

# Social Insights: Letters by DSW

vol. 2

written by  
Ang Bee Lian,  
Director of Social Welfare



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**Prepared by:**

Office of the Director of Social Welfare

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# Fundamentals of Social Work





## Community Engagements

- Different definitions of community
- The importance of community participation
- How to successfully carry out community engagements

## Dear Social Service Practitioners,

In the course of your studies, you will hear about community engagement and you yourself may often refer to it. It is sometimes used to refer to any activity, action or work to reach out to another group or micro-community. So it tends to have a meaning that is given by the user and draws context from the issue discussed or at hand. Some may refer to it as enabling conversation to increase participation and involvement. With the many possible meanings out there, how exactly do we start defining community engagement?

## So what is community engagement?

Almost every modern government claims to have community engagement. So does any national body that works with member organisations or communities. Some from the public institutions refer to community engagement as developing and sustaining a working relationship between one or more public bodies and one or more community groups, to help them to understand and act on the needs or issues that the community experiences. The aim of doing so is to ensure that public services are of higher quality and are more relevant to the communities they serve. So in the planning of services, there is a process of getting greater engagement from the communities in the development and delivery of services.

Community engagement however is not a new organising concept. Literature, mostly in the public health arena in the past two or more decades, have surfaced research that support the notion that the social environment in which people live, as well as their lifestyles and behaviours, can influence the incidence of illness within a population (IOM, 1988)<sup>1</sup>. They have also shown that a population can achieve long-term health improvements when people become involved in their community and work together to effect change (Hanson, 1988-89)<sup>2</sup>. This is about community participation in health promotion and disease prevention efforts. We see our own local examples such as the Community for Successful Ageing at Whampoa (or ComSA@Whampoa). ComSA initiated by the Tsao Foundation, aims to promote self-care and enable community action that supports positive ageing. It also aims to develop a comprehensive network of services to provide efficient and effective health and psycho-social care in the community for older

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<sup>1</sup> Institute of Medicine. *The future of public health*. Washington (DC): National Academy Press; 1988.

<sup>2</sup> Hanson P. Citizen involvement in community health promotion: a role application of CDC's PATCH model. *International Quarterly of Community Health Education* 1988-89;9(3):177-186.

Singaporeans. The programme design takes reference from the World Health Organisation's Active Ageing, Age-Friendly Cities and Age-Friendly Primary Care Centre framework.

But what about community involvement in solving social problems? What about using community collaborations to prevent crime, rather than relying solely on a law enforcement approach? Or encouraging neighbours to befriend vulnerable adults and communities to provide surveillance of at-risk families? The Singapore Police force has certainly had a strong history in engaging the community for crime prevention with a lasting tagline or reminder that low crime does not mean no crime.

## The Concept of Community

What is a community? What one person calls a community may not match another person's definition. However, those interested in working with a community must first have a clear picture of the entity they are trying to address. It is quite common to hear reference to a geographical area such as a township as a community and the cluster of blocks of flats in an area as a micro-community. Understanding the dimensions of the concept of community will enable those initiating engagement processes to better target their efforts and work with community leaders and members in developing appropriate engagement strategies.

There is also the sociological or systems perspective and a more personal, individual perspective to community. Central to the definition of a community is a sense of who is included and who is excluded from membership (IOM, 1995)<sup>3</sup>. A person may be a member of a community by choice, as with voluntary associations, or by virtue of their innate personal characteristics, such as age, gender, race, or ethnicity (IOM, 1995)<sup>3</sup>. An example is the Retired Senior Volunteers Programme where seniors volunteer because they are keen to serve society through giving of their time, expertise and experience. Individuals can therefore belong to multiple communities at any one time. When initiating community engagement efforts, one must be aware of these complex associations in deciding which individuals to work with in the targeted community.

From a sociological perspective, the notion of community refers to a group of people united by at least one common characteristic. Such characteristics

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<sup>3</sup> Institute of Medicine, National Academy of Sciences. *Assessing the social and behavioral science base for HIV/AIDS prevention and intervention: workshop summary and background papers*.

could include geography, shared interests, values, experiences, or traditions. To some people it's a feeling, to some people it's relationships, to some people it's a place, to some people it's an institution (CBC, 1994)<sup>4</sup>. And it need not be a physical place as in the case of the online community.

One useful way to describe the community and its sectors is through a technique known as mapping (Kretzmann et al. 1993)<sup>5</sup>. Each Social Service Office in Singapore now maps the bounds of a community by identifying primary, secondary, and potential community resources. The potential of these resources is that they can be seen as assets that can be identified, mobilised, and used to address issues of concern and bring about change.

Service mapping: What is helpful is a heatmap rather than a geographical map to bring providers to the table. The aim is to help people to have clarity about what they are doing and allowing them to weave it together into meaningful results for the community. Questions that can facilitate this include: Why are you providing the service? (And avoid saying that there is a need.) Where are there gaps on the map (or service deserts)? And why are they there? And what do the services have in common? Sometimes there may be groups and individuals working in the same area but do not take cognizance of the contributions of others as relevant or appropriate. So the aim of such heatmaps is to facilitate agreement on outcomes and to pull everyone in the same direction.

Again, from the systems perspective, another way to understand and describe a community might involve exploring factors related to:

- People (socioeconomic characteristics and demographics, health status and risk profiles, cultural and ethnic characteristics);
  - Location (geographic boundaries);
  - Connectors (shared values, interests, motivating forces); and
  - Power relationships (communication patterns, formal and informal lines of authority and influence, stake holder relationships, flow of resources).
- (Adapted from VHA, 1993)<sup>6</sup>

Similarly, we can define a community from a broader sociological perspective by describing the social and political networks that link individuals and

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<sup>4</sup> Canadian Broadcasting Corporation (CBC). Ideas: community and its counterfeits [transcript]. Toronto (Canada): CBC RadioWorks; 1994 January.

<sup>5</sup> Kretzmann JP, McKnight JL. (Center for Urban Affairs and Policy Research, Neighborhood Innovations Network, Northwestern University) Building communities from the inside out: a path toward finding and mobilizing a community's assets. Chicago (IL): ACTA Publications; 1993.

<sup>6</sup> Voluntary Hospitals of America, Inc. (VHA). Community partnerships: taking charge of change through partnership. Irving (TX): Voluntary Hospitals of America, Inc.; 1993.

community organisations and leaders. Understanding the nature and boundaries of these networks is critical to planning engagement efforts. For example, tracing individuals' social ties may help us when initiating a community engagement effort to identify leaders within a community, understand community patterns, identify high risk groups within the community, and strengthen networks within the community (Minkler, 1997)<sup>7</sup>.

An individual also has his or her own sense of community membership. The presence or absence of a sense of membership in a community may vary over time and is likely to influence participation in community activities. This variation is affected by a number of factors. Take the example of a Mayor township. Persons at one time may feel an emotional, cultural, or experiential tie to one Community Development Council; but they too may feel that they belong to more than that CDC at the same time. Someone may be registered with a constituency but spends most of the time in yet another place. Before beginning an engagement effort, it is important to understand that all these potential variations and perspectives may exist and influence the work within a given community.

## Concepts of Community Engagement

There are as many definitions of community engagement as the number of people who use it. Loosely defined, community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is sometimes used to refer to one-off contact which should not be the case. Planned with some purpose, community engagement can be a powerful vehicle for bringing about social and behavioural changes that will improve the well being of the community and its members. It often involves partnerships and collaborations that help to mobilise resources and influence systems, to change relationships among partners, and to serve as catalysts for changing policies, programmes, and practices. (Fawcett et al., 1995)<sup>8</sup>.

Community engagement draws its theory of change from sociology, political science, cultural anthropology, organisational development, psychology,

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<sup>7</sup> Minkler M, Pies C. Ethical Issues in community organization and community participation. In: Minkler M (editor). *Community organizing and community building for health* (1st ed., pp. 116-133). Piscataway (NJ): Rutgers University; 1997.

<sup>8</sup> Fawcett SB, Paine-Andrews A, Francisco VT, Schultz JA, Richter KP, Lewis RK, Williams EL, Harris KJ, Berkley JY, Fisher JL, Lopez CM. Using empowerment theory in collaborative partnership for community health and development. *American Journal of Community Psychology* 1995;23(5):677-697.

social work, and other disciplines. The activities or channels of engagement involve community participation, community mobilisation and constituency building to foster community identity.

## Community Participation and Empowerment

Concepts concerning community participation offer one set of explanation as to why the process of community engagement might be useful in addressing the physical and interpersonal aspects of people's environments. The real value of participation comes from appreciating the fact that mobilising the entire community, rather than engaging people on an individualised basis can lead to more effective outcomes (Braithwaite et al., 1994)<sup>9</sup>. Simply stated, change is sometimes easier or more likely to be successful and hopefully permanent when the people it affects are involved in initiating and promoting it (Thompson et al, 1990, p. 46)<sup>10</sup>. In other words, an important element of community engagement is participation by the individuals, community-based organisations including voluntary welfare organisations and institutions that will be affected by the effort or that can support the effort.

This participation is "a major method for improving the quality of the physical environment, enhancing services, preventing crime, and improving social conditions" (Chavis et al., 1990, p.56)<sup>11</sup>. Neighbourhood watch groups or community surveillance to help prevent crime is a good example. There is evidence that participation can lead to improvements in neighbourhood and community and stronger interpersonal relationships and social fabric. (Florin et al., 1990)<sup>12</sup>. The community participation literature suggests that:

- People who interact socially with neighbours are more likely to know about and join voluntary organisations.
- A sense of community may increase an individual's feeling of control over the environment, and increases participation in the community and voluntary organisations.

<sup>9</sup> Braithwaite RL, Bianchi C, Taylor SE. Ethnographic approach to community organization and health empowerment. *Health Education Quarterly* 1994;21(3):407-416.

<sup>10</sup> Thompson B, Kinne S. Social change theory: applications to community health. In: Bracht N, (editor). *Health promotion at the community level*. Newbury Park (CA): Sage Publications; 1990.

<sup>11</sup> Chavis DM, Wandersman A. Sense of community in the urban environment: a catalyst for participation and community development. *American Journal of Community Psychology* 1990;18(1):55-81.

<sup>12</sup> Florin P, Wandersman A. An introduction to citizen participation, voluntary organizations, and community development: insights for empowerment through research. *American Journal of Community Psychology* 1990;18(1):41-55.

- Perceptions of problems in the environment can motivate individuals (and organisations) to act to improve the community. (Chavis et al., 1990)<sup>11</sup>

When people share a strong sense of community they are motivated and empowered to change problems they face, and are better able to mediate the negative effects over things which they have no control (Chavis et al., 1990, p. 73)<sup>11</sup>. Moreover, a sense of community is the glue that can hold together a community development effort (Chavis et al., 1990, p. 73-74)<sup>11</sup>. An example of this is the ground work at the South Central Community Family Service Centre. This concept suggests that programmes that “foster membership, increase influence, meet needs, and develop a shared emotional connection among community members” (Chavis et al., 1990, p. 73)<sup>11</sup> can serve as catalysts for change and for engaging individuals and involving the community to be part of decisions that affect their environment and well being.

The literature also suggests that another important element of community engagement relates to empowerment - mobilising and organising individuals, grassroots and community-based organisations, and institutions, and enabling them to take action, influence, and make decisions on critical issues. One way of empowerment is to provide important tools and resources so that residents of the community can act to gain better mastery over their lives.

The community organisation approach also shows findings that individuals and communities: (i) must feel or see a need to change or learn, and (ii) are more likely to change attitudes and practices when they are involved in group learning and decision-making (Minkler, 1990)<sup>13</sup>. An important element of community organising is helping communities look at root causes of problems while at the same time selecting issues that are simple and specific and easier to address to unite members of the group, involve them in finding a solution, and helping to build the community or organisation (Minkler, 1990)<sup>13</sup>.

Community organising can be an empowering process for individuals, organisations, and communities. At the individual level, community organising activities provide individuals with the chance to feel an increased sense of control and self confidence and to improve their coping capacities (Minkler, 1990)<sup>13</sup>. These have physical health benefits. Organising activities also strengthens the capacity of communities to respond to collective

<sup>13</sup> Minkler M. Improving health through community organization. In: Glanz K, Lewis FM, Rimer BK, (editors). Health behavior and health education: theory, research and practice. San Francisco: Jossey-Bass Publishers; 1990.

problems. An example is organising residents of a block of flats to address an infestation of bed bug problem. Individuals, organisations, and communities can be empowered by having information about problems and having “an open process of accumulating and evaluating evidence and information” (Rich et al., 1995, p. 669)<sup>14</sup>.

There are often activities that can trigger the community engagement process. Some of these are tied to programme or legislative mandates, while others involve special initiatives, such as those of public health services, grant makers, or existing community groups. Once triggered, the community engagement process itself can take many forms. It can range from cooperation, where relationships are informal and where there is not necessarily a commonly-defined structure, to collaboration, or partnerships where previously separated groups are brought together with full commitment to a common mission (Mattessich et al., 1992)<sup>15</sup>. Some of the Social Service Offices will be pivotal in taking on the coordination and initiating role as they bring about deeper discussions through their convening of platforms among service providers and community organisations.

## Outcomes of community engagement

So how do we ensure that community engagement successfully meets its aims? These are possibilities.

- People participate when they feel a sense of community; for example, when they see their involvement and the issues as relevant and worth their time, and view the process and organisational climate of participation as open and supportive of their right to have a voice in the process.
- People gain a sense of empowerment; for example when they have the ability to take action, influence, and make decisions on critical issues - when engagement efforts are purposeful and targeted.
- Community mobilisation and self-determination frequently need nurturing. Before individuals and organisations can gain control and influence and become players and partners in addressing social issues, they may need additional knowledge, skills, and resources.
- As participation involves time and effort, it is influenced by whether community members believe that the benefits of participation outweigh the costs. Community leaders can use their understanding of perceived costs to develop appropriate incentives for participation.

<sup>14</sup> Rich RC, Edlestein M, Hallman WK, Wandersman AH. Citizen participation and empowerment: the case of local environmental hazards. *American Journal of Community Psychology* 1995;23(5):657-676.

<sup>15</sup> Mattessich PW, Monsey BR. Collaboration: what makes it work; a review of research literature on factors influencing successful collaboration. St. Paul (MN): Amherst H. Wilder Foundation; 1992.



## Education and Social Work Training

- The role of higher education in developing a holistic approach to thinking
- The different training and education required at the various stages of a social worker's journey
- What it means for social work to be a profession

## Dear Social Service Practitioners,

Having decided to invest time and resources in a university degree in social work, what might you want to get out of it? If you have not thought about it, it would be good to start reflecting on this question. Of course every university has its mission and an idea of the type of students it wants to produce. However, what is finally achieved is dependent too on the students as the same curriculum does not necessarily translate into equal outcomes since students are inherently different.

## The Role of Education in Training the Mind to think deeply and widely

Generally, higher education at the university takes an approach that helps students develop holistic capability in contrast to a training approach that focuses on specific information and skills. As such, the degree in social work aims to help students to acquire knowledge and to become more inquisitive in nature. This takes place both informally and formally through assessed knowledge in order to train social workers to appreciate different contexts and to debate various issues.

### *For Example: Poverty*

In the area of poverty for example, there is a need to understand a country's context in discussing policy issues. In the context of Singapore, it is perhaps fortunate that social work here in a city-state with good housing means that we do not have to grapple with distressed communities with intractable issues of poverty or worse still, persistent intergenerational poverty of a sizeable scale. Any and every country will have people who are poor but persistent intergenerational poverty is a complex and daunting problem that requires sustained effort at multiple levels.

Higher education at the university exposes students to the research being done which shows the difficulties that most countries still struggle with in public policy making and in the strategies to eradicate intergenerational poverty. So what have these countries tried? Many have tried strategies that focus on the places where poor children live while others have tried moving children out of poor neighbourhoods and communities. And what have these countries learned about eradicating intergenerational poverty? Reading widely into research for example should point towards some success in policies that focus on education, stable employment and family relationships.

*For example: Working in Multi-Disciplinary Teams*

One situation that is fast becoming a norm is that of working in multi-disciplinary teams. Although traditional practice advocates multi-disciplinary work as part of good practice, the more complex environment that systems now have to respond to have precipitated the increased presence of multi-disciplinary teams. Such situations often call for the ability to use critical reflection, an increase in confidence to engage with change, speaking out and challenging effectively the different professionals in the multi-disciplinary team. These attributes link more closely with that of exercising professional judgment rather than relying on 'tick-box' procedures.

Reading widely into research for example should point towards the need for openness and respect for the contributions and roles of various professions in order to deliver good services and outcomes for patients, clients and users of service.

Good students and those who aspire towards a thriving career will want to score and do well at exams and this is good. However, what is equally important is the ability to adopt a different level of thinking about self, situations, and others, the confidence to express values, the ability to see different ways of dealing with issues, the ability to problem solve, and the ability to help others engage positively with change. Bloom et al (1956)<sup>1</sup> identified these attributes as 'higher level thinking skills' in which practitioners not only apply knowledge and understanding to practice but also demonstrate the ability to analyse, synthesise, evaluate and reflect critically on situations and problems. These skills should equip students to better deal with future change.

## Leadership knowledge and skills

What about leadership knowledge and skills for social work practitioners? Should these be learned in social work education? Most students would appreciate the focus on knowledge and skills that are applicable to potential job roles. However, there is also a sense that perhaps these could be acquired post-education as part of career development training and continuing professional development. Being in a system and in a team lead role in a job could make the knowledge and strategies of engaging with change effectively more relevant post-education. Likewise, supervision skills and

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<sup>1</sup> Bloom, B. S.; Engelhart, M. D.; Furst, E. J.; Hill, W. H.; Krathwohl, D. R. (1956). Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain. New York: David McKay Company.

how these could be used for performance management could be learned as one assumes team leader roles. That is also the point when the difference between “leading in leadership” in contrast to the “management” role becomes significant.

### Role change and job mobility

While social work education inducts students on how to work with clients on transitions in life course and in role change and mobility in jobs, we perhaps do not prepare students sufficiently to handle role change and job mobility for themselves. With the growth and expansion of social services, new and wider variety of job options have opened up. It is therefore relevant to prepare students to think about how their own role change could be addressed in order to make it an uneventful and a positive experience not just for themselves but for the clients they work with and the team that they belong to.

### National Social Work Competency Framework

In the hope of strengthening the social work sector, social work education and post education professional development now have a competency reference. The framework is a way of enabling social workers to progress beyond foundational competence to proficiency and expertise. It is important however to understand that competency is necessary and key to good service delivery and outcomes but not sufficient for a profession. After all, the key to quality and efficiency is professionalism. Professionalism is more about exhibiting a courteous, conscientious and generally positively businesslike manner.

A profession is characterised by a job that requires a specific education, as well as training and skills that are guided by a Code of Ethics. People in a profession conform to the technical or ethical standards of that profession. A high level of professionalism is a mark of a mature profession. It is marked by the ability to take charge and to be in control and accountable for what is a professional judgement and opinion. It involves a systems approach at viewing issues that goes beyond the individual cases. It is a professional wisdom that is drawn from among other things and the collective experience of intervening in many individual cases. Social work in Singapore is relatively young in comparison to many of the other professions such as engineers, lawyers or accountants.

Even among the human services, social work is a more recent discipline compared with the doctors, dentists and nurses. Social work is demanding and affects the lives of individuals and families directly. This heavy responsibility should challenge us to attain a high standard of professionalism in the field - to tread where it is most difficult and challenging.

## Aspiring social work graduates

As an aspiring social work graduate, one might ask what would make a student hold his or her stand as a social worker ready to work with clients on graduation and with a self-directed professional development plan. There might be some useful reference points from the competency framework. It is also important for the graduate to ensure that he or she has good supervision in practice and to be aware of how the individual's strengths and professional development fit a career structure for social work. It is useful in the initial years of practice to draw consciously on professional standards and competency at different levels of practice. One must also be conscious about values and ethics which is how one would apply social work ethical principles and values to guide professional practice. One has to be conscious about diversity which is about respecting cultural sensitivities and working with diversity in clients and contexts and being anti-discriminatory in service delivery. Furthermore, one must also be able to apply critical reflection and analysis to inform and provide a rationale for professional decision making. By far the most challenging might well be how to apply the skills, knowledge and values to promote independence and safety while balancing rights and risks, protection, control and choice for those whom social workers work with.



## Social Work Practice

- How social work came to be defined as a social science
- Social work theories that guide social work practice
- Practice models that show how to use theories to create change
- The one good practice that should guide the fraternity

## Dear Students of Social Work,

### Social Work Theories – The Beginnings<sup>1</sup>

Social work practice is very much about context and addressing social concerns and issues which are often at the nexus of the environment and the individual. What made social work a social science was its professional approach to the work of helping people. Social work adopts the empirical method used in the natural sciences and has therefore come to be defined as a disciplined science and not just a philanthropic effort. Mary Richmond was one of the earliest proponents of using a logical, evidence based method for helping which marked the start of social work theories. Attention was paid to defining the problems in people's lives so that a rational, rather than a purely moralistic approach was used. It is useful to understand that the development of this form of professional practice was intersected in the 1930s by increasing interest in psychoanalytic theory as the theoretical structure for defining individuals' problems (Smalley, 1967, pp.ix-x)<sup>2</sup>. This approach tended to draw on psychological insights and viewed human weakness as the critical variable in understanding human problems. It went in search of a cause and often looked for individual behaviours that fitted into a diagnostic category. Each diagnosis focused on a human lack or weakness, ranging from the relatively benign to the severe.

But social workers soon realised the importance of recognising individual strengths in their work. So in 1958, the Commission of Social Work Practice included as a main objective of the field to "seek out, identify, and strengthen the maximum potential in individuals, groups and communities" (Bartlett, 1958, p6)<sup>3</sup>. This was the start of the strength-based approach to social work practice as there was a recognition that confining social work to individual pathology while ignoring strengths was not only remedial in its approach but also failed to capitalise on the strengths and resilience in people. Germain and Gitterman (1980)<sup>4</sup> then built on the social work tradition of focusing on the interface between the individual and the environment, introduced the ecological concepts such as adaptation and called for attention to be given to the transactions that occurred between people and their environment.

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<sup>1</sup> Adapted from Chapter 1 (History, Critique, and Useful Conceptions: Towards a Strengths Paradigm) of *"The Strengths Model: A Recovery-Oriented Approach to Mental Health Services (3<sup>rd</sup> Edition)"* by Charles A. Rapp & Richard J. Goscha. (2012).

<sup>2</sup> Smalley, R. E. (1967). *Theory for social work practice*. New York: Columbia University Press.

<sup>3</sup> Bartlett, H. M. (1958). *Toward clarification and improvement of social work practice*.

<sup>4</sup> Germain, C., & Gitterman, A. (1980). *The life model of social work practice*. New York: Columbia University Press.

Over time, more theories which help us to understand, explain and formulate intervention were translated or applied in social work practice. These practice models provide social workers with a framework of how to help others based on the underlying social work theories. While a theory explains why something happens, a practice model shows how to use a theory to create change.

## Social Work Theories<sup>5</sup>

There are many social work theories that guide social work practice. Here are some of the major theories that are generally accepted in the field of social work.

*Systems theory* describes human behaviour in terms of complex systems. It is premised on the idea that an effective system is based on individual needs, rewards, expectations, and attributes of the people living in the system. The theory explains how individuals, families, couples, groups and communities can be directly involved in identifying and framing their problem and how they can be supported to resolve it or to improve the conditions for social functioning.

*Social learning theory* is based on Albert Bandura's idea that learning occurs through observation and imitation. New behaviour will continue if it is reinforced. According to the theory, rather than simply hearing a new concept and applying it, learning takes place when new behaviour is practised and sustained. Much of the work done in the guidance and rehabilitation of youths at risk and addiction apply social learning theory.

*Psychosocial development theory* is an eight-stage theory of identity and psychosocial development by Erik Erikson. Erikson believed everyone must pass through eight stages of development over the life cycle: hope, will, purpose, competence, fidelity, love, care, and wisdom. Each stage is divided into age ranges from infancy to older adults.

*Psychodynamic theory* was developed by Freud, and it explains personality in terms of conscious and unconscious forces. The theory describes the personality as consisting of the id (responsible for following basic instincts), the superego (attempts to follow rules and behave morally), and the ego (mediates between the id and the ego).

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<sup>5</sup> Adapted from "Theories Used in Social Work Practice & Practice Models" by Simmons Staff. (2014). Retrieved from <https://socialwork.simmons.edu/theories-used-social-work-practice/>

*Rational choice theory* is based on the idea that all action is fundamentally rational in character, and people calculate the risks and benefits of any action before making decisions.

## Social Work Practice Models<sup>6</sup>

There are various practice models that influence the way social workers help people meet their goals. A practice model shows how to use a theory to create change. It draws on a theory which helps to explain why something happens and it is important that practice is grounded on theories and evidence based ones. Theories are also being refined and updated by research and discoveries so it is necessary to stay current while not chasing new theories without critical thinking.

Here are some of the major social work practice models used in various roles, such as caseworker, medical social worker, group worker and community worker.

*Problem solving* helps people with the problem solving process. Rather than to tell clients what to do, social workers teach clients how to apply a problem solving method so they can develop their own solutions. A good book on this approach is "*Counselling: A Problem-Solving Approach*" by Anthony Yeo<sup>7</sup>.

*Task-centred practice* is a short-term treatment where clients establish specific, measurable goals. Social workers and clients collaborate together and create specific strategies and steps to begin reaching those goals. To a large extent, much of the work in Family Service Centres apply this practice which is based on a good assessment of what needs to be addressed more immediately.

*Cognitive behavioural theories* focus on the relationship between thoughts, feelings, and behaviours. Social workers assist clients in identifying patterns of irrational and self-destructive thoughts and behaviours that influence emotions.

*Crisis intervention model* is used when someone is dealing with an acute crisis such as struggling with suicidal thoughts. The model includes seven stages: assessing safety and risk of harm or hurt, rapport building, problem identification, addressing feelings, generating alternatives, developing an action plan, and following up.

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<sup>6</sup> Adapted from "Theories Used in Social Work Practice & Practice Models" by Simmons Staff. (2014). Retrieved from <https://socialwork.simmons.edu/theories-used-social-work-practice/>

<sup>7</sup> Yeo, A. (1993). *Counselling: A Problem-Solving Approach*. Singapore: Armour Publishing.

*Narrative therapy* externalizes a person's problem by examining the story of the person's life. In the story, the client is not defined by the problem, and the problem exists as a separate entity. Instead of focusing on a client's depression, a client would be encouraged to fight against the depression by looking at the skills and abilities that he or she may have previously taken for granted.

## Social Workers in Different Settings

Generally, direct practice involves working with clients (individuals, groups and communities) to resolve social problems and strengthen the functioning and quality of their lives. They work in areas of early intervention, rehabilitation and protection work and end of life programmes. Good social work practitioners integrate advocacy into their work and seek to influence systems and policies that impact the lives of the clients they work with.

Indirect social work practice brings about change by influencing the larger systems, services and policies that impact individuals, groups and communities. Some work in policy positions such as analysts and legislative advocates; others work as community organisers, programme designers, reviewers and resources mobilisers. They aim to address gaps in resources, inequalities and limitations on access to services because of systemic or structural issues.

## Competencies required of a social worker

The competencies required of a social worker for practice in Singapore can be found in the National Social Work Competency Framework. Social work education and post-education professional development now have a competency reference. The framework enables social workers to progress beyond foundational competence to proficiency and expert mastery level. It is important however to understand that competency is necessary and key to good service delivery and outcomes but not sufficient for a profession. The key to quality and efficiency is professionalism and accountability for practice.

A profession is characterised by a job that requires a specific education, as well as training and skills that are guided by a Code of Ethics. As social workers we conform to the technical or ethical standards of the Singapore Association of Social Workers Code of Ethics. A high level of professionalism is a mark of a mature profession. It is marked by the ability to take charge

and be in control and accountable for what is a professional judgement and opinion. It involves a systems approach at viewing issues that goes beyond the individual cases. It is professional wisdom that is drawn from among other things the collective experience of intervening in many social work practice cases and community development work.

## Skills required of a social worker

Social work requires a range of professional, emotional and cognitive skills. A life-long learner contributes to good practice. There are several qualities and skills that are at the core. These are: active listening, emotional intelligence, empathy, case management skills, critical thinking skills, working with cultural sensitivity and tolerance, setting boundaries, facilitation and communication skills.

## One Goal, One Fraternity, One Good Practice, Diverse Contexts

Good social work practice is always based on evidence based theories. It has to be so in order for it to make the most appropriate assessment. There is only one form of good practice regardless of where it is practised be it in the Family Service Centres or in specialised centres or programmes. It is a myth to think that there are different forms of social work such as traditional and non-traditional practice. Good practice is directed by the goal of helping individuals, groups and communities to move on in their lives. Good practice enables those we work with to discover and draw on their strengths to live lives as independently and with as much support as possible. This is why the strengths based approach that undergirds most of our practice applies regardless of the setting and context of our practice.



## Collaborative Practice in Social Work

- The context of how collaborative practice emerged in Singapore in the area of social work
- The importance of being prepared for collaborative practice
- The need for practice teachers and leaders to be intentional in preparing students for this work

Dear Social Work Practice Teachers and Leaders,

## Addressing Collaborative Practice in Social Work in Singapore

Recently, I asked Mrs Ann Wee what question she might set for an exam question for Social Work today if we were to have a chance to answer it. She did not reply with a question but her response reminded me of the importance of understanding the roles of each profession that interfaces in the helping relationship with clients. Clients often need the help of a few professionals, be it the social worker, the psychologist, the doctor, the nurse, the counsellor or the special needs teacher, just to mention a few. As the emerging theme of collaborative practice becomes more recurrent, it is good to revisit the role of each profession in helping the client. After all, most literature on collaborative practice use inter-professional work, working together, joint working, working in partnership and inter-agency working and multi-disciplinary working sometimes almost interchangeably and so we must consider its important role in collaborative practice.

One might be tempted to run ahead and try to determine the knowledge and skills needed for good collaborative practice and how to help social workers to be competent in these. But it may be useful to take a moment to think about the context in which collaborative practice started to emerge as a theme. We can then explore how to better prepare students for inter-professional collaborative practice. We may arrive at a point where we realise that the role of the practice teacher is pivotal in facilitating inter-professional practice learning. And the question that follows then is how practice teachers can be prepared for the role and how they can be supported to facilitate inter-professional practice learning.

