

FAMILY PRESERVATION BY SAFE AND STRONG FAMILIES PILOT

PRACTITIONER'S RESOURCE GUIDE



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MESSAGE FROM DIRECTOR OF SOCIAL WELFARE

Safe and Strong Families-Preservation (SSF-P) aims to provide intensive in-home services to support and keep families together, with the hope of preventing the unnecessary removal of children from their families.

The best place for children and young persons to grow up is in their families. Yet we also recognise that some families may not have the knowledge and resources to provide a safe place for children and young persons to grow. Often, family members have the best intentions but need a guiding hand to teach them alternative, pro-social ways of parenting. The SSF-P programme helps to equip families with the knowledge and capabilities to provide a safe, stable home for children and young persons. The hands-on, home-based work provided by social service professionals to individualise and provide culturally responsive and relevant services for families is a defining mark of this programme, and preliminary data has been heartening.

A key element of good casework is bringing in, or expanding, the family's social network. As social workers, we understand how crucial it is to look at the ecosystem of our clients. A supportive network is important to provide families with an additional helping hand and ear in times of need. Positive support networks positively impact families' and children's well-being and health. These also reduce the risk of child abuse. SSF-P draws on family members and the community to create a sustainable network to support the family at-risk.

Kudos to the SSF-P practitioners for documenting their learnings over the last two years and sharing their practice wisdom so that fellow professionals can benefit from it. This is the community of social service practitioners we want to build.

Ang Bee Lian (Ms)

Director of Social Welfare

FOREWORD BY DIRECTOR, CHILD PROTECTIVE SERVICE

Our local child protection landscape has evolved quite significantly over the past 5 years. Today, we have a national framework for the detection, reporting and management of child protection concerns through better screening tools and evidence-based interventions. We have also set up specialist services for child protection in the community. These developments are in line with efforts to reach out to families early so that children and young persons can be kept safe while remaining with their families.

The more we know, the better we seek to do. And as we do, we want to share what has been helpful. Working alongside our partners on the SSF programme for example has been edifying as we witness the science, art and heart of child protection work being weaved into powerful stories of progress, hope, resilience and possibilities. Our partners were keen to document the good practices to benefit others who work with children and families.

Hence this resource guide. It was put together by the MSF Child Protective Service's SSF-P Team, Clinical and Forensic Psychology Service as well as SSF-P community agencies and our Consultants, Children's Research Centre and SP Consultancy. It aims to make what we learnt during the course of the SSF-P Pilot available to other professionals who are working to preserve children and young persons at home with their families.

I hope you find this resource helpful. May we continue to build a community that is committed to helping the most vulnerable in our society including children and families who need our support to get back on track.

Carmelia Nathen (Ms)

Director
Child Protective Service



CHAPTER 1

FAMILY PRESERVATION PRACTICE PRINCIPLES AND CORE VALUES

The aims of the Safe and Strong Families-Preservation (SSF-P) programme are to ensure children and young persons' safety, strengthen vulnerable families and preserve relationships amongst family members so that the family unit can stay together as it begins the process of healing. In this chapter, practitioners will learn about the fundamental practice principles and core values that guide all professionals who work towards preservation of children and young persons in families.



KEY OUTCOMES

- Practitioners will understand the 12 guiding practice principles that guide them in the intensive family preservation work with families.
- Practitioners will be better able to comprehend and articulate the motivation and actions of the practitioners as they carry out intensive family preservation service.
- Practitioners will have heightened awareness of ethical considerations that guide the practitioners who work with families known to Child Protective Service (CPS).
- Supervisors will be able to guide practitioners on what to do or the position to take, especially when family members or children and young persons are at risk of impending or future harm.



12 GUIDING PRACTICE PRINCIPLES FOR PRACTITIONERS

1 SAFETY OF CHILDREN AND YOUNG PERSONS IS PARAMOUNT.

Children and young persons need a safe and nurturing environment for healthy growth and development. The practitioner should keep children and young persons safe and reduce the likelihood of them facing immediate or future harm in their care environment.

2 IT IS BEST FOR CHILDREN AND YOUNG PERSONS TO BE RAISED BY THEIR NATURAL FAMILIES.

It is most ideal for children and young persons to stay with their families in a safe and stable environment. The practitioner's work centres largely around creating enduring safety for children and young persons, so that they can remain with their natural families. However, when families become unsafe, the practitioner must intervene so that children and young persons can be cared for in a safe manner. One way to protect children and young persons is to create a sustainable safety plan by working closely with other professionals who are caring for the families (Parker, 2015).

3 CRISIS IS AN OPPORTUNITY FOR GROWTH AND CHANGE.

In times of crisis such as the involvement of CPS and possible out-of-home care placement with foster carers or Voluntary Children Homes, families will face the need to change the way they function. These situations present good opportunities for the practitioner and other professionals to help families develop new and more effective skills to cope with their stressors. Ultimately, the goal is to enhance safety for the children and young persons.

4 THE VOICES OF CHILDREN AND YOUNG PERSONS SHOULD BE AT THE CENTRE OF INTERVENTION.

Children and young persons are vulnerable and require protection and support. However, their voices are sometimes not heard in the practices and interventions (La Valle, Payne & Jelcic, 2012). The practitioner can address this issue by providing them with opportunities to express their opinions. Studies have shown that getting children and young persons involved can promote their safety at home and improve their overall well-being (Lansdown, 2011). Article 12 of the United Nations Convention on the Rights of the Child (UNCRC, 1989) highlights that "Violence against children in families ... will be tackled more effectively if children themselves are enabled to tell their stories to those people with the authority to take appropriate action."¹



¹ Chapter 4 of the paper will further elaborate on the need for child-focussed practices.

