

ONE FAMILY SERVICE

STRONGER SUPPORT FOR STRONGER FAMILIES

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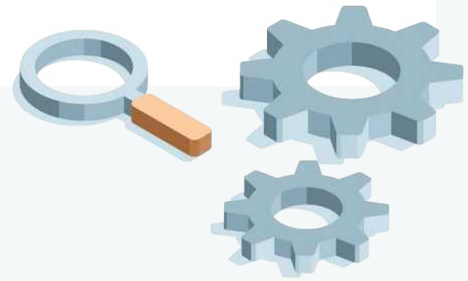

Exchange of Letters with Minister for Social and Family Development


Mr Eric Chua


Professor Tan Tai Yong

26th October 2026

Mr Masagos Zulkifli

Minister for Social and Family Development

The Family Services Review Committee was convened by the Ministry of Social and Family Development in June 2024. You asked the Committee to consider how Singapore's family services system should evolve to meet the changing and increasingly complex needs of families. The Committee brought together senior leaders from Government, the social service sector and academia to co-create a vision for the future of the sector.

2. The recommendations were informed by extensive consultation and co-creation with sector leaders, social service professionals, and all 26 Social Service Agencies delivering key programmes for vulnerable families. The Committee examined the entire system, spanning delivery models, partnerships, workforce and enabling infrastructure.

3. The review reinforced both the strengths of our present system and the imperative for change. As families' needs grow in scale and complexity, the current way of organising family services will come under growing strain. Meeting these needs is not simply adding more programmes. We need to redesign how services are delivered and adopt a different way of working, one that brings Social Service Agencies and professionals together so that support is better coordinated around the needs of the family.

4. The Committee has completed its work and now submits its key recommendations. At the heart of these is the proposed One Family Service, which the Committee puts forth as the future model for family services. Its 19 recommendations set out four key shifts: (1) organising support around the whole family; (2) building regional partnerships around shared family outcomes; (3) equipping professionals and leaders for integrated practice; and (4) establishing shared infrastructure and systems. Together, these recommendations seek to create a more responsive, integrated family-centred system that delivers better outcomes for families.

5. While the recommendations set out the broad direction for the One Family Service, much work remains over the next two years to translate the recommendations into practice, including how the model will operate on the ground. Bringing this vision to life will require sustained commitment and partnership across the sector. Success will depend on agencies, leaders and professionals working together in new ways, sharing responsibility for outcomes and continuously learning from one another, supported by the necessary policies, systems and infrastructure.

6. We thank members of the Committee and Working Groups, sector leaders, social service professionals, academics and partners who generously contributed their time, experience and expertise to this review. We also thank the Ministry of Social and Family Development and the National Council of Social Service for their support throughout this journey. We hope this report provides the foundation for a stronger family support ecosystem.

7. We thank you for the privilege to lead the Family Services Review Committee.

Mr Eric Chua

Senior Parliamentary Secretary for Social and Family Development & Law

Co-Chair, Family Services Review Committee

Professor Tan Tai Yong

President, Singapore University of Social Services

Co-Chair, Family Services Review Committee

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2nd November 2026

Mr Eric Chua
Senior Parliamentary Secretary for Social and Family Development & Law
Co-Chair, Family Services Review Committee

Professor Tan Tai Yong
President, Singapore University of Social Services
Co-Chair, Family Services Review Committee

Dear Eric and Tai Yong,

Thank you for your letter dated 26th October 2026, submitting the report and recommendations of the Family Services Review Committee.

2. Families today face increasingly complex needs. Many are balancing the demands of work and caregiving while navigating rising costs and evolving employment patterns amidst a more volatile economic environment. At the same time, rapid social and technological changes such as social media are reshaping family life. Issues such as weakened social connections are emerging alongside more traditional life challenges such as divorce, unemployment and bereavement. These pressures often intersect, evolve over time, and affect multiple members of a family in different ways. The way we support families must keep pace, so families receive timely and coordinated support.

3. The Committee has proposed a comprehensive set of recommendations to guide the next phase of family services. The Government accepts the recommendations and agrees with the proposed One Family Service, which paves the way for a more integrated, family-centred system of support for families.

4. Achieving the envisioned One Family Service will require all of us, Government, Social Service Agencies, partners to collaborate more deeply, work differently, share ownership of outcomes and place families at the centre. The Ministry of Social and Family Development, together with the National Council of Social Service, will work closely with Social Service Agencies and partners to develop and test the model, support the sector through the transition, and refine our approach as we go into implementation.

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5. On behalf of the Government, I thank the Committee and its four Working Groups for their hard work and considered recommendations. The report reflects the strong partnership between Government and the social service sector, and our shared commitment to help every family thrive.

6. Through our shared commitment and collective efforts, we can build a stronger, more responsive family support system that enables every family to thrive.

Yours sincerely,

MASAGOS ZULKIFLI
MINISTER

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Executive Summary

Families are the heart of Singapore's social fabric. Over many years, Singapore has built strong and accessible family services, ranging from broad-based support to specialised interventions for families. Sustained investment has not only expanded the reach and depth of services, but also strengthened professional capabilities and fostered closer collaboration between Government and the social service sector.

Demographic shifts, including an ageing population, smaller households and more diverse family structures, are reshaping the context in which families live and the support they need. Families' needs are becoming increasingly complex, with a growing proportion of families facing higher risk and more complex needs. These trends place greater demands on the need for better continuity of care, professional ability to take a holistic view of family needs, and stronger coordination across programmes and organisations.

The Family Services Review Committee was convened in June 2024 to consider how Singapore's family services should evolve in response to an increasingly complex environment. Its recommendations were developed through extensive consultation and co-creation with the sector, including all 26 Social Service Agencies (SSAs) that run programmes integrated under the new model, as well as sector leaders and social service professionals. This process helped the Committee understand operational realities, test different approaches and refine the future family services model.

The Committee found that the existing programme-based system has built valuable expertise and capacity, but can make support harder to navigate when families have multiple or changing needs. Programme-specific eligibility criteria, referral pathways and operating arrangements can result in parallel assessments, multiple case plans and fragmented decision-making. Families may have to engage several agencies and repeat their circumstances, while professionals spend considerable effort coordinating support across organisational boundaries.

The Committee concluded that the next evolution of family services requires a fundamental shift: **from organising support around programmes to organising support around families and their evolving needs.**



Family Services Review Committee Members at the 6th Review Committee Meeting.

One Family Service

In response to the changing landscape, the Committee recommends establishing **One Family Service (OFS)** as the future model for family services in Singapore. OFS will structurally integrate nine existing programmes spanning family support, protection and youth services into a single service concept, while retaining the deep expertise developed through them.

Support and expertise will be organised around families and adapt as their circumstances change. SSAs and professionals will be enabled to work as one coordinated system around families' needs, bringing together their respective strengths to achieve greater collective impact. Specifically, realising OFS will require **four mutually reinforcing shifts:**



SHIFT 1: Organise support around the whole family. This is a shift **from organising support around programmes to around families' needs.** Under **One Family, One Case Plan,** each family will have one integrated case plan, a Primary Case Worker who maintains an overall understanding of the family and provides continuity, and brings relevant expertise around them where needed. Preventive support will also be strengthened so that emerging needs can be addressed earlier.



SHIFT 2: Build regional partnerships around shared family outcomes. This is a shift **from individual SSAs planning and delivering support mainly within their own organisations to working collectively within regional partnerships.** OFS will be organised into seven regions, with participating SSAs coming together as regional partners to leverage their strengths and take collective responsibility for improving outcomes for families in their region.



SHIFT 3: Equip social service professionals and leaders for integrated practice. This is a shift **from programme-based expertise to broader and deeper professional capabilities that support integrated, team-based care.** Professionals will deepen their practice and develop the broader capabilities needed for integrated care, supported by strong supervision and quality assurance. OFS will strengthen workforce and development pathways and develop the leaders needed to sustain integrated practice over time.



SHIFT 4: Establish shared systems and infrastructure. This is a shift **from enablers that support individual agencies to shared infrastructure and platforms that support integrated practice.** Accessible OFS touchpoints, shared infrastructure and a common OFS platform will make it easier for professionals and regional partners to work as an integrated system, enabling more coordinated support for families.

The Committee recommends that OFS be implemented **progressively across all seven regions.** An initial rollout could begin with three regions in 2029, followed by the remaining regions over the subsequent one to two years, subject to detailed implementation planning and regional readiness. Regional partnerships should be given sufficient time and support to prepare their organisations, workforce and systems while maintaining continuity of support for families. The co-creation approach that shaped the Review should continue through implementation as detailed arrangements are developed and refined.

Taken together, these recommendations represent a structural transformation in family services. **OFS is not about replacing the expertise, relationships and community presence that the sector has built over many years. It is about bringing these strengths together around families,** so that support can be more coordinated, preventive and responsive as their circumstances change. With deliberate implementation and sustained collective commitment from Government, regional partners and professionals, OFS can provide stronger support for stronger families.

Part 1 :
The Case For Change



Chapter 1:
From Strong Foundations to Future-Ready Family Services

Chapter 2:
Understanding the Need for Change

Chapter 3:
The Future Model – One Family Service

Chapter 1
From Strong Foundations to Future-Ready Family Services

Families at the heart of Singapore

Families are central to Singapore's social fabric and supporting them is a core policy priority. Families provide the environment in which individuals develop values, resilience and a sense of responsibility, and they underpin social stability and cohesion. Strong families enable individuals to pursue education, work and aspirations, and play a critical role in supporting collective well-being.

Singapore has built strong foundations in family services to support families across different life stages and circumstances. Sustained investments and efforts have expanded the reach and depth of the services, strengthened professional capabilities and fostered closer partnerships between the Government and the social service sector. These achievements reflect a shared commitment to strengthening families and supporting those who require additional assistance.

A stronger family services sector today

The family services landscape has evolved significantly over the years. The network of Family Service Centres (FSCs) has expanded to provide accessible, community-based support through casework, counselling, crisis intervention and family programmes. In parallel, specialised services have been developed to support families facing higher risk or more complex circumstances, working closely with statutory agencies and community organisations to ensure safety, recovery and stability.

Upstream and targeted initiatives were also introduced to strengthen family relationships and provide earlier support. Programmes supporting marriage preparation, parenting and relationship enrichment were made more accessible, while families with younger children and/or additional needs receive earlier assistance. These developments expanded the system's capacity to respond to a broad range of family circumstances.

Alongside the expansion of services, professional capabilities also deepened. Practitioners developed expertise across different service areas to respond to increasingly diverse and complex needs. Together, these developments have strengthened the family services landscape, giving families access to a broader range of support and equipping professionals to respond to different needs and circumstances.





Preparing family services for the future

While Singapore's family services ecosystem rests on strong foundations, the context in which families live and services operate continues to change. Demographic trends such as an ageing population, smaller households and more diverse family structures are reshaping the support families seek. It is therefore important that family services continue to be responsive and effective in the future.

At the same time, the work of supporting families is becoming more complex and places increasing demands on professional judgement, collaboration across disciplines and continuity of care. Sustaining a capable and resilient workforce, supported by appropriate systems and practices, will be critical to maintaining service quality and outcomes in the years ahead.

In this context, it is timely to reflect on how family services are organised today, and to consider how the system can be strengthened to remain future-ready. The Family Services Review Committee was therefore convened to review Singapore's family services landscape and to develop recommendations to guide the continued evolution of family services over the coming decade.



Chapter 2
Understanding the Need for Change

How the Committee approached the review

Building on Singapore's strong foundations in family services, the Family Services Review Committee undertook a comprehensive review of how family support is organised and delivered today. The Committee adopted a whole-system perspective, recognising that families' experiences, professional practice and system design are closely interconnected, and that strengths and limitations in one area shape outcomes in others.

To inform its work, the Committee examined quantitative data, reviewed local and international research, and engaged widely with the social service sector. It sought to understand:



How families with different profiles experience support;



How professionals work across programmes and organisations; and



How existing service structures enable or constrain coordinated responses over time.

Engagement with professionals and leaders across SSAs provided insights into operational realities, while conversations with families helped surface lived experiences across different points of the service journey.

This approach allowed the Committee to identify recurring patterns across the system, rather than isolated issues or individual service challenges. The findings presented in this chapter reflect themes that emerged consistently across data, engagement and experience.



4th Family Services Review Committee Meeting.

Families' needs are becoming more complex

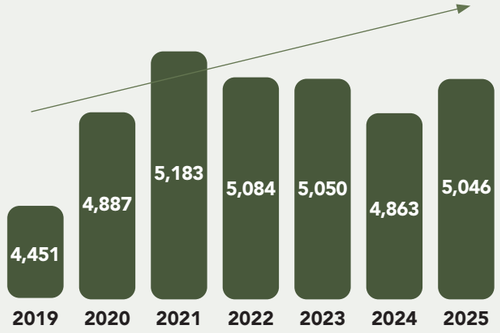
One key finding from the review is that more families today require *simultaneous support across multiple, interconnected areas*. Families often face a combination of financial pressures, parenting difficulties, relationship conflict, youth behavioural concerns or domestic violence. These needs tend to interact with and reinforce one another, such that addressing one issue in isolation may lead to only limited or temporary improvements.

This growing complexity of needs is reflected in *service demand patterns*.

Family Service Centres (FSCs) are handling more *cases with higher risk and/or greater complexity* at any one time. The number of such ongoing cases increased from 2019 to 2025 (see Figure 1). Over the same period, these cases also made up a larger share of FSCs' cases, rising from 25% in 2019 to 30% in 2025 (see Figure 2)[1]. Such cases typically require longer-term intervention and more intensive coordination across services.

Figure 1

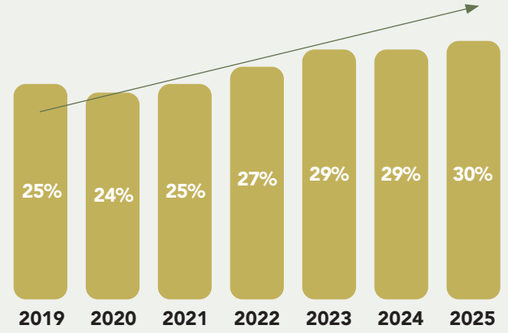
Increase in number of cases that are of greater complexity and/or higher risk based on number of cases rated to be Group 3 and 4 on the FSC-Code of Social Work Practice (CSWP), which rates cases based on assessed levels of risk to safety and complexity of needs presented.



