

(a) section 354, 354A, 375, 376, 376A, 376B, 376F, 376G or 377A;
(b) section 7 of the Children and Young Persons Act (Cap. 38); or
(c) section 140(1) of the Women’s Charter (Cap. 353).

(3) For the purposes of this section, it is immaterial whether the 2 or more previous occasions of A having met or communicated with B referred to in subsection (1) took place in or outside Singapore.

(4) A person who is guilty of an offence under this section shall be punished with imprisonment for a term which may extend to 3 years, or with fine, or with both.

[UK SOA 2003, s. 15]

Procurement of sexual activity with person with mental disability

376F.—(1) Any person (A) shall be guilty of an offence if —

(a) A intentionally touches another person (B) who has a mental disability;

(b) the touching is sexual and B consents to the touching;

(c) A obtains B’s consent by means of an inducement offered or given, a threat made or a deception practised by A for that purpose; and

(d) A knows or could reasonably be expected to know that B has a mental disability.

(2) Subject to subsection (3), a person who is guilty of an offence under this section shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.

(3) If the touching involved —

(a) penetration of the vagina or anus, as the case may be, with a part of the body or anything else; or

(b) penetration of the mouth with the penis,

a person who is guilty of an offence under this section shall be punished with imprisonment for a term which may extend to 10 years, or with fine, or with both.

(4) No person shall be guilty of an offence under this section for any act with that person’s spouse.

(5) For the purposes of this section —
“mental disability” means an impairment of or a disturbance in the functioning of the mind or brain resulting from any disability or disorder of the mind or brain which impairs the ability to make a proper judgement in the giving of consent to sexual touching;

“touching” includes touching —
(a) with any part of the body;
(b) with anything else; or
(c) through anything,
and includes penetration.

[UK SOA 2003, ss. 34, 79; UK MH Bill 2004, clause 2(6)]

Incest

376G.—(1) Any man of or above the age of 16 years (A) who —
(a) sexually penetrates the vagina or anus of a woman (B) with a part of A’s body (other than A’s penis) or anything else; or
(b) penetrates the vagina, anus or mouth of a woman (B) with his penis, with or without B’s consent where B is to A’s knowledge A’s grand-daughter, daughter, sister, half-sister, mother or grandmother (whether such relationship is or is not traced through lawful wedlock), shall be guilty of an offence.

[51/2007]

(2) Any woman of or above the age of 16 years who, with consent, permits her grandfather, father, brother, half-brother, son or grandson (whether such relationship is or is not traced through lawful wedlock) to penetrate her in the manner described in subsection (1)(a) or (b), knowing him to be her grandfather, father, brother, half-brother, son or grandson, as the case may be, shall be guilty of an offence.

[51/2007]

(3) Subject to subsection (4), a man who is guilty of an offence under subsection (1) shall be punished with imprisonment for a term which may extend to 5 years.

[51/2007]

(4) If a man commits an offence under subsection (1) against a woman under 14 years of age, he shall be punished with imprisonment for a term which may extend to 14 years.

[51/2007]

(5) A woman who is guilty of an offence under subsection (2) shall be punished with imprisonment for a term which may extend to 5 years.
Sexual penetration of a corpse

377.—(1) Any man who penetrates, with his penis, the vagina, anus or mouth, as the case may be, of a human corpse, shall be guilty of an offence.

(2) A man who is guilty of an offence under subsection (1) shall be punished with imprisonment for a term which may extend to 5 years, or with fine, or with both.

(3) Any person (A) who causes any man (B) to penetrate with B’s penis, the vagina, anus or mouth, as the case may be, of a human corpse, shall be guilty of an offence if B did not consent to the penetration.

(4) A person who is guilty of an offence under subsection (3) shall be punished with imprisonment for a term which may extend to 20 years, and shall also be liable to fine or to caning.

Outrages on decency

377A. Any male person who, in public or private, commits, or abets the commission of, or procures or attempts to procure the commission by any male person of, any act of gross indecency with another male person, shall be punished with imprisonment for a term which may extend to 2 years.

Sexual penetration with living animal

377B.—(1) Any person (A) who —

(a) penetrates, with A’s penis, the vagina, anus or any orifice of an animal; or

(b) causes or permits A’s vagina, anus or mouth, as the case may be, to be penetrated by the penis of an animal,

shall be guilty of an offence.

(2) A person who is guilty of an offence under subsection (1) shall be punished with imprisonment for a term which may extend to 2 years, or with fine, or with both.
(3) Any person (A) who —

(a) causes any man (B) to penetrate, with B’s penis, the vagina, anus or any orifice of an animal; or

(b) causes the vagina, anus or mouth, as the case may be, of another person (B) to be penetrated with the penis of an animal,

shall be guilty of an offence if B did not consent to the penetration.  

[51/2007]

(4) A person who is guilty of an offence under subsection (3) shall be punished with imprisonment for a term which may extend to 20 years, and shall also be liable to fine or to caning.

[UK SOA 2003, s. 69]

Interpretation of sections 375 to 377B (sexual offences)

377C. In sections 375 to 377B —

(a) penetration is a continuing act from entry to withdrawal;

(b) references to a part of the body include references to a part which is surgically constructed (in particular, through a sex reassignment procedure);

(c) for the purposes of identifying the sex of a person —

(i) the sex of a person as stated in that person’s identity card issued under the National Registration Act (Cap. 201) at the time the sexual activity took place shall be prima facie evidence of the sex of that person; and

(ii) a person who has undergone a sex reassignment procedure shall be identified as being of the sex to which that person has been reassigned;

(d) penetration, touching or other activity is “sexual” if —

(i) because of its nature it is sexual, whatever its circumstances or any person’s purpose in relation to it may be; or

(ii) because of its nature it may be sexual and because of its circumstances or the purpose of any person in relation to it (or both) it is sexual;

(e) “vagina” includes vulva.

[UK SOA 2003, ss. 78, 79; WC 1997 Ed., s. 12(3)]
Mistake as to age

377D.—(1) Subject to subsections (2) and (3) and notwithstanding anything in section 79, a reasonable mistake as to the age of a person shall not be a defence to any charge of an offence under section 376A(2), 376B or 376C.