5 A COLLABORATIVE APPROACH WITH FAMILIES SUPPORTS THEIR EFFORTS TO CARE FOR CHILDREN AND YOUNG PERSONS AND ENSURE THEIR SAFETY.

Families are the best source of information about themselves and their lives. The practitioner should work with families to improve safety for children and young persons. Such collaborations highlight each family's strengths, create a more positive experience, as well as support sustainable change for the family. SSF-P intervention also aims to empower families to be able to care for children and young persons on their own and keep them safe. Working with families collaboratively helps them feel that they can play an active role in ensuring children and young persons' safety and experience success as a family.

6 A RIGOROUS AND COMPREHENSIVE ASSESSMENT IS THE BASIS OF A RELEVANT AND EFFECTIVE CASE PLAN.

An effective case plan (see Annex A) can be developed with proper and thorough assessment. The practitioner must assess the family's past and present challenges, as well as its current strengths and actions of protection (Parker, 2015). With such information on hand, the practitioner can better guide family members towards creating goals with sustainable outcomes. For example, he or she can use Structured Decision Making® (SDM) assessment tools to assess critical decision-making points in children and young persons' lives and to facilitate the development of case plans and subsequent steps to take.

7 A COMMUNITY OF SAFETY AND SUPPORT FOR CHILDREN, YOUNG PERSONS AND FAMILIES MUST BE DEVELOPED, REGULARLY REVIEWED AND ENHANCED.

A social support network is vital in safeguarding children and young persons' well-being, as members of the network will be their main pillars of support even after preservation intervention is completed. The practitioner should help families identify a network of people who know the children and young persons (e.g. family members, friends, professionals who have regular contact with the children and young persons). These individuals have to be assessed to be suitable persons to support the safety of the children and young persons. To achieve this, the practitioner can use the circle of safety and support tool (see Annex B) from the Partnering for Safety (PFS)² framework. Do note that each support network should be regularly reviewed and enhanced after initial development.

8 TRAUMA-INFORMED INTERVENTION IS KEY TO SUPPORTING CHILDREN, YOUNG PERSONS AND FAMILIES.

Children and young persons who come into the system would have been exposed to traumatic events in their lives. The practitioner needs to be able to see their world through the trauma lens, so that he or she can better support them through a process of identification, intervention and healing. Some examples are implementing trauma screening for early detection as well as helping children and young persons and families relate their experiences to help the practitioner better understand concerns and determine appropriate interventions. Strengthening attachments by helping parents to be more attuned to the needs and feelings of children and young persons is also important in supporting their healing.

² Partnering for Safety (PFS) framework is developed by SP Consultancy.

9

WORK WITH FAMILIES THROUGH HOME-BASED SERVICES OR WITHIN CHILDREN AND YOUNG PERSONS' NATURAL ENVIRONMENTS.

Working with families through home-based services is essential in ensuring sustainable safety. It enables the practitioner to better assess stressors and support that each family has, in its natural environment, as well as recommend solutions. It also makes the intervention more accessible, promoting better participation of these families in the change process.

10

PRACTITIONERS ARE AGENTS OF CHANGE AND WILL ADVOCATE FOR CLIENTS WHERE THERE ARE BARRIERS TO ACCESS SERVICES TO MEET FAMILIES' NEEDS.

There will be instances where families are unable to receive the support and services they need to ensure the children and young persons' safety. The practitioner is responsible for bridging such gaps by reducing barriers and enhancing access to needed services. Practitioner can reduce these barriers by advocating for resources to be accessible in meeting the needs of the families in order to provide safe care for children and young persons.

11

PRACTICE SHOULD BE SENSITIVE TO THE CULTURAL DIVERSITY OF THE FAMILIES.

The practitioner is culturally sensitive and works with diversity. Every family has its own culture and beliefs. Therefore, the practitioner needs to exercise cultural sensitivity and respect when assessing family dynamics and providing intervention services. The practitioner should seek to actively listen to the cultural considerations in each family and provide interventions that are culturally sensitive to the family.

12

FAMILIES' PROGRESS ON CASE PLAN GOALS SHOULD BE MONITORED THROUGH PERIODIC AND TIMELY REVIEWS.

Tracking one's progress is an important part of the goal-setting process. For families, tracking can be done through periodic structured reviews. Such reviews involve families and their formal and informal networks, and ensure timely delivery of services to achieve case plan goals. The practitioner may sometimes encounter cases that involve high likelihood of future harm and multiple stressors. In such cases, he or she should review the case plan with a supervisor to ensure safe practice.





Safety of children and young persons is paramount.

It is best for children and young persons to be raised by their natural families.

Crisis is an opportunity for growth and change.

The voices of children and young persons should be at the centre of intervention.

A collaborative approach with families supports their efforts to care for children and young persons, and ensure their safety.

A rigorous and comprehensive assessment is the basis of a relevant and effective case plan.

A community of safety and support for children, young persons and families must be developed, regularly reviewed and enhanced.

Trauma-informed interventions is key to supporting children, young persons and families.

Work with families through home-based services or within children and young persons' natural environments.

Practitioners are agents of change and will advocate for clients where there are barriers to access services to meet families' needs.

Practice should be sensitive to the cultural diversity of the families.

Families' progress on case plan goals should be monitored through periodic and timely reviews.

Figure 1. 12 Practice Principles that Guide the Practitioner



ROLES OF THE PRACTITIONER

Each practitioner has multiple roles and responsibilities when helping families. Key roles include:

CASE MANAGER

The practitioner develops and plans interventions to protect vulnerable children and young persons. A key intervention is safety planning and monitoring safety plans. As a case manager, the practitioner helps families identify changes that need to be made, regularly tracks their progress and ensures the children and young persons' safety and well-being.