NO. OF FSC CASES WITH GREATER COMPLEXITY AND/OR HIGHER RISK AT ANY ONE TIME (FY2019-FY2025)

Figure 2

Increase in proportion of cases that are of greater complexity and/or higher risk (% of FSC case rated CSWP Group 3 and 4).[2]



% OF FSC CASES THAT ARE OF GREATER COMPLEXITY AND/OR HIGHER RISK (FY2019-FY2025)

Note: The number and proportion of CSWP 3 and 4 cases are based on average quarterly active FSC caseloads in each year.

[1] FSCs refer to the FSC-Code of Social Work Practice (FSC-CSWP) to classify each case into one of four case groups based on its assessed risk and complexity. Cases with higher risks and/or greater complexity of needs are assigned higher CSWP groupings.

[2] CSWP Group 1 includes cases involving no risks and no complexity of needs. Such cases fall outside the scope of social work practice in FSCs. If an FSC assesses that a case falls into Group 1, the case will be referred to other agencies (e.g. Housing Development Board (HDB), Agency for Integrated Care (AIC), or schools) for assistance if required.

EXPLAINER

The Risk and Complexity Classification under the FSC-Code of Social Work Practice (CSWP) illustrates the interaction of risk to an individual's safety and the level of complexity of needs presented by an individual or family, which differentiates the levels of intervention required for the individual or family.

UNDERSTANDING RISK

In the context of FSC-CSWP, **risk is defined as "risk to individual's safety"** When making an assessment on the risk presented by families, Social Work Practitioners (SWPs) focus on but are not restricted by the following:

- Risk of harm towards or by the family members which includes child abuse, spousal abuse, elder abuse as well as vulnerable persons[3] abuse;
- Risk of harm towards self which include suicide, self-harm and extreme risk-taking behaviours; and
- Risk of harm towards or by the members of the community which include sexual aggression and criminal behaviours.

In making the risk assessment, the professional evaluates the nature, likelihood, frequency, duration, seriousness and imminence of a behaviour that leads to harm, at a specific point of time. The level of risk tends to relate to the vulnerability of a person, e.g. young children, victims of domestic violence and abuse and persons with a mental health condition. It can also be related to a situation or person that causes the harm.



[3] Vulnerable persons are people who are at a greater than normal risk of abuse by reason of disability, age or illness; and are or may be unable to protect themselves against harm or exploitation.

UNDERSTANDING COMPLEXITY

In the context of FSC-CSWP, **complexity** is recognised as relating to two interrelated features of a practice situation, namely:

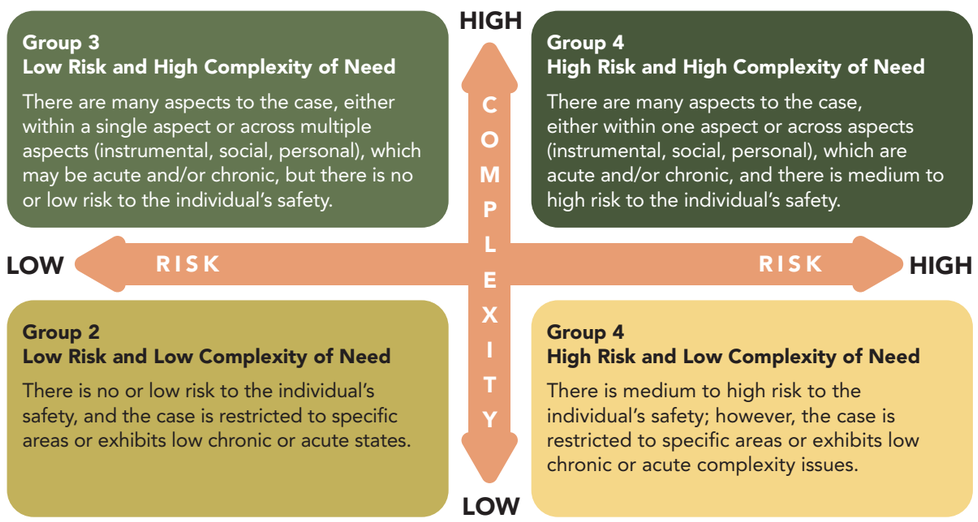
i. The number or extent of issues in three areas:
   - Instrumental aspect - everyday living e.g. employment, income, housing, education, medical treatment
   - Social aspect - relationship with others within family, community
   - Personal aspect - relating to self-identity, self-worth and self-competency.

ii. The 'degree' or 'depth' of the issue in relation to:
   - Acute presentation of problems at a heightened state
   - Chronic presentation of problems over an extended period of time.

Based on an assessment of the level and interaction of risk and complexity, the individual or family the FSCs serve can be classified into different FSC-CSWP Groups. Figure 3 elaborates on the types of risks and complexity of needs for clients under FSC-CSWP Group 2 to 4.

Figure 3

Risk and complexity classification for FSC-CSWP Group 2 to 4



These trends indicate that families' needs are increasing in complexity. As family circumstances change, the issues families face and the support they require often change as well, underscoring the importance of continuity and a holistic understanding of the family as a unit. The Committee observed that *as needs become more complex, interventions organised around discrete issues are increasingly insufficient on their own.*

Services organised around programmes can limit coordination

The review found that the organisation of family services has evolved over time in response to specific risks and needs. This has resulted in a landscape comprising multiple programmes, service models and SSAs, each with defined mandates and operating parameters. While this programme-based growth has strengthened system capacity and specialisation, it has made *navigating support difficult, especially when families experience multiple or changing needs.*

Organising services primarily around programmes means that support is often accessed through eligibility criteria, risk thresholds and referral pathways specific to each programme. Where families' needs cut across programme boundaries, the interventions and support must be closely coordinated by different SSAs. In practice, this can result in *parallel assessments, multiple case plans and fragmented decision-making,* even when professionals are working towards shared outcomes for the family.

The Committee views these coordination challenges as structural in nature. They arise not from a lack of effort or commitment among SSAs or professionals, but from how services have historically been organised to address specific issues. As family needs become more complex, these structural features place increasing *strain on the system's ability to respond coherently* over time.

What this means for families

Through interviews and engagement sessions, *families described the family services landscape as difficult to navigate* when multiple needs arise concurrently. Families shared that they were often required to engage with several SSAs, each with different processes, documentation requirements and touchpoints. This could involve repeated referrals and the need to recount their circumstances multiple times as they moved between services.

Some families also experienced *delays in receiving support* as eligibility or risk thresholds were assessed across different programmes. During these delays, families' needs may intensify, or they may disengage from services. Families reported that fragmented transitions made it harder to build trust and continuity with professionals, and that support sometimes felt disjointed.

These experiences highlight how programme-based structures can make families' *service journeys more burdensome, disruptive, and undermine confidence,* particularly for those facing sustained or complex challenges.

What this means for professionals

How services are currently organised also affects professionals. The Committee heard that programme-specific scopes and mandates can limit professionals' visibility of the wider family context, especially where multiple SSAs are involved. While professionals often invest significant effort in *collaboration*, they do so *without a shared framework* for assessment, planning or decision-making.

As a result, time and effort are frequently spent on information gathering, coordination and administrative tasks across organisational boundaries. Professionals highlighted *challenges in aligning goals, sequencing interventions and maintaining a coherent plan* as families' needs evolve. This not only affects efficiency but can also constrain professionals' ability to exercise holistic judgement and focus on sustained outcomes for families.

The Committee also observed that professionals had *less bandwidth to identify emerging needs earlier* and prevent family challenges from escalating into more serious difficulties.

The findings suggest that as complexity of family needs increases, reliance on informal coordination is insufficient. In addition, responding to cases only after they present with issues is less than ideal.

Implications for the future organisation of family services

The Committee identified two implications:

- First, a system organised primarily around programmes is increasingly misaligned with the needs of families experiencing multiple, interconnected challenges. While the existing model has delivered significant benefits and built strong capabilities, it is less suited to supporting families whose needs cut across different areas and evolve over time.

- Second, the system needs to strike a better balance between remedial and preventive work.

Addressing these will require more than incremental adjustments or additional programmes. There is a need to consider a different organising principle for family services: one that places families, rather than programmes, at the centre of how support is structured and delivered.

The next chapter sets out the Committee's proposed future model – One Family Service.

KEY INSIGHT

LEARNING FROM INTERNATIONAL EXPERIENCE

As part of the Review, the Committee examined international research, frameworks and practice models that have informed the development of family-centred and integrated approaches in other jurisdictions. While these approaches differ in design and context, they point to a consistent set of principles for supporting families with multiple, interconnected needs.

First, **families' needs are best understood and addressed through a whole-family integrated approach.** Whole-family and family-systems approaches highlight how difficulties experienced by one family member are often shaped by wider family relationships and circumstances. Research consistently cautions against fragmented interventions that address discrete issues in isolation, particularly where needs are interconnected (e.g. Laird & Kuhn, 2014). Thus, it is important to organise support around a shared understanding of the family's needs, goals and circumstances, so that professionals can coordinate their efforts and provide continuity of support over time (e.g. Connell et al., 2022). This requires common approaches, a shared language and clear roles that allow different disciplines to contribute their expertise while working towards shared outcomes (e.g. Scottish Government, 2022).

Second, **integrated approaches require supporting structures, systems and ways of working to function effectively in practice.** Integrated and wraparound approaches, including wraparound models in the United States, demonstrate that coordination does not happen automatically. Clear organising principles, defined roles and enabling systems are needed to bring professionals and services together around a family's needs (e.g. Connell et al., 2022).

Finally, **families' experiences of navigating services reinforce the importance of continuity and coordination.** Research on service pathways, including in areas such as domestic violence, consistently shows that fragmented transitions between services can undermine engagement, trust and sustained outcomes, particularly where family needs evolve over time (e.g. Royal Children's Hospital Melbourne, 2018; Seivwright et al., 2025; Williams et al., 2024).

In summary, international experience points to three recurring lessons:

- Take a whole family approach and organise support around families rather than programmes;
- Put in place the practice, workforce and system enablers needed to sustain integrated approaches;
- Creating a family-centred experience is important to build families' trust in services for better family outcomes.

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Chapter 3
The Future Model – One Family Service

A new model for supporting families

The Committee recommends establishing One Family Service (OFS) as the future model for how family services are organised and delivered in Singapore.

OFS changes how support is organised. Instead of families needing to navigate various programmes, support is delivered and centred on the families' needs as a whole. Specialist skills and interventions remain important, but they come together as part of one coordinated response that adjusts its approach as a family's situation changes over time.

The Committee's intent is therefore not to replace existing expertise, but to reorganise the family services system around families, rather than for families needing to work around programmes.



What success should look like

The Committee envisions a future where regional partners, professionals and supporting systems work together as one integrated system to support families. This includes earlier identification and mitigation of risks before they escalate, doing more to address underlying family functioning issues and strengthen resilience, and collectively contributing to more sustained positive outcomes for families.

- Families should experience support as *one clear, continuous journey.* They should be able to approach any OFS touchpoint, undergo a single initial assessment that considers their needs and circumstances as a whole, and receive the right support at the right time. They should not need to navigate multiple programmes or repeat their story. Instead, support should adjust around their circumstances seamlessly, regardless of which regional partner is involved.
- Appointed SSAs should work together as one regional partnership and operate *OFS as a single coordinated system that enables shared responsibility for families' outcomes.* No single regional partner is expected to meet the full range of families' needs on its own. Rather, the different SSAs collaborate as regional partners and operate with a *shared commitment and accountability* to improve family outcomes and contribute their respective strengths as part of a wider regional system of support.
- Professionals should experience *greater clarity and confidence* in supporting families with complex and evolving needs. Instead of working within a narrow scope, professionals contribute their respective expertise within a shared understanding of the family's goals, needs and circumstances, and maintain clear professional roles and accountability within their disciplines.
- Integrated practice should be *supported by common systems, processes and shared infrastructure.* This creates the enabling environment for integrated support, reduces avoidable administrative effort and removes frictions that make it difficult to work across organisational boundaries, thereby allowing professionals to focus their time and expertise on supporting families and enabling continuity of care.

Four shifts to realise One Family Service

Realising this vision requires fundamental changes to how family services are organised and delivered. The Committee has identified four shifts that together establish the foundations for the OFS model. All four shifts reinforce each other and must come together.



SHIFT 1

ORGANISE SUPPORT AROUND THE WHOLE FAMILY

The first shift is **from organising support around programmes to around families' needs.** We will introduce the "One Family, One Case Plan" approach, with a Primary Case Worker providing continuity even as the family's circumstances change. Expertise will be brought around the family through team-based care, rather than families moving between programmes as their needs evolve.

This shift is described in detail in Chapter 4.



SHIFT 2

BUILD REGIONAL PARTNERSHIPS AROUND SHARED FAMILY OUTCOMES

The second shift is **from individual SSAs planning and delivering support mainly within their own organisations to working collectively within regional partnerships** to improve outcomes for families within defined regional boundaries.

Under OFS, regional partners will jointly plan, coordinate and deliver support, guided by a shared understanding of local needs and collective responsibility for family outcomes within each region. This allows them to go beyond ad hoc collaboration to deepened and sustained collaboration.

This shift is described in detail in Chapter 5.



SHIFT 3

EQUIP SOCIAL SERVICE PROFESSIONALS AND LEADERS FOR INTEGRATED PRACTICE

The third shift is **from programme-based expertise to broader and deeper professional capabilities that support integrated, team-based care.**

Professionals should be supported to **deepen their practice, and develop the broader capabilities needed to understand families holistically and work effectively across disciplines.** Strong supervision and quality assurance should support consistent, high-quality practice as these new ways of working develop.

OFS will also require a **strong and sustainable workforce**, with professional and associate roles contributing according to their respective capabilities. This should be supported by deliberate efforts to strengthen workforce supply and development pathways over time.

Leaders should similarly be **identified and developed intentionally**, with the capabilities to strengthen professional practice and foster collaboration across organisational boundaries.

This shift is described in detail in Chapter 6.



SHIFT 4

ESTABLISH SHARED SYSTEMS AND INFRASTRUCTURE

The fourth shift is **from agency enablers to shared infrastructure and platforms** that support integrated practice.

This includes shared physical infrastructure, common digital systems, and establishing a structured approach to support technology innovation and adoption. These system enablers reduce reliance on informal coordination and allow integrated practice to become the default, rather than an additional burden on professionals.

This shift is described in detail in Chapter 7.

A single transformation

Together, these shifts represent a transformation in how family services are organised and delivered.

