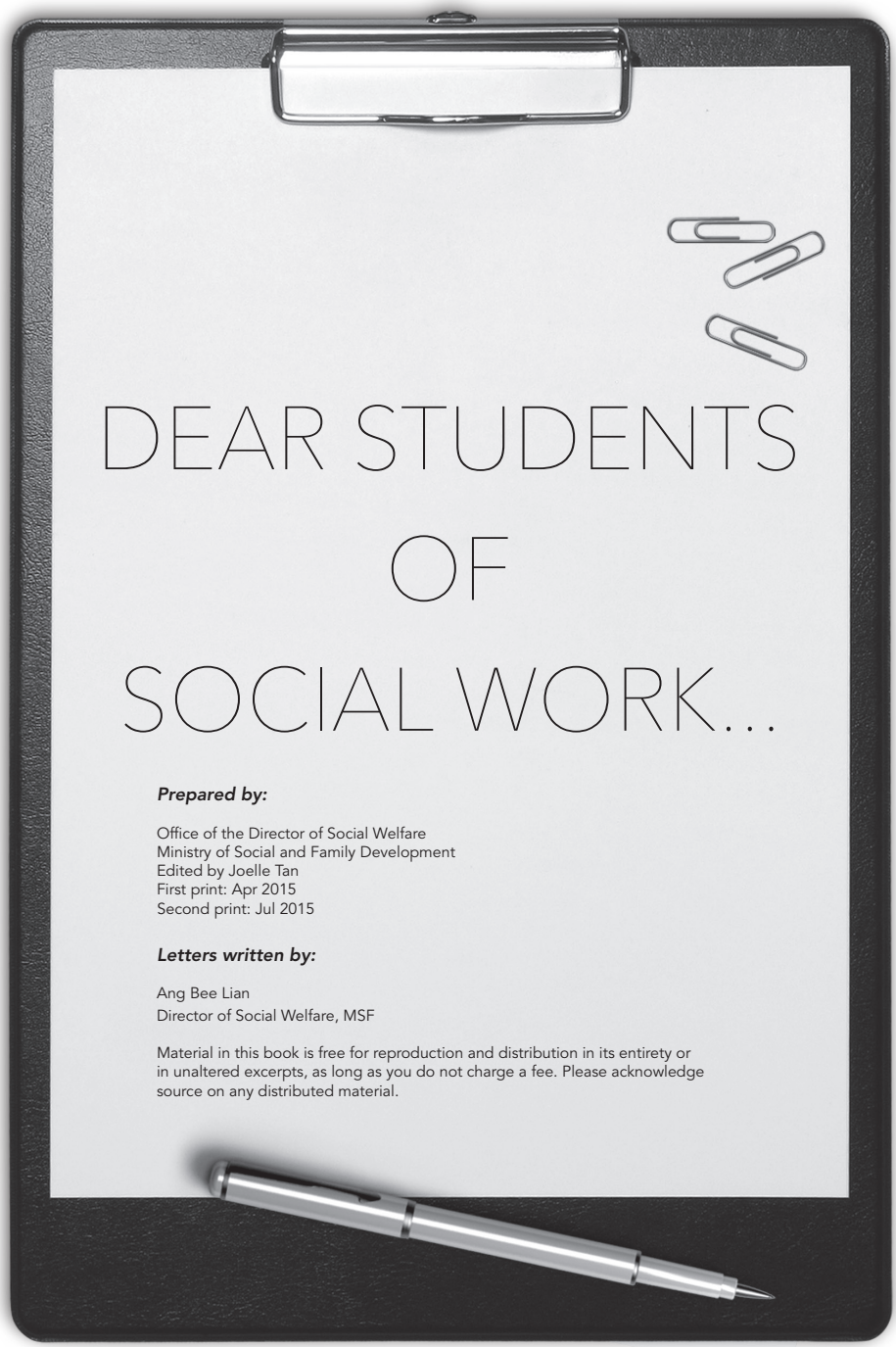
LETTERS TO SOCIAL WORK STUDENTS

written by **A**ng **B**ee **L**ian



DEAR STUDENTS OF SOCIAL WORK...

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Dear Students of Social Work,

Oftentimes as students or even social workers, you may become frustrated that social work becomes interpreted into a profession that is misunderstood and denied professional credibility. It is a profession where the good work is often seen and felt behind the curtain.

Our Humble Beginnings…

So you may ask: where did this profession begin in Singapore? When can we say that social work as a discipline began here? One starting point is the setting up of the Department of Social Work at the University in Singapore in 1952. You can read about this in the book by the department. The beginning areas of social work intervention were poverty, public assistance, poor nutrition, child welfare and girls in moral danger. The leaders in the early years of the social work movement were involved in implementing social assistance schemes, participating in the juvenile court and justice system, the running of juvenile detention centres and crèches and medical social work. The work was largely in the remedial services. The work of Children's Services in the early years focused more on child welfare rather than child protection. Protection took the form of ensuring that children who were transferred to non biological guardians were supervised and that children thrived under the care of their guardians. The next phase of development was in the pioneering efforts of the Probation Services and the distinctive Volunteer Probation Officers scheme that is now widely known for its capability and capacity to win the support of volunteers to be trained to deliver statutory service.

Our Journey to Recognition...

If we are to determine a point in time when social work began its journey of recognition as a profession, it would be in the late 1990s.

The first speech dedicated to the development of the social work profession could be one that was delivered by Mr Moses Lee, when he was PS of Ministry

of Community Development in Aug 1998 when he launched a Ministry's email grouping called the Social Work Link which was to galvanise social workers and staff holding social work posts to promote interest in the profession.

In his speech, he focused on a few areas that raised the specialist work to a standing equivalent of what the public would see as a profession. These include understanding of what social work can do, recognition of social work and social workers and the building up of knowledge to deliver better services to citizens.

In his opening remarks, he said "Today's gathering is small, but significant, as you are meeting together for the first time as a corporate group of professionals with a distinct identity in the Ministry. Your work is demanding and affects the lives of individuals and families directly. This heavy responsibility should challenge you to attain a high standard of professionalism in the field - to tread where it is most difficult and challenging."

He then went on to take the opportunity to highlight a few measures to increase the standing of social workers in Singapore. These included:

Post grad diploma course in Social Work

From a part time post graduate diploma programme of about 20 students, more than 100 have attained the post graduate diploma and a few have gone further into the Masters Program. Today, we have many social workers with Masters degree and from a wide range of reputable Universities. We have today, a group of local PhDs who contribute to the building of social work knowledge and thought leadership.

President's tea at the Istana

At the same event, PS also announced that the President of Singapore will be hosting a tea session for social work professionals at the Istana grounds for the first time on 18 Sep 1998.

Outstanding Social Worker Award

In the same year, the most prestigious award for Social Workers in Singapore was also inaugurated. Today, we have more than 50 who have received the Outstanding Social Worker Award. The Award is now expanded to include the Promising Social Worker Award.

In the recent decade, the number of scholarships for Social Work has also increased and the credentials of the candidates have included outstanding achievements in both academic and community service.

Professionalism…

A high level of professionalism is a mark of a mature profession. It is marked by the ability to take charge and to be in control and accountable for what is a professional judgement and opinion. It involves a systems approach at viewing issues and goes beyond the individual cases.

It is a professional wisdom that is drawn from, among other things, the collective experience of intervening in many individual cases. Social work in Singapore is relatively young in comparison to many of the other professions such as engineers, lawyers or accountants. Even among the human services, social work is a more recent discipline compared with the doctors, dentists and nurses.

Publishing writing

Key to the standing of a profession is also its ability to produce and publish knowledge about its professional expertise. The sharing of that knowledge through journals and other publications are hallmarks of a profession and adds to the public face of a profession. Writing and publishing writing are a reflection of the profession's capacity to produce knowledge and apply it to improve services to citizens.

Today, social workers in Singapore share their unique experiences and

learning. Some have published their application of theories and practice. New perspectives to old problems and issues have helped us to deliver services better. The academic leaders and professors with their current research interests will hopefully be recognized for their research regarding social challenges, trauma-informed interventions, and evidence-based solutions. Today we also see many social workers sitting on influential boards and committees not because of the need for power but because of their advocacy for clients, and to participate in the design of programs and service delivery. Social workers today are co-creators of policies and programs. Our skills and knowledge are now visible in society.

Moving Forward...

Social workers must continue to stay abreast of developments in interventions, behavioural economics, and global dynamics that affect social issues in international borders and intergenerational pressures. Social work is an integral part of solutions that work because social workers have stood side by side with those who are distressed, homeless, unemployed and, more often than not, resilient. Social workers are present with people as listeners and beacons of hope. And because social workers often carry the sadness of people, caring and supporting each other is so important. Social workers in most instances need to safeguard themselves from becoming cynical, un-trusting, or unimpressionable.

Now is the time for social workers to be the social architects that we are.

3rd February 2014

Social Work and Volunteerism

- The difference between Volunteerism and Social Work
- What is Social Work?

Dear Students of Social Work,

I hope you have learned about our journey towards recognition as a profession in the first letter. One of the challenges for social work students is often how to explain what social work is when the work of volunteers are mistakenly credited as social work. So what is social work and what is volunteerism and how are they different?

Volunteerism is not Social Work

So what is it about social work that differentiates it from being a volunteer; what differentiates it from social policy and administration and doing good. The reason why volunteers are mistakenly described as doing social work is because of the seemingly similar tasks that both a social worker and a volunteer do. These include visiting distressed families in their homes, giving practical help and connecting them to help. This is where the similarity ends. For the social worker, these tasks are but one of a whole range of tasks in working with people and communities in a sustained way with a goal that is jointly owned. What distinguishes social workers is their *skill in calibrating* their facilitation along *a continuum of interventions* of *various degrees of difficulty* which a volunteer will not be able to do.

So What is Social Work?

It is the ability to *assess* the complexity of any case, *determine and carry out* a course of intervention and engage the client or the community and significant others in *a process* that places a premium for *"client ownership"* of the results.

In particular, he spends time and effort in engaging people to generate ownership of issues in order to achieve the goal. The goal is to raise the capacity of the individual or community to take charge of his or their own circumstances and garner strengths and resources to make the improvement. Social work is about looking for strengths in people, garnering resources or making systems respond better to the needs of individuals and groups.

In instances however where there is neglect, omissions, avoidance and complications in a dysfunction, the social worker's code of conduct requires that he acts to protect the vulnerable in society.

One distinctive art and science in social work is the use of self in a professional relationship with the client and community to achieve the goal of using the help. What does this mean? Unlike the doctor that draws on medicine, surgery and implants, the social worker's main tool of intervention is the fostering of a professional relationship that imbues the motivation for change which comes from the person or community being helped. It is a science as it draws on social science theory that says that human behaviours are affected and changed in a more sustained way through relationships and not just by money thrown at a problem. It is also an art as the process of working with others requires the social work activities to be highly adaptable, flexible and personalised. So social workers receive training to apply the science and exercise the art.

Social workers are trained in a body of knowledge, equipped with a set of skills and subscribe to a code of conduct and ethics. This sets the profession apart from a volunteer, another profession and demands a set of commitment and professional code of behaviour.

Another distinction about social work is its ability to operate much like a helicopter with a capability to delve deep to address an issue and individual cases, and yet transcend the individual cases to see trends and patterns to advocate for changes in processes and systems to make them more responsive to those they serve.

Social workers have breadth and depth when working with a community to improve the well being of people. Their collective knowledge, insights and skills always add value to policy formulation in addressing structural and systemic concerns that affect people and provide better policy outcomes.

Trained to work with individuals, with groups and with communities, social workers can work with most situations that require someone to work alongside

people who are disadvantaged and people with personal and intense issues that require individuals to make personal choices or changes, or to have systems adapt to them.

Social workers are trained to understand what to observe, how to observe and interpret dynamics and communication. They also apply theories of change in working with those affected by the issues to bring about change in thinking, behaviour and aspiration. Equally critical in social work is the ability to know when facilitation takes a back seat and protection and courage must be in the driving seat to safeguard a child abuse victim or self neglect in an old person.

In the words of Eileen Munro, a reader in social policy at the London School of Economics, the starting point for any social work such as in child welfare is keen observation and deep understanding that leads through repeated visits, time and thought that a child is frightened of her father or that a mother has psychiatric problems.

Helping Others Understand

So the next time you have an opportunity to explain the difference between social work and volunteerism, try to help others understand the difference that the training makes. Social work is about gathering insights from deep observations; skilful and purposeful enquiry and designing interventions. It often involves working in difficult situations in getting people and in some instances systems, to see the need for change and to commit to driving them, knowing the support that they will get. Let others know that the theories that social workers draw on underpin the interventions that they make in casework, group work and community development work. Most of all, share how we are guided by a Code of Practice to ensure safe practice and to safeguard the professional relationship we have with those whom we work with.

You will find that as you engage more of your friends and others in discussing about the difference in the work we do as social workers, you will help others better understand the profession.

7th March 2014

Basics That Help Bring About Change

- Key steps to take in bringing about change

Dear Students of Social Work,

Social workers do many things. Primarily, we bring about changes – in the lives of individuals, families and communities. We don't do magic.
We work alongside people.

There are 3 simple steps that we aim to do in some of the work that we do to help others help themselves. They may be simple but each step goes a long way in developing the thinking towards carrying out any role or assignment that you may have.

1. We always seek to inform

Knowledge is a tool that is often the trigger of change. What information or knowledge we pass on to people and the purpose of informing becomes important. In order to pass on good information effectively we must first learn the content and context. So before we even begin to inform our clients, the community or the groups we belong to, we have to first spend time learning about, researching and evaluating the information. We then move on to arrange the information in order to effectively communicate them. This requires an astute mind. It is about serving information in the right dosage, at the right time, to the right audience in an appropriate medium. It sounds easy but good communication requires planning and effort. It is a discipline to distil information and prepare to communicate. It requires effort, training and lots of practice to hone this skill.

2. We advocate

We spend most of our time advocating in the interests of those who are less able to help themselves, the vulnerable and the disadvantaged. We advocate so that the lives of the disadvantaged can be better. We advocate so that what they do to help themselves is reciprocated with more help to uplift them and to develop their potential. We advocate at the systems level, at the community level and at the individual and family level.

To advocate includes supporting, backing up, promoting, campaigning, sponsoring and speaking on behalf of. It usually refers to doing something to strongly and publicly support someone or something or a policy. To varying extent, most of us do some advocacy some of the time. The challenge about advocacy work is when we are raising awareness about social issues and resources. In these situations, the stakes go up and tensions and competition starts. Equilibrium is shaken and attention rises. Advocacy by itself is neutral. It is the framing of the issue and the approach which oftentimes determine the outcome of advocacy. In advocacy, context matters in order for the discussion and negotiation, be it of values, resources or timing, to be constructive.

Advocacy is a good skill to develop. It starts in the family, in school and later in adult life at the workplace. Some may not call it advocacy but we know that it is about advancing a cause or a theory for change through raising awareness which may or may not result in action. It is a skill worth sharpening because when it is done poorly, it can cause more harm than good. It can cause tensions leading to destructive repercussions.

3. We unite

It is not a surprise then that some social workers would place a premium on unity. Most will seek to unite wherever possible. Being united is not the same as being in agreement or having everyone agree on being the same and agreeing to the same things. It is about sharing core values that drive the way we respond and make decisions that impact others beyond ourselves and being respectful of differing and divergent views. It is derived from deliberate thought and appreciating different perspectives. It is a unity that comes from respect, esteem and care for others and showing responsibility towards others and the environment.

So how are these simple steps of informing, advocating and uniting relevant to bringing about change or improvement? Well, the first point about informing is about seeking knowledge, processing information so that it can be translated and passed on to others so that they can become more informed and make informed decisions. How you communicate is a skill that you can

develop over years and make into an art.

Secondly, to advocate for the disadvantaged, you have to first understand the issue deeply and reflect on your response at your personal level before you demand action of others. Nothing like walking the talk to gain the credibility to exact attention or action from others.

Thirdly, to unite people as much as you can, you need to believe in the value of respect and divergent view points. This is so as we live in diversity and complexity all around us. We start from the position that we have far more similarities than differences. It is more constructive to pay attention to shared values and common spaces. We should also protect the space for common good and dare to stand out to be positive, optimistic and contribute.

14th July 2014

* *Adapted from the graduation speech at Singapore Chinese Girls' School to inspire young people to consider social work as a profession*

Refreshed Opportunity for Social Workers

- The role of Social Work in the context of a changing world

Dear Students of Social Work and Fellow Social Workers,

Refreshed opportunity to make an impact

The world we live in now has become volatile, complex, uncertain and ambiguous. The environment has become more dynamic and complex. In this dynamic and complex environment, social work as a discipline that helps individuals, groups and communities to thrive has a refreshed opportunity to make an impact and assume leadership roles through its involvement, intervention and initiatives.

Social work is crucial to delivering social good or social services. Good quality social work can transform the lives of vulnerable people and is an essential part of multi-disciplinary and multi-agency work. Alongside professionals in health, social care, housing, employment and others, social workers play a key role in:

- identifying and helping people to access services which meet their needs at an early stage;
- helping to improve their overall well being; and
- reducing the risk of crisis and more costly demands on acute and statutory services.

Increasingly, there is a role that specialist social workers will play and a contribution that they will make to deepen expertise in specialism that is emerging to address the demographic changes and needs in our population. Specialists in social work with in-depth competencies and expertise will widen our ability to address issues more sharply in the new environment with deeper understanding. These must however be built on the fundamentals of what is core to social work in uplifting the lives of those who are being helped.

Role of social work in helping to integrate systems

The role of social work in an environment that values a counterbalancing view to clinical or medical models of illness, disorder and chronic disabilities is in shifting the perspective towards a more collaborative, multi-disciplinary and integrated approach in addressing social ills, problems and needs. Social work can help to shift inter-disciplinary practice and culture so that clients are central in responses from the systems. We are able to contribute because social work is a unified profession that works across social and family systems. The training from social work enhances our social perspective, ability to view from different perspectives and capability to be creative in adapting from interventions to provide a personalised approach in bringing about change in behaviours and systems.