## Context of Social Work Practice

Social workers here practice within a constantly changing environment. It is one with challenging social problems and a developing framework of policies and legislation for families in distress, social care, health and early intervention not unlike elsewhere. Recent developments for us include the Mental Capacity Act, the introduction of legislation to better protect vulnerable adults, the increase in step-down and home and community based care for older persons and the mandating of pre-divorce filing advisory for marital dissolution with young children. These areas add to the existing ones that call for collaborative practice.

New or experienced social workers alike will increasingly be asked to develop their collaborative practice with service users and carers and with other professionals in order to improve services for patients, clients and users as well as to improve the outcomes from intervention. The call is for practitioners in social care, health and related sectors to work more effectively together in line with current developments in policy and practice. But what is collaborative work or inter-professional practice? It is about building genuine partnerships between professionals, and with service users and carers in planning and service development and providing care. And what are the groups where professionals working together make a marked difference to the well-being of the client than each working singularly? Invariably, we will say that it is particularly important when we work with older people, people with mental health needs, children and families in distress and people with learning disabilities.

### Coordination of Services, Joint Solution and Inter-professional Learning

Collaborative practice can occur within and between professions or occupations, in uni-professional and multi-professional teams, within and between agencies, and when working in partnership with service users, carers and even communities. In good social work practice, we know that the need for personalised services and the responses to the circumstances, strengths and aspirations of particular children, adults and families will require professionals to work in partnership. It is about working with people to find the solutions and to achieve the desired outcomes and to work collaboratively with other agencies and disciplines to ensure coordination of services and support. However, this does not happen intuitively. Having systems and processes will facilitate this but is in itself not sufficient. These outcomes require that collaborative working be grounded in inter-professional learning. It is about working across professional, organisational and agency boundaries. Social workers and other professionals need to understand and be prepared for collaborative practice.

### Extent to Which Students are Prepared for Inter-professional Collaborative Practice

Generally, social work students will share that they are not prepared for the range, nature of and approaches to inter-professional practice learning although they may recognise its importance. Most lecturers may mention it but students will say that they do not have exposure to modules that

are taught inter-professionally with mixed student groups, using a range of teaching and learning strategies including interactive methods and involving service users. But this of course is the ideal.

Such opportunities are difficult to create as they depend on the relationships between the professions within the institutions of higher learning, relationships with agencies, availability of placements and context. But where they exist, students value the experience they gain and learning about the different ways in which professions are deployed during their placements in the statutory and voluntary sectors. This not only helps them to learn about the roles of other professions, but also the roles of social workers. Students gain from these opportunities too when practice teachers are deliberate in discussing what inter-professional and inter-agency working involves.

Opportunities in inter-professional and inter-agency work such as in the examples of the National Family Violence Dialogue Groups and the National Committee on Youth Guidance and Rehabilitation are good for reflecting on working across professions, agencies and systems. Lessons gleaned from such opportunities include having clear aims, a recognition of the roles of all the people involved in the particular service, an understanding of the power differentials and strengths of different partners and the techniques involved in bringing people on board in different ways. There are two main aims in preparing students for inter-professional and inter-agency collaborative practice. One aim is to help students understand the perspective of different professions and the second is to learn about shared approaches to working in a team which includes confidentiality, roles and boundaries. And in the case of working in multi-professional teams, practice teachers can do well to ensure students in social work do not feel that they are in a lesser profession.

No matter how limited these learning opportunities are for collaborative practice, they do exist and we have to ensure that students have the opportunity to work alongside and with other professions.

Perhaps we can devote more attention to better prepare students in the university for effective inter-professional practice before their placements. These can include lectures on working together, sharing information, policy issues and organisational structures, how to overcome problems and structures, what to expect from different organisations and the challenges and dilemmas of practice.

To venture further, we can consider how to include older people and those with learning disabilities in the process of learning about inter-professional work. Clients or service users can talk about their perceptions of social work

and how they wish to be treated. But to facilitate such occasions to move towards learning about inter-professional work requires effort from practice teachers. One way to structure this is to explore cross learning or joined up learning through a range of modules with students from other professions. In the areas of child and adult protection and increasingly in social care, inter-professional work will begin to feature as a topic in itself.

## Social Work Collaborative Practice

Social work is practised in a variety of settings and the roles which social workers fulfil, the tasks they undertake and the way in which they deliver a service is very much context dependent. Confidence and clarity regarding their professional role and identity is important and necessary before inter-professional relationships can be successful.

It is good if inter-professional learning at placements and in the classroom can be in the curriculum. To do this well, practice teachers will want to be prepared for the facilitation of inter-professional learning and working as this is an area that is “caught” more than “taught”. Ideally, the learning occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of service and care.



# Working with Various Client Groups





## Helping Families with Low Income

- Three key areas of focus for policy making for families with low income in the context of Singapore
- How social workers are able to help on an individual family level

## Dear Social Service Practitioners,

In an earlier letter (*"Letter 15/ Vol 1.: Understanding Policy Issues on Poverty"*), I touched on how we are fortunate that social work here in a city-state with good housing means that we do not have to grapple with distressed communities with intractable issues of poverty and worse still, persistent intergenerational poverty. We also examined how despite research being done, most countries still struggle for generations in public policy making and testing out of strategies to eradicate intergenerational poverty without much success. Research however can direct policy making towards at least 3 areas of focus that can make a difference if the strategies are sustained with a long term view. The areas are education, work and family relationships. In terms of work it is not just about employment but skills upgrading, reskilling and job aspiration.

## Strategies

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

## If we have only 3 policy focuses – what will they be?

It has become clearer over decades and after various attempts to find the answer to the question of how we should help the poor, that the answer is not that difficult although it may sound ironically simple. The answer lies in ensuring access to school or education (and being motivated to complete them), good jobs and family ties.

### 1. Education

Let's see how we fair in relation to education. Subsidized education is a key component of the Singaporean approach to social inclusion and social mobility. This has been instrumental in creating equal opportunity and avoiding wide differences in educational opportunities according to socio-economic status which is common in many countries. The subsidy and a strong curriculum including that for special schools ensure a good quality of education across the social spectrum and across all income groups. Education then becomes an effective vehicle for a 'levelling up' effect. Ensuring social mobility, however, does not translate to ensuring equal outcomes because students are inherently different. In the case of students from disadvantaged background, it is about ensuring that they attend school regularly and stay in the system.

Learning from the experience in the US where children whose parents grew up in high-poverty neighbourhoods score dramatically worse on reading and problem-solving tests than those whose parents grew up in non-poor neighbourhoods, we now have ground up initiatives to ensure that children from low-income families learn to read in their early years. Efforts targeted at ensuring that pre-school education reach low-income families are therefore crucial to early intervention strategies.

### 2. Work

In Singapore, we have a low unemployment rate and yet companies are still struggling to get workers. The issue is a deeper one and is about reskilling, upgrading of skills and lifelong learning efforts. We have the Workforce Development Authority and schemes such as the Skills Future credit that are part of the mechanisms and structures for enabling and facilitating access to opportunities. However, in and of themselves, these strategies will not automatically translate to financial stability and economic advancement. There are always the elements of individual and peer responsibility and discipline that are needed to sustain commitment. The challenge is that of accessing expanded employment opportunities, boosting wages and increasing productivity. Work must be productive, meaningful and purposeful. This is not the singular responsibility of any one entity. It is about a shared commitment to optimise resources through well designed roles to produce clear outcomes. It is about job re-design, expansion and individual habits. Full-time work too is the passport to an improved standard of living.

To help address income inequality, our workfare supplement to help poor working individuals and families supplement their income, is a direct support to calibrate the moral hazard problem associated with unconditional cash transfers. It could work better at redistributing incomes, while preserving the work ethic and promoting self-reliance. In instances where households require social assistance, the level of social transfers has been raised to help these households. Where there are working adults, the approach is to help them to get better jobs because children will tend to do better when parents do better.

### 3. Family relationships

Various research findings about safeguarding the interest of children and youth invariably conclude on the importance of stable family relationships. What is important to appreciate is that most children and youth can thrive and even do well when they have at least one relationship with an adult that is stable and which provides consistent guidance and reference. It is useful to know this as it enables us to focus on how to help individuals and families especially in a context where the family life course can now be more complex and dynamic. In helping children and youth in poor families, it is always important to remember that all children, regardless of where they live or how much their parents earn, need responsive caregiving, safe and secure environments, adequate and appropriate nutrition, and health-promoting behaviours and habits.

## Making things happen through social work

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

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

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

In working with poorer families, it is good to appreciate the needs and deficits of people with low-income but we should not focus too much on them while overlooking their strengths. This is not to say that we should not ensure a good safety net which is crucial when people are in crisis. In the words of Lim Miller, founder and CEO of the national Family Independence Initiative (FFI), "Most poor families are not in free fall. They don't need nets to catch them so much as they need springboards to jump higher." So in social work practice, it is important to create a structure for families that encourages the sense of control, desire for self-determination and mutual support. It is less about doing things to people or implementing changes but more about enabling, facilitating and supporting individuals and families to help themselves by giving them the resources that enable and equip them to improve their lives.



## Understanding the Rehabilitative Approach for Youths who Commit Offences

- The youth justice system
- The role of social service professionals in supporting youths who enter into the justice system
- The importance of journeying with families through complicated dynamics and relationships

## Dear Social Service Professionals,

### Young Offenders

Many social service professionals are engaged in preventive and early intervention services and programmes for at-risk youth. This is the right focus. However, despite our efforts, there will be youths who run afoul of the law and enter the criminal justice system. It is helpful to understand how the system works and the role of social service professionals at various points within the continuum of intervention and support for these youth and their families.

Offenders under 16 years are tried in the Youth Court, which adopts a different and highly rehabilitative approach in view of the young ages of the offenders. The judges in the Youth Court are supported by a panel of advisors (who are drawn from the community - principals, teachers, social workers, psychologists and community leaders with a heart for youths). These advisors attend case discussions with the Youth Court judge prior to hearings, and sit with the judge during the hearings to offer their perspectives. Where required, the judge may order the youth to attend counselling or other forms of intervention. Pre-sentence probation reports are ordered by the Court, and the youth and their family members would be interviewed and guided by MSF's<sup>1</sup> probation officers.

Offenders above 16 years old are tried as adults and follow the rules of court for adults. Notwithstanding, younger offenders are given due consideration of their circumstances. In most cases where the crime is not severe, the rehabilitative approach applies. MSF's probation officers would provide a pre-sentence report that provides insight into the conduct and performance of the youth in school, his/her interests, his/her family relationships and other pertinent factors. A range of probation and community based sentencing options, coupled with other interventions to help the youth and his/her family, may be adopted. The youth's interactions would largely be with MSF's probation officers.

In some other jurisdictions, a person under 18 is considered 'a child' and is tried under a juvenile court regime. There have been calls for Singapore to raise the age definition of the child to 18 for the same purpose. While the idea may seem attractive, there are implications. The move could undermine our deterrence of youth crime. It also opens up the possibility

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<sup>1</sup> Ministry of Social and Family Development.

of those between 16 to 18 years old being used by unscrupulous adults as 'agents' of criminal activities since the youths would not face the full penalty of the law if they are caught.

Our criminal justice system recognizes that the complexity of juvenile crime requires a combination of elements of deterrence and rehabilitation. It balances the legislative concerns over the welfare of the youth and the preservation of law and order. It is a system that focuses not only on the offender but also on the victims and public interest.

## Helping Families

Our focus in social work and social support for at-risk families and youth ought to be early intervention. Many social service professionals in MSF, Family Justice Courts, Family Service Centres, community based services, Social Service Offices, youth intervention and outreach programmes work tirelessly to support at-risk families and youth through counselling, social work service, financial assistance, preventive work and information and advice. Social workers, counsellors, psychologists and other allied health professionals work collaboratively both in the public and in voluntary welfare organisations to directly help those who are in distress and to improve their psycho-social well being. Reaching those who need help and assisting them in navigating the system of support is always a priority.

As we help families, it is also important that we see their strengths and support them in developing their independence and in reinstating their autonomy, while safeguarding their dignity in the helping relationship. Such goals in the helping relationship are far more challenging than giving practical assistance alone as it is about journeying with individuals and families through trying and complicated dynamics and relationships. Professionals and oftentimes trained volunteers work tirelessly, unstintingly and intentionally to help people regain the self esteem and self reliance that they desire for themselves.



## Sandwiched Generation

- Struggles faced by the “Sandwiched Generation”
- The support, subsidies and safety nets currently in place to help them
- The need to be prepared for the challenges that come from being part of the “Sandwiched Generation”

Dear Social Service Professionals,

## The Sandwiched Generation

Think demographics and we think age groups, profile of households, single or married or the number of children. Policymakers use demographics to predict trends and plausible scenarios – and more importantly, the policies which will service the needs of the people.

The term “sandwiched generation” is now widely used and is generally understood to be the layer of people who are caring for both children and parents at the same time. The question being asked is why policymakers, while recognising the needs of this generation, seem ambivalent about the form of support that they may need? This could be due in part to the general principle that subsidies should go to the most important needs of the poor and the lower middle-income group with help such as the waiver for maid levy for the care of the young and old. One encouraging piece of support for the sandwiched generation is the Pioneer Generation package that is tiered to meet the various categories of income background. Another support is the means-tested Community Health Assistance Scheme that helps to take the load off healthcare payments for the elderly. However, the worry still remains for those who care for elderly who miss the criteria for the Pioneer Generation package.

To be sure, the sandwiched generation is a varied group of people with a range of “caregiving” scenarios for the young and old. This includes paid and unpaid caregivers, formal and informal arrangements, government programmes and a combination of siblings, neighbours and trusted people deployed regularly or in an ad hoc manner. Every “sandwiched” household knows how dynamic and complex care arrangements can be.

The pressure on this generation, typically those between 35 and 59, is great because of their roles, responsibilities and obligations for care that include the financial, physical and psycho-social aspects of the care.

It is this load of care, or what is sometimes called the “heavy lifting”, that draws attention. It is common to hear calls for official help to shoulder the load of care. This then leads invariably to the discussion about support, subsidies and safety net. But for any discussion on these 3 “S” to be meaningful, it has to recognise that the load of care is differentiated according to households and the sudden exigencies and emergencies, such as accidents and illnesses, could overwhelm even the best prepared of them.

## Heterogeneous sandwich

Designing policy for this heterogeneous cohort with varied resources and values is a gargantuan proposition. While it is logical to imagine that some subsidies can be made universal and more accessible to this group, it must be recognised that not all in the sandwiched generation need the same level of help. There are “good sandwiches” – households which have good child care support from the older generation and where the younger generation have access to many benefits, resources and opportunities. Should the level of subsidies they receive be the same as those in less advantaged positions simply because their roles in caring for the young and old are the same?

The mantra of “family is the first line of support” is increasingly being tested. There is increasing pressure for more help to be extended beyond the low income group to more accurately reflect the contemporary social and demographic realities. For example, the sandwiched generation, not unlike others, faces the disequilibrium from re-skilling for re-employment in a more volatile global economic environment while being committed to various responsibilities. Families today have fewer children, households are smaller in size and there are fewer adults in any household to share the responsibility of supervising, supporting and caring for the young and old.

So it does look like the sandwiched generation warrants greater support from the state. The approach for support and subsidies is usually structured as a partnership among state, private and community agencies, business and educational institutions and a network of social, cultural and religious organisations. Such an approach however does not place the responsibility to support needs solely or clearly on anyone. It builds on the assumption of a more Asian perspective that weighs the care of the young and old more on the family, community and individuals. But the question is whether the family is prepared and able to shoulder the burden of the “heavy lifting” of care and for how long.

It is important to delve deeper into understanding the load of care, when it happens, the cost implications and the access to care and alternatives. This will ensure that the support, subsidies and safety net are designed to best distribute the limited resources. Let's take a look at how the 3 “S” works for the sandwiched generation.

**SUPPORT:** Defined as moral, practical help and the physical caring of the young and old. It varies across families and the amount of support given tends to be a function of the relationships and obligations among members

that have been built up over time. How these expectations among family members are played out determines the outcome of care arrangements which depends too on the demands of the physical care. A family is generally able to fulfil its obligation of day-to-day care for the young and old but arrangements fall apart when, say, a family member is struck down with a debilitating condition. While not that uncommon, families are not primed to cope with such situations. Having ready access to a range of services to provide care and support including befriending services can be helpful.

There is room to increase and improve the range of services. Whether they are provided privately or by the Government is less of a concern than ensuring that they are accessible and affordable. For the family, the general expectation is for one to at least be physically present if he/ she is unable to help out monetarily.

**SUBSIDIES:** MediShield Life will extend basic covering to every Singaporean and will bring relief to most in the sandwiched generation or middle-income group who could experience twice the anxiety for both the young and old that they are obliged to be responsible for. The subsidy, which is being finalised, is very finely tuned and it remains to be seen how different groups will react to the amount set aside for them.

All subsidies are to some extent about redistributing revenue from taxes. There is a conundrum here. The middle-income group pays taxes and needs subsidies. Again, they are “sandwiched”. They may or may not be able to access reliefs and rebates depending on where the eligibility criteria are drawn. As a principle, it is good to keep the tax burden on the middle-income low, so that they get to keep what they earn as much as possible. Subsidies have to be balanced with the design of taxes. The philosophy of targeting benefits at the most important needs of the poor and the middle-income groups is a good one. As we understand the demands on the sandwiched generation, extending subsidies and benefits beyond the very poorest will become logical. If this is so, a structure of more intentional subsidies is needed to enable families to carry the load of care and for a longer period. This should be done within the family environment rather than to support costly institutions.

**SAFETY NET:** The safety net for the sandwiched generation will depend on how society views the ageing and the aged. Being Asian buys us some time in respecting old age and the contributions of people through the course of their life. There is still readiness on the part of families to take on the care of family members. On the part of individuals, there is now

attention on the importance of the lasting power of attorney to facilitate care planning by individuals to ease the burden on the family. These are important avenues for planning ahead. In time to come, with the expansion of services to allow older persons to age in place in estates and in their homes, the self financing of such services will stretch the time that people can be in the community where they have lived for much longer. But this too means that as a community, we should be more prepared to allow for facilities, amenities and services that serve older people and those with disabilities in our communities. That is, the “not-in-my-backyard” syndrome has to be killed.

### Get used to a “messy” life

Being part of the sandwiched generation means getting used to a “messy” life. Financial arrangements can go awry and support structures can fall apart when something untoward befalls a household. They can happen when the old falls sick or when the income earner with long term commitments on the housing and car loses his/ her job. The tendency for a middle-income household to equate a good lifestyle with enrichment and tuition classes for the children and a live-in domestic maid adds to the perception of running on a non-stop treadmill. Every “sandwiched” household believes it is unique partly because care situations can be dynamic and complex. There is only that much that one can anticipate and plan for. People can whine and whinge and look for ways to butter up the sandwiched generation or people can invest their energies into building a community of support that allows the pooling of ideas together to help this group.

From a psycho-social caregiving perspective, there is another aspect that is worth thinking about and many carers will share some of these helpful tips. Top on the list that many will share is to get comfortable with “things being messy.” The house will not be as clean; the finances will not be as tidy; and there are things that one has to deal with that the caregiver would never have thought of having to deal with. At a more personal level, some would advice that it is good to look at the aging parents’ situation and figure out how one would want to age and fix what can be done now. Areas that are worth thinking ahead about include having the lasting power of attorney done for both finances and care. Proactive delegation for someone to make decisions on behalf of a person in the event that the person loses mental capacity is helpful and should be given priority. It facilitates someone assuming responsibility and alleviates the anxiety and stress for the person who usually and suddenly may have care responsibility entrusted on him or her.

Of course, one of the best lessons one can learn from caring especially for aging parents is saving for old age and eating right and exercising. Basic and common sense, these are practical and important lessons that can be learned early.



## Working with Partners for Child Well-being

- The role that social service practitioners and community partners play in supporting parents and caregivers who care for children
- 5 factors to focus on when working with families and practical ways to engage them

## Dear Social Service Professionals,

We often hear about working together for the well-being of children and also about the strengths-based approach in doing this. What might be the goal in any of such efforts? Is the end goal to support families or to prevent and reduce child abuse and neglect?

### Protective Factors

When we work with families, we work from the perspective of focusing on protective factors. What are some of these protective factors that we should invest time in? The Centre for Study of Social Policy in the US<sup>1</sup> summarises these factors into 5 main ones.

- **Parental Resilience:** This refers to the ability of parents to form nurturing relationships and respond to stressful situations in productive ways. Building parents' capacity to respond to stressful situations in productive ways is an important part of helping them parent effectively. Checking in on parents' mental health - particularly post-partum depression - and encouraging the use of positive coping strategies can help to ease stress and in extreme cases, prevent child abuse and neglect.
- **Knowledge of parenting and child development:** This refers to a parent's understanding of how children develop and the role families play in fostering development. Parents who understand child development have more realistic expectations of their children based on their developmental stage. Those in contact with families can play a role in sharing this knowledge with parents and thereby empowering them to better meet their children's physical and developmental needs. This also enables parents to more quickly identify when their children's development is off track, so that support can be given by a helping professional.
- **Social Connections:** This refers to the many positive relationships that families need for emotional and concrete support. Parents who are engaged in positive social relationships receive emotional and practical support that can help them deal with the daily stresses of parenting, health crises and responding to their children's social and health needs. The grassroots and community partners can provide parenting groups and other opportunities for parents to form connections with others who are raising children of the same age.

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<sup>1</sup> Case for the Study of Social Policy. Core Meanings of the Strengthening Families Protective Factors. Protective Factors Framework. Retrieved from <http://www.cssp.org/reform/strengtheningfamilies/2015/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

- **Concrete Support in Times of Need:** This refers to a family's ability to access help and resources when needed, from informal and/or formal support networks. Parents often require help in accessing the resources they need to build a healthy environment for their children. Helping to build parents' awareness of available resources and providing support as they navigate the service sector can help families to be more informed and empowered.
- **Social-Emotional Competence of Children:** This refers to the children's ability to express and control their emotions in a developmentally appropriate way. Social-emotional competence is critical to a child's overall development. The community partners' role can be to help parents understand the importance of attachment and social-emotional development, provide resources to help parents nurture that development and raise a red flag when there are concerns about a child's development of these foundational skills.

## Sharing a common framework

We should increasingly adopt this common framework in working with families to develop a shared reference for advancing our services and programmes. As many of our practitioners work with families, they can influence, guide and share expertise with them, and also help to recognize when things are off track.

Social service practitioners, when working with volunteers, grassroots and community partners, have the opportunity to see patterns of behaviour change and recognise when additional services may be needed. Community partners can play an important role in helping parents and caregivers learn to care for themselves as an important part of caring for their children. Sometimes, the provision of anticipatory guidance is sufficient. If it is inadequate, they can steer families towards further support.

## Earlier Intervention for Child Development

Parents are important partners in nurturing the health and well-being of children. However, they may sometimes need support and help in building their own capacity to care for their children. The support is particularly needed by those who seem to be overwhelmed by parenting, feel isolated or are struggling to understand and respond to their children's needs. Trauma, which stems from the mismanagement of behaviours, neglect or abuse, can be averted by identifying families who may need support and providing them with help early. When children experience trauma, it can adversely

impact their development. Severe trauma that are prolonged, repeated or unrelieved by a caring adult, can potentially impact brain structure and function.

## Practical ways of working together to support parents

How can community partners and social service practitioners work collaboratively to support families? It begins with building effective partnerships. Such a partnership requires a common understanding of the shared outcome that both parties want, as well as the gaps, and methods to arrive at the outcome. It requires a relationship of trust and a clear understanding of how to work together based on the various roles and responsibilities.

**Linking families to help:** Care giving, challenging behaviours and other circumstances can cause family stress. Volunteers can connect families to support that can help them deal with these issues. To do this appropriately, volunteers and community groups need to be familiar with community resources and help agencies. It is useful to ask questions not just about the child's health, but also about the parent's experience and how they are coping with health or developmental issues that are coming up. Where appropriate, it is good to share information and materials about child development and parenting as part of anticipatory guidance for parents.

When connecting families with help, it is necessary to involve the families by asking their views about how they might want to be linked up and discuss the process instead of assuming that they are comfortable with the approach. As much as possible, avoid making families feel that their family space is violated without their permission. The families should be encouraged to accept support and help for themselves and the children. While sharing information with families is helpful, we should exercise care in how this is done. Having materials such as brochures, items and practical gifts can help to pave the way to constructively explaining the help that the families require. In making referrals, it is necessary to take extra care when it is a referral to child protection services.

**Looking for signs of distress:** In some cases, a child may directly report having seen or experienced violence or other traumatic experiences. In other cases, a child may show characteristics that come from exposure to trauma such as developmental regression, changes in behaviour at home or school,

a variety of functional somatic complaints and/or bruising or injuries that are unexplained or where the explanation does not match. These should only be used as an indication of possible trauma and as a prompt for a person to ask appropriate questions about experiences and living situations to determine what, if any, actions should be taken.

## Journeying with families

For many of the families who are referred for help to social service agencies, it is the start of a journey that can be complemented by befrienders as many of these families do not have the social networks that enrich their well-being. Individuals and families often open up when they experience these qualities in those who are helping them: warmth, respect, trust, reliability, non-judgmental acceptance of them, being able to listen to them, treating others with equality and having good information about how they could be helped. Community partners and social service practitioners should continue to work . as they journey with the families receiving help.

Most families want to care for their children. They however vary widely in their capacity and capability to do so. The role of community partners is to identify those who may need help by engaging those who are struggling in order to understand their challenges and dilemmas. Community partners can play a key role in journeying with these families to draw upon and further build on the strengths and resources within.



## Promoting Integrated Help for the Elderly

- What to look out for when promoting integrated care and collaboration for the elderly
- Ways to decrease inefficiency in the systems and to facilitate accessible, quality and financially sustainable integrated care
- The importance of having a shared vision and working together across agencies, processes and systems.

Dear Social Service Practitioners,

## Promoting Integrated Care and Collaboration

It is common to hear the exhortation to promote integrated care and collaboration. What do people generally mean when they say this? It could often mean a combination of the following ideas from being person-centric, having services delivered by one main provider, having two or three systems talk to each other to having a one-stop centre or a one-stop service delivery. As we all know, while all these sound very good, they often include quite different ideas and are not easy to construct or translate into practice. At the national policy level, it is about having adequate resources to ensure a balanced service system where there are good primary and community care services, as well as acute health and residential care provision. It is about using funding to shape organisational and individual responsibilities that result in integrated practice and service models.

Currently, we have a coherent regulatory and inspection system for health and social care but we could do a lot more in the area of supporting family carers by strengthening integration between the formal and informal systems of care. The focus now is on supporting carers to work with the formal structures. The innovative approach would be to have the formal structures be more responsive to the carers who are after all going to carry the heavy lifting for the longer haul after clients are discharged from acute services. With the changing demographics and ageing population, housing policies are increasingly being shaped to support older people by ensuring that communities have appropriate services for them.

Where resources allow, it will be ideal to support innovative approaches that offer choice, flexibility and control by older people. As we think harder about these ideas, we should challenge ourselves to consider new integrated service models, strengthen intensive care management for older people with complex needs and introduce assistive technology to support people in remaining independent in their own homes.

## A Starting point

Perhaps one way to begin to take on the challenge is to consider new ways of organising the structures, systems and staff roles, which may sometimes mean combining different roles. Other ideas may include allowing older people and carers to be more involved in how the services they need are

coordinated. Yet another possibility is to have ways for integrated information to be given to older people and their carers. Often for carers, information and well integrated information can be an important way to empower them. Starting with the end in mind, the integrated care that we want to create is a well-planned and well organised set of services and care processes that target at the multiple needs or problems of a client or patient. And for most instances, these multiple needs are often complex needs.

What are some areas that the system should minimise in order to achieve greater efficiency? These will include duplicated assessments, separate and sometimes contradictory decisions by different agencies as well as unnecessary delays. Carers (unpaid family, friends and neighbours) offer the majority of support to older people and they too can help with better integrated information if not services.

Poor communication and lack of co-ordination between different parts of services, and across agencies can often result in stress for those who are trying to support the older person. The lack of co-ordination which leads to inefficient use of staff time and exacerbating inter-professional conflict should be sufficient incentive for service providers to collaborate and make better use of resources. Fragmented service delivery can result in bottlenecks and gaps, which puts pressure on existing services and cause unnecessary stress and anxiety for older people and their carers.

## Allocation of Scarce Resources

Any service delivery system faces the constraints of public expenditure. And the supply of services is constrained too by difficulties in recruiting staff and changing market dynamics of public and private provisions even without the complication of the interplay of insurance.

So while we re-examine service delivery models, service delivery modes and system, the challenge remains for us to find new ways of focusing expenditure on approaches that reduce the pressures on expensive services, make best use of scarce resources and also improve the quality of life for older people.

## Accessibility, Quality and Financial Sustainability

Integrated care for older people therefore aims to improve access and provide a safe quality of service at a level that is financially sustainable.

**Accessibility** - Integration should aim to streamline access to services by ensuring that older people receive a good, co-ordinated response to their needs at any point of entry into the service system. Where possible, the older person should be served by a regional cluster of services which is a form of 'one-stop shop' even though it may not be at one physical location. The aim of this is to prevent unnecessary admissions to acute care or inappropriate long-term residential care, by providing alternative integrated services and improved support at home. Effective co-ordination among a wide range of agencies and organisations may also provide opportunities for developing communities and neighbourhoods that will support ageing in place.

**Quality** - Integrated care offers opportunities for better outcomes for older people with complex needs when a holistic approach is taken, services are co-ordinated, and there is continuity of care. This, however, does not necessarily translate into a seamless and timely delivery of care in the home of the older person as there are resource constraints. It is about having safe and appropriate service delivery that is based on assessed needs.

**Financial sustainability** - Integrated approaches in care for older people with multiple or complex needs should result in more efficient and cost-effective solutions for health and social care systems.

## Barriers to Integration

Sometimes, just by removing or lowering the barriers to integration will also result in improvements. Some of these include separate funding systems for health and social care, cultural differences and problems related to organisational, structural and professional boundaries. Given these considerable challenges, it is important that integration is not seen as the answer to every issue but one that focuses on resolving problems for which some kind of co-ordinated response is essential. These are problems that have been described as 'wicked issues' because they are hard to define and have unclear causal chains and complex inter-dependencies.