At its core, OFS is about ensuring families experience support as one coordinated service, even when multiple professionals and regional partners are involved. It seeks to preserve the sector's existing strengths and expertise while reorganising the system around families' needs, enabling support to become more coordinated, preventive and responsive over time.



Part 2 :
Four Shifts to Realise One Family Service



Chapter 4:
Organise Support Around the Whole Family

Chapter 5:
Build Regional Partnerships around Shared Family Outcomes

Chapter 6:
Equip Social Service Professionals and Leaders for Integrated Practice

Chapter 7:
Establish Shared Infrastructure and Systems

Chapter 4
Organise Support Around the Whole Family

FROM ORGANISING SUPPORT AROUND PROGRAMMES TO AROUND FAMILIES' NEEDS.

Today, families with complex needs may have to navigate several programmes, making coordinated support harder to provide.

OFS will reorganise family services around families through three mutually reinforcing changes:

- Structurally integrating related programmes into a new single service concept;
- Adopting One Family, One Case Plan as the new model of delivering services; and
- Making preventive support a core function of family services.

Together, these changes define the new family-centred model of support.

4.1 RECOMMENDATION #1: STRUCTURALLY INTEGRATE PROGRAMMES INTO ONE FAMILY SERVICE

What will be integrated

Families' needs cut across family functioning, safety and support for children, and often shift over time. There are nine existing family-related programmes that address these needs.

The Committee recommends structurally integrating these family-related programmes into a single One Family Service (OFS) delivery model. These programmes are set out in Annex C.

OFS is not simply an umbrella over these existing programmes. It establishes a single integrated service in which programme boundaries no longer determine how families receive support. Different expertise and interventions will continue to be available within OFS, but will be brought together around the family as a single service, rather than delivered as separate programmes. This will enable the family's situation to be understood as a whole and support to be provided as one coordinated response.

What families will experience differently

Under OFS, support will start with the family's needs, strengths and aspirations.

Families can approach any OFS touchpoint and have their needs and circumstances assessed expediently. Based on this assessment, they will be connected to the relevant support within OFS, without having to navigate separate referral pathways or be assessed afresh against different programme eligibility criteria. This will reduce the need for families to recount their circumstances multiple times, creating a simpler and more seamless and continuous service journey.

Families will have access to the right expertise, with professionals working with them under a common action plan and having the ability to see the same complete family picture. This will provide greater continuity in families' relationship with the care team, and an improved likelihood of making sustained improvements in family stability, functioning, safety and well-being.

4.2 RECOMMENDATION #2: ADOPT "ONE FAMILY, ONE CASE PLAN" AS THE COMMON PRACTICE MODEL

The Committee recommends adopting "One Family, One Case Plan" as the common practice model for OFS. Structural integration alone will not produce family-centred support. It must be accompanied by a practice model that guides how professionals understand the family's situation and brings their respective expertise together towards shared outcomes for the family.

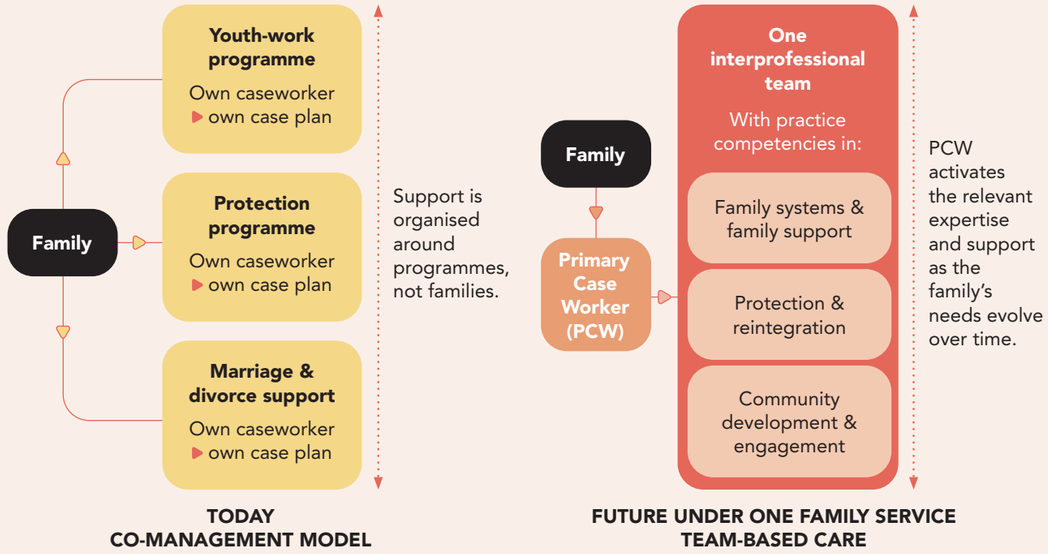
Today, professionals already coordinate with one another where needed, but often work in parallel with separate goals, plans and processes. This is not optimal as the issues a family faces are interconnected. For example, a family experiencing domestic violence will have one case plan, while the youth in the family who is at-risk of offending will have a separate case plan. Under OFS, there will be a single integrated case plan to support both the parents and the youth. This goes beyond improving coordination to professionals working together as one synchronised team to provide support centred on the family's needs as a whole.

Under this model, each family will have:

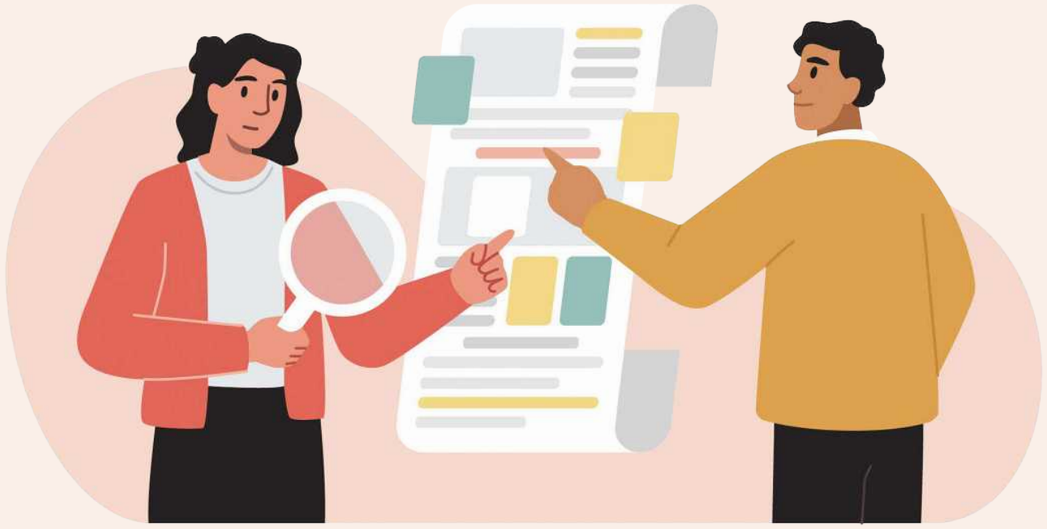
- One **integrated case plan** bringing together the family's goals and the support provided by all professionals involved;
- One **interprofessional team** contributing the expertise required to achieve shared outcomes; and
- One **Primary Case Worker (PCW)** leading and coordinating the family's overall support and serving as its main point of contact.

Figure 4

From current co-management model to team-based care model under OFS.



Together, these elements provide one plan, the right expertise and consistent oversight as families' needs change.



One integrated case plan

Each family's integrated case plan will set out their goals, priorities, support plan and the contributions of the professionals involved.

It will provide the common reference point for aligning outcomes, priorities and support, including what should be addressed first, considering the family's circumstances, readiness and capacity for change. As the family's needs change, the plan will be reviewed so that support can adapt accordingly.

For families, this means greater clarity about the outcomes they are working towards, the support they will receive and what will be prioritised at each stage.

One interprofessional team

Where a family's needs are more complex and requires professionals of different disciplines and expertise, the professionals will work as one team around the family. The team will work from the same understanding of the family's situation and the same integrated case plan, with each professional contributing towards shared family outcomes.

One Primary Case Worker

Every family will have a PCW who oversees their journey with OFS. The PCW will provide direct support where appropriate and will be selected according to the family's principal needs and risks. Where support from several professionals is needed, the PCW will keep track of the family's overall support, coordinate the integrated case plan and bring together the expertise required.

For families, this means having one consistent professional who understands their overall circumstances and maintains continuity as their needs change.

Establish a common practice model for OFS

OFS should adopt a common service delivery model, practice guide and competency framework so that families receive a consistent standard of support, regardless of which regional partner they approach. The detailed design, capabilities, tools and implementation arrangements required to support this model are addressed in subsequent chapters.

4.3 RECOMMENDATION #3: STRENGTHEN PREVENTIVE SUPPORT

Why prevention matters

Family services must continue to respond effectively when risks or crises have surfaced. However, a system centred predominantly on remedial intervention may reach families only after difficulties have become more serious and require more intensive or prolonged support.

The Committee therefore recommends making preventive support a core and deliberate function of OFS. This represents a shift in the balance of family services: from responding mainly after needs have escalated, to combining effective remedial intervention with earlier support that strengthens family resilience and addresses risks before they escalate. Figure 5 illustrates how this shifts the balance of family services from a predominantly reactive model towards one that combines effective crisis response with stronger preventive support.

Preventive support should be part of the OFS service concept and not a distinct separate programme. This means that regional partners delivering OFS should identify emerging needs earlier, connect families to support before challenges become entrenched, and strengthen the capacity of families and communities to build resilience over time.

Figure 5

Strengthening preventive support under OFS

THE SHIFT: FROM REACTIVE TO PREVENTIVE SUPPORT

A stronger focus on prevention helps families earlier and builds a more resilient community.

TODAY More reactive, later intervention	FUTURE UNDER OFS More preventive, earlier support
Support often begins after difficulties have become more serious Families may face greater challenges before getting help.	**Families have more opportunities to receive support earlier** Support is more accessible and available before difficulties escalate.
Significant effort goes towards crisis response and remediation More resources are used to address crises after they occur.	**Crisis response is mediated by stronger prevention and earlier intervention** Remedial support is balanced with earlier identification of at-risk families and efforts to strengthen resilience and protective factors.
Preventive efforts are often tied to individual programmes Prevention is not consistently integrated across the system.	**Prevention becomes a core function of OFS** Preventive support is a shared priority across all parts of the system.
Limited flexibility and information to tailor preventive efforts Less ability to understand local needs and adapt approaches.	**Funding, community insights, partnerships and local innovation enable more responsive preventive support** Better information and local solutions help us reach families earlier and more effectively.

Reaching families earlier

OFS should create more opportunities to identify and reach families earlier, including those who have not approached services themselves.

For example, school disengagement, behavioural difficulties or unstable home environments may be early signs that a youth needs support. Timely preventive support addresses emerging needs early and strengthens protective factors. This lowers the risk of escalation into higher needs, such as youth offending behaviour which requires more intensive rehabilitation.

Likewise, increasing caregiving pressures, signs of mental health concerns, or recurring family conflict can be early warning signs of family distress. These present an opportunity to engage and support the families earlier. Early support allows families to benefit from preventive help before risks escalate into domestic violence.

To do this, OFS regional partners should *deepen collaborations with external organisations and community groups* that interact regularly with children, youths and families for more proactive outreach. Preventive support should also *build on the strengths and resources of families and communities, strengthen protective factors and mobilise community assets* to support families earlier.

Enabling responsive and innovative preventive support

Preventive needs differ across communities, reflecting differences in local demographics, community resources and emerging trends. For example, one community may see more youths showing early signs of school disengagement, while another may have more families experiencing social isolation, caregiving pressures or early family conflict. A one-size-fits-all approach is unlikely to be effective. Regional partners should therefore have the *flexibility to develop approaches responsive to local circumstances*, while remaining anchored in the common purpose of reaching families earlier and strengthening their capacity before problems escalate.

This flexibility will also enable regional partners to respond to changing community needs, develop and test new approaches, and share successful practices that can strengthen preventive support across the wider family services system.

Funding and data support required

A stronger preventive function will require *dedicated funding, timely data and community-level insights, and mechanisms for learning and improvement*. These will give regional partners the support they need to strengthen community partnerships, better understand emerging needs, and develop preventive approaches responsive to those needs.

The detailed funding, data, evaluation and implementation arrangements are addressed in subsequent chapters.

4.4 CONCLUSION

Together, these three recommendations work together to bring about the first shift for the future of family services: from a system organised around programmes to one organised around families' needs. Structural integration establishes OFS as a single family-centred service concept; One Family, One Case Plan provides its common practice model; and preventive support changes the balance of the system by enabling families to receive help earlier.



Chapter 5
Build Regional Partnerships around Shared Family Outcomes

FROM INDIVIDUAL SSAS PLANNING AND DELIVERING SUPPORT MAINLY WITHIN THEIR OWN ORGANISATIONS TO WORKING COLLECTIVELY WITHIN REGIONAL PARTNERSHIPS.

5.1 RECOMMENDATION #4: ORGANISE OFS INTO SEVEN REGIONAL PARTNERSHIPS

Why regional partnerships

The Committee recommends organising OFS into seven regions. Within each region, SSAs will form a regional partnership to support families living there.

No single organisation can provide the support required to meet the full range of families' needs. Regional partnerships are therefore needed to enable SSAs to work as a single family-centred system under OFS.

Rather than working as separate agencies delivering individual services, regional partners will work together as one team, sharing responsibility for the well-being of families in the region. This encourages regional partners to view success through the lens of collective impact rather than focus on the performance of individual programmes, while retaining the unique strengths and identities of each regional partner.

Each regional partnership will be responsible for a defined regional service boundary. This boundary outlines the specific population and geographic catchment they oversee, ensuring clear accountability for understanding local needs, coordinating support, and improving outcomes for families within the region.

The regional partnership will also have a coordinating mechanism for regional partners to identify emerging needs, strengthen preventive responses, and implement coordinated service delivery.

Basis for seven regions

The seven-region configuration was co-created with SSAs through extensive consultation on both the number of regions and how their boundaries should be drawn.

The Committee considered a range of regional configurations and engaged the sector on the implications of different approaches. Sector feedback helped surface the trade-offs involved and informed subsequent refinements. After weighing considerations of caseload distributions, scale of service delivery, ensuring close partnerships and responsiveness to local needs, the Committee assessed that a seven-region model would provide the best overall balance.

How boundaries were drawn

In developing the regional boundaries, the Review Committee and SSAs also recognised that OFS regional partners will need to work closely with external organisations and services outside OFS, such as those providing financial support, mental health, eldercare and services for Persons with Disabilities and their families.