There is a quiet appreciation in health and social care of the importance of integrating care. There are challenges in integrating systems, professions and cultures. This poses opportunity for transformation. When the integration is completed, it will result in accessible and coordinated help that are responsive to needs and in particular those of older persons, those with disability and carers who are growing in large numbers. The aim of the integrated systems should also be to meet the expectation of some basic consistency in client experience across different service providers. It is also about helping families and carers to provide the right support and to increase access to assets within their community.

Repositioning the leadership role

As a profession, social work has always played a key role in managing risk and complexity, working with people with the most profound and enduring health and social needs and who are often also socially isolated and at risk of harm. Social workers will continue to support people in crisis. It will continue to discharge the duties of good social work practice by holding a core responsibility in enabling citizens to access statutory social work services and good and coordinated advice to which they are entitled.

However, as we move towards greater integration of health and social care with a focus on prevention and well being to reduce demand for more intensive services, we have a unique opportunity to reposition our leadership role and contributor role to program design, service delivery and evaluation.

As social work becomes more active in the new environment, it must continue to play its role in advocating earlier intervention, building resilience, reducing and delaying dependency and ensuring people have all the information and enabling support that they need for better self-care.

Support from employers

Social work will flourish with the help of employers. Social workers in the future will increasingly be located in a range of organisations and contexts. They will also be found in the nexus of traditional social services and implementation of policies and program design. There will be opportunities for social workers to shape the social care market and enable co-production of services with individuals, groups and communities.

With the setting up of more ground agencies that focus on the needs of communities, social workers will be able to work collaboratively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship. The opportunity for developing community work practice has opened up. Social workers can respond to the goal of working alongside local people to develop their problem solving capacity, mobilise resources for the good of the more vulnerable and develop local leadership which is core to community development.

To play its role with some impact, social workers seek the support of employers to create the conditions which allow quality social work to flourish. These include strong operational management of social work practice, professional leadership at all levels, clarity about roles and priorities for social work and opportunities for career advancement and continuing professional development. Wherever social workers are on the staff, the infrastructure

has to be in place to facilitate the work of social workers to optimise their contribution.

Social work is a profession that brings perspectives that increase understanding of human behaviour especially in circumstances of stress, crisis and uncertainties. It brings insights about how human beings with social issues respond to help and hence is able to alter, shape and create service delivery designs to increase responsiveness. In today's world of heightened uncertainty and ambiguity, the contribution of social work will become increasingly important.

29th September 2014

The Role of Social Work in Modern Social Care Models

- The importance of Social Workers in carrying out effective assessments and person-centred interventions in the context of the social care models we see today
- The contributions that Social Workers can make on the individual, family and community level

Dear Students of Social Work,

With the rising number of frail older persons needing care, someone asked me where social work fits in the modern models of care. One can assume that underpining the question is a concern about whether there are sufficient facilities to provide care. From one perspective, this is an opportunity to bring in the human aspect into the work that we do. So let's explore what might be involved.

Facilitation by a knowledgeable and trained professional

What most people will tell us is that they want care to be provided when they need it in an integrated way. And many people think of integration either through a health lens, as "integrated healthcare", or health and social care. We should however not forget the important role of other services, such as housing and leisure. So the aim of modern models is to see the integration of health, social care and housing. And person-centred coordinated care should be the starting point for any move towards integrating services. The SCAN Foundation defines care coordination as a service based on consultations and information with and among the individual, the person's providers, and family members where appropriate, facilitated by a knowledgeable and trained professional that leads to the individual obtaining the right care, in the right place, at the right time to address the person's needs with an appropriate use of resources[1]. This is the ideal and indeed a tall order for any professional given that there are finite resources at their disposal.

Another useful reference point comes from the US Center for Disease Control and Prevention which has a good definition of "Aging in Place"[2]. Aging in place is "The ability to live in one's own home and community safely,

1 *The Scan Foundation. (Dec 2013). Achieving Person-Centred Care Through Care Coordination. Policy Brief, No. 8. Retrieved from http://thescanfoundation.org/achieving-person-centered-care-through-care-coordination*

2 *Aging in Place. (Aug 2013). Healthy Places Terminology. Retrieved from http://www.cdc.gov/healthyplaces/terminology.htm*

independently, and comfortably, regardless of age, income, or ability level." Taking these ideals into the modern models of care, what then is the role of social work in contributing to achieving these ideals?

It should perhaps begin with supporting moves out of acute care into the community with agencies supporting the interests of service users. Modern social work is about promoting choice and control, supporting people to live independently as active citizens in their communities. In this light, the social workers' responsibility for assessment and care management is critical.

Effective Assessment

We must appreciate that assessment is only the start of a new phase for a service user and social workers will often need to be involved at various stages of the journey if life chances are to be maximised. Effective assessment requires highly skilled assessors, otherwise there is a danger of decisions being made that result in a poor care plan.

Service users often do not come with sets of readily identifiable needs, but require those needs to be teased out, interpreted and met creatively with the social assets of the family and local communities. In particular, older people (who form the majority of the social care assessment population) do not always present their needs accurately on first or subsequent contacts. Therefore, we should not underestimate the range, depth and analysis provided by social work assessments and interventions.

Time is needed for effective assessment to be carried out but time is often not on the side of social workers or care coordinators. Training, good knowledge of resources and relationship building are crucial for the work to be done. The approach that is required is one that uses the skills of relationship-building and reflecting. This is especially relevant in complex situations, particularly where there are issues of loss or identity, to look below the surface of presenting needs and understand more about what is going on. It is about dealing with the underlying human condition and not just about buying services to alleviate social distress.

Duty of Care

There is a critical skill required in knowing when and how to intervene in somebody's life, taking into account the requirements of self-determination, public protection and the duty of care. Tragedy is often preventable when systems work and practitioners are properly trained, supervised, and skilled in observation and theory, as social workers are, and properly supported by their employers and the systems within which they work. A good assessor sets out to create a complete picture of someone's situation, strengths, capabilities and aspirations despite their age and condition. Social workers are trained and recruited on the basis that they have the cognitive and emotional depth to grasp people's care and support needs and networks through the assessment process. They will want to ascertain the individual's desire and the way in which the person wants to achieve it, as well as the risk factors involved and the possible measures to manage them.

How to support independent living

The challenge remains as to how to help people who could live independently with the right support. One way is to have more agencies in the communities to take an "asset-based" approach to assessment that rests on a deep knowledge of the strengths of the individual, the family and the community. Communities can play an important role in befriending, keeping-a-lookout and complementing the work of home care services. What is underestimated is the role of neighbours and communities in easing loneliness for older people. Social work is not just about assessment, or putting in a care plan or putting in equipment or focusing on interpersonal support. It is more complex and looks at the inclusion of older people in community solutions. The challenge for social work is to promote active and inclusive communities, and to empower people to make their own decisions about their care. Can social work harness the networks in communities as part of the care plan to enable people to live with assisted support?

Social work with adults, carers and families is about supporting people to live

as independently as possible, striving to promote choice and control over the care and support they need to overcome the difficulties presented by disability, age or mental health problems, among other things. Social work's distinct contribution is to make sure that services are personalised. To do this, social work aims to:

a) Build professional relationships and empower people as individuals in their families and in communities;
b) Work through conflict and supporting people to manage their own risks;
c) Know and apply legislation;
d) Access practical support and services; and
e) Work with other professionals to achieve best outcomes for people.

Social work and interpersonal support: There is now more information, advice and advocacy services, and social workers need to be current on what is available, expand their application and play a brokerage role. These may include support for carers and services for people who pay for their own social care.

Social work and safeguarding rights: Social work has an important role in community development work and promoting social cohesion, for example where disabled, mentally ill or substance misusing people are ostracised. To some extent, social workers are entrusted with the role of using the powers and duties of the law to their best effect in order to promote the welfare and safety of vulnerable people. This calls for specialist knowledge of social welfare policy and law, a unique set of skills in understanding and working with people, and a specific set of professional values.

Social work with families: Social workers will continue to help to break the cycle of individuals trapped in abusive relationships, crime, substance misuse, poor health, unemployment and other factors. People have complex lives and there are complex cases out there. Social workers can help to construct the family and community networks that people require to live independently.

Social work needs to be adequately resourced

Social work through the training it provides will play a key role in modern social care models beginning with effective assessment. It covers a wide range, depth and analysis in social work assessment and intervention that puts the individual at the centre. To be increasingly effective, support for individuals must incorporate resources from the community in locus such as neighbours, befrienders and organised volunteerism. These are aspects of community development work which social workers are equipped to do. A good care model will require the coming together of various aspects of casework, groups and communities to support aging in place. The extent to which this can happen will depend on how social work is resourced to do this, the support from communities that each of us live in and small acts of support that we can give to each other.

13th January 2015

Integration 1

- What is integration?
- What integration means in the context of social care and families

Dear Students of Social Work,

A common topic or comment about services for clients is about integration. What do we mean by this? What does integrated services look like? Is it about coordinating services? Is it providing a one stop service? Is it about joining up services? The word can mean different things to different people. Integration at its core involves coordinating and providing a "one experience". It is different from a one stop service although it could be part of it.

Integration can perhaps be seen as a process of combining two or more things to create a seamless experience. It is a tall order to integrate services. It is even harder when we are talking about joining up services that can be provided by more than one agency. That is why we place a premium on integration. It involves keen observation and thinking that leads to re-design or re-arranging of steps to provide a less jerky or disjointed experience.

Integration in Social Care

The call for integration is more urgent in social care. Because a social care user is usually less mobile and more dependent, she benefits most when services are delivered from her perspective in a coordinated way and seamlessly so that she can experience them as one experience. As such, there's a 'no one size fits all' solution to health and social care integration. The ideal for a social care user of course is when there is the integration of health, social care and housing.

It is tempting sometimes to begin work on integration by looking at structural "solutions". But this may not be the best place to start as thinking about integration is a complex exercise. A better place to start thinking about integration is to be clear about outcomes. Rather than assuming there's a perfect organisational structure out there to integrate services, we may want to work with different partners in different ways depending on what we want to achieve and for whom.

For some issues, a very formally integrated approach between health and social care and/or between different tiers of the health service might be required. In other situations, a broader relationship between social care and a person's accommodation might be best. For some issues, a single agency such as the Agency for Integrated Care might be best placed to respond.

Working Towards Service Integration For Families

What does service integration look like for families who often have more than one service provider (whether they are from the same agency or different ones)? The challenge in such situations is when there could be contradictory information arising from a lack of service integration, including contradictory advice and unrealistic expectations from individual professionals.

A therapist, for example, often say that it's really what you do at home that matters, so there is usually 'homework' to do with a child between therapy sessions. This means that sometimes there is speech therapy, physiotherapy and occupational therapy homework to do. Each therapist may not be aware of what the other has said. These homework are usually given without being aware of everything else that an adult is dealing with at home such as medication, bed-wetting, other appointments, let alone the needs of the rest of the family. The only person who knows it all is the parent or adult who usually has to process it all somehow.

Professionals can significantly assist families by sharing information with each other, with the family's permission. Clearly, efforts to improve communication and coordination can significantly improve service quality and effectiveness.

So what can help in service integration which requires both skills and good processes? Here are some suggestions:

- everyone involved understands each other's roles, skills, area of expertise and practice approaches

- everyone knows and is focused on the needs and priorities of the child, young person, or old person and family

- everyone (including the family) is kept up to date (email, communication books, case conferencing and regular telephone contact)

- there are processes to resolve any problems

In some cases, coordination moves to the level of significant collaboration that allows for integration of services, especially when specialist disability or early childhood intervention services provide support to mainstream organisation. We see this in the examples of the TeachMe Program of AWWA and the integrated services provided by Pathlight School in classrooms in mainstream settings. The opportunities for collaboration are open doors depending on scheduling, resources and deployment of professionals.

Some professionals are at times asked to collaborate with others who come from a very different perspective or discipline who don't see family-centred practice as being central to their work. This can be challenging for everyone, yet whatever support family-centred professionals can offer to improve communication, coordination and integration with other services will be beneficial to children, young people, older people and families.

How Do We Achieve Integration?

'Integration' is about working together to achieve better outcomes. When integration works well, people using services report satisfaction. 'Integration' is about working together to achieve better outcomes. When integration works well, people using services report satisfaction. This shift towards personalisation, person-centred care and family-centred practice is happening against expectation to deliver better service and support. Effective integration usually results in working in different ways with different people - this in itself can be a challenge *because of the need to change relationships, shift perceptions and share responsibilities and information*. To

achieve integration, it is necessary to establish a common purpose and focus on wanted outcomes. Central to this process is being prepared to change the ways of working as the user perspective is the starting point for designing the service delivery. After all, only if integrated care is a means to an end rather than an end in itself then can we say that we have combined processes, services and resources to provide a better experience for the user.

5th May 2014

Integration 2

- The importance of integrating the formal and informal care networks.
- What integrated care looks like

Dear Students of Social Work,

A Continuation on Integrated Care

The subject of integrated care continues to be an active issue for discussion after my earlier letter on this topic. I had reiterated the importance of social and health integration in service delivery for vulnerable adults and in particular older persons who are frail. There are several issues that are common in all countries that are focusing on integrating the health and social care systems or service providers. These often start from who should 'own' the patient and her problems. As there is often no clear ownership, the information gets lost as she navigates the systems. With the pressure of time and urgency in discharging a patient, there is limited involvement of the user or patient and her family in the management and strategy of care. Other issues have to do with the challenge of effectively treating patients for often more than one condition. This often lands the patient in the community without a good handing off to a service provider in the community, if there is to be one. Yet another challenge for providers is to focus attention on how to treat the multiple conditions of users in a coordinated fashion.

A common lament from the formal provider system is the lack of home care and informal support for a patient. This stems from the fact that we do not spend sufficient resources to cultivate the informal care support system, when in fact the system is critical in providing the appropriate combination of social and home care that recognises the interdependence of health and social care outcomes. So what results is the focus on acute care with 'a cliff effect' in managing the patient when she is discharged from the hospital as there is a lag in informal care and home care. Increasing attention should be given to supporting the expansion of the informal care network and integrating this into the care management process and to providing appropriate respite and support for informal carers. This is urgent as we face a larger number of older persons in the community and in need of care.

Thoughts on what Integrated Care looks like

Integrated care may improve the quality and continuity of care. Yet there is no

standard definition of 'integrated care'. Various models in different countries are at an experimental stage and we too must evolve our own principles of integrated care and what integrated care implies in practice.

"[Integrated care] is a concept bringing together inputs, delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion." (Grone & Garcia-Barbero, 2001). So the notion of integrated care has two important components: that of 'care' and that of 'integration'. And we can safely say that integrated care seeks to close the traditional division between health and social care. Ideally, it should begin with the patient's perspective as the organising principle of service delivery and not begin with the typical supply-driven models of care provision. Integrated care should therefore enable health and social care provision that is flexible, personalised, and seamless.

Integrated care is likely to improve the quality and continuity of care when the patient is the focus as she has greater satisfaction from a more seamless care experience. It is that "one experience" that I talked about in my earlier letter on integrated care. I also discussed about focusing on the user so that the patient and her carers are no longer required to coordinate different treatments and navigate across different providers. Hopefully, treatment then is no longer 'stop-start' in nature and the patient and carers have a more satisfying relationship with care professionals.

From a system delivery point of view, the success of health care interventions is often dependent on social care provision. This is so because social care services are able to provide a better insight as to how patients live. For example, social workers can identify if medical problems result from neglect, social isolation, overall status of the home, family situations or patients not taking medication because they forget to, are not sure when to or do not have any support for them to live more independently and go about their activities of daily living.

Current concerns among medical social workers and community based professionals evolve around improving coordination and integration across

health and social care in order to be more efficient. An example commonly cited is the duplication of assessments by different professionals, with no coherent approach among different service providers. There are often bottlenecks and gaps in care pathways that arise from poor coordination or an absence of coordination. There is a need too for the system to be more responsive in terms of upstream capacity and resources especially in external organisations such as vacancies for placements.

Moving Towards Integrated Care

So conceptualising integrated care is a relatively recent field of study in various parts of the world and certainly here too. So what can be helpful for an integrated care agenda even as we gain more experience? For a start, we need to begin to develop coherent care policies that take cognizance of the local configurations of care and that are financially sustainable. In the local context, the role and support by the informal care network, home care and Senior Activity Centres need to be discussed and adequately resourced to avoid hospital readmissions. Investment in training and better still cross-training of all professionals to facilitate coordination and to encourage mutual respect is essential for a shared perspective.

Another common suggestion is the use of information technology to facilitate standardised communication protocols, shared patient information, single assessment procedures and defined care pathways.

Integrated care answers often lie at the community level so we need to shift from the acute care paradigm to one that offers integration of health and social care services challenging though this may be. The shift is urgent given the rapidly increasing number of older persons requiring the management of chronic diseases that often afflict the older population. This is where integrated care is critical in enabling the older persons to maintain autonomy and a high possible level of functional capacity and well being. This is an ideal worth working towards.

24th June 2014

Advocacy 1

- What is case advocacy and cause advocacy?

Dear Students of Social Work,

Advocacy is certainly one of the key values that social work adheres to. It is part and parcel of the mission of social work which is to right the wrong or address social injustice or to uplift the disadvantaged and work towards a level playing field. It is about working towards a society where one's opportunities to improve one's life is not determined by where you are born and your socio-economic status. Advocacy is very tied up with the social work role of being a change agent. There are generally two types of advocacy that social work is more involved in. One is case advocacy and the other is cause advocacy.

Case Advocacy

Case advocacy is acting on behalf of a client (individual, family or group) in order to access needed resources, services, or to influence policy change. Case reports often play the role of case advocacy as social workers put up a case on behalf of a client to seek consideration for the circumstances of a client or to provide a form of affirmative action for the client. In advocating, it is a good practice to involve the client in the process. By doing so, there is client empowerment and assertiveness taught through modeling. As social workers, we generally work with the most vulnerable and disadvantaged populations, and we advocate at the systems level, at the community level and at the individual and family level.

Advocacy falls along a continuum of involvement and commitment.

So when then does advocacy start to raise awareness and attract attention? It is usually when it is about social issues and resources. In these situations, the stakes go up and tensions and competition start. Equilibrium is shaken and attention rises. Advocacy by itself is neutral. It is the framing of the issue and the approach which oftentimes determine the outcome. In advocacy, context matters for constructive discussions and negotiation, be it of values, resources or timing.

