Volume 1

Working with Vulnerable Families

Practitioner's Resource Guide

Strengthening Families Together Pilot

MSF | MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

"Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and decent life."

Nelson Mandela

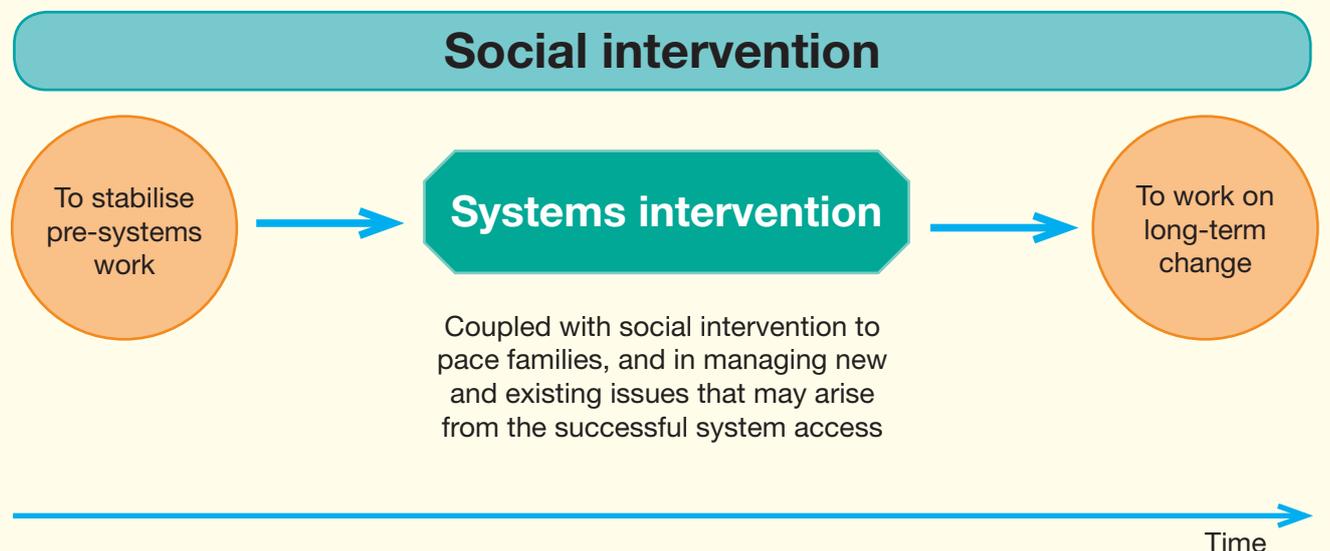# ACKNOWLEDGEMENTS

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INTRODUCTION

The *Strengthening Families Together (SFT)* Pilot is an initiative led by the ComCare and Social Support Division of the Ministry of Social and Family Development (MSF) to support vulnerable families with multiple issues who repeatedly return to help systems even after receiving assistance from various help sources.

Recognising that vulnerable families face complex needs, and are often unable to work on their underlying social issues due to systems barriers or the need to work with multiple help systems, the SFT Pilot seeks to better identify challenges they face, and jointly work with the systems and families to formulate solutions that will be effective in supporting them. The SFT Pilot aims to adopt innovative approaches, and a holistic multi-agency coordinated effort to assist vulnerable families. This is done through tighter coordination amongst agencies and advocating to help systems for flexibility in the provision of assistance for these families. These systems include the Ministry of Social & Family Development (MSF)/Early Childhood Development Agency (ECDA) and Social Service Offices (SSOs), Ministry of National Development (MND)/Housing & Development Board (HDB), Ministry of Health (MOH), Ministry of Education (MOE), Ministry of Manpower (MOM)/Singapore Workforce Development Agency (WDA), and Ministry of Home Affairs (MHA)/Immigration & Checkpoints Authority of Singapore (ICA). Through this pilot, we also hope to better equip social work practitioners with the skills and the right approaches in supporting vulnerable families as they work towards self-reliance and resiliency.

The pilot comprises two main forms of intervention, namely, social and systems intervention. For the purpose of the pilot, the following definitions have been adopted:

- *Social intervention* refers to work done by the social work practitioner with the family to develop their capacity to improve their circumstances and sustain improvements in outcomes. It seeks to enable families to cope with stressors and address their problems more effectively, and impart the necessary skills and knowledge to the families to empower them to do so.

- *Systems intervention* refers to work done by the social work practitioner to coordinate and advocate for tangible assistance with the various help systems (i.e. health, education, housing, etc.) according to the needs of the family. Intervention with systems is not an end in itself, but seeks to stabilise families to work on their underlying issues. This also involves in-depth assessments to identify areas of need.

As shown in the diagram below, social and systems interventions take place in tandem. Social intervention is necessary to help stabilise families for pre-systems intervention, pace families and help them cope with emerging issues as a result of successful systems access, and to support families on a long-term change. Social intervention is also important after a systems intervention breakthrough, so that the family can yield the most benefit from the help obtained.

Social intervention

To stabilise pre-systems work → **Systems intervention** → To work on long-term change

Coupled with social intervention to pace families, and in managing new and existing issues that may arise from the successful system access

Time

Volume 1 of the practitioner's resource guide covers social intervention and Volume 2 covers systems intervention.

Volume 1 shows how social work practitioners' stance and how clear theoretical and assessment framework influence work with vulnerable families. The guide also discusses the use of Family Advocacy and Support Tool (FAST) in practice and outlines the development of a case plan. Six creative tools and their use in specific stages of case management are also shared. The guide then discusses ways of involving children in intervention. The importance of supervision and self-care to enhance and support practitioners working with vulnerable families are also captured in the final two chapters.

This practitioners' resource guide is developed by SFT Pilot Senior Practice Leaders to share their best practices and the rich knowledge which guided them as they worked with vulnerable families.

Tuning in to the Social Work Practitioner

Stance and Approaches in *Working with Vulnerable Families*

Introduction

The stance a social work practitioner adopts sets the foundation for the helping process that will follow and the vulnerable family's experience of help-seeking. Stance can be helpful or unhelpful and the social work practitioner needs to look inward to pay attention to this element. Cochran-Smith and Lytle (2009) state that stance describes the body, postures, political positions and the various perspectives that social work practitioners use to frame their questions, observations and reports.

Stance could be used skilfully and intentionally by social work practitioners to achieve positive outcomes in their work with clients. This is demonstrated by how the practitioner engages the families through both verbal and non-verbal behaviours.

A helpful stance will communicate to the family that the social work practitioner is interested and wants to be of help. This encourages the family to be open in sharing their concerns and respond positively to the practitioner. In this chapter, you will find helpful practical tips on how to adopt a stance that will enhance your effectiveness in working with vulnerable families. An unhelpful stance adopted by the social work practitioner can either contribute to premature termination of help or an ineffective helping relationship where families are not able to work towards change in a positive manner.

Objectives

1. To discuss helpful and non-helpful stances in working with vulnerable families.
2. To help the social work practitioner reflect on his or her stance and approach in helping vulnerable families and identify areas of development.
3. To understand the family's stance by having conversations with the family.

How do you do it

1. A good place to start is self-awareness. The social work practitioner needs to examine him/herself and reflect on how he or she interacts with clients. An example of this will be to critically go through taped sessions with one's supervisor, by examining what strengths and limitations are evident. The practitioner needs to reflect if he or she has been genuinely empathetic to clients' concerns. The social work practitioner also needs to assess if rapport has been established with the client and if the client has trust and confidence that the social work practitioner will be able to help.

2. Empathic understanding and listening skills are intimately intertwined. Besides listening to what the clients say, the practitioner must be able to pick up non-verbal cues and small signs of the many emotions clients may have.

3. Integrate ethical and multicultural issues in practice and explore how the social work practitioner accords respect to the families whose cultural and religious beliefs and values may differ.

4. Different theoretical orientations may call for different stances and approaches. Is the practitioner able to successfully integrate and use them skilfully and in a seamless manner?

5. Most of us are comfortable with our own "natural" stance. However, our own natural stance may not "work" with everyone. Hence practitioners may need to shift and modify his or her stance to be fully effective. The diagram below summarises some helpful skills and knowledge for developing effective stances and approaches in working with vulnerable families.

HELPFUL STANCES

Pay attention to your tone / vocal qualities

Adopt an attitude of curiosity to understanding client's perspectives

Use strength-based approach - appreciate client's strengths and how they manage challenging situations

Be empathetic and responsive - validate client's emotions

Use appropriate self-disclosure - articulate what moved us

Be sensitive to cultural and religious issues

Be affirming and avoid being judgmental

Use silence skilfully to show empathy and support

Be attentive and display authentic body language - appropriate eye contact, leaning forward

Knowing the family's stance is essential

Systemic practitioners (Dallos, 2006; Fredman & Andersen, 2011) have discussed the practicalities of having conversations about the process of help, or "talking about talk". Social work practitioners may explore with the family their expectations of the helping process, and even discuss how to communicate during the session.

Such discussions can assist in revealing the family's preferred style of communication, as well as their attachment styles. For example, a family may be encouraged to talk more about feelings if they show a more dismissive style. Conversely for families who engage in a more emotionally escalating style, the social work practitioners can encourage reflective discussions about how things happen in the family (Dallos & Vetere, 2009). These conversations will not only assist in the identification of practical tips of working with families, they would also assist in addressing the unique stances families take based on their personal experiences.

Conversations with the family may include questions such as:

1. What are your hopes and expectations of our conversations and work together?

2. Have you spoken or worked with other people about these issues? Has it been useful/not useful?

3. What would I be doing that would be useful/ not useful for you?

4. How can we ensure that our work together becomes useful?

5. How will I know if you are getting upset or angry? What should we do when this happens?

6. How would you tell me if you feel upset about the way I talk to you?

7. What are certain things that you hope I will not say or do?

8. When I conduct home visits to see how you and your family are doing, what are some rules that you think are important for me to observe? How should I go about doing it?

Things to note

1. It is important to note how a helpful stance contributes to a positive response from a client. In the same vein, it is also important to observe how verbal and non-verbal responses from the social work practitioner can create a non-helpful stance.

Some examples of unhelpful stances generated and role-played during the SFT Pilot training on working with vulnerable families are as follows:

- Being insensitive to the client's culture and values
- Minimising issues and over-simplifying them
- Emphasising assertive words: telling the clients "You need to…, You have to…"
- Irritating clients by asking questions repeatedly
- Providing unsolicited advice
- Being judgmental/ labelling
- Using an interrogative tone
- Setting an unrealistic time-frame for goals which makes the family feel stressed
- Making the client sound pitiful
- Believing that the client will not change
- Blaming and emphasising the client's faults
- Overusing the statement "I totally understand how you feel"

2. The social work practitioner's supervisors, colleagues and even the families the practitioner serve can provide feedback on the stance that has been adopted and if it was helpful. If a particular stance is not helpful, it is important for the practitioner to make changes and invite feedback again. Video-taping the practitioner's sessions and reviewing the tapes can provide good insights into areas that need to be improved.
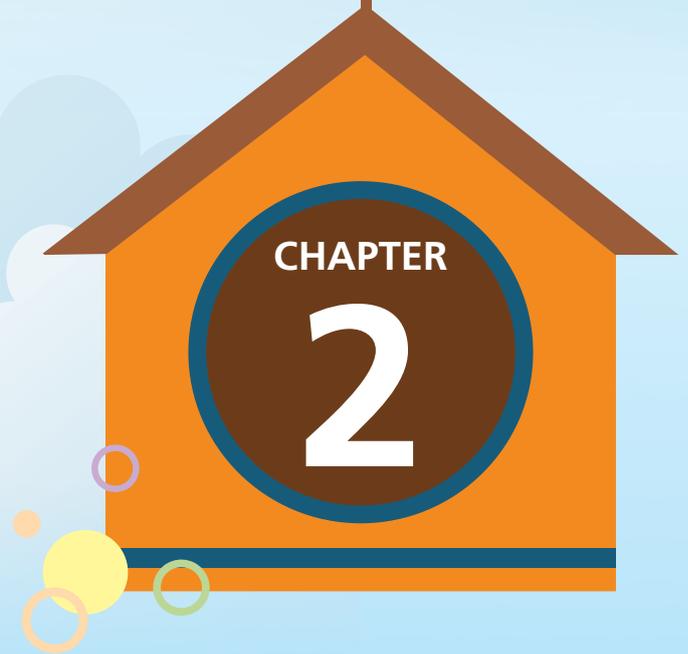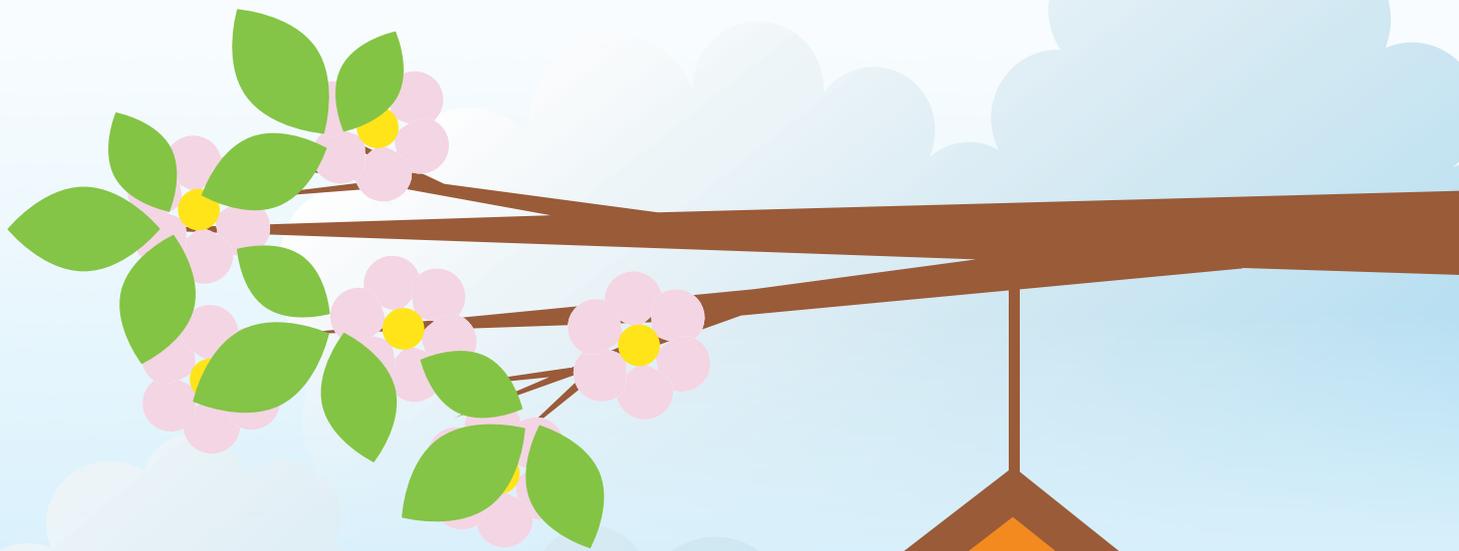
Theoretical Framework Informing Social Work Practice

Introduction

Social work practitioners need to possess empirical and theoretical knowledge of persons, environments, their interdependence and their transactions. While values form the ideological basis for professional action, knowledge forms the objective basis for practice principles. Social work theories provide guidance in practice by identifying the focus of practice and how the social work practitioner needs to proceed practically (Healy, 2005).