As such, the boundaries were drawn with reference to existing geographical planning frameworks, such as URA's planning areas and AIC's planning boundaries, to support coordination with other services. They also considered the distribution of HDB towns, planned residential developments and future growth areas, anticipated caseloads and case profiles. These regional boundaries are illustrated in Annex D.

5.2 RECOMMENDATION #5: ESTABLISH SHARED ACCOUNTABILITY FOR FAMILY OUTCOMES

Shared regional outcomes

Regional partnerships should be anchored in shared accountability. **The Committee recommends a shared outcomes framework for each region that defines what regional partners should collectively work towards achieving for families.**

This reinforces the shift at the heart of OFS. Instead of each organisation focusing primarily on its own programmes and performance indicators, regional partners will collectively ensure families are receiving timely, coordinated and effective support. Shared outcomes could include:

- Improvements in family's well-being and stability at case closure;
- Ability for families to sustain outcomes post-closure;
- Families' service experience; and
- Effectiveness of the region's preventive efforts in preventing escalation of needs.

Clear role-specific outcomes

Alongside these shared outcomes, there should be role-specific outcomes based on what each regional partner is expected to deliver within the regional partnership. For example, the regional partner contributing expertise in Family Systems and Family Support – one of the three OFS practice domains set out in Chapter 6 – could be accountable for improvements in family functioning, while sharing accountability for overall case outcomes and families' experience of OFS services.

Together, shared and role-specific outcomes ensure a collective focus on family outcomes and maintain accountability for each regional partner's respective contributions.

Shift from activity measures to family outcomes

The outcomes framework should place greater emphasis on measuring meaningful improvements in families' lives, rather than service activity or outputs. Outcome indicators focus on what ultimately matters for families: whether support contributes to sustained improvements in family well-being, functioning and stability.

Using data to improve services

For shared accountability to work, regional partners need a common view of how families in their regions are faring. Regional partners should thus have access to service performance indicators, a shared view of manpower deployment and service utilisation across the region, as well as data on regional trends and emerging needs. This enables regions to jointly identify service gaps, test and adapt interventions, make informed decisions about resource allocation and collectively improve performance over time.

5.3 RECOMMENDATION #6: ESTABLISH CLEAR WAYS OF WORKING WITHIN REGIONAL PARTNERSHIPS

The Committee recommends that each regional partnership establish clear arrangements for joint decision-making, practice alignment, regional planning and capability building. These should be strongly supported by Social Service Offices (SSOs), formalised through clear governance arrangements and appropriately resourced.

Leadership and operational platforms

Regional partnerships should develop arrangements on how to work together to support collective planning, decision-making and delivery across the region.

At the leadership level, senior leaders from regional partners should foster a culture of trust, collaboration and collectively steward the region's family support ecosystem. They should jointly review regional outcomes and plans, make decisions on use of regional resources, resolve issues and remove barriers to stronger cross-agency action.

At the operational level, supervisors and professionals should translate regional priorities into coordinated action. They should jointly coordinate service delivery, monitor operational performance, identify service gaps and drive continuous service improvement. They should coordinate preventive and community initiatives, with issues requiring broader regional decisions escalated to the leadership level for collective decision-making.

Regional practice alignment

Regional partners should align their ways of working to provide coordinated, family-centred care. Each OFS region should be guided by an overarching OFS Practice Guide that MSF should develop with the sector. The guide should establish foundational service workflows and practice standards for applying the core OFS practice model ("One Family, One Case Plan"). This will help ensure that families experience a common baseline of safe, timely and family-centred care, regardless of which OFS region they engage with.

To enable this, each region should establish coordinating mechanisms to ensure that practice standards are applied consistently. This includes aligning assessment approaches, case planning processes, consultation and case conferencing arrangements, monitoring adherence to regional practice standards, identifying and addressing practice challenges across regional partners.

Regional service planning

Regional partnerships should take collective responsibility for planning services around the needs of families and communities in their region. Drawing on their shared knowledge, regional data and population insights, regional partners should jointly assess population and community needs, identify service gaps and demand trends, and determine how resources, workforce and capabilities should be deployed.

Regional service planning should anticipate emerging needs and prioritise preventive responses, rather than respond only to current demand.

Regional capability building

Regional partners should draw on their respective strengths and expertise to deepen professional expertise, strengthen leadership and build a more resilient and sustainable workforce across the region.

A shared view of staff competencies and experience can help regions identify gaps, deploy expertise where it is most needed, and identify opportunities for professional development.

SSOs to help regional partnerships succeed

Alongside these regional ways of working, SSOs should play an enabling role in supporting regional partnerships and connecting them with the wider local service ecosystem.

Today, SSOs play an important role in coordinating support for residents within local communities. They also work closely with a wide range of public and community organisations, enabling coordinated responses to residents with complex needs and facilitating collaboration across the social service ecosystem.

Under OFS, SSOs will continue to play these roles, while taking on additional responsibilities to support regional service planning and help regional partnerships function effectively.



5.4 RECOMMENDATION #7: GOVERNANCE AND RESOURCING FOR REGIONAL PARTNERSHIPS

Formalising regional partnerships

In addition to the support provided by SSOs, the working arrangements among regional partners should be clearly defined and formalised.

Regional partnerships could formalise these arrangements through a Memorandum of Understanding (MOU), setting out agreed roles and responsibilities, governance and decision-making arrangements, and how partners will coordinate and resolve issues. This will provide a stable basis for partners to work collectively, while allowing each region to develop arrangements suited to its circumstances.

Resourcing regional partnerships

For regional partnerships to put these arrangements into practice, they will need to be appropriately resourced.

MSF should continue to fund each regional partner directly according to their agreed roles.

MSF should adopt stable funding approaches that give regional partners greater confidence to plan ahead and invest in their workforce and professional capability development. For example, MSF could ensure each regional partner has stable manpower funding based on projected caseloads, to give them greater certainty. There should also be mechanisms to review funding to respond to significant fluctuations in service demand.

To support the shift from programme-based to integrated regional delivery, funding should not be ring-fenced by "programmes" or specific service roles. Instead, there should be flexibility for regional partners to deploy and mobilise resources across the region and service roles, based on a collective regional agreement. Regional partnerships should also be resourced to respond to regional needs. This includes access to funds to address emerging regional and local needs proactively, strengthen preventive and upstream interventions, and test new service delivery approaches.

Funding should support direct service delivery as well as functions required for regional partnerships to operate effectively. These include regional coordination and capability-building.

Lastly, to reinforce the shared outcomes framework, the OFS funding approach should encourage regional partnerships to collaborate very closely with one another. For example, there could be incentive-based funding components tied to shared outcomes relating to families in the region.

5.5 CONCLUSION

Together, these recommendations define the second shift for the future of family services: from individual SSAs planning and delivering support mainly within their own organisations to regional partnerships sharing responsibility for families and communities.

Seven regional partnerships establish clear units of collective responsibility. By aligning regional partners around a shared outcomes framework and establishing clear ways for them to work together, OFS will enable regional partners to combine their strengths, plan around local needs and deliver more coordinated support for families.



Chapter 6
Equip Social Service Professionals and Leaders for Integrated Practice

FROM PROGRAMME-BASED EXPERTISE TO BROADER AND DEEPER PROFESSIONAL CAPABILITIES THAT SUPPORT INTEGRATED, TEAM-BASED CARE.

OFS will require a transformation in the family service workforce, to enable integrated, team-based practice and effective leadership across regional partnerships.

This transformation takes place at three levels:



Professionals working within integrated teams;

Supervisors and practice leaders guiding and strengthening integrated practice; and



SSAs' leadership leading the regional partnership.



SPOTLIGHT

A PROTOTYPE OF TEAM-BASED CARE



Recognising that complex family needs can be difficult for individual practitioners to manage alone, Allkin began exploring how the **strengths of teams could be harnessed to better support both families and professionals.**

In 2020, Allkin piloted the CaseWork Team (CWT) framework, a structured team-based approach to case management, in its Family Service Centre (FSC). Rather than the typical model where an individual social worker holds primary responsibility for a case, the CWT framework places shared responsibility with a team. A team of six to seven professionals, comprising a Team Lead, Assistant Team Lead, social workers, counsellors and Social Work Associates, share oversight of the families under its care. Weekly team meetings give the team visibility over new and ongoing cases, families' need and risks, while allowing teammates to step in when the primary social worker is unavailable or responding to another crisis.

The family became the responsibility of the team, rather than an individual practitioner.

Allkin will be taking the concept of working in teams further through piloting the Allkin Care Team (ACT), an interprofessional Team-Based Care model, by Q1 2027.

The planned ACT extends the idea of shared responsibility across professional disciplines and tests whether a unified, interprofessional team working from a single case plan can strengthen coordination, reduce fragmentation, and improve outcomes for families with interconnecting needs. The ACT will bring together professionals across Allkin's services (FSC social workers, youth worker, psychologist, family therapist, and social work associate) to form one coordinated care team around a family. Allkin is developing an ACT Playbook that sets out practice expectations, safeguards, structured communication protocols, shared records, and clear delineation of responsibilities.

ACT is an important step towards OFS, but not yet its fullest expression. The pilot focuses on how professionals within Allkin can organise themselves around a family. It will help inform how this way of working can be strengthened and extended across organisational boundaries under OFS, so that families experience coordinated support.

6.1 RECOMMENDATION #8: DEVELOP PROFESSIONAL CAPABILITIES TO SUPPORT TEAM-BASED CARE

Today, Social Service Professionals in the Family Services landscape develop their expertise around individual programmes or client groups. With OFS, professionals must move beyond programme-specific expertise to integrated practice with deeper expertise.

OFS professionals will retain and deepen their professional expertise, and develop broader capabilities to understand families holistically and work effectively across needs and disciplines.

Adopt the π-shaped competency model for integrated care

The Committee recommends adopting a π-shaped competency model for developing professionals to support integrated, team-based care. The π-shaped competency model for OFS adapts concepts from the "Pi model" described by Kronick (2024).

The π-shaped competency model for OFS brings together competencies across three dimensions: professional disciplines, practice domains, and cross-cutting professional practice.

The three professional disciplines of Social Work, Psychology and Counselling will apply to each practice domain, enabling each domain to draw on the expertise of different disciplines. Each OFS professional will remain anchored in their primary professional discipline, while developing deeper expertise in one practice domain.

At the same time, professionals in every discipline should develop cross-cutting professional practice competencies that enable them to work effectively in integrated, team-based practice within and across the domains.

Professionals will first develop depth in their professional discipline and in at least one practice domain, with pathways to progressively develop depth in a second practice domain. This will enable more seamless support for families whose needs span multiple practice domains.

References

- Kronick, M. (2024). Are you hiring and managing the right Pi-shaped people? Management Consulting Journal, 7(2). https://doi.org/10.2478/mcj-2024-0011

EXPLAINER

EXPLANATION OF THE ΠΠ SHAPED COMPETENCY MODEL FOR OFS PROFESSIONALS

The π-shaped model illustrates how OFS organises professional expertise to support integrated, team-based practice.

VERTICAL PILLARS

Professional disciplines and practice domains

Each OFS professional develops deep expertise in their **primary professional discipline**, with Social Work, Counselling and Psychology forming the main disciplines in OFS.

In addition, professionals build focused practice expertise in at least **one OFS practice domain** – Family Systems and Family Support, Protection and Reintegration, or Community Development and Engagement.

HORIZONTAL BAR

Cross-cutting professional practice competencies

These are common capabilities required for good professional practice across disciplines, organisations and practice domains. They enable integrated, team-based care within each practice domain.

ANCHORS FOR PRACTICE

Across all levels of proficiency, integrated, team-based practice is anchored by competent supervisors and guided by the principle of **One Family, One Case Plan**, ensuring coordinated, family-centric interventions.

Together, cross-cutting professional practice competencies and depth in both discipline, and practice domain, enable OFS professionals to deliver integrated team-based care while preserving the professional accountability of each discipline. See *Figure 6 depicting the π-shaped competency model for* OFS.

Figure 6

The π-shaped competency model for OFS professionals

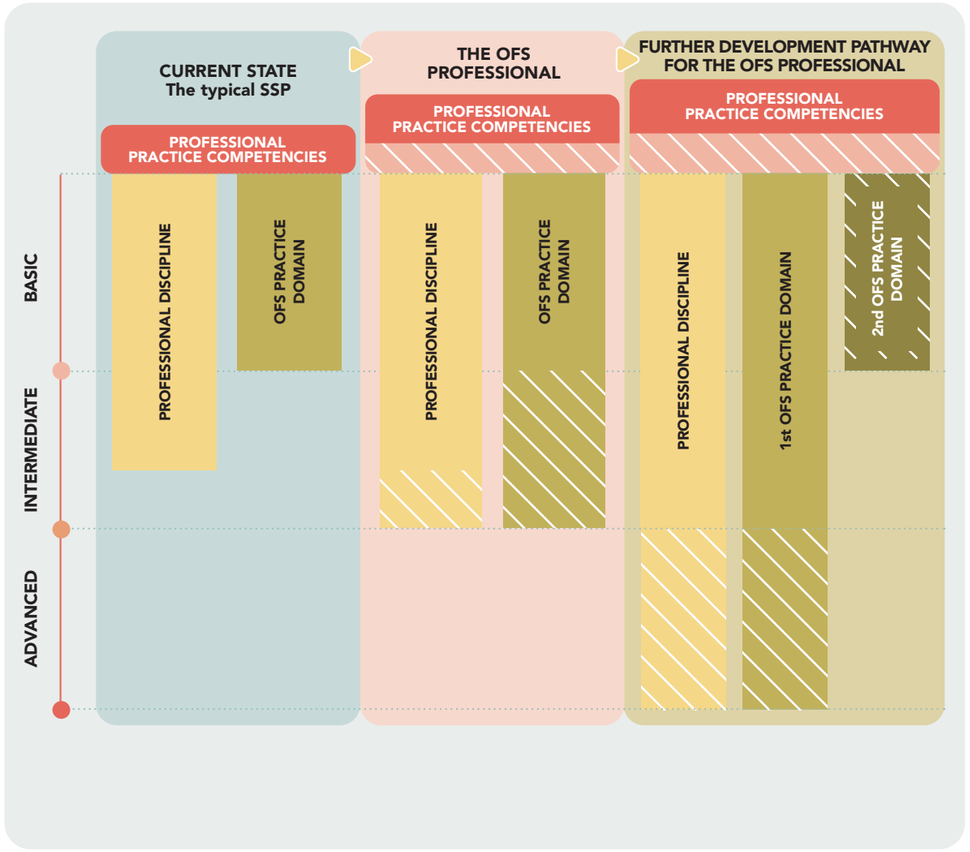


DEVELOPMENT OVER TIME

As professionals deepen their expertise, they may progressively develop practice depth in a second domain. See *Figure 7 for the development pathway for OFS professionals.*

Figure 7

Development pathway for OFS professionals



Deepen the vertical pillars: professional discipline and practice domain depth

The OFS competency model draws on the existing professional disciplines of Social Work, Psychology and Counselling. The respective professions will continue to provide the basis for professional standards, ethics, accreditation, supervision and accountability. Professionals should continue to deepen and keep their disciplinary expertise current as knowledge and evidence evolve.