Advocacy is a good skill to develop. It is a skill that we are trained in in the family, in the school and later in adult life at the workplace. Some may not call it advocacy but we know that it is about advancing a cause or a theory for change through raising awareness which may or may not result in action. It is a skill worth sharpening as a poor skill in advocacy can cause more harm than good. It can cause tensions that can have destructive repercussions.

One important conceptual misunderstanding about advocacy is that it has to be contentious and be about giving up of ideological positions. This would be a wrong starting point for any advocacy work. It is not about being in agreement and having everyone agree on being the same and agreeing to the same things. It does however involve listening and being respectful of differing and divergent views. It is about understanding an issue in great depth and deliberate thought.

Cause Advocacy

To some extent we can say that case advocacy is about a change for the individual and cause advocacy is about a change in the system and raising awareness of a cause. So when does case advocacy moves into cause advocacy? *It happens when the client has experiences that reveal the need for systems to change.* This happens when the larger system of organizational, community, and societal policies and practices have adversely affected the functioning of a group of clients. By advocating, practice then helps to inform policy.

Cause advocacy may be, but is rarely about large systems change through class action lawsuits and successful policy reform. This can scare most people. However, case to cause advocacy is and should be in our daily social work practice with clients, influencing change in the agencies in which we work, the staff with whom we work, the record keeping we often lament, the training and professional development offered, and the forms we develop.

Let's take a seemingly mundane activity of comparing intake forms from various agencies. Begin to ask why you ask those intake questions and how

they are posed to clients. When you start to do this, you will soon realize the assumptions that we have and how we operate our programs and organizations. We should always be checking our assumptions and reasons for them. When we have collected the data, we should analyze and distill the data. We do this so that the data can be used to advocate for improvements and changes such as advocating for additional staff at peak demand hours or developing an outreach program for the hours and times of the week when demand falls short. One set of data that is often used in advocating for services is the number and type of cases that are turned away or sometimes called "referrals denied data". The same data can be used to advocate for the community to play a role or for donors to fill the gap which is an unmet need.

Another current issue that intrigues many is the admission criteria for patients for social care or long term care. Admissions are often denied for patients who require additional equipment to support the care (eg lifting equipment, bed size and ancillary equipment). This could lead to a study about cases with such requirements that cannot find a placement. The study should also consider how struggling home health care can benefit from such a support and how to organize players and resources to meet this service gap. This too, is a form of progression from case to cause advocacy.

At the systems level, social workers must always keep in mind the impact of policy and policy changes on individuals, families, groups, organizations and communities. Participating in these forums and platforms is strategic for social work practice to influence the framing of issues and approaches. We do participate but there is room to have a direct consumer representation on task forces, needs assessment projects, and policy evaluation. The current form of consumer participation when it happens is in the form of focus group discussions. Although social workers are increasingly represented in task forces and we may provide both the practitioner and consumer perspectives in such platforms, we must not come to accept that we are the consumer voice. We are not, and we may want to advocate for direct consumer representation in some instances.

Case advocacy is not solely the place for direct service staff and cause advocacy is not solely something that only the executive leadership, administrators and policy discussants can initiate. Social workers as change agents can be effective case and cause advocates. As social workers we can see the data, opportunities, questions, trends, and unmet needs. We evaluate and ask for evaluations and these reveal the impact of a policy or program on the client system. As social workers, we are educated and trained to have the skills and abilities to advocate and bring about improvements.

5th August 2014

Advocacy 2

- Debate over the role of case advocacy and cause advocacy
- The importance of both case and cause advocacy in Social Work

Dear Students of Social Work,

Recently, I wrote about case and cause advocacy and many have said that they found the explanation helpful. One person reminded me about the preface of Harry Specht and Mark Courtney's book Unfaithful Angels. Specht had lamented about what he saw as social work's drift away from social justice. He wrote, "When I first came to know social workers half a century ago, they had a mission that was, to me, appealing and significant: to help poor people, to improve community life, and to solve difficult social problems. But times have changed. Today, a significant proportion of social workers are practicing psychotherapy, and doing so privately, with a primarily middle-class, professional, Caucasian clientele" (p. ix-x).[1]

The Debate over Case and Cause Advocacy

Specht's concerns are not new. The debate over the role of case and cause advocacy in social work stretches back to the profession's origins in the late 19th century. Much has been written about the differing perspectives of social work pioneers such as Jane Addams, with her focus on social reform and political action, and Mary Richmond, with her focus on individual casework. Furthermore, there is the tension between the micro and macro social work education emphasis and the call for training students to deepen in social casework skills with an equal pressure to widen students' appreciation of the breath of community work.

All of these are important in social work education but encouraging involvement in both approaches from students and practicing professionals can be challenging. We will all agree too that the following are all roles of a social worker:

1 *Specht, H., & Courtney, M. E. (1995). Unfaithful Angels: How Social Work Has Abandoned its Mission (pp. ix-x). New York, NY: Simon and Schuster.*

- Helping a family connect to financial assistance and community resources
- Counselling a client and the family struggling with mental health issues
- Organizing a neighbourhood revitalization project
- Lobbying lawmakers to enact legislation to protect the vulnerable[2]

What sets social work apart from many other professions concerned with human well-being is the seemingly unlimited ways we approach our work.

While some can embrace the widening possibilities, unlimited ways and multiple modalities, others can find it daunting because of its perceived lack of certainty and precision. What is clear is that the profession encourages social workers to embrace both perspectives. And it is important to understand that they are not a dichotomy.

Case and Cause Advocacy - both have their place and need not be a balancing act

So the challenge for social work education is to balance the difficult task of preserving social work's focus on multiple modalities while ensuring that students master certain core competencies needed for professional work. Charlotte Towle, wrote about this tension in the journal, Social Service Review. She said, "Gradually, we have come to the point of view that, while the demands of professional education cannot be individualized, the student can and must be individualized throughout the educational process."[2]

Despite the on-going debate about social work's role as a case or cause profession, there is a slight inclination for the majority of students studying social work today wanting to pursue a career as a social caseworker. Students should open themselves up to using a wider range of modalities. Increasingly,

2 Reardon, C. (2012). Case and Cause in Social Work Education – A Balancing Act. Social Work Review, volume 12 (No. 2), page 20.

students should avail themselves of opportunities in community planning/ organization, management/administration, social policy, and program development evaluation. Increasingly too, we should encourage discussion about the role community organizing, policy analysis, and advocacy play in social work. With the setting up of Social Service Offices, there will be growing opportunities for social work students to apply both case and cause social work education.

Student placements are signature pedagogies and offer opportunities where micro and macro work can be intertwined in real practice settings. Placements and classroom teaching should collectively equip students with competencies that reach across professional practice and evaluation and research. But since social work students are often so influenced by the practitioners they encounter while in school, it is important that schools expose students to social workers who have embraced both case and cause advocacy as part of their professional lives.

Social work is exciting because it is a discipline that enables clear connections among policies, the social environment, and client circumstances.

15th September 2014

Social Work and First Principles

- The significance of a Social Work education
- The different roles of a Social Worker
- The importance of community Social Work

Dear Students of Social Work,

You may have been asked what social work aims to do that requires years of training when what a social worker does appears to be common sense or is often misunderstood as what volunteers and do-gooders can do. What then sets social workers apart is derived from their education and training.

First principles

A good start to talking about what social workers do could be the principles of wellbeing and prevention and the recognition that an individual, his/ her family, and/ or carer must be enabled to make good decisions regarding their own care or their roles as parents and guardians. In practising social work, we are always mindful of cultural sensitivity and the respect of human beings. As much as possible, individuals should have a choice about their decisions and manage their own affairs and care. Social workers therefore have a role in safeguarding people's rights or civil liberty and in building relationships to support and empower children, adults and families to make important choices about the direction of their lives.

When we discuss the application of these principles in working with individuals or families who need help, the significance of the training shows up immediately as the dilemmas require creative problem solving, balancing ambivalence and ambiguity in the midst of action; and balancing between the individual's well being and that of any relatives involved in their care. A common decision that a social worker has to make is about protecting people from abuse and neglect and exercising individual choice.

As a profession, social work is very values driven in its practice. A social worker's primary duty is to use his/ her knowledge, skills and expertise, and best efforts, for the benefit of people requiring his/ her services. Social work is about building a relationship of trust and confidence. Social workers are trained to view the individual in the context of his family and community, and to draw on evidence and insights from a wide range of social, psychological, economic, legal, health and justice disciplines as well as social work and social care research for their interventions.

Assessment and empowering people to do things for themselves

In working with adults, a social worker's aim is generally not to do things to people, or for them, but to enable and empower people to do things, take decisions, and manage their lives, including taking risk, for themselves. Contrary to what most befrienders and volunteers might do on behalf of individuals, social workers recognise the importance of the individuals making decisions and help them by providing them with good information and support.

Assessing needs and making evaluations of situations are basic to social work practice. In doing this, where a person has complex or multiple needs, the social worker's analytical skills enable them to conduct in-depth and comprehensive exploration of those needs. Defining these complex needs can be difficult as it is not always possible to identify the full extent of needs. For example, older people and very young children do not always present their needs accurately on first or subsequent contacts. It is of course very helpful for early intervention if complexity is recognised early so that information and advice service can be given in a timely manner. It is also essential that the individual, carers and significant others are fully involved with the social worker in developing the care and support plan, in identifying priority outcomes, in assessing risks to be managed, and in suggesting informal resources that may complement state provision.

Social workers are needed when the complexity of an individual's or a family's circumstances require assessment, decision-making and intervention that are responsive to a range of *interacting factors.* These factors may be bio-social, emotional or psychological and they will often be unpredictable and may arise where there is conflict within a family. What is also often different in social work practice is the intentionality of social workers to identify strengths in people and tapping on them to help people to take charge of their lives and to live purposefully in the community.

There is usually a complex range of factors that a social worker must consider when assessing the needs and wishes of an individual. The assessment process should involve selecting, categorising, organising and synthesising data. This allows the social worker to prioritise issues, build a relationship and plan and review. Assessment is a continuous process, not a one-off event. A family's circumstances may fluctuate and so can an individual's physical, mental or neurological health condition which may require periodic reassessment. Such effective on-going assessments require highly skilled practitioners.

Case co-ordination – why social work training can help one to do this well

Situations where people have complex needs generally will also have involvement from other statutory, voluntary, private and community agencies. The role of a case coordinator is important where multiple agencies are involved in a plan. In the case of social care, the service user can "get lost" in the complex pathway of health and social care. *A case co-coordinator can help to ensure that services, support and advice are wrapped around the person rather than the person having to fit into a service model.* What is helpful is a multi-professional case coordination which involves a social worker or care coordinator focusing on following through the interventions and support.

Use of self

One of the key principles in social work is "the use of self. " People often wonder what this is all about. Acknowledging that there is no set formula to refer to requires social workers to use their knowledge, skills and values in adopting the role of an enabler, facilitator and negotiator when working with individuals and their families. Social workers are uniquely trained and placed to deal with such ambiguity. Instead of relying on set techniques, the social worker's greatest tool is his or herself in understanding and supporting others to achieve their self-selected outcomes. This is often how social workers go about doing collaborative work to promote independence and autonomy wherever circumstances allow it.

- Where a person is severely constrained by a circumstance and requires co-ordinated support to achieve at least a reasonable degree of independence and autonomy, social workers can lead in getting various parties to collaborate in the interest of the client.

- Where people need to overcome social and practical obstacles and challenges to manage their lives, social workers will work in a person-centred way to enable the perspective of the client to be considered. A person's problems may be episodic or long-term and particularly so in the case of care management. This often requires multi-agency case conferencing for creative and personalised solutions drawn from each particular set of circumstances. We can see this being practised in long term care and public guardianship situations.

Community social work and prevention

Community social work here will become increasingly important in enabling people to live as active citizens in their communities despite reduced abilities that result from a variety of circumstances including deteriorating health. This is where preventative services should also be a priority. To some extent, the work of Social Service Offices is about refocusing teams towards community minded initiatives.

One of the collaborative type of work that can be developed at local communities is the bringing of older people together through key voluntary, private and statutory services to identify how to collectively meet the needs of a group of people who may require more neighbourly support even if they do receive social care.

While the Agency for Integrated Care helps to bring a multi-disciplinary team approach, there is a need for local communities to step up in neighbourhood level support for daily mutual support and befriending. Such an approach is extremely helpful as it brings people together to provide support through monitoring the circumstances in their neighbourhoods, and thus allowing services to be accessed in a timelier manner wherever possible.

Bridging the gap

Such local efforts can help people facing issues such as loneliness or isolation, living on a low income, being a carer and living with or caring for someone diagnosed with dementia. The social work response involves a mix of preventive and community work, education, reducing social isolation, promoting and fostering health and wellbeing, as well as safeguarding clients. Advice and referral is at the core of such a service with social workers playing that critical role in strengthening access to appropriate support services, thereby bridging the gap between the person and a service which the person may otherwise have never accessed. We should not underestimate the thinking work that such an important process involves. The local team may conduct telephone reviews for people assessed at a low or moderate need who are not receiving a service and give advice and signpost individuals to a range of services. This process can result in critical referrals, domestic abuse interventions and referrals to vulnerable persons' risk assessment case conferences.

Social work enables and empowers

Guided by the principles of wellbeing and prevention and the recognition that an individual, his/ her family, and/ or carer must be enabled to make good decisions regarding their own care or decisions about their roles, social work is about building a relationship of trust and confidence. When it comes to trust, we all know that it takes time, commitment and an open heart and spirit built upon competence. Social workers are trained to draw from social science and learning, from economics, ethics, religion, and medicine to view the individual in the context of his family and community.

Analytical, integrative and collaborative skills

Assessing needs and making an evaluation of situations in social work practice requires analytical skills in order to conduct in-depth and comprehensive exploration of the complex needs. Assessment as a continuous process in oftentimes circumstances that are fluctuating demands analytical and

integrative skills in skilled practitioners. When it comes to interventions, it is equally demanding when it is about involving individuals and families in the care and support plan and in identifying priority outcomes. Unlike other professions which are generally about doing something to another being, social work requires collaborative skills. Instead of relying on set techniques, the social worker's greatest tool is their use of self in understanding and supporting others to achieve their self-selected outcomes.

So the years required to train a social worker can be explained by the breadth and depth of knowledge and skills that straddle the social side of medicine, law, justice and economics. The training done well breathes a new spirit into such learning to develop highly skilled practitioners. Most of the time, the social worker's value proposition includes respecting the client's point of view to empower ownership and responsibility and safeguarding of these for those who are vulnerable.

19th June 2015

WORKING WITH VARIOUS CLIENT GROUPS

Juveniles

- Key factors to take note of while caring for juveniles

Dear Students of Social Work,

Caring for Juveniles

When professionals appear before the juvenile court judge, their recommendations assuring that the children would be well taken care of are often accepted. This is done as there is trust that the "system" is doing right by the children it cared for. The question remains however as to how the system is maintained to provide that assurance as we know that it is hard work to get an inter-disciplinary system to be indomitably child-centric.

The focus of our juvenile system in the last couple of decades has treaded the balance of safety of the child through removal and intervention onsite within the household situation. The key challenge in some situations is the meaning of "best interests" when deciding whether to send children home after being in the system. The key issue that keeps us all awake at night is the breaking of the inter-generational cycle of the appearance of children in the juvenile system.

If removal was indeed solving the problem or if interventions were targeted, we would not see a generational carry over. This is not unique to us. Many around the world are kept awake trying to find the elusive solution. Upon reflection, we continue to ask ourselves how we have healed the children and families of origin that become involved in the juvenile system. While removal may well interrupt a pattern of abuse or neglect, it is not sufficient to ensure that the children have an opportunity to grow up in healthy families, which everyone agrees is best for children. Moving children from foster home to foster home or into institutional care does not provide them with the necessary modeling and long-term connections to launch them on positive trajectories. So we know that safety is not a sufficient standard and social work help is critical in the service delivery plan.

We know too that despite the challenges, studies have shown that good social work has helped some children to survive the very worst sexual or physical abuse and come out seemingly whole.

Research has also revealed that resilience is the product of multiple connections. Connections to people who genuinely care about the children turn out to be critical. And yet, too often when children are removed from families, there is little real effort to maintain or enhance children's current relationships while in care. (It is even more uncommon to see efforts to create new relationships through natural connections to relatives not tied to placement options.)

If we know these connections are necessary, why do we not routinely ensure that they are in place? Perhaps for the same reason we ignore visitation evidence. The average parent gets one hour of visits per week with the children. We know from research that adding another hour of visits results in a tripling of successful reunification efforts, doing nothing additional in the case. Adding another hour triples success again. Going from one hour of visits to three hours of visits can result in a nine-fold increase in successful reunification. And yet, the possibility of additional visits is given little attention. Similarly, caseworkers sometimes struggle to keep families as the center of their work while working on documenting compliance with standards.

Research is clear that children who manage with good community support to stay out of the justice system have better outcomes than those who are in care and those who age out of care without the caring connections of families or stable relationships with adults.

As some would say, maybe it is time to remind ourselves to have a system that intervenes in the lives of children and families in such a way as to bring healing, not separation; to bring improvements, not disadvantages and burdens; to bring an ally to families in trouble, not an adversary. Segments of the child-serving community have been doing this work and we need to support that work.

3rd April 2014

Vulnerable Persons

- Skills required for the initial assessment of vulnerable persons
- What casework intervention looks like for vulnerable persons
- What it looks like to work together to support vulnerable persons

Dear Students of Social Work,

It is common for a case involving a vulnerable person to be surfaced to an agency through a phone call or an email with some information. But the information given is insufficient to conduct a proper assessment of the case. Various parties may be indicated and have different starting points of involvement in the case. The question is how do we begin to form an assessment for the next course of action.

Initial Assessment

It is often difficult to expect a vulnerable person[1] who is usually not in a good physical or mental state to be able to provide sufficient information. By sufficient, we mean good and clear information. Skilful interviewing is necessary and should be carried out at a pace that matches the person's ability and capacity. There is always pressure to obtain reliable information. This is important as the immediate need may be to determine if there is neglect or abuse, past or present.