EDUCATOR

The practitioner helps families address the identified issues by providing psycho-education. Examples include teaching parenting skills and providing knowledge on child development as well as the impact of child abuse and family violence on children and young persons.

THERAPEUTIC SUPPORT PROVIDER

The practitioner provides counselling and emotional support to children and young persons, parents and those related to the family. This role also entails assessing and referring individuals under his or her care to trauma recovery services.

BROKER

The practitioner is responsible for ensuring that families are able to provide adequate care to children and young persons. This role entails linking families or an individual family member up with community resources such as childcare services, financial assistance programmes, housing assistance and healthcare services and then following up to ensure that the families receive the services. Knowledge of community resources, eligibility requirements, fees and the location of services are vital.

ADVOCATE

The practitioner ensures that families are able to access the resources needed to facilitate the safety and well-being of children and young persons. The role also involves engaging relevant stakeholders to highlight the needs of the families or particular groups, and make suggestions to address service gaps or systemic barriers.

RESEARCHER AND EVALUATOR

The practitioner collects information on the SSF-P programme and its delivery by collecting quantitative and qualitative data. As a researcher and evaluator, the practitioner must be able to think critically and analyse whether the intended outcomes are achieved.



STANCE OF THE PRACTITIONER

The practitioner should always:

- ✓ show respect, genuineness and honesty when working with families, children and young persons;
- ✓ be curious and open in conversations with families – facilitate honest conversations around critical issues;
- ✓ see families as partners with unique strengths and work with them to achieve their goals;
- ✓ maintain a mutually respectful stance when discussing families' current practices and issues;
- ✓ affirm clients' strengths, efforts and progress;
- ✓ take a non-judgemental stance and be open to understanding different opinions and situations;
- ✓ be aware and in control of own mental thought processes and body language; and
- ✓ maintain a sense of calm and rationality in the face of crisis.



ETHICAL CONSIDERATIONS FOR THE PRACTITIONER

The practitioner involved in intensive in-home preservation work may face many ethical dilemmas. He or she has to observe the Singapore Association of Social Workers (SASW, 2017) and National Association of Social Workers' (NASW, 2017) Code of Ethics. The key guidelines relevant to SSF-P are as follows:

Duty to protect: The practitioner is responsible for protecting the client from foreseeable harm.

The practitioner respects clients' rights to make their own decisions. However, he or she has to make exceptions for clients who show signs of posing imminent or foreseeable danger to themselves and others. Courses of action include issuing warnings to the clients, making safety contracts, lodging police reports and contacting mental health professionals.

Parameters to confidentiality: The practitioner is responsible for safeguarding the confidentiality of client information.

The practitioner respects and protects clients' privacy by handling information responsibly. However, there may be situations, including those involving serious, foreseeable, and imminent danger to the clients themselves and others, where this does not apply. As the practitioner manages cases with child protection issues, there would be a need to share information with professionals working on the case to ensure safety of children and young persons as well as vulnerable members of the family through close communication. Information sharing should be done with discretion and on a need-to-know basis. Additionally, Section 424 of the Criminal Procedure Code (CPC) provides the legislation for mandatory reporting to the police of certain offences such as sexual abuse in Singapore.

Self-determination: The practitioner is responsible for helping clients make informed decisions.

The practitioner affirms the clients' right to make their own decisions, provided that they are aware of and have assessed alternative options (NASW, 2017). Practitioners should provide all relevant information that would allow clients to make informed decisions. For example, participation in the SSF-P programme is voluntary and it is just one programme amongst the entire array of services available to families known to CPS. Ensuring that clients are aware of all other appropriate assessments and services available will enable them to better decide on which service to choose for their families.

Service competency: The practitioner is responsible for serving within his or her competencies.

The practitioner is obliged to provide services within the boundaries of his or her education, training, consultation received, supervised experience or other relevant professional experience. Embarking on interventions he or she may not be trained in may lead to potentially unsafe practice and compromise the safety of clients. For instance, a practitioner who is not trained to administer a set of psychological tests should not be providing feedback on the individual client's functioning.

Access to resources: The practitioner is responsible for linking families up with information, services and resources they need.

The practitioner should strive to ensure families' access to needed information, services and resources to help them improve their circumstances and better meet the needs of the children and young persons.

Professionalism: The practitioner is responsible for maintaining professional boundaries with clients at all times.

The practitioner undertakes intensive preservation work with families and their networks. Under no circumstances should the practitioner engage in close relationships with clients, including sexual activities or contact, even if contact is consensual. The principle applies to individuals such as clients' relatives, individuals close to clients and any other individuals that pose a risk of exploitation or

potential harm to clients. The practitioner cannot provide intervention in a case involving a person with whom he or she has had a prior personal relationship with. The practitioner should also avoid conflicts of interests or dual/multiple relationships with clients that may interfere with their professional judgement. Communication with clients on digital platforms (e.g. social networking sites, online messaging and text and video messaging) should be done for professional purposes only, and with clients' consent (SASW, 2017).