Alongside this disciplinary depth, OFS professionals should develop focused practice expertise in at least one OFS practice domain. The practice domains do not replace the professional disciplines. Rather, they provide a common way of organising and developing practice expertise within OFS. Figure 6 illustrates how professional discipline and practice domain depth form the vertical pillars of the OFS professional model.

Today, professional competencies are often developed around specific programmes or client groups. While this has built deep and distinctive areas of expertise, it can also result in related competencies developing separately. For example, programmes focused on supporting parents, children, or youth may evolve as distinct areas of practice, even though the needs of family members are interconnected and require a coordinated response.

OFS provides an opportunity to retain and deepen these areas of expertise, while bringing related competencies together in a more coherent and coordinated way. The Committee therefore recommends developing professional depth across three OFS practice domains (see Figure 8):

- Family Systems and Family Support;
- Protection and Reintegration; and
- Community Development and Engagement.

These practice domains do not diminish the value of existing programme expertise or the distinctive approaches that have been built over time. Established areas of practice will continue to be recognised and strengthened within the relevant OFS practice domains.

EXPLAINER

The three practice domains organise the professional disciplines around the needs of individuals and families. Established fields of practice, including youth work, will continue to play an important role, with their distinctive expertise and competencies retained within the relevant domains.

Figure 8

The three key OFS practice domains

FAMILY SYSTEMS AND FAMILY SUPPORT

- Focuses on strengthening family functioning and resilience through systemic interventions.
- Covers relational dynamics, communication patterns, parenting support, counselling, and crisis support.

PROTECTION AND REINTEGRATION

- Focuses on addressing safety and wellbeing concerns, supporting rehabilitation, reintegration, and recovery for sustainable change.
- Covers protection assessments, specialised therapeutic/rehabilitative interventions, restorative approaches, and reintegration support.

COMMUNITY DEVELOPMENT AND ENGAGEMENT

- Focuses on strengthening protective factors and community support, and addressing issues earlier to prevent issues from escalating.
- Covers community engagement and community-based interventions.

Build cross-cutting professional practice competencies for integrated, team-based care

All OFS professionals should develop a common baseline of cross-cutting professional practice competencies required to deliver integrated, team-based care. These should become a core expectation of professional practice, and include capabilities such as:



OFS practice ethos: Taking a whole-of-family, strengths-based approach and working towards shared family outcomes;



Collaborative systems: Working effectively across disciplines, organisations and systems to support the family; and



Professional mastery: Exercising sound professional judgement, engaging in reflective practice and supervision, and using evidence-informed approaches, data-driven analytics, digital systems and AI-enabled tools effectively and responsibly.

Prepare the existing workforce for OFS

Preparing the existing workforce for OFS will require a concerted and structured capability development effort. At the workforce level, OFS will need to build sufficient depth of expertise across all three practice domains, building on the expertise already developed within existing programmes.

All OFS professionals should undergo common foundational training to build a shared understanding of the OFS model, its practice domains, cross-cutting professional practice competencies, and the requirements of integrated, team-based care. Common training should equip professionals to understand needs across the OFS practice domains, recognise when additional expertise or team-based care is required, and work effectively as part of an interprofessional team. This provides an important opportunity for professionals from different disciplines and organisations to build relationships and develop shared ways of working.

Most existing professionals are already deployed to frontline work. Capability development must therefore be paced alongside operational demands and supported by appropriate workforce coverage. MSF should provide appropriate funding support so that agencies can release professionals for training without compromising service delivery.

To support the initial foundational training and beyond, MSF should involve the sector to develop a more detailed **competency framework and training roadmap** covering basic, intermediate and advanced levels of proficiency. This should set out the competencies expected at each proficiency level across the professional disciplines, practice domains and cross-cutting professional practice competencies, and guide subsequent capability development.

A competency assessment approach and supporting resources will be developed and used to recognise relevant prior training and experience, identify development needs, and determine whether professionals may be exempted from selected training requirements. This can also help professionals and supervisors plan for continued professional growth, including opportunities to deepen expertise and broaden practice over time.

Capability development should continue beyond formal training. Supervision, coaching and communities of practice should help professionals apply and sustain learning in day-to-day practice, **while supporting continued professional growth as OFS develops.**

6.2 RECOMMENDATION #9: STRENGTHEN SUPERVISORY STRUCTURES AND PRACTICE TO SUPPORT TEAM-BASED CARE

Supervision to enable integrated, team-based practice

Supervision plays a critical role in ensuring professional accountability, sound clinical judgement, ethical decision-making and staff well-being, ultimately safeguarding high-quality and safe practice in work with families. It supports professionals' competency development and provides a safe space for professionals to process the impact of complex, high-risk and trauma-related work.

Under OFS, integrated care is delivered through team-based practice organised around the One Family, One Case Plan approach.

The Committee recommends strengthening supervisory structures and practice under OFS to support integrated, team-based care, while continuing to uphold discipline-specific professional standards and shared team accountability.

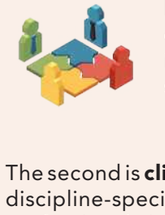
Supervisory focus under OFS

Under this model, supervisors perform two essential functions.

The first is **case supervision**, which guides case direction, intervention planning, coordination and practice decisions for families. This includes overseeing:



The PCW's evidence-informed assessment, professional judgment and decision-making, coordination and stewardship of the integrated case plan.



How other professionals contribute discipline-specific inputs and interventions coherently into the shared case plan.

The second is **clinical supervision**, which supports discipline-specific competency development, professional judgement, ethical practice and staff well-being.

Supervisory capability for integrated teams

To supervise integrated team practice effectively, supervisors require capability beyond individual case or discipline-specific supervision.

Supervisors should have:



Intermediate to advanced proficiency in their **primary professional discipline**, which remains the anchor for professional standards, ethics and accountability;



Intermediate to advanced proficiency in at least **one OFS practice domain**, to guide intervention strategies within that domain;



Basic proficiency in **other practice domains**; and



At least basic understanding of **other disciplines** to facilitate interprofessional discussions, integrate professional perspectives and support coherent team-based decisions.

Supervisors are not expected to have equal depth across all practice domains or provide clinical supervision across disciplines. They should recognise when discipline-specific clinical supervision is required and know how to access it appropriately.

Regional practice leadership to support supervision

Each region should be supported by senior practice leaders for Social Work, Psychology and Counselling.

These regional practice leaders provide practice guidance and escalation pathways for complex professional issues. They support supervisors in addressing ethical or professional issues, resolving differences in professional judgement, and upholding professional standards while enabling integrated, team-based care.

Supervisors as enablers of effective interprofessional teams

In addition to overseeing practice quality, supervisors play a critical role in supporting effective interprofessional teamwork. Under OFS, supervisors set expectations for collaborative ways of working and reinforce shared accountability for family outcomes under One Family, One Case Plan.

EXPLAINER

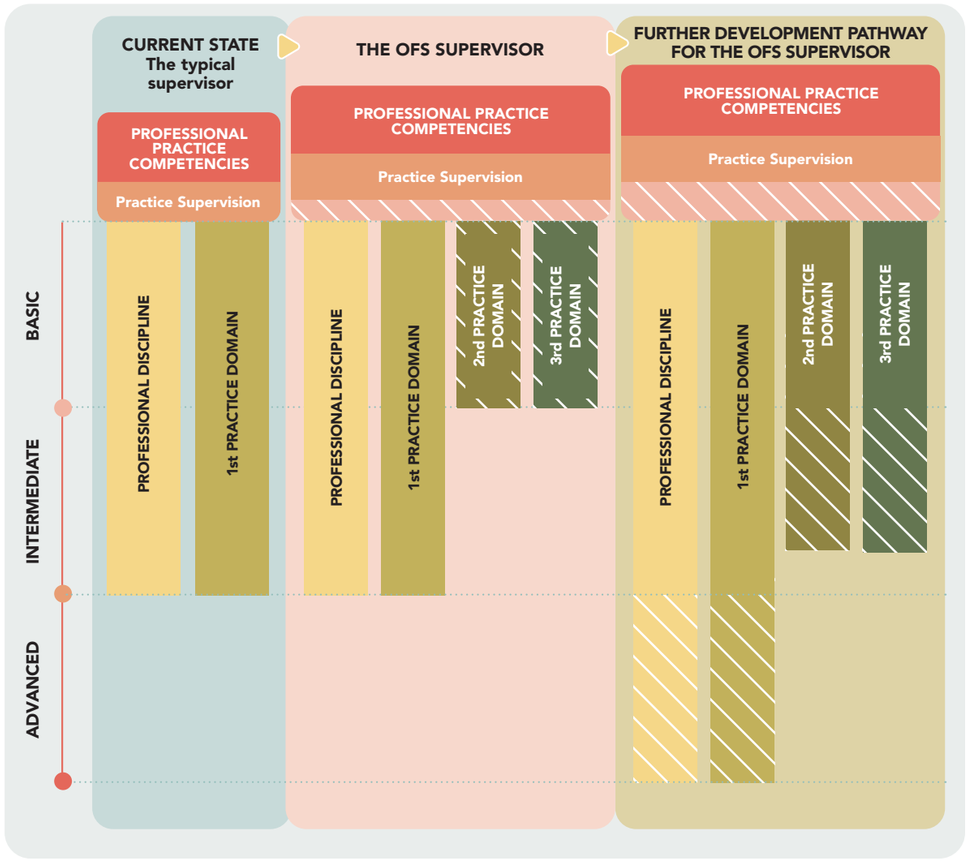
SUPERVISORY AND PROFESSIONAL LEADERSHIP UNDER OFS

OFS supervision includes oversight of the PCW's professional judgement and formulation of the integrated case plan, as well as how other professionals contribute discipline-specific inputs and interventions coherently into the shared case plan.

Supervisors should have intermediate to advanced proficiency in at least one OFS practice domain, basic proficiency of other practice domains and basic understanding of other disciplines to oversee integrated, team-based care. OFS supervisors will continue to deepen their expertise and progressively develop practice depth in other practice domains.

Figure 9

Development pathway for OFS supervisors



Effective supervision relies on:



Supervisors with deep expertise in their own professional discipline and at least one practice domain, and sufficient breadth to support **integrated, team-based care;** and



Regional professional leaders for Social Work, Psychology and Counselling, who provide authoritative discipline-specific practice guidance and escalation pathways.

Together, this arrangement enables integrated, team-based care while preserving professional autonomy, accountability and discipline-specific rigour.

Preparing the OFS supervisory workforce

Preparing the existing supervisory workforce for OFS will require a **deliberate and staged capability development approach**, recognising both the professional depth supervisors already possess and the additional demands of supervising integrated, team-based care.

As a starting point, all OFS supervisors should undergo **common foundational preparation**. This should establish a shared understanding of the OFS service model, the role of the PCW, expectations of interprofessional coordination and teamwork, and the supervisory implications of One Family, One Case Plan. A common foundation ensures supervisors across disciplines, agencies and regions operate from a consistent understanding of integrated practice.

Beyond this foundation, supervisory development should be **progressive and role-specific**. Supervisors supporting integrated care will require targeted development in areas such as facilitating interprofessional discussions, supporting PCWs in managing differing professional perspectives, and exercising judgement in complex cases involving shared responsibility. This builds on, rather than replaces, existing discipline-based supervisory competencies.

Supervisory preparation should also **recognise and build on existing capability** as supervisors entering OFS may possess diverse experience and prior training. Structured approaches can be used to recognise relevant supervisory competence, so that development efforts focus on areas where further development is needed, rather than adopting a uniform training approach.

Crucially, preparation of the supervisory workforce should be closely linked to regional practice leadership, with active involvement from the MSF Professional Services Group. Together, the MSF Professional Services Group and regional practice leaders for Social Work, Psychology and Counselling should play a joint stewardship role by:

Setting and maintaining clear discipline-specific professional and ethical standards for integrated practice;

Contributing authoritative input into supervisory training and development; and

Providing consultation and escalation pathways for supervisors as they encounter complex discipline-specific issues in team-based care settings.

This shared arrangement ensures supervisory development is anchored in both **national professional standards and regional practice needs**, while preserving clear accountability.

Formal preparation must be reinforced through ongoing **practice-based support**. Ongoing coaching, communities of practice and peer learning, supported by the regional practice leaders, can provide supervisors with structured opportunities to learn from real cases, reflect on challenges, and continuously strengthen supervisory practice in integrated settings.

Taken together, these measures ensure that the OFS supervisory workforce is **supported over time to sustain** high-quality, integrated, team-based practice.

6.3 RECOMMENDATION #10: ENHANCE QUALITY ASSURANCE

Adopt a common approach to practice quality

Today, practice audits are an established quality assurance mechanism for Family Service Centres (FSCs). They provide a structured means of reviewing casework, assessing adherence to practice standards and identifying areas for improvement. Beyond individual cases, the current FSC practice audit also encompasses a review of the agency structures and systems that support casework delivery, including standard operating procedures (SOPs), protocols, and supervision arrangements. However, there is no equivalent quality assurance mechanism that is consistent across the other existing programmes.

As OFS moves towards integrated, team-based care delivered through regional partnerships, a common approach to practice quality will be needed across providers and regions. This should provide assurance at three levels:



OFS supervisors support practice quality through regular clinical and case supervision and case reviews, including assurance over how the PCW and relevant professionals collectively plan, decide and work together around families.



Regional practice leadership provides added practice assurance by monitoring practice across towns, identifying recurring gaps and variations, and supporting greater consistency, shared learning and continuous improvement within the region.



National-level assurance is supported by a common quality assurance framework and standards developed by MSF, with independent practice audits conducted by MSF to assess the consistent application of these standards across regions and identify system-wide issues requiring attention.