## Starting Integration with a Shared Vision

One might ask why having a shared vision is particularly relevant for integration in social care? This is critical as social care is provided by a range of organisations and sectors – statutory, voluntary or non-governmental, private, professional and community – that have very different perspectives, agendas and values. The challenge then is how to bring about this "working

together” amongst the many organisations and sectors. Governmental agencies can play a crucial role in getting the systems more aligned if not integrated as a first step and in getting systems and possibly networks to adopt a collaborative and integrated working style. Integrated care is a means to an end and the end goal and rationale for it needs to be embraced by the various agencies. There is no doubt that we all share the noble desired outcome of making sure that older people have a comfortable quality of life and that they and their carers are listened to, have some say in the services they use, and are in control of their situation and in the setting of their choice.

## Range of Services

Almost every wish list often show that a pre-condition for integrated care is to have a full range of services available, across health, social care, housing, transport, education, leisure and other sectors, and to ensure that they are accessible to users. Services need to be delivered across organisational boundaries, with clear access points and pathways, and with ways of assessing and guiding older people through them. In essence, services need to work together as a single, comprehensive, integrated whole system. ‘A whole system approach which places the older person at the centre will benefit older people by providing the right support, at the right time and by addressing the entire range of their needs’ (Carrier 2002)<sup>1</sup>. The irony is that there is perhaps no model of good integrated care because good integrated care comes from the context of co-ordination and a commitment to working together as ‘integration’ has a number of dimensions. Integration may be described along a spectrum ranging from tolerance to co-operation, joint planning and in our context inter-ministerial and national committees comprising both governmental and non-governmental representatives, as well as partnerships and joint projects.

## Working across Processes and Systems

While we have a shared direction and approach towards integrated care, there is much that can be done to join up processes to enable structures to work better.

As a guiding principle, we need to keep in mind that integrated care has to be appropriately targeted and that integration is not the solution to all problems. For sustainability, policies must support differentiated responses to complex and simple needs to ensure cost effective and appropriate responses.

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<sup>1</sup> Carrier J (2002). Integrated Service for Older People. Building a whole-system approach in England. London: Audit Commission.

It is in working across processes and systems where professionals and social administrators can play a role in making collaborations and shifting of perspectives possible in order to make integrated services a reality. Collaborations happen when there is experimentation in processes and systems. Integrated service can happen when we adopt a more user-centric perspective and re-deploy resources in systems. We begin to bring about integration when we are prepared to share “power and control over processes and systems” and help these to adapt to respond better especially to complex needs.

## Practical Perspective on Coordination

Every forum, platform and consultation asks for coordination. Coordination that is highly dependent on a relevant one-stop service centre, be it physical or virtual, will involve high cost and will be manpower intensive. This would make such a vision unattainable. So what is a practical and sustainable approach to coordination? The objective to achieve access to services must therefore be that individuals and agencies who are able to navigate the system themselves. This will mean a more direct access to appropriate help. This is possible in most instances where information is fairly readily accessible and the way to get the help is fairly straight forward even though one needs to manage the expectation of waiting and processing time. Managing expectations must include giving applicants and the potential users a sense of the time required for the whole process. For a small cluster of individuals and families with complex and multiple needs, having an agency to lead in case management or coordination will help because of the difficulties in getting systems to adapt to the unique circumstances. This is a targeted approach. For this matter, a case with complex need or a case with multiple needs may not require coordination at the systems level when agencies are able to negotiate or broker the schemes and processes to help the families.

Furthermore, with the setting up of IT infrastructures and the sharing of information and data being made more adaptive for service delivery, agencies can play their respective roles and take on the responsibility of facilitating and helping those who need help. As practitioners, we can play our part in the various roles and responsibilities we have to help clients, patients, service users and their supporters. We do this collectively by pulling together services, both formal and informal, to enable as many of those with needs to continue to draw on their strengths and resources with complementary external resources to live a life of dignity.



## Early Access to Services by Older People

- Principles behind integrated services or care for older people
- 4 practices that have shown to be helpful in improving the productivity and outcomes in older people's health and care
- "Building relationships" as the overarching principle behind integrated services
- Application to early intervention for children and youth services

## Dear Social Service Practitioners,

### Start with how older people want to live

A common theme among students and practitioners about service delivery is how to better integrate services from the client's perspective. Many would like to see better integration of services, and even more so, to see integration begin early in the planning of services. Some would also advocate that it is time to have ways in which clients, including older people and their family carers, are listened to. This can lead to making adjustments to the types of services they require and use, and how they are delivered. Such discussions can lead to a better coordination and integration of services that are structured in a more holistic approach in order to meet the often complex needs of some families and older people. What then are some of the challenges to achieving integrated services, especially with those that involve both the health and welfare systems which can be logged in their funding and legislative base? Are there lessons that we can learn as we begin to unpick the complexities of integration at the practice, managerial, systemic and political levels?

### The principles behind integrated services or care for vulnerable persons

Let's begin by taking a closer look at services for older people. And what better way than to draw on the 1991 UN Principles for Older People<sup>1</sup> which states the principles for working with elderly. The principles include independence, participation, care, self-fulfilment and dignity. They were designed to empower those working with older people and to help practitioners convey to the elderly that they are accountable for the way in which services are delivered. How does this translate into practice in the planning and delivery of services and the service experience for older people? For older people, the integration of acute and community services results in a less traumatic experience when the two separate segments are better aligned.

Certain practices have shown to be helpful in improving the productivity and outcomes in older people's health and care. Firstly, get in early to offer help to promote healthy living. Secondly, invest in alternatives to acute

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<sup>1</sup> United Nations. (1991, 16 Dec). 46/91. Implementation of the International Plan of Action on Ageing and related activities. Retrieved from <http://www.un.org/documents/ga/res/46/a46r091.htm>

hospital and community aged care. Thirdly, provide acute care by specialists with background in geriatrics and multi-disciplinary/ trans-disciplinary approaches. Fourthly, engage in coordinated community services that have clients at the centre.

## What does it mean to get in early?

In essence, this is about picking up from assessments instances where older people need help in the community and then planning what will enable them to continue to look after their own health, prevent falls, stay active and remain independent. All these in addition to being able to maintain a harmonious family relationship and connectedness in the community. The greatest challenge is often in having a single assessment instrument which can distract one from the immediate possibility of giving older people good information that they can use as part of maintaining their independence. The emphasis here is good information that is understandable from a user perspective and not from a domain expert perspective. There can be a long term goal of having an assessment framework to develop electronic shared assessments for health, social care and the community agencies. This will aid in the assessment and response to the needs of older people. However, this may take a long time which would delay older people from receiving good information.

What might be good information? It is information that is easy for the older people to understand which can lead them to receiving help early to counter threats to health, independence and well-being. Such information would cover:

- seeing, hearing and communicating;
- looking after oneself;
- getting around;
- safety and relationships;
- accommodation and finance;
- mental health and well-being; and
- staying healthy.

We could aim for self-assessment which is easy to complete and understand. So what all of us who are in contact with older people can do is to give good information, help the older people or family members use it so that they can then decide how they might adjust their daily activities accordingly. In some instances, the ideal and good practice is to have an assessment and then put together the service response based on the priorities of the older

person. In many cases, older people can have their needs met through good advice and good community support which is delivered by social agencies.

With the growing number of older people, the involvement of the community is key to ensuring that whatever is put together is sustainable. Most practitioners will advocate for focusing on reducing morbidity and extending the healthy active life in old age, and therefore, a supportive community that enables older people to remain in a familiar environment and maintain their connections.

## So what are alternatives to acute hospital care?

A relatively small proportion of older people will require acute hospital care and it is good to keep it to appropriate and episodic acute care. The challenge is enabling appropriate assessment, follow up and care in the community which requires coordination and good communication among the different parties involved in the lives of the old person. It requires a close partnership with adult social care and primary care. It is understandable that it is easier and faster to integrate acute and community services when these are being run by a single provider. In the case of Singapore, this is largely coordinated by the Agency for Integrated Care.

Nevertheless, the challenge still lies in helping families and the public to appreciate that acute care should be timely and appropriate and that it is often not the best, first port of call option for ailing and fragile older people. There is a need to emphasize short stays at acute hospitals for those who do not require the full diagnostic and treatment services of an acute hospital. Where possible, it is useful that daily ward rounds bring together key persons by “one practice” or “one team” however we compose it, rather than several individuals on a not-joined-up list of contact points.

Discharge to intermediate and long term care facilities, e.g. day rehab / day care centres / nursing homes or care at home, must be well supported. Discharge can be better facilitated if there are regular inputs from a consultant geriatrician in a multidisciplinary case conference. While there is recognition for and supported investment in home-based community services, there still remains a challenge to grow it as it relies significantly on trained manpower. It is the community teams that provide support to prevent unnecessary acute admissions especially in cases where intense, short term support is all that is needed to keep the patient at home. However, putting together this intense support requires providers to work in a more “boundary-less” way.

There is an increased emphasis on tapping on natural support systems and step-up community-based support. This is made possible by more local GPs

being involved in the follow up process with community services. This allows more complex cases to be managed closer to home. Wherever possible, it should adopt a multidisciplinary approach with access to secondary care support and advice. The role of GPs/ family medicine in such an environment will become more crucial and thus, the training of GPs must be done with this growing role in mind.

There are further instances where acute admissions can perhaps be minimised. This can happen if there is a way where adult social care services can work with immediate care by a local team that has the capacity to provide a rapid (two-hour) response to a frailty crisis with an older person. Both the older person, the care givers and the community service providers will be more confident of playing a larger role when they know that such a crisis response is available.

## Acute care by specialists familiar with geriatrics

Some have suggested that with the growing number of older people, it will be helpful to have “old age specialist teams” that are available at the medical admissions unit. This may reduce admissions and long term stay if what some call, “consultant-led old-age specialist assessment” is available at the pre-admissions stage or even at the community level. This could also mean that some early assessments would have to be made before an older person is moved into and “drift” in the system. This could result in improved productivity with less down time in terms of transfers of wards and a better patient experience. In the case of admissions, it could mean earlier discharge to community-based care.

## Community services that have clients at the centre

The design of services to meet the needs of older people can be complex. More integrated care is correctly seen as the right general approach. What is challenging though is the difficult discussions about risks for older people and the ownership of the approach towards supporting older people living in the community. For such integration and approach to work, it is essential to build relationships and trust through inter-agency work on strategy, operations, care plan and sharing of information. It is about multi-disciplinary, if not trans-disciplinary work that requires sustained leadership from all parties. What will motivate us to work to focus on good outcomes for older people is the productivity gains for our agencies and the better deployment of expertise and manpower. It is about an environment that aligns, and over time integrates, health and social care provision to assure better outcomes at lower cost.

## Principles behind integrated services

So how are the principles of independence, participation, care, self-fulfilment and dignity applicable across working with various clients who are vulnerable? They are applicable as they are aligned with the values and principles of social work practice which support involvement, self-determination, respect and dignity of the human being. There should be greater efforts to inform and work more deliberately with those who receive services. On another perspective, it is about conveying to users that providers are accountable for the way in which services are delivered. It does sound like a tall order but good practice and good public service do demand that of professionals, practitioners and even those who offer community service.

The principles behind integrated services help service providers no matter what expertise, resources, attributes and goodwill we bring to the helping relationship. They remind us that we should be mindful that there is accountability when we are involved in the lives of others and especially those who open up their lives for us to work with them. There will be challenging situations but we should stay focused on getting the outcomes.

## Application in early intervention for children and youth services

The overarching guiding principle in many services can also be summed up in a phrase, "it's all in the relationship". Clinical, collaborative, and administrative efforts can be relationship-oriented, focusing on positive parent-child, family-staff, staff-agency, and agency-agency interactions. The work with families therefore depends first and foremost on positive rapport and trust building with families through an ongoing, consistent, and supportive professional relationship which will facilitate disclosure of behavioural issues over time.

Integration often involves a strength-based approach based on a family needs assessment, and the provision of comprehensive and responsive services over time to allow for sufficient dosage levels. There is less of a traditional "deficit" approach in delivering services for young children and a shift to a more family-centred model of care. In one form of an integrated approach, there is a philosophical shift from deficits to strengths, from control to collaboration, from an expert model to a partnership model, from gate-keeping to sharing, and from dependence to empowerment.

This approach supports young children's development and well-being, supports family decision making and care giving, fosters families' independence, respects children and family choices, builds on child and family strengths, and involves families in all aspects of evaluation, planning, and delivery of services. It recognises the importance of relationships, the need to identify families-in-need early, and agrees that integrated services must involve a comprehensive and holistic system of care. Programmes, staff, and the interventions must be flexible and must accommodate the needs of the population being served. It builds on whatever integration in services that already exist and explores the concept of "value added" services.

## Cultural competence

One way in which they can be flexible is to be culturally competent as families often need access to culturally, linguistically, and age-appropriate services. Families reflect cultural diversity in their values and beliefs, and in the views and expectations they have of themselves, their children, and their providers. Understanding diversity is particularly important when considering a family's perceptions of illness, wellness and health, ageing and managing changes such as family transitions, family and social roles and losses. Staff must be knowledgeable about both mainstream perceptions and practices – and beliefs from other cultural perspectives, and ideally reflect on the multicultural diversity of the families they work with.

Another aspect of integration is the concept of integrating behavioural health services into easily accessible, non-threatening places where families naturally go. This way, these families can easily access and use community based services. These services may include those that address financial, social, educational, physical health, and behavioural health needs.

Integration of services also often suggests working in a trans-disciplinary approach in a multi-disciplinary team. There is coordination of services to (a) eliminate fragmentation and duplication in service delivery; and (b) ensure all service providers have knowledge of pertinent information from all sources. To facilitate cross-programme relationships, consultation among service providers, cross-training, and family involvement can be helpful. Partnerships or collaborative arrangements beyond simple referral arrangements are a key component of integrated services. Ultimately, the goal of integrating services is to improve services and their availability and delivery, within a coordinated, efficient system.



## Social Work and Mental Health

- The practitioner's role and unique perspective when handling cases with mental health issues
- The importance of having a common goal when working across agencies
- The need to work with the community to support clients with mental health issues

## Dear Social Service Practitioners,

As practitioners we play a key role in managing risks and complexities that occur in the lives of our clients who are often those who have profound health and social needs, and are usually the most socially excluded and at risk of harm. Crisis situations are often the galvanising point when the complexities or risk, especially in cases with mental health issues, calls for emergency services to be activated. It is in such moments of crisis that practitioners are called in to support these people. While this is often the sad reality, it is necessary to work towards greater integration of health and social care with a focus on prevention and wellbeing in order to reduce the demand for more intensive services.

## Early Intervention and Prevention

When working with individuals with severe mental health issues, we all acknowledge the need for multi-disciplinary and multi-agency work. The work often involves professionals from the health, social care, housing, employment and other settings. This, however, is resource intensive and is a drain on agencies who are already trying to cope with a diverse range of cases and unsustainable demands.

This reinforces the urgency in identifying and facilitating access to services which meet people's needs at an early stage. As with most social problems, the system should aim for the following: prevention, early intervention, building resilience, reducing and delaying dependency, and helping to stem avoidable demand on care and health services. In doing so, the risk of crises and more costly demands on acute health services are reduced.

Contrary to what is intuitive, which is to do more to protect an individual, the goal of prevention and help should be to maximise the strengths and capacities of people who would otherwise be highly dependent. As in other fields, some traditional approaches to social care and mental health have fostered dependency.

Good early intervention acknowledges the practitioner's role in working alongside the individuals as a resource and collaborator and in minimising the discrimination, alienation and stigma that people with mental health problems often face. A practical aspect of the practitioner's role is to work alongside service users, carers and communities to promote avenues to employment and self-support. Helping people to keep their accommodation and work, manage their finances, and deal with debt will continue to be key

practical challenges. Furthermore, having the relevant knowledge and skills to understand and intervene where mental health issues and low income problems co-exist are also important for effective and safe practice with individuals and families. This is especially so given what is known about the relationships between low income, domestic violence and child safeguarding risks.

## Unspoken dilemma

Working with cases with mental health issues is often fraught with dilemmas, from the gatekeeping of intensive and limited resources to the determining of roles and responsibilities among professionals, agencies, families and the community. As social service practitioners, we often work to balance the protection of human rights, the promotion of self-determination and the enabling of people to make change. The challenge then is to take action while balancing competing views and rights. As practitioners, we should strive to do so from a humanising perspective, one that hopes for improvement and always aims for the least restriction and interference in liberty that is possible in any given circumstance.

## One Common Goal in multi-agency work

When working across agencies, it is helpful to have a shared goal in order to better support the high risk cases or to address mental health issues as there is often a long tail to such partnerships. One such goal may be to build professional relationships that can empower people as individuals in their families and in the community. Another goal may be to work through conflict and support people in managing their own risks. Other goals may be to help the individual or family to access practical support and services and to prevent the escalation of risks or to reduce harm and meet basic needs. Setting a realistic goal and communicating it to partners who are supporting the individual or family is central to having clear outcomes.

## Value of social perspective

Social service practitioners bring with them a distinctive social perspective when dealing with cases with mental health issues. They can help to recognize social antecedents and determinants of mental distress that may have occurred through the course of the client's life. These include trauma, loss and abuse, and experiences in childhood and adolescence.

The need to have family focused practice is well acknowledged as we often salvage and reinstate family relationships torn by the challenges and dynamics of family life. The social perspective acknowledges the importance of the service users' own expertise about their experiences and needs. It involves working closely alongside people, as well as, using empathy and relationship-building skills to hear and see through the eyes of service users, their families and friends in their non-crisis state. It is also necessary to focus on the contribution and needs of carers in mental health, including young carers who take on roles because the adults are either absent or unable to fulfil the responsibility.

Individuals and families often open up when they experience the following qualities in those who are helping them: warmth, respect, trust, reliability, being non-judgemental, being quick to listen, being treated with equality and having good information about how they could be helped.

## Building community capacity

One of the better social inclusion strategies includes working with groups and networks of citizens to foster mutual support in order to develop greater acceptance of mental health issues. It is also important to develop knowledge of diverse communities and their networks, and to engage people from young about the subject of mental health and wellbeing.

To achieve this, social service practitioners need to use advanced relationship-based skills, and work in partnership with service users, carers and the wider community. They should tap on social networks and community dynamics to reach out to those who need support. It is good to help agencies and people to contribute to better coordination of the delivery of services and value-add to solving problems. To do this, the community at the regional level may be best able to bring agencies together to solve problems, form their own networks, provide peer support and learning, re-organise processes and service delivery, and deal with stigma and discrimination as they surface.

Almost every community has its constituents of diverse needs and challenges. Mental health issues are among the categories that tend to have an ambiguous goal, outcome and ownership. Crisis situations tend to dictate the public, agency and professional response for intervention. There is often weak follow through post crisis which implies a less than optimal investment of resources. The aim of the work on mental health issues must therefore focus on enabling a stronger commitment to supporting individuals and

families to learn from each crisis. In doing so, they will be able to bounce back with a clearer understanding of their collective strength and assurance of community support.



# Practice Issues





## Working in Emergency Situations

- The possible responses and resolutions to crisis situations, especially those involving mental illnesses or mental health concerns
- The importance of giving the affected individual assurance and safeguarding his/ her rights in the intervention process
- The need for evaluating the trauma history of the affected individual

## Dear Social Service Practitioners,

Being able to carry out crisis intervention work is one of the basic skills that social workers are trained for. But what exactly does this involve? Oftentimes, the context for delivering help or intervention matters and a social worker will be quick to learn that it is not simply about applying a set of steps from a standard operating procedure. Different contexts would require different kinds of intervention and response. For example, in the area of child protection, the intervention and support of the police are oftentimes central to the safeguarding of the interest of children. In the area of elder abuse and neglect, the key intervention would be to get them to accede to receive medical help when needed.

## Recognising abnormal behaviour

There are a variety of situations that call for an emergency response. However, most of them tend to involve mental illness or mental health concerns. While only trained mental health professionals can diagnose mental illnesses, frontline social workers are expected to recognize behaviours that are indicative of a person suffering from a mental illness or in crisis, with a special emphasis on those that suggest potential violence and/or danger.

Responding to situations involving such individuals requires a crisis team to make difficult judgments about the mental state and intent of the individual. It often requires intervention with the support of the police who may use special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability.

The goal in such contexts is to de-escalate situations safely for all individuals involved when it is reasonable, practical, and consistent with established safety priorities. De-escalation refers to a deliberate attempt to reduce the necessity or intensity of force to resolve a confrontation. The aim is to attempt to resolve such incidents in as constructive and as humane a manner as possible.

## Assessing Risk

A team responding to a crisis should first assess the risk to themselves, the person involved, and any other people involved before determining a course of action. Many persons affected by mental illness or in crisis are not

dangerous and some may only present dangerous behaviour under certain circumstances or conditions. Being calm while being alert and sensitive to the mental state of the person involved is critical. Oftentimes, the energy and vibes generated on-site can escalate the situation. In determining the risk, the team should assess the situation using as much information that can be gathered as possible, be it from previous knowledge or from the scene itself.

## Responding to Persons Affected by Mental Illness or in Crisis

When responding to persons showing abnormal behaviour or symptoms of mental illness or mental health crisis, the crisis team should consider the following actions to manage the situation for the safety of all at the scene:

- i. Evaluate the nature of the situation and the necessity for police intervention or other referrals.
- ii. If police intervention is necessary, evaluate if contact should be made by phone or in person. In some situations, it is necessary to plan ahead on how the police can intervene should there be violent behaviour that requires the police to restrain the person. The police may also be called when there is a subject who threatens to jump from a flat or set fire at a scene.

## Possible Resolutions

In determining the appropriate resolution for a person in crisis, the crisis team should consider the totality of the circumstances, including the behaviour of the person with a suspected mental illness or developmental disability and/ or the safe transportation of the affected person to a facility to receive services. The following are possible resolutions to the incident:

- i. Escorting the affected person to a mental health agency for evaluation, care and treatment.
- ii. Having a mental health professional attend to the affected person onsite and to arrange for follow-up meetings.
- iii. Assuring the individual in crisis throughout the incident that all interveners have an appropriate level of training and competence.

It is possible that a crisis is de-escalated and the person is not removed from the home. This may be the case when it is assessed that taking the person away immediately may result in undue safety risks.

## Giving the affected person assurance

While behaviours that represent an imminent danger certainly indicate the need for a certain level of emergency response, the behaviours presented may be responses to events that have been accumulating for some time. Situations involving mental health crises may follow trajectories that include intense feelings of personal distress (eg. anxiety, depression, anger, panic, hopelessness), obvious changes in functioning (eg. neglect of personal hygiene, unusual behaviour) or life events (eg. disruptions in personal relationships, support systems or living arrangements, loss of autonomy or personal rights, victimization).

Helping one to regain a sense of control over thoughts, feelings and events that seem to be spinning out of control may be a priority for an individual in a mental health crisis or a person who has been abused or neglected. Staff interventions that occur without opportunities for the individual to understand what is happening and to make choices among options may reinforce feelings that control is being further wrested away. The individual's resistance to this may be inaccurately regarded as additional evidence of his or her incapacity to understand the crisis situation.

## Training for Crisis Intervention Work

Training for crisis intervention work should include being able to enable a person to make choices, where reasonable, even when in a crisis situation. Informed decision-making in this context is not simply a matter of apprising the individual of the risks and benefits associated with various interventions. It is also about having an understanding among staff that a sub-optimal intervention that a person chooses may reinforce personal responsibility, capability and engagement which can produce an even better outcome. The choices are not just limited to the use of medication and may include the individual's preferences for other approaches that can be used when crisis assistance is required. The urgency of a situation may also limit the options available. Post-crisis recovery plans or advance directives developed by the individual with assistance from crisis experts are important to avoid a recurrence of a similar crisis.

Services provided should be congruent with the culture, gender, race, age, health, literacy and communication needs of the individual being served. Training for crisis intervention work should also include understanding of how an individual experiences a crisis, how to engage the affected person in the resolution process and how to work in a culturally sensitive way.

An individual who is in crisis is also in a state of heightened vulnerability. It is important that those responding to the crisis are well versed in the individual's rights, eg. the right to confidentiality, the right to legal counsel, the right to be free from unwarranted seclusion or restraint, the right to leave and the right for a minor to receive services without parental notification. It is good that appropriately trained advocates are available to provide the needed assistance. Whether true or not, many individuals with serious mental illnesses have come to regard mental health crisis interventions as episodes where they feel that their rights are being trampled upon or ignored and their voice unheard. Meaningfully enacting values of shared responsibility and recovery requires that the individual have a clear understanding of his or her rights and access to the services of an advocate. It is also critical that crisis responders do not give the impression that an individual's exercise of rights is a hostile or defiant act.

## Services are sensitive to trauma experienced by a person

Adults, children and older adults with serious mental or emotional problems often have histories of victimization, abuse and neglect, or significant traumatic experiences. Their past trauma may be in some ways similar to the mental health crisis. It is essential that crisis responses evaluate an individual's trauma history and the person's status with respect to recovery from those experiences.

Similarly, it is critical to understand how the individual's response within the current crisis may reflect past traumatic reactions and what interventions may pose particular risks to that individual based on that history. Because of the nature of trauma, appropriately evaluating an individual requires far more sensitivity and expertise than simply asking a series of blunt and potentially embarrassing questions about abuse using a checklist. It requires establishing a safe atmosphere for the individual to discuss these issues and to explore their possible relationship to the crisis event.

## Recurring crises signal problems in assessment or care

Certain individuals seem to experience recurrent crises that may activate emergency services or land them repeatedly in the A&E department or with the police. They may also be known as "frequent users" or "high-end users" of services. In some settings, processing these individuals through repeated

admissions within relatively short periods of time becomes so routine that full reassessments are not conducted. Instead, clinical evaluations simply refer back to assessments and interventions that were conducted in previous (unsuccessful) episodes of care or admissions. Recurrent crises should signal a need for a fresh and careful reappraisal of approaches, including engagement with the individual and his or her support network.



## Missing Conversations

- The importance of having “missing conversations” in order to improve productivity and create more purposeful work
- How such conversations look like in different settings and how to process the information gathered from these conversations

## Dear Social Service Practitioners,

You may have come across situations where much effort is involved in the process, but the outcomes may not necessarily be good. Or there could be occasions where you are given a list of questions to respond to that gives you the impression that the decision maker is trying to buy time to respond to your proposal. This may be so because the questions don't seem to be too connected to the decision that needs to be made nor do they seem to appear to help with the decision making. How then can we make work more productive and what does a more purposeful way of working look like?

## Missing conversations

There are various ways of addressing such situations. One less often discussed way is the idea of instating a "missing conversation." What does this mean? These are conversations that are crucial to facilitate productive and purposeful work as they seek to clarify and deepen understanding. They often provide direction and focus or help to establish common interest. Let's look at several of these situations where we must inject these missing conversations.

## Policy is Implementation

One example where a missing conversation is required is when there is a lack of clarity about leadership in the next phase of a project. The communication on the leadership for the next phase should be made known to avoid confusion and to establish continuity. For example, a project might be to develop a framework, a system or a protocol or process. This is usually done well as it is often clear as to who is to take the lead. The follow through in terms of application and implementation is however weaker as the leadership for this phase may not be the same as the phase for the development of the framework, system or protocol. It is sometimes wrongly assumed that the leadership for execution will be continued by the one for the first phase. However, the execution or implementation may be led by another leader.

What can help in such situations is a clear conversation about the handing over of leadership. This is often the missing conversation that needs to be injected in order to optimise the investment in the project which otherwise will under-achieve. This is in a way linked to a key principle called "policy is implementation." It is insufficient to have a good policy or framework.

Implementation that results in outcome needs equal attention. As the policy developer and designer is often not involved in the implementation, the spirit or intention of the project is often not passed on. Injecting the crucial missing conversation is therefore worth paying attention to in order to formalise the leadership. Reinstating a missing conversation can enable a better handing over and secure a good hand off. It can also ensure better follow through of details in the longer term.

## Understanding the Evaluation Approach

Another example where a missing conversation is required is when evaluators need to gather information about a proposal or project to make an assessment or recommendation. Most assessors will ask a series of questions and the process can get caught up in the exchange of questions and answers.

It is often more helpful to provide the person answering the questions with an understanding of the overall evaluation approach and how their answers will contribute to the assessment or recommendation. Without a good understanding of the evaluation approach, the answering of questions can be unproductive and even generate misunderstanding and missed opportunity for mutual understanding of the proposal. A person who is handed a list of questions can also take the initiative to seek understanding of the approach in order to offer answers that are more purposeful and thoughtful. The aim of having the missing conversation is to minimise the situation where a proposal or request is turned down due to a lack of facilitation. It is also to avoid the situation where a proposal is supported only after an appeal, which begs the question then of how help and clarification could have been more purposeful in the first place.

## Missing Conversations at the Casework Level

What about sharing of what seemed to be immaterial information at the casework level? Take the example of a beginner social service practitioner who was told by an 8-year-old child in school that her mother was crying while talking on the phone the day before and had said "I don't want to live". The person thought that the child could have misheard and did not probe deeper into the conversation and did not bring this up for discussion with her supervisor. This constitutes a "missing conversation". It became known later that the child's mother was suffering from depression and was subsequently admitted to the hospital by a relative. The missing conversation could have allowed help to be extended to the mother earlier.

## Communicating Critical Information in Joint Case Management

Injecting that missing conversation is often helpful for joint case management. Take the case of a single mother who cares for a young child with physical disability and had inpatient care for mental health issues after causing hurt and violence to her elderly mother. Her condition stabilised and she was discharged with information given to her on how and where to get further help. However, there were missing conversations and the child's social worker in school was not informed of the episodes of violence at home. The mother had a relapse and caused severe harm to her child.

## Consult and Use the Counsel of Others

There is wisdom in and from experience. Therefore, it is crucial to consult and use the counsel of others by having that missing conversation. People in the social sector are usually generous with their advice and counsel. Oftentimes, individuals with experience and expertise do not offer their views and counsel because they are simply not asked. It is also useful to tap on individuals who may not currently hold a designation that denotes the area of expertise or subject matter that you are interested in. Persons with rich experiences have much to offer when they are approached.

## Know the Facts and Manage Information

Knowing facts and getting accurate information saves time and builds credibility and confidence. Having to recheck information slows things down. As far as possible, go right to the source to get the information in order to ensure accuracy.

After which, take the time to review that information well before presenting it. Effective people are respected because they have good information at their fingertips. If they don't have it, they know where to find good information quickly. Those who are perceived as one who guesses do not give off a sense of reliability.