The initial work for anyone who has the first contact with the vulnerable adult must be to assess if there is an immediate risk of harm that warrants getting the person to medical help or the removal of the person to a place of safety. If the assessment reveals concerns about the well being, welfare and urgent unmet needs of the person, a caseworker should then be assigned to the person. The role of the caseworker is to facilitate help and to subsequently monitor the result of the help and what may be a longer term arrangement for following up on the case.

Casework Intervention

The agency that is monitoring the vulnerable person should continue to do so until a more permanent caseworker or follow up plan is determined. This monitoring reduces the risk of the person falling between the cracks or being

1 Loosely defined, a vulnerable person is one who, because of physical and/or mental infirmity, disability or incapacity, is unable to protect himself from harm.

lost in the referral process. Casework intervention may include working with significant persons who can provide care and support for the person and enabling help agencies to contribute towards building a safety net of support for the person.

Depending on the severity of the need of the person or the risk of harm, the agency handling the case should alert protection authorities or relevant others if the person requires intervention from a more authoritative agency. The assessment of the risk of harm should be an ongoing one to delay deterioration from an initially non risk status.

The casework should aim to achieve some permanency for the vulnerable person with the care being provided in a family based setting, in an institution or in a community based facility. It could involve transitions across the different settings over time.

Once concerns about the well being of a person is known, the focus should shift to getting help to the person as quickly as possible in the right place and at the right time and avoiding unnecessary processes that cause drift and delay. When a person needs help, he or she needs it in a timely, sustainable and informed way. This means coordinated interventions. These could range from same day rapid response 'at the point of crisis' to solution focused support services promoting effective diversion from care, to longer term family work or specialist support. If family work is an option, it would involve constructively engaging with the person, significant others and other care givers. The approach enables us to promote a planned response to need and risk and a clear pathway for escalation and de-escalation.

Central to the approach is the need to minimize the barriers to us hearing the voice of the vulnerable person. This consciousness should be part of the 'thinking' and 'mindfulness' in the approach. This includes recognizing the priorities of the vulnerable person (be it to preserve family relations, to seek help for the perpetrator or to stay at home as far as possible) and putting aside our personal values and judgment.

Themes in Intervention

Prevention: We know that we will have more chance of helping vulnerable persons if we identify their problems swiftly and intervene early to support those who can care for the person. We want our services to be skilled at identifying the problems of vulnerable persons as they emerge, and before they pose harm. And we expect them to work together with their families, where possible, to tackle problems.

Protection: For some vulnerable persons, we cannot prevent problems escalating and presenting much greater risks to their well being. Taking swift, decisive action will be important to prevent significant and lasting damage especially if the vulnerable person is someone with a disability. It will also maximize our chances of restoring the confidence and dignity of the person.

Strategy and System

The approach in intervention is to provide support at the point of the carer's inability to cope or better still, at the point when the ability is beginning to break down. The aim is to structure a system for surveillance so that it can trigger escalation for intervention. It is about supporting the carer's residual capacity and motivation. To do so, the intervention should assertively engage resources within the community support network.

What working together to support a vulnerable person means

Working together means identifying needs early and addressing them. It means undertaking work in a timely and focused way. It means establishing and developing key partnerships to undertake intensive pieces of intervention work.

The intervention or strategy is often led or directed by a social worker, or an identified professional. As part of the strategy, the vulnerable person is asked

about his or her views and feelings; and those who care for the person are given a listening ear and allowed to contribute information.

The lead strategist or coordinator forges multi-agency partnerships across the continuum of need. The coordinator may also help those involved to formulate a plan within their own resources to support the vulnerable person drawing help from community resources where appropriate or available.

3rd November 2014

Older Persons and Neglect

- Difficulties faced by older persons who face neglect
- The impacts of the neglect of older persons on society
- Tensions faced by Social Workers in resolving cases involving older persons facing neglect

Dear Students of Social Work,

There is now more news about older persons who are subjects of questionable influence, neglect and abuse or fraudulent activity. This is an area that social workers should be concerned about and will increasingly come across in their work. I came across an idea about getting older women to speak about any such incidences by talking about mothering. The originator of this idea explains the dilemma an elder abuse victim has in speaking about her own abuse by an adult child. Dr Judy Smith, an Associate Professor of Social Work at Fordham University's Graduate School of Social Service in New York City has conducted many research studies on parenting and child development with samples of low-income women. She describes the stresses of parenting in later life and especially the predicament of an old mother who is still caring for an adult child with disability.

A different approach

We know that some elder abuse victims are often abused by someone close to them, such as a family member (adult child or grandchild) or a close friend, which causes victims tremendous conflict when determining how, or if, to respond to the abuse. Dr Smith's study attempts to understand the experience of older women who are currently providing significant emotional or financial assistance to their adult children by talking to them about the ups and downs of their life long career as a mother for this particular child. Rather than focusing on elder abuse, per se, the study is framed around the woman's perception of her life course of being a mother and the challenges she has faced around dealing with a child whose problems in adulthood are currently causing her conflict, pain or fear.

Professionals working with older women who are at risk of abuse by their adult children often face hesitations by the older adults to discuss abuse because of the fear of jeopardizing their relationship with their adult child and/or causing them harm. By structuring the interview around mothering, the women when interviewed could be more ready to tell the story of their many decades of

loving and caring for their adult child. The stories they share could reveal the deep-rooted conflict between protecting the child and caring for oneself. This comment from a woman is such an eye opener. She said, "I never really had anyone ask me 'how did I feel about being a mother."

Difficulties that plague older persons facing neglect

It is not unusual for older women to feel ambivalent about their care giving role and to experience dual feelings which include torn feelings of loyalty and protectiveness towards their adult children and, simultaneously feeling anger and resentment at having to provide non-normative care giving to their adult children. It is not unusual too for older women who are neglected to be isolated with limited social contacts. As they age, they too could have a physical or mental disability. Many are dependent on others for their care and have difficulties in communication. Neglect commonly arises from a lack of support for the carer who needs assistance to cope with both care and non-care related stressors.

Families may also not have the knowledge or ability to coordinate care arrangements or make contact with services. It may well be then that it is not until after neglect has occurred and the effects apparent that support needs are identified. This suggests that opportunities for proactive needs assessment had been missed or that needs assessment had not been comprehensive, with carer needs remaining unidentified. It is also possible that the level of services needed were not readily available. For example gambling and addiction services are not readily accessible. It is also likely that some carers lack the level of skills needed to provide adequate care as they age. Some family carers may be capable of providing care but are under stress and unable to cope with competing responsibilities, for example because of work and/or caring responsibilities for their own children. Some carers were part of a 'sandwich' generation, faced with the dual task of caring for two generations, young and old. Some family carers may not only lack the skills to provide adequate care but may also reject the carer role. Dysfunctional family dynamics, with some

members dominating, controlling, or manipulating others or their resources for their own benefit, may also be present. Poor communication between family members may also be common.

Impacts on society

Structural ageing or ageing due to demographics is likely to increase the pressure on family carers and elder care services as the percentage of older people, and people over 85 years of age, increases as a proportion of the total population. At the same time as the number of older persons are increasing, the number of persons between ages 15 and 65 is reducing. This means that the ratio of younger persons available to provide care will be lower than has historically been the case. In addition, on average, families are smaller than in past generations with fewer children per parent available to provide support. Although family members here are less geographically separated, making contact and communication more possible, the working hours and travelling time does mean increased pressure on family to provide home care support and engaging domestic help.

Tensions in case resolution

Social workers and care coordinators often struggle with admission to residential care as a solution to neglect. Coordinators indicated that those remaining at home who may benefit from admission include those with high and complex needs but limited support, and those living with family with addiction problems who may be at heightened risk of repeated neglect. Care coordinators are also aware that some older people may tolerate neglect by minimising the impact (and sometimes may conceal the extent of mistreatment) for a number of reasons, including fear of institutionalisation, fear of retaliation, a desire to protect the family member from the consequences of their actions, shame and embarrassment, or a perception that the abuse or neglect is to be expected or deserved.

Effective resolution of cases can be difficult to achieve and require a balancing act to ensure both client safety and the protection of the client's right to self-

determination. This raises the issue of who makes the decision for an older family member to stay at home or enter residential care. In some cases, choices about where to live were restricted by decisions made by family members for reasons that were not in the best interests of the client. Sometimes the client may elect to stay in a neglecting situation. Older people have the right to self-determination. While not ideal, sometimes what is needed is to find ways to support a client who chooses to remain in a non-ideal situation. It is understandable for some who face neglect to be reluctant to change living arrangements for fear of being alone or because of the desire not to disadvantage their family member, for example by depriving them of access to the family home. The family member may also be the only person they feel they can call on for assistance with care or their only source of social contact. Limited social networks and isolation is often a feature in situations of neglect. In such situations, it is helpful to have services that aim to reduce isolation, such as befriending services for older people.

In Conclusion

These are some areas that social workers should stay current on and equip themselves in when working with older persons facing neglect. Good training, support and supervision for those working with cases of neglect are important. It is also necessary for workers to be equipped to inform and assist with instituting the powers of attorney in the Mental Capacity Act. A range of commonly recognised risk factors for abuse or neglect include social isolation; carer stress; physical or mental impairment or disability; dependency (of the older person on their carer or of the carer on the older person); dysfunctional family dynamics (including a history of family violence); and presence of alcohol, drug or gambling addictions. It is clear that for some people emotional and physical abuse occurs alongside neglect. As we have a growing ageing population, we need to establish a rich source of information to increase knowledge about both abuse and neglect here to better inform policy development, service provision (both intervention and prevention activity) and social change.

19th November 2014

Adult Protection Service Casework

- What an APS caseworker does
- What Social Work looks like in APS
- The interventions involved in APS

Dear Students of Social Work,

You would have, of late, been reading about protecting vulnerable adults particularly the elderly. The services provided will include and to a larger extent be administered by an Adult Protective Service (APS), as well as partners working with APS. This will be an area where more social workers will be required to play a significant and purposeful role. What does an APS caseworker do?

APS Caseworker

An APS caseworker performs advanced social work related to protecting the elderly and adults with disabilities who are unable to protect themselves. An APS caseworker has an interesting job that includes:

- Conducting home visits to assess if the person is at risk of harm.
- Talking to clients about their situation and even asking some quite intimate questions.
- Engaging in discussions with the client about all aspects of their life – including money, health, relationships and even terminal illness or death.
- Responding quickly in a crisis situation involving vulnerable adults in an abusive/ neglectful situation.
- Interacting objectively with "caregivers" who have abused adults in their care.
- Educating clients in order to change previous behaviour that has led to abuse, neglect, or exploitation.
- Spending a significant portion of time documenting casework activity.
- Appropriately dealing with verbal abuse from clients who may not understand or accept why the caseworker is there.
- Working under constant time pressure created by the nature and volume of the cases, prioritizing efforts and working flexible work hours.
- Convening family conferencing to draw up care and safety plans.
- Maintaining a balance of objectivity and empathic understanding in dealing with families living in stressful or crisis situations.

An APS worker always works in a team, supports other caseworkers and follows the directions of the courts and agencies.

What is "social work" as it relates to APS?

Social work intervention would include investigating allegations of abuse, neglect or exploitation of people who are elderly or disabled. This involves:

- Helping clients maintain their dignity and as much as possible, their independence.
- Building community relationships with law enforcement agents, medical personnel, court personnel, and representatives from various agencies and organizations.
- Conducting assessments of clients and their living conditions, developing service plans and providing or arranging for services to remedy problems.
- Identifying some agencies that might be helpful in developing a service plan which includes involuntary interventions.
- Researching the agencies and obtaining information from direct contact, brochures, consultations with supervisors, and recommendations of co-workers in order to develop appropriate case plans with and for clients.

Interventions for older adult abuse, self-neglect and self-harm

Social workers are in an ideal professional position to discover and intervene in elder abuse, self-neglect or self-harm in an older adult. Besides remedy, social workers often can take the lead in establishing safeguards for an older adult as a form of preventive work in these areas. Assessment is among the first activities that the social worker carries out and it involves the following:

- Finding out what support systems are available to an older adult. These may include available caregivers, local social services, home health care, GPs and dentists.
- Developing a comprehensive understanding of the older adult's financial

situation. Sometimes this requires a collateral information if the older adult appears unaware of his or her financial status. Signs of financial abuse include large withdrawals from bank accounts that are not consistent with prior banking activity, endorsement of cheques or documents that do not match the older person's signature or thumbprint and an increase in ATM cash withdrawals that do not match prior banking activity.

- Acting as a co-ordinator or a voice for the older adult needing services.
- Initiating a psycho-educational support group for the older adult and his or her family/ caregiver to facilitate better self-care and to create a safe environment for the older adult.
- Developing a comprehensive understanding of the older adult's culture. This will enable the service provider to make positive engagements through adaptations to their culture.
- Checking for signs of self-neglect or self-abuse such as sudden weight loss, extreme thirst, bedsores or unattended wounds, poor hygiene, and obvious body odour.
- Checking for signs of physical abuse which may include bruising, rope marks on wrists or ankles, unexplained injuries and refusal to seek medical help for injuries.
- Checking for signs of sexual abuse which may include torn or stained underwear or bedding, bruises in genital areas or on breasts, bleeding vaginally and newly diagnosed sexually transmitted infections.

Inter-agency work

An effective protective service is built on good relationships among law enforcement agents, medical personnel, court personnel and representatives from various service providers. Very often, social workers play the role of advocate, case manager and convenor of case management and decision making platforms. For vulnerable adults, especially those with complex needs or needs that require the services of more than one agency, department or professional, the experience of a coordinated response and commitment to a case plan will better safeguard the interest of the client. The adult will have a better sense of safety, care and support. Now that we know that inter-agency work is important, it is a working style that agencies will have to adopt

and commit to in order to utilize the expertise of various professionals in safeguarding the interest of vulnerable adults.

30th January 2015

Understanding Policy Issues in Poverty

- The essential factors in addressing issues of poverty from a policy and systems angle

Dear Students of Social Work,

By and large, we are fortunate that in a city-state with broadly speaking, good housing means that we do not have to grapple as intensely with distressed communities with intractable issues of poverty and worse still, persistent intergenerational poverty. Any and every country will have people who are poor but persistent intergenerational poverty is a complex and daunting problem that requires sustained effort at multiple levels. The irony is that despite the research being done, most countries still struggle for generations with public policy making and testing out of strategies to eradicate intergenerational poverty without clear success. What have these countries which are usually very large tried? Many have tried strategies that focus on the places where poor children live while others have tried moving children out of poor neighbourhoods and communities. So what have these countries learned about trying to eradicate intergenerational poverty?

Expand employment opportunities and boost wages

Decades of experimentation and learning[1] have led to an evolving set of findings and principles for antipoverty efforts. These are aimed at a range of strategies. These strategies include revitalising neighbourhoods and moving families out of severely distressed urban neighbourhoods which undermine the families' capacities to meet their children's developmental needs and trap children especially of certain ethnicity in poverty. Research has also shown that nationwide efforts to expand employment opportunities, boost wages, strengthen systems of work support, and bolster the social safety net are necessary. But they are insufficient for children living in severely distressed neighbourhood environments. Dual-generation interventions aimed at neighbourhood conditions that are most damaging to children's healthy development were also thought to be critical to "moving the needle" on persistent, intergenerational poverty.

1 The Urban Institute; the Stanford Center for Poverty and Inequality; UC Davis Center for Poverty Research; McSilver Institute for Poverty Policy and Research; Institute for Research on Poverty (Wisconsin)

Education, health, jobs and networks

The research has also shown that for poor children, some interventions are a priority. These include:

(i) Increasing high-quality educational opportunities, from early childhood through to higher levels, and this would include after-school care, enrichment and holiday activities.

(ii) Reducing crime and violence so that children and their parents feel physically safe and psychologically secure and are not subjected to repeated traumas.

(iii) Providing health-promoting services and amenities, including affordable sources of healthy food; physical and mental health services for children and parents; safe places for children to play and exercise; and homes, schools, and safe community spaces.

(iv) Supporting social networks by strengthening the capacities of residents to work towards shared goals; mutually support one another and each other's children, and secure resources.

(v) Expanding access to opportunities for jobs, financial stability and economic advancement.

A quick reflection on these areas shows that we have given people here access to these areas. For example, we have equal access to high quality education for all our children, affordable and accessible good primary health care, social networks and access to family service centres and reskilling and life-long learning efforts by Workforce Development Authority to secure jobs. In many large countries, these are areas that can trap individuals in poverty as the mechanisms and structures for enabling and facilitating access to public services and amenities are stubbornly unresponsive or absent.

Meeting needs of children

In helping children in poor families, it is always important to remember that all children, regardless of where they live or how much their parents earn, share the same foundational needs. Children require responsive care giving, safe and secure environments, adequate and appropriate nutrition, and health-promoting behaviours and habits. To meet these needs, parents must have four clusters of capacities - financial resources, investment of time, psychological resources, and work capability. All these are facilitated by the family's income and assets. To supplement income, transfers from the state and philanthropic sources enhance the families' capacities.

Families also live and raise children in a neighbourhood and community. As a small city-state with state sponsored housing, most families are sheltered from the challenges that come with adjustments from having to move a lot and to quite different environments as would be the case in large countries. The research in the US has found that there are benefits of living in high-opportunity neighbourhoods. The project, Moving to Opportunity, and rightly named, tested the long term benefits of helping poor families move from severely distressed housing projects to lower poverty and higher education level neighbourhoods. The results show significant benefits to health and better outcomes in work and in school. This project is different from the typical programs designed to help low-income families in the States pay for housing which tends to be in distressed and dangerous neighbourhoods that continue to entrap them.

We can all appreciate that where we live, and especially where children grow up, matters. The evidence[2] is indisputable that living in severely distressed, high-poverty neighbourhoods seriously undermines children's well-being and

2 Tackling Persistent Poverty in Distressed Urban Neighbourhoods by Margery Austin Turner, Peter Edelman, Erika Poethig, and Laudan Aron; and Urban Institute White Paper, June 2014

long-term life chances. In the case of the States, programs which help families pay for private rental homes and apartments in neighbourhoods of their choice perform much better than programs that subsidize the construction and operation of low-income housing projects. Children in US whose parents grew up in high-poverty neighbourhoods score dramatically worse on reading and problem-solving tests than those whose parents grew up in non-poor neighbourhoods, all else equal[3]. We are fortunate that we do not have these extremes and relatively few stubborn intergenerational links. But we are not immune to the challenges of pockets of our communities that face disadvantages posed by being poor. We can do more to ensure access to good quality education starting from pre-school for these families. We can also do more to help these families to navigate to use any help extended and especially paid work.