(2) In the case of a person who at the time of the alleged offence was under 21 years of age, the presence of a reasonable mistaken belief that the minor, who is of the opposite sex, was of or above —

(a) the age of 16 years, shall be a valid defence to a charge of an offence under section 376A(2); or

(b) the age of 18 years, shall be a valid defence to a charge of an offence under section 376B or 376C.

(3) For the purposes of subsection (2), the defence under that subsection shall no longer be available if at the time of the offence, the person charged with that offence has previously been charged in court for an offence under section 376A, 376B, 376C or 376E, or section 7 of the Children and Young Persons Act (Cap. 38) or section 140(1)(i) of the Women’s Charter (Cap. 353).

[WC 1997 Ed., s. 140(4) and (5)]
GUIDELINES FOR
CASE MASTER ACTION PLANNING
(CASE MAP)

March 2019
## Content Page

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Objectives of Guidelines</td>
<td>5 - 6</td>
</tr>
<tr>
<td>2</td>
<td>Principles of Case Master Action Planning</td>
<td>6 - 7</td>
</tr>
<tr>
<td>3</td>
<td>Desired Outcome of Case Master Action Planning</td>
<td>7 - 8</td>
</tr>
<tr>
<td>4</td>
<td>Framework of Case Master Action Planning</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>Development of Case Master Action Plan</td>
<td>9 - 10</td>
</tr>
<tr>
<td>6</td>
<td>Roles of a Lead Case Agency in Case Master Action Planning</td>
<td>11 - 15</td>
</tr>
<tr>
<td>7</td>
<td>Roles of Stakeholders involved in Case Master Action Planning</td>
<td>16 - 18</td>
</tr>
<tr>
<td>8</td>
<td>Case Escalation Protocol</td>
<td>18 - 20</td>
</tr>
<tr>
<td>9</td>
<td>References</td>
<td>21 - 22</td>
</tr>
<tr>
<td>10</td>
<td>Annex A: Examples of Complex Cases involving Multi-Agencies and the possible Lead Agencies</td>
<td>23 - 25</td>
</tr>
<tr>
<td>11</td>
<td>Annex B: Coordinated Case Management Framework</td>
<td>26</td>
</tr>
<tr>
<td>12</td>
<td>Annex C: Case Master Action Plan Template</td>
<td>27</td>
</tr>
<tr>
<td>13</td>
<td>Annex D: Considerations for an Aligned Case Plan</td>
<td>28 - 29</td>
</tr>
<tr>
<td>14</td>
<td>Annex E: Principles of case handovers developed by MSF’s Office of the Director of Social Welfare</td>
<td>30</td>
</tr>
<tr>
<td>15</td>
<td>Annex F: Transfer of Lead Case Manager</td>
<td>31</td>
</tr>
</tbody>
</table>
This guide was developed by an inter-agency Workgroup as part of the overall efforts to strengthen the delivery, planning and coordination of social assistance and services for lower-income households with multiple needs.

This Workgroup comprised representatives from the following agencies:

**Chairperson**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Social and Family Development</td>
<td>Ms Denise Low</td>
<td>Director (Service Delivery and Coordination Division)</td>
</tr>
</tbody>
</table>

**Members**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Integrated Care</td>
<td>Dr Wong Loong Mun</td>
<td>Chief (Care Transition Division)</td>
</tr>
<tr>
<td>Agency for Integrated Care</td>
<td>Ms Kan Hong Qing</td>
<td>Senior Manager (Care Transition Division)</td>
</tr>
<tr>
<td>Central Provident Fund Board</td>
<td>Ms Sim Hoon</td>
<td>Head (QSM Office)</td>
</tr>
<tr>
<td>e2i</td>
<td>Ms Kristin Loh</td>
<td>Assistant Director (Career Centre Business Champion)</td>
</tr>
<tr>
<td>Housing &amp; Development Board</td>
<td>Mr John Lim</td>
<td>Deputy Director (Rental Housing Allocation Sections)</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Ms Long Chey May</td>
<td>Senior Principal Project Administrator (Allied Health Professionals), Office of the Director of Medical Services</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Mdm Lee Tee Choon</td>
<td>Superintendent South 4 (Schools Division)</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Ms Geraldine Ong</td>
<td>Deputy Director (Student Affairs, ITE)</td>
</tr>
<tr>
<td>Ministry of Social and Family Development</td>
<td>Ms Rachel Ang</td>
<td>Deputy Director (Social Service ICT Programme Office)</td>
</tr>
<tr>
<td>Workforce Singapore</td>
<td>Ms Catherine Goh</td>
<td>Deputy Director (Career Services Division)</td>
</tr>
</tbody>
</table>
Secretariat Team

Ministry of Social and Family Development  Ms Gail Tan  General Manager  SSO @ Tampines, Pasir Ris and Punggol

Ministry of Social and Family Development  Ms Irene Chong  Assistant General Manager  SSO @ Woodlands and Sembawang

Ministry of Social and Family Development  Ms Melissa Kong  Manager  (Service Delivery and Coordination Division)

With inputs from

- Early Childhood Development Agency
- Office of the Director of Social Welfare, Ministry of Social and Family Development
- Rehabilitation and Protection Group, Ministry of Social and Family Development
- Social Policy and Services Group (ComCare and Social Support Division and Service Delivery and Coordination Division), Ministry of Social and Family Development
- Participants in Focus Group Discussions from Agency for Integrated Care, Child Protection Specialist Centres, Cluster Support, Family Resource Centres, Family Service Centres, Family Violence Specialist Centres, Public Healthcare Institutions and Schools
- Participants in Case Simulation Exercises from Agency for Integrated Care, Family Service Centres, Community Mental Health agencies, Housing & Development Board and Public Healthcare Institutions
1. Objectives of the Guidelines for Case Master Action Planning

1.1 Low-income and/or vulnerable clients\(^1\) \(^2\) who have multiple needs and/or risk factors (see Figure 1 for an example of risk factors and needs) usually require a range of services from different agencies\(^3\) and hence may be seen by multiple caseworkers (please refer to Annex A for examples of such cases). With different agency mandates and caseworkers’ varied perspectives, adopting a common frame for integrated case management work amongst agencies is crucial. It enables agencies to appreciate a holistic view of the client’s needs and provide a multi-prong yet coordinated\(^4\) and integrated approach to address the risks/needs more effectively.