However, modern technology gives easy access to information and it is critical to evaluate the information. In a book, "The Information Diet," author Clay Johnson<sup>1</sup> lays out the case for conscious discerning and consumption

<sup>1</sup> Clay Johnson (2012). The Information Diet: A Case for Conscious Consumption. CA: O'Reilly Media.

of information. One example is the concept of email apnoea and website alerts. When we get emails, our tendency is to hold our breath, or take a deep breath or just take a really shallow breath. It has all kinds of different effects on our autonomic nervous system. So his advice is “Consume deliberately, take information over affirmation” or be sort of really conscious about your information consumption. For example, it is good to reflect on the websites one visits and ask: “Is this adding value to my life? Is this information that I am consuming relevant and useful? How else can I use my time instead of reading what will not add value to my deeper understanding of things?”

The second thing that he advises is to pay attention to local news and what matters to a person's family and community before the global stuff. Local news is usually more verifiable. Information consumption habits are consequential not just to a person, but to other people. We need to remember that information consumption shapes our opinion and values. So we should choose wisely what we access and the accuracy of what we consume.

## Having “Missing Conversations” Can Make Things More Productive

There are regular occasions when injecting that conversation can result in productive work, facilitate work and progress and help to move a case or project forward. Hence, we often hear the comment, “that reminds me, I need to call so and so.” Such missing conversations may appear to be immaterial but can be so consequential to better outcomes. So the next time we review a situation or evaluate a project, let's remember to inject that missing conversation to make things happen rather than regret that the missing conversation never took place.



## Shared Measurement and Values in Working Together

- Key steps to take in structuring, convening and following up on engagement sessions with community partners
- The importance of having cross-sector coordination
- The role that social service professionals can play in bringing together various partners

## Dear Social Service Practitioners,

As part of working on the ground, gatherings such as town halls, engagement sessions and partnership networks are convened in order to learn from the community and to engage community partners to help individuals and families. How productive and useful these sessions are depends on the planning and execution of such efforts. Not unlike the good management of projects, they begin with understanding the issues and problems that need to be solved or the purpose that requires the bringing together of individuals, organisations and groups. There are perhaps several steps that can guide the structuring, convening and following up of any such efforts.

### 1. What is the purpose or issue at hand

Issues and problems are part and parcel of living in communities. How challenges are framed or discussed can hint of the strengths and opportunities that issues offer in terms of creating positive change. It is helpful to start where there are common themes in complaints, feedback and even compliments. One common theme in the social sector is that of groups working in silos, fragmented or duplication of services and inefficient processes. While such a theme offers the opportunity for streamlining and collaboration, it requires a deeper understanding of the specific issues that are embedded in the theme. It is through distilling the issues that it becomes clear that there could be a variety of sub-themes with various efforts that could subtly be working at cross purposes. One example is streamlining which may offer efficiency but may also take away constituents who are served by several groups. Other examples include segmentation that can result in a shift or loss of identity for organisations. So, the sub-themes can be disparate while the overarching theme may be “building collaboration.” In the words of some, the devil in collaboration is in the details. So perhaps, the first good question to ask with any effort in wanting to bring people together is why we are bringing people together, for what purpose and why it is necessary to do so.

Spending time to distil the numerous issues will enable planning to focus on specific problems. This could result in better outcomes than when taking a collective approach. Some issues, for example, may not lend themselves to a collective approach and are better addressed by identifying and entrusting it to the expert authority. The complexity of an issue may or may not be a good criteria for collective effort. It all depends on the specific case or situation. A complex case or situation may be better dealt with by an authority that has access to the knowhow, operational experience and resources.

In some instances, a complex situation may require a community to provide inputs and insights at the right phases but may be better led by an authority in resolving it. Situations that lend themselves to active community involvement may be the ones where the community needs to collectively determine its importance and therefore the amount of resources to invest into dealing with it. Examples of such situations include littering and safety in the local community.

## 2. Agreeing on a common goal

When the issue to be addressed is one that is better resolved, solved or prevented by a community effort, it is useful to determine how the problem can be framed. It is critical to ensure a proper understanding of the issue and its importance. Awareness of an issue is only the beginning. People may know that it exists but not understand its implications. The next step is to explain the issue clearly to those it affects by letting them know how it works, where it is encountered, and what the significance of it is. If provided with good information, those who come together to work on the issue will be better able to commit towards a goal. It is useful to set aside time for the various groups to come to a common goal and to have it written out for clarity.

## 3. Developing a strategy

A strategy is a way of describing how the goal is going to be achieved. It is less specific than an action plan (which tells the who-what-when). A strategy tries to broadly answer the question, "How do we get there from here?" A good strategy will take into account existing barriers and resources (manpower, people dynamics, money, power, materials, etc). There can be different strategies such as providing information, giving support, removing barriers or duplications and pooling of resources to achieve the common goal.

Developing a strategy is one way to focus efforts and figure out how things will get going or get done. A strategy will try to take advantage of resources and emerging opportunities, respond to resistance and barriers and will allow time, energy and resources to be used more efficiently.

To organise community partners to help devise strategies, it is useful to make gatherings productive with good facilitation and closure on how to bring contributions and ideas forward. A productive gathering is dependent

on the appropriate individuals converging on a possible solution derived from their discussions, viewpoints and contributions. These individuals may include change agents and anyone who is in a position to help contribute to forming the solution. Determining who should be at the table to create positive change is an important consideration. While the temptation is to be highly inclusive, the gatherings can become too large to be productive. Thus, composing the members for the gathering is an important step. Furthermore, having members own the solution that comes out of such gatherings plays an important part in nudging improvements.

## 4. Committing to a shared measurement

One of the challenges of community groups working on improving coordination on the ground is coming to a clear shared measurement of what it is that all involved understand and will commit to. What does good coordination look like when the processes or systems are put in place? It may be difficult to agree and commit to a shared measurement but it is worth aiming for it as it will accelerate the process of achieving the goal.

Having a shared measurement means that each partner will track the progress made in the same way instead of focusing on organisational measures. The shared measure will hopefully be a more holistic one which will incorporate a common understanding that people do not make decisions solely based on data but also on values.

## 5. Mutually reinforcing activities

When there is a common goal that is supported by a clear strategy and a commitment to a shared measurement, there is a clear direction and each partner can then carry out mutually reinforcing activities. This focuses resources on activities that contribute to the outcome.

In some instances, the mutually reinforcing activities on the ground may mean re-defining roles and responsibilities, re-directing energy and influencing and re-evaluating contribution. These are not easy shifts and adjustments to make but they are necessary for collaboration and developing partnership.

## 6. Keeping open channels for communication

Strategies often lack follow up or underachieve because of unclear leadership and communication. It is therefore useful to structure channels

for communication and ensure consistent and continuous communication. There is also often change in membership in the groups so it is important that new members are clear of the common goal and brought up to date on the progress of the mutually reinforcing activities. Attention to such changes and communication will avoid the frustration of people attending gatherings year in and year out without a sense of progress as these issues are being discussed without a clear direction, a commitment to act and a way forward.

## 7. Role of coordination

With rising expectations for matters to be better coordinated, there is a premium on the role of coordination. However, coordination is an equally misunderstood role with descriptors such as clearing house for referrals to pooling of resources to tracking of action and progress. Just as it is important to agree on a common goal, it is equally necessary to agree on the role of coordination and to make it known to the various partners.

Coordination, when well-structured and consistently carried out, often contributes significantly to the success of collaboration. It is the oil that lubricates the system. Coordination is a consistent activity and highly skilled coordination synchronises the contributions of partners to achieve improvement. Coordination is the backbone infrastructure that serves as a skilled and dedicated resource to support ongoing efforts.

## How can social service professionals help

Community engagement sessions to address social issues often involve a range of expertise from a number of diverse organisations. What makes the rich resource work together and more efficient is often determined by the commitment in facilitation, coordination, and shared measurement. Social service professionals with our understanding of social issues, training in building partnerships and community work are well placed to play the role of facilitator and strategist to bring together various partners. These efforts are important in resolving the individual cases that cut across agencies.

As we build on doing well in facilitating such community engagements, we will not lose sight of the fact that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations.



## Designing Participation

- The importance of designing participation in a way that is effective, efficient and sensitive
- The need to be wise in facilitating who should be involved in the engagements
- How to accept and evaluate feedback in a meaningful and constructive manner

## Dear Social Service Practitioners,

Participation is a common word in many initiatives at the ground. But what exactly do we mean when we say we want to build collaborations, form partnerships or build a sense of ownership through participation? In some instances, participation is synonymous with engagement.

It is useful to be clear about who should participate and when they should do so; in what and for what outcomes, in order to allow meaningful contact and work to be done. It is also useful to decide the level of stakeholder involvement during different stages of a project or programme.

## Designing Deeper Levels of Participation

‘Stakeholder participation’ is a common theme today. Thinking about the participation of stakeholders in any process involves making choices. It can involve anyone with an interest (even a marginal one) in a project: from co-designers of a project to those with experience in performing an intervention. Involving all stakeholders equally intensely is almost never feasible or useful. If we can we should avoid saying ‘We will involve all stakeholders.’ We should instead be more precise about who matters more and in what ways. Sometimes a general invitation to step forward to be involved and participate in solving problems may not be appropriate if there is no plan to organise the responses. It risks having too many cooks without anyone taking ownership of following up. It can also generate uncertainty and discourage those who give their feedback and views. It is therefore more constructive to spend time to carefully analyse who can and should be invited to contribute so that there is some structure for engagement.

So what should we consider to bring about deeper levels of participation in projects? Participation at a very basic level, is about enabling people to give their views about issues and concerns. Those who participate often have an expectation that decision makers listen and take relevant action in culturally appropriate ways. Often, they expect decision makers to be transparent and close the loop with them even if what they hear goes against what they hope for. Unless decision makers are prepared to engage in this manner, it may not be productive to provide platforms for views.

## Cultural competence

What is also less openly discussed is the aspect of cultural sensitivity and competence. This is especially pertinent in a multi-ethnic, multi-cultural country with a growing range of cultures and views. Cultural competence, which underpins the use of spaces and mechanisms to enable sharing and co-existence, is a core skill for designing participation and involvement. There is training available for cultural competency and such training can help achieve designs for participation in an environment that has increasingly diverse views and perspectives.

## Appropriate type of feedback flow

Feedback is yet another word that is closely linked to participation. In designing any engagement, it is necessary that practitioners map out the different types of user feedback and how they might be useful to the project. Feedback that is two-way is often more useful as it enables discussion and clarification between users and decision makers. Planning what feedback is to be collected and how they will be used will allow the appropriate types of feedback flow to be organized. This will reduce the common frustration of users who often feel that their feedback goes into a black hole and that there is no closure of what is shared.

## Information Gathering and Analysis

A common ranking exercise is the use of sticky dots to vote. This is an exercise used in the town hall type of gatherings to assess the perception of participants on issues, solutions and/or actions. While this serves as a quick way to sense energy and participation, the follow up needs to be more rigorous in terms of validating and analysing data and information before determining the final approach. For each step in the implementation of a project, we can ask the question 'who is best involved and how'.

## Translating and Communicating

While participation is a common desire, there needs to be efforts to bring evaluation and research findings to users and providers in a more accessible way. We often hear about the need to do research and conduct evaluation. However, it is rare that we see the intentional application of existing research or what is already known. This is important and this is what knowledge translation is about. It describes an active, multi-directional flow

of information which begins right at the start of any project. It is necessary to consider how knowledge will be translated and applied to extend its use. Findings that do not translate into learning have limited use. It is good to communicate the learning to policy makers, managers, health and social care providers, health and social care users and community leaders.

Knowledge translation, when it is part of a project, consciously builds on communicating research and findings to close the gap between evidence and practice. What is required today is focused and dedicated investment of time to seek out what is already known, translate it into application in practice or in practical ways to services and programmes. We can then evaluate the outcome from such conscious efforts.

## What to evaluate

To evaluate, we should be clear about what needs to be evaluated and how it is supposed to work. The purpose of the evaluation needs to be clear. It should formulate useful evaluation questions and criteria or standards to judge the performance. It also involves determining who will be the “judge” of the performance.

A major challenge in evaluation is in understanding the causes and what contributed to the results. It is also necessary to decide what to do with contradictory information and who will help to identify possible explanations for the outcomes. It is useful to have a participatory way of synthesizing the data and information and deciding recommendations or lessons learned and how these will be communicated to partners.

To finish well, findings need to be communicated to those who need them most or can use them for further causes. They should be communicated in ways that are user and audience appropriate and this may mean supporting users to make use of the findings.

## Designing participation

The aim of participation is to allow contribution, input, sharing and involvement. As this involves the investment of time, effort and resources, there is usually an expectation about what happens after participation. Designing public participation processes requires us to analyse the context closely, to be clear about the purpose of the participation effort, and to iteratively design and redesign the process accordingly. Setting appropriate

rules and structures to guide the participation process, including engaging diversity in culture, socio-economic background and experiences, are critical to creating a meaningful experience.

Attention should also be given to managing power dynamics. This includes the effective management of power differences which can help less powerful participants trust the process and other stakeholders more. Conversely, some powerful stakeholders might become more wary of the process if they feel that their standing and power are being diminished.

Trusting relationships are necessary as means and ends of managing diversity, conflict, and power dynamics successfully. Trust is both a lubricant and a glue. It can help facilitate the work of participation and help hold the efforts together. Designing good participation processes therefore requires us to deal with how we will approach issues in terms of context, purpose, participant involvement, leadership, process management and evaluation.



## Social Empathy in Policy Design

- The role of social service practitioners in social policy analysis
- 3 areas which are essential in forming social welfare policies that are more attuned to the needs of people

## Dear Social Service Practitioners,

### The Role of Social Service Practitioners in Welfare policy analysis

Social work students are sometimes unwittingly caught in having to respond to whether they should be in direct practice or in policy work. This however does not require an either-or answer. When we train students and practitioners holistically, they will see the inter-connectedness and how each complements the work of the other. Through training, we equip students with a working knowledge of the social welfare system which will include learning about how to analyse social welfare policies.<sup>1</sup> Social welfare policy analysis does not belong solely to political scientists, economists or government officials. As social work is about the delivery of social services, practitioners bring with them a unique perspective on the purpose and rationale of social programmes and their outcomes. This perspective is critical to the design, evaluation, review and improvement of policies. This includes the knowledge of the personal experiences of people who are affected by these policies. This feedback is necessary as all too often, policy decisions are made on the basis of economic and political considerations, whereas the experiences of those directly affected by these decisions are often not given due attention at the conception of the policy.

### The Science of muddling through

Another interesting aspect of social welfare policy making that is worth early appreciation by students is the fact that the policy making process does not work like a standard operating procedure manual of systematic steps and is often not presented in neatly drawn diagrams. Policy making is usually messy, and only occasionally pristinely logical or rational. Many factors interfere with rationality such as the lack of information, diverse interest groups with varying resources, the lack of time to weigh the different possibilities and competing personal and social values. Other factors also play a part in influencing the development and implementation of policies, and the influences vary at different times in the history of each policy.

Charles Lindblom's theory of incrementalism<sup>2</sup> which states that public policy is developed through small changes to existing policies is also relevant to

- 1 Gilbert, N., Specht, H., & Terrell, P. (1993). *Dimensions of social welfare policy* (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- 2 Lindblom, Charles E. (November/ December, 1979). "Still muddling, not yet through". *Public Administration Review*, 39 (6), pp. 517-526. Retrieved from <http://publicadministrationreview.org/still-muddling-not-yet-through/>

this discussion. He suggested that there is never enough time to consider all the information; that information on all possible choices is not readily available, and that it is easier to make small changes to existing policies than to create something entirely new. His view is that great investments have been made in current programmes, and it is very hard to dislodge systems that have already been in existence for a long time. Those who have had the experience of designing and reviewing policies will attest to how the lack of details in policy design is common and how details are sometimes omitted, inserted or dislodged arising from last minute pressures or other considerations. So while we do learn to be systematic in our approach to policy designing and analysis, the process can in reality be messy.

## Values and principles

Let us now consider the factors that might contribute to making the process an iterative, complicated or complex one. Policy making requires knowledge about values that are present in various segments of society, the possible alternatives and the costs and benefits involved. Such information is hard to come by. Just take the matter of values and competing interests as an example. It is near impossible to fully assess all the values and alternatives and to weigh all the costs and benefits involved in social welfare policy making.

There have been attempts to gather all these information but in reality, they are inadequate and insufficient in depth. This is so because there is always a pressure of time and a lack of agreement about the cost-benefit analysis which demands a consensus on the value proposition.

There is always a plan for delivering a policy. In practice however, unanticipated factors will lead to repetitive delays in the timeline and an even possible rush towards the end to meet delivery.

Policy making begins with a rigorous deliberation about the values that will shape the policy design. These involve worldviews and how the various players in policy formulation see the complex aspects of social conditions and structures that give rise to their values and beliefs. Values and beliefs constantly affect the policy making process as constituents, legislators, regulators, service providers and beneficiaries often hold different and sometimes even conflicting values and beliefs. For example, if one believes in individual responsibility over social responsibility, one is less likely to demand much of state subsidised welfare programmes. The design of such programmes will then tend to hold people solely responsible for their own

fate based on the notion that those who work hard and are self-reliant will be rewarded with material success. Those who do not make it are in their condition because of personal inadequacy, lack of effort or insufficient skill. However, if the belief is that it is important to have a concerted effort on behalf of common goals to correct the divisiveness that comes from unchecked self-advancement, then it is necessary for the state to be more interventionist. The question then is the extent of that intervention and the role of the state in it. The conflict in values and beliefs these days happen more in the area of identifying socioeconomic factors, addressing inequality and disparities, creating opportunities and defining social justice. Whatever it is, we all wear different lenses that are shaped by our values and beliefs when we design, review or critique welfare policies.

The tension in policy making is often played out in the nexus of the state, community and individual, where the question arises on whom a social problem should be attributed to and with whom the responsibility in resolving the problem should lie. To allow for a better discussion on the responsibilities and roles of various stakeholders in policy making, one could examine the process of policy making in terms of 'values' and 'principles'<sup>3</sup>. Some see 'values' as something more personal and lived out by individuals and families, and 'principles' as rules and statements of aspiration. For example, a principle can be lived out through different values. For example, "meritocracy" can be a principle, while "rewarding talent" and "aiming for excellence" are values. One way to demarcate the responsibilities and roles of policy making is for the state to determine the broad principles for governing and delivering essential services to meet needs and to enable civil society to play a role in operationalizing values which may take on a variety of expressions. By demarcating the role of the state and that of civil society, the latter is given a role and the space to accommodate the increasing number of players, thereby in the process, create more comprehensive policy reviews.

## Relevance of research in policy making

What then is the role of research in policy making if in practice, policy making is a less than systematic process? We must remember that policy making must try to be built on as much information about the problem and on as many possible choices available as possible. As such, research is a crucial aspect of policy formulation. Research, indicators and statistics are important elements in policy formulation and planning, just as the scale

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<sup>3</sup> Values are standards of behaviour while principles are rules or beliefs governing one's behaviour. ([www.oxforddictionaries.com](http://www.oxforddictionaries.com))

is crucial to the drawing and reading of maps. Without the scale, the map loses its proportion. Similarly, without research, policy formulation is aimless, loses a sense of relativity and can end up as mere rhetoric. With research, policies will be better directed with increased perspectives to form solutions to tackle the social issue at hand.

It is vital for policy formulation as it provides the information needed for answering the following questions:

- a) what is the problem,
- b) what is the size of the problem,
- c) who has the problem,
- d) why the problem exists,
- e) what solutions are successful or otherwise,
- f) what makes the solutions viable.

Good questions always provide the start for good research. In computer technology, garbage in leads to garbage out. So in research, poor questions lead to research that misleads. Poor questions are a waste of time and poor research is a waste of resources. Formulating the right questions is therefore crucial to research.

## Social empathy

Lastly, there is another important aspect to good policy making and that is social empathy. Empathy as in “relational empathy” is the ability to understand the situation and experiences of another person and this is basic to social work training. Social empathy as described by Segal<sup>4</sup> (2011) calls for us to use the insights gained about people’s lives to develop public policies that are sensitive to people’s needs based on the realities of their living situations. A social empathy perspective allows policy designers to analyse social concerns or problems and develop policies that reflect the lived experiences of people.

A more recent approach that aims to increase empathy is “design thinking”<sup>5</sup>. Design thinking teaches a set of skills using tools that enable the participants to have an understanding of the perspective of the users of services by detailing their views. These insights are useful in so far as they contribute to

<sup>4</sup> Segal, E.A. (2011). Social empathy: A model built on empathy, contextual understanding and social responsibility that promotes social justice. *Journal of Social Service Research*, 37(1), pp. 266-277. DOI:10.1080/01488376.2011.564040

<sup>5</sup> <http://dschool.stanford.edu/redesigningtheater/the-design-thinking-process/>

the various aspects of the service design. While it may be difficult to impart or teach individuals social empathy which comes from deeper or day to day experiences, there is a need to factor in social empathy so that social welfare policies can be developed to be more attuned to people's needs.

## Contribution of social work to policy making

A common challenge in social policy making is how to help people who have no personal experience or insight into what it means to be discriminated or to grow up in a poor or disadvantaged environment to understand what that looks and feels like. Walking the ground or visiting agencies or communities can be helpful but is insufficient for policy making. This is where the policy making process draws upon the insights of social work practitioners and taps on their deep understanding of the experiences of those with needs. This is also where social workers apply their training in policy analysis to contribute to policy making. Good policy analysis includes at least 3 areas of impact and social workers should contribute by analysing them: 1) the intended impact, 2) the actual impact, and 3) the follow up impact on those who have been affected by the policy and its subsequent programmes. In conclusion, for social welfare policies to be more attuned to the needs of people, social policy makers have to focus on values and principles, develop good research and cultivate social empathy.



## Blended Economic and Social Approach

- The blended approach that Singapore took to nation building from her early days till now
- The importance of research in informing social strategies, services and programmes
- The importance of the development of the social sector in the social development of the nation

## Dear Social Service Practitioners,

Singapore's Report on Human Rights was discussed at the 24th Session of the Universal Periodic Review Working Group Meeting in Geneva on 27 Jan 2016. Ambassador-at-Large Professor Chan Heng Chee's opening statement<sup>1</sup> articulated the heart of the Singapore story of finding the right political, economic and social strategies for the broad uplift of all communities and groups and how a nation is forged out of this heterogeneity.

Singapore's population consists of people of so many different languages, religions and cultures that even a PEW study found Singapore to be the world's most religiously diverse nation. It is a nation that has similar elements to some other new states which have resulted in them being pulled apart by deep primordial racial and religious differences.

Our social harmony did not happen by chance, but by deliberate choices and policies. Preserving the common space was a priority. Each community did not insist on the primacy of its race, religion, language or culture, but was prepared to live together and accommodate others in the context of a multi-racial and multi-religious society.

There were times when the Government had to intervene for the common good and take steps that were unpopular with a section of the community. Because we lacked resources and space, we had to be pragmatic and innovative in order to survive. Building our economy and keeping it competitive went hand in hand with our social approach.

## The Economic & Social Approach to Development

In the first three decades of our nationhood, we focused on the basics: security, fair opportunities for good education, stable jobs and home ownership. There was a broad-based social uplift of our people in one generation. The economic approach was twinned with a social approach. We created a culture of self-reliance, and also of mutual support. We provided equal opportunities for all Singaporeans to succeed regardless of their starting points in life and encouraged those who had succeeded to give back to society. We invested in improving the quality of education, healthcare and housing. These not only enabled people to seize opportunities but also assured them that their basic needs were met.

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<sup>1</sup> United Nations. (2016, Jan 27). Singapore Review – 24th Session of Universal Periodic Review. Retrieved from <http://webtv.un.org/search/singapore-review-24th-session-of-universal-periodic-review/4725866340001?term=singapore>

At the core of keeping the dignity of people who are able bodied and able to, is work and job creation. We have an approach and strategy that seeks to create better jobs, skills and careers as the best form of welfare for workers in Singapore. We must back businesses to create jobs. Job creation is not just about jobs of today, but also about the upgrading of skills and careers. We now have SkillsFuture to support and promote lifelong learning to meet the challenges of globalisation. Work is – and always will be – one of the best routes out of poverty to a better standard of living. But work is also about looking out for those who cannot help themselves and need help to get back on their feet. We should support people who fall ill, so that they can stay in work and aren't just consigned to a life stuck on assistance. We help those with work potential and those who want to work to be trained to reach their potential. We are also among the few countries worldwide which have made childcare of quality, both accessible and affordable through subsidies. We have introduced shared parental leave so families can be there for one another at the most stressful and joyful time – the birth of a child.

It is useful for us to reflect on how we have not adopted the left or right approach but found our own way of addressing the needs of the disadvantaged in our society. There are 2 schools of thought that have traditionally defined most countries' approach. One is the leftist or statist view built around increased welfare provision and high government intervention in terms of pushing people's incomes which tend to treat symptoms and less the causes of personal social problems. This view risks trapping some people in dependency. Some would even push for a poverty line which can create a cliff effect where those outside the line gets nothing.

Another school of thought is a more free market one – the idea that a rising tide will lift all boats. While some would argue that the rising tide sometimes do not lift all boats, the free market that allows choice and opportunities, has by far generated economic growth and improved the general living standards. In most free market economy however, there are some people who get left behind, even as the market transforms economies and societies.

What we have done was to equip people to make the most of the opportunities presented to them and to close the gap, be it in education, training, skills upgrading and financial means, as much as possible. This is where the social sector plays its part in closing the gap, ensuring that it doesn't widen with globalisation and the technological revolution. The social sector can do so by helping individuals and families to access opportunities through sorting out personal and familial impediments that may be in their way.

In doing so, we should continue to hold on to our belief in self-reliance and personal responsibility while at the same time recognising that this alone is not enough. We need to continuously pay attention to ensuring life chances by twinning the giving of outright assistance with social support, be it advice or counselling, social work intervention, supplementary support or remedial and rehabilitative services.

## Research informing services in the social sector

So what has securing human rights got to do with the current step up in the development of the social sector? The main focus and mission of the social sector is about ensuring the human right to basic safety and security where everyone as much as possible has a place called home and a family that provides a source for encouragement, support and comfort.

Our emphasis on housing and jobs have placed most families in a secure position. Every child who has had a difficult start has a good chance of a brighter future. With rising living standards and improvements in terms of people's incomes, health, employment, education and child mortality rates, our challenge is sustaining the gains. The challenge can be magnified in the midst of a widening income gap due to globalisation, the technological revolution and the vision that no one gets left behind.

At the personal social service level, the challenge remains in tackling generational unemployment, addiction or poor mental health. Today, it is less about material poverty but about how to enable more to access opportunities. On the bright side, we don't have to grapple with the perennial issue of the child's life being affected significantly due to the resources and risks in the neighbourhood where he/ she was born, which is something that many other countries face.

But the social sector will have a stepped up role in addressing human rights in the dimension of inequality. This includes tackling the social causes of poverty, the reasons why people get stuck in the cycle of poverty and how they become isolated.

Examples of the kinds of persons who require social work interventions and social support include someone who is a single parent in need of financial help and suffers from chronic depression; someone who has to work, care for her children and ailing parents; someone who has to provide and access services for a person with disability or frail older person and someone who is trying to overcome previous abuse or trying to live through or get out of

a dysfunctional or violent relationship. For many of these individuals and families, their daily concerns are about their immediate familial struggles to get care organised, getting services to work in their interest and maintaining a balance in a life that is always in disequilibrium. For such persons, the help of social service professionals and volunteers can ease their load.

As the social sector steps up, it should draw on research and evaluation which help us to understand why some children from poor or dysfunctional families can climb right up to a situation of stability and sufficiency while others seemed to be stuck almost from birth in a life of struggle and stress.

So what are some of these insights that now must increasingly inform our strategies, services and programmes?

First, brain research or neuroscience<sup>2</sup> now shows clearly the importance of the first few years of life in determining the adults we become. With this, we now make a determined effort to intervene in the early years and wherever possible, intervene early to improve family life without undermining the foundation that a family provides.

Second, we know the importance of developing character and resilience even while acquiring knowledge in education. We need to draw on research that helps to design measures and efforts that build resilience and help people to bounce back after facing disappointments, failures and rejection.

Third, the research is also now clear that social connections<sup>3</sup> and experiences are vitally important in helping people get on. These connections that help the better off in society to excel and spur on are often lacking among the poor. Measures and efforts must therefore help to increase and expand the social connections for those who have less resources in order to level the playing field with opportunities for everyone. Where it is possible, the focus should be the family as it is after all almost a welfare, education and counselling system all wrapped up into one for the individual. The research is clear that children in families that break apart are more than twice as likely to experience poverty as those whose families stay together. That's why strengthening families is a priority at both the national and programme level.

Fourth, we will need to try to offer the appropriate support to those who have specific, treatable problems such as various types of addictions, poor

<sup>2</sup> Shonkoff, J. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *American Academy of Pediatrics*, 129(1), 232 - 248. doi:10.1542/peds.2011-2663

<sup>3</sup> Putnam, R. D. (2015). *Our Kids: The American Dream in Crisis*. NY: Simon & Schuster.

mental health and non-communicable diseases. We will promote a culture where seeking help is strength, and where facing up to problems, seeking treatment and aiming for recovery is a personal responsibility.

## Development in the social service sector

In order to do and achieve more, the social service sector needs to grow both in the number of professionals and volunteers and in competency in skills and the delivery system. Much of this depends on attracting and recruiting good people, training and inducting them, deploying them to a best-fit area of service, and ensuring good supervision and career progression.

Various measures are beginning to see results as we see an increase in those studying social work or related degrees/ diplomas in recent years, a greater recognition of professionals and volunteers in the sector, and a better understanding among every one of the collaborative role of professionals, volunteers and communities.

A current major preoccupation is with how to reach a level of sustainable manpower in the sector that will match the growing needs as the shifting social demographics starts to add care giving and nurturing demands on individuals, families and local communities? There are a range of workable solutions that need to be pursued in tandem. These include support for undergraduate and mid-career students, professionals, volunteers and local communities.