Theoretical frameworks represent a way to organise thoughts and information so as to make sense of professional issues, practice phenomena, intervention goals and plans, as well as to guide intervention with client, action and target systems. It has been argued that without the order imposed by theory, it is not possible for social work practitioners to function professionally (Timberlake & Farber, 2002).

Having an integrated theoretical framework derived from various theories also means that the social work practitioner has multiple entry points for intervention with the family towards mutually established goals.

Objectives

1. To provide a brief overview of the essential theoretical frameworks and how they can be used to influence practice.
2. To discuss how the use of theoretical frameworks will enable social work practitioners to:
   - Organise information
   - Understand professional and practice issues
   - Make informed assessments
   - Guide goal-setting and intervention
   - Recommend appropriate termination of services

How do you do it

Part A : Summary of the essential theories informing the SFT Pilot

It is important for the social work practitioner to first understand the categories of theories that impact on social work practice.

There are 3 main categories of theories which inform social work practice:

1. Orienting theories;
2. Practice perspectives; and
3. Practice models

1. Orienting theories

Orienting theories describe and explain behaviour, particularly how problems develop. They also attempt to explain large-scale societal problems such as poverty, mental illness, crime and racial discrimination.

Orienting theories include:

- General systems theory

- Psychodynamic theory

- Social learning theory

- Conflict theory

General systems theory emphasizes reciprocal relationships between the elements of a system—"a holistic, organized unit of interdependent, transacting, and mutually influencing parts (individuals or collectives and their subunits) within an identifiable (social-ecological) environment" (Siporin, 1975). Systems theory draws the social work practitioner's attention to the various systems within which an individual functions—groups, organizations, societies, and so forth—in order to facilitate intervention at multiple stages in an individual's life.

By focusing on understanding the human condition and consideration of cross-cultural elements, systems theory has helped drive social work's understanding of human behaviour in the social environment.

Psychodynamic theory is informed by ego psychology and focuses on how inner energies interact with external forces to impact emotional development. This theory assumes that emotions play a key role in human behaviour and is thus concerned with how these internal needs, drives and emotions motivate human behaviour. It assumes that both conscious and unconscious mental activities motivate human behaviour, and that internalized experiences—such as childhood experiences—shape personality development and functioning. By patterning an individual's emotions, these early experiences are central to problems of living throughout an individual's lifespan.

Attachment theory is what social work practitioners usually employ when dealing with a client who has suffered past trauma or abuse. By focusing on how the ego mediates between the individual and his/her environment, social work practitioners can facilitate healing by placing attention on a client's ego defence mechanisms to protect individuals from becoming overwhelmed by impulses and threats.

Social learning theory, also called behaviourism or behaviour theory, is based on the psychology of learning. By focusing on how individuals develop cognitive functioning, social work practitioners can understand how those cognitive structures enable adaptation and organization. In dealing with problem behaviour, social work practitioners who employ this theory focus on changing the reinforcement that perpetuates that behaviour.

Conflict theory helps explain how power structures—and power disparities—impact people's lives. Power is unequally divided in every society, and all societies perpetuate various forms of oppression and injustice through structural inequality—from the wealth gap to racial discrimination. In short, groups and individuals advance their own interest over the interests of others. Dominant groups maintain social order through manipulation and control. Social change can be achieved through conflict— that is, interrupting periods of stability. In this theory, life is characterized by conflict (either open or through exploitation) instead of consensus. By addressing these asymmetric power relationships, social work practitioners therefore aim to balance the scales and reduce grievances between persons or groups.

2. Practice perspectives

Practice perspectives are a particular way of viewing and thinking about the practice of social work. By offering a conceptual lens of social functioning, these frameworks focus on particular, recognizable features of a situation in order to offer guidance on what might be important considerations, as well as to assess relationships between people and their environment.

The 3 perspectives include:

- Ecosystems perspective;

- Strengths perspective; and

- Feminist perspective

The *ecosystems perspective* assumes that human needs and problems are generated by the transactions between people and their environments. To understand a client's problems, the social work practitioners must understand his or her environmental context:

- The individual exists within families,

- Families exist within communities and neighbourhoods,

- Individuals, families and neighbourhoods exist in a political, economic and cultural environment, and

- The environment impacts the actions, beliefs and choices of the individual.

The problems that people face arise from life transitions, environmental forces and interpersonal pressures. When a social work practitioner is faced with a client who is having trouble functioning within their environment, then emphasis is placed on adapting the client's ability to exchange information and energy with their environment. Unlike systems theory, which takes a broad perspective on equilibrium within a system, this model emphasizes active participation with the environment.

The *strengths perspective* assumes that every individual, family, group, organization and community has identifiable strengths. By focusing on these strengths, clients can grow and overcome difficulties. Given the internal nature of strength, clients are usually the best experts about the types of helping strategies that will be effective or ineffective. As such, the social work practitioner in this situation takes on the role of a facilitator.

The *feminist perspective* takes into account the role of gender and the historical lack of power experienced by women in society. Social work practitioners who employ a feminist perspective emphasize the need for equality and empowerment of women in our society.

3. Practice models

While theories help explain why a problem is occurring, social work practice models are used to address the problems themselves. Based on the theories (and others), these models serve as step-by-step guides for client sessions, much like a blueprint on how to effect change. The social work practitioner's choice of perspective will influence their selection of both theory and model.

A few common practice models include:

- Problem-solving model;

- Task-centered model;

- Solution-focused model;

- Narrative model; and

- Crisis model

In the *problem-solving model*, the social work practitioner helps the client understand the problem, brainstorm possible solutions, pick a solution, try it out and evaluate effectiveness.

In the *task-centred model*, the social work practitioner helps the client break down the problem into achievable tasks, using rehearsals, deadlines and contracts to maintain drive and motivation.

In the *solution-focused model*, the social work practitioner and client first identify the solution— the desired future—then work together to establish the steps that will lead to the solution.

In the *narrative model*, the social work practitioner works on the assumption that as an individual's life story takes shape, it emphasizes certain elements (either positive or negative) over others. From here, the social work practitioner helps clients "re-author" their own life by re-examining often told stories to get at a more basic truth.

In the *crisis model*, the social work practitioner and client work to reduce the impact of an immediate crisis, learn to respond more effectively to the impact of a stressful event by employing both internal and external resources, and restore the individual to a pre-crisis level of functioning.

Part B : How do you apply the theories

Step 1
Consider the case, identify its presenting issue and underlying problems.

Ask: What are the theories that are most appropriate to the case? Which theories appear to have the best fit to help us understand the challenges of the family's experiences?
Step 2

Step 3
Critically examine how these theories inform and affect the assessment and interventions for the case. Do some of the theories guide practitioners in the actual intervention with these families?

Reflect on what the theories inform about case termination.
Step 4

Theories Informing Work with Families

- General systems theory
- Psychodynamic theory & Attachment theory
- Social learning theory
- Conflict theory
- Ecosystems perspective
- Strengths perspective
- Feminist perspective
- Problem-solving model
- Task-centered model
- Solution-focused model
- Narrative model
- Crisis model

Things to note

1. For new social work practitioners, it is important to have an understanding of the general theories and apply them consciously. It is essential that the new worker does not make a decision by just focusing on one particular theory of preference. The knowledge of multiple theories also provides more angles of assessment and creates more avenues for intervention.

2. When understanding a particular theory, it is important to understand how the original version of the theory may have evolved over time. It is also critical to examine the limitations in application highlighted in the literature for each theory. For example, certain theories cannot be used where abuse is present in the family.
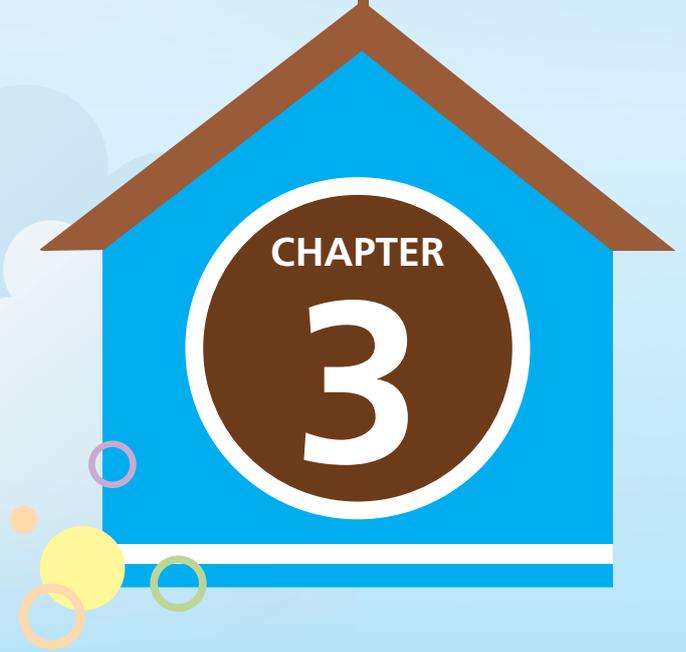
Assessment Framework

Introduction

A comprehensive theory and evidenced-based informed biopsychosocial assessment forms the basis of social work intervention and it distinguishes the social work practitioner as a professional.

Assessment in social work practice refers to clearly articulated and written hypotheses and assessment statements. This is an essential component as the inclusion of these assessment statements in social reports solidifies the practitioner's advocacy for services.

Social work practice is governed by ethical values and principles, and based on a theoretical body of knowledge and systematic approach of assessment, intervention and action plans (*Singapore Association of Social Workers*). Butler and Roberts (2004) refer to assessment as "a perceptual/ or analytical process of selecting, categorising, organising and synthesising data…with the main purpose to develop and inform impression leading to action". Before a social work practitioner formulates an intervention plan, he or she has to assess the family and individual thoroughly based on the theoretical framework that informs practice and also develop a comprehensive framework which can be used as a critical lens to hypothesise and analyse what is happening in the family.

With this assessment, the social work practitioner is able to identify the problems/barriers and harness the strengths to address/overcome them, address the needs and risks of the family and individuals and lead them to set goals with the appropriate interventions.

The families will contribute to the practitioner's assessments. It is also important to share the assessments with families in a way that is meaningful to them; to communicate worries, affirmations and areas of joint work needed.

Objectives

1. To discuss how an assessment framework is developed.
2. To explore how this framework informs social work practice.

How do you do it

1. The social work practitioner has to "synthesise and blend the many social work theoretical positions that examine the person-in-environment perspective and includes aspects of the biopsychosocial perspective as well as information about personal, family, and/or group strengths." (Boyle et al, 2014)

2. As part of assessment, the social work practitioner has to examine the individual's interaction of the inner forces (e.g. spiritual, emotional, biological, life span development stage) and outer forces (e.g. social institutions, environmental factors, cultural aspects) that cause the individual's resultant behaviours and thoughts. The diagram in this chapter gives an overall view of different elements and factors that the social work practitioner needs to consider in the process of assessment.

3. The diagram attached captures the various aspects that need to be incorporated into the assessment framework. The assessment framework diagram is an integration of 1) Areas of assessment in case management identified by SFT Pilot social work practitioners during SFT trainings 2) Multi-system assessment framework shared by Udhia Kumar in case management training 3) The domains of the full version of FAST. This is a basic framework. As social work practitioners work closely with families, specialised areas of assessment and the need for specific clinical tools or measurements may emerge and the practitioner may be required to incorporate these aspects.
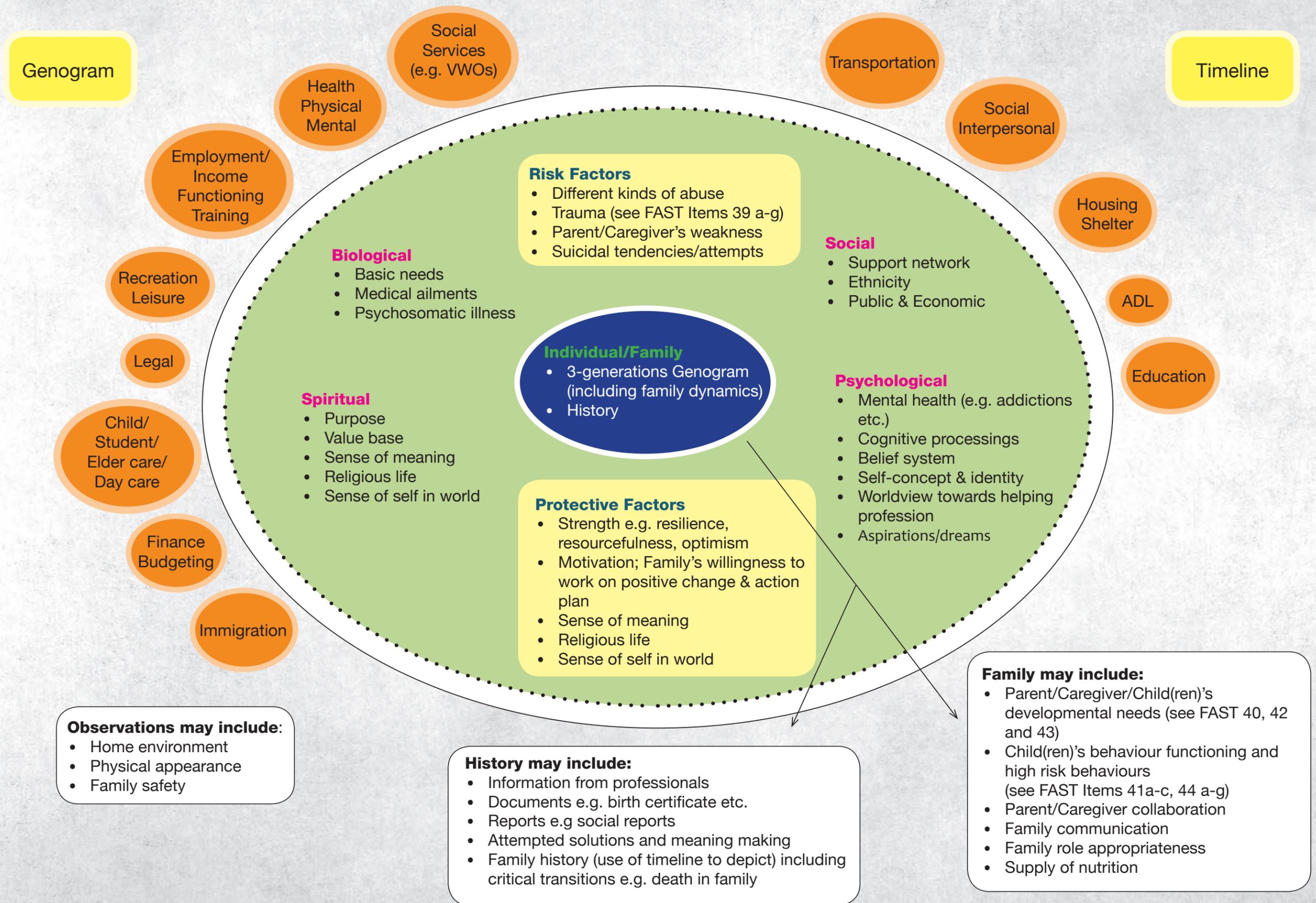
4. Risk assessment is an essential component in all social work assessment. Risk denotes the probability or likelihood of harm. This aspect is captured in the framework as risk factors. Risk can be emerging or imminent and this is the first layer of assessment. It might require the monitoring of escalation or de-escalation of risk. Imminent risk requires immediate attention and intervention to reduce the potential harm. In any case management and casework practice, the social work practitioner will need to assess the elements of risk before proceeding further with other social or systems intervention. Safety of our vulnerable clients is not just the realm of formal protective services. It is the ethical responsibility of every social work practitioner to ensure the basic well-being and safety of the client. (Singapore Association of Social Workers [SASW] Code of Ethics).