![Indicators of Vulnerability](image)

**Figure 1: List of risk factors and needs**

1.2 The Guidelines for Case Master Action Planning serves as a reference for all agencies / caseworkers engaged in multi-agency\(^5\) work to:

   (i) Facilitate a coordinated and holistic approach in case planning to meet the needs of cases with multiple risk factors and/or needs;

---

\(^1\) Agencies may have a different primary “client”. In this Guidelines, the “client” is a generic term to refer to the entire family unit (inclusive of the child/children in the family) or case.

\(^2\) “Clients” can refer to “individuals” and “families” and are used interchangeably in this document.

\(^3\) “Agencies” can include both government agencies, social service agencies, as well as Grassroots Organisations, schools and community agencies.

\(^4\) In this document, “coordinated” also includes “alignment” and may be used interchangeably.

\(^5\) “Multi-agency” and “inter-agency” are used interchangeably in this Guidelines, and refer to the process of having more than 1 agency working together on a case.
(ii) Outline the roles and responsibilities of a lead agency\textsuperscript{6} to help drive alignment of multi-agency case plans and case coordination;

(iii) Outline the roles and responsibilities of agencies / caseworkers involved; and

(iv) Provide an escalation protocol for agencies to highlight barriers and challenges in the interagency work or if there are concerns surrounding the coordination and progress of the case.

1.3 The approach adopted in this Guidelines takes reference from the Systems Theory: seeing clients’ issues in relation to their family system and the larger ecosystem. Systems Theory aids us in developing a holistic view of individuals within their environment, and is useful for cases when the client is facing multiple stressors and/or known to many agencies, and where several interconnected systems may be influencing one another. As one function of the helping professionals is to aid the clients to navigate the various systems that affect their lives, it is crucial to have a deep understanding of how subsystems are interrelated and influence one another.

1.4 Having an understanding of the many theories that inform the work with families provides workers with more angles of assessment and more avenues for intervention. It is essential that workers do not make a decision by just focusing on one particular theory of preference.

1.5 The Guidelines also referenced the Resource Dependence theoretical framework which postulates that agencies depend on other organizations for resources needed to meet their objectives. This is especially important as one agency may not be able to meet all of the client’s needs, due to a possible range of reasons (e.g. lack of resources, agency mandate, expertise etc). Hence the collaboration and inter-dependence amongst agencies serves to bring together each other’s resources to meet these needs. Coordination serves to manage this increasing inter-connectedness.

1.6 These Guidelines are built upon the Coordinated Case Management (CCM) Framework originally developed in 2016 (please refer to \textbf{Annex B} for the CCM Framework) by an inter-agency workgroup convened by the Ministry of Social and Family Development (MSF). The Guidelines should be read in conjunction with existing protocols such as the Hoarding Management Framework, MOE-SSO-FSC referral protocol, and FSC’s Case Management Plan.

2 \textbf{Principles of Case Master Action Planning}

2.1 The following principles undergird effective practice towards reaching coordinated and aligned multi-agency case plans:

(i) \textbf{Collaborative inter-agency approach}: Adopt a collaborative approach across different agencies in rendering aligned services that minimise unnecessary friction and stress for client and their families; and

\textsuperscript{6} “Lead case agency” and “lead case manager” are used interchangeably.
(ii) **Client-centric approach:** Clients’ well-being and interests, especially the vulnerable members of the family, should be prioritised over agency’s needs. Agencies’ decisions and plans should be guided by this principle. Clients’ views should also be taken into consideration, in respecting their inherent dignity and worth.

3 **Desired Outcome of Case Master Action Planning**

3.1 The desired outcome of Case Master Action Planning is to **support clients towards stability and self-reliance by better coordinating the efforts of the multi-agencies and clients** through the following means:

(i) **Effective lead agency** that coordinates and aligns help agencies’ efforts in supporting families towards achieving stability and/or self-reliance (this may include riding on available levers agencies may have);

(ii) **Seamless and timely information exchange and clear communication** across help agencies to facilitate more cohesive and prompt delivery of assistance to clients; and

(iii) **Improved service delivery** through timely resolution of systemic, cross-cutting social issues.

3.2 What a client would see is one integrated action plan, i.e. One Client, One Case Plan, (see Figure 2) that includes the various agencies’ plans implemented in a coordinated manner, in some order of priority.
4 Framework for Case Master Action Planning

4.1 The framework in Figure 3 identifies three types of levers to support and guide case coordination efforts:

(i) **Policy** levers - Driven by agency mandate and philosophy, client experience can be enhanced through streamlined information systems and data-sharing arrangement;

(ii) **Process / Practice** enhancement – Standards, guidelines and inter-agency protocols can be established (e.g. on roles and responsibility of a lead case agency; case escalation protocol etc) and cross-sector systems knowledge can be developed; and

(iii) **People** development - Capability development of effective case managers and/or case leads can be strengthened through relevant and cross-sector training and attachment etc.

---

**Figure 3: Framework for Coordinated, Aligned Case Plans**
5 Development of Case Master Action Plan (Case MAP)

5.1 Effective engagement is crucial in working with families with multiple needs and/or risk factors. This is especially so if these families have had a history of non-engagement or had rejected previous support services for various reasons. Holistic information gathering is thus pivotal in gaining a broader, more detailed and accurate picture of the case. This ensures that appropriate intervention plans can be developed, and services delivered in a coordinated manner.

5.2 Figure 4 shows the workflow when a case is surfaced for case coordination, and how agencies can work towards developing a Case MAP (see Annex C\(^7\) for a guide on critical information to be captured and Annex D for the considerations for an aligned case plan).

5.3 As many agencies may be involved in a case with multiple needs or risks, convening a multi-agency case conference\(^8\) is a useful approach in gathering all relevant stakeholders at one platform to exchange information on their work with the family in a timely manner and coordinate follow-up plans. This is also a measure of good practice for management of complex cases. From here, they can better collectively formulate a holistic assessment and develop a coordinated and integrated intervention plan for the family.

5.4 Through case conferencing, the various systems and agencies can discuss and agree on collaborative ways to address the needs of the family. There could be a possibility of holding more than one case conference for the client – depending on the urgency and role of the agencies. For example, in the event of crisis management, agencies should refer to their existing crisis management protocols to respond to the crisis, address/lower the risks and bring the situation to stability and ensure safety of persons. A crisis management case discussion may be convened with relevant agencies to address the crisis first, prior to bringing in other partners to work on other needs.