In the area of volunteering, we can boost skills-based volunteering, leveraging the expertise of skills-based volunteers in serving the community. As Tim Oei<sup>4</sup> suggested, NPOs would need to develop more robust programmes to train and equip volunteers, and engage them in meaningful roles in serving the community. There is also a need to build teams of professionals from diverse disciplines to develop a coordinated care plan for people in need. At times, a multi-agency approach involving government agencies and NPOs is required to ensure seamless delivery of holistic care in the community. So as we plan and galvanise professionals and volunteers, we recognise the rich range of people with training, experience and skills which include the following: educators in early childhood and special needs, allied health professionals (such as physiotherapists, occupational therapists, speech therapists), psychologists, counsellors and those in administrative

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<sup>4</sup> Oei, T. (2016, Feb 5). Tackling Social Service Sector's Manpower Needs. The Straits Times. Retrieved from <http://www.straitstimes.com/forum/letters-in-print/tackling-social-service-sectors-manpower-needs>

roles such as programme managing, human resources, finance and general administration.

Local communities, where people spend much of their time, play a significant role in enabling both contributors, care givers and care receivers to be more efficient and effective in how they go about their work. How our neighbourhoods are designed and organised and how physical design facilitates the fostering of relationships that can potentially become mutual support and help are equally important.

The social sector is ready to step up to the challenges and opportunities. It will continue to play a crucial role in blending the economic and social approach in the next phase of our social development. Not unlike other developed economies faced with globalisation and the technological revolution, we need to find our own balance in addressing the needs of individuals, families and communities with the help of new enablers such as mobile communications technology and a more generous drive in people to want to do more and give back to society.



## Behavioural Economics and Social Work

- Introduction to basic concepts from behavioural economics
- How behavioural insights are increasingly being used to try to solve social problems
- Practical examples of how insights from behavioural economics can be applied to designing social interventions and programmes

## Dear Social Service Practitioners,

It is clear that people's emotions and thoughts can affect how they make decisions about how to allocate their resources. Behavioural economics is the study of how psychology broadens the scope of traditional economic theory.

Psychologists have put forward the idea that the brain has two operating systems, namely the reflective and automatic system. The reflective system is the mind that offers a more systematic and deliberate analysis while the automatic system is the rapid, instinctive mind that does not usually involve "thinking" (Sunstein & Thaler, 2008). We use the reflective system when we perform activities such as learning a new language or planning an unfamiliar journey while we use the automatic system when we perform activities such as speaking in our mother tongue or taking our daily commute.

The former is assumed in the traditional economic theory where human beings are considered rational decision makers who make use of all available information and make the best decisions in order to get the greatest benefit. However, with insights from the field of psychology into the automatic operating system of the brain, economists are challenged to reconsider their traditional assumptions and thereby, the way policies are designed and implemented.

## Cognitive Biases

The Institute for Government and the Cabinet Office (UK) (Dolan, Hallsworth, Halpern, King, & Vlaev, 2009) spells out 9 influences on human behaviour that operate largely on the automatic system, namely:

- a) Messenger: We are heavily influenced by who communicates information to us.
- b) Incentives: Our responses to incentives are shaped by predictable mental shortcuts.
- c) Norms: We are strongly influenced by what others do.
- d) Defaults: We "go with the flow" of pre-set options.
- e) Salience: Our attention is drawn to what is novel and seems relevant to us.
- f) Priming: Our acts are often influenced by sub-conscious cues.
- g) Affect: Our emotional associations can powerfully shape our actions.
- h) Commitments: We seek to be consistent with our public promises, and reciprocate acts.
- i) Ego: We act in ways that make us feel better about ourselves.

Understanding these cognitive biases can help us to better frame policies and the designs of our interventions to achieve better outcomes more efficiently.

## Behavioural Economics and Social Work

So what has behavioural economics got to do with social work? Increasingly, behavioural insights from the study of behavioural economics is used to try to solve social problems especially in the way social policies are being designed or framed. What I have found out is that much of the thinking in behavioural economics reflects the principles of social work ranging from relationship building, contracting about changes in behaviour, ownership of issues, calibrating the balance of responsibility, strengths based interventions to using interpersonal reciprocity to bring about change.

Behavioural economics has shown that it is not helpful for people to be defined by what they cannot do as opposed to what they can. This is rather similar to the strengths based approach in many social work interventions when we look for strengths in individuals, families and communities as we work with them to increase their wellbeing. Social work also fosters mutual support and enables these groups to be change agents. There are many examples of support groups where people with similar chronic health conditions come together and achieve behavioural outcomes that no professional is able to achieve.

## Intervention design from joined up perspectives

With their similarity, there are areas such as addressing anti-social behaviour where both behavioural economics and social work's joined up perspectives can design strong interventions. For example, sending a family member to prison could make matters much worse so more countries now use community based sentencing and interventions to achieve the same, if not better outcomes for some misconduct. Alternatives to the hard lined approach however must be accompanied by services and support. For example, to make smoking or gambling-cessation and abuse prevention or protection interventions more effective, we need to involve family, friends, and even friends of friends. To reduce poverty, we should focus not merely on monetary transfers and job training, we should also help the poor form new relationships with other members of society.

As we face an increasingly complex, inter-connected world with greater uncertainties, the problems of inequality, exclusion and integration will

be harder to address. Drawing upon lessons from various disciplines, we need to focus beyond economic growth and continue to advocate for more inclusive social policies.

## 1. Designing job search (Office of Planning, Research and Evaluation, 2014)

So what can social work draw from behavioural economics to help job applicants in job search? Programme administrators and clients have shared that there are three psychological barriers that are worth paying attention to.

Firstly, clients share that schemes, which are meant to help them, often come across as uncaring and even punitive. Behavioural insights have shown us that our emotional associations can powerfully shape our actions. Messages that come off as uncaring puts the start of the job search on a poor footing as the clients enter the search with negative beliefs and feelings about the agencies and these shape their interactions with them. As a whole, telling clients that they must meet the rules or they will face termination from a scheme is different from telling them that it is important to meet the requirements so that they can work towards their goal of finding full time employment. The former message is more likely to engender negative feelings among clients about their job search.

Secondly, clients share that they could end up seeing job search as a passive activity and not expect a successful outcome. The process of job search is in fact an active, purposeful process that involves developing application materials, seeking out job opportunities, and submitting applications. Clients must understand this throughout the process. The idea of saliency in behavioural economics tells us that our attention is often drawn to what is novel to us and thereby influencing our behaviour. If clients see job search as an extension of previous experiences that did not work for them, they may expect to fail again.

Thirdly, clients share that they are often overwhelmed and do not have the mental energy to fully take in all the information presented during an orientation. All human beings have a limited capacity to process, understand and recall information, especially if it is conveyed in complex ways. Even if clients understand the information as presented, they may not remember it all or they may not recall it when they need it.

## Implications for Designing Intervention

So what can we do to help make the job search experience a more positive one for clients? One way to do this is to promote a successful identity in the client. Every person carries around a number of overlapping and conflicting identities or roles, such as worker, parent, daughter, hobbyist, and so on. The way people feel and act depends on which identity is active, and any given situation has a strong influence on which identity emerges. Programme staff can encourage desired behavioural outcomes by drawing on the positive identity in a client - for example, by emphasizing an individual's strengths or successes. This helps to prevent the undesirable emotions and mind sets that arise with associations to weak identities which can negatively influence the process of job search.

Research shows that asking clients to think and talk about a time when they succeeded can activate an identity that inspires and motivates them to take action towards their goals. It is useful to do this just before an important action is supposed to occur - for example, before the client fills out a job application or goes for an interview. Likewise, it is good to design written materials and forms to make them more positive and avoid activating client identities that are related to dependency or inadequacy.

Another point where the job search experience can be improved is to help clients to navigate with some ease a roadmap to upcoming events, specify the next steps in clear and achievable goals and use reminders. The more the message or signal is specific and salient to us as individuals, the more powerful it is likely to be. This helps to direct the clients' attention to information and action steps that are most important and are relatively easy to incorporate into their day to day life. These may appear to be small steps but they make a lot of difference in the motivation of clients.

## 2. Designing hotlines (Office of Planning, Research and Evaluation, 2014)

Another area that can benefit from behavioural economics for re-design of systems is the operation of hotlines. Many callers hang up while on hold, and once lost, they may never call back and receive the assistance they seek. This happens when the caller's experience of waiting heightens anxiety and uncertainty about how long he or she has to wait to get through to someone.

The anxiety is more intense when someone calls a hotline for social problems as it is likely to be stressful and emotionally painful because of the reason for the call. Waiting on the line in silence may trigger fearful thoughts and stress while waiting. This is certainly true of hotlines for protection and the SOS hotline.

When there is no explanation about why they are waiting, the waiting can seem longer than when waiting with an explanation for the delay. The unexplained nature of the wait increases the stress of waiting, making callers more likely to hang up. The emotional associations with anxiety may influence judgments and cause them to behave in a way that is contrary to self-interest. In addition, when thinking about other experiences, callers are more likely to remember calls when they waited on hold for a long time rather than calls when the hold time was short and reasonable. This is because highly emotional memories are generally more salient than unemotional memories.

### Implications for Designing Intervention

So what can we do to prevent negative emotional associations when calling the hotline? Some have tried the following. To be more responsive, a hotline will now provide an outgoing message that lets the caller know how many minutes when someone will answer that call and also when the caller can be connected with a person who can help the caller with the specific need or connect the caller to resources. To avoid a caller hanging up, it is advisable that the outgoing message be made early in the call. While callers may understand that they are waiting because other callers are ahead of them, it helps to make this more explicit.

The experience of waiting becomes tolerable, and the stress of waiting is decreased when waiting times are explained in a way that is seen as fair and justifiable. In addition, the explanation of the wait time provides an opportunity to reinforce that callers are not alone. After all, the existence of a queue means that other people are facing similar problems which means that it is worthwhile to stay on the line. The experiences of callers of hotlines are not unique to hotlines and these similar improvements should also be considered if we want clients to call for help more readily when they have difficulties.

## Challenge for re-design

Now that behavioral science has shown another explanation of what drives human behavior besides the common assumptions, re-designing is possible by paying attention to situations that trigger certain behaviours. Research in social psychology has now shown that practitioners, their actions and words can influence a given situation or the overall environment in small but influential ways. This can have meaningful effects on the behaviour of clients and participants of programmes. In other words, small changes can generate large results. So, re-designing parts in the process of helping especially at the points that can influence and motivate clients, will go some way to draw out more helpful behaviours in clients.

### References

Dolan, P., Hallsworth, M., Halpern, D., King, D., & Vlaev, I. (2009). Institute for Government. Retrieved from Institute for Government: <http://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf>

Kahneman, D. (2011). *Thinking, Fast and Slow*. Farrar, Straus and Giroux.

Office of Planning, Research and Evaluation. (2014, April). Administration for Children & Families. Retrieved from Administration for Children & Families: [http://www.acf.hhs.gov/sites/default/files/opre/bias\\_final\\_full\\_report\\_rev4\\_15\\_14.pdf](http://www.acf.hhs.gov/sites/default/files/opre/bias_final_full_report_rev4_15_14.pdf)

Sunstein, C. R., & Thaler, R. H. (2008). *Nudge*. Yale University Press.



## Return on Investment

- Introduction to the concept of social return on investment
- The difficulties in quantifying the value of social programmes
- Principles when measuring the social value of programmes

## Dear Social Service Practitioners,

### Social Return on Investment

Put simply, social return on investment is an approach to understanding and managing the value of the social, economic and environmental outcomes created by a social programme. It should not be used in relation to a short term activity or a cluster of activities that are not strung together by a logic model.

Social return as a concept is based on a set of principles within a framework. It seeks to include the values of people and attempts to factor them into resource allocation decisions. It acts as “a voice of the people who are not included in the typical business oriented framework”. In some social work settings, it is the voice of the clients.

### Social Return and Impact

Social return is often discussed in relation to impact, so let's see what we mean by impact.

Impact is often used in the following ways:

- Impact is sometimes used to describe all the results achieved by a social programme, that is: its outputs (the products and services it delivers) and any of the resulting changes or effects.
- For others, 'impact' is used to refer to any changes or effects resulting from a social programme's activities, and 'outcomes' are seen as part of the impact. The terms may be used interchangeably.
- Others make a distinction between outcomes as the more direct benefits or effects of a project or programme, and impact as the wider and often more long-term consequences for the social, economic and physical environment.

### Measurement of social value

Social return in the context of social programmes is at best a story and less a number. The story is an attempt to show and prove how we create a value. As with any value, it is difficult to quantify and even more difficult to measure.

Let us consider the example of the value of a mother's relationship with her child. We have to first determine what an observable behaviour is and then determine how we can measure any movement along a continuum, giving it a quantifiable measurement usually using a scale. The challenge with these kinds of measurements is in reaching an agreement on the scale and its standardisation. Most social programmes tend to design their own scales and justification.

It is easier to measure things for financial reporting than for social value. We see attempts to translate volunteer hours into money using certain assumptions of dollar value per hour. But these do not accurately explain the real value of the volunteer efforts in terms of the social value that they create such as the emotional connections between people and reduced isolation.

## Principles in measuring social value

So what then is a set of principles that would help us in measuring the social impact of our efforts? These are some principles:

1. Involve stakeholders by talking to them about how they create change and determine what should be included in the scope for accounting. When measuring the value of the programme, do take note of what contributes to the observable behavioural improvements that we want to see from the programme and not just a general sense of the enjoyment of an activity.
2. Review evidence from academia and practice especially in relation to the theories of change and measurements of change. Learn how others explain the type of change in human behaviour and how they collect and analyse the data to explain the change and the limitations of such approaches.
3. Value the things that matter by using financial proxies as indicators. This will help to put a value to them by using the same terms as those used in financial markets. Common measures used include terms such as "cost to productivity" due to the downtime from sick leave, A&E attendance and settlement of domestic issues. Other measures on the positive side of the spectrum include gains in self-esteem when transiting from being a client to being a volunteer.

4. Only include what is material. For example, consider how activities create change and evaluate these through the evidence gathered. The challenge does not lie in overstating activities but rather, being strict about what actually contributes to the improvement.
5. Do not overstate any change or impact!
6. Demonstrate the basis on which the findings may be considered accurate and honest.

## Some Reflection Points

As we start to think about how to measure the social value of our programmes, we could start to consider for which cluster of programmes the evaluation of social return on investment would be worthwhile. We should also start to think about the “story” of our social programmes and what difference it would make for the recipients of our investments.



## Social Work, Social Policy, Social Change

- How the social work perspective and training helps in shaping social policy and social change
- Learning points that practitioners have gathered over the years in shaping policy

## Dear Social Service Practitioners,

A common question that arises among practitioners in the social service sector is the relationship between social work, social policy and social change. Many in the sector are in it because they want to see change, and by that, they mean improving lives. However, to create real change, social service practitioners, social workers, social researchers, and others advocating for marginalized individuals and groups must understand the relationship between policy and practice.

In the case of social work, policy practice is often defined as using the skills learnt in social work to propose and change policies in order to better achieve the goal of social and economic justice.

## Contribution of social work in social policy and social change

What we learn from practice can play a significant role in influencing policy. What we learn in terms of the definition or framing of problems and in terms of evidence and research, should influence the development of policy. Policies that are informed by practice can better solve problems, meet needs, and improve the well-being of people and communities. At the same time, the role of policy is to create environments where practitioners can conduct their practice. This is best done in an enabling environment that respects their competencies, capabilities and choices. This will enable practitioners to have the flexibility and freedom, within the context of the set social goals and objectives, to do their work well. Practitioners at the ground, at the organisational and at the policy levels can all contribute to policy development. This is because, as practitioners from various fields, they bring experiences and strategies to promote social change interventions.

## Micro practice can inform policy

Many social workers and social service staff begin their careers with a passion to help individuals and families. Social workers, in particular, have learnt how to engage clients in the helping process through doing comprehensive assessments, developing intervention plans, and monitoring their implementation. Even though part of the intervention may involve linking families and individuals with community resources to meet identified needs, many social workers focus on micro practice - helping specific people in need. When social workers monitor family progress, they are often able

to see specific improvements in the family's situation as a result of their planned interventions. However, there are times when progress is not so easily achieved.

Using the systems theory to analyse family circumstances, social workers can determine the factors that create barriers to change. Sometimes, these barriers are internal, such as having low motivation or limited ability to carry out basic functional tasks. At other times, these barriers are external such as barriers in the community, societal perceptions, or the lack of measures to protect the interests of individuals.

When social workers encounter difficulties in linking people to community resources, or in making sure that the services are adequate to address the need, they are confronted with the need for policy practice, and for making changes in the community and social systems. In such circumstances, services may need to be expanded or created. Every now and then, emerging trends, demographic changes, and changes in family structures can also create challenges for carers. As such, better social protection measures may need to be considered.

Sometimes, macro-practice changes will require great effort and time before changes can take hold. This is because the targets of change may include several environmental components – such as new laws, changes in agency policies, or additional resources. In general, a long-term solution usually takes time, and may not offer much hope for immediate relief. At times, a law may be introduced as in the case of the Vulnerable Persons Bill to prepare for emerging and future conditions.

## Lessons in Policy Making

What then are some of the lessons that practitioners have garnered over the decades in shaping policy deliberations and outcomes?

**Lesson 1: Being clear about purpose.** It is always useful to be clear about why we do what we do, and to do things right. We have to be able to have the vision that is anchored in what children, young people, families, older persons, and those with disabilities need in order for us to move the agenda and to improve lives.

**Lesson 2: Being results focused.** Being results focused involves having strong analytical, problem solving, communication and social skills. These have to be coupled with empathy. Leaders who are skilful in bringing about

change are able to diagnose and address interpersonal problems, both at the workplace and when working across structures and systems. A good leader would seek to strengthen both of these. Being results focused and socially skilled requires a constant balancing effort. Enabling professionals to devote time on clinical practice and service will translate to better service to clients.

**Lesson 3: Translating evidence into policy.** It is useful to draw findings from research, and apply it to shape the content and curriculum of programmes, services, and models in order to bring about positive changes. By being deliberate in shifting towards recognising outcomes that are linked to research findings, we can shape interventions which in turn shape the behaviour and wellbeing of clients. This requires consistency in implementation and a refreshed evaluation of programmes and services that draw on what works in practice within resource constraints.

**Lesson 4: Continuously monitor for innovations.** We need to know what goes on in communities – what is current, what is new, and how those things are being documented and evaluated. That is part of our practitioners' expertise. The challenge posed to social service sector leaders is usually that of innovation and scaling, and the time appropriateness of doing so when the evidence of impact is clear. This is to ensure that what is to be scaled has evidential impact on end clients and is not used for promotional reasons.

**Lesson 5: Participation of users and clients in the policy making process.** Current policy making is largely driven by legislators, experts and professionals, including a few practitioners acting as intermediaries. We need to have constant consultations with users and clients and to help them articulate their experiences as clearly as possible. This will help policy makers to have a better understanding of their experiences and how the policies may affect them. When we are trying to relay the importance of an issue to people who have no experience with it, we have to find authentic ways to make that happen. We should be working to ensure that our families are heard, and that they are participating in a timely manner in the collection of data around their experiences. This helps to ensure that there is an authentic client voice in the process of policy making and evaluation. In addition, designing participation does require thoughtful planning and implementing. (For more insights into this topic, please see earlier letter on "Designing Participation" found here: <http://tinyurl.com/designingparticipation>)

**Lesson 6: Systems perspective in understanding issues.** In working with individuals, social workers use the systems perspective to understand how

all the various elements in the environment interact with one another to facilitate or hinder the individual's ability to develop to his or her potential. The ability to conceptualize societal issues and challenges from a systems perspective helps to provide insights into everyone's stake in creating solutions. The systems perspective helps social workers and policy makers understand social problems not as isolated issues, but within a constantly interactive environment of problems, solutions, and other factors.

## Social work concepts, values, beliefs

So what is it about social work education and training that make social workers ready for policy practice and to contribute decisively to policy work? Social workers apply generalist social work perspectives (concepts, values and beliefs) and skills to influence changes in law, rules, resource allocation through working with policy, and resource owners. Social work practice is guided by the values that the profession holds such as service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.

## Social Work Skills

Social workers also apply the skills of engagement, assessment, problem solving and negotiation, communication, goal setting, planning, implementing, networking and collaboration, and monitoring progress beyond individuals when influencing change in the larger social systems. This includes laws and social conditions that will affect the lives of larger numbers of families and individuals.

- a) Assessment skills enable social workers to understand problems, develop, analyse and propose workable solutions while taking into account the circumstances and environment of the people involved. As social workers are in direct work with clients and those affected by policies, they are able to provide insights that can shape policies and outcomes.
- b) Engagement skills enable social workers to develop trusting relationships with a wide variety of clients from many different backgrounds and experiences. These same skills when applied to policy practice, foster the development and nurturing of relationships with stakeholders in policy settings. Building relationships across these different stakeholders requires the ability to be open, honest, and respectful to all, while making one's social work perspective clear. As a participant in the process,

social workers must earn the trust of others so that they are seen as presenting facts and information to others in an honest, straightforward manner; acknowledging a variety of perspectives, and pointing out the advantages and disadvantages of each of the options available. Influence in the policy process is gained through the relationships that are developed.

- c) **Communication skills** enable social workers to establish and maintain relationships with individuals and families. Social workers learn to “start where the client is” with active listening in order to understand the world from the individual's perspective. Likewise in policy practice, communication skills such as being able to articulate convincingly and objectively and making a case eloquently, are important when proposing an amendment to a rule, a law or a policy. Social workers can also use writing skills to prepare reports on issues, talking points for networks, and policy briefs to distribute to policy makers.
- d) **Problem solving and negotiating skills** are essential in direct practice with individuals and families when working to generate alternative options for new directions and new actions. Social workers in family work are often facilitating each party to develop solutions that will result in a win-win situation for everyone. Similarly, in policy work, there will always be trade-offs from any choice of a solution. Active negotiation, deliberation, and creating an openness to discuss the trade-offs can enable conviction and commitment to policy implementation later on. Often, the long term goal may have to wait, and a more palatable or fiscally practical solution and interim measure may be implemented. What is important is that policy makers, practitioners and stakeholders find ways to negotiate and find common ground to pursue the long term goal.

## Social change

Many in the social sector want to see lives improve. Others outside the social sector including housing, health, education and environment also play significant roles in improving lives. But what is the space that social work and social policy interact most to create social change? It may lie in the never-a-sweet spot where social workers, social service practitioners and clients share their challenges, advocate for policy change and service deliveries that keep pace with the complexities that often work against the efforts of individuals, families and communities that seek improvements. It takes time, discipline and commitment to influence change. The earlier we appreciate this and persevere on our goals in the common ground, the more purposeful we might be.



## Monitoring, Benchmarking and Impact

- The meaning of monitoring, benchmarking and impact
- How to go about the process of monitoring and benchmarking
- Factors to take note of when measuring impact

## Dear Social Service Practitioners,

Very often, we hear responses such as “we will monitor, ” “why not monitor it for a while?” and “what have we done with the monitoring?” but what does monitoring mean and entail in practice?

Monitoring is often about collecting information that will help to answer questions about a programme, service or the use of resources. The output of monitoring should enable decision making, and these decisions are best set up upfront to determine what and how we will monitor.

If this is the case, the information can be collected in a planned, organised and routine way. The information can then help the provider or owner to report on progress and help in evaluation.

All programmes and services have records and notes. There should be a structure to discuss what staff are doing and facilitate supervision. This simple checking becomes monitoring when information is collected routinely and systematically against a plan. The information might be about activities or services, users, or about outside factors affecting the programme or project.

## A good monitoring system

Information for monitoring is collected at specific times: daily, monthly or quarterly.

Here are some basic points for a good monitoring system:

- collect data at the most natural point of everyday activities, and get commitment from those collecting the information by explaining why they are doing it and by building a simple, user-friendly system
- make sure that everyone responsible for monitoring has clear and consistent guidelines
- make sure that monitoring records are completed fully and accurately – people may not regard it as a high-priority activity
- provide feedback on the results of monitoring to those collecting information, and explain how it is being used to make the programme or service more effective
- check that the programme or project is not collecting the same piece of information more than once.

It is important to ensure that the data being collected is useful and being monitored against a plan because much effort is spent on data collection. It is also essential for staff to know what data currently exists, and how the data they collect, when analysed, links back to decision making.

## Benchmarking

Benchmarking is commonly associated with monitoring, and it is common to have people ask what and who to benchmark against. As with most exercises, there can be different approaches to benchmarking. In its simplest form, it can consist of two people meeting at an event and discussing the way their programmes or services are marketed, or how they recruit staff, and then using this knowledge to improve their processes. However, some will not consider this as benchmarking as it is more a case of compare and contrast. In the social sector, much of the semblance of benchmarking takes the form of sharing and learning. This approach can be a quick and easy method to learn good practices and to share solutions to common problems.

As a more structured process, benchmarking would usually take the following four stages:

Stage 1: What areas to compare

Agree on the areas which would benefit most from a comparison with others, and agree on which agencies to benchmark with

Stage 2: What information to gather

Gathering appropriate information about current performance or practices

Stage 3: What similarities and differences

Share this information with each other and reflect on any similarities and differences which are highlighted

Stage 4: What to improve in the agency

Decide what changes are needed in the agency

So when is benchmarking appropriate?

- a) When the agency spots a weakness or problem with the way an area in the agency is functioning (perhaps something which has been highlighted through a SWOT (strengths, weaknesses, opportunities, threats) analysis or review of services). Benchmarking can be useful if the agency is not sure how to go about improving this area and is looking for some fresh ideas.

- b) When the agency is considering trying out something new, and wants to find out if others have tried something similar; the agency can then know of the potential pitfalls and how to avoid them.
- c) When the agency is aware of a process or procedure which takes up a lot of staff time or resources, and wonder if other agencies have found a better way of doing things.

It is useful therefore to identify an area where improvement is needed, and consider if it is to benchmark a process, a service delivery system or a cost. The aim of benchmarking may be to help in learning and adapting, to increase productivity by saving on resources or to give clients a better experience.

## What do we mean by impact?

Another related concept in discussing monitoring and benchmarking is impact. And we hear a variety of meanings about what impact is. Most will say that impact is about outcomes, and outcomes refer to the more direct benefits or effects of a programme, or service brought about by an intervention or the introduction of a service or programme. However, we need to realize that outcomes can sometimes happen with or without the intervention. Impact is the change in outcome that the intervention causes over and above what people would have accomplished on their own. It is the wider and more long-term consequences of actions on the social, economic and physical environment. It is usually about the development in the long term.

For many, outcomes are changes in behaviours, skills, knowledge, attitudes, conditions or statuses. They are related to the core business of the programme, and are realistic and attainable within the programme's sphere of influence. Most would ask that outcomes be developed as Specific, Measurable, Achievable, Relevant and Time bound (SMART). Therefore, what is important is for a programme or service to agree with the funders and commissioner of the service on the level of change or prevention of deterioration expected and then determine the information that is useful and feasible to collect. It is therefore useful to be realistic about achievements and to be able to realistically measure the level of attainment by the intervention.

The practical thing is to identify a realistic level of change that could be reasonably associated with the activities of the programme. For example,

the development of effective plans or the delivery of the service. Measures such as 'improved emotional well-being' or 'improved quality of life' are hard to measure and require good longitudinal studies.

It is more realistic to collect data about the intermediate outcomes achieved. These could be data such as one's readiness for work, how skills and confidence have improved or the level of increase in exercise.

How does one then improve on the analysis? If you are dealing with enough numbers, segment the data according to user profile, frequency/ length of use of the service, access to other services/ training and other important factors as this information may suggest significant differences. The information may also throw light on any bias in the sample. For example, older people may not have responded in the sample. This then needs to be further examined. This cross analysis may then help in understanding what some of the key factors in achieving improvements are.

It is therefore useful to consider what aspect of the service or intervention was most or least useful or important, what other factors were important in achieving change and what factors acted as barriers to achieving change.

At the heart of this is recognising that it may not be possible to establish cause and effect, or to attribute the change entirely to the programme. What you may be doing is establishing how you contribute to a web of interventions which together enable more long-term and sustainable change.

When referring to benchmarking, outcome and impact, it is still more constructive to describe the meaning and parameters for purposeful discussion as various parties may bring with them different meanings. Good programmes and exchange of views often take place when ideas and concepts are kept simple, contributory and causal factors are clear and achievement or credit are kept circumspect especially when we are delivering human services.



# Special Editions





## The Soul of Nation Building – Contributions from Social Work

The Soul of Nation Building – Contributions from Social Work, Ang Bee Lian, Edited by David Chan, Copyright @ 2015 and World Scientific Publishing/Imperial College Press

## The Soul of Nation Building in Singapore: Contributions from Social Work

This chapter examines how the field of social work has contributed and can contribute to nation building in Singapore. The chapter focuses on the “soulful” part of nation building, which is a necessary aspect of nation building and complements other critical aspects such as those related to military and economic efforts.

### The Soul of Nation Building

A nation is built through a complex confluence of conditions and cultures under a distinctive set of pressures. One view is that nation building in Singapore, quite like others in this region, started with a decolonisation experience. Post-colonial leaders had the arduous task of engineering a sense of nationalism among our population. Singapore’s approach towards nation building could be said to have begun in the wake of the Republic’s separation from Malaysia. Singapore’s leaders then were faced with the task of shedding Singapore’s pre-independence identity and replacing it with a viable “progressive” identity, with social welfare as part of the foundation for a new nation.

For progress to take place, the social well-being of people has to be taken care of and social welfare institutions are often used to respond to the needs of society and its members for health, education, and economic and social well-being. Some view social welfare as a “first-line support to enable individuals to cope successfully with a changing economic and social environment and to assure the stability and development of social institutions” (Romanyshyn & Romanyshyn, 1971, p.34). Many societies use the institution of social welfare to provide all citizens with opportunities to participate fully in society and to achieve their maximum potential. In this regard, social welfare includes those provisions and processes directly concerned with the improvement of the quality of life, the development of human resources and the treatment and prevention of social problems. It involves social services to individuals and families as well as efforts to strengthen or modify social institutions and social welfare functions to maintain the social system and to adapt it to changing social realities.

Social welfare provisions therefore encompass diverse public and private social services. For example, the social welfare system may provide family and child welfare services, medical and health provisions, legal services, criminal justice activities and income supports. Social welfare may provide

these services as social utilities that are available to all people and groups as the rights of citizens. In addition, social welfare services may meet specialized needs or address the unique problems of particular groups of people.

Ideally, social welfare responds by providing adequate income, housing, education, health care and personal safety. The beneficiaries of social welfare are not restricted to any one group of people. Social welfare provides benefits for the whole population. Some examples include education services and Singapore's distinctive Central Provident Fund (CPF) system and education targeted at everyone. This frame of reference suggests that users of public utility services, including social welfare, are citizens with rights rather than people who are deprived, deviant, helpless and stigmatized.