Social work skills

To address issues of low-income and the poor, public policy and strategies at the systems level are key. At the individual family level however, the family-centred practice of social workers will help families to improve their capacities. The practice includes three key elements: (1) an emphasis on strengths, not deficits of these families; (2) promoting family choice and control over resources; and (3) the development of a collaborative relationship between parents and professionals that the families interface with.

Social work skills are needed to carry out good assessments, develop service plans and conduct purposeful interventions with children, youths, older persons and families. Effective family-centred practice is part of helping low-income families to improve their circumstances and it is characterised by sensitivity, diversity, and flexibility on the part of social workers. It is a

3 *Stuck in Place - Urban Neighborhoods and the End of Progress toward Racial Equality by Patrick Sharkey, University of Chicago Press, 2013*

systematic way of working with families and helping them to systematically access amenities and services to rebuild expectations and hope.

12th February 2015

Helping Those with Debt

- The consequences of accumulating bad debt
- Steps to take in helping those with debt

Dear Students of Social Work,

Social workers in the course of their work will come across individuals and families who face debt payment problems. Debt payment problems can be attributed to various causes such as mental health problems and gambling. These problems often make it difficult to deal with money on a day-to-day basis and affect motivation, judgement and income. The downward spiral is fast and is often compounded by being unable to work long-term and to make ends meet.

Debt isn't just a financial problem. It can cause relationships to break up, people to lose their homes and families to break down. No matter who the individual is, it can be hell. While debt isn't bad in itself and most people do have some form of "debt", debt is bad when it is unplanned and severe, leading to crisis debt situations. A rational decision to borrow cheaply is fine. Mortgages, student loans and more are an integral part of the modern financial world. But debts that result from gambling, ill fortune or business failures can be extremely stressful.

Debt, stress and anxiety

Debt and mental health problems, whether they are caused by redundancy, bereavement, relationship breakdown, abuse or just naturally occurring, are rarely talked about and are not uncommon. What's also rarely discussed is the link between mental health issues and debt. When debt mounts up, so does stress and anxiety. When a person is in serious debt, it can be hard to imagine an end to the financial stress. It is important to support the person and to give them hope.

It's easy to feel isolated when a person or a family member is in serious debt. Some people may feel embarrassed or worried about what their friends and family will say, and so they keep the debt problem bottled up. So when a person has stepped forward to disclose and get help, it is important for him to know that he will not be judged and that people have successfully gotten out of debt with a 'get out of debt' action plan.

How to help those with unplanned debts

What counts as a debt crisis depends on who we talk to, but one useful definition is when a person can't afford to make even the minimum repayments on all their debts. Therefore even if the person's debts are big, if he can service them - even at the minimum level - the person is not in a debt crisis and different solutions are available.

So how can we help? First, the person should want to take charge and get help for the debt payment. Second, the person needs to be in touch with how he is coping with the problem. If the person feels that things are getting out of hand and feels that he can't cope, he should see a GP or call SOS. Third, the person should commit to a plan which, as a start, will stop the debt from growing.

Stop borrowing

It sounds obvious, but there's no point in the person trying to sort out his existing debts if he keeps adding to them. The most important thing therefore is to ensure that the person is not borrowing more.

The way to start doing this is by having the person look at the bank statements and draw up a budget which adds up whether the person spends more than he earns, so that he can see where his salary and savings, if any is left, are going. The next thing is to see where he can cut the bills and where he can cut back.

Cut interest rates

With debts that incur interest rates, this is the first target to stop further bleeding. The less interest the person pays, the more his repayments can go towards clearing the actual debt and not just servicing the interest. Some debt counselling will advise using a balance transfer which is when the person gets a new credit card that pays off the debts on old cards, so that the person

owes the new card the money at a cheaper interest rate. There are two main routes. The first is a 0% deal, where the card is interest free for a set period (even though the person may have to pay a fee to do it), but after that the rate shoots up. Alternatively, the person can be better off asking for help to renegotiate payment on a longer term plan without further charge of interest rate.

Pay off the highest debt rates first

To begin to tackle the debt, it is useful to list all the debts in order of interest rates, so that the priority is on clearing the debt with the highest interest rate first, for the simple reason that it is costing the person most. That means that the person will pay just the minimum repayments on all other lower interest rate debts. Once the most expensive debt is repaid, the focus is on the next highest rate card and this continues until the person is debt free. Adding the total debt and planning to pay across the creditors is usually not a good strategy.

Negotiating payment

The person should contact his creditor and express his wish to pay and request the creditor to offer to lower the minimum for a certain amount of time and preferably not charge interest rate. It is also possible that creditors are willing to offer a settlement amount that is usually around 60-70%.

There are also debt consolidation loans that allow a person to pay off the debt and make one low monthly payment that is less than what the person is currently paying. A debt management plan in essence consolidates debts into a lower, more affordable monthly repayment.

The person can also get help from a credit counsellor who may not try to reduce the overall debt, but will work with the credit companies to lower the interest each month and lower the minimum so that the person can work on the principal balance a little more.

In the case of HDB housing loans, it is always possible to appeal and re-negotiate a loan repayment plan.

Any of these choices will help the person on his way to being out of debt. Whichever route the person chooses, he needs to be vigilant about not returning to this financial state.

The money issue is often hidden

Money issues may be hidden in cases that we work with and debt management is only one aspect of these issues. Although this is an area where social workers at the foundational level may not all be sufficiently trained in, it is part of wholistic assessment.

Crisis debt situations may lead to devastating effects on our clients at both a personal and relational level. It is therefore important for us as social workers to help them with a non-judgmental attitude and to have some basic knowledge to explore how to get out of bad debt situations and how to help our clients through the process.

6th March 2015

Social Work with Young People

- Determining the appropriate treatment of young offenders
- Significance of external and environmental factors in juvenile crime
- General principles for addressing the issues of young offenders

Dear Students of Social Work,

A common topic in social policy and social work practice is the treatment of offences by young people. The treatment ranges along a continuum and is shaped by philosophies about human nature and risk taking. These, together with understandings about adolescent development, often interplay to shape the policy and practice in providing services to young persons who get into trouble with the law. In some situations the pressures from society and local communities about how offences by young people should be addressed may even override the research and understanding of adolescence associated behaviour.

While public opinion varies regarding the extent of giving young people more room for experimentation, most would expect that those who offend must be punished. Most countries vary in how young people are treated and where they draw the line for treating a young person as an adult. In the US, for example, it is most unfortunate that states such as North Carolina prosecute all youth as adults at age 16, regardless of the severity of the crime. While the severity of a crime is a key determination of the treatment, it is also necessary to realise that the circumstances that some young people live in make it hard for them to respond with non-violence. Some live in disadvantaged and depressed environments that can precipitate their getting into the justice system early, causing a downward spiral that makes effective intervention difficult.

Furthermore, mental health issues and the use of drugs could also go undetected and untreated. It is therefore not uncommon for both institutions and young people to eventually respond using violence not as a last resort but as a form of control. Adults use violence as a means to control the adolescent population and punish disorderly or disrespectful behaviour. Control hence takes precedence over rehabilitation, support, connections and mentors.

Fortunately, in countries such as Singapore where attendance in school is of high priority and students are monitored, early detection of mental health related issues is far easier than in countries where attendance in school is of

lower priority.

Without being prescriptive, what then might be lessons that we can learn about working with young people at risk of anti-social behaviour or behaviour that will get them into trouble with the law? Here are perhaps some of the lessons.

1. Help young people to want to succeed.

Success is an attitude of the mind and a longing of the heart. Young people must want and learn how to succeed. The job of teachers, youth workers and social workers is to help them develop a moral compass and experience success, because nothing inspires success more than experiencing success.

2. Relationships are key.

For each young person, the early identification of at least one stable, appropriate, and willing adult relationship is the foundation on which success can be achieved. A case worker could find this difficult for some young persons but we must try hard and look in the least expected places to secure such a relationship.

3. Programs do not replace relationships or family.

In the absence of family, we must create a family. Some of the young persons who are in the juvenile justice system may require forms of support that could play the role of "family" and provide "stable family connections". Young persons need to trust and respect an adult who is dependable, available and consistent.

4. There is no one-size-fits-all program.

We need to be mindful that working with young people is similar to working with families. Programs need to be adapted and no matter how evidence-based they may be, we need to consider relevance and cultural sensitivity.

5. Treat mental illness or mental health concerns.

Where young people show that they may have mental health concerns, facilitate access to assessment and evaluation. Treated early, these concerns need not deter young people from achieving their goals. Differentiate between situational mental health concerns which could be the result of life experiences and pain, and chronic or persistent mental illness. It can be challenging and time consuming, but we need to appropriately address and facilitate treatment for the two different types of illness, i.e. situational or persistent.

6. Invest in long term support.

While most young persons may be able to cope after completing a mandatory program, some will require support for a longer period of time to achieve stability. They should continue to receive support and help until they become self-sufficient adults, independent of programs and services. This is not easy to arrange but worth the gains for some young people, and this is more so for those with a disability.

7. Support families.

Our approach cannot be exclusively young person-focused. It must include their families and parents as they are the key to whether a young person will achieve success. Furthermore, parents or significant adults deserve the support. Parents and families struggling to cope with young persons should have ready access to information, advice and practical help.

8. Invest in the people doing the work.

Work with young people involves more active engagement and participation in activities. To sustain them in their work and to build their capability, it is worth investing in the training and development of youth workers. They should not be hired just to do a job. They should be able to discover their talent and aptitude, and be supported to develop in these areas as a distinctive set

of knowledge and skills of working with young people. Career coaching and skills training can play an important part in helping them to structure a plan for themselves.

Finally, we need to constantly remind ourselves that these are not "bad" young persons, but many of them are young persons to whom bad things have happened. With help, young people can succeed.

31th July 2015

Re-entry and Integration

- Revisiting certain strategies in the search for less punitive measures and shorter incarceration periods for criminals
- Programs that can help to address recidivism and increase public safety

Dear Students of Social Work

Social work in the criminal justice system and in particular in aftercare is crucial work although it takes place in a secondary setting.

What has been the trend in the other side of the world?

In recent years, Americans who have for decades filled their prisons, have begun to weigh more categorically the price of mass incarceration. There is comparison of the stark equivalent in some instances of the annual per-inmate cost of prison with that of the tuition at a good college. Such comparisons although coming from a cost perspective reiterate the risk that prisons can feed a cycle of poverty, community dysfunction, crime and hopelessness. There is also a rise in support for a more diversified way of rehabilitating prisoners in the States instead of focusing on punishment. Central to the call for reform is the need to have fewer nonviolent offenders in prison. Punishing crime or criminal justice policy is a difficult subject as there are so many constituents involved in deriving the policy – ranging from law enforcement groups, businessmen, social workers to advocates for crime victims. Each country, state and city has its own history and method of how to prevent crime, how to punish crime and increasingly how to help those who have gone the wrong way to behave in a pro-social manner.

Even while lobbyists win the argument for less punitive measures and against long incarceration, the important question remains : How do we punish and deter criminals, protect the public and improve the chances that those caught up in the criminal justice system emerge with some hope of productive lives?

We read of many experiments in states and localities in the States, and of researchers trying to determine what works. Although the government has stepped up evaluation of all these programs (see the National Institute of Justice's impressive CrimeSolutions.gov website), most of the evidence is still

tentative. A study[1] released in January 2014 by the Urban Institute examined 17 states, testing an approach called Justice Reinvestment - reducing prison costs and putting some of the savings into alternatives. But the jury is still out from a pure research point of view even after decades of experiments about what works. This is partly because of the lack of control groups, lack of sustained experimentation and impatience in wanting to try out yet another strategy. Despite these qualifiers, there are several broad strategies that seem promising.

Revisiting Sentencing

America which has been tough-on-crime has in more recent years began to revisit sentencing. We see them in some instances, stepping back from the three-strikes law, mandatory minimum sentences and the requirement that prisoners serve a minimum portion (often 85 percent) of their sentence in lockup. It is evident that the length of imprisonment has had modest effect on crime rate and that there are other considerations in tackling crime rate.

Revisiting Supervision to avoid a revolving door

There was beginning appreciation that probation and parole with good casework was helpful. This was especially so when it came to developing a helping relationship beyond supervising the probationer or parolee on violations of conditions. The aim in some areas is for parole and probation to be less of a revolving door back to prison. In some areas, the focus is on offenders who are considered most likely to commit crimes and to work harder with these cases. They use technology (ankle bracelets with GPS, etc) as part of the supervision. The approach is to respond promptly with a punishment for missing an interview or failing a drug test. The punishments start small and escalate until the offender gets the message and changes his behaviour, preferably before he has to be sent back to prison. Some will see this as basically applying the principles of parenting to probation.

1 *The Urban Institute. (2014, Jan). Justice Reinvestment Initiative State Assessment Report. Retrieved from http://www.urban.org/uploadedpdf/412994-Justice-Reinvestment-Initiative-State-Assessment-Report.pdf*

Revisiting Diversion

There is now a range of specialist courts that handle offences by categories. For example, drug offenders may be sent to special courts that divert non violent drug abusers to treatment instead of prison. Drug courts have led to the formation of others such as domestic violence courts that aim to address problems rather than dispense punishment. These are attempts at addressing the underlying causes of offenders committing a crime.

Revisiting Policing Strategies

Over the years, police work has also gotten more sophisticated and more targeted. Police in many cities and areas do more than just policing of "bad neighbourhoods" and stopping and frisking residents. They target micro hot spots, such as drug corners, and small groups of violent actors, such as gang members. Police in these cities have become more selective about who gets arrested and put into the criminal justice system.

Revisiting Re-entry

For a long time, prisoners were released into society and it was thought that the reflection and isolation in prisons would have done the work of leading them to repentance. In the US, as many as two-thirds of prisoners were rearrested within three years. A number of programs aim to improve the odds that a released prisoner will have other options besides unemployment, homelessness and a return to crime. Some feature pre release counselling and the enlisting of family members to ensure a safe landing. To increase the chances of employment, there was an initiative called "Ban the box" to encourage employers to eliminate the box on job applications that asks if you have ever been arrested. A criminal history can still count against the person in hiring, but it doesn't eliminate the person from consideration.

So what is it that we can learn about re-entry and aftercare?

To begin to speak about aftercare, we need to consider some of the goals of our criminal justice policy as they give the precursor to the discussion about

reintegration into the community. Broadly, one could say that the goals of our criminal justice policy are to provide sentencing laws and correctional practices with continuing emphasis on non-incarceration and community-based alternatives to incarceration. Unlike many other areas of social policy where we have learned from others what works and what we should do, we have in the case of our criminal justice policy the advantage of learning lessons from others about what not to do and what does not work. Hopefully, much of what we currently do have been born out of applying research and evidence to determine swift investigation, justice, trial, sentences, and terms of probation. These efforts, we believe, would have tapped into analyzing theories of violence and reviewing recidivism.

Big data or research is increasingly helping to determine how many individuals are incarcerated, and of those incarcerated, who can be placed in less secure settings while maintaining public safety. This must continue alongside investments in preventing crime. We must not compromise on justice and take cognizance of the rights of victims and public safety. But we also want to learn from research to deepen our understanding of the lives and experiences of those involved in the criminal justice system. It is also useful to understand the extent of multi-faceted damage inflicted by excessive incarceration.

Where aftercare comes in is when the level of punishment is already determined and meted out. Justice has taken its course and the length of prison stay has been decided. Aftercare, or re-entry as it is called in some places, must be part of the whole process of seeing the prisoner through the system of induction into prison, the stay in prison and the eventual re-entry into society. In the case of long incarceration, aftercare does not feature very much. However, with prison stays being calibrated at comparatively shorter periods combined with other measures, aftercare must take center stage in much of the work done with prisoners if we are to see less eventful entry back into society.

Aftercare starts from entry into prisons

So aftercare does start with entry into prisons especially when the period of incarceration is disruptive and breaks family and job relationships. So what

are these challenges that push the boundaries of aftercare?

Focusing on Re-entry

So what is the urgency of aftercare? It is urgent because the distress of disrupted relationships and disappointment, especially with or of family members, should be harnessed for change. It will be good if good caseworkers are assigned to work alongside the inmate to turn the self reflection towards change. Aftercare is also now more critical because more will qualify for community based rehabilitation with shorter periods of incarceration. These measures all heighten the work of aftercare aimed at the successful re-entry of these individuals to our community. For most, this will mean avoiding crime and gainful employment when released.

When we look at programs developed over the years both here and overseas, there are several components in the re-entry initiatives that have had a positive impact. These include employment, education, mentoring, avoiding substance abuse and mental health treatment for those who need it. The programs demonstrate the diversity of approaches that can help to address recidivism and increase public safety.

Supporting employment and job readiness

Employment is widely seen by practitioners, researchers, policymakers, and formerly incarcerated individuals as crucial to successful reintegration into the community and decreasing the risk of recidivism. Yet the stigma of incarceration and having been out of the workforce for a period of time often contribute to the challenges individuals face when trying to find a job after release. In the US, individuals who have been incarcerated have been shown to earn 40 percent less annually than they had earned prior to incarceration and are likely to have less upward economic mobility over time than those who have not been incarcerated.

Meaningful employment can help individuals succeed in the community after release from incarceration because it refocuses their time and efforts on

pro-social activities, making them less likely to engage in risky behaviours or meet up with criminal associates. Re-entry programs that focus on preparing individuals in prisons for employment can have a significant impact on those individuals, their families, and their communities.

Catching up on literacy and education

Contributing to the challenges involved in re-entry is the fact that individuals in the criminal justice system often have had limited education. It is not surprising to find that the majority of prisoners have not completed their secondary school education. Because education is strongly tied to a person's employment opportunities, financial stability, and quality of life, providing educational and vocational programs to adults and youth during incarceration is critical. We have done well here in this area as we are critically attuned to improving literacy and education especially for younger offenders. In the case of improving literacy for adult offenders, we can perhaps do better by paying greater sensitivity to adult learning especially in a setting where the individuals are already highly self conscious of their limitations.