Things to note ✎

1. Before carrying out the assessment, the social work practitioner has to develop a good rapport with the family so that they feel at ease and will be open throughout the assessment process.

2. When there is a presence of collaborative assessment with other professionals and agencies, the social work practitioner has to take note and bridge any inter-organisational discourses so that common ground can be sought between the various agencies. The potential for professional differences must be recognised and negotiated.

3. During assessment, the social work practitioner has to take note of the cultural and values differences as well as the use of non-verbal languages and interpreters.

4. Using supervision to get clarity on assessment is a good practice. The supervisor can help by asking questions regarding the derivation of hypotheses and assessment statements.

5. While assessment is essential, so is reassessment. Family circumstances are dynamic. As such, periodic planned reassessments are critical in highlighting further areas of intervention or to plan for the termination of service provision with families who have made sufficient improvements, achieved resilience, and can function and thrive independently using their own resources.

Compiled Assessment Framework to Guide SFT Practitioners

Genogram

Timeline

Social Services (e.g. VWOs)

Health Physical Mental

Employment/ Income Functioning Training

Recreation Leisure

Legal

Child/ Student/ Elder care/ Day care

Finance Budgeting

Immigration

Transportation

Social Interpersonal

Housing Shelter

ADL

Education

Risk Factors
- Different kinds of abuse
- Trauma (see FAST Items 39 a-g)
- Parent/Caregiver's weakness
- Suicidal tendencies/attempts

Biological
- Basic needs
- Medical ailments
- Psychosomatic illness

Social
- Support network
- Ethnicity
- Public & Economic

Individual/Family
- 3-generations Genogram (including family dynamics)
- History

Spiritual
- Purpose
- Value base
- Sense of meaning
- Religious life
- Sense of self in world

Psychological
- Mental health (e.g. addictions etc.)
- Cognitive processings
- Belief system
- Self-concept & identity
- Worldview towards helping profession
- Aspirations/dreams

Protective Factors
- Strength e.g. resilience, resourcefulness, optimism
- Motivation; Family's willingness to work on positive change & action plan
- Sense of meaning
- Religious life
- Sense of self in world

Observations may include:
- Home environment
- Physical appearance
- Family safety

History may include:
- Information from professionals
- Documents e.g. birth certificate etc.
- Reports e.g social reports
- Attempted solutions and meaning making
- Family history (use of timeline to depict) including critical transitions e.g. death in family

Family may include:
- Parent/Caregiver/Child(ren)'s developmental needs (see FAST 40, 42 and 43)
- Child(ren)'s behaviour functioning and high risk behaviours (see FAST Items 41a-c, 44 a-g)
- Parent/Caregiver collaboration
- Family communication
- Family role appropriateness
- Supply of nutrition

Source
This diagram is an integration of:
1. Areas of assessment in case management identified by SFT Pilot social work practitioners during SFT trainings
2. Multi-system assessment framework shared by Udhia Kumar in case management training
3. The domains of the full version of FAST

Utilising FAST in Practice

Introduction

The Family Advocacy and Support Tool (FAST) was originally developed by Dr. John Lyons from the Praed Foundation, and further refined by social work practitioners in Singapore. The tool is designed to be an output of the assessment process, which aids in the formulating of case plans. As a communimetric tool (Lyons, 2009), its design is based on communication rather than psychometric theories. Being a communimetric tool also means that it can be useful in facilitating a common language for social services, which would aid in the coordination of service delivery.

Objectives

1. To outline useful principles when using FAST.
2. To list important questions elicited during the pre and post FAST interview inquiry.
3. To discuss how FAST can be incorporated into casework processes.
4. To discuss how FAST can be incorporated in supervision.

How do you do it

Some useful principles when using the FAST

1. The FAST is NOT an assessment tool

   a. It is an output of the assessment process.

   b. Relying on the tool as a universal assessment device can be detrimental to effective case work.

   c. Although FAST can assist in organising the information we get about our clients, it is still important to depend on assessment processes, which is organised by the bio-psycho-social-spiritual approach.

2. Clients remain the core of our practice

   a. There may be a tendency to depend totally on a tool and use it mechanically to assess the complexity and risks of a case.

   b. It is important to keep in mind that interpersonal relationships remain a central principle of practice in casework.

3. Use the FAST in ways that would HELP

   a. The FAST is designed to facilitate EFFECTIVE COMMUNICATION of a SHARED VISION at multiple levels (For e.g. between supervisor and supervisee, different organisations, social work practitioners during a case transfer, different sectors, etc).

   b. The FAST can also assist in prioritisation of intervention goals in case planning (Annex A - Case Plan template).

   c. In social service organisations, the FAST can also be useful in measuring caseloads based on the complexity and risk issues present. This can potentially lead to better manpower planning and allocation.

   d. Dismissing the tool as just another administrative process that generates more paperwork will undermine the effectiveness of the tool.

4. The FAST describes the WHAT, not the WHY

   a. The FAST is only able to describe the issues facing the family; it does not seek to explain why the family is facing such issues.

   b. Social work practitioners should refer to social work theories to develop creative ways to intervene and address the issues identified.

5. The FAST can be used collaboratively

   a. In close discussion with a supervisor or with peers, towards a consensus on issues that social work practitioners should focus on.

   b. The tool can also be discussed with clients, where disagreements regarding issues can be processed as part of casework intervention.

Using FAST collaboratively and ethically – a map of inquiry

In attempting to work collaboratively and ethically with the FAST, it might be useful to run through a line of inquiry with clients. This inquiry is influenced by Freedman and Combs' "preference questions" (1996) and Dallos' "talking about talk" (2009). The following questions may be considered:

Pre-FAST interview inquiry

1. Introduce client(s) to the FAST and its purposes
2. Would you have any concerns about me using this tool?
3. If you get upset about anything I ask about you, how would you tell me?
4. Did you have any past experiences with any questionnaires or tools used by practitioners? How were those experiences for you?

Post-FAST interview inquiry

1. Has the interview been helpful for you? How has it been helpful? How was it unhelpful?
2. Was there anything that you hoped that I should have asked you, but did not?
3. Did the interview change anything about the way you look at your current life situation?
4. These (describe issues) were some of the issues we identified. What are your thoughts about them? Do you agree or disagree with any of them?
5. These (describe issues) are some of the things that we would be working on. Is there anything you wish to add or remove from the list?

### How to incorporate FAST into casework processes

1. FAST can be integrated into the casework processes such as client engagement, case assessment, case planning, case supervision and service planning. An analysis of the rating in FAST can help the social work practitioner to analyse the case and prioritise their intervention plans more effectively in the case plan documents.

2. FAST is also useful in helping social work practitioners to track the progress of the family at different intervals. Comparing the FAST rating of the same items at different time points allows the social work practitioner to track the movement the family has made.

3. FAST helps to inform assessment and case plans.

How to incorporate FAST in supervision

1. The supervisor plays an important role in encouraging social work practitioners in the use of FAST. Supervisors' buy-in will increase the sustainability of the instrument. FAST can also help the supervisor identify the training needs of the supervisee when discussing the ratings. If the supervisee feels inadequate to address a certain area highlighted through FAST, the supervisor can suggest training and coaching in this area. Coaching, supervision and training of practitioners are important to increase the reliability of FAST.

2. Social work practitioners use different theories in their practice. The use of FAST in supervision is useful in creating a common language between the supervisor and supervisee. The FAST ratings help the supervisor to identify issues that the family is facing and help coach the supervisee in their analysis of the case and prioritisation of interventions.

3. The review of FAST ratings of different domains at different time periods can be used as a progress report in supervision. This will help to provide richer and more guided discussions on the progress of the family. The supervisor can guide the supervisee on the conduct of conversations on FAST and the progress of the family in various FAST items during supervision.

4. To prevent over-dependence on FAST by the supervisee, the supervisor needs to spend sufficient time going through the assessment principles and comprehensive assessment frameworks used by the supervisee for a particular case prior to looking at FAST items. FAST, as shared by Dr Lyons, is a tool that documents the assessment of the social work practitioner and is not in itself an assessment tool. It is evident from practice in the SFT Pilot that not all of the families' needs that require social intervention are captured in FAST ratings.

Things to note

1. In order for FAST to be more effective, comparison of different FAST scores on various items allows social work practitioners to have an insight into how two professionals view the family. The ratings may be prepared by a supervisor and a supervisee or by two co-workers managing the same case.

2. As the family situation is dynamic, it is important to re-administer the FAST at points of crisis or critical transitions as the ratings will change at these junctures and new interventions may be needed to address the new needs.

3. Involving the family and sharing the changes in ratings with them so that they can also witness the changes in ratings on key domains at different time points can also be a source of motivation towards working on family goals.

CHAPTER

5
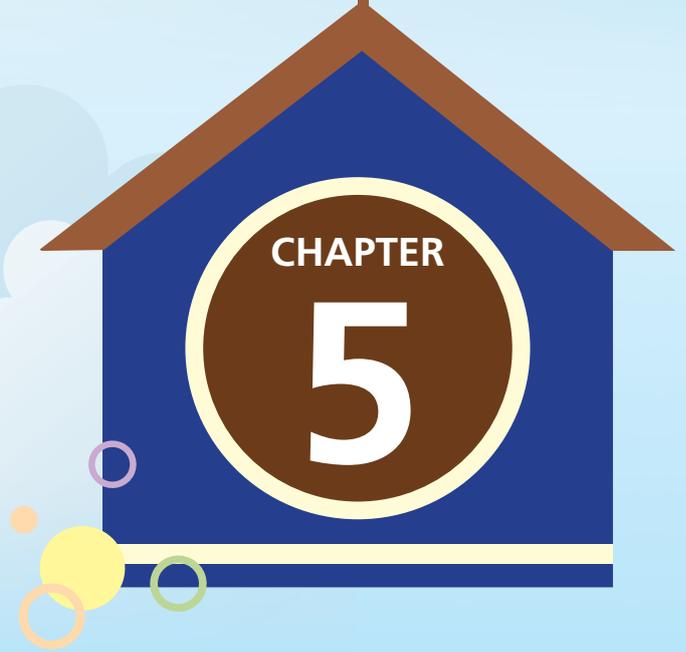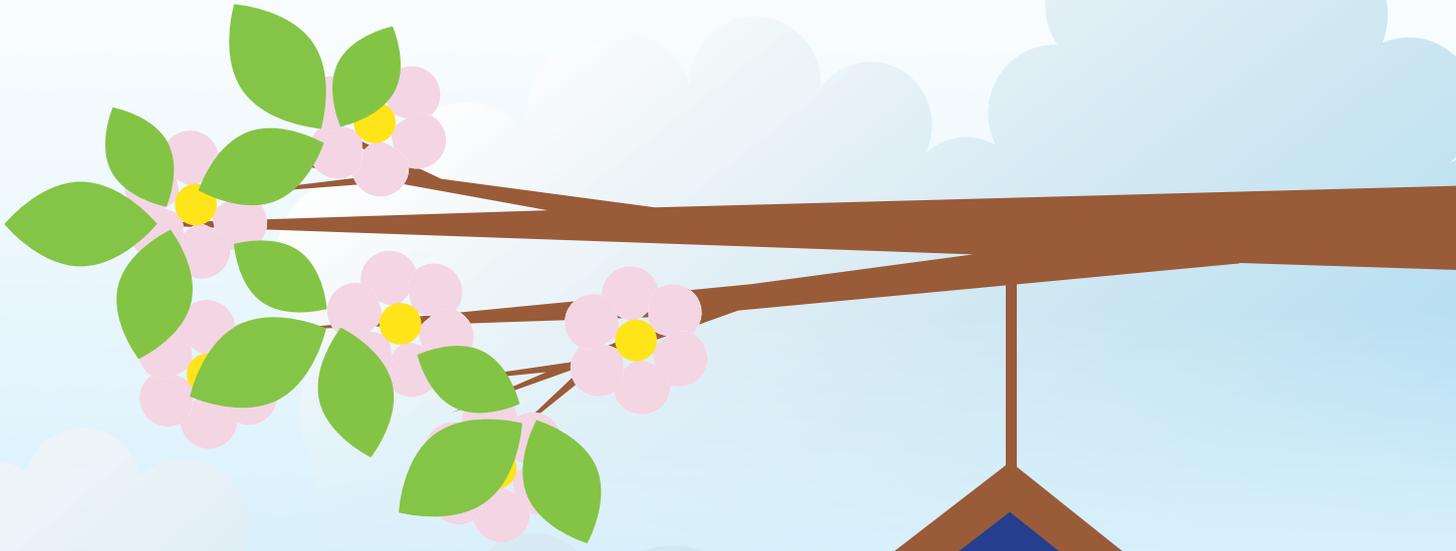
Case Planning

Introduction

A case plan is a pivotal document and case planning is a significant process in case management. This professional document is a culmination of a holistic assessment. A case plan reflects a systematic prioritisation of needs to be addressed and actions to be taken by worker, family and other systems committed to helping the families achieve stability and resilience. Naleppa & Reid (1998) aptly describe it as "mutually agreed upon blueprint" for deciding what services need to be mobilized to help the family effectively.

Based on the assessment conducted with the help of social work practitioners' tools such as the FAST, genogram, ecomap, timeline and the bio-psycho social assessment framework, all SFT Pilot social work practitioners draw up a case plan in collaboration with the family to set mutually agreed-upon goals and to prioritise the areas of intervention. A clear case plan is also important in informing SFT Pilot advocacy work. It helps to inform the partnering agencies on the assessment of the families, the areas of intervention and a clear timeline of the intervention to be carried out and the actions completed. This helps the social work practitioner, the family and the systems advocated to keep pace with the outcome of the help rendered to the families.

A goal-focussed case plan with clear time lines mutually derived with the family to achieve these goals ensures that 'case drift' does not occur. Case drift refers to a situation where a case continues to be known to the social service system for an extended period of time with no clear plans on areas that need to be addressed for the family to reach a new equilibrium of resilience or positive change.

Objectives

1. To describe the importance of a case plan.
2. To highlight steps in developing a case plan.
3. To discuss the use of case plan for assessment, needs identification, goal-setting, intervention plans, supervision and advocacy work with systems.

How do you do it

1. Engage with the client to make an initial assessment and to develop a case plan. List the presenting needs of the family based on assessment (please refer to annex A for a sample of case plan template).

2. Indicate the background needs (i.e. events in the past that are static) that might affect the family's effort in achieving their goals.

3. Indicate the goals to work on for each of the presenting needs. The case plan should reflect the family's needs, strengths and goals. Ensure that the goals are Specific, Measureable, Achievable, Realistic and Timely (SMART) (Parker and Bradley, 2014). Identify the client's needs and address them in order of importance. Collaborate with the client and other service providers to develop a plan of action for achieving goals. This has to be done in consultation with the family.

4. Indicate the intervention plan and steps that need to take place in order to achieve the goal.

5. List down the party responsible for each intervention step. Be sure to involve the family in taking the required actions.

6. Indicate the estimated timeline for each intervention step. Take note of the resources available to the family and create a timeline for the completion of certain activities.