ETHICAL PRINCIPLES SCREEN (EPS)

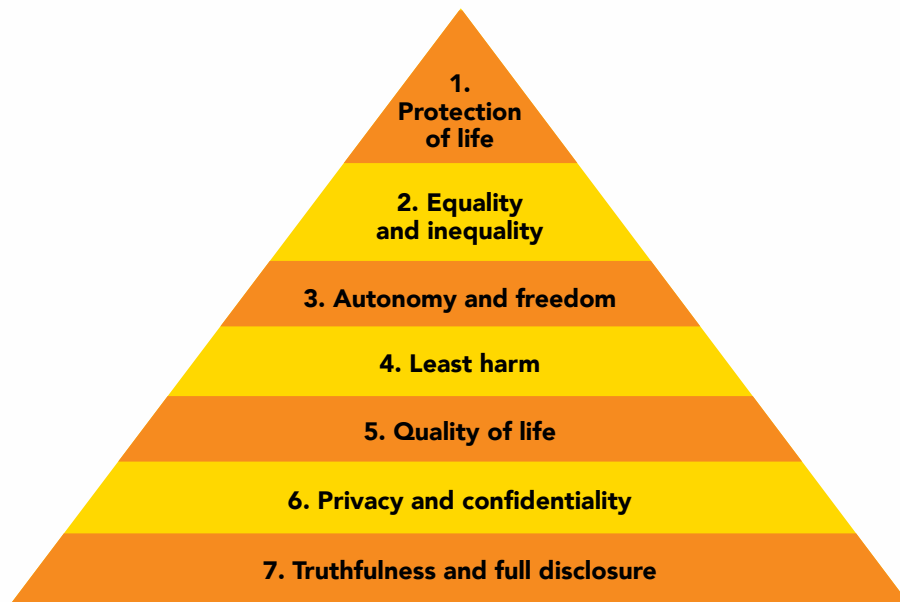


Figure 2: Ethical Principles Screen (EPS)

The practitioner can refer to the Ethical Rules Screen (Dolgoff et al., 2009) to guide his or her decision-making processes. Priority should be given for items that are located at the top.



CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 Always consider the safety of children and young persons. In situations where their safety cannot be sufficiently guaranteed and attempts to resolve the safety concerns are unsuccessful, the practitioner must explore other options such as alternative placement.
- 2 Partnering the families and their formal and informal support systems is critical. The practitioner needs to ensure that all parties remain in close communication, share information relevant to the children and young persons and families' safety and highlight red flags promptly.
- 3 Children and young persons should be kept at the centre of the intervention and be given a voice on all matters affecting their safety and welfare.
- 4 To ensure safe practice, the practitioner needs to be in control of his or her emotions, thoughts and feelings.
- 5 The practitioner can prevent practice risks by paying attention to possible blind spots he or she might have while providing home-based services. These biases could be the practitioner's own emotional response towards the family's actions or inaction in child abuse cases.



CHAPTER 2

PROFILES OF FAMILIES RECEIVING SSF-P INTERVENTION

This chapter summarises the existing literature on Intensive Family Preservation Service (IFPS). Practitioners will be introduced to the overall evaluation framework for the SSF-P programme and get an overview of the evaluation measures used. Practitioners will also get a glimpse of the preliminary demographic and clinical profiles of the families receiving SSF-P intervention.



KEY OUTCOMES

- Practitioners will get a broad understanding of research and trends that have accelerated the development of the SSF-P programme in Singapore.
- Practitioners will be equipped with information on the primary outcome indicators used in the evaluation of the SSF-P programme and how questionnaire data is collected.
- Practitioners will gain insights into the profiles of families receiving SSF-P intervention.
- Practitioners will see preliminary findings from the ongoing evaluation.



THE RESEARCH BEHIND THE DEVELOPMENT OF THE SSF-P PROGRAMME



IFPS aims to minimise out-of-home care placement³ for children and young persons. It is grounded in the philosophy that children and young persons can remain safe at home, while their families receive services designed to help improve family dynamics and enhance child safety (Kinney, Haapala, Booth, & Leavitt, 1990). Practitioners delivering these services provide families with clinical as well as concrete services and assist them in identifying and establishing external social support networks within their communities (Ryan & Schuerman, 2004; Tully, 2008). To date, IFPS has been implemented in developed countries with positive results. A US study (Kirk & Griffith, 2004) found that children who received IFPS had significantly lower rates of out-of-home care placement (19%) compared to those who received other services (26%). These placement rates were very similar to another study in the study in the UK (Berry, Propp, & Martens, 2007), which reported a placement rate of 17% for IFPS recipients.

According to local research, family-related risk factors are linked to rates of maltreatment recurrence and re-entry into the child protection system. A study which examined risk factors of re-entry for 1,750 CPS cases closed between 2002 and 2009 found family size and family financial well-being to be interrelated with re-entry rates (Li, Chu, Ng & Leong, 2014). Another study of 580 cases that entered Child Protective Service (CPS) between 2014 and 2015 found that caregiver-related variables, specifically (i) having unrealistic expectations of their children, (ii) tendency of family violence, (iii) justification of emotional abuse, and (iv) use of inappropriate disciplinary methods – were significantly associated with recurrence of harm (Keong, 2017).

With these findings in mind, the SSF-P programme aims to harness best practices in IFPS to address the aforementioned risk factors and restore healthy family dynamics. Ultimately, IFPS could be instrumental in reducing rates of maltreatment recurrence and out-of-home care placement in Singapore.

With the above findings in mind, international research on IFPS also found that effective programmes tended to be time-limited, intensive, home-based, and ensured that practitioners delivering services had low caseloads (Martens, 2009). Accordingly, the SSF-P programme practice model was conceptualised based on this knowledge while contextualising practice framework to fit local needs. It incorporates all of the above core components, drawing from the Homebuilders® Model (Kinney, Madsen, Fleming, & Haapala, 1977) — one of the few IFPS models considered to be well-supported by research evidence (California Evidence-Based Clearinghouse for Child Welfare, 2016).

³ Out-of-home care placement refers to children and young persons' placement in alternative placement other than with their natural families.