Social work has have been summarily described as key to social welfare by being agents for helping the distressed, disadvantaged, disabled, deviant or dependent and it influences changes in systems to promote safety and help individuals realise their potential. Social work therefore has significant contributions to the soul of nation building through intervening in policies, programmes and services that promote the welfare and well-being of people.

Singapore's strategy towards nation building was centred largely on the establishment of a legitimate authority and the creation of a national identity. This embodied the need for effective and efficient government, and the creation of new "national" values. Specifically, nation building embodied material and utilitarian concerns of administration and resource control, and the development of a collective identity (and values) that would enable individuals to associate with the state. Singapore's first priority focus was on the ability to protect and develop one's resources and then grow economically to progress as a nation. While these aspects of nation building are important, they alone do not create the soul of a nation. Military and economic capability to defend one's country and a closely knit society are instrumental in making a nation viable but not sufficient.

Social work's contribution to nation building may be understood in terms of how it has contributed and can contribute to the building of the soulful part of the nation. It played a defining role in influencing the structure for the protection of the vulnerable in society and in attending to the social needs of its people. These could be seen in the areas of protection of children, women and girls since the early days, the care of children and those who are disadvantaged, and the rehabilitation of those who are involved in social ills or have committed offences. Social work was instrumental in advocating

the rehabilitation approach within legislation and community involvement. Thus, social work safeguarded the values of protection of the vulnerable, mutual help, caring for others and the fostering of community spiritedness. This was especially evident through the work of child protection services, welfare services for the destitute, support for families and the community development and outreach work of ground agencies. In the building of an eventually strong economy, social work's contribution in the early years lies in the support systems that were put in place including the crèches, public assistance and welfare schemes that support families as the adults worked in the newly formed industries.

## Social legislation to protect the vulnerable

If there is one decisive imprint in the history of nation building where social work made its greatest impact, it would have been in the introduction and review of various social legislations. Among the very first of these were the Children and Young Persons Act and its predecessor. The social work perspective shaped significantly the foundation that balanced the tension of protection, rights of parents and the restoration of well-being of families.

This Act, which was among the first social legislations, went through the most reviews and amendment. With each amendment, the social work contribution was to entrench a deeper adherence to the interest of the child as the primary principle. The amendment in 1992 was momentous in including a new provision to punish severely those who contributed to the delinquency of children and young persons. This was deemed necessary to prevent people including uncaring parents who used their children to hawk, promote illegal gaming and traffic in drugs and other heinous activities.

Other social legislations which received significant contributions from social work included the Destitute Persons Act, the Women's Charter and the Probation of Offenders Act. These legislations and their subsequent reviews underwent expert scrutiny from social administrators and professionals. In particular, social workers worked closely with policy makers and legislation drafters to ensure that the intent and spirit of the Act, and its underlying values, were adequately translated and represented in the powers and provisions that were drafted into the law. The calibrated balance of rights and responsibility, of state and family ownership of social issues, of what is private to the family and what is the role of the state, were secured through protracted and reflective analysis. To a large extent, the first generation of social workers were in that moment in history where the cross roads of policy, legislation and implementation brought out the best in their social

work training. They were living an applied science where the head and the heart met to secure better protection for the vulnerable who count on the law for protection.

The Destitute Persons Act was enacted in 1965, when poverty was rampant. Under the Act, if one did not have a place to stay or a means of subsistence, the person can be provided care and attention in a welfare home. This seemed like the humane way of approaching homelessness which is a social problem faced by many countries. Subsequent amendments made begging by a habitual beggar an offence punishable with a fine or even a short imprisonment. But this on itself will not change a habit. The contribution of social work was to address a longer term resolution of some of the pre-conditions that required shelter in a welfare home. One of the significant changes that ensued in the amendments was the appointment of a Review Committee in each welfare home to monitor the case of each resident under review. If after the review, a resident was found suitable for discharge conditionally or unconditionally, he would be released. This applied discipline into ensuring that the problems of residents were addressed and that individuals were not unwittingly detained without incisive work done to have residents regain their independence and to gain employment where this was appropriate.

A social legislation that addressed the needs of older people was the Homes for the Aged Act. The pressure to ensure that older people in residential care were adequately cared for arose when various types of housing were used to provide shelter. The standard of care varied very widely. When families could no longer care for older people they had to resort to private nursing home or, for the more fortunate, homes run by charitable organisations which were of better standard. The government's home then was also filled to capacity. In the light of the emerging challenge, the Homes for the Aged Act was introduced in 1988 to bring the homes under supervision and regulation. This together with the building of more homes addressed the problem of older persons living in homes under unregulated conditions and for unregulated private nursing homes to flourish with impunity before that period.

A ground-breaking incision in a piece of social legislation could well be the review of the Probation of Offenders Act. In it and for the first time in history, volunteers were prescribed powers which enabled persons in the community to be trained to carry out statutory work. This allowed the authorities to tap on volunteers to strengthen the interventions in casework involving offenders, with the ultimate goal of rehabilitation. Under the Community Probation

Service, the Minister may appoint a person who is not employed as a police officer or prison officer to be a volunteer probation officer. These volunteers were carefully selected for their positive attitude towards offenders and given training on rehabilitation of offenders on probation. They were given powers to supervise probationers. By letting the volunteer probation officers handle some of the cases that require less intense supervision, the probation officers were able to focus their attention on the more severe or complex cases. This was the start of a more conscious delineation of what a volunteer can do and the introduction of better deployment of human resources to optimise the cost of delivering social services.

The Maintenance of Parents Act enacted in 1995 attracted equally great interest from the social work fraternity including social work students. A group made their submission to the Select Committee when the Bill was sent for further consultation. The group's articulation of the concept of a Tribunal was taken on board and incorporated into the Act. The idea was that the Tribunal with its membership including people from the community would bring a less austere atmosphere to the hearing and make it less intimidating for older persons. This was just one of many examples of how social work training, which emphasises sensitivity to issues involving interpersonal relationships, had contributed to effective solutions of social problems.

## Social work's contribution to nation building

In the early years of Singapore's independence, the country's population was heterogeneous, being made up of immigrant people from different countries and hence differed in terms of ethnicity, language and religion. The population was made of many groups, with ethnic groups being the most obvious. The government has always been concerned that ethnic segregation and ethnic enclaves will divide the nation and contribute to inter-ethnic conflict due to the absence of a common sense of community. For example, in 1989, the government implemented an explicitly ethnic-based public housing policy that ensures ethnic diversity in housing estates by stipulating quotas or limits on the proportion of residents of the same ethnicity within a housing estate.

Social work contributed to the process of creating a Singapore national identity out of the diverse people by fostering mutual help and support and thereby developing a community. One important initiative in community development was the formation of the Residential Committees (RCs). It is not widely known that social work in fact played a significant role in the development of the RCs.

RCs were set up in various precincts to foster neighbourliness and build a new sense of community as citizens were relocated to high rise flats from their kampongs in the national public housing programme. The work of these precinct-based committees in organising residents to foster neighbourliness was among the first forms of large-scale systematic community development work in Singapore. Some of these efforts have been documented by Dr S Vasoo (Vasoo, 2002), who was also personally involved in the development work on the ground, particularly those related to RCs and associated organisations. Vasoo is a lecturer in social work at the National University of Singapore since 1979 and also formerly a Member of Parliament from 1984 to 2001. A number of the community workers who worked alongside community leaders were trained in social work and had among their mandate the nurturing of grassroots leadership to foster mutual help and support.

Given the diversity of ethnicity, language, religious and culture in the Singapore society, cultural knowledge and sensitivity were critical when serving those in need or distress. The early years of social work required interviews and home visits to be made to various ethnic groups and it was not unusual for neighbours to serve as interpreters. Many who worked with families in casework or in determining eligibility for welfare learned to speak more than one language. They also learned to respect and work within the cultural boundaries and practices of each ethnic group. Over time, however, the boundaries separating the cultures have become blurred. While this could have been in part due to the gradual emergence of a Singaporean identity, there were also external influences on Singapore society and modernisation that likely affected the different cultures in similar ways. Although there are many commonalities across the different ethnic and cultural groups in Singapore today, a good cultural knowledge and sensitivity of each ethnic or cultural group remains relevant for social work to effect change.

Social work has contributed to nation building by helping to foster a sense of belonging to the local community, which in turn helped enhance the sense of belonging to the country. This sense of belonging to the community is more than an emotional attachment to a place or fond memories. It is closely related to other social values that the government was trying to imbue among the people, many of which are also consistent with the personal values being promoted by social work.

One of the government's various efforts to strengthen people's sense of belonging and bind the different ethnic and cultural groups together as a

nation was the propagation of a set of Shared Values in 1989<sup>1</sup> to “evolve and anchor a Singaporean identity” by incorporating various elements of the country’s cultural heritage, attitudes and values. A White Paper on the Shared Values (Shared Values, 1991) was presented and adopted in Parliament in January 1991.

The intent of the Shared Values was to identify common key values so that all communities would gradually develop more “distinctively Singaporean characteristics” over time. The main theme underlying the set of Shared Values emphasized communitarian values and reflected Singapore’s heritage. Unfortunately, there was insufficient follow through to entrench these values which could have been sealed in or embedded into the foundation of what could have constituted the design of the social fabric of the nation. However, the values did pervade policy implementation. The values were very similar to the ones that the social work profession upholds such as respect for the individual and family; building consensus and forming community support for the vulnerable and compassion for the disadvantaged.

Another attempt in codifying the foundation of nation building could be traced to 1997, when the then Prime Minister Goh Chok Tong called for a national visioning exercise, known as Singapore 21 Vision, to deepen Singaporeans’ sense of belonging to the country and progress beyond material achievements and to establish a society with people at its very centre. Singapore 21 espoused five key ideas: that every Singaporean matters to society, that strong families are the foundation for building a strong society, that Singapore should be a cosmopolitan city with opportunities for all, that every individual should share a “Singapore Heartbeat” and be emotionally rooted to the country, and that citizens should take the initiative to impact society. Singapore 21, which involved a wide range of people with different backgrounds, provided a comprehensive list on what the individual, society and government could do to further the process of nation-building and the building of an inclusive society. The effort engaged citizens to be more involved in nation building and signalled the value in engaging the citizenry in a process of consultation.

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<sup>1</sup> The five shared values are (i) Nation before community and society above self: Putting the interests of society ahead of the individual; (ii) Family as the basic unit of society: The family is identified as the most stable fundamental building block of the nation; (iii) Community support and respect for the individual: Recognizes that the individual has rights, which should be respected. Encourages the community to support and have compassion for the disadvantaged individual who may have been left behind by the free market system; (iv) Consensus, not conflict: Resolving issues through consensus and not conflict and stresses the importance of compromise and national unity; and (v) Racial and religious harmony: Recognizes the need for different communities to live harmoniously with one another in order for all to prosper.

Against these nationwide efforts to foster a closely knit society for nation building, social workers played a key role by participating in the development of programmes, consultations, feedback, visioning and policy development. Social workers were among the designers, shapers and artisans of programmes, schemes and processes. These pioneers are known for their astute observations and skills in designing schemes that aim to help families with their social problems while maintaining self-respect and self-determination. As much as possible, the conditionality that came with receiving help fostered a self-reliance as the eventual goal.

## Singapore's Social Safety Net

Social work has also made significant contributions to issues of social safety net in Singapore. From the perspective of social work, the challenge in providing a social safety net is selecting the appropriate model of human service provisions. The social work perspective would deem a model appropriate if it nurtures the strengths in individuals, families and communities to safeguard their well-being by raising their resources and enhancing their self-determination to realise their potential.

In recent years, many governments had to confront the dual challenges of an ageing population and rising expectations from their citizens. Globalisation has also added complexities to these challenges, with some blaming free trade and open markets for widening income inequality and causing median wage stagnation. Amidst this global context, Singapore continues to adhere to and implement a policy of social inclusion that is driven by supported self-reliance. Self-reliance and a healthy work ethic are virtues that benefit both the individual and the society. Having access to good jobs and the opportunities to apply one's talent and skills at work contribute to social well-being at both the individual and societal levels. These virtues could have also driven private initiative and enterprise. But as needs and demand for human services grow, how does one foster social inclusion and safeguard the culture of supported self-reliance? Prior to addressing this question, it is useful to examine three pillars that support the principle of social inclusion.

### Subsidy in education

Subsidised education is a key component of Singapore's approach to social inclusion. Premised on the belief that education promotes social mobility, the Singapore government has focused much attention on ensuring equal opportunity to quality education. Education is heavily subsidised to prevent wide differences in educational opportunities between the better-off and

those who are less well-off due to differences in their ability to pay. Recently, the heavy subsidies have been extended to child development at the pre-school level. Singapore's education system, therefore, is an important vehicle of social inclusion to achieve a 'levelling up' effect for those from lower-income households.

### Home ownership

A second pillar of social inclusion is the provision of housing that is affordable to the vast majority of the population. This is achieved through the CPF system, which is a centrally managed, compulsory pay-as-you-earn savings scheme. In addition, low-income families receive a state-sponsored grant to buy public housing flats, which are subsidised by the government and purchased under the terms of a subsidised loan. These policies were formulated and implemented on the belief that housing is an appreciating asset that promotes social mobility, financial security and a sense of pride and belonging.

Singapore's use of public housing for nation building is distinctive. Indeed, there are no other governments in the world which approach nation building primarily through building homes for its people and subsidising it heavily to enable home ownership. In response to an ageing population in Singapore, housing infrastructure is being re-designed to enable ageing in place and also to enable elderly with frailty and require assisted-living to continue living in their current homes. The infrastructure improvements include enhancing elderly accessibility within public high-rise apartment buildings (e.g., expanding elevator access in apartment blocks) and within neighbourhood precincts (e.g., improving walkways).

### Wage supplement to low-income workers

Faced with growing income inequality, Singapore has adopted a 'workfare' model instead of the traditional 'welfare' model. Under a traditional welfare approach, the state insures citizens against a range of risks, especially unemployment and illness. In contrast, under a workfare approach, benefits are targeted at low-wage workers<sup>2</sup>. Linking government transfers to work reduces the problems associated with unconditional transfers to those who are able to work and have gainful employment. The reason for this approach is that workfare could work better at redistributing incomes, while preserving the work ethic and promoting self-reliance for the able-bodied.

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<sup>2</sup> The Workfare Income Supplement scheme is adapted from the model originally introduced in Wisconsin, United States. See Poh (2007).

Some may argue that Singapore's system of social security is too heavily vested in housing, which means less cash savings are allocated for retirement. Others have also cautioned that workfare payments may unintentionally result in reduced productivity by causing businesses to retain more lower-skilled workers (in order to benefit from the government subsidies provided by Workfare) than might otherwise have been the case. There is also the concern that Singapore's social safety net is insufficient for certain vulnerable groups such as the disabled, the aged destitute and the unemployable. In my view, the toughest challenge could well be that if inflation is factored in and government aid is factored out, how can we help vulnerable families advance to a lower-risk state of functioning that will offer them a realistic chance of achieving progress?

A widening income disparity, an ageing population and the integration of foreigners are some of the key social issues which Singapore policymakers have to deal with. Singapore government's approach to these challenges, which is probably unique among governments in the world, is a state-supported social safety net woven out of the principles of personal and family responsibility. While proven successful in the past, this approach will need to be constantly reviewed and revised when necessary due to several emerging issues related to the family institution. For example, can Singapore continue to hold on to the tenet that 'family is the first line of support'? In fact, issues of what constitutes 'family' in the domain of human services continue to challenge those who administer assistance schemes. There is increasing pressure to expand the definition of family to more accurately reflect contemporary social and demographic realities. In addition, trends of low birth rates, later marriages, and the increasing number of divorces raise questions about whether the family institution can be strengthened so that it can be relied on as the main provider of material and emotional support to its members.

Workfare, which was introduced in 2007 as an income supplement scheme, has soon turned into a permanent social safety net. Other forms of relief ranging from housing grants to training and education subsidies have helped some low-wage workers by enabling them to have more cash in hand and providing them opportunities to upgrade their skills for better jobs. However, there are some Singaporeans who cannot find work, even if they are able and willing to. Some economists believe that the volatility of the new economy would mean more workers could be unemployed for longer periods due to economic dislocation. That is, Singapore's current system would come under further stress if the speed of retraining and redeployment cannot catch up with the changing global volatility.

In the longer term, we should be concerned with whether inter-generational mobility can be improved and how to ensure that low-income families do not resign to their station in life through a lack of aspiration. These families must be encouraged to emphasise education for children and skills upgrading to achieve a better quality of life.

It is clear, and we know, that we cannot exclusively rely on market mechanisms. We need both (appropriate) social policy and the market to complement each other, which is a challenge that calls for constant calibration by policymakers. As economist Amartya Sen puts it: ‘the invisible hand of the market has often relied on the visible hand of government.’ (Sen, 1987). The nation building efforts have shown that market principles are necessary to help government work better, and good government is necessary to help markets work better. Singapore may not always get the balance right. Pragmatism, experimentation and adjustments must continue as the government plays its role managing the relationships between public policies and the market. To do this effectively, the responsibility of government may have to expand in the areas of enabling, regulating, stabilising and legitimising markets in order to achieve better societal outcomes that ultimately benefit the quality of life and well-being of the people.

## Social service and the many helping hands

As social needs grow, so must social service. With more agencies delivering a variety of social services, the “many helping hands” approach adopted in Singapore has functioned relatively well in balancing state intervention and the space for ground initiatives. The concept of “Many Helping Hands” first appeared in a chapter of the book “The Next Lap” published in 1991 and also released as the Principal Addendum to the Presidential Address. The book was a result of the deliberations of a Cabinet sub-committee chaired by the then Acting Minister for Information and the Arts George Yeo. The sub-committee, known as the Long Term National Development Committee, drew on the ideas by several previous national-level committees formed in the late 1980s including those in the 1989 reports of six Advisory Councils on the (1) disabled, (2) the elderly, (3) youths, (4) sports and recreation, (5) culture and the arts, and (6) family and community life. The concept of many helping hands builds on the philosophy that community bonds are built when the able and more well-off help the less able and less well-off, creating social networks and social capital. The concept is based on the values of mutual help, reciprocity and giving to society. In addition, as evident in the quote below from The Next Lap, the care and compassion demonstrated through acts of helping should build trust and mitigate the social divides

among the segments of society that are experiencing different rates of progress.

*"Many Helping Hands is the Singapore Way of helping that small segment of our community who cannot keep pace with the rest of the population. They are found in every society, however affluent and progressive. Such families lag behind the rest of the population. They are in danger of becoming destitute, despite the comprehensive social security net in the form of the Central Provident Fund Scheme which provides protection in old age, major illness, incapacity and premature death of a breadwinner." (The Next Lap, 1991).*

The Advisory Councils, which were composed of leaders from the public, people and private sectors, recommended that the government provide 1-for-1 financial assistance to volunteer welfare organizations (VWOs) to deliver social services that required the impetus to expand their services. The aim of the 1-for-1 support was to build a foundation for shared responsibility where the public, people and private sectors work together to jointly provide social service. It was intended to foster community involvement and active volunteerism that would lead to the development of a compassionate society, which is one that looks after its disadvantaged members and help them to be useful members of society or live lives of dignity.

Requiring agencies to raise the other half of the funds from the public produced two consequences. First, agencies would need to communicate their cause to the public and therefore in the process should raise awareness about social issues and support for their work. Second, the tension created by the formula would help to distil clarity of the need for the service and provides the traction for consumption of services.

This partnership in social service provision allowed the government to increase and build on social welfare *through* social agencies using its own brand of strong state-supported welfare without making Singapore into a traditional welfare state. This arrangement in a way placed a premium on ensuring that there is a close working relationship between the government and the VWOs. The system of helping the needy through VWOs had to deliver because the social contract between the government and citizens is at stake. The interdependence between the state and the social agencies has made the partnership arrangement reasonably successful and many VWOs and religious organisations were able to provide effective service to those in need. In addition, many VWOs were able to communicate their cause and convince sponsors to be involved in doing social good and build bonds

in the community, often in ways that produced benefits that surpassed the financial formula.

The many helping hands include the state that set the legal, regulatory and financial parameters, the VWOs that directly serve the social needs of communities, and the boards and organisations that take care of governance, volunteers, staff, donors and funders. The focus is in coordinating the different parties who intend to help in a way that ensures adequate and timely delivery of services to those in need. The human arm may be used as an analogy to explain the important roles played by the state and the various key stakeholders. The upper part of the arm represents the donors and the funders, including the state. They are the muscles that build and help to strengthen the limb work. The hand and fingers represent the social agencies and volunteers. They are the ones who are directly in touch with the target. Being on the ground, they are able to respond more nimbly, with immediacy, empathy and compassion. Every part of the arm, including the limb and muscles, are intertwined, with each supported by the other in order to be responsive and effective. They may have similar goals but each of them can be distinctive and yet complementary. The state is part of the muscles, but it is also the palm that connects the arm and the fingers. It connects and channels resources from the upper arm to the different fingers. The state also plays the role of enabler by supporting ground initiatives that enhance community participation and facilitate connections between the givers and the recipients of help. In addition to ensuring adequate financing for the social sector, the state also invests in manpower development including initiatives with a long-term view such as mid-career re-training, sabbatical leave schemes, scholarships and various professional and organisational leadership schemes.

## Challenges in balancing tensions

Policy tensions are healthy when they are examined and debated because the end result is likely a deeper understanding of the issues which will in turn help produce effective solutions. In recent years, two significant policy tensions related to social services have surfaced. The first concerns the roles of the state and family in the “heavy-lifting” care of family members. This is sometimes presented as the tension for greater intervention from government on one hand and the preservation of the role of the family and community. The second tension is that of centralised integrated support that tends to provide more efficient service delivery versus a less organised and uneven system that tends to involve a wider community participation.

Both the above tensions are related to the need to review the effectiveness of the many helping hands approach due to growing demands for social services as well as a sector with increasingly diverse social services but also of uneven capabilities. The policy tensions need careful examination and debate because it is important to better understand how communities are built in the Singapore context and how community spiritedness relates to the soul of a nation. Here is where social work, as well as other related disciplines and professions, could make a significant contribution to the next phase of nation building by working closely with policy makers to assess the next steps forward.

### References

Bourgon, J. (2011). The Singapore Roundtable. In Bourgon, J. (Ed.), *A New Synthesis of Public Administration: Serving in the 21st Century* (pp. 313 – 326). Canada: School of Policy Studies, McGill-Queen's University Press.

Lindquist E. A., Vincent, S., & Wanna, J. (Eds.). (2013). Singapore's Social Safety Net and Human Service Provisions. In Lindquist E. A., Vincent, S., & Wanna, J. (Eds.), *Putting Citizens First, Engagement in Policy and Service Delivery for the 21st Century* (pp.143-148). Australia: ANU E Press.

Poh, J. (2007). Workfare: The fourth pillar of social security in Singapore. *Ethos*, 3, 48-55.

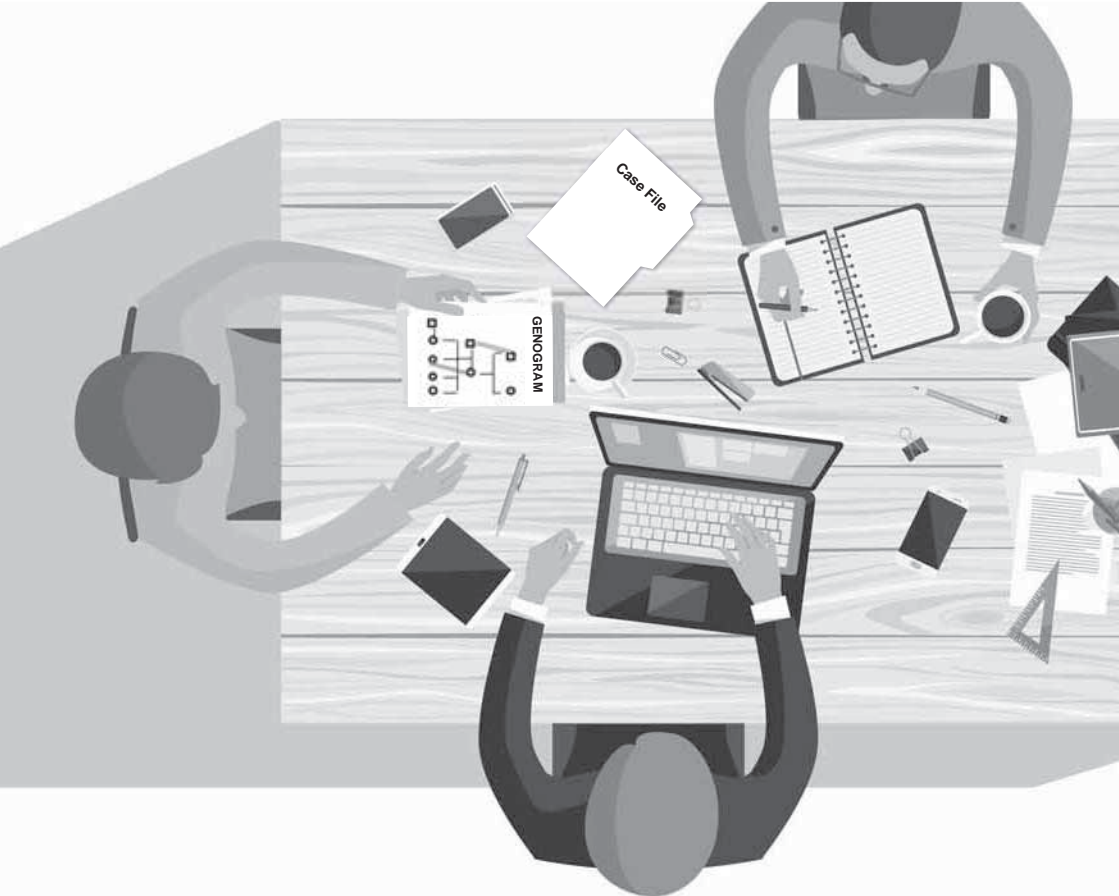
Romanyshyn, J. M., & Romanyshyn, A. L. (1971). *Social welfare: Charity to justice*. New York: Random House.

Sen A. (1987). *On Ethics and Economics*. Oxford: Blackwell Publishing Ltd.

Shared Values. (1991). Singapore: Singapore National Printers (Call no: RSING 306.095957 SIN).

Singapore: the Next Lap. (1991). Singapore: Times Editions. (Call no: RSING 959.5705 SIN).

Vasoo, S. (2002). New directions of community development in Singapore. In Tan, N. T. and Mehta, K. *Extending frontiers: Social issues and social work in Singapore* (p.20-36). Singapore: Eastern University Press.



## Social Development in a Tripartite Arrangement for Sustainable Impact: The Case of a City-State

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## Summary

Social development in Singapore is a tripartite relationship among the people sector, the private sector and the public sector. The people sector includes individuals, non-governmental organisations and service providers. Individuals support the community's access to services and help by participating and providing help and giving constructive feedback and suggestions to service providers and policy makers. Service providers provide good and safe services as needed by the people and regularly evaluate their service to ensure that they meet the needs of the population. The private sector fuels growth of services and programmes by adopting or sponsoring them and providing expertise and facilitating solution-finding by sharing their skills and know-how. The public sector provides essential services and helps the people to navigate the services available to obtain the help they need. The government provides stability and growth in society which allows for these social services to be carried out. It also provides funding for some programmes and social transfers for the most vulnerable members of society.

Beyond these three sectors, there is a special role for intermediaries who act as bridges between the sectors and facilitate partnerships between them. They tie things together and open doors for greater partnerships between the sometimes disparate agencies and sectors. Indeed, successful social development is premised on effective collaboration among the various parties. The many helping hands approach has allowed Singapore to ensure that services are identified, implemented and improved to meet the needs of vulnerable people.

Yet for social services to further develop in the city-state, four key things need to be done:

- 1) Individuals must continue participating and facilitating mutual support and building the community
- 2) Service providers need to offer alternative and innovate and improve services
- 3) Public servants need to continuously ensure that the just-in-time services provided are appropriate and relevant to the needs of the people
- 4) The government needs to communicate with diversity of constituents in mind to ensure that information and help are understood by users

Only when each sector does what it needs and works together to provide for the needs of vulnerable communities can Singapore continue to keep the social safety net in good working condition.

## Social Development and Social Integration

Social development has many facets and this paper adopts the framework set at the World Summit for Social Development in 1995 where the model includes translating economic benefits into social well-being. There are three key aspects of measuring the social well-being of a country: poverty eradication, employment and social integration. This paper documents the social progress made in Singapore using social development as a viable approach to building human capacities. The approach is to have forward planning, to strike an equilibrium in human development by investing in education and training and on job development and to stimulate a climate for both economic and social growth.

Economic growth as a driving force has lifted hundreds of millions of people in the world out of poverty and has improved the lives of many more over the last half-century. Yet it is increasingly clear that a society which fails to address basic human needs, to equip its citizens to improve their quality of life, to protect the environment, and to provide opportunity for many of its citizens has limitations for social progress (Porter, Stern, & Green, 2014). Inclusive growth requires both economic and social progress. It is evident that a model of human development based on economic progress alone is incomplete (Porter et al., 2014). Progress has to be measured on various dimensions of social and environmental performance although many aspects of social progress do tend to improve with income growth.

Bounded closely with the concept of social development is that of social integration. Where there is an imbalance between economic growth and social progress, political instability and unrest often arise. Lagging social progress holds back economic growth and hence it is important that the relationship between social development and social integration is examined in terms of how each feeds into the other for progress to take place in a society.

We can trace the emphasis on social development in addressing human needs, building social capital, and creating opportunity for citizens to Singapore's early history, especially her post-colonial days. For progress to take place, investments were made in the social well-being of people despite the limited resources. Social welfare institutions such as housing, healthcare and educational institutions were often used to respond to the needs of the society and its people. These basic human needs were foundational to having a labour force which is central to economic development. Focusing on addressing basic human needs was necessary but not sufficient in

ensuring or facilitating social integration. The ability to integrate people in multicultural societies and to foster inclusion and solidarity is equally vital for human survival. Social development must build human capacities, afford opportunities to enable citizens, regardless of their background and social identity, to fulfil their potential and have full participation. A major problem besetting our world is that of conflict or disintegration. The conflict could be by race, religion, age, gender or class. The cost of disintegration in multicultural and diverse societies, such as Singapore, is great. Social exclusions bring about a host of problems amongst which are unemployment, discrimination, inequality in the distribution of wealth and services, racism and sexism. Thus, it is important to integrate people and enable people to relate justly and effectively with one another.