7. Review the draft case plan with the family and jointly discuss on whether there are other goals the family would like to work on, and how the goals should be prioritised. Focus on addressing the basic needs first.

8. Review the case plan with the family on a quarterly basis to track progress by indicating which are the intervention steps or goals that were met. Make adjustments based on new family developments, if any. There is also a need to review case plans when a crisis or significant change impacts the family. This will help the social work practitioner to follow up and develop action plans to ensure amended goals have been met. It also allows the social work practitioners to reassess the family situation and make new goals if necessary.

Things to note 📝

1. The case plan will help the family to track the progress towards their established goals. Thus, it is important for social work practitioners to refer to the case plan when meeting with the family. It is also important that some of the actions are undertaken by the family although some of the other actions needed to achieve the goals are taken by the social work practitioners. This gives a sense of joint ownership and movement. As the case management process continues and the family is increasingly self-reliant, it is possible that at the review, most of the tasks are completed by the family.

2. There will be times when the family is unable to meet all the goals and actions they had indicated on the case plan within the stipulated time frame. This is acceptable and what is more important is that the challenges (internal and external) in reaching these goals are discussed; as well as new strategies and an adjusted timeline is derived.

3. Case plan is a very useful document in supervision. It gives the supervisor an immediate understanding of the family and also the prioritized need areas. The document creates greater focus in discussion of the families and also helps the supervisor assess the development of the social work practitioner in terms of case conceptualization and areas of intervention. The case plan also enables the supervisee to identify areas of further training required pertaining to specialized areas of intervention that emerge from the case plan.

4. Families do not have to be in the formal helping system for extended periods of times if the needs identified on the case plans have been met; and at the point of case plan review, the family and social work practitioner confirm that no new needs have arisen. This point of being able to graduate from the help providing system will vary from family to family.

CHAPTER 6
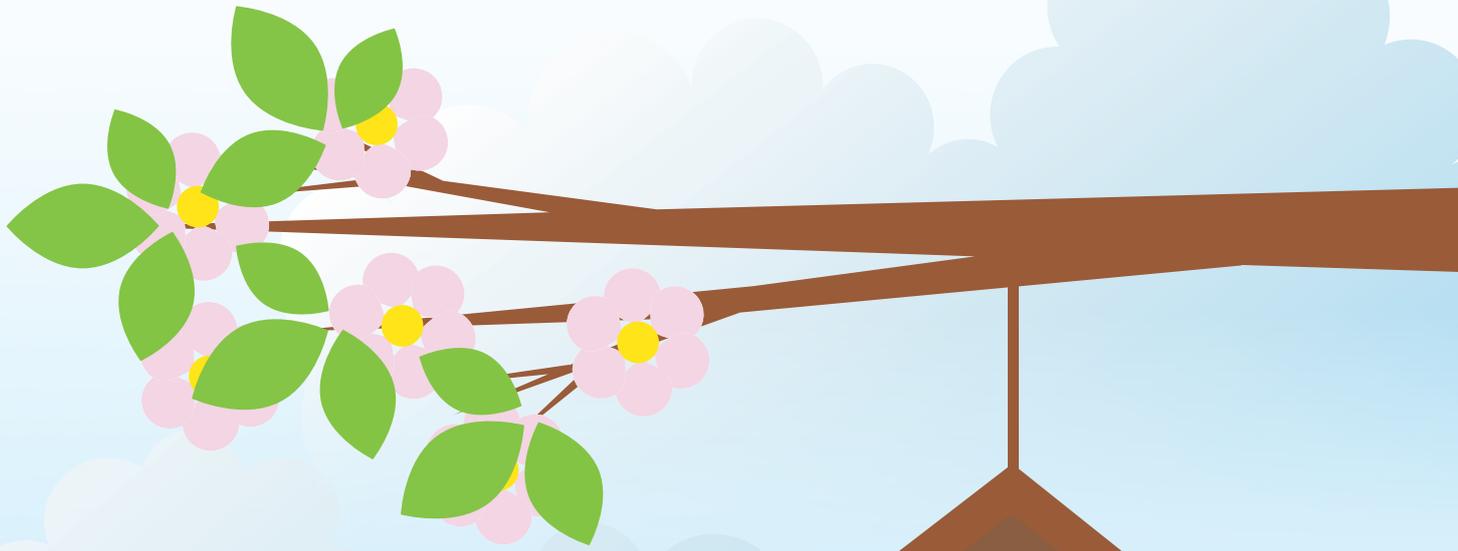
Involving Children in Family Interventions

Introduction

It is important to hear the voices of children in the families we work with. Children also speak their unique language and express their concerns in varied ways. In families that are multi-stressed with competing needs, children witness the issues in the families and have real feelings and thoughts about what they experience. It is important for the social work practitioner to hear the children's perspectives and find ways for the key adults in their lives to similarly listen.

Social work practitioners who work with children and youth are encouraged to recognise the power of play and other creative ways to engage them in assessment and intervention. This requires social work practitioners to patiently meet children where they are and harness their observation skills as they pace with the children. In allowing children a safe space for expression, social work practitioners give children and youth a voice in the decisions made about them and their families.

Practice informed by the relational perspective (Konrad, 2013) is critical in involving children as this perspective values the relationship children establish with their primary caregivers. Significant relationships in children's lives are highlighted and positive relationships are perceived as protective in nature in helping to buffer the child from adversity.

Most importantly, the social work practitioner needs to respond to children's questions in an honest, open and age–appropriate manner. It is also important to involve their parents and key adults in responding to children's questions. Children especially have many questions and feelings during critical transitions.

Objectives 🔍

1. To highlight the importance of the intentional involvement of children.
2. To highlight key aspects to note in relation to children involvement.
3. To discuss ways to engage the children and ensure that their voices are heard.

How do you do it ❓

When involving children in our work with families, the safety and well-being of the child is paramount. Safety issues need to be addressed before other needs are addressed. This is an ethical responsibility of the social work practitioner and the protection of life is at the apex of the ethical screening principle pyramid (Lowenberg and Dolgoff's, 1996).

Some ways of ensuring safety of children

- Be tuned in and take note of signs of physical, emotional and sexual abuse

- Observe behaviours and be mindful of child development

- Check weight/height

- Take note of trauma-related behaviours

- Take note of attachment patterns that are disrupted

Scott, Fiona and Vimpani (2013) highlight the importance for social work practitioners to take note that some children are also exposed to a volatile mix of poverty, violence, parental illness and substance dependence.

The social work practitioner could use protective behaviour skill-building activities to teach children how to identify early warning signs and alert an adult. Protective behaviour is a preventive, safety program from Western Australia that provides people with strategies to keep themselves safe, specifically in areas of risk taking, child abuse and family violence.

The *Signs of Safety* framework, *Three Houses tool and Words and Pictures* tool also help in the facilitation of discussions with children and their significant others in ensuring their safety. (Please refer to tool 3 in the next chapter on Using Creative Tools in Engaging Vulnerable Families.)

Critical Transitions

Transitions can create a lot of stress for children if these are not managed well. It is important that the social work practitioner is tuned-in to the various transitions and their resulting impact on the children. It is important for the social work practitioner to identify the resources available to help the child cope during these points. Be mindful that movement/transitions for children may result in them experiencing a range of feelings such as insecurity, rejection, loneliness and sadness.

Possible Critical Transitions for Children may include:

- Move from current home or from one accommodation to another
- Change of schools or entry into different levels of education e.g. pre-school, primary school, secondary school
- Entry into childcare, student care or change of caregiver
- Failure in school examinations and retention in a level
- Loss of loved ones/significant persons through
  - o Death
  - o Divorce/separation
  - o Incarceration
  - o Illness
  - o Repatriation
- Spending considerably fewer hours with mother upon return to work (post-maternity leave)
- Move into a new neighbourhood
- Loss of a pet or favourite object e.g. toy
- New addition to the family through
  - o Birth
  - o Remarriage and possible formation of reconstituted family
- Sibling being institutionalised
- Migration to another country

Communicating with children

Communicating with children requires a variety of approaches that may differ from the ones the social work practitioner uses with adults.

Possible conversation topics with children and 'door- openers'
- Conversations guided by the *Three Houses* tool from the *Signs of Safety* framework (*House of Good Things*, *House of Worries* and *House of Dreams*)
- School or daily routine
- Favourite activity, hobby, person, toy, or attire; and dislikes
- Relationships: family members, neighbours, friends and teachers. (The use of sociogram may be helpful to explore this)
- Feelings - happy, angry, sad, worried or scared
- Future orientation questions - seek to understand what they want to do in the future and their aspirations

Use of play as a critical aspect in engaging children

1. Stages in using play when working with children

  - Warm-Up Stage
    - o Patience is needed during the warm-up stage to allow the child to take the time he/she needs.
    - o Refer to object that the child picks up as "that thing" instead of "that animal" as the object may mean different things to different children.

- Aggressive Stage
  o If the child is not physically hurting the social work practitioner or himself/herself, let him/her continue. If not, terminate the play. When the child is aggressive by say, throwing things at the social work practitioner, the social work practitioner sets the boundary with the child by holding the child's hand and re-directing the child's anger.

- Regressive Stage
  o The tone of the social work practitioner's voice when speaking to the child is most effective when it sounds nurturing and comforting.

- Mastery Stage
  o Illustration: The child had requested to visit McDonald's. However, each time she arrives at McDonald's, she looks traumatised. Over time, with Play therapy, the fear is reduced as the child starts to describe what happened to her and she revealed that McDonald's was a safe place where the child used to hide when there was family violence.

2. Use of puppets when working with children

- Introduce manufactured puppets to each other i.e. child and social work practitioner. Have a conversation through puppets.
- The social work practitioner and child create puppets using materials like paper bag, scotch tape, marker pens and post-it slips. The social work practitioners and child introduce their self-created puppets to each other using "I", "my" etc.
- The puppets are employed to tell one's story and injecting one's personality.
- The use of puppets also externalises the issues onto a physical object and facilitates deeper conversations.

Things to note

1. To involve children in family and individual sessions requires the social work practitioner to first take stock of their values and feelings. The social work practitioner needs to discuss with the supervisor his or her comfort and skill level in doing this. Some practitioners may not know what questions to ask or how to interact with children and conduct meaningful conversations. Working with children also requires a lot of patience and the ability to model regulation. It is helpful for the supervisor to model this to the social work practitioner.

2. The social work practitioner needs to consider the way to document and capture the voice of the children. This could be in the forms of drawings or activity sheets. It is very important that the social work practitioner informs the child if he or she intends to share what the child has expressed. At times, the child may even choose to share it with parents with the social work practitioner in attendance as facilitator.

3. Developing emotional literacy is key to working with children. The social work practitioner needs to find ways and creative activities to facilitate the child in identifying and expressing his or her feelings. Protective behaviours also emphasise this element as a core principle in ensuring the safety of children.

CHAPTER

7
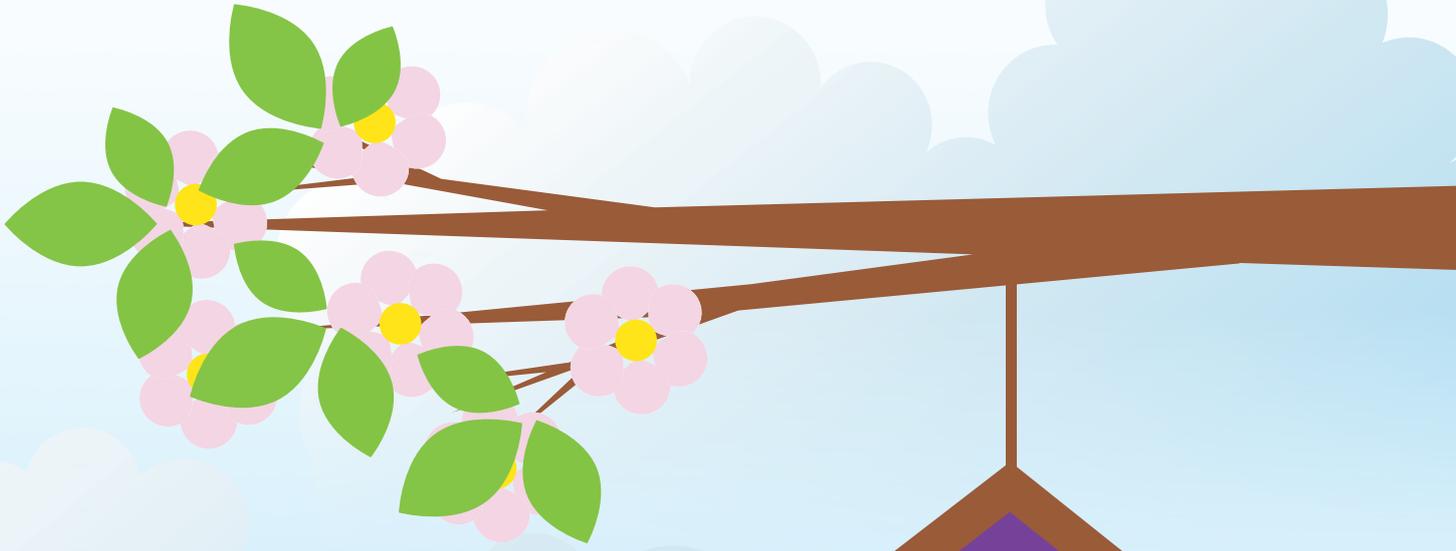
Using Creative Tools in Engaging Vulnerable Families

Introduction

Creative tools allow social work practitioners greater entry points to work with clients of various ages and at various stages of case management. The process of using these tools allows the practitioners to have a different type of interaction with the families, a process that is more relaxed, interactive and one that taps on the element of play. A safe space is created for the families to share their challenges and deeper feelings about matters of their lives, and even to talk about their worries and risks in the family. The use of creative tools allows various members of the family to come together to engage in the designed activities. The development and adaption of these tools also require the social work practitioner to innovate and explore creative ways of engaging the family in meaningful conversation.

A list of 6 toolkits have been developed and selected to help social work practitioners to better engage/assess the vulnerable families at different stages of their practice.

Proposed stages where creative tools can be used during practice

- Beginning: *Your Road to Success* and *Views from the Verandah* to be administered after the administration of FAST with family
- Beginning: To assess risk using *The Three Houses*
- After rapport building: To assess family strengths using *Caterpillar Skills*
- After assessment stage: To explore relationship dynamics using *The Four Seasons of Marriage*
- Intervention stage: To assist families in their budgeting skills using *Money Magic*

Information gathering
- Tool 1: *Your Road to Success* (newly created!)
- Tool 2: *Views from the Verandah* (adapted)

Risk Assessment
- Tool 3: *The Three Houses -*
  House of Good Things, *House of Worries* and *House of Dreams* (adapted)

  Can also be used at the intervention stage.

To assess family's strengths
- Tool 4: *Caterpillar Skills* (newly created!)

Intervention
- Tool 5: *Money Magic* (newly created!)
- Tool 6: *The Four Seasons of Marriage* (adapted)

Objectives

1. To introduce six creative tools developed from scratch or adapted from existing tools for social work practice with SFT families.
2. To describe step by step how each tool can be used and the stage of case management.
3. To equip social work practitioners with alternative tools to better engage and assess the families.

Instruction guides for the six toolkits

Tool 1: *Your Road to Success*

Proposed stages where this tool can be used during practice

- *Your Road to Success* can be administered after FAST.