A study[2] by the RAND Corporation in the US found that, on average, individuals who participated in correctional education programs were 43 percent less likely to go back to crime upon release than those who had not participated. In addition, connecting individuals to these programs when they return to their communities after their prison term can set them on the path to obtaining employment and having the tools they need to succeed upon their release.

Fostering Positive Relationships and Facilitating Services through Mentoring

I will now touch on the youth population as they can benefit most from mentoring. Research has shown that youths who have at least one meaningful,

2 RAND Corporation. (2014). How Effective Is Correctional Education, and Where Do We Go from Here?. Retrieved from http://www.rand.org/pubs/research_reports/RR564.html

caring relationship with an adult are twice as likely as youths without a meaningful adult relationship, to have healthy family and social relationships, to be financially self-sufficient, and to be engaged in their communities. So for youths involved in the juvenile justice system, the need for positive role models and pro-social activities is even greater.

The concept of mentoring as a means of support and guidance is increasingly applied to adults involved in the criminal justice system. While it is difficult to measure the impact of interpersonal relationships on behaviour, it is believed that mentors can provide important support during the transition from incarceration to the community.

Mentoring services can also help a program apply responsivity principles. A mentor can address an individual's low motivation or unpreparedness for change, enhance pro-social thinking and behaviour through modelling, and engage the participant in avoiding substance abuse or accessing mental health treatment, education, or family-based support services.

Addressing Substance Abuse and Mental Health Needs

Substance abuse and mental illness are issues among some prisoners. Some meet the criteria for substance dependence or abuse even though they may not have been picked up for a related offence. Some have mental health needs. It is a dilemma to consider addressing these needs while they are incarcerated. Ideally of course, addressing these needs before and after release from incarceration is crucial in promoting recovery and decreasing the likelihood of criminal behaviour and returning to prison. However, the identification process and the treatment have cost considerations.

Supporting Youth to Avert Future Involvement in the Criminal Justice System

While the number of youths in juvenile rehabilitation facilities has declined significantly in recent years, there is still a steady population. Many of these young people struggle with challenges such as low levels of education,

experimenting with drugs and alcohol, lack of stable accommodation and past trauma. The challenge is winning the trust of these youths to work with them on their personal issues and encourage them to aspire. Building a trusting relationship takes time and is often challenged by the impatience of society to see results. Communities have a unique opportunity and responsibility to ensure that these youths are given the chance to overcome barriers to success, avoid crime, and ultimately thrive in society.

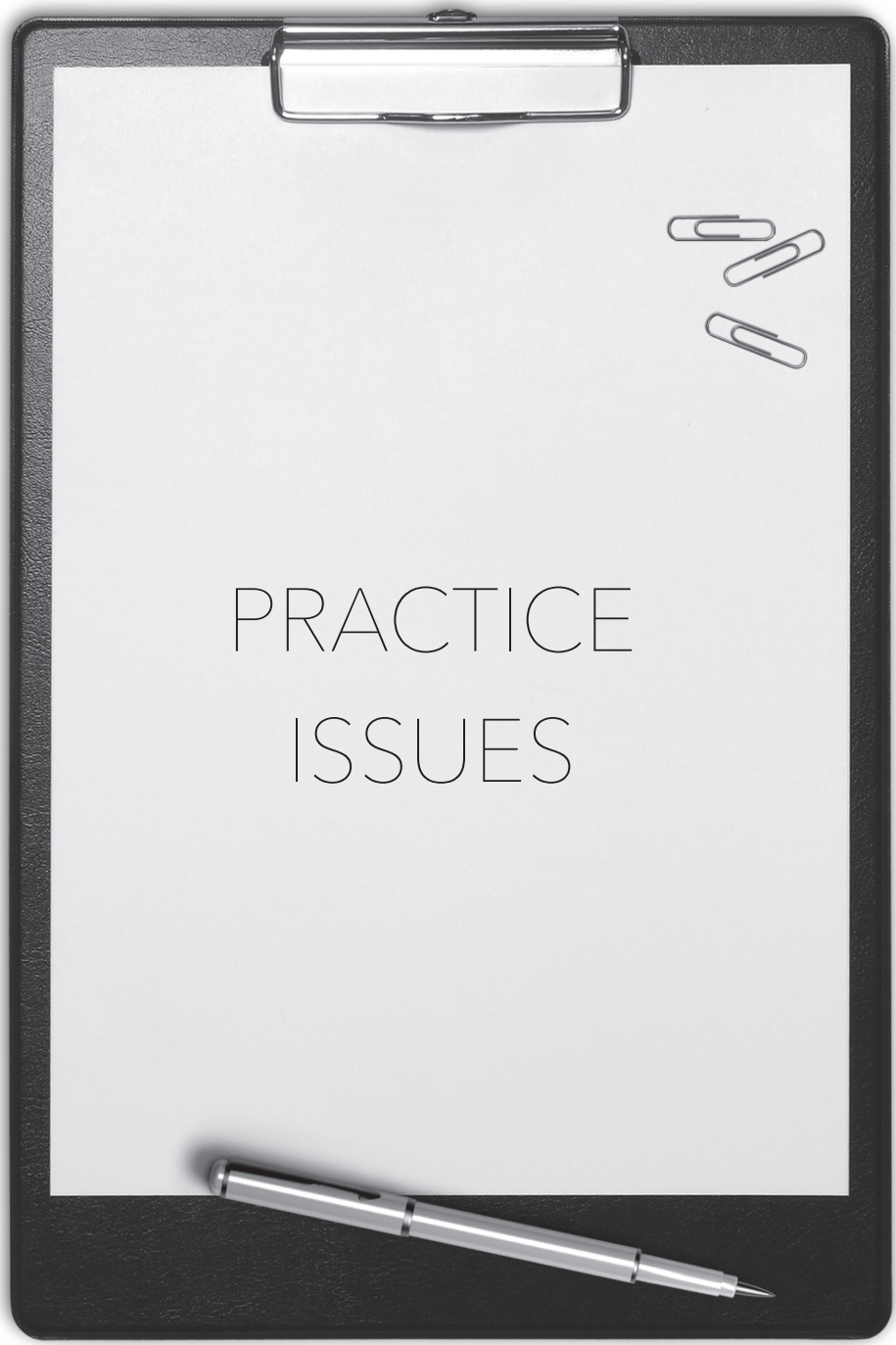
Addressing the Distinct Needs of Women

Women involved with the criminal justice system have a distinct set of issues, including substance abuse, mental health issues, victimization and past trauma, financial instability, and challenges in maintaining child custody. Re-entry programs should be tailored to their needs. Re-entry programs that focus on these needs will better assist women returning home from incarceration, as well as their children and families.

Supporting the Strengths and Needs of Families

Children and family members of those incarcerated often face significant consequences such as financial difficulties, housing instability, loss of emotional support and guidance, or social stigma. Children of incarcerated parents have an increased risk of poor school performance, substance use, and mental health issues. At the same time, family support can be a key factor in successful re-entry. Some research has shown that people who regularly interact with their families while incarcerated are more likely to succeed when returning to their community than those who do not. Many re-entry initiatives address the needs of the children and families of incarcerated individuals, while building on the strengths of these networks to help support the individuals during incarceration and through the transition of returning home.

28th August 2015


PRACTICE
ISSUES

Family-Centred Practice

- What family-centred practice looks like
- The skills required for each stage of intervention

Dear Students of Social Work,

One common topic among professionals is the discussion around family-centred practice. And while each social worker is expected to be able to practise family-centred work, it does look like what is often practised is family work which may not tantamount to family-centred practice.

So What Exactly Does Family-Centred Practice Look Like?

Family-centred practice includes three key elements: (1) an emphasis on strengths, not deficits; (2) promoting family choice and control over resources; and (3) the development of a collaborative relationship between parents and professionals. It sounds logical but not necessarily intuitive.

The approach for family-centred practice hinges on a way of working with families. It is a systematic way of creating a partnership with families that (a) treats them with dignity and respect, (b) honours their values and choices, and (c) provides supports that strengthen and enhance their functioning as a family[1].

Most social workers today start from a strengths-based practice as distinct from the traditional problem-focused approach. But attaining a competency of family-centred practice requires mindfulness about building partnership and sharing power in working with families in a family-centred way as compared to applying a set of specific skills in a professional-centred way. There are six core intervention components in such a practice. These are family engagement, teaming, assessing, service planning, intervening and tracking/adjusting or closure. They may be taught or called different names but these in essence are involved in the intervention.

1 *Carl J. Dunst, Carol M. Trivette and Deborah W. Hamby. (2007). Mental Retardation and Developmental Disabilities Research Reviews. Meta-analysis of family-centered Helpgiving Practices Research. Volume 13 (Issue 4), pages 370–378.*

Skills Required for Each Stage of Intervention

1. Skills needed for family engagement or setting goals with children, youths, families.

Social workers work with families to set mutually acceptable goals by developing an initial working agreement with families about the issues to be addressed. They also identify with the family what success will look like so that the family will know what is expected of them and when they have achieved the goals. In order to do this, social workers apply a range of skills at this stage and primarily use rapport building and relationship building skills which are part of engagement.

2. Skills to help facilitate and participate in family team meetings.

Effective facilitation is key to getting a family to work on goals that they share. Facilitators must have specific skills that reflect the value base of family engagement and teaming in order to carry out these activities.

- Preparing for the team meetings

  # Preparing families in person, in advance of their first team meeting.
  # Asking families to identify who they want to participate on the team.

- Facilitating (not directing) the team meetings

  # Helping the family to set the agenda.
  # Understanding the structure and process of family team meetings.
  # Engaging the family in the assessment process.
  # Engaging the family in creating a comprehensive and effective plan for the child/ youth/ older person/ family that is tailored to the family's expressed needs.
  # Recognizing, supporting and building the family's capacity to protect and care for the child/youth.

Identifying with the team family-specific natural support.
Addressing the power imbalances and this may be between family groups and staff of protection services.
Ensuring that children/ youths/ older persons/ families are respected and heard during the meeting.

- Ensuring follow-up

Partnering with the family in the follow-up of their plan.
Being aware of the range of services and supports and their effectiveness.
Collaborating
Engaging and organizing the informal and professional support and service agencies in the families' lives to be part of the family's plan.

Team members, other than the facilitator, must play their roles in the team as well. They need to have the skills to listen, contribute to the meetings, participate collaboratively, and offer follow-up assistance with families.

3. Skills needed to conduct assessments, develop service plans and engage in purposeful interventions with children, youths, older persons and families.

To conduct strengths-based family assessments, develop individualized service plans, and intervene effectively, social workers will need strong skills in interviewing, analyzing, documenting, collaboration and follow-up. These skills will vary greatly from one family to the next and from one situation to the next. For example, they may range from finding a placement in a school to changing a deeply embedded, multi-generational pattern of thinking and behaving.

- Interviewing Skills

Engaging the family in a trust-based relationship and shared decision-making.

Asking questions in a strengths-based, non-threatening manner.
Involving the family in the assessment of their cultural beliefs, values and practices that bear upon strengths, needs and resources.
Listening well and hearing the underlying conditions, as well as the immediate issues.
Staying focused on the family's goals. Making visits with families and children purposeful.
Providing the opportunity for children/ youths/ older persons/ families to share their concerns.

- Critical Thinking Skills

Critical thinking and knowledge of practice in the social worker help families and children reframe their issues and translate problems into needs and wants.
Incorporating information from multiple assessments such as intake, safety, and risk assessments, as well as mental health, substance abuse, education and other assessments. Using these assessments to provide a broad and deep picture of family issues.
Helping families make decisions based on the comprehensive family assessment, as to what has to change to achieve outcomes.
Facilitating access to services by working collaboratively including coaching families to interface with service agencies.

- Documentation/Writing Skills

Documenting the information obtained during the assessment process in a clear and concise assessment report.
Creating assessments that are unique and individualized and NOT interchangeable. Do not prescribe similar sets of services and supports to multiple families.
Describing feelings, behaviours, and events as specific strengths or needs.

- Collaborative Skills

  # Accepting the family's definition of the problem, the behavioural changes that must take place and practical solutions.
  # Sharing the assessment information and the worker's understanding of the family with the family, the team and other professionals involved with the family.
  # Referring to other agencies for specialized assessments and services.
  # Workers must have a good understanding of the services available in the community and be willing to advocate with families for appropriate services.

- Follow-up

  # Conducting re-assessments at particular points in the casework process.
  # Evaluating the family's progress continuously.
  # Workers may be required to identify and even help create services, when appropriate ones are not immediately available.

Rebuilding Expectations and Hope in Families

So skills are needed to carry out good assessments, develop service plans and to conduct purposeful interventions with children, youths, older persons and families. These skills are necessary for effective work with families and family-centred practice. To embrace family-centred practice, the strengths of the family must be valued, emphasised, and acted upon. The worker encourages and respects the families' choices and their decision-making. The worker engages collaboratively with the families, recognising them as equal partners in supporting the goals that are set out. Effective family-centred practice is characterised by sensitivity, diversity, and flexibility.

Family-centred practice is one approach in intervention and it is a specific and systematic way of working with families that has a thorough rationale, advantages and benefits that have been researched. It applies a body

of knowledge and skills and in particular a family-centred approach vs a professional-centred approach in working with families, with the worker being competent and skilful in sharing power and being confident in the capacity of the family to rebuild expectations and hope.

2nd June 2014

Evaluation, Contribution and Attribution

- How to evaluate programmes and interventions
- The difference between "contribution" and "attribution"
- Possible ways to determine causality

Dear Students of Social Work,

One of the perennial challenges of social policy, social work and social service is being able to state categorically what the direct effect of an intervention is. Equally challenging is the skill of describing specifically the behaviour for measuring improvements. We also know that there can be improvements in areas that are not measured. So the aim is to find a way to attribute directly to the intervention, the measured improvements and the specified change. To be frank, social work as part of the social sciences is not the only discipline that has this challenge although it is probably more conservative in claiming any credit for its professional work.

So let's examine what the thorny issues are in evaluating interventions. In essence, the debate is about how and to what extent it is possible to establish causation in some of the social programs or interventions.

Tension between funders and providers

It must be acknowledged that expectations from donors and funders often create an immediate tension. This is the tension between the funder expectation for concrete results of impact to justify the funding or its renewal and the provider or NGO struggling with showing proof of efficacy of their intervention.

Neither is unjustified. The question to ask is how we can get the right balance in ensuring that providers can account for presenting outcomes while taking into consideration the complexity of the real world. We are always confronted with the challenge of how to measure causation in widely varying and frequently complex contexts and with limited resources. (How much resources we should devote to evaluation in itself warrants a separate discussion.)

Attribution and Contribution

We all know that there are many interpretations of causation. A lot of people talk about contribution and attribution to describe causation but these

terms are not used systematically. For example, some people use the term attribution to imply the change is 100% caused by the intervention while others use it as a precise measure of the degree to which the intervention has contributed to the change, assuming that they are in the first place able to describe the behavioural change.

But what about other contributory factors that support the change? So some would prefer to use contribution as the main model for understanding causation which they argue better reflects the complexity of the real world. The majority of evaluators and practitioners in the social service field favour understanding contribution and would advise against measuring attribution. (Many pitches to donors and funders however continue to root for attribution.)

Evaluation and Causality

All said and done, it is worth examining causality in evaluations despite the difficulties of operating in a complex environment. So how do we examine? One way is to determine probable causality by looking at the different types of interactions and predicating with assumptions. For example, we know with some certainty that it is the full combination of good curriculum program design, quality of staff implementation and the nature and length of intervention that determines results. Each on its own will not produce the desired outcome. Each of these factors should be determined by learning from research and what is already known. The whole process needs to be rigorous and well debated. (The common mistake is to think that only one of the 3 factors is sufficient when what is required is to examine the interaction among the 3 factors to determine what might be the optimal calibration. Questions that need to be examined would be about the type of program design, the amount and type of training for staff and the length of intervention.)

To recap, the authenticity of a program depends on 3 elements and how closely the implementation follows what has been agreed to in (i) content in the design; (ii) dosage standards; and (iii) delivery approach.

In Conclusion…

The field of evaluation is growing fast and there are various methods and approaches that evaluators, commissioners and managers of evaluations can consider. What is necessary is to start to ask good questions even before we ask questions about what to evaluate. Some of these questions include the following. What has been achieved through current efforts? How effective have they been in meeting the needs of the people they serve? What do current data show? How can we develop and improve the service, or demonstrate accountability to funders, or both? Who have experienced the impact of what has been done? And what has the experience been like?

Finding answers to these questions could reveal insights about what needs to be done which then warrants the question of what should be evaluated. There should be appropriate logic, hypothesis about change or improvement and alignment of what the provider intends to do to achieve what results. In essence, there should be a clear statement of how the program will effect change (outputs) and of what that change will look like (outcomes). This will then provide the balance between the funder or donors' need for evidence of impact, without being overly burdensome for the provider. With a mutual understanding, the evaluation framework should then be shared responsibility.

1st September 2014

Multidisciplinary Team

- Reasons why multidisciplinary teams are increasingly necessary
- Definition, composition and aims of multidisciplinary teams
- Examples of multidisciplinary teams
- Factors for the success of a multidisciplinary team

Dear Students of Social Work,

As problems are viewed more holistically, interventions need to be provided by a wider range of services working closer together. In today's context, many professionals who work in an agency, work in a multidisciplinary way or at least there is an expectation to do so. What does such a team look like, how does it work and how does such a team bring about better results?

Need for Multidisciplinary Teams

The need for multidisciplinary team (MDT) work is increasing as a result of a number of factors including:

(a) An aging population with frail older people and larger numbers of patients with more co-morbidities and complex needs associated with chronic diseases;
(b) The increasing complexity of skills and knowledge required to provide comprehensive care to patients or services to clients; and
(c) No one-care professional being able to meet all the complex needs of their clients or patients.

What is a Multidisciplinary Team?

Quite typically, an MDT is a group of specially-trained professionals who are brought together to attend to an individual who may be a patient in a healthcare setting or a client in the case of a social setting. Sometimes, it is a team that a doctor will bring together to treat the patient's medical symptoms, including the psycho-social and emotional, as well as the physical aspects. The doctor will draw upon the MDT's varied skill-set to manage the patient's condition as effectively as possible.