Together, these three levels should ensure that families experience consistent standards of service regardless of the provider, team or region supporting them, while keeping responsibility for day-to-day practice quality close to where services are delivered.

The Committee recommends adopting a common quality assurance approach across OFS, supported through OFS supervision, regional practice leadership, national-level practice audits and assurance conducted by MSF. This promotes consistent practice standards, shared learning and continuous improvement across providers and regions.

Build on existing quality assurance mechanisms

Rather than establish a new quality assurance framework from scratch, MSF should adapt the practice audit approach established for FSCs as the foundation for a common OFS quality assurance framework.

The framework should specify how the three levels work together. Findings from supervision and case reviews should inform regional monitoring and improvement efforts. Regional insights should, in turn, inform independent national-level audits and assurance conducted by MSF. These findings should also inform the refinement of common standards and identification of system-wide capability or practice gaps. National assurance should not displace the responsibilities of OFS supervisors or regional practice leaders, but provide consistency, oversight and stewardship across the OFS system.

Beyond assuring compliance with practice standards, the framework should reinforce continuous learning and improvement through day-to-day case supervision, regular case file reviews, regional practice reviews and system-level assessments.

6.4 RECOMMENDATION #11: DEVELOP ASSOCIATE ROLES

As demand for social services grows amid manpower constraints, OFS should make fuller use of associates, alongside Social Workers, Psychologists and Counsellors. With clear role boundaries, appropriate training and supervision, they can contribute more fully to team-based care, while enabling professionals to focus on work requiring deeper professional expertise and judgement.

The Committee examined the role of Social Work Associates (SWAs) in detail. While some agencies have deployed SWAs effectively, their roles and scope of practice vary across the sector.

The Committee assesses that there is room to expand the contributions of SWAs and recommends enhancing the role of SWAs under OFS through clearer role boundaries, appropriate supervision and structured capability development. As OFS is implemented and matures, MSF should also work with the other relevant professional bodies and sector partners to explore how the roles of associate psychologists and associate counsellors can be appropriately defined and expanded.

Expand the role of SWAs within OFS

In team-based care, PCWs and SWAs perform complementary roles. Under appropriate supervision, SWAs could undertake less complex and lower-risk responsibilities, allowing PCWs to focus on more complex assessments, interventions and decisions. SWAs could undertake the following tasks:



CASEWORK:
Conduct straightforward intake assessments, engage clients, undertake lower-risk home visits, monitor case plans and interventions, gather client feedback.



GROUP WORK:
Plan, lead and facilitate psychoeducational and preventive group programmes.



COMMUNITY WORK:
Map community strengths, resources and networks, plan and run community engagement activities.



PROGRAMME AND PRACTICE DEVELOPMENT:
Senior SWAs could contribute to programme development and mentor junior SWAs.

Developing SWAs for OFS

An expanded role should be supported by:



Training in the foundational and cross-cutting professional practice competencies required for OFS practice, including partnerships with relevant tertiary institutions to strengthen the work-readiness of new entrants;



Structured supervision to provide professional guidance, support development and safeguard staff well-being;



Skills-focused coaching in areas such as engagement, assessment and intervention; and



Mentoring and workplace learning to support longer-term development and career progression.

These mechanisms should enable SWAs to assume greater responsibilities progressively, based on demonstrated competence, while safeguarding practice quality and client safety.

For SWAs who aspire to become Social Workers, existing NCSS schemes provide pathways towards recognised Social Work qualifications. Together, these pathways will broaden individuals' opportunities in the social service sector, develop recognised competencies through work and training, and progress according to their aspirations and capabilities. SWAs who wish to deepen their practice without immediately pursuing a professional qualification should be supported to progress to senior associate roles through structured training and workplace learning.

Explore associate roles across disciplines

The opportunity to harness associates is not limited to Social Work. As OFS is implemented and the requirements of integrated, team-based care become clearer, MSF should work with the relevant professional bodies and sector partners to explore the appropriate roles of associate psychologists and associate counsellors.

This should include consideration of the responsibilities that may be undertaken at different levels of competency, the necessary role boundaries and supervision arrangements, and the training and progression pathways required. Any expansion should be introduced progressively, considering professional standards, service needs and lessons from implementation.

6.5 RECOMMENDATION #12: BUILD A STRONG AND SUSTAINABLE WORKFORCE SUPPLY

OFS will become a major part of frontline social services and will require a sufficient and sustainable workforce across Social Work, Psychology and Counselling, including associate roles. This calls for coordinated investment across the workforce pipeline, from pre-employment training, mid-career conversion and in-service development.

The Committee recommends that MSF proactively plan and steward the OFS workforce pipeline, working with NCSS, Institutes of Higher Learning (IHLs), professional bodies and OFS regional partnerships to align education and training with the OFS model, provide broad exposure to OFS practice, and strengthen entry and development pathways across the professional and associate workforce.

MSF should project future OFS workforce needs and plan sufficiently ahead, recognising the lead time required to train and develop professionals for different roles. This should guide how education, placements and development pathways are developed over time. Existing education and manpower pipelines provide a strong base from which MSF can progressively build the future OFS workforce as needs evolve.

Align education and training with OFS practice

Relevant pre-employment and continuing education curricula should be updated to prepare students and mid-career entrants for integrated, family-centred and team-based care. This should include the OFS service model, One Family, One Case Plan, the three practice domains, cross-cutting professional practice competencies and interprofessional collaboration.

MSF should define the practice and workforce capabilities required for OFS. NCSS, as the social service sector developer, should work with the relevant professional bodies and education and training institutions to translate these requirements into curricula, applied learning and conversion pathways.

Make OFS exposure a core part of student preparation

As OFS becomes a major part of frontline social services, exposure to OFS should be embedded in the curricula of IHLs. Such exposure will help students understand integrated family practice and will also be valuable for those who may later work in adjacent services and collaborate with OFS during their careers.

IHLs should therefore provide opportunities for practical exposure to OFS through internships or clinical placements. OFS regional partnerships should coordinate placements across participating agencies, provide meaningful exposure to integrated practice, and ensure appropriate supervision and learning support. NCSS should coordinate the overall placement pipeline with IHLs and the regions. Internships and clinical placements should no longer be sized based on what individual SSA hiring needs, but on what the system requires overall. This means SSAs will likely host more interns and placements than they need for their own hiring.

At steady state, OFS should collectively support at least **150 internships and clinical placements each year** across the professional and associate pipelines.

MSF and NCSS should plan for the scale and mix of placement opportunities needed, considering projected workforce needs and the time required to build a future workforce for OFS.

Strengthen fresh-entry and mid-career pathways

A good proportion of student placements should connect to clear pathways into OFS employment. Scholarships, study awards and other manpower schemes will be used intentionally to attract and prepare suitable entrants. NCSS-supported scholarship and award pathways provide opportunities to bring around **50 fresh entrants into OFS each year**.

OFS should also strengthen mid-career pathways rather than rely solely on fresh graduates. Existing conversion programmes and training content will be reviewed to reflect the OFS model and the competencies required for professional and associate roles. This should include work-study and in-service pathways that allow individuals to acquire recognised qualifications and competencies while remaining in employment.

Mid-career and conversion pathways can similarly support around **90 entrants into OFS each year**.

MSF and NCSS should continue to strengthen these pathways as OFS workforce needs become clearer over time, so that students, fresh entrants, mid-career individuals and existing workers have different routes into and through the OFS workforce.

Plan and develop the workforce collectively

MSF should retain overall stewardship of OFS workforce requirements. NCSS should lead sector-level implementation, working with IHLs, professional bodies and SSAs to develop curricula, placements, training pathways and manpower schemes that respond to OFS needs.

OFS regional partnerships should translate these national directions into regional workforce plans. Regions should develop a shared view of manpower and capability needs, coordinate student placements and training opportunities, and create opportunities for professional development and cross-agency learning across participating agencies.

Individual SSAs should continue to be responsible for their own recruitment and workforce development. Regional planning should complement these responsibilities by enabling agencies to coordinate placements and training, facilitate cross-agency exposure and secondments, and share specialist capabilities where appropriate, while making better collective use of available manpower as service needs change.

6.6 RECOMMENDATION #13: DEVELOP A PIPELINE OF LEADERS FOR ONE FAMILY SERVICE

Sustaining these workforce and practice shifts will require a strong pipeline of OFS leaders. The regional partnership model calls for leaders who can build trust across organisational boundaries, align diverse stakeholders, navigate system-level issues and drive continuous improvement across agencies.

The Committee recommends that MSF, NCSS and SSAs work together to identify and intentionally develop prospective OFS leaders, complementing existing SSA-level talent development with regional and cross-SSA leadership development opportunities.

Build on SSA-level talent development

Individual SSAs should continue to identify and develop future leaders through their existing talent management and succession planning processes. These remain important for sustaining agency leadership, service quality, and professional practice. OFS leadership development should build on these efforts, with agencies continuing to retain responsibility for talent management, deployment and succession planning.

Develop a shared regional view of leadership needs and prospective leaders

Regional partnerships should identify leadership capabilities needed for OFS at two levels:



Organisational and system leadership, to align agencies around shared outcomes, coordinate regional operations and steward cross-SSA collaboration; and



Practice leadership, to guide integrated case practice, facilitate interprofessional decision-making and uphold practice quality across SSAs.

Based on these needs, participating SSAs should identify individuals with the potential to take on organisational and system or practice leadership roles. This would give regional partners a shared view of future OFS leaders, helping partners plan development opportunities more intentionally.

Develop future OFS leaders intentionally

Once identified, SSAs should equip prospective OFS leaders with leadership skills that include capabilities in collaborative leadership, systems thinking and regional coordination.

NCSS should work with MSF and participating SSAs to strengthen the leadership development efforts, building on existing sector leadership initiatives such as NCSS' Leadership Milestone Programmes, coaching and mentoring programmes. These should be adapted where appropriate to incorporate OFS-specific capabilities, particularly cross-agency collaboration, integrated practice and systems leadership.

OFS regional partnerships should complement formal development with practical opportunities for cross-agency exposure, including attachments, secondments, shadowing and joint projects. These experiences will broaden leaders' perspectives beyond a single organisation and prepare them progressively for organisational and system or practice leadership roles.

6.7 CONCLUSION

Together, these recommendations will build the professional depth, collaborative capabilities and leadership needed for high-quality, integrated practice. By developing the OFS workforce collectively while preserving strong professional and organisational foundations, the sector will be better equipped to deliver coordinated support for families over the longer term.

Chapter 7
Establish Shared Infrastructure and Systems

FROM AGENCY ENABLERS TO SHARED INFRASTRUCTURE AND PLATFORMS.

The delivery shifts set out in the preceding chapters must be supported by infrastructure and systems that are designed around the needs of families and enables integrated practice. This requires accessible OFS touchpoints and facilities that support cross-SSA collaboration, as well as common systems that enable coordinated care, regional planning and outcomes monitoring.

7.1 RECOMMENDATION #14: DESIGN INFRASTRUCTURE AROUND HOW FAMILIES ACCESS AND RECEIVE SUPPORT

Today, families seeking support may need to navigate different SSAs and locations, as facilities are generally organised around individual programmes or SSAs. As OFS moves towards a more integrated, family-centred model, infrastructure should instead be planned around how families access and receive support.

The Committee recommends progressively developing a network of accessible and welcoming OFS touchpoints through which families can access the full range of OFS support within their region.

Maintain accessible OFS touchpoints close to families

OFS support should remain embedded within communities. Each region should maintain sufficient touchpoints across its towns to provide convenient access and sustain connections with local community networks.

As a longer-term aspiration, the network should be planned so that majority of families who need support can conveniently access an OFS touchpoint within their community. This should guide future infrastructure planning, taking into account differences in geography, transport connectivity and the availability of suitable premises.

Connect families to the full range of OFS support through every touchpoint

Families should be able to approach any OFS touchpoint within the region, undergo a single initial assessment, and be connected to the full range of OFS support they require. This does not mean that every professional or intervention must be permanently based at every touchpoint. Rather, the *regional partnership should coordinate and bring support to the family, with professionals working across touchpoints where needed.*

Touchpoints should have a *clear and recognisable OFS identity,* with sufficient consistency in their signage, information and service experience to be readily identified as part of the OFS network. The precise design and physical expression may vary according to the premises and local context.

Within this common identity, touchpoints should appropriately reflect the *collective contributions of the SSAs* delivering services, while giving appropriate recognition to the SSA managing the touchpoint and anchoring relationships with residents and community partners in the locale. This helps families and community organisations identify and understand both the collaborative nature of service delivery within the region and the SSAs they primarily work with.

Create welcoming and family-centred environments

OFS touchpoints should provide welcoming, inclusive and family-friendly environments that support positive help-seeking. Facilities should provide suitable spaces for family engagement, counselling, group interventions and community activities, that meet requirements for privacy, safety and accessibility.

SPOTLIGHT

WELCOMING AND FAMILY-CENTRED ENVIRONMENT



SCCFSC's space where intake and referral (I&R) space is integrated with the open café space so that residents can easily approach staff for help.



"Chat rooms" for individual counselling, children work and family counselling.



Open area designed for multiple uses, where residents are free to use the space for gatherings, activities, studying or working.



Staff co-working space, designed to allow easy interaction among colleagues.

At South Central Community Family Service Centre (SCCFSC), the physical environment is designed to make the FSC an open, accessible and welcoming part of the community, rather than a place where residents or families approach only when they require formal assistance. The aim is to create a space that is used by the wider community, so that visiting the FSC becomes part of everyday community life. This creates opportunities for professionals to build relationships with residents, understand their experiences and identify emerging needs, creating openings for earlier support.

At its heart is a walk-in, environmentally-friendly community café and kitchen with free Wi-Fi, coffee and tea. Information and referral and intake spaces are integrated into the café, allowing residents to approach the social workers on duty easily. Full-height glass brings in natural light and blinds in the counselling rooms, which SCCFSC calls "chat rooms", provide privacy where needed.

The spaces are also designed for different and multiple uses. Beyond casework and counselling, the café and kitchen serve as a flexible launchpad for group work and community initiatives. Residents also use the space to read, play games, prepare meals, study and work. A community laptop and printing station are also available for use, to help residents access assistance and apply for jobs. The multipurpose and shared activity rooms are used for meetings, training, case conferences, socio-emotional learning programmes, youth activities and self-led community groups.

For professionals, hot-desking and shared spaces encourage interaction across workstreams. A decompression room also offers professionals a space to wind down after a long day.