EVALUATION OF THE SSF-P PROGRAMME IN SINGAPORE

An evaluation of the effectiveness of the SSF-P programme in the local child welfare and protection setting commenced in 2016 and is ongoing. To be eligible for the service, a family must have a “Safe with Plan” rating on the Structured Decision Making (SDM)[®] Safety Assessment Tool. Only families with sexual abuse type are excluded from the SSF-P programme.

The evaluation aims to examine the programme’s degree of success in achieving its objectives, which are described in Figure 1. Data on safety and permanency were based on case file information, while data on well-being were primarily obtained via questionnaires filled in by the primary caregiver of each family.

SAFETY	PERMANENCY	WELL-BEING
No recurrence of abuse or neglect of the children or young persons within the family’s care	Children and young persons: Short-term: Remained at home at case closure Long-term: Did not re-enter CPS 12 months after case closure	<ul style="list-style-type: none">• Improved social support• Improved parenting capacity• Reduced caregiver distress

Figure 1. Main Outcomes of Interest



HOW QUESTIONNAIRE DATA WERE COLLECTED



Figure 2 summarises the three time-points at which questionnaire data were collected. Immediate treatment gains can be identified by examining differences in scores at the end of the SSF-P programme (Time 2) compared to the start of the SSF-P programme (Time 1). Thereafter, examining scores at Time 3 provides information on whether any treatment gains that resulted from receiving SSF-P intervention were maintained for one year after completion of the programme.



Figure 2. Data Collection Time-points

EVALUATION MEASURES

ALABAMA PARENTING QUESTIONNAIRE (APQ; FRICK, 1991)

The APQ is a 42-item questionnaire which assesses five dimensions of positive parenting practices that have been linked with acting out behaviours in children, namely:

- (i) parental involvement;
- (ii) positive parenting;
- (iii) poor monitoring/supervision;
- (iv) inconsistent discipline; and
- (v) corporal punishment.

It can be used to measure the parenting styles of caregivers of children and young persons aged six to 18 years of age.

PARENTING STRESS INDEX 4-SHORT FORM (PSI4-SF; ABIDIN, 2012)

The PSI4-SF is a 36-item questionnaire which measures caregiver-related stress in relation to the following three domains:

- (i) parenting distress;
- (ii) difficult child; and
- (iii) parent-child dysfunctional interaction.

It can be used to measure the stress of caregivers of children aged 12 years and below.

SOCIAL PROVISIONS SCALE (SPS; CUTRONA & RUSSELL, 1987)

The SPS is a 24-item questionnaire used to assess caregivers' perceived levels of social support. Social support is measured in relation to the following six domains:

- (i) guidance;
- (ii) reassurance of worth;
- (iii) social integration;
- (iv) attachment;
- (v) nurturance; and
- (vi) reliable alliance.



PROFILES OF FAMILIES RECEIVING SSF-P INTERVENTION

This section details the demographic and clinical characteristics of families receiving SSF-P intervention. The profiles shared are based on data from 91 families and 203 children referred for the SSF-P programme from March 2016 to May 2018. Where relevant, comparisons with the wider child protection population will be made. The aim of these comparisons are to examine differences in the profiles of CPS clients referred for the SSF-P programme, relative to the wider CPS client population. This information highlights areas of need that may be more prevalent in SSF-P clients compared to the average CPS client, which may be important for practitioners to note during intervention planning.

DEMOGRAPHIC CHARACTERISTICS

Family and Caregiver Characteristics

Figures 3 through 6 summarise demographic information of the families that received SSF-P intervention. The average size of families referred for the SSF-P programme is 5.5, ranging from three to eleven members (Figure 3). This is slightly larger than the average household size of the wider child protection population (five members). Natural mothers were identified as the main caregivers for the vast majority of children and young persons (see Figure 4). Other caregiver types – such as fathers, grandmothers, uncles and aunts – made up only a small fraction of all primary caregivers. Nuclear families were the most prevalent family structure – similar to the general child protection population (Figure 5).

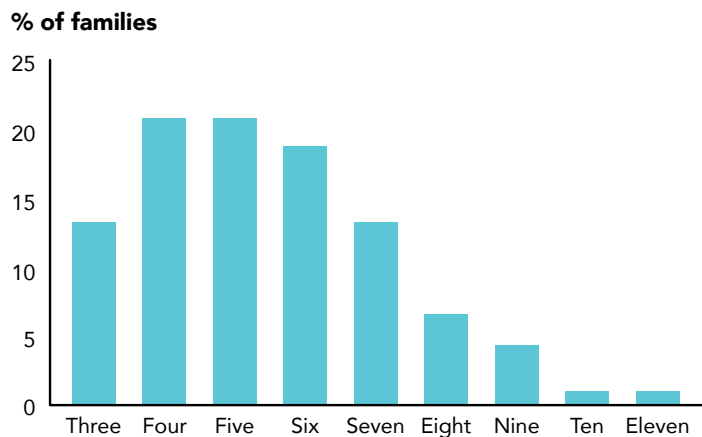


Figure 3. Size of Families Receiving SSF-P Intervention



Figure 4. Types of Primary Caregivers

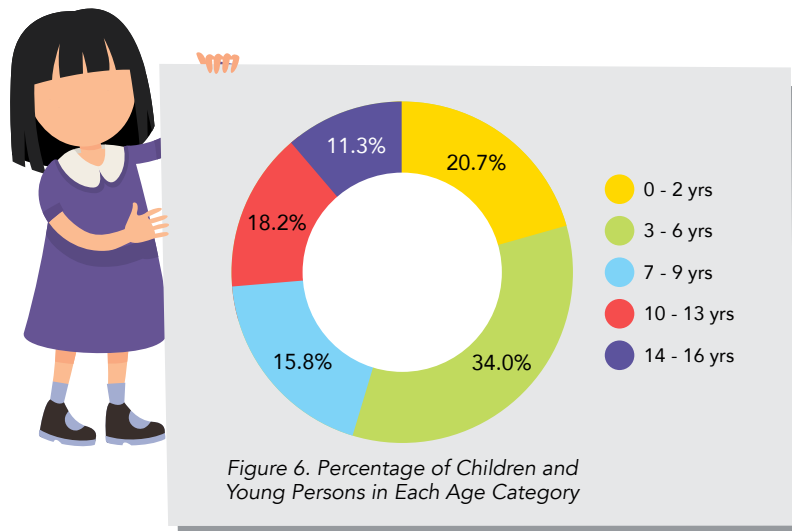
Figure 5. Distribution of Different Family Types