Because the team has a wide range of expertise, this will enable them to advise on a number of aspects, from medication and mobility to drooling and diet. The aim is to reduce the number of separate nursing or social work assessments for patients.

The composition of the MDT is dynamic - professionals who are part of the team may vary depending on needs and availability. There is no standard template for who is to be included in the MDT. Professional titles may vary between agencies and the MDT members will vary depending on each client or patient's individual needs and will change as the condition or illness progresses.

Likewise, the MDT is formed in areas of special needs, protection and social care depending on the needs of the individual. In situations where protection is a concern, the involvement of the police, emergency workers and guardians entrusted with authoritative powers are necessary.

The team will work closely with and involve the person and the caregiver or family. The team is there to build a good relationship, agree on the intervention goal and support the individual and the family in whatever way care is required, so that everyone involved feels comfortable to discuss any problems that arise. The aim of the MDT is to minimise the impact the illness or special need has on daily activities. The team will work with the individual and the family to improve aspects of activities for living, coping and functioning. In essence, it is about care and support to help such individuals through everyday living.

As clients and their care givers have social and emotional concerns, it is especially necessary for social workers to provide inputs in these areas. This is to ensure that medical or therapeutic issues do not crowd out what will contribute to the social well being of the clients. It is also necessary for the leader of the MDT to facilitate the contribution of junior members in the team as they bring with them their specialist training. In the areas of disability and elder care, it is useful to pay attention to the social work interventions that will enable the client to be integrated into living in a home and family environment.

What is meant by 'Multidisciplinary'?

There are several dictionary definitions of the term "multidisciplinary". One particular definition states that it is 'composed of or combining several usually separate branches of learning or field of expertise'. In the context of health care and medicines management, this refers to bringing together the knowledge and expertise of healthcare professionals and staff from different backgrounds.

However, there is much more to multidisciplinary team work than putting a group of people together. The idea is that different professional groups will do more than just perform their own professional activities in a shared work space; the emphasis is on *working together to* deliver a co-ordinated service to patients or the individuals and their families.

In good multidisciplinary work, there is leadership most of the time and decision making is usually derived through deliberation as a team and in the interest of the patient or client. There is respect for professional expertise which is applied in a plan. And there is clarity about each agency's roles.

People with multiple and complex needs frequently have needs that transcend established professional and organisational boundaries. They benefit from an effective 'whole-person' approach even as they transit from adolescence to young adulthood and between adult social care and residential care.

Examples of Multidisciplinary teams

Community Mental Health Teams

The community mental health team is widely regarded as the model for all multidisciplinary teams. The teams usually comprise social workers and community psychiatric nurses and other professionals such as occupational therapists, psychiatrists and psychologists.

Youth Offending Teams

These would usually comprise social workers, probation officers, employment and educational professionals.

Child and adolescent mental health services

These are multidisciplinary teams working in a community mental health session or child psychiatry outpatient service. These provide a specialised service for children and young people with mental health disorders. Team members are likely to include child psychiatrists, social workers, clinical psychologists, occupational therapists, and art, music and drama therapists.

Adult protection team

Professional disciplines that are typically represented on elder abuse teams include adult protective services, the civil and criminal justice systems, health and social services, and mental health services. Some teams include domestic violence advocates, substance abuse specialists and policy-makers.

What makes a Multidisciplinary Team work well?

An MDT with a diverse range of skills and expertise seems obvious. Teams that discuss cases are likely to identify systemic problems that can be addressed through advocacy, training, or coordination. And yet past research on this arrangement has been inconsistent, with some studies suggesting that a team's diversity can have a negative effect. One apparent drawback is that team members with shared backgrounds tend to organise themselves into opposing cliques.

So what makes MDT beneficial is dependent on whether certain group processes are working well.

Studies have shown that teams that were more multidisciplinary tended to have introduced more innovations regardless of whether effective group processes were in place. However, the quality of the innovations (e.g. as measured by their benefit to patients) was dependent on group processes. Teams with more professions on board only introduced innovations of greater quality when effective group processes were in place – e.g. including all team members being committed to the same cause; everyone in the team being listened to; the team reflecting on its own effectiveness; and there being plenty of contact between team members.

Studies[1] have therefore concluded that "From a practical perspective, the most eminent question is how to establish team processes that help capitalize on multi disciplinarity."

Teams also vary in their level of formality. Some have handbooks, "job descriptions" for members, funding agreements, and guidelines for presenting cases. Many find it helpful to distribute minutes summarizing case discussions and clarifying what has been decided. Some make it a point to follow up on all cases that are discussed so that team members receive feedback on outcomes.

So how does a social worker in a multidisciplinary team have an identity? How do social workers recognise and maintain the core social work tasks in a multidisciplinary team alongside doctors, nurses, psychiatrists and psychologists? How does a social worker contribute to the overall functioning of the team?

Several factors are critical to good MDT teamwork. These are:

- a clear vision of how agencies and practitioners will work together with agreed and achievable aims and objectives;

1 *Source of studies : Fay, D., Borrill, C., Amir, Z., Haward, R. & West, M.A. (2006). Getting the most out of multidisciplinary teams: A multi-sample study of team innovation in health care. Journal of Occupational and Organizational Psychology, 79, 553–567.*

- a good understanding of each professional's role;
- an agreement on the lead professional's role;
- communication that is current among all practitioners;
- sharing of information among practitioners;
- collective decision making whenever it is appropriate;
- effective leadership while understanding that this is a demanding role; and
- familiarity with the term 'shared culture' amongst practitioners, something that is currently lacking and needs effort to build.

So what are the characteristics of a MDT?

1. Identifies *a leader* who establishes a clear direction for the team, while listening and providing support and supervision to the team members.
2. Incorporates *a set of values* that clearly provides direction for the team's service provision; these values should be visible and consistently portrayed.
3. Demonstrates *a team culture* and interdisciplinary atmosphere of trust where contributions are valued and consensus is fostered.
4. Ensures *appropriate processes* and infrastructures are in place to uphold the vision of the service.
5. Promotes role *interdependence* while respecting individual roles and autonomy.

How a Multidisciplinary Team delivers better experience for clients

For patients and clients with complex needs or needs that require the services of more than one agency, department or professional, the experience of a coordinated response, advice and guidance from the team will enable them to make more informed decisions. The patient or client will have a more seamless experience in that the care, support and relationship with the professionals are holistically connected as one piece and not as multiple transactions. Now that we know that multidisciplinary work works, we should make effort to make it a more regular approach despite the hard work. It is a

choice that agencies adopt and it is a commitment of time and expertise on the part of professionals.

15th October 2014

Risk Assessment

- An introduction to risk management in cases
- The aims of risk assessment and different approaches of conducting risk management
- Points to take note of when conducting risk assessment

Dear Students of Social Work,

Managing risk in cases

We hear about how social workers and caseworkers should conduct risk assessment and consider how to manage the risks. In reality, activities such as risk assessment, risk management, monitoring risk and actual risk-taking should be considerations for both practitioners and managers. All of these should be part of the assessment process.

However, as services expand and assessment or a lack of it becomes more widespread, there is greater reliance on managerialism implicit in corporate risk management strategy. Some may even advise that this takes the form of an automated risk assessment system. But as one researcher, *Cooper et al (2003)* would argue, such systems can decrease the chances of being able to identify and manage risk productively.[1]

So what has happened in some social care and case management settings is that escalating assessment, monitoring and quality control procedures and systems take priority over the personal care dimensions of service delivery. While it is not completely bad, there is a need to balance such defensive practice where risk avoidance dominates, with professional assessment and risk taking. We need to recognise and acknowledge that risk is part of everyday life from which we can learn. To create positive change we need to move away from an over reliance on risk assessment systems which are 'automated.'

Risk moves along a continuum

So how should we think about risk and how can we look at risk during our assessment of cases? Risk can be defined as 'the possibility of beneficial and

1 Cooper, A., Hetherington, R. and Katz, I. (2003). The Risk Factor: Making the child protection system work for children. London: Demos.

harmful outcomes, and the likelihood of their occurrence in a stated timescale' (Alberg et al in Titterton, 2005)[2]. Firstly, we need to understand the context of the assessment and secondly, we need to know that any risk can move along a continuum. In other words, it is good to understand risk assessment as a *dynamic process.*

Aim of Risk Assessment

The aim of risk assessment is to consider a situation, event or decision and to identify the chances of the risks falling into a matrix with dimensions of 'likely or unlikely' and 'harmful or beneficial'. The aim of risk management is to devise strategies that will help move risk from the likely and harmful category to the unlikely or beneficial categories.

Most models of risk assessment recognise that it is not possible to eliminate risk. What a caseworker or case manager does with a comprehensive risk assessment however is equally important to identifying risks. As a general rule, good and professional practice would take a stronger interventionist approach where the risks pertain to health and safety matters.

Approach to risk management

When risks are marked along a continuum, they call for a response or an approach to managing the risks. The continuum generally can be marked by controlling attitudes at one end and more empowering approaches at the other. The more controlling and strong interventionist approach would be evident in the form of risk avoidance strategies while the more empowering approach would take the form of positive risk-taking.

We must remember that it is crucial to have good risk assessment to identify the probability of harm and assess the impact of it on key individuals. It is equally important to have intervention strategies which may diminish the risk or reduce the harm. Assessments however, cannot prevent risk.

2 Titterton, M. (2005). Risk and risk taking in health and social welfare. London: Jessica Kingsley.

Social workers are also expected to balance rights and responsibilities in relation to risk; **to regularly re-assess risk;** to recognise the risks to their clients, significant others, their colleagues and themselves; and to work within the risk assessment procedures of their organisation and the profession.

Involvement of clients in risk management

Most of the time, risk assessment and its management are discussed by caseworkers and service providers. The views of service users (including carers) and their involvement are generally not actively sought in discussing the risk issues. Yet their role in taking and managing risks on a day to day basis can be important.

Framework for risk assessment

Risk assessment is not taught widely and there is an increasing realisation that using a framework can be useful. It starts with the context of assessment and knowing what the purpose of the assessment is. For example, it is important to consider if the assessment is taking place in the context of legislation, a legal framework or policy intent. This then determines the identification and management of risk.

So the objective of each framework is different and the nature of the risks that are of concern will be different too. The frameworks for the assessment of children, families or vulnerable adults would address client vulnerability and the avoidance of significant harm while in the case of older persons, the framework for assessment would address the loss of independence.

What is important to remember is that the assessment of carers must focus on the risk of the breakdown of the carer's role (Crisp et al, 2005, p 47). Reviews of serious incidents often show these learning points. Firstly, risks need to be monitored *after* risk assessment is made as situations and circumstances especially of vulnerable clients can be very changeable. In the situation where a carer is a key factor in moderating a risk, the breakdown or the instability in

the carer's role can raise a risk significantly. Another common risk moderating factor that can change quite easily is the physical separation of a perpetrator and a victim or vulnerable person which lowers a risk. This risk can however escalate very quickly when both are together again without supervision and when the trigger that caused the risk has resurfaced. Secondly, a deterioration or relapse in the mental or physical condition of a client can put the person at higher risk.

Sometimes the presence of alternate supplementary caregivers in the form of a grandparent could give the impression that there were fewer child risk issues. It is nevertheless useful to bear in mind that when there is an adult with a mental health condition, the family's circumstances should be monitored as changes could give rise to stressors or relapses. There is also a need to monitor both the adult's and the family's coping abilities especially when there is a child with special needs involved.

Reflecting on risk assessment

Risk should be at the core of assessment. And the extent of attention we should give to it would depend on the purpose of an assessment. As risk is based on a perspective, what is perceived as a risk is not necessarily always agreed by all involved with the family or individual. Based on the context of assessment and being able to have a plan to manage the risk, presupposes that there needs to be an agreement of what those risks are.

The challenge with risk assessment is that it can cause stress for the professional especially in situations where there are few options for alternative placement or support for clients. In some instances, it can also give rise to a phenomenon called "talking down a problem" to address this dilemma of not having an alternative. So risk management is not easy and we need to begin to dig deeper into the "contested" nature of risk assessment, the different perceptions among different groups about risk and what the approach to risk management might be.

22nd December 2014

Ethics 1

- Introduction to the Social Work "Code of Ethics"
- The value of getting accredited
- What it looks like to apply the code in practice
- Dealing with situations of ethical dilemma

Dear Students of Social Work,

One of the greatest concerns among professionals is the occasion when the conduct of a fellow professional calls public attention to the practice. In the case of social work around the world, people often quote the American National Association of Social Workers (NASW) Code of Ethics when identifying the ethical obligations of social workers. In the case of social work in Singapore, it will be the Singapore Association of Social Workers Code of Professional Ethics. A copy of the Code is available on the Association's website.

Complying with a Code of Ethics

Did you know, however, that not all social workers are bound to comply with the profession's Code, at least not in the legal sense? Did you also know that even if you follow the NASW or SASW Code, you might be engaging in unethical behavior? Did you know that you might need to follow the Code even if you are not acting as a social worker? Before you start thinking that this is incomprehensible, let's understand the context.

The SASW is a national association, but it is a voluntary association. We also have the Social Work Advisory and Accreditation Board that is appointed by MSF to preside over accreditation at the SASW. All social workers in government funded programmes are expected to be accredited. A social worker who chooses to be a member of SASW or is an accredited social worker agrees to abide by the SASW Code of Professional Ethics. Any accredited social worker who violates the Code (or is alleged to have violated the Code) may be subject to the Board's professional review process. The professional review process could include mediation between the complainant and the social work-respondent, or an adjudication to be heard by a panel. However, if a social worker chooses not to become an accredited social worker, the Board has no authority to hear complaints or grievances against them.

Reasons to be an accredited social worker

So, a social worker might ask, "Why should I become an accredited social worker if I don't have to?" and "Why would I want to subject myself to a complaints process when I don't have to?" There are many reasons to be an accredited social worker. It is a clear declaration of professional practice. One of the most essential reasons, however, is to inform the clients and the broader community that you believe in social work's core values and ethical code of conduct. It is declaring that you are willing to be held accountable, as a professional, to these standards.

"So, if I follow the SASW's Code, does that mean that I am acting ethically?" The answer is yes most of the time. However, there may be times when the Code does not cover a particular ethical situation, or when there are conflicting obligations that make it difficult to determine the most ethical course of action.

Applying the Code in context

Consider the SASW Code which states:

"Social workers respect and safeguard the rights of persons served in a relationship of mutual trust, to privacy and confidentiality in their use of the service and to responsible use of all information given and received." (SASW Code A2)

This standard requires context for application. For example, how does this apply to a social worker who is conducting a child custody evaluation or a report called by the court for sentencing purpose? Although the Code does not specifically address reports by the courts, it would still be ethically appropriate for the worker to follow the guidelines and inform the parties how the information that is disclosed will be used.

This is also a good opportunity to debunk the myth of 'absolute' confidentiality in practice. There may be instances which would warrant an escalation of the case to the relevant authorities despite the rights of clients to self-determination. For example, this would take place in a situation where the client is posing a threat to his/her own safety or that of others. Moreover, the current body of literature increasingly seems to postulate that practitioners move away from the minefield of debates surrounding 'absolute' versus 'conditional' confidentiality and instead acknowledge explicitly and honestly to their clients that confidentiality cannot be guaranteed, but that their information would be treated with respect.

When ethical obligations conflict

There can also be a situation when ethical obligations can conflict with each other or with other considerations. For example, what if an agency requires the social workers to ask prospective clients certain questions and, depending on the response, deny the client's request based on a specific orientation? Under the Code, a worker is supposed to follow the agency policy because she is committed to complying with the policy of the employing agency. And yet under the Code, a worker is also not supposed to discriminate. Thus, the worker is caught in a bind as to whether they should follow the agency policy (which means "discrimination"), or to refuse to discriminate against the client. When faced with conflicting obligations, a worker may need to prioritize one ethical obligation over another. What usually happens is that a worker would usually avoid such a dilemma by not working in an agency that is likely to have specific practices running counter to his or her own values and hence avoid conflicting ethical obligations.

Although much of the Code focuses on work with clients, some sections apply to conduct outside of the social worker's role, for example

"Social workers refrain from any personal behaviour which damage the functioning of the profession, in accordance with the values stated in this Code." (SASW Code D4)

Consider a social worker who posts disparaging remarks about the poor on social media. Although posting comments on one's personal pages is a form of private conduct, this can bring disrepute to the profession whose mandate is to help the poor and vulnerable.

Social work, like a number of helping professions, requires the substantive use of self within the client-worker dyadic relationship. Thus, in light of the requirements of the self in the engagement process, social work is also one of the unique professions whereby the personal self needs to continually grow and develop in tandem with the professional self. This in turn would help to foster better congruency in the practitioner across private and professional spheres. Additionally, it would reinforce the vital need for supervision and the development of reflective practice.

When faced with ethical challenges, broaching the topic with our colleagues and supervisors would help us make sense of what is the best approach to take. There is a group of social workers who are drawing up guidance on various scenarios as a resource to support social workers when faced with complying with the code of ethics. Their commentaries can be accessed via a regularly updated website: http://ethicalsocialwork.wix.com/ethicalsocialwork.

27th March 2015

Ethics 2

- Legal implications of the "Code of Ethics"
- The process of professional review in situations where the code is breached
- Obligations of Social Workers

Dear Students of Social Work,

Standards of practice in the Code

This is a follow up to the earlier letter on the code of ethics for social work. Breaching the Code is not necessarily breaking the law and the regulation of the social work profession here is not yet determined by the state through law. In the United States, it varies from state to state if the licensing of social workers incorporates the Code or not. Where the state incorporates the Code, a Licensed Clinical Social Worker who breaches the Code would not only be subjected to the Association's professional review process but the state's licensing board could also hear the case and determine the appropriate consequences.

In the States where there is legislation, one of the most severe consequences of a board determination is revocation of licence, which prohibits the worker from practicing clinical social work. One might ask, "Can a person go to jail for breaking the licensing laws?" The answer is generally, no. The law determines which consequences the regulatory board can and cannot impose. If the social worker breaks a criminal law - for instance, defrauding a client - then the worker could be charged criminally, and criminal sanctions (such as fines or jail term) could be imposed.