SCCFSC's experience illustrates how the design of physical spaces can support the way social services are delivered. Designing facilities to be welcoming, flexible and integrated with community life can help make social services more approachable, create opportunities for earlier engagement, and strengthen connections between professionals and the communities they serve.

Optimise facilities for service delivery and collaboration

OFS facilities should increasingly function as *shared regional resources,* supporting use across the regional partnership, rather than remain confined to a single programme or SSA. Such use should be coordinated and subject to capacity and operational requirements.

Over time, selected facilities should be adapted from single-programme use into *flexible spaces that can support different services, professionals and SSAs.* Where operationally suitable, office space within touchpoints may be reorganised to create more room for family-facing services and activities, while retaining sufficient workspace for professionals delivering services locally.

This may allow *suitable office functions to be consolidated in fewer shared locations.* Shared OFS offices can bring together professionals and leaders from different SSAs, providing spaces for joint planning, interprofessional case discussions, training and relationship-building.

7.2 RECOMMENDATION #15: ESTABLISH A COMMON ONE FAMILY SERVICE PLATFORM FOR INTEGRATED CARE AND REGIONAL PLANNING

The Committee recommends establishing a common OFS platform, supported by shared digital and data capabilities, to enable professionals across SSAs to deliver team-based care. The platform should also support regional operations, planning and outcomes monitoring, and provide a foundation for progressively developing more advanced capabilities to strengthen practice and service delivery.

Enable coordinated care through a common OFS platform

The common OFS platform should enable the "One Family, One Case Plan" approach by providing authorised professionals across SSAs with an appropriate shared view of the family's needs, strengths, interventions, progress and case plan. It should support the PCW to coordinate team-based care, support professionals to work together towards shared goals with clear roles and responsibilities, and provide supervisors with appropriate oversight of practice and case progress.

For families, this should provide greater continuity and coordination of support, and reduce unnecessary repetition of information across professionals and agencies.

Support regional coordination and planning

Beyond supporting work with individual families, the platform should enable regional coordination and planning. Regions should have appropriate visibility of caseloads, manpower capacity, demand patterns and service utilisation across towns. This will support service coordination, manpower deployment, identification of service gaps and regional resource planning.

Aggregated data should also support evidence-informed planning, outcomes monitoring and decision-making, and continuous improvement of services.

Build progressively on MSF's digital and data foundations

Building on ongoing MSF system improvements, including *CaseCentral, the common OFS platform* should be developed progressively, guided by the OFS service and practice model, and underpinned by common data standards, information-sharing arrangements and interoperability across relevant systems.

Capabilities can be developed progressively as the OFS model matures. Initial capabilities could reduce administrative burden and help professionals capture, organise and use information more effectively. Over time, stronger data and analytics capabilities could support regional planning, outcomes monitoring and identification of emerging needs and service gaps.

As the platform matures, MSF and SSAs can explore more advanced automation, analytics and decision-support capabilities.

The intent is for *technology to augment,* rather than replace, *professional practice.* Professional judgement, appropriate human oversight, accountability and safeguards should remain central to service delivery and decision-making.

7.3 RECOMMENDATION #16: ESTABLISH A STRUCTURED APPROACH TO TECHNOLOGY INNOVATION AND ADOPTION

In July 2026, MSF set out its direction to build a future-ready social service sector enabled by technology. This included stronger co-creation with SSAs, partnerships with technology companies, and investment in emerging technology projects. The approach emphasised solutions grounded in frontline needs, developed with professionals and subject to appropriate professional oversight and safeguards.

OFS should advance this direction by continuously identifying how technology can improve outcomes for families, strengthen professional practice, reduce administrative burden and support regional planning. This requires a structured process to surface operational needs, co-develop and test potential solutions, evaluate their effectiveness, and scale those that demonstrate value.

The Committee recommends establishing a structured approach to technology innovation and adoption within OFS, enabling solutions to be co-developed with the sector, tested against operational needs and scaled where they prove effective.

The approach should:



Involve OFS regions, SSAs and professionals;



Match operational challenges to possible technologies;



Rapidly prototype such solutions by tapping on technology and research partners, and with frontline professionals closely involved.

Successful prototypes should be moved quickly for scaling up as part of the OFS common platform.

This approach will allow OFS to benefit from innovation developed within the sector, while reducing duplication and directing resources towards solutions with demonstrated potential.

7.4 CONCLUSION

Together, the recommendations on infrastructure and common platforms establish the foundations for OFS to operate as an integrated system. Embedding a structured approach to technology innovation strengthens the coherence, adaptability and long-term effectiveness of the OFS model.



Part 3 : Implementing One Family Service



Chapter 8: Implementation Considerations

Chapter 8
Implementation Considerations

The preceding chapters set out the Committee's recommendations for the future One Family Service (OFS) model. Translating these recommendations into practice will require detailed planning by MSF, in consultation with the sector.

This chapter does not constitute a detailed implementation plan. Instead, it sets out the principal considerations and parameters that the Committee recommends MSF applies when planning the transition to OFS. These are intended to support an orderly and well-governed transition, preserve continuity of support for families, and give SSAs sufficient time and support to prepare for new ways of working together.

8.1 RECOMMENDATION #17: IMPLEMENT OFS THROUGH A PHASED ROLLOUT

Balance adequate preparation with timely implementation

The Committee recommends that OFS be implemented progressively across all seven regions. OFS represents a significant change in how family services are organised, funded and delivered. SSAs will need time to establish effective regional partnerships, prepare their workforce and systems, and develop the operating arrangements required for integrated service delivery.

A phased rollout will allow these changes to be introduced in a deliberate and manageable manner, while preserving the continuity and quality of support for families. It will also allow MSF and the sector to learn from the earlier phase and refine implementation arrangements before OFS is extended across all regions.

At the same time, the transition should not be extended unnecessarily. Operating legacy programmes alongside the new OFS model for a prolonged period would add cost and operational complexity, divide organisational attention and delay the full benefits of an integrated service model. **The pace of rollout should therefore balance the time required for proper preparation with the need to complete the transition within a reasonable period.**

Indicative rollout sequence

The initial rollout could begin with three regions in 2029, followed by the remaining four regions over the subsequent one to two years. This provides sufficient time for planning and preparation while avoiding an unduly prolonged period of parallel operations. The precise sequencing should remain subject to MSF's detailed implementation planning and assessment of regional readiness.

Regions in the later phase should not defer preparation until the first three regions have implemented OFS. All regions should begin building their partnerships and implementation readiness sufficiently early, even though their commencement dates may differ. This will allow learning from the earlier phase to be incorporated without materially delaying the subsequent rollout.

8.2 RECOMMENDATION #18: ESTABLISH AN APPROPRIATE PROCESS FOR APPOINTING REGIONAL PARTNERS

OFS will be a commissioned programme involving significant and sustained public funding for the appointed regional partners.

The Committee recommends that MSF establish a clear and appropriately governed process for selecting and appointing SSAs for each OFS region.

The process should be clear, fair and appropriately documented. It should enable MSF to assess whether each proposed regional partnership can collectively deliver the full scope of OFS, and whether each participating SSA has the capability and capacity to discharge its agreed responsibilities.

MSF should facilitate a structured process through which there is clarity on which SSAs have agreed to come together in a regional partnership. This will give SSAs the confidence and lead time to invest in joint planning, capability development and organisational preparation.

Within the common OFS service model and the requirements set by MSF, each proposed regional partnership should have sufficient flexibility to determine how best to organise and work together. Regions may differ in their agency composition, capabilities, community relationships, infrastructure and level of readiness.

The Committee notes that SSAs have already begun taking steps towards working more closely as regional systems, including building relationships, sharing practices and initiating collaboration. This is a positive development and establishes a strong foundation for the implementation phase.



8.3 RECOMMENDATION #19: PROVIDE DEDICATED TRANSITION SUPPORT

Preparing for OFS will require effort and resources beyond those needed for ongoing service delivery.

The Committee recommends that once regional partnership arrangements have been sufficiently established, MSF should avail transition support so that partners can undertake the necessary planning and preparation.

Transition support should enable regional partnerships to:



Align on their shared purpose, roles and governance arrangements;



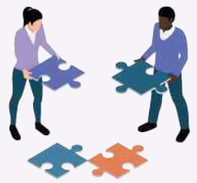
Develop regional proposals and transition plans;



Redesign and test service arrangements, workflows and ways of working;



Prepare their organisations and workforce for change;



Resolve complex cross-agency planning and implementation issues; and



Develop the enabling tools and systems required for implementation.

Depending on regional needs, support could include funding for additional manpower, consultancy or facilitation, organisational readiness and change management, and the development or testing of digital and operational solutions.

Transition support should be availed to all regional partnerships, regardless of their implementation phase. While later-phase regions may have a longer preparation period, they should similarly be enabled to build readiness well before operations commence.

8.4 CONCLUSION

The Committee's recommendations provide the principal parameters for MSF's implementation planning. OFS should be introduced progressively, with regional partnerships given sufficient clarity, time and support to prepare while maintaining continuity of support for families.

The detailed implementation arrangements should be developed by MSF in consultation with the sector. A deliberate, well-paced and well-governed transition will enable regional partnerships, professionals and agencies to move towards OFS with readiness and confidence, while avoiding an unnecessarily prolonged period of parallel operations.



Part 4 :
Bringing the Vision Together



Conclusion –
Stronger Support for Stronger Families

Conclusion

Stronger Support for Stronger Families



One Family Service brings together professionals, agencies and Government around a shared commitment to provide stronger support for families.

Families' needs are complex and change over time, but family services are largely organised around separate programmes and SSAs. The Committee concluded that improving support for families requires more than expanding existing services or adding new programmes. It requires a structural change from a system organised around programmes to one organised around families.

OFS will put this change into practice. It will bring related services into a single service concept, organise SSAs into regional partnerships, equip professionals, supervisors and leaders for integrated practice, and establish the shared systems and infrastructure needed to support new ways of working. Together these changes will enable families to experience support as one coordinated and continuous journey, even when several professionals and regional partners are involved, and make family support more coordinated, preventive and responsive.

This transformation will build on, rather than replace, the expertise, relationships and community presence developed by SSAs and professionals over many years. It will bring these strengths together within a more integrated system that can respond earlier, adapt as families' circumstances change and remain focused on sustained family outcomes.

Realising OFS will require continued partnership among Government, SSAs and professionals. The Review has established a shared direction and strengthened the relationships needed to take it forward. With deliberate implementation and sustained collective ownership, OFS can lay the foundation for a family services system that better supports families to build resilience and thrive.







ANNEXES

Annex A:
Family Services Review Committee, Working Groups and Secretariat

Annex B:
Review and Engagement Process

Annex C:
Programmes within the Scope of One Family Service

Annex D:
One Family Service Regional Boundaries



Annex A

Family Services Review Committee, Working Groups and Secretariat

The **Family Services Review Committee (FSRC)** was convened in June 2024 to review how family services should evolve to better meet the changing and increasingly complex needs of families. It brought together senior leaders from Government, the social service sector and academia to shape the future family services model through a process of consultation and co-creation.

S/N	NAME	DESIGNATION	ORGANISATION
1	Mr Eric Chua *(Co-chair)*	Senior Parliamentary Secretary	Ministry of Social and Family Development, and Ministry of Law
2	Professor Tan Tai Yong *(Co-chair)*	President	Singapore University of Social Sciences
3	Mr Aubeck Kam	Permanent Secretary	Ministry of Social and Family Development
4	Mr Anbarasu s/o Rajendran	Chief Executive Officer	Singapore Indian Development Association
5	Mr Arthur Ling	Chief Executive Officer	Fei Yue Community Services
6	Mr Christian Chao	Chief Executive Officer	Care Corner Singapore Ltd
7	Mr Jason Lee	Chief Executive Officer	Thye Hua Kwan Moral Charities Ltd
8	Associate Professor Jennifer Teoh	Director-General of Professional Services and Social Welfare, and Chief Psychologist	Ministry of Social and Family Development
9	Mr Lee Seng Meng	Executive Director	SHINE Children and Youth Services
10	Mr Lim Shung Yar	Chief Executive Officer	National Council of Social Service
11	Associate Professor Razwana Begum	President	Persatuan Pemudi Islam Singapura
12	Dr Sudha Nair	Executive Director	PAVE Integrated Services Ltd
13	Associate Professor Vincent Ng	Dean	School of Social Work and Social Development, Singapore University of Social Sciences

Past Members

S/N	NAME	DESIGNATION	ORGANISATION
1	Ms Long Chey May	Then-Director-General of Professional Services and Social Welfare	Ministry of Social and Family Development
2	Ms Tan Li San	Then-Chief Executive Officer	National Council of Social Service



1st Family Services Review Committee Meeting.

Four Working Groups supported the Committee's review. The Working Groups involved representatives from Social Service Agencies, the Ministry of Social and Family Development, the National Council of Social Service, the Singapore University of Social Sciences and other sector partners.

Collectively, the four Working Groups examined the key design questions underpinning the future family services model, including:



1. Working Group 1 (WG1): Service Planning and Delivery:

- Propose **service delivery model** for services to be integrated;
- Recommend the **future family services ecosystem** with specific parameters (e.g. market structure/ partnership model, numbers of regions, role of State vis-a-vis service providers);
- Propose **key performance indicators/ measures of success** and funding enablers to achieve the desired outcomes;
- Recommend **change management strategies** for SSAs/ ecosystem to transition to the envisioned state.