Instruction Guide

Goals

1. To help the family identify the barriers that hinder them from achieving stability in the family situation.

2. To help the family identify their goals and needs.

3. To help the family create awareness of the support systems available.

1. Lay out the road map and get the family to choose one vehicle.

2. Each member should write on a piece of paper their family name. Stick the paper at the end of the journey on the road map. The destination will represent the final goal/s that the family wishes to achieve.

3. Get the family to identify the barriers (things that prevent them from achieving their goal/s) they are currently facing. Give the family some time (5 minutes) to reflect on this. If there is more than 1 adult present, they may discuss and decide on the barriers together. After 5 minutes, get the family to select the barriers or write down on paper the barriers they have identified. Paste the paper on the road barriers given.

   Examples of barriers: finances, housing, employment, childcare, etc. The family should elaborate on the details for each barrier identified. The details can be noted on the white board.

4. Instruct the family to place the road barriers on the road map. Barriers should be placed in order of priority from the starting point. This means that the most urgent one the family wishes to overcome first should be placed nearest to the starting point.

5. After placing the barriers on the road map, the family can now start the journey using the vehicle chosen. When the vehicle approaches a road barrier, ask the family:

   • What does your family need at this point of time to help you break through the barrier? (more than 1 need can be stated and the social work practitioner will issue a strip of access card stating the needs/resources raised)
   • The social work practitioners will write down the needs/resources of the family on the blank strip of access cards that are not stated in the printed cards.
   • Stick the access cards on the road stands and place it on the road map.
   • Upon getting the access card, family can remove or shift aside the road barrier.

6. The family will be given a gift box after removing each barrier. They will be asked to reflect on one positive outcome after a barrier is removed. They can write this down on a paper to be put into the gift box.

7. Continue steps 5) and 6) till the family removes or shifts aside all the barriers on the road map and reaches the final destination.

Debrief pointers

1. Collate a list of the barriers, needs and their strengths/support identified by the family and process the information with the family.

2. Check in with the family:
   • Did they find it difficult to identify the barriers?
   • Did they find it difficult to come up with the items (resources, support system, etc) they needed on the access card?
   • Which is more difficult: identifying the barriers or the support systems?
   • What are the family's lists of resources / support systems that they had identified to help them achieve their goals?

3. At the end of the session, pass the list to the family.

4. Celebrate little successes
   The little goals achieved along the journey are the little successes that should be celebrated. Process with the family whenever there is a success. Social work practitioners can help to highlight to the family that little steps will help them achieve their ultimate goal.

Things to note

1. This is a family activity so spending time to persuade various members to be present for this session can be beneficial. The teenagers in the family may initially be unreceptive to a board game. The social work practitioner is encouraged to introduce this as an activity to capture every family member's voice. Inviting each family member to participate can be an approach that the social work practitioner can take.

2. This activity can be revisited at a later stage in case management when some of the barriers have been resolved and the family has made movement in certain aspects of the goals. This would be a good activity to help the family see the changes. This also means that it is important for the social work practitioner to take photos of the initial layout of the barriers identified by the family which can later be used for comparison.

   Your Road to Success tool was created by the MSF SFT clinical team.

Tool 2: *Views from the Verandah*

Proposed stages where this tool can be used during practice

- *Views from the Verandah* can be administered right after FAST or at goal setting stage.

Instruction Guide

Goal

- To help family identify values, set goals and plan for the future.

Instructions

There is no set way of using the cards with either individuals or groups. The easiest way is perhaps to spread all the cards on the floor or on a table and invite the participants to sort the cards into different categories. Like other strengths-based materials, this tool works best when the materials are built into conversations. They can be used as 'prompts for conversation' because of their ability to suggest important things that can be talked about. The conversations that the cards generate provide *Views from the Verandah* with its power for change. The insights received for the respective pictures of the future and those of others will be enhanced as layers of conversations are built around the cards. For workers who had used the *Your Road to Success* toolkit, *Views from the Verandah* can be a subsequent tool to enhance the conversation of goal setting with the family or individual.

The 60 *Pictures of the Future cards* consist of:

Achievement	Adventure	Anticipation
Art	Award	Balance
Car	Career	Caring
Challenge	Changing Society	Children
Comfort	Community Participation	Contemplation
Courage	Creativity	Endurance
Employment	Environment	Excitement
Family	Farming	Fitness
Fulfilment	Fun	Good Food
Grandchildren	Groups	Health
Helping Others	Hobbies	House
Independence	Leadership	Learning
Lifestyle	Money	Management
Music	Politics	Public Speaking
Reading	Recognition	Recreation
Relationships	Relaxation	Retirement
Security	Sharing Wisdom	Small Business
Solitude	Spirituality	Sport
Study	Success	Teaching
Travel	Volunteering	Writing

Possible questions to ask

1. After describing the barriers in the last session, what are your goals for the next 6 months; 1 year; 5 years?

2. As a family; which goals would you want to work on first? (Identify the barriers to immediate action which the goals are ranked)

3. Individually, pick one goal each and see if it can be aligned with others in the family.

4. How do your pictures of the future fit with those who are close to you?

5. What would you like to be doing compared to what you are actually doing now?

6. What do you mean by 'success'?

7. How do we set goals?

8. How do my pictures of the future fit in with those who are close to me?

9. What is the focus of your life during this period of time? Why?

10. What are some goals you would like to achieve in working with us?

11. What does it mean to be 'financially independent'? (Expectations)

12. What motivates you to work towards these goals?

13. What is most important to you? (Priorities)

14. What is your priority now?

15. Does anyone else know of your focus?

By suggesting questions like those above, *Views from the Verandah* can challenge us to be more systematic and rigorous in thinking through our pictures of the future and to approach planning issues in new and creative ways. As this toolkit is meant to build conversations, do not let the questions suggested above be restrictive. The social work practitioner can be flexible in thinking of other questions that are appropriate for the clients.

Building A Planning Grid

Another way to proceed is to ask client(s) to place the cards within a grid where the top row is a sequence of time frame and the leftmost column is arranged in order of priority. This method is suitable to get the couple/individual focussed on the time frame structure.

Period/Priority	1 Month	6 Months	1 Year	5 Years
Very Important				
Important				
Not Important				

OR

	Time Frame	Time Frame	Time Frame	Time Frame
Focus				
Focus				
Focus				

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Focus Cards

The intention of the focus cards is to ask different questions about the 'view from one's verandah' and to focus on particular aspects of the view. Six *Focus Cards* are included in the kit. However, if the metaphors are unclear, irrelevant or do not work, they can be omitted or substituted. It is important that the questions make sense to the card user.

Examples

- What is your view to the front fence? ⟶This can be a question about the things we do on a daily basis, the things close to us or under our feet.

- What is your view to the horizon? ⟶This question looks beyond the immediate to the big picture goals in life. 'Studying the horizon' is a metaphor that looks at long-term plans, our deepest values and how we create meaning for ourselves.

- What interferes with your view? ⟶This question examines what it is that we have to deal with before we are able to achieve our goals or move towards our pictures of future.

Debrief pointers

1. Be flexible and sensitive to pace with the client. Get the clients' permission as to whether they want to use the cards to discuss about their future/goals.

2. The social work practitioner can set aside blank cards that can be used as an individualised *Focus Card*, *Time Frame* card or *Pictures of the Future* card.

3. Take a picture of the client's planning grid or 'future' cards at the end of the session. It can be used for revision in subsequent sessions.

4. Be affirmative and look out for strengths.

Views from the Verandah is a resource created by Russel Deal and Karen Masman. The segment on Building a Planning Grid to make the tool relevant to SFT was developed by the SFT team at Care Corner (Queenstown) FSC.

Tool 3: *The Three Houses – House of Good Things*, *House of Worries* and *House of Dreams*

Proposed stages where this tool can be used during practice

- *The Three Houses* can be administered after the use of FAST to assess risk as well at the intervention stage.

The Three Houses Child Protection Risk Assessment Tool to use with Children and Young People

House of Worries

House of Good Things

House of Dreams

Introduction

The Three Houses is a powerful tool for capturing a child's or children's experiences of problems as well as good things that are happening to them and their families. As it focuses directly on the child's experience, the use of this tool can at times create a breakthrough opportunity with parents who are hesitant or even resistant towards professional perspectives and intervention. The tool also honors the parents and the family for the positive things in their everyday care and involvement in their children's lives. This is a useful communication tool to provide understanding of the issues for children's parents and professionals.

Instruction Guide

Goals

1. To help families identify worries that children and other family members might have.
2. To work with families in managing worries and risks.

Extract from *The Three Houses*, by Nicki Weld and Maggie Greening (2004):

"… it helps us to hear the voices of the children, young people and families…..and to recognise their goals, hopes and strengths. We want social workers to gather information that will expand the focus from only danger and harm factors. We do not want to be naïve or idealistic about….what makes children vulnerable to danger and harm…. However, if we do not look at what keeps children safe during the times they are not harmed, how they themselves manage adversity, the positive and negative aspects in their families, and how we as workers help or hinder them, then we are not doing full safety assessments."

Instructions

7 Steps to using *The Three Houses*

1. Inform parents/caregivers of the need to interview the child, explain the process of *The Three Houses* and obtain permission to interview the children.

2. Decide whether to work with the child alone, or with their parents/caregivers present.

3. Use words, drawings and anything else as appropriate to engage the child in the process.

4. Start with the *House of Good Things*, followed by *House of Worries* and *House of Dreams*.

5. Obtain permission from the child to show their work to others.

6. Address any safety concerns for the child in the presentation to others.

7. Present the completed *The Three Houses* assessment to the parents/caregivers, usually beginning with the *House of Good Things*.

Debrief pointers

1. It is important for the social work practitioner to have tried using the tool before use with children or families. This would increase familiarity and competence in use of the tool for effective intervention.

2. What is most essential is for the social work practitioner to be confident and comfortable with the child and be a calm, assuring presence.

3. To make the process of using this tool exciting for children, it is important to ensure that huge white *majong* papers and coloured markers are brought into the session.

4. After the *House of Dreams* is completed, refer to the previous two houses to identify the factors that may create instability and what resources are available to create safety and support.

5. *The Three Houses* can be used in individual child sessions, sessions with parents and child, sessions with siblings and also with the whole family.

The Three Houses tool was developed by Nicki Weld and Maggie Greening (2004). This tool is also widely used in the *Signs of Safety* Model in Western Australia. Further adaptation to the tool was done by SFT social work practitioners to make it more relevant for SFT families.

Tool 4: *Caterpillar Skills*

<u>Proposed stages where this tool can be used during practice</u>

Caterpillar Skills can be administered after FAST or at intervention stage to assess the strengths of the family.

Introduction

The *Caterpillar Skills* toolkit could be used in family-based casework and counselling services to identify and richly describe alternative stories of skills, abilities, knowledge and strengths. It is designed primarily with children aged 7-12 in mind, but can also be used with older children, youths and adults. The *Caterpillar Skills* toolkit is influenced by the narrative ideas of White and Epston (1990), the *Tree of Life* methodology (Denborough & Ncube, 2008), and Saleebey's *Strengths Perspective* (2009).

Instruction guide

1. To enable family members to recognise and name their own strengths.

2. To identify strengths as intentional practices (Madsen & Gillespie, 2014) as opposed to inherent characteristics and allow for rich discussions about how skills, knowledge and abilities can be used to address future challenges and struggles.

3. To richly describe practices of strengths, skills and abilities in the context of its history, legacy and future plan.

Ingamells & Epston (2012) discussed how conversations that focus solely on strengths may merely be thin descriptions that do not produce much therapeutic effects in practice. Rich story development could be achieved by situating the discussion of strengths within the contexts of struggles and challenges resulting in the manifestation of this strength, and the development of the strength as a skill or ability acquired over time as part of a larger legacy.

Instructions

The *Caterpillar Skills* Toolkit, in its current version, employs the use of a storytelling method to describe how caterpillars are able to respond to difficult life situations in their journey towards becoming beautiful butterflies. The social work practitioner can use the kit in individual or family oriented casework. The following steps are recommended:

a. Inform the family or individual that the social work practitioner is intending to talk about the skills, strengths and abilities of the person or persons in the family.

b. Read the story to the individual or the family.

c. Encourage the completion of the worksheets in a collaborative manner.

The worksheets are arranged in the following manner:

1. *Caterpillar Skills* Worksheet 1: Struggles and Skills

   - This worksheet is designed to identify how individuals and family members cope with the struggles that they are facing.
   - The social work practitioner should adopt the position of doubly listening (White, 2007). Secondary to the story of trauma and life challenges are also stories of skills, abilities and strengths to respond to difficult experiences.
   - The social work practitioner should attempt as far as possible to use "experience-near" names identified by the children of their skills and strengths. For example, if the child uses the term "Superman skills" to describe his strengths, the social work practitioner should refrain from using his own label for the skill, for example, "courage".
   - Struggles can also be identified from the *House of Worries* under *The Three Houses* Model.

Caterpillar Skills Worksheet 1: Struggles and Skills

What are some of the challenges, struggles or dangers that disturb us?

What are some of the skills we have used to help us through difficult times?

Circle 1 or 2 skils that are most important to you!

2. Caterpillar Skills Worksheet 2: Stories of Skills

- This worksheet is intended to highlight rich stories behind the key skills identified by individuals and family members.
- Strengths, skills, knowledge and abilities are to be contextualised in history, through the stories that they manifest. For e.g. a child was able to develop Superman skills after watching the movie *Man of Steel*. He was able to tap on these skills when confronted by bullies in school, and was able to bring himself to inform his teacher as he really wanted to protect his innocent classmates.
- The social work practitioner is encouraged to go into depth and detail of events where skills were developed in the past. They are also encouraged to discuss the legacy of these skills (i.e. where it was learnt from)
- Tools such as the *Strengths Cards* can also be used if difficulty is experienced in naming skills.

Caterpillar Skills Worksheet 2: Stories of Skills

Think about the skills you circled in Worksheet 1...

When did you start using this skill? Give a date:

How did you learn these skills? (Did someone teach you? Did you learn it from somewhere? Did your favourite cartoon character/Superhero/singer pass you this skill?

Share a story when you were able to use this skill to help you through a difficult time.

3. *Caterpillar Skills* Worksheet 3: My Caterpillar Team

- This worksheet is similar to an ecomap, with the key difference being that it seeks to map out "team members" who contribute positively in the individual or family member's life. Team members do not necessarily have to be people, they can be soft toys, pets, cartoon characters or characters from a book.
- Team members are caterpillars who are able to validate and acknowledge the special skills and strengths of individuals and family members.
- Identifying positive resources within the person's environment is also useful for the social work practitioner in assessing positive support systems that could be further developed.

Caterpillar Skills Worksheet 3: My Caterpillar Team

Who are other caterpillars that can be part of your team?

These caterpillars can be people who are important to us, and are able to share their skills and abilities with us.

They can be our family members, teachers, friends, or even cartoon characters and superheroes.

DRAW other caterpillars around you to form your team! Don't forget to write down their names and skills!

ME

4. *Caterpillar Skills* Worksheet 4: Special Skills Butterfly

- This worksheet presents an attempt to consolidate discussions in a creative manner, where drawings could be utilised to represent the skills, strengths and abilities identified.
- Worksheet 4 may also be used as a reference for future sessions when discussing and reviewing skills and abilities in the context of how they can be mobilised to address future challenges.