5.5 One key outcome from the case conference is to develop one Case MAP - an integrated and aligned case plan drawn up with all agencies. The Case MAP is implemented in consultation with the families. After the multi-agency case conference, a family conference may be held where the Lead Agency (or another stakeholder who has good rapport with the family) can discuss with the family on the Case MAP. The family should be guided on drawing up suitable goals within the agreed timeline, take ownership and responsibility for the plans, and commit to working with the respective agencies on achieving these goals.


\(^7\) This serve as a reference guide. Agencies may use your existing templates or develop one to capture the suggested information.

\(^8\) “Case conference” is used interchangeably with “case discussion”.
Figure 4: Workflow for Case Coordination

Agency to identify the case requires coordinated plans based on the presenting risk and/or needs factors in Section 1.1.

Agency to conduct risk/needs assessment where possible (using existing protocols or risk and needs assessment tools if applicable) to enable service planning and intervention.

Agency to touch base with key partners (which client is currently known to) for a holistic understanding of the case and convene a case conference if necessary.

During the 1st multi-agency case conference, agencies will:
1. Exchange information to reach a joint assessment on the risks and needs
2. Develop a Case Master Action Plan (Case MAP) (Refer to Annex C);
3. Identify a lead case agency (Section 6); and
4. List down the roles of each stakeholder (Section 7).

Lead case agency to document the decisions made, and circulate the plan to relevant action parties to facilitate follow-up as soon as possible, to reduce the possibility of lapses in coordinated case management.

- Lead case agency – to keep an overview of the Case MAP and facilitate regular case reviews (frequency to be determined at each meeting depending on needs of the case)
- Case MAP - to be jointly implemented by all agencies and updated or reviewed regularly
- Stakeholders - to implement their respective case plans, and to keep the lead agency updated on progress or any changes in the case plans or circumstance

Subsequent reviews to be conducted regularly until case stabilised or case closure

---

Pre-case coordination preparation

Refer to Section 8 on Case Escalation Protocol which can happen any time during the lifespan of the case.

In the event of a crisis, the respective agencies should act in accordance with their crisis management protocols and update the lead agency and other partners thereafter.

---

9 Agencies may have existing case escalation and review workflows. Where applicable, these may supersede the workflow shown in Figure 4.
6  Roles of a Lead Case Agency in Case Master Action Planning

6.1  A client or family with multiple needs may be known to (or would benefit from referral to) multiple agencies. Whilst he/she is receiving services and support from these agencies, to reduce the likelihood of cases falling through the cracks, one lead case manager/agency - amongst all the help services known to the family - should be identified to be the primary case coordinator. The lead agency should ensure that all agencies’ plans are coordinated, aligned and holistic, with each agency playing its part in providing timely services and support for these families until case closure. The lead case agency may change over time depending on the circumstances of the case; which would be agreed upon by the agencies involved.

(i) Identification of the lead case agency\textsuperscript{10}

6.2  The lead case agency should be determined based on a consensus among the agencies. The following are usually appropriate reference points:

(a)  Need-service fit. The lead agency will normally be the service which has the largest involvement in supporting the needs of the client. The multi-agency team may decide how this should be best achieved. E.g.

- Which agency has the most interaction and rapport with the client; and

- Which agency bears the responsibility for most of the items on the action plan or actions.

(b)  Statutory involvement\textsuperscript{11} (e.g. the client is under active statutory order and case management for rehabilitation or for the protection of vulnerable adults and children); and

(c)  Has casework and case management capabilities, and able to make a comprehensive needs assessment for the client.

6.3  The following table in Figure 5 depicts the common case manager or stakeholders responsible for the corresponding nature of cases or issue/s of concern to help agencies easily identify a lead agency based on the presenting issue. For a client or family with multiple needs and may be known to (or would benefit from referral to) multiple agencies, agencies should take reference from the table below based on

\textsuperscript{10} While the need-service fit and statutory involvement serve as guiding points, there will be instances whereby the lead case agency will be determined by service model requirements (e.g. in the case of crisis shelters where community case worker takes the lead).

\textsuperscript{11} Statutory services should take the lead on safety concerns in terms of case direction and close monitoring for risks concerns. However, they need not be the ones taking the lead in coordinating and engaging agencies on needs of the family. There may be some cases known to a statutory agency but the risks may have stabilised enough, and only require community support to address the needs. For such cases, it may not be necessary for the statutory agency to take the lead. In some situations, where community services are required for the family members who have more complex needs (and not for the primary client, who is under the purview of the statutory agency), the community agency may take the lead.
the case’ main presenting issue and above pointers i.e. 6.2(a) to (c) to identify a lead agency amongst all stakeholders. For example, a family facing a combination of financial difficulties, youth delinquency issues, has elderly family member with dementia, has marital conflicts, children displaying delinquency and hoarding issues may best be managed by a Family Service Centre as the lead agency to bring relevant agencies together to provide help on the individual issues, e.g. HDB on decluttering efforts and youth agencies youth engagement, and ensure that agencies are clear of their roles and responsibilities for the case and that the Case Master Action Plan is aligned and coordinated.

<table>
<thead>
<tr>
<th>Nature of case</th>
<th>Common Case Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly aged 60 years and above with health and/or social issues</td>
<td>Community Network for Seniors (CNS)</td>
</tr>
<tr>
<td>Individuals at-risk, suspected, or diagnosed with physical and/or mental health conditions</td>
<td>Agency for Integrated Care (Community Mental Health)</td>
</tr>
<tr>
<td>Healthy in general but sudden decline or encounter sudden functional decline, e.g. those with traumatic injury, newly diagnosed with debilitating condition</td>
<td>Medical Social Workers (MSWs) at respective hospitals*</td>
</tr>
<tr>
<td>Frequent admiters with: (i) Social reasons (ii) Medical reasons</td>
<td>(i) Community Social Worker (ii) Medical Social Workers (MSWs) at respective hospitals</td>
</tr>
<tr>
<td>*End of life: (i) Inpatient (inclusive of hospice), community hospital (ii) Cared for at home</td>
<td>(i) Medical Social Workers (MSWs) at respective hospitals* / hospice (ii) Community Social Worker</td>
</tr>
<tr>
<td>Family issues</td>
<td>Family Service Centres (FSCs)</td>
</tr>
<tr>
<td>Hoarding situation</td>
<td>Housing &amp; Development Board (HDB)</td>
</tr>
<tr>
<td>Statutory Cases (Abuse/neglect, probation, juvenile homes)</td>
<td>MSF/Rehabilitation and Protection Group (RPG)</td>
</tr>
<tr>
<td>MSF/Social Service Office’s (SSO) ComCare cases with no clear case leads</td>
<td>MSF SSO’s Social Assistance Team</td>
</tr>
</tbody>
</table>

*refers to restructured hospitals for physical health issues and Institute of Mental Health for mental health issues.