S/N	NAME	DESIGNATION	ORGANISATION
1	Mr Lian Ming Wee *(Co-chair)*	Senior Director, Rehabilitation and Social Mobility Policy Group	Ministry of Social and Family Development
2	Mr Arthur Ling *(Co-chair)*	Chief Executive Officer	Fei Yue Community Services
3	Mr Jason Lee *(Co-chair)*	Chief Executive Officer	Thye Hua Kwan Moral Charities Limited
4	Ms Elaine Loo	Director, Probation, Reintegration and Gambling Safeguards Division	Ministry of Social and Family Development
5	Mr Frederick Low	Executive Committee Member	Singapore Association for Counselling
6	Ms Germaine Tay	Centre Head	Singapore Buddhist Lodge Welfare Foundation
7	Ms Han Yah Yee	Chief Social Worker	Montfort Care
8	Mr Ian Christopher Peterson	Director, Family and Community Services	Care Corner Singapore Ltd
9	Mr Kelvin Tan	Director, Strategy and Master Planning	Ministry of Social and Family Development
10	Ms Luen Wai Sum, Jenna	Director, Schools and Communities Group	SHINE Children and Youth Services
11	Mr Nicholas Lim	President	Youth Work Association Singapore
12	Ms Pang Kee Tai	Deputy Chief Executive Officer	PAVE Integrated Services
13	Ms Seema Dadlani	Director, Services Group (Service Planning)	National Council of Social Service
14	Ms Sharon Ng	Cluster Head, Family, Counselling and Mental Health Services, Director	REACH Community Services
15	Mr Tan Khye Suan	Executive Director	Epworth Community Services
16	Mr Teo Tee Loon	Executive Director	Lakeside Family Services





2. Working Group 2 (WG2): Practice and People:

- Propose **enhancements to existing risk assessment and intervention approaches** to ensure more holistic and upstream support;
- Propose **key practice enablers** (e.g. practice guides/standards, assessment tools) for the new integrated model);
- Propose **clinical expertise/ competencies and team structure** needed under the new service delivery model;
- Propose **strategies to support sustainable career pathways** for social service professionals working in the new structure, including identifying areas for training and reskilling.

S/N	NAME	DESIGNATION	ORGANISATION
1	Associate Professor Jennifer Teoh *(Co-chair)*	Director-General of Professional Services and Social Welfare, and Chief Psychologist	Ministry of Social and Family Development
2	Associate Professor Vincent Ng *(Co-chair)*	Dean	School of Social Work and Social Development, Singapore University of Social Sciences
3	Ms Adeline Chew	Executive Director	Serangoon Moral Family Service Centre
4	Mr Andy Lam	President; Executive Director	Singapore Association for Counselling; Viriya Community Services
5	Mr Chan Whee Peng	President	Singapore Association of Social Workers
6	Ms Grace Teo	Director, Manpower Policy and Planning Division	Ministry of Social and Family Development
7	Ms Jermaine Quek	Chief Executive Officer	TRANS Family Services
8	Ms Joyz Tan	Chief Transformation Officer, Clinical Director	Fei Yue Community Services
9	Ms Lee Wee Chee	Director, Social Service Institute	National Council of Social Service
10	Ms Lee Yean Wun	Executive Director	Kampong Kapor Community Services
11	Ms Nasriah Bte Nasir	Principal Social Worker	Persatuan Pemudi Islam Singapura
12	Ms Ong Pei Ni	Director, Specialist Services Division	Allkin Singapore Limited
13	Ms Pamela Ong	Deputy Director and Senior Principal Clinical Psychologist, Psychological and Social Services Division (PSS)	Ministry of Social and Family Development
14	Ms Ruth Tan	Executive Director	South Central Community Family Service Centre Ltd
15	Ms Tan Bee Keow	Senior Director, Group Lead of Children and Youth Services Group	Singapore Children's Society
16	Dr Tan Ee Ee	Director, Standards and Practice Innovation and Senior Principal Forensic Psychologist	Ministry of Social and Family Development

Past WG2 Members:

S/N	NAME	DESIGNATION	ORGANISATION
1	Ms Chow Choy-Yin	Then-Chief Executive Officer	TRANS Family Services
2	Ms Long Chey May	Then-Director-General of Professional Services and Social Welfare	Ministry of Social and Family Development
3	Ms Nooraini Mohd Razak	Then-Centre Manager	Persatuan Pemudi Islam Singapura
4	Dr Soon Su-Chuin	Then-Director, Manpower Policy and Planning Division	Ministry of Social and Family Development



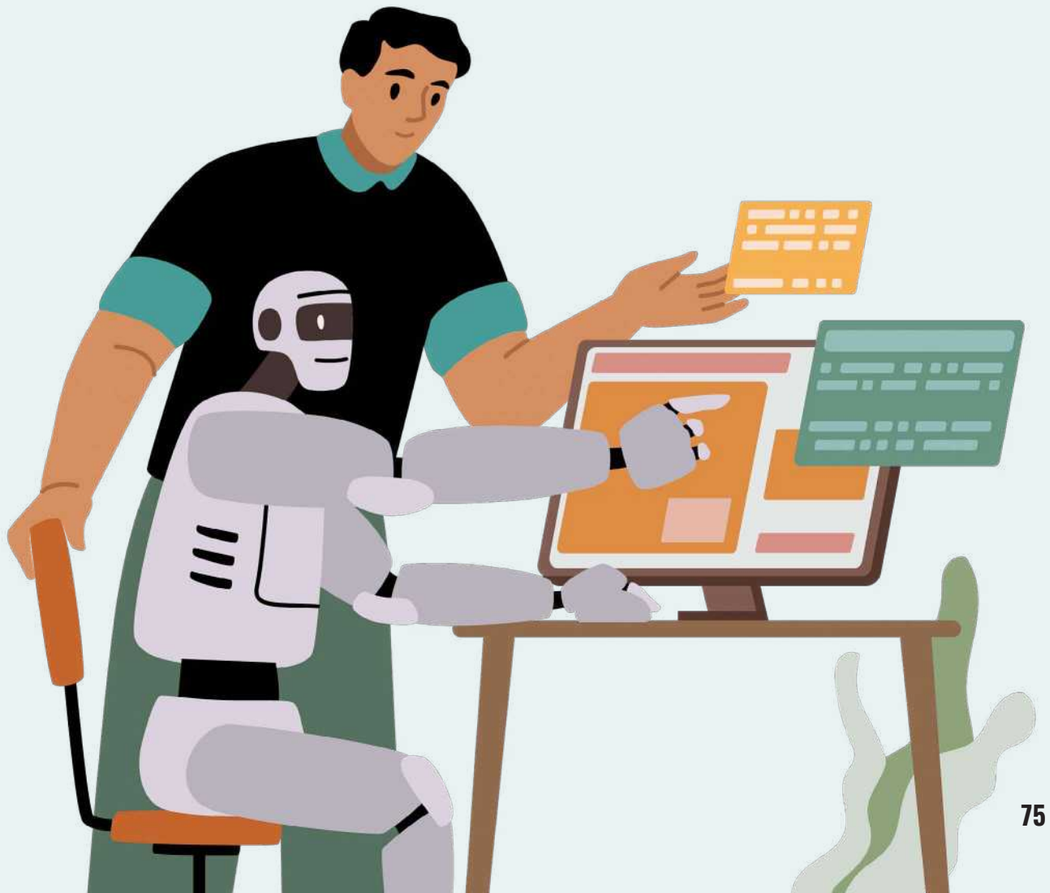
3. Working Group 3 (WG3): Implementation Enablers:

- Propose **operational enablers** (such as infrastructure, technology, and manpower/ leadership and organisational development) that are responsive to demand and able to support the new service delivery model.

S/N	NAME	DESIGNATION	ORGANISATION
1	Mr Ivan Yeo *(Co-chair)*	Senior Director, Social Support Group	Ministry of Social and Family Development
2	Mr Christian Chao *(Co-chair)*	Chief Executive Officer	Care Corner Singapore Ltd
3	Mr Albert Ching	Chief Executive Officer	Methodist Welfare Services
4	Mr Amran Jamil	Executive Director	Foundation of Rotary Clubs (Singapore)
5	Ms Brenda Khong	Executive Director	Sembawang Family Service Centre
6	Ms Eunice Lim	Assistant Director, Head of Family Services Centre	Society of Sheng Hong Welfare Services
7	Mr Jacks Yeo	Director, Capability Planning	National Council of Social Service
8	Mr Martin Ho	Corporate Services Director	Kampong Kapor Community Services
9	Ms Natalie Lim	Director, Family, Community and Specialist	Allkin Singapore Limited
10	Mr Patrick Lau	Vice President (Professional and Continuing Education)	Singapore Management University
11	Mr Raymond Tan	Head of Corporate Services Division	Fei Yue Community Services
12	Mr Wilson Tan	Executive Director	Youth Guidance and Outreach Services
13	Ms Yvonne Liu	Director, Resourcing and Ecosystem	Ministry of Social and Family Development

Past WG3 Members:

S/N	NAME	DESIGNATION	ORGANISATION
1	Mr Calvin Ngo	Then-Chief Executive Officer	Methodist Welfare Services
2	Ms Jasmine Yang	Then-Director (Data Office)	Ministry of Digital Development and Information





4. Working Group 4 (WG4): Communications and Engagements:

- Propose the **strategic communications and engagement plan**, including the messaging when engaging the wider social service sector.

S/N	NAME	DESIGNATION	ORGANISATION
1	Ms Adeline Kwok *(Chair)*	Director, Communications and Engagement	Ministry of Social and Family Development
2	Ms Crystal Tan	Centre Head, Fei Yue FSC Services @ Champions Way	Fei Yue Community Services
3	Mr Jerome Lee	Director, Communications	National Council of Social Service
4	Ms Ng Su-Ling	Head, People and Organisation Development	Care Corner Singapore Ltd
5	Mr Terence Boon	Senior Director, Family Services	Thye Hua Kwan Moral Charities Ltd
6	Ms Vivian Lim	Deputy Director, Strategy, Partnerships and Communications	Allkin Singapore Limited



FSRC Working Groups' Co-chairs.

Past WG4 Members:

S/N	NAME	DESIGNATION	ORGANISATION
1	Ms Pearlyn Tseng	Then-Director, Communications	National Council of Social Service

The Ministry of Social and Family Development provided secretariat support to the Committee and its Working Groups, with SSA staff also contributing to the Secretariat throughout the Review. The Secretariat coordinated research and analysis, Committee and Working Group processes, sector engagements, and the development of materials to support the Committee's deliberations and final report.

The Secretariat was led by Deputy Secretary (Opportunity, Resilience and Corporate) Jason Chen and comprised officers from relevant MSF Divisions.

MSF DIVISIONS:

- Rehabilitation and Social Mobility Policy Group, Family Intervention Division (Lead Division)
- Communications and Engagement Division
- Professional Services Group, Capability Development Division
- Professional Services Group, Standards and Practice Innovation Division
- Sector Strategy and Development, Manpower Policy and Planning Division
- Sector Strategy and Development, Strategy and Master Planning Division
- Social Support Group, Operations Planning Division

Annex B

Review and Engagement Process

The Committee's recommendations were developed through extensive consultation and co-creation with the sector. Between June 2024 and the finalisation of the recommendations, the Review **engaged and consulted all 26 SSAs who run programmes being integrated under the OFS**, as well as social service professionals across the sector.

The Review involved:



6
Review Committee meetings;



4
sector-wide sessions involving more than 400 Social Service Professionals;



28
Working Group meetings across four Working Groups;



6
tabletop exercises to test regional models; and



12
sector-wide sessions with SSA leadership, including Board Chairs, Chief Executives and Executive Directors;



More than 80
individual engagements with SSA leaders and professionals.

These engagements were an integral part of developing the recommendations. Sector feedback was used to **test assumptions, surface operational considerations and refine key elements of the OFS model,** including the regional configuration, regional partnership model, funding and governance arrangements, professional capability approach, infrastructure planning and implementation support.

The 26 Social Service Agencies (SSAs) engaged were:

S/N	SSA
1	Allkin Singapore Limited
2	AWWA Ltd
3	Care Corner Singapore Ltd
4	Chee Hoon Kog Moral Promotion Society (Serangoon Moral Family Service Centre)
5	Epworth Community Services
6	Fei Yue Community Services
7	Foundation of Rotary Clubs (Singapore) Ltd
8	Good News Community Services
9	Kampong Kapor Community Services
10	Lakeside Family Services
11	Methodist Welfare Services
12	Montfort Care
13	PAVE Integrated Services Limited
14	Persatuan Pemudi Islam Singapura
15	REACH Community Services Ltd
16	Sembawang Family Service Centre
17	SHINE Children and Youth Services
18	Singapore Buddhist Lodge Welfare Foundation
19	Singapore Children's Society
20	Singapore Indian Development Association
21	Society of Sheng Hong Welfare Services
22	South Central Community Family Service Centre
23	Thye Hua Kwan Moral Charities Limited
24	TRANS Family Services
25	Viriya Community Services
26	Youth Guidance and Outreach Services

Annex C

Programmes within the Scope of One Family Service

One Family Service will bring together nine existing MSF-funded programmes spanning family support, protection and youth services. These programmes will form part of one integrated service organised around the needs of families.

S/N	PROGRAMME WITHIN SCOPE	BRIEF OVERVIEW
1	**Child Protection Specialist Centres**	Provides support to children who face abuse or neglect at home.
2	**Family Service Centres**	Provides support for vulnerable individuals and families with social and emotional issues.
3	**Integrated Services for Individual and Family Protection Specialist Centre**	Provides support for children, individuals and families experiencing abuse, domestic violence, intimate partner violence or sexual violence.
4	**Pre-court Diversionary programmes**	Provides youths with the opportunity to be guided and rehabilitated in the community without going through the court system.
5	**Pre-Family Guidance Order (Pre-FGO) and Family Guidance Order (Statutory Supervision Order)**	Provides support for parents of children and young persons with serious behavioural challenges.
6	**Protection Specialist Centres**	Provides support for individuals and families experiencing domestic violence, intimate partner violence or sexual violence.
7	**Safe and Strong Families – Preservation**	Provides support for families with children who face abuse or neglect to ensure that children remain safe and well at home.
8	**Strengthening Families Programme (FAM) services** • Marriage Support for Transnational and Minor couples • Divorce Support • Family Counselling	Provides support for individuals, couples and families facing challenges in family relationships, such as through marriage support, divorce support and family counselling. *<u>To note:</u> FAM will continue to provide divorce support and family counselling services for families with lower risk who do not require coordinated support across multiple interventions.*
9	**YouthGO! Programme**	Provides support for youths to be meaningfully engaged in studies or work, stay crime-free, develop problem-solving skills and become resilient individuals.

Annex D

One Family Service Regional Boundaries

One Family Service will be organised into seven regions. The seven-region configuration was developed with Social Service Agencies through consultation and tabletop exercises.

URA Planning Areas were used as the basic building blocks for the regional boundaries. This helps keep HDB towns within a single region, aligns service boundaries with established parameters for residential and infrastructure planning, and provides clear and consistent boundaries for service planning. In determining the seven regions, the Committee also sought to achieve a broadly balanced distribution of HDB towns, caseloads and case mix, so that each region has sufficient scale and breadth to develop the capabilities needed to support families. Where practicable, the boundaries were also aligned with the Agency for Integrated Care's service boundaries to facilitate coordination between family services, community care services for seniors and community mental health services.