Caterpillar Skills Worksheet 4: Special Skills Butterfly

Write or draw your special skills in the butterfly's wings and decorate the picture! Make it colourful!
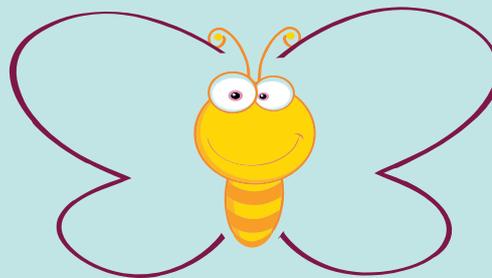
Debrief pointers

1. This toolkit can be adapted for the family. Within the context of a family session, the social work practitioner can use the worksheets as discussion points to expand and amplify the discussion of skills that had been identified. Questions surrounding the future use of the skills identified can also be explored in relation to specific challenging events that may come up as a normative or non-normative stressor in the family's developmental life cycle.
2. At the end of the activity, the strengths of the family can be collated, made into a booklet and presented to the family.

   Caterpillar Skills tool was developed by SFT social work practitioners from the AMKFSC Community Services Ltd.

Tool 5: *Money Magic*

Proposed stage where this tool can be used during practice

- *Money Magic* can be administered at the intervention stage.

Goals

1. To help the family to be aware of their current financial situation.

2. To assess the family's awareness of their needs and wants.

3. To observe the family dynamics as they play.

Instructions

1. The social work practitioner will first go through the Income and Expenditure (I&E) with the family.

2. Based on the social work practitioner's assessment and intervention plan for the family, it could then be decided whether to play both or either one of the games with the family. If the family displays difficulty in differentiating between needs and wants in their budgeting, playing the *Needs and Wants* game may help to clarify their understanding before proceeding to the *Money Magic* Game.

3. The game set includes:

a. Needs and Wants Cards

(to ascertain the family's understanding of needs and wants)

Using the cards, the family can discuss and decide the category that each picture should fall under.

1. After the family has categorized all the cards, the social work practitioner will elicit why they have categorized the cards in that manner.

For example

- "What is the reason you have placed video games as needs?"
- "Do you really need this or can you go without it?"

2. The social work practitioner would then go through with the family their understanding of 'needs' and 'wants'.

> **Needs ->** Something that is essential and basic to daily living.

> **Wants ->** Something that is pleasant to have but not crucial to daily living

3. The family's understanding of their needs and wants would affect their financial decision making and budgeting.

b. Money Magic Board Game

With the social work practitioner as the banker, there can be up to 8 players for this game. Preferably, participants should be at least 7 years and above. The younger children may pair up with the older children, if necessary.

There will be 'parent/s' and child/children' roles in the game. Usually, parents and children will take on their respective real-life roles. For variations, parents and children could switch roles so as to help each understand the other's perspectives.

After the game, the social work practitioner can then discuss with the family the financial decisions made during the game.

For example

- "What made you decide to spend your money on _____?"

- "How does the family usually budget for unexpected expenses?"

- "How does the family communicate and decide what to spend on and what can wait?

Money Magic tool was developed by Ng Yu Hui Belinda from Ngee Ann Polytechnic during student placement at Sembawang FSC. Further adaptation to the tool was done by SFT social work practitioners in Sembawang FSC to make the tool more relevant for SFT families.

Tool 6: *The Four Seasons of Marriage*
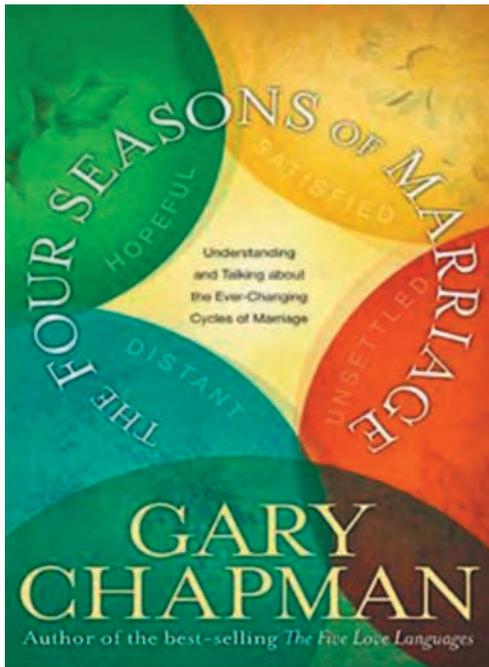
Proposed stage where this tool can be used during practice

• *The Four Seasons of Marriage* can be administered after the assessment stage where there are couple issues that need intervention.

Goal

• A useful lens for couples to assess their current couple relationship and to discuss how else they would like to improve their couple relationship

Instruction

The Four Seasons of Marriage

Gary Chapman uses the metaphor of four seasons to depict the stages where a couple's marriage may be at. Through the lens of an external perspective in examining their marriage, it gives the couple a metaphorical insight to their current marital outlook and encourages the couple to share their aspirations regarding what they would like their marriage to be.

A profile test is available at the URL below, for the couple to find out which emotional season their marriage is currently at.

http://www.fourseasonsofmarriage.com/marriagequiz.asp

* The following set of discussion questions are extracted from Gary Chapman's *The Four Seasons of Marriage*.

WINTER

"Just as most people wouldn't lie down in the snow and wait to die, there's no reason to passively accept the coldness of a wintry marriage. There is a way out, and it begins with hope."

1. Discuss the characteristics and emotions of a winter marriage. Make a list of words and phrases that typify this season.

2. What brings most couples to the winter season of marriage? (Hint: It's a one-word answer.) Discuss how this factor can affect a marriage and how to avoid falling into this trap.

3. Most couples have experienced a winter season in their marriages or know couples who have. Keeping identities confidential, discuss relationship factors you have observed that contribute to a winter marriage.

4. How do "attitudes foster emotions"? How can choosing a positive attitude help a couple avoid or get out of the winter season?

5. What *actions* usually characterize a winter marriage?

6. Imagine that a friend has shared with you about the serious problems in his or her winter marriage. What can you say that would be helpful? What should you *not* say?

7. Consider the negative, snowballing effect of resentment in a relationship. Why is it necessary to deal first with a hardened heart before it's possible to heal a marriage?

8. "When two people choose to love again, the melting ice of winter will water the seeds of spring, and winter has served its ultimate purpose." Discuss the positive side of the winter season of marriage. What are some things you can do to move your marriage toward spring or to keep it from moving deeper into winter?

SPRING

"Change is perceived as an opportunity for new beginnings, and springtime couples fully expect to make the best of those opportunities."

1. Discuss the characteristics and emotions of a spring marriage. Make a list of words and phrases that typify this season.

2. Share with the group about a spring season from your marriage. How long did it last? What events prompted its beginning? What prompted its end?

3. Discuss how other areas of life - such as careers, children, relatives, health, or finances - can affect a spring season for better or worse. Consider potential threats to a spring marriage as well as events that can enhance the season.

4. "Because we are creatures of choice, we can create new beginnings whenever we desire." This sounds good, but let's get practical. What specific choices in attitudes and actions can we make to turn a fall or winter marriage into a spring marriage (or protect a spring marriage already in full swing)?

5. Coping with a fading spring can be difficult for an unprepared couple who thought the season would last forever. If you're willing, share insights about how you've dealt with the change of seasons in your marriage or what you've observed in other marriages.

6. "Even in the springtime, there can be difficulties, but the prevailing attitude is one of anticipated growth rather than despair." Discuss the importance of attitude and behaviour in establishing or maintaining a springtime marriage. What can you do to make some positive adjustments in this regard in your own marriage?

7. An "attitude of gratitude" characterizes spring marriages. What is the value of maintaining a spirit of thankfulness about your spouse?

8. Discuss the downside of the spring season of marriage. What are some things you can do to keep spring alive?

SUMMER

"If our marriage is in the season of summer, we will share a deep sense of commitment and satisfaction. And we will feel secure in each other's love… Summer does not equal perfection, but it does mean that couples in this season have a sense of accomplishment and a desire to keep growing."

1. Discuss the characteristics and emotions of a summer marriage. Make a list of words and phrases that typify this season.

2. Explain your understanding of constructive communication. What makes communication effective? Share your ideas about the importance of communication and what happens when it's lacking in a relationship.

3. Talk about various forms of nonverbal communication and how they can be beneficial (or can add confusion) to a situation.

4. A couple may make some "extra" vows to each other when they got married. Discuss any general guidelines that you and your spouse established for your life together that weren't part of the traditional wedding vows. Are there any guidelines you'd like to establish now that you understand the characteristics of a summer marriage?

5. "Couples who desire to continue in the summer season will consciously give each other the freedom to think, feel, and react differently." Discuss the importance of accepting each other's differences. If you're willing, share about a time you either succeeded or failed at this and how you and your spouse were able to move on to a greater understanding of each other.

6. How can our differences refine us? Describe what a relationship would look like if two people had identical personalities. How would the relationship be weakened?

7. Discuss with the group any books, video series, or seminars you've found helpful in developing your marriage. What did you gain from these tools?

8. What role has spiritual growth played in your marriage? What benefits have accrued as a result of your faith? Describe a couple whose marriage you respect because of their faith. What are the evidences of their faith in their marriage relationship?

9. Discuss the downside of the summer season of marriage. What are some things you can do to "water" your relationship and keep it growing, fresh, and vibrant?

FALL

"It takes both spouses to move a marriage from fall to spring, but it takes only one to move from fall to winter. The way we think and the actions we take make all the difference."

1. Discuss the characteristics and emotions of a fall marriage. Make a list of words and phrases that typify this season.

2. Recall a time when you felt either discouraged or downright depressed about something in your life (not necessarily stemming from your marriage). How did that event affect your attitudes, feelings, and actions about other areas of your life? Discuss the effects on your marriage of ongoing stress (physical, emotional, mental, spiritual, social, financial). What are some avenues of help for getting through tough times?

3. Make a list of words, phrases, and concepts that offer hope to repair struggling marriages.

4. It's a cliché that change is inevitable, but there's no denying that it's true. Discuss the positive and negative aspects of change, including the good and not-so-good habits of dealing with change.

5. Fear is one of the emotions often experienced in a fall marriage. Talk about the destructive forces of fear on individuals and relationships. What are some things that people commonly fear? When does fear become a negative hang-up instead of simply a concern?

6. Complete the following sentence and discuss it with your group: "Without a doubt, the number one contributor to the fall season of marriage - overwhelmingly - is the action of _____, or taking no action at all."

7. Nurturing common interests is one way to avoid neglecting your spouse. Is it easy for you and your spouse to come up with activities you both enjoy? What have you done to discover mutual interests? How can couples overcome the unsettling realization that they don't seem to have much in common? How is faith a bond that unites people regardless of their personalities or interests?

8. Discuss the positive side of the fall season of marriage. What are some things you can do to move your marriage toward spring or to keep it from moving toward winter?

Things to note

1. Note that *The Four Seasons of Marriage* Profile/Quiz is not a diagnostic tool. It is a communication tool for couples to be aware of each other's perception of their current marital relationship and to share their desired marital season.

2. For couples who may be experiencing 'Fall' or 'Winter' season, it is important to adopt a tone of encouragement that marriages go through seasons and are not static. Couples can shift their marriage to 'Spring' and 'Summer' if they are committed to work on their marriage.

This toolkit may be even adapted for use with families to assess the quality of family relationships of SFT families.

The Four Seasons of Marriage tool can be used in couple sessions or even in a workshop format.

The Four Seasons of Marriage is a book by Gary Chapman. AWWA FSC SFT social work practitioners have adapted areas in the book for use with families on the SFT pilot.

CHAPTER

8
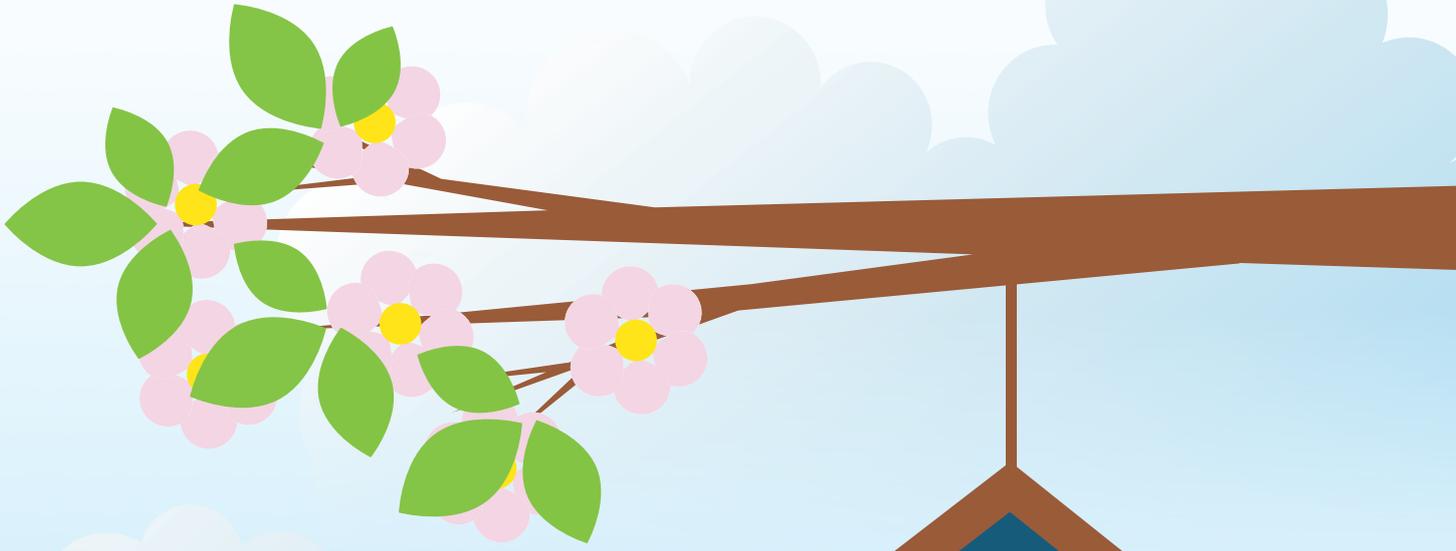
Supervision of Social Work Practitioners

Introduction

The National Association of Social Workers (NASW) and the Association of Social Work Boards' Best Practice Standards in Social Work Supervision (2005) define supervision as "the relationship between supervisors and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place".

If a social work practitioner is a growing plant, supervision is the soil. The fertility of the soil contributes largely to the health and development of the plant and can contribute to the plant reaching its potential and producing beautiful flowers and fruits. This is paralleled by a social work practitioner growing in competence and helping many vulnerable families effectively. It is important to highlight here that while supervision is a very fundamental contributing factor, it is not the only factor and other aspects such as the social work practitioner's own motivation and commitment to helping vulnerable families, the readiness to learn and be flexible and the organisational culture to name a few, play a part as well.

Casework and clinical supervision

The importance of casework and clinical supervision is emphasised in the SFT Pilot, as the supervision process and relationship aim to increase the competence and confidence of social work practitioners in their practice.

Casework supervision refers to all activities (educative, supportive and administrative) that assist the social work practitioner working with vulnerable families to engage in effective case management process (Kadushin, 1992).

Clinical supervision entails an intensive interpersonally focussed relationship where the supervisor works closely with the supervisee to facilitate the development of therapeutic competence (Bernard and Goodyear, 1992). This requires the supervisor to have competence in the areas of supervision and also commitment to upgrading their knowledge and practice skills.