Figure 5: Nature of cases and corresponding Case Leads

---

12 Table reflects common Lead Agency for the most pressing or presenting issue. Whilst families with multiple needs tend to have many agencies supporting them, one agency would be best placed to Lead in the integrated case management efforts.
(ii) Roles of a lead agency or case manager

6.4 The lead case manager serves to drive holistic service delivery and interventions, so that no issue or client falls through the gap. The main roles of the lead case manager are to:

(a) Touch base with all agencies client is/was known to, regardless of how minimal their involvement might have been. This will reduce the likelihood of important information being omitted;

(b) Facilitate interagency case discussions amongst different agencies\textsuperscript{13} to reach a joint assessment on the risks and needs, and develop a coordinated approach in intervention (based on prioritised risks/needs) within agreed timelines;

(c) Ensure that discussions, decisions and timelines are documented and followed through;

(d) Proactively refer to other agencies who can better support clients and meet their needs;

(e) Work with client to identify their needs\textsuperscript{14} (ranging from health, social, economic, to behavioural needs etc.), and prioritise the needs to be addressed. Each need, though important, may have to be addressed based on the urgency: some need to be addressed immediately, while others are more long term;

(f) Be the main contact point for clients, but onus should be on each agency to maintain accountability by conveying their respective action plan items clearly;

(g) Align help agencies’ efforts towards developing a case master action plan to achieve the desired outcomes for client and the family;

(h) Maintain an overview of the actions required of each agency and to follow up with the agencies if necessary;

(i) Coordinate the review process; and

(j) Encourage all agencies involved in the case to fulfil their respective roles stated in Section 7, ‘Role of agencies involved in Case Master Action Planning’.

\textsuperscript{13} As far as possible, an interagency case discussion is a useful platform to bring different agencies together, where information shared can contribute to holistic assessment and joint case planning.

\textsuperscript{14} Whilst the Lead case manager may have one primary client, the needs of the family (including significant others) should be taken into consideration, and hence the value to work collaboratively with other agencies who may be working with other family members.
(iii) **Transfer of lead case agency’s roles**

6.5 A transfer of roles may be required in the following scenarios:

(a) Statutory order and case management becomes required / no longer necessary (e.g. case is referred to / discharged from Child Protective Service);

(b) There is a change in client’s situation/presenting needs; or

(c) Changing dynamics in the agency’s relationship and rapport with client.

6.6 Any transfer of roles should be communicated to all stakeholders and clients, and documented. When there is a transfer of roles (e.g. transfer of lead case manager, transfer of agency’s workers etc), agency staff are responsible for ensuring a proper handover and transitional support of cases. This includes what has worked in the partnerships with all collaborating agencies to ensure that the good practices that had established the strong partnership can continue. Please find Annexes as attached:

- **Annex E** – Principles of case handovers developed by MSF’s Office of the Director of Social Welfare
- **Annex F** – Template for transfer of a lead case manager

6.7 The following flowchart (Figure 6) depicts good practice for transfer of roles, with corresponding suggested turnaround times:
**Figure 6**: Workflow for Transfer of Lead Case Agency

Existing lead case manager and other partner agencies (involved in the case) agree that another agency should assume the lead role to better meet family’s needs. Team to consider the aspects listed in Section 6 when identifying the new lead case agency.

Proposed new lead case agency agreeable to transfer of lead case management

Yes

Existing Lead to provide the following within 4 calendar days:

a) Formal case transfer summary e.g. assessments, case management plans (if proposed new lead is not client’s existing case manager)

b) Information on all stakeholders, areas and timeline of follow-ups.

New Lead to acknowledge receipt of case summary within 3 calendar days.

Face-to-face handover session between existing and new lead case managers to clarify roles and follow-up actions within 1 week of referral.

Both case managers to have joint session with family within 1 week from handover discussion. Session should help family understand the joint case management plan and the role of each agency involved in the case.

(As time may be needed for the new lead case manager and clients to build rapport, the previous one may still be involved in the transition phase if necessary)

New Lead to coordinate the multi-agency case management meetings in accordance with Section 6 of guidelines “Roles of a lead case manager” and existing protocols (e.g. CSWP, CP Manual etc).

---

15 Agencies may have existing transfer protocols for selected clientele group. Where applicable, these may supersede the workflow shown in Figure 6.
7 Roles of Stakeholders involved in Case Master Action Planning

7.1 When a client is attended to by multiple agencies, these agencies should share the responsibility and accountability for the action plans and client’s progress. Agencies should seek to utilise their expertise / services and align individual agency efforts to forge a common action plan and not focus solely on their own areas. During the case conference, agencies may offer help to other agencies that serve as levers (where appropriate) to nudge clients towards their goals. To enhance effectiveness of the intervention efforts and better service outcomes, each agency should:

(i) **Build a relationship** of trust and mutual respect, and support for partner agencies;

(ii) **Clarify expectations** when working together which include agreeing on the following:

(a) The desired outcomes and intervention plans for the client and family;

(b) When agencies will meet for reviews - regular case reviews, ad hoc reviews and joint case conferences / collaborations meant to address developments in the case to meet the dynamic needs of the client;

(c) Who should attend meetings - assign appropriate staff to manage cases and attend meetings;

(d) How information will be updated (e.g. emails, phone calls if urgent etc.);

(e) Expectations, roles, and tasks of each agency and caseworker involved in Case Master Action Planning; and

(f) Proper handover/ transition support/update among agencies.