## The Essence of Social Development

Many societies use the institution of social welfare to provide all citizens with opportunities to participate more fully in society and to achieve their potential. In this regard, social welfare includes those provisions and processes directly concerned with improving the quality of life, the development of human resources and the treatment and prevention of social problems. It involves social services to individuals and families as well as efforts to strengthen or modify social institutions and social welfare functions to maintain the social system and to adapt it to changing social realities. (Romanyshyn & Romanyshyn, 1971, p. 3)

Social welfare provisions therefore encompass diverse public and private social services. For example, the social welfare system may provide family and child welfare services, medical and health provisions, legal services, criminal justice activities and income support. Social welfare may provide these services as social utilities that are available to all people and groups as the rights of citizens. In addition, social welfare services may meet specialized needs or address the unique problems of particular groups of people. (Dubois & Miley, 2014)

Ideally, social welfare responds by providing adequate income, housing, education, health care and personal safety. The beneficiaries of social welfare are not restricted to any one group of people. Social welfare provides benefits for the whole population. Some examples include education services and Singapore's distinctive Central Provident Fund (CPF) system and education targeted at everyone. This frame of reference suggests that users of public utility services, including social welfare, are citizens with rights rather than people who are deprived, deviant, helpless and stigmatized.

Singapore's strategy for social development centred among other things on the establishment of a legitimate authority and the creation of a national identity to attain social integration. This embodied the need for an effective and efficient government, and the creation of new "national" values. Specifically, nation building embodied material and utilitarian concerns of administration and resource control, and the development of a collective identity (and values) that would enable individuals to associate with the state. Singapore's first priority focus was on the ability to protect and develop one's resources and then grow economically to progress as a nation. While these aspects of economic development are important, they are insufficient to engender social development. Military and economic capability to defend one's country and a closely knit society are also instrumental in making a nation viable.

Singapore, while emphasizing economic priorities in the early days of nation building nursed very nascent but important efforts to safeguard the interests of some vulnerable groups in society through protection in legislation and support services and support systems. These include crèches, public assistance and welfare schemes that support families as the adults worked in the newly formed industries. These could be seen in the areas of protection of children, women and girls since the early days, the care of children and those who are disadvantaged, and the rehabilitation of those who are involved in social ills or have committed offences.

## Singapore's Social Safety Net

Any discussion on social development and social integration in Singapore will not be complete without understanding what is offered in the social safety net as the model of human service provisions. The model is one that nurtures the strengths in individuals, families and communities to safeguard their well-being by raising their resources and enhancing their self-determination to realise their potential.

In recent years, many governments had to confront the dual challenges of an ageing population and rising expectations from their citizens. Globalisation has also added complexities to these challenges, with some blaming free trade and open markets for widening income inequality and causing median wage stagnation. Amidst this global context, Singapore continues to adhere to and implement a policy of social inclusion that is driven by supported self-reliance. Self-reliance and a work ethic are virtues that are deemed to benefit both the individual and the society. Having access to good jobs and opportunities to apply one's talent and skills at work contribute to social

well-being at both the individual and societal levels. These virtues may also drive private initiative and enterprise. But as needs and demand for human services grow, how does one foster social inclusion and safeguard the culture of supported self-reliance? Prior to addressing this question, it is useful to examine three pillars that uphold the social safety net.

### *Subsidy in education*

Subsidised education is a key component of Singapore's approach to social inclusion. Premised on the belief that education promotes social mobility, the Singapore government has focused much attention on ensuring equal opportunities to quality education. Education is heavily subsidised to prevent wide differences in educational opportunities between the better-off and those who are less well-off due to the differences in their ability to pay. Recently, the heavy subsidies have been extended to child development at the pre-school level. Singapore's education system, therefore, is an important vehicle of social inclusion to achieve a 'levelling up' effect for those from lower-income households.

### *Home ownership*

A second pillar of social inclusion is the provision of housing that is affordable to the vast majority of the population. This is achieved through the CPF system, which is a centrally managed, compulsory pay-as-you-earn savings scheme. In addition, low-income families receive a state-sponsored grant to buy public housing flats, which are subsidised by the government and purchased under the terms of a subsidised loan. These policies were formulated and implemented on the belief that housing is an appreciating asset that promotes social mobility, financial security and a sense of pride and belonging.

### *Wage supplement to low-income workers*

Faced with growing income inequality, Singapore has adopted a 'workfare' model instead of the traditional 'welfare' model. Under a traditional welfare approach, the state insures citizens against a range of risks, especially unemployment and illnesses. In contrast, under a workfare approach, benefits are targeted at low-wage workers. Linking government transfers to work reduces the problems associated with unconditional transfers to those who are able to work and have gainful employment. The reason for this approach is that workfare could work better at redistributing incomes, while preserving the work ethic and promoting self-reliance for the able-bodied.

Some may argue that Singapore's system of social security is too heavily vested in housing, which means less cash savings are allocated for retirement. Others have also cautioned that workfare payments may unintentionally result in reduced productivity by causing businesses to retain more lower-skilled workers (in order to benefit from the government subsidies provided by Workfare) than might otherwise have been the case. There is also the concern that Singapore's social safety net is insufficient for certain vulnerable groups such as the disabled, the aged destitute and the unemployable. Some view that the toughest challenge, if inflation is factored in and government aid is factored out, would be to help vulnerable families to advance to a lower-risk state of functioning that will offer them a realistic chance of achieving progress.

A widening income disparity, an ageing population and the integration of foreigners are some of the key social issues which Singapore policymakers have to deal with. Singapore government's approach to these challenges, which is probably unique among governments in the world, is a state-supported social safety net woven out of the principles of personal and family responsibility. While proven successful in the past, this approach will need to be constantly reviewed and revised when necessary due to several emerging issues related to the family institution. For example, can Singapore continue to hold on to the tenet that 'family is the first line of support'? In fact, issues of what constitutes 'family' in the domain of human services continue to challenge those who administer assistance schemes. There is an increasing pressure to expand the definition of family to more accurately reflect contemporary social and demographic realities. In addition, trends of low birth rates, later marriages, and increasing number of divorces raise questions about whether the family institution can be relied upon as the main provider of material and emotional support to its members.

Workfare, which was introduced in 2007 as an income supplement scheme, has soon turned into a permanent social safety net. Other forms of relief ranging from housing grants to training and education subsidies have helped some low-wage workers by enabling them to have more cash in hand and providing them opportunities to upgrade their skills for better jobs. However, there are some Singaporeans who cannot find work, even if they are able and willing to. Some economists believe that the volatility of the new economy would mean that more workers could be unemployed for longer periods due to economic dislocation. That is, Singapore's current system would come under further stress if the speed of retraining and redeployment cannot catch up with the changing global volatility. In the longer term, we should be concerned with whether inter-generational

mobility can be improved and how to ensure that low-income families do not resign to their station in life through a lack of aspiration. These families must be encouraged to emphasise education for children and skills upgrading to achieve a better quality of life.

It is clear that market mechanisms cannot be exclusively relied on. There is a need for both (appropriate) social policy and the market to complement each other, which is a challenge that calls for constant calibration by policymakers. As economist Amartya Sen puts it: 'the invisible hand of the market has often relied on the visible hand of government.' (Sen, 1987). The nation building efforts have shown that market principles are necessary to help the government to work better, and a good government is necessary to help markets work better. Singapore may not always get the balance right. Pragmatism, experimentation and adjustments must continue as the government plays its role of managing the relationships between public policies and the market. To do this effectively, the responsibility of the government may have to expand in the areas of enabling, regulating, stabilising and legitimising markets in order to achieve better societal outcomes that ultimately benefit the quality of life and well-being of the people.

## Defining Social Integration

Social integration is the unifying force or glue of society fostering social solidarity. It is about access to resources for individual and group development. It is about giving equal opportunities to all regardless of origin, background or station in life. The act of integration enables citizens, particularly those who are disadvantaged, either by birth, gender, ethnicity, class, age or disability to fulfil their aspiration and potential.

How is social integration operationalized? Indicators of social integration may be represented by the statistics collected by the United Nations Office, post World Social Summit for Development. These include: number of people in vulnerable groups, age/gender structure, occupational profile, economic activity profile, income levels, position within overall income distribution, housing standards/amenities, such as access to safe water, sanitation and floor space per person, health status, such as infant mortality rate, age-specific mortality rates, expectation of life and nutritional intake, educational standards, such as adult literacy rate, number of years of formal education and participation rates (for children), crime victimization rate and proportion eligible to vote. When the statistics are systematically analysed by age, ethnic group, gender, handicap, and social class, the pattern that emerge can reveal the progress in social integration.

There are not many examples of social integration provided in the literature and a case study of Singapore in terms of social integration would be useful as policies must translate to outcomes through implementation. In Singapore the conscious efforts at social integration at the core can mean class and ethnic integration through housing, health and education programmes. It is also useful to note that social integration is not social conformity, but giving sufficient sensitivity to cultural diversity. Instead of insisting on uniformity, the enhancement of strengths and differences of individuals and groups within a specific context is constructive. The will of the individuals and that of the sub-groups can be respected in the integration process within a national legislative and consensus framework.

## Social Integration in Singapore

The Singapore government, through co-ordinated manpower planning has held on to the key thrust that “every Singaporean counts” and can contribute in nation building. As such, the aim of social policy is that of creating conditions such that each Singaporean has a job, a home and equal opportunities for education. While Singapore has become more affluent, it is difficult for some members of society to maintain an acceptable standard of living, especially with the global volatility. The approach is to provide a wide range of programmes offered by the government, the voluntary sector and the community to help those in need tide over difficult periods.

While the World Summit for Social Development has emphasized the need for social integration, there was less mention of how this was to be carried out. Examples of social integration in Singapore, particularly with the housing programme, education and access to social services will be highlighted.

### *Ethnicity, low-income family and social integration*

Singapore is active in the social integration of different ethnic groups through its public housing programme. Almost ninety percent of the population today live in mixed public housing and nine in ten of these residents own the apartments they live in. In the 1950s and 60s, most of Singapore live in settlements marked by communal and ethnic groups. It was (and still is) the conscious policy of the government, through the resettlement and housing programme to integrate the population. Since the allocation of government housing by ballot system, ethnic enclaves were dismantled and citizens now live beside each other regardless of ethnicity and social background. To some extent, social class, reflected in the size of the flats opted for, was also

integrated into the new communities as each has a distribution of 3, 4 or 5-room, or even executive, flats. To narrow the income gap, the amount of government subsidies increases inversely with the size of the flat purchased or mortgaged. There is no stigma attached to government housing as the majority of the population lives in one. In a sense, this means that even the lower income families, or the disadvantaged are helped so that no one is marginalized. The positive outcomes of the tiered subsidy housing programme, both as a social-leveler and as an effective vehicle for social integration, is well documented.

### *Social service and delivering through governmental and non-governmental agencies*

Social development in Singapore is a tripartite relationship between the people sector, the private sector and the public sector. Service providers provide good and safe services as needed by the people and regularly evaluate their service to ensure it meets the needs of the population. The public sector provides essential services and helps the people to navigate the services available to obtain the help they need. Importantly, the government besides providing stability and growth in society which allows for these social services to be carried out also funds some of these services. It also provides programme funding or transfers for the most vulnerable members of society.

There is a special role for intermediaries who act as bridges between the sectors and facilitate partnerships between them. They tie things together and open doors for greater partnerships between the sometimes disparate agencies and sectors. Indeed, successful social development is premised on effective collaboration among the various parties. In Singapore, the many helping hands approach (or delivering through government and non-governmental agencies and active participation of community) has allowed Singapore to ensure that services are identified, implemented and improved to meet the needs of vulnerable people.

As social needs grow, so must social service. With more agencies delivering a variety of social services, the “many helping hands’ approach adopted in Singapore has functioned relatively well in balancing state intervention and the space for ground initiatives. The concept of many helping hands builds on the philosophy that community bonds are built when the able and more well-off help the less able and less well-off, creating social networks and social capital. The concept is based on the values of mutual help, reciprocity and giving to society. It is built on the premise that the care and compassion

demonstrated through acts of helping engenders trust and mitigates the social divides among the segments of society that are experiencing different rates of progress.

“Many Helping Hands is the Singapore Way of helping that small segment of our community who cannot keep pace with the rest of the population. They are found in every society, however affluent and progressive. Such families lag behind the rest of the population. They are in danger of becoming destitute, despite the comprehensive social security net in the form of the Central Provident Fund Scheme which provides protection in old age, major illness, incapacity and premature death of a breadwinner.” (The Next Lap, 1991).

The government provides 1-for-1 financial assistance to voluntary welfare organizations (VWOs) to deliver some essential social services which can provide the impetus to expand their services. The 1-for-1 support was introduced with the aim of building a foundation for shared responsibility where the public, people and private sectors work together to jointly provide social service. It was intended and continues to foster community involvement and active volunteerism that sustains the development of a compassionate society, which is one that looks after its disadvantaged members and helps them to be participative members of society or live lives of dignity.

Requiring agencies to raise one half of the funds from the public would have produced two consequences. First, agencies would have raised awareness about social issues and support for their work while trying to communicate their cause to the public. Second, the tension created by the formula would have helped to distil clarity of the need for the service and provide the traction for the consumption of services.

This partnership in social service provision allows the government to increase and build on social welfare through social agencies using its own brand of strong state-supported welfare without making Singapore into a traditional welfare state. (It must be noted however that the government continues to provide the cash transfers for the poor and more vulnerable groups in society which it had traditionally done so.) This arrangement in a way places a premium on ensuring that there is a close working relationship between the government and the VWOs. The system of helping the needy through VWOs has to deliver because the social contract between the government and citizens is at stake. The interdependence between the state and the social agencies has made the partnership arrangement reasonably

successful and many VWOs and religious organisations have been able to provide effective service to those in need. In addition, many VWOs have been able to communicate their cause, raise community awareness and convince sponsors to be involved in doing social good and to build bonds in the community, often in ways that have produced benefits that surpassed the financial formula.

Besides ensuring adequate financing for the sector, the government also invests in manpower development. To increase the number of key social service professionals in the sector, a range of manpower development measures are in place from scholarships, mid-career re-training, sabbatical leave scheme and a professional and organisational leadership scheme.

## Balancing Policy Tensions and Delivering Good Services

Policies often come with tensions. However, tensions increase when the limits of self-reliance are challenged by global and demographic trends beyond the control of the individuals and families. Most social policies have to tread the state-family tension, and the government can view the increase in tensions as opportunities to re-examine the role of the state versus the role of the family. This is so because the question arises as to whether the state is doing too much where the family is able to take responsibility. There is seldom a sweet equilibrium and most policies will not impact people in the same way. Two social service related policy tensions have surfaced more significantly in recent years. One of these is the role of the state and family in the “heavy-lifting” care of family members. This presents sometimes as the tension of government assistance and intervention and the role of the family and community. Yet another tension is that of integrated support, efficient service delivery versus many helping hands. The pressure to review how the many helping hands is working or not working well comes from the growing demands on a sector with uneven capabilities, and the challenges in navigating the web of social services.

So as needs and demand grow, new tensions will surface. Roles and how the roles are carried out and fulfilled become central to improvement and will require re-negotiation and re-calibration.

### *Stronger government hand working with other hands*

Most have observed the stronger and more visible hand of the government in recent years. The stronger and more visible hand of the government

addresses the long standing criticism that in propagating the many helping hands approach, the lack of understanding of the role of each of hand has resulted in grave imbalance, resulting in more falling through the cracks. In supporting the community to do more, the unseen hand of the government or state has become less obvious and faded by comparison in profile. There is the perennial challenge of balancing the credit given to community efforts and other helping hands with the credit given to the visible hand of the state. The debate in Parliament on the many helping hands approach has always been lively, probing and provocative. There has often been the pointed criticism that the government or state should take on a larger and bolder role instead of looking for other hands to work the system.

One could argue that the tipping point for the Government to re-calibrate the many helping hands would be fuelled by demographics. With the looming ageing population and longevity from better medical advances, the caring load for any society and Singapore included, now confronts most governments. Who should care for the old? How should the caring load be shared and how will the economic and social cost be shared? The debate in most countries has just started. Likewise, Singapore is experiencing the urgency of this debate. Research is critical in enabling good deliberations and the search for long term sustainable solutions to this matter of care for the old.

### *Challenges and clarity of roles*

Given the complex and dynamic externalities in the world that we live in, the role of civil society will enlarge. There are however roles that will be prominent. One of these is that of convenor and organiser. In the area of volunteerism, there is room to organise ourselves better, to better structure partnerships between receiving and sending agencies so that volunteers can make fulfilling contributions. Secondly, there is value in appreciating volunteers as a human resource asset with time, expertise, skills and knowledge that are a form of social capital. And thirdly, there is a need to review the partnership regularly to sustain it.

There is also a need for ongoing and regular stocktaking and re-calibration of roles of the many helping hands. This approach can be more sustainable if we organise ourselves better to do better. To begin, the roles of the various hands need to be articulated more clearly. One way of articulating these roles is as follows:

Role of the government – to provide stability, growth and basics and especially for the vulnerable. The role of government has evolved through the years from that of controller and regulator to that of nurturer and facilitator, and going beyond nurturer and facilitator to that of convenor and aggregator. Its role needs to be more visible and active engagement with service providers and users of services will enable it to communicate its policy intent more directly and clearly. The direct communication through the building of relationships will allow citizens to experience its “heart” and not just accept its “head.” It needs to communicate more and in various ways to more people and in deeper ways to share information. The Ministry of Social and Family Development took a lead at this at the Committee of Supplies in March 2014. The communication of the work, as with the previous years, was about the approach in helping the less fortunate, lower income and those with special needs. However, the clarity came from specific examples of how individuals and families are helped. The approach which requires the community, volunteers and others to come alongside social workers and other professionals to be part of a more holistic support system was explained. So the communication is not about top level numbers on social spending alone but also includes how the numbers impact individual lives and families.

Role of public service – to provide essential services well and to help the public to navigate to get services including help; it implements government policy to serve the public the best way possible and strives to meet the needs and hopes of the people of the land. It needs to communicate and to understand the needs and situations of users so that the services it provides will be appropriate and relevant. In the face of rising expectations, it needs to engage the public even more, to welcome the co-creation of solutions and to make improvements to current services and policy implementation. Too often, implementation is understood to be execution (for example, getting things done without sufficient consideration for communication). The key to communication is to evaluate how things look like from the public's point of view rather than from the policy maker's point of view. Communication cannot simply be a minister's speech or a press release or a reply to the forum page of a newspaper. It involves explaining and in a way so that the public perceives the genuineness of its intentions.

Role of service providers – to provide good and safe services and to evaluate delivery to offer improvements; they should never slip into being a “contractor of services” but aim to be social innovators as well. Service providers can offer alternatives to current ways of delivering services and programmes. They can re-think and re-imagine improving people's lives and creating value for clients. More significantly, they have the potential

to innovate and improve services. Some VWOs are already doing things differently for clients. Thye Hua Kwan Moral Charities case managers are using remote video-conferencing to communicate daily with seniors who live alone and who require close monitoring and support. This allows the case managers to check on and talk to their clients in-between home visits. As service providers, they have in their possession much information which when analysed can reveal fresh insights for improvements and even fuel sparks for innovative ways of service delivery.

Role of the people – to support the community in accessing services and help; to give constructive feedback and suggestions; to participate and offer help and ideas. People can participate and facilitate mutual support amongst service providers and beneficiaries and strengthen bonds in a community. Constructive feedback from users of services, keen observers, and trends observed can serve as useful input for improvements. Their input can also generate ideas on new approaches to meet people's needs and to better allocate resources.

Role of intermediaries - to be a bridge and a facilitator; to help inform and bring people together to solve problems and build the community. Intermediaries need to understand issues and complexities and facilitate understanding of perspectives; to experiment and bring parties together to find solutions. What an intermediary can do is to bridge the desires to volunteer with the opening of long term volunteering opportunities. Their role is to make things happen through deliberate effort in bringing parties together for a long term partnership that fulfils the objectives of each of the parties.

The challenges facing the many helping hands approach are related to both content and process. Content issues involve how much to provide, who should provide and who should pay. Process issues is about how various communities adjust to work together and the relationships that require attention to facilitate productive work. Fortunately, some patterns have emerged that can inform us about how to work better.

### *Clarity in understanding the problems at hand*

At the practical level, all the helping hands need clarity in terms of understanding every problem at hand. We sometimes don't spend enough time to clarify the problem at hand and dive into problem solving or assuming that we are all agreed on the problem or its definition. We often work hard to solve it without checking assumptions.

At the policy level, the government is beginning to appreciate that most important policies operate across departmental boundaries and it is therefore important to have collective buy in and ownership of the policy across departments. The problems of an ageing society, diabetes or local municipal issues cannot be solved simply by one government department.

Among the civil society, there is a greater appreciation that the government cannot solve every problem. Most community concerns and improvements require a collective community effort to achieve good outcomes. Putting the pressure of time aside, the problems may appear seemingly easy but the process of resolving it in a sustained manner may require engagement that we are not used to or do not yet have the skills to do, putting the pressure of time aside. The greater involvement of civil society and community, however, makes the accountability line harder to establish. This requires then the negotiation of resourcing and accountabilities. These are again areas that are unspoken and should be part of the engagement process.

As we mature in our ability to engage and do things collectively, we must continue to improve the channels for feedback. This will generate insights on how systems and processes for service delivery can be improved. Constructive feedback to decision makers should be encouraged and internal debates of policies, systems and processes should continue. It is always good to keep a focus on what the real impact is on people's lives.

## Sustaining Social Development

The sustainability of the many helping hands approach predicates on various players understanding their roles and a regular review and negotiation of those roles. The Singaporean approach of engaging the many helping hands builds on the value of participation and social capital. VWOs value partnerships and co-creation as increasingly most have embraced the strength of collective and inter-agency collaborations for improvements and finding solutions. This requires parties, be it VWOS, social service agencies, volunteers or any agent who provides help, to be ready to engage in strategic conversations, to be committed to rethinking roles and boundaries and to place individuals, families and the community at the centre of each party's purpose.

The government acknowledges the role of the market but fully appreciates that it cannot exclusively rely on market mechanisms. Singapore needs both good social policy and the market to work in tandem and in collaboration - a challenge that calls for calibration. As economist Amartya Sen puts it:

'the invisible hand of the market has often relied on the visible hand of government.' Singapore's experience is that market principles are necessary to help the government to work better, and a good government is necessary to help markets work better. This is not to suggest that Singapore has got the balance right; far from it (Menon, 2010). The reality is that we are a nation-state, and we need to constantly experiment to see what works best. The role of the government is to work with the market and the many helping hands. In order to effectively do this, the responsibilities of the government may have to expand to include enabling, regulating, stabilising and legitimising markets so that they can work better. Getting the balance right between markets, the many helping hands and government will be the key to improving the standard of living and the welfare of Singaporean citizens.

Social development must build human capacities and afford opportunities to enable citizens, regardless of their background and social identity, to fulfil their potentials and enable full participation.

Yet for social services to further develop, four key things need to be done:

- 1) Individuals must continue participating and facilitating mutual support and building the community
- 2) Service providers need to offer alternative and innovate and improve services
- 3) Public servants need to continuously ensure that the just-in-time services provided are appropriate and relevant to the needs of the people
- 4) The government needs to communicate with diversity of constituents in mind to ensure that information and help are understood by users.

Only when each sector does what it needs and works together to provide for the needs of our vulnerable communities can Singapore continue to keep the social safety net in good working condition.

## References:

- United Nations. (1995). *World Summit for Social Development*. Retrieved from <http://www.un.org/en/development/devagenda/social.shtml>
- Porter, M., Stern, S., & Green, M. (2014). *Social Progress Index*. Retrieved from <http://www.socialprogressimperative.org/publications>
- DuBois, B. L., & Miley, K. K. (2014). *Social Work: An Empowering Profession (8<sup>th</sup> Edition)*. Pearson.
- Menon, Ravi. (2010). *Speech at the Singapore Economic Policy Forum: "Markets and Government: Striking a Balance in Singapore"*. Retrieved from <http://ess.org.sg/singapore-economic-policy-forum-2010/>
- Sen A. (1987). *On Ethics and Economics*. Oxford: Blackwell Publishing Ltd.
- United Nations. (1996). *Social Statistics: Follow-Up to the World Summit for Social Development*. Retrieved from <http://unstats.un.org/unsd/demographic/products/socind/xgrp2.htm>
- Goodman, R., White, G & Kwon, H.J. (eds.) (1998). *The East Asian Welfare Model: Welfare Orientalism and the State*. New York: Routledge, 1998.
- Midgley, J. (1995). *Social Development: The Developmental Perspective in Social Welfare*. Thousand Oaks, CA: Sage.
- Midgley, J. & Sherraden, M. (1997). *Alternatives to Social Security: An International Inquiry*. Westport, Conn.: Auburn House.
- Singapore: The Next Lap. (1991). Singapore: Published for the Government of Singapore by Times Editions. Call no.: RSING 959.5705 SIN.



## Letter to Social Service Leaders

- The importance of investing in the lives of others and honing personal leadership characteristics
- 5 ways in which leaders can lead in raising productivity in the social service sector

## Dear Fellow Social Service Leaders,

At the end of 2014 and early 2015, I shared 2 letters<sup>1</sup> with all of you on leadership in the social service sector. I shared about the expanded horizons for learning in the sector with initiatives such as the sabbatical leave scheme and how this allows for self-directed learning. I also touched upon the importance of customized coaching and building a culture of learning in order to grow and mould leaders within the social service sector. I shared four keys factors needed in order for sector leaders to succeed, namely: 1) Supporting Team Leadership, 2) The ability to collaborate, 3) The ability to manage outcomes and produce quality improvements and 4) The ability to innovate and implement. I also shared my hopes for the sector in the coming years, emphasizing the key role seasoned leaders have in nurturing the new generation of leaders to lead improvements for the sake of our clients. As we start the New Year, it is timely to start considering what leading improvements may look like.

## Investing in Others

Nelson Henderson said, “the true meaning of life is to plant trees under whose shade you do not expect to sit.” This is true too of investing in others.

To invest reasonably well, we need to appreciate the future and its opportunities and risks. We can then invest in helping our people to gain broad insights into the complexities of social issues and a vast capacity to continue working in spite of constant frustrations and disappointments. We need to stay on course as leaders to instil a sense of mission and to be considerate leaders who can lead and inspire employees to take an interest in higher-level concerns. To do this, leaders need to be intellectually stimulating and be able to articulate a shared vision of jointly acceptable possibilities. We need to frequently raise standards, take calculated risks and get others to join us in our vision of the future. Employees are looking to leaders who are willing and able to show them new ways of looking at old problems, to teach them to see difficulties as problems to be solved and to emphasize rational reasoning.

## Results focused and social skills

We are often asked what the two characteristics leaders should sharpen are. Most would narrow these to being results focused and having social skills.

<sup>1</sup> Both letters can be found at this link: <http://app.msf.gov.sg/Publications/Letters-to-Social-Work-Students-Series> under Volume 1 titled “Reflections on Social Service Leadership 1” and “Reflections on Social Service Leadership 2”.

Being results focused involves having strong analytical and problem solving skills while social skills combine attributes like communication and empathy. Socially skilled leaders are able to diagnose and address interpersonal problems both at the workplace and in working across structures and systems. A good leader would keep working on strengthening both of these. To be both results focused and socially skilled requires a constant balancing effort.

## Raising productivity

As part of being results focused, leaders can play a role in raising productivity and especially so in the social sector as it is highly reliant on manpower. So let's explore some possible productivity efforts that do not require innovation or big bang strategies. Leaders should start to lead changes in areas where unnecessary efforts can be reduced.

1. The first area of change is *the shift to the application of research findings and learning rather than having multiple small scale attempts at research*. It is encouraging to see the content and curriculum of more and more programmes, services and efforts drawing from research that show what works in helping to bring about positive change. Giving more attention to the conscious translating of learning when working with clients and families will mean more purposeful work. In the same vein, research should inform us about moving our efforts out of work which do not make a difference no matter how good those efforts may make us feel.
2. The second area of change is that of *balancing resource deployment in integration*. The ideal state of integration for all services is expensive and unsustainable. Coordination and integration needs to be focused on areas that present a lot of complexities and where access cannot be overcome by access to good and timely information. This is a targeted approach. With systems, IT infrastructure and the sharing of information and data being made more adaptive for service delivery, agencies play an important role in helping those who need help. One way to achieve access to services must therefore be for individuals and agencies who are able to navigate the system, to do so by themselves. Oftentimes, the discussion may not be about integration but about managing expectations by giving applicants and potential users a sense of the time required for the whole process.

3. The third area to raise productivity is about *focusing expertise on service delivery and less on paperwork beyond the documentation of professional judgement and interventions*. Paperwork is crucial for the purposes of accountability, however, it should be thoughtfully designed and made efficient. Enabling professionals to devote time on clinical practice and service will translate to better service to clients.
4. The fourth area where we can raise productivity is by *re-visiting and distilling performance outcomes*. By being more deliberate in shifting towards recognising outcomes that are linked to research findings, we will shape behaviour and intervention that target change in behaviour, wellbeing and outcome for clients. This requires a refreshed evaluation of programmes and services drawing on what works in practice within resource constraints and consistency in implementation.
5. The fifth area that warrants attention is in *tapping into mobile technology and application for service delivery and doing away with some steps in processes*. In some areas, the shift to mobile technology, be it reminders of appointments and commitment or completion of tasks and responses, can save time, raise completion rates and increase the fulfillment of criteria or condition. For a manpower intensive industry, the potential of this technology can help services to leap frog in service delivery design.

## Food for thought

I will end with one of my favourite quotes. “I like a teacher who gives you something to take home to think about besides homework” by Lily Tomlin as “Edith Ann”. As leaders, we are called and committed to support teams, build collaborations, manage outcomes and produce quality improvements and raise productivity. We do this in our local context in a very tight labour market with fresh inflow of young, mid-career and diversely-skilled manpower into the social service sector. Our challenge is to stay focused on what the people we serve need and require of us to make their lives better, be it in protecting them, giving them hope or helping them to reach their potential.