Supervision facilitates reflexive as well as reflective practice by the social work practitioner. It also helps in praxis which involves the integration of theoretical knowledge into practice. Apart from equipping social work practitioners with the necessary knowledge, skills and values for practice, supervision also seeks to ensure that the processes specific to the SFT Pilot are carried out as intended. Supervision also becomes a platform where collective emerging issues or patterns in relation to needs of the families are highlighted and raised for discussion on how to address them and to advocate at a macro level.

Supervisors are encouraged to approach casework and clinical supervision by focusing on four aspects: the worker, the work, the work setting and the worker-and-personal life balance. Adult learning principles and individual goal setting and contracting will constitute part of the process.

Individual and Group supervision formats

A triangulation of formats of supervision is essential to maximise the benefits of supervision. In the SFT Pilot, the importance of individual as well as group supervision is emphasised. Practice circles are an additional format of group supervision and the value and distinctive feature of this platform is the cross agency element. All the social work practitioners in the 3 models as well as from the different agencies are represented in this platform as they share practices and current cases. The benefits of this format of cross agency sharing are amplified and evidenced by strong attendance of the SFT Pilot social work practitioners in the last one year.

Supervision of supervision

This is an intermediate mode of supervision and involves the facilitation of reflexive practice. It refers to the supervision of supervisors who provide support to the social work practitioners. It is important for the supervisor who provides supervision of supervision to have extensive casework experience to inform their supervision practice. It also requires this supervisor to have specialist knowledge in a range of issues presented by the families.

This is a process where the supervisor of supervisors sits in the latter's supervision sessions to provide on-the-spot modelling and coaching in order to enhance the supervision session. This could take place in office sessions or at home visits. Supervision of supervision could also involve viewing taped sessions of the supervisee to provide inputs.

Supervision of supervision provides a safe platform for supervisors to reflect on new learning and explore concerns which enable them to provide better support to their supervisees.

In the SFT Pilot, supervision of supervision occurs at the senior practice leaders' platform where the senior practitioners bring in taped sessions of their supervision of SFT Pilot social work practitioners. MSF senior social workers also receive supervision of supervision from the principal social worker.

Objectives

1. To list the importance of casework and clinical supervision.
2. To highlight the ethical considerations in supervision.
3. To highlight the importance of a structure of supervision that can provide sufficient supervision for the practitioner.

How do you do it

Value importance of casework and Clinical Supervision

1. Training and professional development.

2. Enhanced client /intervention outcomes (Bambling, King, Raue, Schweitzer, & Lambert, 2006).

3. Improvement in job satisfaction (Lambert, 2006).

4. Protective factor from emotional exhaustion and turnover intention (Knudsen, Ducharme, & Roman, 2008).

Be mindful of ethics in supervision

The social work practitioner needs to be mindful of ethics in supervision. Ethics in relation to supervision come in two forms:

1. One is in the way supervisors guide supervisees as they encounter ethical dilemma situations in practice. Supervisors help teach and facilitate the ethical decision making processes of supervisees.

   An ethical dilemma occurs when a social work practitioner is required to make certain decisions where a choice has to be made between two mutually exclusive courses of action.

2. Another is the question of the ethical considerations that guide supervisors. While the code of social work ethical principles applies to all supervisors, there are specific ethics governing the supervision process.

Take note of obligations of supervisors

In NASW Code of Ethics, there are 4 fundamental obligations outlined for supervisors:

1. To have the necessary knowledge and skill to supervise appropriately and to supervise only within one's areas of competence.

2. To set clear, appropriate and culturally sensitive boundaries with supervisees.

3. To avoid dual or multiple relationships with supervisees where risk of exploitation or harm to the supervisee exists.

4. To evaluate the supervisee's performance in a manner that is fair and respectful.

Employ more modes and formats of casework and clinical supervision

Casework and clinical supervision can be conducted in the form of individual, group supervision sessions and professional practice circles.

1. Individual supervision

   The individual supervision sessions could cover the following elements:

   - Case management discussions
   - Observation of social work practitioner, followed by case consultation
   - Reflection on processes within the session
   - Demonstration and practice of counselling skills/techniques
   - Discussion of intervention methodology in specific cases in light of literature
   - Discussion of workers' issues in relation to practice with the clientele, and
   - Discussion of workers' professional resilience.

Documentation

Brief supervision notes will be written after each session by the social work practitioners and the supervisor to document the discussions covered during the sessions.

2. Group supervision

   The group supervision sessions will adopt a reflexive practice format to facilitate topical discussions on practice and professional issues. Case mapping and praxis (integration of theory into practice) will be discussed at each session.

A proposed list of group supervision topics is as follows:

   1. Overview of supervision and expectations

      - Learning styles
      - Supervision as ethical practice requirement
      - Integrating in a new environment -
        What key skills are needed to integrate in a new setting?
      - Personal sense of sphere of influence
      - Practitioner's attitude

   2. Hypothesis formulation (presentation by social work practitioner)

   3. Identifying risk

   4. Assessment

5. Theory map for working with SFT Pilot families

6. Systems work : Micro skills

7. Case presentations with live video

8. Multicultural practice

9. Working with children and hearing their voices

10. Supervision process review and stock take and planning

3. <u>Professional Practice Circles</u>

- Practice Circles for SFT Pilot social work practitioners

   Practice Circles for SFT Pilot social work practitioners are held once every two months for the sharing of best practices among all social work practitioners on the SFT Pilot. These Practice Circles create a platform for practitioners to share resources, learning points and difficulties faced in cases or implementation of the pilot. The practitioners also shared and demonstrated the use of various toolkits (refer to Chapter 7 for the toolkits) they used to engage families in their practice. Case discussions are also facilitated for learning purposes. This platform also allows the practitioners to co-create solutions for difficulties faced through small group discussions, role plays etc. These sessions are in line with the ethical responsibility of working towards the continued development of professional competence. Indigenous practice principles will be compiled in this platform based on the content of these circles.

- Practice Leaders' Workgroup for senior social workers

   Apart from building the capability of SFT Pilot social work practitioners, monthly sessions with the supervisors were also held for discussions on maintaining the level of practice and clinical supervision in the SFT Pilot, as well as to engage in the co-creation of templates. (e.g. social report and case planning). Another objective was to develop two practitioner's resource guides for the reference of social work practitioners in their work with vulnerable families.

   The supervisors also shared their practice knowledge and skills on supervision through videos of their supervision sessions. The rich feedback obtained from the other supervisors helped enhance their supervision skills.

Tracking quality of supervision

The SFT Pilot social work practitioners will engage in a discussion with their supervisor to identify their needs and understand their past experiences for goal setting. As a means of tracking the quality of these supervision sessions and take stock of their level of practice, social work practitioners will administer a form during their first individual clinical supervision session (Annex B). Supervisees do ratings of their current competence level along various aspects of case management and then use this as a baseline to stock-take at this starting point. Personal goal-setting with regard to areas of development will also be undertaken at this point.

Also, a review will be conducted after 3 months of supervision to evaluate the supervision contract and assess the usefulness of the process for the social work practitioners. A final evaluation will also be conducted in a joint meeting with the respective supervisor(s), and the goals set by the social work practitioners at the beginning of these sessions will be revisited. Social work practitioners will administer the post-test to rate their practice skills and compare it with the ratings assigned during their pre-test.

For MSF social workers, another feedback platform is a facilitated review of supervision by a senior member of the policy team as a neutral third party. This person facilitates a review focus group discussion using a series of questions.

Things to note 📝

1. Supervision is also about having the honest conversations that are needed for growth of the supervisee and quality of service for client.

2. The supervisor needs to discuss and identify the learning needs and style of the supervisee to help maximise learning.

3. In the course of supervision, if personal issues of any of the supervisees are assessed by the supervisor as requiring individual personal therapy, the supervisor will refer them for external intervention. This process will be clarified at the beginning to ensure that the organisation can be supportive of the process. Issues which are specific to management practices will be surfaced at appropriate meetings.

4. It is important to ensure that supervision is structured with a clear agenda that is mutually set by both parties.

5. Another critical point that is emphasised is the protected time for supervision. In today's pace of social work practice, supervision dates might be postponed or cancelled by supervisors. This might convey the message that supervision or the supervisee is not important. It is advisable to urge supervisees to book supervision schedules 6 months in advance for structured supervision sessions, especially in cases where supervisors are busy.
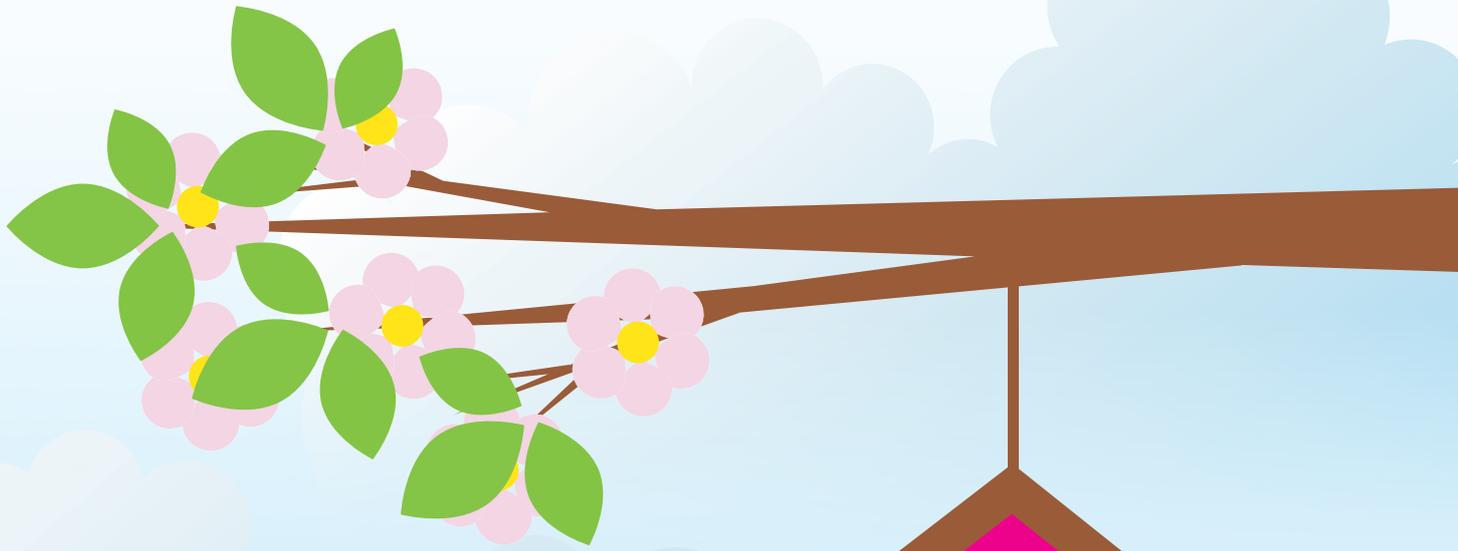
Caring for and Supporting Social Work Practitioners

Introduction

Self-care refers to activities and practices that practitioners can engage in on a regular basis to reduce stress as well as maintain and enhance their short-and longer-term well-being. Social work practitioners are often so focused on helping others that they neglect to care for themselves. Since job stress and burnout are commonly cited occupational hazards within the social work profession, it is important for SFT Pilot social work practitioners to engage in self-care to maintain their mental and emotional well-being when working with vulnerable families with multiple needs and complex issues.

The first step is to be aware of the phenomenon and its contributing factors so that measures to prevent it can be undertaken. A social work practitioner who is also a practitioner of self-care is one who thrives! The social work practitioner's "own wellness is…an important contribution to the lives of the people" they are seeking to help (Summers, 2012).

Burnout refers to exhaustion, cynicism and inefficacy as a result of prolonged exposure to work stressors. Vicarious trauma is the emotional residue of exposure that social work practitioners experience from working with people as they listen to their traumatic stories and become witnesses to the pain, fear and terror that trauma survivors have endured. Babette Rothschild (2006) discusses the neurobiological impact on the helper of this form of trauma.

Compassion fatigue, also known as secondary traumatic stress (STS), is a condition characterized by a gradual lessening of compassion over time. Symptoms include hopelessness, a decrease in experiences of pleasure, constant stress and anxiety, sleeplessness or nightmares and a pervasive negative attitude. This can have detrimental effects on individuals, both professionally and personally, including a decrease in productivity, the inability to focus and the development of new feelings of incompetency and self-doubt.

Objectives

1. To identify the social work practitioner's source of stresses.
2. To identify ways to notice signs of stress.
3. To highlight the triggers for burnout or vicarious trauma and its effects on clients, the organisation and supervisees.
4. To introduce self-care strategies to reduce stress, enhance coping ability and prevent burnout and compassion fatigue.

How do you do it

Identifying the social work practitioner's sources of stress

1. Intense Work Demand

   • Excessive workloads and a high degree of personal accountability.

2. Lack of Control

   • Little ability to control the flow of work or the availability of resources.

3. Insufficient Support

   • Variable access to supervision and to support from colleagues. Supervision and coaching are essential support mechanisms for the practitioner.

4. Stressful Relationships

   • Managing a complex web of relationships with people who are hostile or stressed, and with professionals who have their own priorities.

5. Lack of Role Clarity

   • Lack of shared understanding of their roles as a practitioners' versus other professionals.

6. Constant Change

   • Time for stabilization is required so that a sense of control can be felt. While the social work practitioner is flexible and adaptable, constant change can lead to a sense of instability.

Some additional triggers of burnout are:

• Prolonged stress.
• Unmanaged crisis at work with no appropriate debrief.
• Competency issues of the social work practitioner and/or supervisor in cases that are more complex.
• Social work practitioners constantly playing the role of a rescuer in relation to clients and becoming overinvolved or overly helpful resulting in resentment in the client.
• Social work practitioners' own personal issues that are creating transference or affecting the practitioner's ability to cope.
• Job misfit or unrealistic personal and job expectations by the social work practitioner can also contribute to intense stress.

Signs of Stress

1. Cognitive Symptoms

   • Memory problems
   • Indecisiveness
   • Inability to concentrate
   • Trouble thinking clearly
   • Poor judgment
   • Negativity
   • Anxiety
   • Constant worrying
   • Loss of objectivity
   • Fearful anticipation

2. Emotional Symptoms

   • Moodiness
   • Agitation
   • Restlessness
   • Short temper
   • Irritability, impatience
   • Inability to relax
   • Feelings of tension and "on edge"
   • Feelings of being overwhelmed
   • Sense of loneliness and isolation
   • Depression or general unhappiness

3. Physical Symptoms

   • Headaches or backaches
   • Muscle tension and stiffness
   • Diarrhoea or constipation
   • Nausea, dizziness
   • Insomnia
   • Chest pain, rapid heartbeat
   • Weight gain or loss
   • Skin breakouts (hives, eczema)
   • Loss of sex drive
   • Frequent colds

4. Behavioural Symptoms

   • Eating more or less
   • Sleeping too much or too little
   • Isolating self from others
   • Procrastination, neglect of responsibilities
   • Use of alcohol, cigarettes, or drugs to relax
   • Nervous habits (e.g. nail biting, pacing)
   • Teeth grinding or jaw clenching
   • Overdoing activities (e.g. exercising, shopping)
   • Overreacting to unexpected problems
   • Picking fights with others

It is essential for the social work practitioner and supervisor to identify the early warning signs before the situation escalates to the point of depression or inability to work.