(iii) **Communicate One Case Plan**\(^{16}\) (as agreed with other agencies) to the client, who will receive consistent messaging and reduce likelihood of misalignment of goals;

(iv) **Actively reach out** to other agencies to understand their current efforts with client and/or if the case is already coordinated with other agencies;

(v) **Maintain accountability** by adhering to the deadlines which were agreed upon at the case discussion and keeping all partner agencies updated on progress and changes to interventions based on agreed actions and timelines;

(vi) **Keep clear documentation** of decisions made and actions taken to facilitate follow-ups, and reduce the possibility of lapses in case coordination;

---

\(^{16}\) Agencies will still be responsible for their respective agency plans with the client.
(vii) **Tap on the knowledge, skills and networks of other partners** to provide holistic and effective intervention; and

(viii) **Adopt an inter-agency approach in case coordination and reviews** to strengthen partnerships and to resolve any disputes that arise. Agency staff should:

(a) *[If applicable]* Utilise common risk and needs assessment tools such as:

- Family Violence: Child Abuse Reporting Guide (CARG), Danger Assessment Tool, Sector Specific Screening Guide (SSSG);

- Needs of Family: Bio-Psycho-Social-Spiritual (BPSS), Code of Social Work Practice (CSWP), Family and Adult Support Tool (FAST); and

- Vulnerable Adult Abuse, Neglect and Self-Neglect: Vulnerable Adult Triage Form.

(b) Avoid working in silo by:

- Practising collective decision-making (in tandem with clients), but be flexible enough to review case action plans in the face of new information;

- Disseminating all important information promptly to all relevant parties (e.g. key developments in risks, needs and services obtained by client);

- Undertaking timely response to correspondence by other agencies; and

- Contributing to case discussions; following through with decisions made and adhering to the agreed timelines (unless circumstances necessitate change).

(c) **Tap on the knowledge, skills and networks of other partners to provide holistic and effective intervention.** Thus, each agency should review risk factors\(^\text{17}\) and case action plans in consultation with other agencies involved in the Case MAP effort. Nonetheless, individual agency staff still have the responsibility to monitor the progress of their client.

---

\(^\text{17}\) Risks and Needs Assessment is key to targeted intervention for effective outcome. It is important to have a common risk assessment framework to standardise definitions among agencies for a coordinated approach. See Section 1.1 for Indicators of Vulnerability.
7.2 To ensure that agency staff are able to meet the needs of the client, agencies should ensure that:

(i) Staff managing complex cases have the requisite skills and competencies;

(ii) All staff, especially lead case managers [See Section 6], receive regular supervision and consultation; and

(iii) Covering staff is available when case workers involved in the case are away on leave or away for a period of time and there is a proper handover of cases.

8 Case Escalation Protocol

8.1 The case escalation protocol aims to provide timely and positive resolution of professional differences between agencies working with families of complex needs, and to bring in the necessary support required for certain type of cases with the potential to fall through the cracks i.e. cases with system barriers, lapsed cases and refused help cases. Generally, a good working relationship between agencies and professional difference in views can be a driving force in developing good practices. Occasional difference of opinions about the way forward in an individual case may also arise which requires timely resolution so as not to delay decision making.

(i) **Areas of possible differences** - disagreements can arise in a number of areas, but are most likely to arise around thresholds of risks/needs, roles and responsibilities, or the need for action, when and how. Some examples include:

(a) Different views over a particular course of action (e.g. disengagement of client\(^\text{18}\); taking statutory action) or disagreement in reaching an aligned action plan;

(b) Opinion that another agency has not completed or worked on an agreed plan of action for no acceptable or understood reason;

(c) Difference in opinion on role or involvement of a particular agency;

(d) Unable to determine who the lead case agency should be due to the complexity of the case; or

---

\(^{18}\) Disengagement of clients should be a last resort. The scope of disengagement will be on the specific issue only, and the client should still be assisted on other matters. The following list serves as a guide to decide on whether disengagement is appropriate:

(i) Does this pass the test of public scrutiny?
(ii) Was issue addressed by the agencies earlier?
(iii) Has the agency pointed client to an alternative solution/s outside their purview?
(iv) Were there any new developments/ issues that arose?
(e) Difference in agencies’ internal processes and guidelines in coming up with an integrated plan for the case.

(ii) **System barriers** - some vulnerable families face systems barriers for which a Whole-of-Government policy review would be needed (e.g. transnational families in accessing affordable healthcare and employment support). It is important to systematically identify emerging issues for policy review, to reduce clients churning in the system. This is done through tighter coordination amongst agencies and advocating for flexibility in the provision of tangible assistance with the various help systems (i.e. health, education, housing, etc.) according to the needs of the individual and / or family.

(iii) **Lapsed Cases** – Cases where another agency did not fulfil the committed intervention within a stipulated timeframe without justifications.

(iv) **Refused Help Cases** – Cases where clients have refused help from agencies despite attempts made by agencies as per their engagement protocols, but agencies assess that the case presents risk either to client himself or the community.

8.2 Disagreement is reduced by open and regular communication and clarity over roles and responsibilities. The best way of resolving differences is through open and transparent discussion and where possible a face-to-face meeting between parties concerned; to review and revisit the objectives of the case and its direction.

8.3 The following flowchart (Figure 7) relates specifically to either situations where there are system barriers or inter-agency differences which cannot be resolved by or among the agencies despite efforts to do so. It does not cover differences within individual agencies which should be addressed by their agency’s own escalation policy.

8.4 In gist, these cases can be escalated to MSF SSO Regional Services (RS) Team and thereafter to the SSO General Managers, for further discussion. Where necessary, the case will then be escalated to the MSF HQ.
**Figure 7: Workflow for Case Escalation**

Agencies surface cases for escalation due to concerns listed in Section 8.1

- **Non-system barrier**
  - Staff consult with respective manager/supervisor and attempt to resolve disagreement between them
  - **Resolved?**
    - Yes: No further escalation action required
    - No: Agencies to seek assistance from MSF SSO Regional Services (RS) Team
      - RS Team to facilitate discussion among the agencies
        - **Resolved?**
          - Yes: RS AGM to escalate to GM. If still unresolved, case to be escalated to agency’s parent / funding Ministry / Organisation
          - No: Case is escalated to MSF HQ to review options with agencies to come to mutual agreement on plan. If no agreement is made, MSF HQ will make the decision.