Characteristics of Children and Young Persons

Children and young persons referred for the SSF-P programme were mostly below primary school age (Figure 6). The average age of children at referral was 6.6 years, ranging from 0 to 16. On aggregate, children and young persons referred for the SSF-P programme were younger, relative to the CPS population, where the mean age at referral was 9.0 years. These differences were expected, given that the maximum age of children for families receiving SSF-P intervention was 16, whereas the maximum age in the normative CPS sample mentioned was 21.

The gender distribution of children was approximately equal (50.7% Male, 49.3% Female). The gender distribution of children and young persons placed on the SSF-P programme were generally similar to that found in the general CPS population.



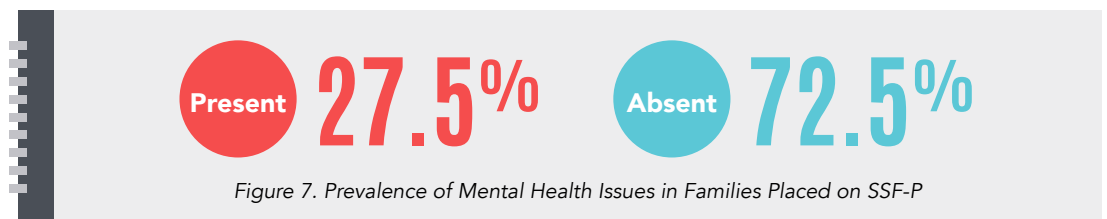
CLINICAL CHARACTERISTICS

Clinical characteristics of families, children and young persons referred for the SSF-P programme are displayed in Figures 7 through 9. Practitioners have to address these issues during intervention to increase enduring safety for the children and young persons.

Family Violence and Mental Health Issues

Histories of family violence and mental health issues were common in families placed on the SSF-P programme. Around half of the families (51.6%) had a previous history of family violence. This was very similar to rates of family violence for all CPS cases, where 54% of families had a history of family violence (Keong, 2017).

A history of mental health conditions was present in about one in every four families placed on the SSF-P programme (Figure 7). This was very similar to statistics pertaining to all CPS cases – 27% of families had at least one member (parent or child) who had ever received a diagnosis for a mental health condition by a qualified professional.



Type(s) of Maltreatment Experienced by Children and Young Persons

Physical abuse was the most commonly reported form of primary maltreatment, affecting two in three children and young persons (Figure 8) placed on the SSF-P programme. This is higher compared to all CPS cases, where the reported prevalence of physical abuse is approximately 50% (Keong, 2017).

One in three children and young persons suffered from multiple types of maltreatment. Among these, emotional abuse was the most prevalent form of secondary⁴ maltreatment – affecting one in two of all children and young persons who reported more than one type of abuse (Figure 9).

Likelihood of future harm levels was based on caseworker ratings on the SDM[®] Likelihood of Future Harm tool. The proportion of children and young persons at moderate likelihood of future harm (54.7%) was relatively similar to those rated to be at high likelihood of future harm (45.3%).

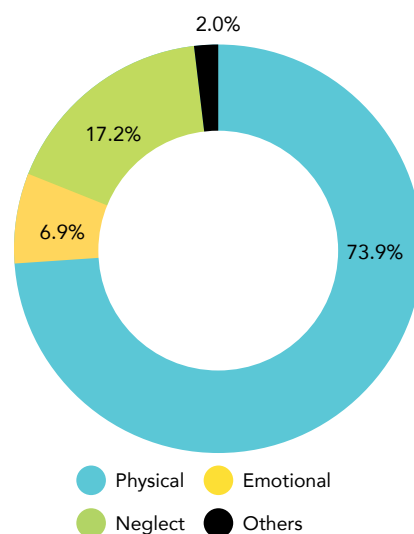


Figure 8. Primary Maltreatment Type Experienced by Children and Young Persons Placed on the SSF-P Programme

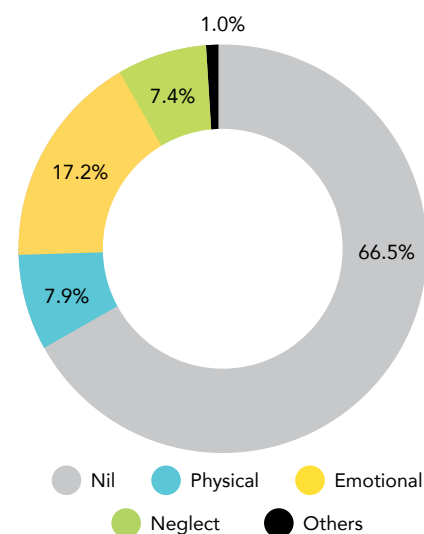


Figure 9. Secondary Maltreatment Type Experienced by Children and Young Persons Placed on the SSF-P Programme

⁴ Many children and young persons known to CPS have suffered from more than one form of maltreatment. For such children and young persons, the difference between primary and secondary maltreatment is that the former is the type of maltreatment that played a greater role in contributing to the client's referral.