Irritation
Tiredness
Scepticism of clients
Behind in work

Panic attacks, inability to sleep, unproductiveness or zoning out

Inability to work
Depression

Impact of burnout

1. Effect on clients

- Clients may feel the disconnection when the social work practitioner is not tuned in to the clients' needs, avoids the clients or is sceptical. This might intensify the feelings of rejection by the systems for the clients.

2. Effect on organisation

- Clients and stakeholders' trust in the agency to be able to provide professional help is affected.

3. Effect on supervisees (if this practitioner is a supervisor)

- Role-modelling is an essential aspect of supervision. When supervisors are not aware of their own early warning signs, burn out and leave the profession, it sometimes develops disillusionment for their supervisees.
- Supervisors who are burnt out are unable to attend to a supervisee or become overly critical of them.

4. Effect on self

- Compromise of physical and mental health.
- Loss of confidence as a social work practitioner and a person.
- Disillusionment about the impact that can be made.

Using Self-assessment checklists and measures

- Self-Care Assessment checklist by Saakvitne and Pearlman (1996) can be self-administered to obtain a sense of where the social work practitioner is in terms of self-care. Please refer to the checklist in Annex C.

- The next step would be to raise the issue with the practitioner's supervisor and institute an action plan.

Self-Care Basics

The social work practitioner can develop a maintenance self-care plan to identify activities that can be carried out on a regular basis.

Some suggestions of self-care activities:

1. Physical Self-Care

- Eating regularly
- Exercising and sweating it out
- Getting enough sleep

2. Psychological Self-Care

- Journaling
- Making time for self-reflection
- Reading something not related to work

3. Emotional Self-Care

- Finding things that makes one laugh
- Giving positive affirmations to the self
- Being in the present moment and doing one thing at a time

4. Spiritual Self-Care

- Spending time with nature
- Valuing non-material aspects of life
- Praying

5. Professional Self-Care

- Having regular breaks
- Balancing one's workload
- Arranging your workplace so that it is comfortable and comforting
- Developing an emergency self-care plan to identify steps to be taken when feeling overwhelmed

    o Making a list of what can be done when feeling upset
    o Making a list of people who can be contacted for support
    o Making a list of positive reminders to self during tough times

Things to note

1. Make a commitment to take care of oneself as the self-of-the-therapist is the most important tool when working with clients.

2. Share the self-care plan with peers so that ideas can be exchanged and support and encouragement enlisted.

3. Seek support from supervisors and peers regularly on work challenges.

4. For supervisors

- Provide training to seniors and social work practitioners in detecting their own well-being and early onset of burnout
- Coach and help workers to be competent
- Engage in ethical dilemma discussions
- Be equipped with skills in critical incident debriefs
- Compile a list of trusted experienced professionals who can be referred to

5. At the organisational level, provisions such as time-off must be made to support social work practitioners to seek help when needed through external counselling support.

6. Most importantly, social work practitioners need to have a life beyond work and take pleasure in other stimulating and rewarding interests! (Summers, 2012).

Case Plan Template

To be completed within one month from the point when Letter of Consent is signed. SFT Pilot Social Workers may choose to complete the case plan before the stipulated timeline for urgent cases.

In order of priority	Needs	Background Needs (Events in the past that are static e.g. history of child abuse, trauma or death in the family, etc.)	Goal / Objective	Intervention Plan and steps	Action by	Timeline (indicate specific month)	Tick if completed / Indicate status if not completed
1	Eg. Housing	-	To secure stable housing	- Contact HDB POC - Furnish social report - Arrange meeting with HDB POC and family, if necessary - Etc.	MSF Social Worker	2 month (Jun–Jul 14)	
			To maintain regular payment of monthly mortgage / rental	- Attend budgeting workshop - To sign up for WDA skills upgrading through SSO - To attend skills upgrading - Explore possibility of securing a higher-paid job	MSF Social Worker Client	4 month (Jun–Sep 14)	
2				- Etc.			

Name (Client): _____

Name (MSF SW): _____

Name (FSC SW): _____ (If applicable)

Name (Client): _____

Name (MSF SW): _____

Name (FSC SW): _____ (If applicable)

Date : _____

Next review date : _____ (within 3 months)

Pre-supervision Self-rating Form for Casework and Clinical Supervision in the Strengthening Families Together Pilot
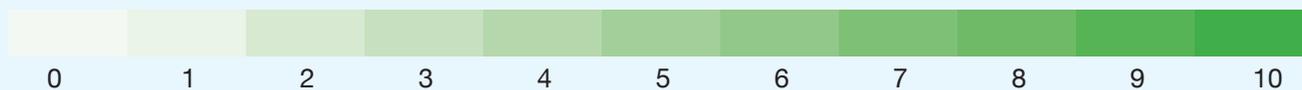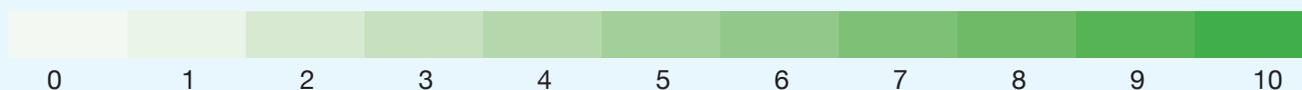
A mini self-rating exercise to take stock
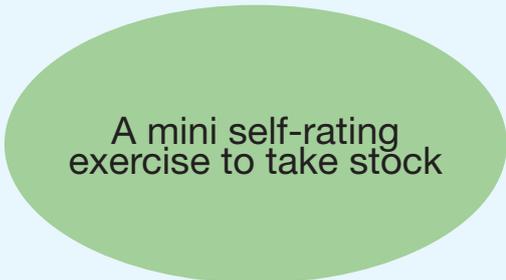
Name:

Date:

Based on your current practice, how would you place yourself in these dimensions:

Engagement

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Hypothesis formulation

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Assessment

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Intervention plan

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
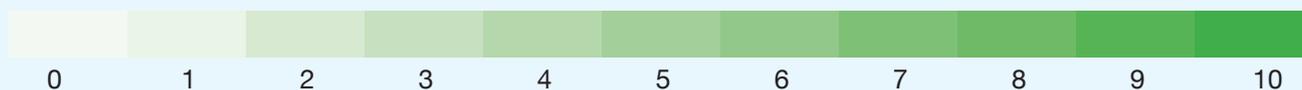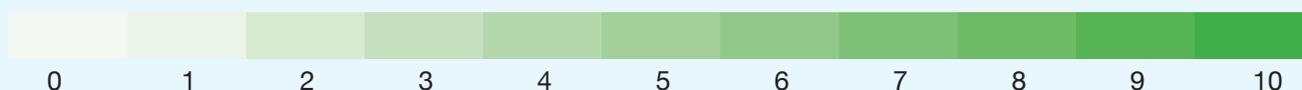
Intervention implementation

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Documentation

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Case reflection

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
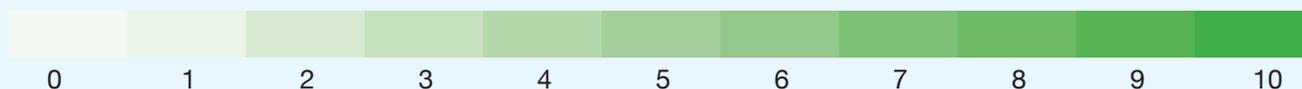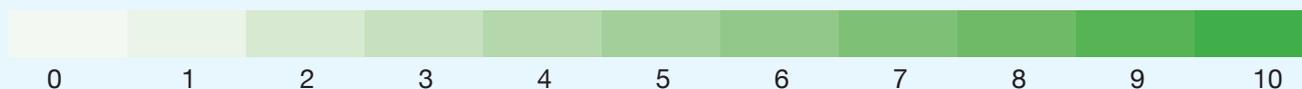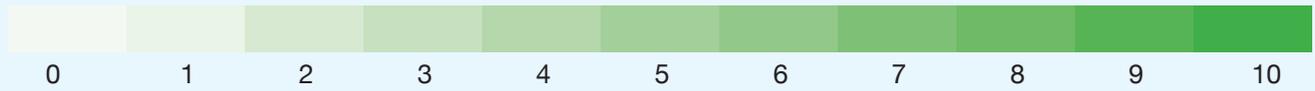
Ability to articulate the challenges in the case

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
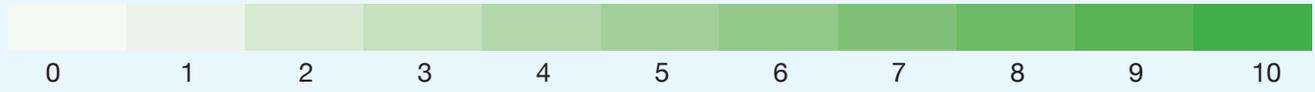
Thinking about personal values/ responses and impact on work with family

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
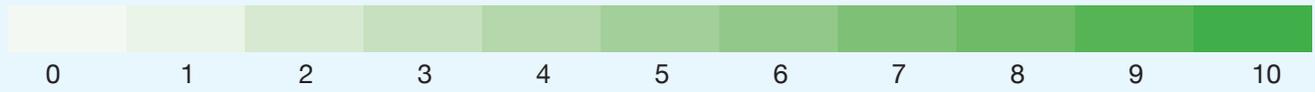
Working with systems and interagency collaboration

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Social Report Writing

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
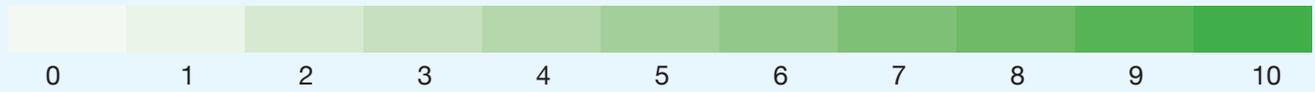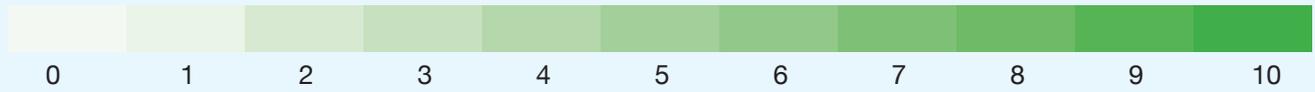
Casework advocacy

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
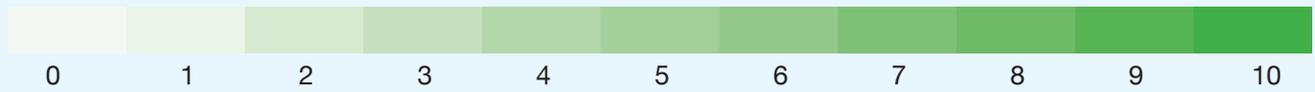
Reviewing worker's role in the case

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Self- care

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
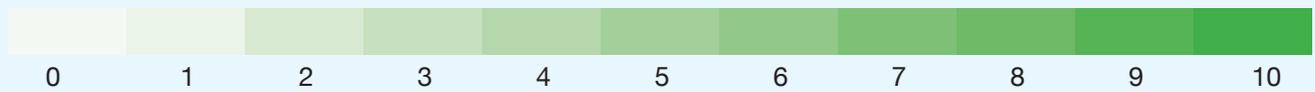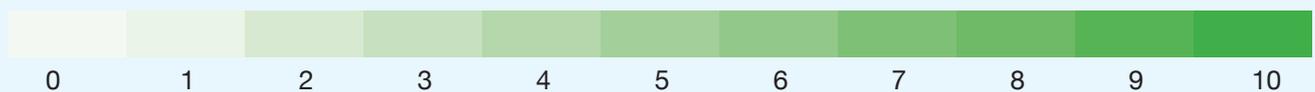
Self-Care Assessment

(Adapted from Saakvitne, K.W., Pearlman, L.A. & Staff of Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy. (1996). Transforming the pain: A workbook on vicarious traumatization. New York: W.W. Norton.)

The following worksheet for assessing self-care is merely suggestive and not exhaustive. Please add areas of self-care that are relevant and regularly rate the frequency and quality of self-care.

Upon completion, identify patterns in the responses. Are some more active than others? Are there items on the list that evoke a "I would never do that" response? The practitioner is advised to listen to their inner responses and internal dialogue about self-care and make this a priority. They should take particular note of anything that they would like to include more in their lives.

Rate the following areas according to the following scale:

3 = I do this well (e.g. frequently)
2 = I do this OK (e.g. occasionally)
1 = I barely or rarely do this
0 = I never do this
? = This never occurred to me

Physical Self-Care

____ Eat regularly (e.g. breakfast, lunch and dinner)

____ Eat healthily

____ Exercise

____ Get regular medical care for prevention

____ Get medical care when needed

____ Take time off when sick

____ Get massages

____ Dance, swim, walk, run, play sports, sing or some other enjoyable physical activity

____ Take time to be sexual - with myself, with a partner

____ Get enough sleep

____ Wear clothes I like

____ Take vacations

____ Others:

Psychological Self-Care

____ Take day trips or mini-vacations

____ Make time away from telephones, email, and the Internet

____ Make time for self-reflection

____ Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings

____ Have my own personal psychotherapy

____ Write in a journal

____ Read literature that is unrelated to work

____ Do something at which I am not an expert or in charge

____ Attend to minimizing stress in my life

____ Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre

____ Be curious

____ Say 'no' to extra responsibilities sometimes

____ Others:

Emotional Self-Care

____ Spend time with others whose company I enjoy

____ Stay in contact with important people in my life

____ Give myself affirmations, praise myself

____ Love myself

____ Re-read favorite books, re-view favorite movies

____ Identify comforting activities, objects, people, places and seek them out

____ Allow myself to cry

____ Find things that make me laugh

____ Express my outrage through social action, letters, donations, marches, protests

____ Others:

Spiritual Self-Care

____ Make time for reflection

____ Spend time in nature

____ Find a spiritual connection or community

____ Be open to inspiration

____ Cherish my optimism and hope

____ Be aware of non-material aspects of life

____ Try at times not to be in charge or the expert

____ Be open to not knowing

____ Identify what is meaningful to me and notice its place in my life

____ Meditate

____ Pray

____ Sing

____ Have experiences of awe

____ Contribute to causes in which I believe

____ Read inspirational literature or listen to inspirational talks, music

____ Others:

Relationship Self-Care

____ Schedule regular dates with my partner or spouse

____ Schedule regular activities with my children

____ Make time to see friends

____ Call, check on, or see my relatives

____ Spend time with my companion animals

____ Stay in contact with faraway friends

____ Make time to reply to personal emails and letters; send holiday cards

____ Allow others to do things for me

____ Enlarge my social circle

____ Ask for help when I need it

____ Share a fear, hope or secret with someone I trust

____ Others:

Workplace or Professional Self-Care

____ Take a break during the workday (e.g. lunch)

____ Take time to chat with co-workers

____ Make quiet time to complete tasks

____ Identify projects or tasks that are exciting and rewarding

____ Set limits with clients and colleagues

____ Balance my caseload so that no one day or part of a day is "too much"

____ Arrange work space so that it is comfortable and comforting

____ Get regular supervision or consultation

____ Negotiate for my needs (benefits, pay raise)

____ Have a peer support group

____ (If relevant) Develop a non-trauma area of professional interest

Overall Balance

____ Strive for balance within my work-life and work day

____ Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

____

____

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NOTES ✎ & IDEAS 💡 AFTER READING THIS RESOURCE GUIDE

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