  - **Agency made at least one failed appeal?**
    - Yes: Regional Services (RS) Team to advise agency to make an appeal (with guidance if needed)
      - **Resolved?**
        - Yes: GM/ RS AGM to support agency to appeal to government agencies
        - No: GM/ RS AGM re-assesses the case direction and consult MSF HQ when necessary.
          - System barriers resolved?
            - Yes: GM/ RS AGM consults and/or appeals to GM/ RS AGM access government POCs
              - **Resolved?**
                - Yes: GM/ RS AGM to support agency to appeal to government agencies
                - No: GM/ RS AGM re-assesses the case direction and consult MSF HQ when necessary.
        - No: GM/ RS AGM to support agency to appeal to government agencies
          - System barriers resolved?
            - Yes: GM/ RS AGM consults and/or appeals to GM/ RS AGM access government POCs
            - **Resolved?**
              - Yes: GM/ RS AGM to support agency to appeal to government agencies
              - No: GM/ RS AGM re-assesses the case direction and consult MSF HQ when necessary.
        - No: GM/ RS AGM to support agency to appeal to government agencies
          - System barriers resolved?
            - Yes: GM/ RS AGM consults and/or appeals to GM/ RS AGM access government POCs
            - **Resolved?**
              - Yes: GM/ RS AGM to support agency to appeal to government agencies
              - No: GM/ RS AGM re-assesses the case direction and consult MSF HQ when necessary.
            - No: GM/ RS AGM re-assesses the case direction and consult MSF HQ when necessary.
          - System barriers resolved?
            - Yes: GM/ RS AGM consults and/or appeals to GM/ RS AGM access government POCs
            - **Resolved?**
              - Yes: GM/ RS AGM to support agency to appeal to government agencies
              - No: GM/ RS AGM re-assesses the case direction and consult MSF HQ when necessary.
            - No: GM/ RS AGM re-assesses the case direction and consult MSF HQ when necessary.
References


Examples of Complex Cases involving Multi-Agencies and the possible Lead Agencies

1. Case where the lead agency was a community agency

Case Illustration – Mdm L

- Pair of siblings living in 1-room rental flat have been sleeping outside their home for years and at hospital for several months due to severe hoarding in flat
- Presenting issues:
  - Lack of proper home environment due to hoarding & leading to rough sleeping
  - Poor health of main Client, Mdm L (who is also main caregiver to brother)
- Agencies were working separately, providing assistance which they deemed to be in the siblings’ best interest, with limited information sharing, incomplete overall view of Clients’ situation and lack of coordination on case plans
- MSF Destitute Branch was alerted to the siblings sleeping overnight at hospital, and the case was brought to the attention of SSO. SSO convened a multi-agency case conference on 9 Jan 2018 to develop a coordinated action plan for Mdm L
- MSF Adult Protective Service was also invited to the case conference to assess for risk(s) to the seniors

Case Illustration – Agencies Involvement

- **Community Agency 1 (Lead Agency)**
  - Case management (both seniors)
  - Counselling & Engagement
  - Basic nursing care
  - Decluttering of Mdm L’s flat
- **Community Agency 2**
  - Refurbishing Mdm L’s flat
- **Hospital (MSW)**
  - Mdm L’s health condition & follow-up (medical compliance & education)
- **HDB**
  - Rental Flat Repairs & Maintenance
- **SSO**
  - Case Coordination & Monitoring
  - Financial Assistance
- **Mdm L & Brother**
2. Case where the lead agency was the FSC

Case Illustration – Mdm Z

- Four-Generation family living in a 4-room purchased flat
- Presenting issues:
  - Mdm Z’s anger management issues and history of incarceration causing strained relationship between Mdm Z and her mother, and daughter
  - Challenges faced by Mdm Z in caring for mother (Mdm S) who has been diagnosed with dementia
  - Mdm Z’s 18-year old daughter (Ms A)’s possible neglect of 3-year old son, who was born out of wedlock
- The case was surfaced to SSO by Adviser. Despite being supported by multiple parties (Prisons, FSC), family has been approaching MPS to seek help (and ventilate).
- The regular ventilation at MPS by Mdm Z had given the impression that no help was given to her. After checking in with FSC, RS found out that too much focus by the various agencies involved was on Mdm Z, who generally lacked the motivation to work on her issues. SSO highlighted the need to work on Mdm Z’s daughter, Ms A, and has been trying to keep things moving by periodically checking with the FSC for updates.

Case Illustration – Agencies Involvement

- FSC (Lead Agency)
  - Case management
  - Emotional support for Mdm Z
  - Trying to engage Ms A
- Prisons
  - Counselling (1-year post-release)
  - Compliance with urine tests
- Child Protective Service
  - Case surfaced due to potential neglect of child but could not proceed as child was MIA
- Police
  - Investigation of police reports made
  - Tracing of Ms A
- SSO
  - Financial assistance

Child care centre (PCT) involved to update on child (Mr T)’s well-being until child was pulled out from centre (when Ms A ran away from home and went MIA).

Information correct as at May 2008
3. Case where the lead agency was the SSO

Case Illustration – Ms S

- Presenting issues:
  - Vulnerable adult at risk
  - Single with no support from family
  - Exhibits signs of schizophrenia/mental illness
  - Living with a huge cyst on stomach for past 10 years
  - Immobilized on wheelchair and requires ADL
  - Safety concern living alone with tenant(s)

- Client has been on SSO's (then CDC) radar since 2009.
- SSO picked up the case in Dec 2016 when HDB referred the case seeking assistance for house moving (SERs).
- Client mostly liaised with SSO subsequently with no other agencies involved or rendering help to client.
- Over time, as more agencies were involved after SSO referred case, SSO called for a multi-agency case conference in Apr 2017 to develop a coordinated action plan after health agency assessed life and death risk. At the case conference, SSO was convened the lead agency leveraging on active ComCare financial assistance and client's preferred agency.

Case Illustration – Agencies Involvement

- Police: Ensure safety of client in the house, Arrest to access locked unit for ambulance to bring client to hospital
- HDB: Pay rental SERs benefits, Recommend mover for relocation
- Health Agency: Provide medical advice, Provide medical records to hospital to refer client for emergency medical attention, Proposed social assistance required by client
- Hospital (MSIW): Repped in Town Council to assist with house clean-up
- Community Agency: Monitor case if require intervention at later timing
- APS: May be alerted at a later timing if required
- GRL: Provided Emergency Funds to assist with moving cost, Monitor client's integration in community after discharge from hospital
- SSO Regional Services: Tap on networks to recommend relevant agencies on board to support SSO work
- SSO Social Assistance (Lead Agency): Financial Assistance
- ICA: Process replacement of HDB - Special arrangement of house visit to verify identity
Annex B

Coordinated Case Management (CCM) Framework

The CCM Framework was originally developed in 2016 by an inter-agency workgroup convened by MSF following their Serious Case Reviews into cases of child deaths. The Reviews revealed two salient observations:

(i) Cases were complex in nature and tended to have multiple issues and many agencies involved; and

(ii) While many agencies were involved in the case, there was limited clarity of roles and expectations of each agency, and little discussion and sharing of information among them. There was weak inter-agency collaboration.