Whereas criminal law provides punishment and deterrence for criminal behaviours, civil law provides people who have been injured with an opportunity to sue the person who caused the injury. One area of civil law most pertinent to social work is malpractice, or professional negligence. To substantiate malpractice, client must prove that

(a) the social worker owed the client a duty of care,
(b) the worker breached that duty,
(c) the breach led to injuries suffered by the client, and
(d) there was a reasonably close link (proximate cause) between the breach and the damages.

When determining what constitutes a duty of care, the court considers what a reasonable social worker, acting prudently, would do in a similar situation. And in making this determination, the court may consider the Code of Ethics, even if the social worker is not a member of the national association. This is because the standards of practice in the Code can be used to define what a reasonable and prudent social worker should do.

Professional review process

Consider a client who is suffering from an eating disorder and continues to see the social worker who relied on literature she read and what she had learnt in a few talks about eating disorders to counsel her client. A few months later, the client is hospitalised for symptoms of severe malnutrition. If the client sues the worker, the court may consider the Code. In this case, the worker has acted outside the worker's area of competence. (You can read the detailed commentary of such a scenario here: http://ethicalsocialwork.wix.com/ethicalsocialwork)

Although the forgoing discussion focuses on client complaints that can go to a professional association, a regulatory body, the criminal or civil court, most client complaints do not go to such formal dispute resolution processes. Consider a client who feels that a worker was disrespectful because the worker touched the client's shoulder without permission. This touching was a one-time incident. The client comes from a background in which men are expected to avoid touching women in this manner unless they are married. The worker's actions could be interpreted as a breach of the Code regarding cultural competence, as well as maintaining culturally appropriate physical boundaries.

So, will this case go to the national association professional review process? Although the client has a valid concern over the incident, she may not want to report to the national association. The client may handle the incident by speaking to the worker and handle the situation informally. If this does not work, the client may go to the worker's supervisor or program director. If the client does file a complaint with the national association, it will need to

determine whether the allegations are serious enough to warrant the case going through the professional review process. The association may also consider whether the case could be handled more appropriately within the agency or through some other process. Accordingly, even though the worker may have breached the Code, the case may not go through the entire professional review process, particularly when the allegations of misconduct are not severe.

Social worker and obligations

As social workers, we have a range of obligations. We have moral obligations, some of which may come from our respective cultures and religions. We have ethical obligations, some of which could come from our affiliation with the association. We have legal obligations, including those that govern our agencies and profession, as well as criminal and civil laws that govern all people.

If you breach obligations, the potential consequences of the breach will depend on the nature and severity of the breach. If you spread damaging gossip about co-workers, it may be in breach of professional ethical principles and may be subject to professional review. However, the breach may not be severe enough to warrant professional review. Still, you may have breached your moral obligations of respect for the dignity and worth of all people, and the most significant consequences may be the informal reactions of your work colleagues. You may lose their trust. They may retaliate verbally or they may alienate you. You may also feel the wrath of your own conscience, perhaps feeling bad and losing sleep over hurting your colleagues.

As Social Workers, we also need to be aware of statutory obligations which may cause ethical dilemmas. For example, Social Workers are legally obligated under the Criminal Procedures Code Sec. 424 to report cases of child abuse and family violence which may violate the professional ethic of confidentiality.

Act ethically because it is the right way to act

It is useful to know the potential consequences of acting unethically. Still, our main motivation for acting ethically should not be the fear of professional, communal, legal, or agency sanctions. We must want to act ethically because it is the right way to act. We see ourselves as professional, respectful, competent, trustworthy, honest, and accountable. We should adhere to these virtues because they reflect who we are and who we want to be.

Accreditation in Singapore is close to licensing and meets the requirement of what is expected of licensing. It is declaring to clients the standard of social work practice and giving them the assurance that they are attended to by professionals who adhere to a Code of practice that works in their interest.

17th April 2015

Good Questions and Show of Evidence

- The importance of asking good questions before starting on a piece of work
- Examples of good questions to ask
- A guide on how to show evidence of work that has been done

Dear Students of Social Work,

Good Questions with the end in mind

It is not uncommon for practitioners and interns to rush into getting something out such as an evaluation, a survey, a compilation, a report or another submission. By starting from this point, the question of what the work is supposed to achieve is then often missed out.

To counteract this tendency, it is good to work with the end in mind. It helps to always ask good questions. For example, when we ask for an evaluation, it is helpful to write an evaluation brief. This is a short write up outlining what the person drafting the evaluation or proposal needs to cover. In the case of calling for a tender for a service, this would ensure that the final tender proposals will be of better quality. When requesting updates on cases, it is helpful to use specific questions which may include requesting the respondent to provide a professional assessment or evaluation at that point in time. Such efforts and clarity will increase the chances of having all the information that is needed to make a decision.

Before writing the brief such as an evaluation brief, you should think through the following points:

Who will do the work? In the case of a large piece of work, do you want some parts of it to be done internally or by several parties or persons? Even thinking through this step will mean thinking about capability and capacity both internally and externally. It is also useful to show supporting materials or existing materials and relevant websites that the drafter can refer to. Nothing like having websites as a reference to discuss what the eventual product, output or outcome might look like. There are limitations to how words alone can do the job of communicating so these sites will be useful. In today's context, there are examples and options that can serve as starting points for discussion.

What will the focus of the evaluation be? For example, will it focus on the whole program or just parts of the service? What is the purpose of the evaluation? Is it to help strategic planning or to obtain more funding?

What are the evaluation questions? What are the outcomes that we want to find out and who are we finding these outcomes for? This latter part can mean that there may be different outcomes for different individuals or parties. How will the evaluation be used? For example, will it be used to help you develop and improve a service, or to demonstrate accountability to funders, or both?

Such is the kind of thinking that can be helpful in making one pause to answer good questions. We have all heard this, "now that is a good question."

Sharpened thinking and in-depth focus

Who will read and use the evaluation report? How do we expect data to be collected or the report to be written? And who are the key stakeholders the drafter of the proposal should speak to? In today's context this is always termed as who to consult. Who is consulted will shape the thinking of the drafter and the outcome of the final proposal and hence this should not be rushed through. Efforts should be made to ensure that the shortlist of those consulted helps to sharpen the thinking and bring in-depth focus to the evaluation report.

Guide on how to respond to "show of evidence"

Besides good questions, there are often situations where an agency, a service or a program is required to show evidence that it has exercised a standard of care. For example, a report may require evidence that a program is providing the appropriate care, appropriate reason and appropriate plan for the right client. Appropriate here would mean safe, ethical and effective care.

So how would we show evidence of this requirement? These could be ways of doing this – (i) Document procedures, policy documents and training materials; (ii) Provide a sample of the actual documentation; (iii) Describe or

explain the process of how an assessment is made and the follow up actions.

What should the documentation show? It should show that there is proper assessment, a plan that is followed and reviewed, and the evaluation of interventions and outcomes. Assessment and evaluation must be made by persons with the appropriate knowledge, skill and judgment.

Each requirement or cluster of requirements will aim to confirm one key domain in the standard of care or a key concern such as safeguarding the dignity of the person. It is important to explain the understanding behind a particular practice and how the practice complies with the standard of care.

Evidence should also show the inter relationships that support the clients. Documentation should demonstrate (i) communication and respect for the clients; (ii) accountability of staff and the program and (iii) attention to the care, safety and welfare of the clients.

Documentation is used to communicate among those involved in the care of the client. It establishes the facts and circumstances related to the care given and assist in the recall of details in a specific situation. As such, documentation should be clear, concise, factual, objective, timely and legible.

Integral to due diligence is decision making by the appropriate level of authority or professional practice. By this we mean that an appropriate person is assigned a specific level of decisions and based on a set of professional principles that are documented.

Good practice begins with taking time to ask good questions. It continues with documenting the planning, implementation and decision making process. Safe practice is about being professionally and ethically accountable and delivering services to clients right to the last mile.

14th August 2015


SPECIAL
EDITIONS

Letter to Social Service Leaders #1

- The expanded horizons for learning in the social service sector
- Customized coaching and mentoring
- Building a culture of learning
- Stepping up and stepping out as leaders in the social service sector

Dear Fellow Social Service Leaders,

As we come to the close of the year, we can say that we have strengthened the foundation for the nurturing of leaders for our sector. Our sector is growing fast. And as leaders, we need to be able to know what is changing and how to be adaptive in such situations. We have arrived at where we are today with some assets. This is due partly to the capacity we have built a decade ago through the Social Service sabbatical leave scheme and a few other programs which are aimed at the ongoing and sustained development of leaders. Through it, we now have more than two hundred leaders who have benefited from the approach.

Expanded horizons for learning

The sabbatical scheme provides flexible resources that permit each individual person to identify how best to advance his/her learning goals and to take charge of advancing his/ her knowledge and skills. While we often associate sabbaticals with taking a break, many of the leaders in the scheme use the gift of time away from the day-to-day demands of work to broaden their horizons, break out of familiar patterns, and expose themselves to new ideas and approaches. We cannot overstate the value of these experiences. These leaders return reinvigorated, refreshed, and energized. They bring back new ways of thinking and doing to their organizations, and hopefully amplifying the benefits of the sabbatical. In a sense, there is no better empowering support than to offer trusted participants the resources, freedom, and support to address their leadership aspirations in ways that work best for them.

Coaching and mentoring for customizing

At its core and at its best, coaching is a highly customized activity that considers a leader's particular skills, context, and opportunities. With the guidance and support of a good mentor, leaders can realize their full potential. Such relationships if well developed can have significant payoffs even though they are time-intensive and can be more expensive than group training. In the

social service sector however, mentors often offer their time as a gift. Good mentoring serves to push the individual's thinking, challenge assumptions, and hold the individual accountable for improvements. Mentoring is about customization so that the individual can develop a contextualized approach to applying leadership skills. Mentoring as a relationship then enables leaders to do their best work without having to follow a prescribed path to achieve the desired results.

Building a culture of learning in the organization

Too often, leadership development programs focus solely on the organization's top individual or individuals. Yet, as most leaders at the top of not for profit organisations will tell us, their success is highly dependent upon other leaders across the organization, both at the staff and board level. If this is so, what is needed then is for us to actively support leadership teams and build more effective systems for organizational leadership and governance. This can start with having a few dedicated "fellows" or "interim leaders" from the organization to convene platforms for peer learning and mutual support. The aim is to build a culture of learning where time is set aside for leaders to facilitate learning and in turn grow leaders across the sector, starting from within organisations. Through these efforts, the organisation can support the ongoing growth of emerging and effective leaders. We must realize that leadership development is not a stand-alone, separate domain. It is not a single-dose approach confined to trainings, workshops, or retreats. It is as much about day-to-day opportunities to learn and hone skills.

Stepping up and stepping out as leaders

We now have a range of approaches and opportunities for leadership development in the social sector. It is time to rally those who have benefitted from these to mentor others and go alongside newer ones to coach and impart what they have mastered. Such efforts can be initiated by leaders who are willing to step up and step out. There is the saying: "you don't know what you don't know." Leaders in reaching out can offer insights, perspectives and

generate curiosity. There is however a word of caution for leaders. Leadership development and nurturing others is about empowering growth and development to improve the lives of others. It must however, not be centred on us as leaders, but the well being of people, families and communities that we are called to serve.

December 2014

Letter to Social Service Leaders #2

- What sector leaders need in order to succeed
- Steps to take to better support leadership in the social service sector
- Hopes for the sector in the coming years

Dear Fellow Social Service Leaders,

As we enter into the New Year and SG50 celebrations, it is good to sum up the attributes needed for good leadership in the social service sector. For emerging and future leaders, many would like to know some helpful perspectives to adopt in order to lead well. Some may even ask what qualities are needed to be a good leader in the social service sector and whether there are skills that are more crucial in this sector. One perspective to take is a gap approach ie to know what is needed and what is required to meet the need. Adopting this approach means considering the capabilities needed to fulfil the emerging social missions effectively and to adapt to the fast-changing demands. One might then posit that a more systematic focus on and investment in leadership development in the social service sector could pay off in terms of more effective deliveries of social interventions.

What sector leaders need to succeed

So what are the attributes that are especially crucial for leadership in the social service sector? What are the few unique attributes that are particular to leadership in the social service sector? Various individuals will highlight different ones. In my opinion, these are essentials:

a) team leadership,
b) ability to collaborate,
c) managing outcomes and producing quality improvements, and
d) being able to innovate and implement.

A.Team leadership

As mentioned in my earlier letter, too often, leadership development programs focus on the organization's top individual or individuals when success is highly dependent upon other leaders across the organization, both at the staff and board level. As such, we must actively support team leadership through having systems for organizational leadership and governance.

The case for promoting team leadership is to help leaders to collaborate with other sector leaders to solve problems rather than to compete with each other. Such efforts call for cooperation to occur across the social service sector. Collaborating to gather multiple stakeholders and managing to gain quality improvement is a team effort. And team leadership harnesses diversity. A team with complementary skills from diverse backgrounds is better able to tackle a broad range of challenges in the current fast changing environment. Such a team also provides the opportunity for being a sounding board for ideas and generating improvements. Without diversity, the tendency is to place the interest of one's own organisation ahead of sector-wide collaboration. So the challenge is for organizations to give priority and more attention to new solutions and less on claiming profile for individual organisations.

B. Ability to collaborate

The sector by its nature is highly social mission-driven and this poses unique requirements. Leaders including staff and board members in social service sector organizations have a passion expressed through their mission. Mission is often where initiatives start and drive actions. Leaders in this sector therefore need to know how to harness the mission-driven energy of their staff, board, and volunteers. No social service sector organization is able to achieve its mission working alone. A social service sector leader needs to help the team and board focus on its mission and revisit its mission to avoid a situation of mission-creep. The mission needs to be refreshed and relevant to the operating environment. And to be effective, a leader needs to be an active and dedicated collaborator, ready to reach out to others for advice or for partnership opportunities. This mission-driven centrality is what makes the sector different compared with the private sector and should skew it towards collaboration rather than competition as is usually the case in the private sector.

Collaboration however, requires unique skills, which social service sector leaders must cultivate to be successful. They need to, through initiating collaborations, work with multiple stakeholders to achieve quality outcomes for those they serve. This calls for working in and through peer networks

including cross-sector networks of private sector-social sector peer networks. Private sector involvement could bring expertise in less familiar areas such as supply-chain management, social media, knowledge management and customer care.

C. Managing outcomes and producing quality improvements

Not unlike the private sector, social service sector leaders too have to manage outcomes and produce quality improvements as a core requirement of good leadership. However, this remains an ongoing challenge for most social service sector leaders as they operate with very tight budgetary constraints. They are often tested in stretching the funder's dollar and find it hard to scale and expand with long term planning. To a large extent, an unintended or intended outcome which has emerged from the social service sector is its ability to harness the strengths of volunteers and communities through the sheer need to see them as resources and assets.

So while we help social service leaders to develop in capability and capacity building, be it through more business-like strategies and operational efficiency measures, we must do so alongside the skills that volunteers and communities bring to solve social issues. Keeping the integrity of the social sector as a birthplace for civic contribution to optimise the skills and goodwill of volunteers is worth upholding. These are worthy ideals to bear in mind in the face of a growing surge of the phenomenon of managerialism in social service sector organisations. The depth in leadership development must help leaders to use data and evidence as part of good problem solving and operational efficiency and produce quality improvements by optimising the support of volunteers and communities.

D. Innovate and implement

The challenge posed to social service sector leaders is usually that of innovation and scaling. Social service leaders will often cite time to experiment and innovate and sabbatical time to rejuvenate themselves, gain exposure, and broaden their horizons as reasons impeding them from innovation and

scaling. So we should allocate time for organizations' leaders to step back, review and rejuvenate.

But a more important skill to teach is whether or not to scale. And it begins with gathering evidence of impact and how the impact happens. This is to ensure that what is to be scaled has evidential impact on end clients and is not used for promotional reasons. The evidence or data will then instruct on the readiness to scale.

Social service leaders looking to scale any program or service should take a very critical look at their work, their program model, and their impact before tackling the question of scale. It is useful to answer these questions squarely: Is the program or service something that people really need? Can we prove that it works and will have a broader application? And, always, always, always check if anyone is already doing something similar and determine whether partnering might help them do it better. It is through partnerships that the social service sector can succeed at innovating and scaling social service delivery solutions. This is so because sustained interventions and solutions for the social needs in today's complex world will require skills from across organisations.

How to support social service sector leadership

What actions then can we take to better support leadership development in the social service sector. There are possibly three things that we can do and they will likely happen as there are now dedicated resources for leadership development. Firstly, there needs to be an increase in the number of leaders from both external and internal sources into the sector. This will widen the leadership band. Secondly, there needs to be stronger leadership capability development both through more opportunities and more systematic and structural support. Thirdly, there needs to be support (and may include funding) for the leadership resources that leaders say they need. More mentorship and coaching as a priority for a range of leaders beyond the top leadership will go a long way to nurture emerging leaders in the sector.

Hope in the coming years

The next generation of mission-driven professionals is considering social service sector careers. When asked, not unlike the existing leaders, they expect mentoring, professional development opportunities, and increasing responsibilities. The difference is that the emerging leaders will assert themselves and assess leaders and access opportunities appropriate for their needs. They will be a good investment of time and resources to ensure a pool of effective leaders.

We hope that in time to come, organizations losing a leader no longer have to find a replacement from another social service sector group, promote a manager who is unprepared for the role, or recruit a leader from the business or government sector who will face a significant learning curve.

The leadership capability development programs that will grow in numbers and range in the coming years will ensure that learning will no longer be limited to classroom training. There will be deliberate, thoughtful, systematic programs for a range of leaders who will serve in professional, specialist and generalist leadership roles. Mentoring and capability training where adults learn best in applied, real-world settings will help leaders to translate their skills and aspirations to serve individuals, families and communities better. The litmus test of leadership in the social service sector must be improved service delivery for citizens.

Seasoned leaders will have a critical role in coaching even as they nurture the younger professionals who should be given "stretched goals" as development opportunities. So whether one is a seasoned leader, a newly inducted leader or an emerging leader, we must lead improvements together with service users, clients and customers at the centre of our aspirations.

2nd January 2015

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