PRELIMINARY EVALUATION FINDINGS AS OF MAY 2018

As of end May 2018, 203 children and young persons have been placed on the SSF-P programme. 21 children and young persons eventually had to be placed in out-of-home care. These preliminary out-of-home care placement rates are lower compared with those reported in the international literature discussed at the beginning of the chapter. Preliminary pre- and post-programme scores on the three psychometric measures also suggested promising outcomes – specifically in primary caregivers reporting improved levels of social support, increased parenting capacity, and lower levels of dysfunctional interactions with children and young persons. The preliminary findings have thus been encouraging and affirm the approach taken to keep children and young persons safe, in close partnership with families and the community.

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1** Research shows that IFPS can be effective in preventing out-of-home placement, and in improving the well-being of children and young persons and families.
- 2** The SSF-P programme practice model is based on the characteristics of well-established IFPS models.
- 3** Interim data from an ongoing evaluation supports the SSF-P programme's effectiveness in keeping children and young persons safe within their families, and in improving the well-being of caregivers.

CHAPTER 3

BENEFITS OF THE SSF-P PROGRAMME - QUALITATIVE FEEDBACK FROM FAMILIES

The SSF-P programme aims to enhance safety for children and young persons through intensive home-based interventions. In this chapter, practitioners will learn the intended outcomes and benefits of the SSF-P programme through qualitative feedback gained from clients who have completed the SSF-P programme in the past two years.



KEY OUTCOMES

- Practitioners will understand the intended benefits of the SSF-P programme.
- Practitioners will see how families have benefited from the SSF-P programme.



FEEDBACK FROM CHILDREN AND YOUNG PERSONS AND FAMILIES WHO HAVE COMPLETED THE SSF-P PROGRAMME

MSF Child Protective Service (CPS) conducted a preliminary qualitative study on the SSF-P programme focusing on clients' perceptions about the programme (Ministry of Social and Family Development, 2018). Children and young persons and their families were asked a series of open-ended questions one month upon the completion of the SSF-P programme. The study revealed the following benefits of the SSF-P programme:

1. SAFETY PLANNING WITH FAMILIES

Central to the work of the SSF-P programme, the theme explores how safe children and young persons, their parents and caregivers felt, and how safety was ensured in the household, either with the caregiver's improved knowledge of safety, or steps taken by the SSF-P practitioners to ensure safety for the children and young persons.

The safety planning process empowers parents and caregivers, and reassures the SSF-P practitioner that the children and young persons will be safe under their parents' and caregivers' care in the long run. Regular review of the safety plan is conducted to ensure the plan is working well. An essential and powerful aspect to safety planning is the creation of "safety people", a strong social network of friends and family. This network allows the voices of children and young persons to be heard and reassures the possibly traumatised and vulnerable children and young persons that they are not alone (Turnell, 2012).

Participants in the study were asked the following question on Safety Planning:

- How was the safety planning process for you and your family?

FEEDBACK FROM PARTICIPANTS:

All participants recognised safety as an aspect that has improved. Additionally, participants were also clear about the intention of the SSF-P programme, which was to protect children and young persons. Safety plans were also raised explicitly by some of the participants, which asserts the awareness of safety plans by participants, and highlights the importance of these plans, and how they have been followed through by the participants.

"We disagreed on some of the safety plans at first because we felt they were too troublesome, but we see the benefits now. The safety planning process involves my family, including my mother-in-law, who is the safe person for my children. Hence, the support we have now is very good. For example, my mother-in-law often calls us to ask how we are. The safe person also often checks in on us to see if anything is wrong."

Mother, 23

"Our priority is to ensure our child's safety. The programme helps us do just that."

Father, 38

"Yes, to build a safe family. I think priority is in safety planning, where we talk about the kid's safety. Yes, that is the main goal."

Father, 38

"The social worker helped me to understand the safety plan that was set with my parents. It helps me know who I can seek help if my father is angry and if my father hits me again."

Child, 12

2. INVOLVEMENT OF SUPPORT NETWORK

Another important component of the SSF-P programme is the involvement of various social networks with the family. Support networks provide clients with the additional helping hand and monitoring in times of need, with children and young persons' safety as central to their purpose. These support networks include family members or relatives, who provide emotional support, and professional help from community agencies, hospitals or schools.

Research has shown that positive support networks directly impact well-being and health outcomes positively (Kroenke, et al., 2006). Social support will result in stronger positive effects on adjustment and physical well-being when a stressor becomes more intense or persistent (Heaney & Israel, 2008). The protective factors for child protection cases are: i) supportive relationships with family members and ii) competence in normative roles. These factors may heighten positive affect and decrease risk of child abuse (Wills, Vacarro & McNamara, 1992).

Participants in the study were asked the following questions about their support networks:

- How has your support network helped you in the past six months, and what difference has it made?
- What were the changes in the relationship between you and your support network?

FEEDBACK FROM PARTICIPANTS:

Participants shared that they appreciated the network that was set up, not only with relatives, but also with Family Service Centres (FSCs) and agencies that provided them with easier access to needed support in the future. Most participants also shared greater understanding on the importance of a support network for the safety of children and young persons.

"It actually brought us closer together. I wasn't really close to my cousins in the past. So, when they stepped in to help, we started to spend more time together every week and we naturally bonded. My parents stay quite far away from me, but my mum has been asking me about how my family is doing."

Mother, 27

"It's good. Sometimes, Chinese like us may not be too open to ask for help, but this programme ensures that our friends and family will definitely be there for us."