## The Need for Evidence Based Practice

Keynote Address at Ang Mo Kio Family Service Centre's Launch of Book  
"Learning by Doing – Involving Children in Social Work Practice" on 17 Nov  
2015

KEYNOTE ADDRESS AT ANG MO KIO FAMILY SERVICE CENTRE'S  
LAUNCH OF  
BOOK "LEARNING BY DOING- INVOLVING CHILDREN  
IN SOCIAL WORK PRACTICE"  
ON 17 NOV 2015

Dear colleagues, friends and guests,

Thank you for inviting me to this occasion. I am impressed by the work of your social workers in publishing "Learning by Doing- Involving Children in Social Work Practice."

Today gives me the opportunity to share with you something that is integral in social work practice, which is the need for evidence-based practice. We have been talking about the importance of it, and I am happy that your agency has taken steps to conduct practice-based research.

## The Value of Evidence-Based Practice

2 Those of us who work with families know many factors that influence child outcomes. Increasingly, our policies and programmes are guided by research and evaluation of what works in practice to shape child outcomes. So let us start with the birth of a child. We now know with greater certainty that a child's long-term wellbeing is profoundly shaped by influences in pregnancy<sup>1</sup>. I recall seeing our own local data on child's birth weight from our largest children's hospital and they confirm that a child's birth weight is correlated with the child's development.

3 An article published by the Economist revealed that children born to poor mothers are at an even greater lifelong disadvantage than previously thought. Poorer people are more likely to go hungry and less likely to know what pregnant women should eat. They also tend to face more stress and many of the stresses are known to damage foetuses. How does this inform policy and programmes? Most of us understand and we now know for sure that with better health education, nutrition supplements, prenatal care and targeted subsidies, we can reduce significantly the incidence of low birth weight among poorer women.<sup>2</sup>

<sup>1</sup> The Economist. (2015, April 4). Unequal Beginnings. *The Economist*. Retrieved from <http://www.economist.com/news/international/21647641-childs-long-term-well-being-more-profoundly-shaped-influences-pregnancy?frsc=dg%7Cc>

<sup>2</sup> The Economist. (2015, April 4). Unequal Beginnings. *The Economist*. Retrieved from <http://www.economist.com/news/international/21647641-childs-long-term-well-being-more-profoundly-shaped-influences-pregnancy?frsc=dg%7Cc>

4 As we move on to the early years of the child's life, it can be said that the more a child is exposed to adverse circumstances at an early age, the more disadvantaged that child will be. There is substantial research evidence that reveal that the way a baby is treated in the first two years of his or her life will determine whether or not the resulting adult has a fully functioning brain. The damage caused by neglect and other forms of abuse comes by degrees: the more severe the neglect, the greater the damage. How would such evidence affect the way we design and implement our policies and programmes?

It would involve early intervention and showing mothers who neglect their children how to interact with their babies in a way that would help their brains to develop.<sup>3</sup>

5 Childhood experiences has links to delinquent behaviour in young people too. It has been suggested that the strongest predictors of whether a child will eventually turn to crime are likely to be in things such as poor parental supervision, parental conflict, disrupted families, and most notably, having parents with a criminal or anti-social background. Studies have shown that the lack of quality parenting (plus the competitive school environment and bad peer influence) predispose young people towards delinquency and not necessarily the structure of the family per se. While poverty contributes to delinquency, the income of the family alone is not a reliable predictor of delinquency. It is true however that a lower income means smaller housing, which can lead to young people spending more time outside the house, thus making them more susceptible to undesirable peer influence.

6 Juvenile delinquency is a complex subject, and it is difficult to identify any single cause or solution. The family, school and peers are three major sources of influence on adolescents or adolescence. Inadequate family and school support structures result in a loosening of social controls over young people. In turning to peers for support and acceptance, socialised delinquency then seeps in.

7 So what do effective programmes for juvenile delinquents contain? They are generally more likely to be community based than conducted in institutions. They show high intervention integrity or are rigorous in their implementation ie the curriculum of the programmes are carefully planned and delivered. In addition, there is what Palmer (1992)<sup>4</sup> refers to as a "breadth principle" to address the fact that most delinquents are faced with

<sup>3</sup> Palmer, A. (2012, October 28). What's the difference between these two brains? *The Telegraph*. Retrieved from <http://www.telegraph.co.uk/news/health/children/9637682/Whats-the-difference-between-these-two-brains.html>

<sup>4</sup> Palmer, T. (1992) *The Re-Emergence of Correctional Intervention* (Newbury Park, CA: Sage Publications).

multiple problems namely, skills and capacity deficits; external pressures and disadvantages and internal difficulties. These programmes usually involve one to one casework, group work and skills training.

8 The above research findings on child birth weight, child outcomes and its linkages to other social phenomenon such as delinquency, illustrates the value of Evidence-Based Practice (EBP). EBP first emerged in the medical field where there is a need to ensure that medication and treatment are tested and shown to benefit patients. A group of doctors were the pioneers of evidence-based medicine. This group of doctors challenged the status quo. One of them, Iain Chambers, was dissatisfied with the way medicine was taught. Attending medical school in the 1960s, he was unhappy over the need to regurgitate facts, and wished that he was given tools to find out what kind of medical treatments work best. When working for the United Nations in the Gaza strip, he saw that some things he learnt in medical school were harmful- such as treating children with measles with antibiotics.

9 This spurred Iain Chambers, who specialises in obstetrics to conduct systematic reviews of evidence on child birth and, with his colleagues, published *Effective Care in Pregnancy and Childbirth* in 1989. Seeing the need for doctors to be accountable to provide treatment with evidence, Iain Chambers also founded Cochrane Collaboration – a collation of systematic reviews of the best evidence that help doctors and patients make more informed choices about treatment.<sup>5</sup> For example, on Cochrane Collaboration, you can find out the evidence on whether exercising will reduce symptoms of depression.<sup>6</sup>

10 One of the more renowned social work equivalents to Cochrane is the California Evidence-based Clearinghouse for Child Welfare.<sup>7</sup> I do hope that in the future, the social service sector in Singapore will have a depository hub of evidence-based practice that is widely used in the ASEAN region and beyond.

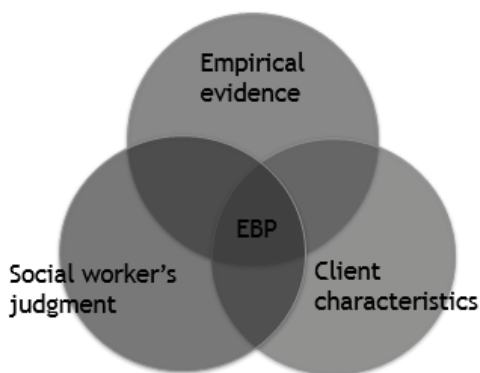
## What is Evidence-Based Practice?

11 EBP is the intersection of research, best practices and clinical information that directs practitioners to find and apply the most suitable intervention for their clients. It overlaps and integrates 3 major sources of practice or information – empirical evidence, social worker's judgment formed through observations and assessments, and client characteristics.

<sup>5</sup> Smith, R. & Rennie, D. (2014). Evidence based medicine – an oral history. *BMJ*. doi: <http://dx.doi.org/10.1136/bmj.g371>

<sup>6</sup> <http://community.cochrane.org/cochrane-reviews>

<sup>7</sup> <http://www.cebc4cw.org/>



Drake & Jonson-Reid, 2007

- (i) Best available empirical evidence – For instance research and analysis, primary data collected, facts,
  - what does research say about the best methods of working with children who were emotionally abused?
- (ii) Social workers' judgment based on observations and assessment
  - As practitioners, what have we observed and assessed to be the best practice? (which AMK FSC has done)
- (iii) Client characteristics – age, gender, culture, income, level of cognition, mental health etc.
  - what are the particular traits, characteristics, circumstances of our clients that are unique, or common?

12 I am heartened to see that the book we are launching today has captured the practices of working with children. This adds to existing knowledge that is localised and contextualised. This is knowledge that is very helpful to those working in child welfare or doing research on child outcomes.

13 In MSF, we have also conducted more research to inform practice and to enhance our practice standard. One such research is the predictors of re-entry and recurrence of child protection cases conducted through a Master's Independent Research<sup>8</sup> study by Ng Wei Chern using data from the Child Protection Service. In this research, an interesting finding was that child protection cases of emotional abuse coupled with other types of abuse, with chronic concerns of care, had a higher chance of recurrence to child welfare or protection or offending behaviour. A related study that the Ministry has conducted is to examine the effects of poly-victimization on mental health

<sup>8</sup> Ng, W. C. (2009). Profile of Child Protection and Child Welfare Cases with Recurrence and Re-entrance for Cases Closed from 2002 to 2009 (Unpublished Independent Research Study). George Warren Brown, Missouri.

outcomes of children<sup>9</sup>. By poly-victimization, we mean multiple types of abuse inflicted on a child. With the findings from these studies, we could do more to identify cases of similar profile and circumstances and provide more targeted support to prevent a further escalation of risk.

## The Importance of Research in our Practice

14 In addition, I would also like to highlight the value of research and its implications on practice, and how we also ought to be more discerning in how we interpret data. In general, we see statistics on increasing trends of divorce and we tend to correlate it with negative outcomes for children. However, Michael Rutter in his research, “Maternal Deprivation Reassessed”, in 1981<sup>10</sup> concluded that it was not separation per se that was harmful. Instead, it was the quality of parenting and other parent-child experiences before and after the separation, that affect child outcomes. It is the extent and persistence of marital discord and tension that affect children more than the marital status of the parents ie if they are divorced, separated or physically absent. Hence, when we come across couples undergoing divorce in Singapore, and there are children in the families, we need to consider how best to ensure that the children are not affected in a negative way. How do we ensure that the matters of care and control and parenting are settled amicably, and in the interest of the children? How do we work with the couples to prevent their children from being triangulated in the marital discord?

15 Another notable study conducted by the US Centre of Disease Control was a longitudinal study on Adverse Childhood Experiences.<sup>11</sup> The study showed that adverse childhood experiences such as child abuse or neglect, witnessing domestic violence, growing up with parents’ substance abuse, marital discord or crime, were strongly correlated with the risk of developing disease, and health and social problems throughout one’s lifespan. Some of such problems include alcoholism, depression, foetal death, suicide attempts, unintended pregnancies, and early death. Such knowledge should inform the way we design our interventions and support systems in order to mitigate the impact of these adverse childhood experiences.

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<sup>9</sup> Rehabilitation and Protection Group. (2015). Effects of Polyvictimisation on Children and Adolescents in the Child Protection (Unpublished). Ministry of Social and Family Development, Singapore.

<sup>10</sup> Michael Rutter (1981). *Maternal Deprivation Reassessed*. Penguin Books

<sup>11</sup> The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente’s Health Appraisal Clinic in San Diego. <http://www.cdc.gov/violenceprevention/acestudy/>

16 In our work, we often rely on studies and research from overseas. For instance, pain based behaviour according to Cornell University's research, comprises the following: impulses outburst, aggression, running away, self injury, defiance, inability to regulate emotions, and trauma re-enactment.<sup>12</sup>

Pain-based behaviour arise from traumatic episodes that children experience. Exposure to trauma affect the way children think, feel and act. Trauma may lead to poor self-regulation, aggression, poor impulse control, low concentration and poor interpersonal relationships. Traumatized children could also re-enact trauma by exhibiting such pain-based behaviour. We know that some of the behaviours listed are common among the cases that we have seen. But the question is, have we tested it out to show that Singapore's context is consistent with this piece of research; or are there manifestations of other pain-based behaviours which are unique in our context? Another question which I will be interested to know is, how common each specific behaviour is among our children who have experienced trauma, so that we can better equip our social workers to address them? Hence, embarking on local research, not just reading about research conducted by overseas academics, will ensure that our practice is more evidence-based.

## Conclusion

17 So I urge you to:

- Record and document what works, what works better
- Collect practice wisdom which is localized and contextualized
- Collaborate and investigate!

18 I am happy that there are existing platforms for social workers, and social work leaders to share their learning, brainstorm ideas and implement them.

- Tuning in to the Leaders' Series
- Dialogue sessions
- Principal Social Workers' Seminar (for social work leaders)
- Thought Exchange (for social work leaders and experts in other fields)

19 I will end with one of my favourite quotes. I have just completed a policy course in NUS for third and fourth year students. I always leave with them issues that set them thinking which I believe is more important than homework.

"I like a teacher who gives you something to take home to think about besides homework"

Lily Tomlin as "Edith Ann"

20 I hope I have left with you something to think about today.

<sup>12</sup> Cornell University (2009). Therapeutic Crisis Intervention Reference Guide (6<sup>th</sup> Edition)



## Capacity and Capability Building

- The importance of interconnected capabilities
- How building capacity and capability links to the passion and soul of the work
- The need to translate research into action
- The differences in the skills required for innovation and scaling

## Dear Social Work Practice Teachers and Leaders,

We hear quite a lot about capacity and capability building in the sector but what do people usually mean by this? Most of the time, they usually mean having the knowhow, resources and time to produce satisfactory outputs or outcomes. Why are these especially important in our context today? One possible reason is because we live in an increasingly complex, volatile, uncertain and ambiguous world and there is a need therefore to continue to ensure people of the basics of health, safety and a safe environment.

Generally, some of the core capabilities include the knowledge and skills to 1) deliver good quality service, 2) manage finances and resources for sustainability and 3) contribute productively to a community. The last point is important as agencies do not exist independently of their operating environment. Any agency therefore needs to be able to focus, plan ahead, avoid distractions and be nimble enough to respond to differing demands and expectations. It needs to be responsive and persistently purposeful in order to achieve long-term goals.

## Interconnected capacities

The present challenge for many agencies is to systematically provide opportunities for workers to build core skills that are needed to deliver services well and to provide a learning and capacity building environment for workers to thrive. For many agencies in the social sector, the “what” of capacity building includes programme skills, fundraising skills, and basic organizational skills. However, these alone are insufficient. What distinguishes the better from the good agencies is the recognition that knowledge and skills are a linked set of capacities, which have to be interconnected in an ongoing basis within the agency ie organisational function. *Coordinating and structuring the interconnectedness is a premium for effectiveness.* There is even now attention on building the capacity of capacity builders. Such capacities include developing more sophisticated diagnostic tools; engaging teams (rather than individuals); ensuring that change management is included as a part of the capacity building process; engaging diversity; designing participation<sup>1</sup> and inclusion; and developing the capacity of partner agencies. There is a realisation that the network of partners is as strong as the weakest link.

The world has changed, and the social sector has been responding. Non-profits, funders, government agencies and the private sector are acting together more often, whether forced by budget cuts or drawn by the promise of collective impact or social impact.

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<sup>12</sup> Adapted from <http://tinyurl.com/designingparticipation>

We also hear a lot these days about social innovation and its place in collective impact. What are some of the ideas that will enable us to build our capacity and capability? And how do they link to our reference to “the heart and mind (brains)”, and “passion and soul”?

## Brains, soul, heart and courage

**Brains:** We should develop a deep knowledge in our area of work and stay updated on the current research on what works and how the elements or factors contribute or influence outcomes.

**Soul:** We should be clear about the values that we stand for. Good leaders should lead with a compass and not by radar. While aware of the world around them, good leaders are oriented to a true north that does not waver. In contrast, a leader who makes decisions by radar will be constantly changing in response to external stimuli.

**Heart:** We should be passionate about what we believe in and show compassion. Passion and compassion will root our decisions in concern for others. But passion and compassion are not sufficient. Good leaders will want to ensure that they remain competent and continually refresh their vision.

**Courage:** We should have good nerves to be bold and able to move toward our vision even with incomplete information or risky odds after deep thinking and analysis.

These are clearly valuable attributes in any leader.

## Working with data and information

Most leaders will work with data and information. Data comes in the form of raw observations and measurements or chunks of data.

Information is created by analysing relationships and connections between the data. It is capable of answering the “Who/What/Where/How many/When/Why is” type of questions. Quite often, when we talk about data driven decision-making, it is information and not data that feeds into the actual decision-making. Information is a message with an (implied) audience and a purpose which is the reason why we often ask who needs the information.

Knowledge is a product of a synthesis in the human mind. This would mean that knowledge can only be shared as information and then becomes knowledge again in someone else's brain. Knowledge answers the "How" question. It is contextualized and an example would be a local practice or relationship that works.

Decisions are often made based on information and knowledge and not data alone. Through processes like evaluation, research, observation and feedback, we generate new data, information and knowledge.

## Translating evidence into policy and programmes

There is no doubt that social change efforts are accelerated by data. But investing in good quality research alone isn't enough to produce solutions or outcomes. Funders and researchers have to invest more in translating research into action. Research findings tend to stop at producing data and information. There is a gap in translating the evidence and learning for practitioners and to enrich the experience for users of services.

To enable learning and discovery to translate into services for those who need them, it is useful to draw from research to shape the content and curriculum of programmes and models to bring about positive change. By being more deliberate in shifting towards recognising outcomes that are linked to research findings, we will shape behaviours and interventions that target change in behaviour, wellbeing and outcome for clients. This requires a refreshed evaluation of programmes and services drawing on what works in practice within resource constraints and consistency in implementation.

## Difference between innovation and scaling

Another capability that agencies want to build in the social sector is that of innovation and the capacity to scale. Innovation and scaling require quite different skills sets. People with the talent and skills to innovate are unlikely to be the same people who can help scale. For example, football teams don't use the same players on their offensive and defensive lines. There is also a missed understanding that innovation must require innovation labs, consultants, new technology, and the other things popularly associated with it. Instead, it can in some instances, mean a small common sense tweak (like serving or making services available in a less obvious location or point) that is far enough upstream to change the entire trajectory of a programme. Innovation can come about by thinking differently through an "out of the

box" perspective and re-organising how a service is delivered by questioning assumptions. One such assumption is whether a procedure needs to be carried out by a particular person or by someone trained to do it. Scaling on the other hand often requires a catalytic innovation. The best idea may reach a natural plateau at some point and getting to the next level requires not just working or pushing harder, but also doing something different - innovating, rethinking, perhaps even changing the way service delivery has worked for decades. Scaling often requires more stakeholders, partnerships and networks.

Equally critical is to enable leaders to know whether or not to scale. And it begins with gathering evidence of impact and how the impact happens. This is to ensure that what is to be scaled has evidential impact on the clients and is not used for promotional reasons. The evidence or data will instruct on the readiness to scale.

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

So capacity and capability building is not an option but is critical in order for us to be relevant in the increasingly complex and unpredictable world.



## Social Change and Capacity Development

- Important lessons to take note of while pursuing social change
- Introduction to the concept of capacity development
- The importance of working alongside communities and empowering them in the pursuit of change

## Dear Social Service Practitioners and Leaders,

This letter builds on the ideas in two previous letters titled “designing participation<sup>1</sup>” and “capacity and capability building<sup>2</sup>”. When we refer to participation, involvement, collaborating and empowerment in working with partners and communities, it is always useful to define the terms used so that we can have a more purposeful discussion. This is especially so if we are to enable a deeper understanding of the challenges that need to be tackled and to engage people in the work of social change.

What is increasingly clear is that research, solutions and findings about “what works” do not necessarily translate to sustainable changes unless there is active participation of people in the communities that they target. By what works, we usually mean programmes that have had a proven correlation between a given intervention and a specific outcome or programmes that are known to lead to better results.

Patience is necessary when working with people and communities if joint-solutions or improvements are to last. Improvement has to happen at a pace that people can adapt to. This is not to say that resourcing is not important but resources should be used efficiently and keep pace with expanding needs.

## It starts with empathy and ownership

One main lesson about social change is that relationships matter. And sustained improvements come about when there is community support and commitment. Improvements last and changes take root when there is ownership. Support and commitment come from respecting what people see and experience. And this begins with empathy. Empathy leads to meaningful engagements within a relationship of trust.

## Organizing for engagement and partnership

Another lesson about social change is that shared leadership matters. When trying to bring about social change quickly, it is tempting to impose a top-down and institution-led change especially when the policy or programme is based on research and data. However, even if the solution is clear, it is

<sup>1</sup> Previous letter “Designing Participation” can be found here: <http://tinyurl.com/designingparticipation>.

<sup>2</sup> Previous letter “Capacity and Capability Building” can be found here: <http://tinyurl.com/capacityandcapabilitybuilding>

necessary to engage communities, partner agencies and agents to support the solution.

Mobilizing people is far easier than organizing for engagements and partnerships. The former is often institution-led while the latter is about ensuring involvement and negotiating a relationship to bring about change. Working with communities may entail cultivating leaders, identifying their interests, and enabling them to lead change. It also involves them making decisions and being champions of initiatives that they have a part in creating.

## People as co-producers of outcomes

There is an increasing recognition that people and communities should not be viewed as beneficiaries or recipients of outcomes but as co-producers of outcomes and active participants of creation.

Occasionally, some may adopt the “plug and play” mentality in the process of pursuing social change. “Plug and play” is a term used to describe devices that work with a computer system as soon as they are connected. The user does not have to manually install drivers for the device because the computer automatically recognizes the device and begins to work with the newly connected device<sup>3</sup>. “Plug and play” may be a solution which works in technology but it does not apply for matters involving human relationships. Practitioners and leaders should therefore be cautious in embracing such a concept and must consider the cultural context for embracing any change. They should instead develop a deep connection with the communities they serve and a deep understanding of its people.

One useful perspective that community organisers have adopted is to support what communities can do for themselves and each other, and to work alongside them on what they can do better. Organisations, funders and institutions do best for a community when they do what the people can't do for themselves. By adopting such a perspective, we can better recognise and respect the assets that a community can bring to an initiative. Take for an example a reading programme or support for very young children. If the goal is to help children from disadvantaged backgrounds to read or to help mothers to have healthy birth outcomes, community organizers or institutions should consider the roles that family members, volunteers and neighbours can play in such efforts.

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<sup>3</sup> Christensson, P. (2006). Plug and Play Definition. Retrieved 2016, May 16, from <http://techterms.com>.

## Capacity development

So in many ways, organising to engage and build partnerships contributes to capability building, capacity building and capacity development. After all capacity building is about moving in to a place to introduce elements for capacity from almost a zero base situation while capacity development is about identifying and advancing the capabilities that already exist.

Oftentimes, these phrases are used almost interchangeably and their meanings are often defined by the authors who use these concepts. So to avoid using them as if there is one meaning, there are three questions that should always accompany the use of these terms: whose capacity, capacity for what and how will it be developed? We need to keep these questions as the starting point of discussions in order to make them more focused.

Most funders will also require that their investment or support leads to “capacity development”. And by capacity development, funders usually mean the process by which people and organisations develop the ability to set and achieve their own objectives. So capacity development is about increased capacity which aims to have an empowered community that uses its strengths to respond to opportunities or challenges that come its way. With increased capacity, it is likely that the community is able to pick up more capacity.

Increasingly, funders are making it clear that they do not want to use money to buy results and want to see knowledge and skills-building capacity in people as a sustainable way for ingraining improvements.

Perceived this way, *development is about process*, and not just about outcomes. It takes cognizance of culture and context to transform institutional, grassroots and individual capacities. It aims to increase capacities that have longer term results and not short term or quick fixes.

Perhaps the main difference between developed and developing countries is not income but capacity. Capacity development has to work with context and culture. Building capability is more about technical issues and transfer of knowledge, skills and knowhow. The challenge is to capture capacity development in monitoring and evaluation since development often becomes apparent only years after any particular intervention.



## Managing Change

- How to ensure a smooth and sustained change as we seek to improve services
- The difficulties faced in bringing about change and when change happens
- How to enable change to take place in a purposeful and intentional way

## Dear Social Service Practitioners and Leaders

Leaders are often asked how they manage change. Most leaders would find this topic an uncomfortable one especially when change entails moving people from a comfort zone to a less certain future. However, change cannot be ignored. The environment we now operate in is an ever changing one which requires leaders to be mindful about managing change. As the saying goes “change is the only constant”. To understand change, we need to understand the push and pull factors for change and how to read and calculate these to ride the winds of change. We need to ask ourselves how we can help enable change to take place in a more purposeful and intentional way.

## What to focus on in bringing about change

If the environment is always changing and leaders operate in a changing environment, then learning to adapt to change is inevitable. The question we have to ask ourselves is how we should focus our attention. A good starting point in managing change is to pay attention to how organisations and systems are organised, the service delivery standards and the cost and value of everything that we do. We also need to understand that cost and value are different concepts.

For those in policy leadership roles, there is the need to coordinate policies and programmes across all departments and manage the coordination setup. Paying attention to coordination will better enable us to manage the bottle necks or tensions that often reside in the nexus of structures and people in various parts of the organisation. Links or the lack of links can facilitate or sabotage change.

For all leaders, there is the non-negotiable challenge of HR management – the system of hiring and dismissing, performance management and people development which few enjoy but is at the core of people management. It takes courage to hire or promote someone who may break the tradition or prescribe norms for qualifications and experience in order to get the right person for a job. In some instances, someone with a good track record may be better suited for a role than someone who has served for many years.

## Changing the status quo

Sometimes it is much easier to bring about change in a crisis as the reason for doing so is clear and urgent. It is harder to bring about change in the status quo as there will always be the proponents of the “don’t fix it if it ain’t broken” mentality even when there are ideas for improvement. In some situations, improvements or change may mean shifting people’s power and

authority which often goes against our human nature. Change is after all mostly uncomfortable.

So how can we better facilitate change? It begins with building trust and offering a professional view without any hidden agenda. We can begin by talking about best practice as people usually want to be seen doing what is best.

## Changing mind sets

Managing change requires persuading groups and individuals to change the way they work and to think differently about their jobs. There are generally three levels of change.

1. At the most straightforward level, a unit can act directly to achieve outcomes, without having to change the way people work by for example divesting non core work or services to focus on the core business.
2. At the next level of change, staff may need to adjust their practices or adopt new ones in order to reach, say, a new target. An already "lean" unit might, for instance, encourage its staff to look for new ways to reduce waste, be more productive or have outsiders propose fresh ideas into the organization or unit.
3. At the third level, it is about cultural change which involves changing the mind-sets or aligning the ways of all the staff in an organisation. This is often required when an organisation aims to reach a higher performance goal by having its staff throughout the whole structure interact in alignment with a new goal. This is also required when an organisation wants to become more efficient, relevant or competitive by changing its culture fundamentally - from being reactive to proactive, hierarchical to collegial, or introspective to externally focussed. Since the collective culture of an organization is an aggregate of the shared group and individual mind-sets, this will be a challenging task.

## Understanding the Purpose of the work

In the social service sector, beliefs and mission play a big part in providing the purpose in the work for staff. All enter the sector with a noble reason. But some do find that they begin to question their purpose and reason or experience some distress when they find that their beliefs are inconsistent with their actions in their organisations. In such situations, what the theory of cognitive dissonance<sup>1</sup> says is that the individuals will find that they need to

<sup>1</sup> 1957 the Stanford social psychologist Leon Festinger published his theory of cognitive dissonance when he observed in the subjects of his experimentation a deep-seated need to eliminate cognitive dissonance by changing either their actions or their beliefs.

change either their actions or their beliefs. So what happens is that if the staff believe in the organisation's overall purpose, they will be happy to change their individual behaviour to serve that purpose. But to feel comfortable about change and to carry it out with enthusiasm, staff must understand the role of their actions in the future of the organisation. We all know that it isn't enough to tell staff that they will have to do things differently. Anyone leading a change programme must take the time to think through its "narrative" - what makes it worth undertaking- and to explain that story to all of the people involved in making the change happen, so that their contributions make sense to them as individuals.

## Ensuring Sustained Change

We often hear that it is most difficult to change mind-sets. But it can happen when staff understand the reason for the change and support it. Staff must have the skills to do what it requires and see the people they respect consistently showing the new behaviour. These add up to behavioural changes in organizations by changing attitudes about what can and should happen at work.

To sustain change in any organisation, reporting structures, management and operational processes, and measurement procedures - setting targets, measuring performance, reward and recognition systems - must also be consistent with the behaviour that staff are asked to demonstrate. When an organisation's goals for new behaviour are not reinforced, staff are less likely to adopt it consistently. For example, if senior staff are urged to spend more time coaching junior staff but coaching doesn't figure in the performance appraisal, they are not likely to do it well.

For behavioural change to be sustained, organizations that want to maintain higher performance need to continuously ensure that the structures and processes that reinforce or condition the new behaviour are "oiled" regularly and not assumed to be on autopilot.

## Skills and role models for implementing change

If an organisation asks its staff to be 'client-centric' but paid little attention to the client in the past, the staff will need to learn how to do this as they would not have any idea how to interpret this principle and won't know what a good outcome would look like.

How can adults then be equipped with the skills they need to make relevant changes in behaviour? The ACTA training advises, based on Kolb's learning

style<sup>2</sup>, that adults will need time. In practice, this means that we can't teach everything there is to know about a subject in one session. We need to break down the formal teaching into chunks, with time in between for the learners to reflect, experiment, and apply the new principles. Change happens only in steps. And as the organizational psychologist, Chris Argyris has shown, people assimilate information more thoroughly if they go on to describe to others how they will apply what they have learned to their own circumstances. Training or workshops can help to change behaviour by establishing personal meaning as well as creating emotional connection between staff and the new behaviour.

In any organization, staff model their behaviour on "significant others" and these are usually those they see in positions of influence. So we need role models at every level to "walk the talk" so that people in different functions or levels have examples to emulate.

## Checking assumptions

In implementing any change effort, it is useful to recognize assumptions as it is a bias that is pervasive in humans and exist in the various systems we experience daily. Some of these are so subtle that we do not know that we are being exposed to them. We may assume that what worked will always work. For example, we often do not take into consideration the changes that have occurred such as the changes to systems and changes to context. We tend to think that what we see is all of what there is, like the ice berg assumption when we know that the majority of the ice berg is below the water.

## Embracing change

As we seek to improve services, change, which involves making delivery better for clients, will be a norm. Sometimes the change may involve innovation and creativity, sometimes it may require abandoning of old ways to encompass or install new ways or new behaviour. The change may start with individuals, small groups or across the board. Whatever these may be, leaders need to be equipped to lead change through acquiring the skills, strategising the change process and focusing on the human dimension for change in order for it to be sustained when it happens. Change is after all part and parcel of leadership.

Ang Bee Lian,  
Director of Social Welfare, MSF

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<sup>2</sup> David Kolb, a specialist in adult learning, developed his four-phase adult-learning cycle. Kolb showed that adults can't learn merely by listening to instructions; they must also absorb the new information, use it experimentally, and integrate it with their existing knowledge.



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## NOTES

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