The Guidelines sought to plug these gaps (especially when two or more agencies were involved), facilitate a coordinated and holistic approach in meeting the needs of cases with multiple stressors, and provide clarity on the roles of agencies involved. The Guidelines were disseminated to Family Service Centres (FSCs) and partners thereafter (e.g. National Council of Social Service, CARE network agencies and Institute of Mental Health).

These Guidelines were not meant to be prescriptive and should be read in conjunction with agency protocols and other related guidelines (e.g. Social Work Code of Ethics, Counselling Code of Ethics, Code of Social Work Practice for FSCs and FSC Management of Child Protection Cases etc.).
# Case Master Action Plan (Case MAP) Template

<table>
<thead>
<tr>
<th>Name of key household member(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Client known to lead agency</td>
<td>Household Member 3</td>
</tr>
<tr>
<td>Household Member 1</td>
<td>Household Member 4</td>
</tr>
<tr>
<td>Household Member 2</td>
<td>Household Member 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions / tasks to be taken by the family</th>
<th>Target date/month</th>
<th>Name of officer-in-charge/agency</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Considerations for an Aligned Case Plan

Note: the case plan has to meet all three considerations to be considered an aligned case plan.

PRIORITISATION

☐ Have you prioritised case plan items addressing safety concerns/risk factors above those addressing needs?

- Imminent risks should be prioritised above emerging risks\(^{19}\), dynamic risks over static\(^{20}\) risks and internal risks over external\(^ {21}\) risks.
- Safety concerns without or with weak protective factors should be prioritised above that with strong protective factors.

LEVERS

☐ Have you considered tapping on assistance and interventions provided by other agencies (e.g. ComCare assistance, rental rate reduction, etc.) as levers to nudge the client to work on his action plan items? (note: agencies agreement should be obtained beforehand)

- If the assistance/interventions identified as a lever can be provided in the immediate term, it should be prioritised to pave the way for other action plan items to follow.
  - e.g. if a client is a potential ComCare client, referral to the SSO could be prioritised as agencies can tap on the SSO to tag their case plan items to client’s case plans required for Comcare assistance. This could potentially increase client’s commitment to act on the other case plan items.
- If the assistance/interventions identified as the lever can only be provided after some time, agencies should follow-up with the case plan items as usual, until the opportunity arises.

---

\(^{19}\) An imminent risk would indicate that a person is very likely to be harmed within the near future and this would warrant immediate attention and intervention. Emerging risks are new and unforeseen risk and would require a period of monitoring as their potential for harm is not fully known.

\(^{20}\) Static risks tend to remain largely unchanged over time (e.g. disability, history of mental health), while dynamic risks (e.g. family violence risks, risks of self-harming) have the potential to escalate, de-escalate, or even be eliminated with appropriate intervention.

\(^{21}\) Internal risks refer to concerns that are internal within the individual. Physiological issues (e.g. physical disabilities or limitations), intra-psychic issues (e.g. mental illness including personality disorders), and cognitive issues (e.g. intellectual disability) are classified as internal risks, while interpersonal and environmental issues (e.g. family conflicts, high crime neighbourhoods) are termed as external risks.
- E.g. if client’s ComCare assistance is expiring in 3 months, agencies should follow-up with client as usual. ComCare assistance could be tapped on as a lever to motivate client to act on outstanding case plan items when the client’s ComCare assistance is being reviewed.

**POLICY DEVIATIONS**

- Have you explored with other agencies if they are able to exercise flexibility for client based on compassionate grounds (e.g. HDB delaying eviction of client and family members from a rental unit or SSO renewing client’s ComCare assistance) so as not to derail client/family from working towards stability? (note: agencies agreement should be obtained beforehand)

  - If agency is able to exercise flexibility subsequent to client undertaking certain actions as a display of commitment, the action step by the client should be prioritised above other case plan items.

  - Once flexibility is exercised, the initial action to be undertaken by the agency could be considered an ultimatum for client, which can be tapped on as a “last resort” lever.

-------------------------------------- Updated as at 31 Jan 2019 --------------------------------------
Annex E

Principles of case handovers developed by MSF’s Office of the Director of Social Welfare

CASE TRANSFERS
Establishing Principles

GAPS
Insufficient information passed over, e.g., risk/health history
Case closed and client asked to make appointment with new agency
Client charges contact number and is deemed uncomfortable
Client attends 1st session and then stops attending
Assume new agency will take care of all aspects of case management

IMPACT
Reoccurrence of previous risk situations
Client does not access new services
Client also does not seek help for needs of vulnerable family members
Client situation could deteriorate
Some primary needs not met

Case Transfer Steps

Assess benefits and need for handover
Discuss with supervisor
Inform clients and actively work with them on the process
Do groundwork

Ensure new worker has competency and understanding
Ensure risk factors and safety issues are flagged
Arrange a joint case conference ensuring that supervisor is present
Transfer to a professional (person) in the organisation (not just to the organisation)

Share what worked in the partnership with client
Ensure all records and comprehensive closure reports are handed over to new agency
Have a closure with your client
Contact client a month after to ensure all is going well and they are connected

Original info-graphic can be downloaded here: http://joom.ag/fYQp
Annex F

Transfer of Lead Case Manager

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NRIC No.</td>
<td></td>
</tr>
<tr>
<td>Referring Case</td>
<td>Referred Case:</td>
</tr>
<tr>
<td>Manager / Agency</td>
<td>Manager / Agency:</td>
</tr>
<tr>
<td>Next Review Due</td>
<td></td>
</tr>
<tr>
<td>Date of Transfer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Involved Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordinated Case Management Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Matters to Note</th>
</tr>
</thead>
</table>

*Delete appropriately*