Mother, 43





3. SYSTEM INTERVENTION AND IMPACT

Systems intervention and the systems advocacy work that practitioners embark on in helping families gain access to resources such as housing, transportation, food and childcare, is another key component of SSF-P intervention. Negotiating the various systems is important in ensuring that families are able to access the resources they need in order to improve on their ability to ensure safety and well-being of children and young persons. Research have noted the significant contribution of concrete services to placement prevention rates (Chaffin, Bonner, & Hill, 2001). Programmes that can help meet the basic needs of families ameliorate compounded stressors (Nelson et al, 2009).

Participants in the study were asked the following questions on system intervention:

- What were some services that you needed but could not get or did not know about before the SSF-P programme?
- What were some services that your SSF-P practitioner linked up with? What difference did it make for you and your family? What changes did you see?

FEEDBACK FROM PARTICIPANTS:

All participants mentioned some form of help that they received from varying agencies with the help of the SSF-P practitioners, ranging from fast track of different services to exposure of new services. While a majority of these services were housing, medical or financial assistance, a few also cited counselling and support from FSCs as help that they received as having an impact on them.

"I wasn't aware of the Social Service Office (SSO). My partial blindness makes it difficult for me to find a job, so finances are a huge issue for me. The SSF-P practitioner linked me up with SSO for financial support."

Mother, 45

"If my SSF-P practitioner did not inform me of the hospital services available, my husband and I would have not known that the hospital could help me so much to get my illness treated."

Mother, 37

"Previously, I did think of going to the Family Service Centres and my friends did mention their services. However, I didn't know how to access them and where to look for them. The SSF-P practitioner helped to link me up with them and also facilitated a session for me to tell them about my issues."

Mother, 32

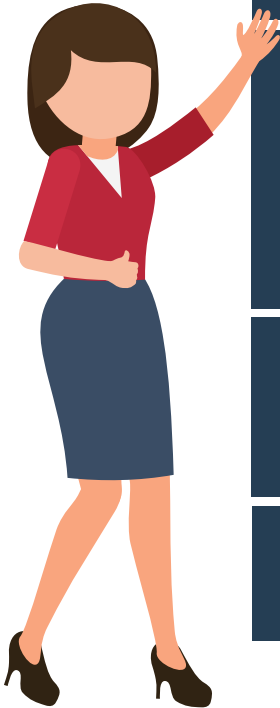
4. FAMILIAL RELATIONSHIPS

Research has found that reinforcing good behaviours and reward systems produce better results than harsh discipline and punishments (Farzin, 2015). Such positive systems encourage children and young persons to develop good habits, instead of simply finding ways to avoid punishments. They also improve the relationship and bonding between parents and children and young persons. Children and young persons naturally seek the praise and acknowledgement of their caregivers. Hence, caregivers will find it easier to cultivate positive behaviours in children and young persons when they pick up appropriate parenting techniques (Farzin, 2015).

Participants in the study were asked the following questions on the impact of the SSF-P programme:

- What change did you notice in your child/spouse/family/yourself? What do you think led to these changes?
- How has the dynamics between you and your family members changed as a result of the services you received these six months?

FEEDBACK FROM PARTICIPANTS:
Majority of participants reported an improved relationship with children and young persons, citing how their children would respond differently to them as compared to in the past, citing a change in their own behaviour and reactions as reasons why the children and young persons are behaving differently in a more affectionate way. Some participants also discussed about their relationships with their partners and the improvement in their partner's involvement with children and young persons.



"My bond with my family is now stronger. My children were previously very attached to our helper because I did not know how to interact with my children well. The SSF-P practitioner educated me on children's development and needs and supported me in sessions to bond with my children. Now they come to me and play with me often, which makes me very happy."
Mother, 37

"I think my children also grew a lot and we are all in a better place now – a much happier place in terms of understanding and even being able to be more open in sharing."
Mother, 45

"In the past, my eldest child would call me a bad mummy. These days, he says that I have changed for the better, and that I do not hit him and his siblings anymore."
Mother, 32

"My husband will discuss the pros and cons of what the children are doing, for example going to Sunday school. I used to be the only one making decisions, but now, he will participate in discussions."
Mother, 40

"My husband has become more involved in matters concerning the children."
Mother, 37

"There's more bonding. We spend more time together talking and sometimes playing games!"
Child, 11

"My father has more time to spend with me and can earn some money. I can also remind him to take his medicine. Also, my father knows how to take care of me."
Child, 7

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 The practitioner's competency in delivering the programme, the families' receptiveness to help and services and the collaboration with the different systems also determine how much benefits the clients can reap from the programme.
- 2 It is important for the practitioner to explain the programme to families very early into the intervention.
- 3 It is also vital to obtain periodic feedback from children and young persons and families so that the practitioner can review if prevailing needs are met.



CHAPTER 4

THE THREE PHASES OF SSF-P INTERVENTION

The SSF-P practice framework was first developed by the MSF SSF team in 2016. The team referenced international preservation models (such as the Homebuilders®, Family First of Michigan) prior to coming up with the SSF-P practice framework. Consideration was given to the local social service landscape to contextualise a suitable preservation model for Singapore. This six-month, intensive home-based programme comprises three phases: Safety Phase, Behavioural Change Phase and Maintenance Phase. In this chapter, practitioners will learn about what takes place during these phases.



KEY OUTCOMES

- Practitioners will have a firm grasp on the three phases of SSF-P intervention.
- Practitioners will be aware of the tools and interventions used in the various phase of the SSF-P practice framework.

THE THREE PHASES OF SSF-P INTERVENTION



Figure 1. Three Phases of SSF-P Intervention

SAFETY PHASE

The safety phase is the first phase of the SSF-P phase. During this phase, the practitioner is introduced to the family he or she will be supporting over the next six months. This is done at the network transfer meeting, which is arranged by a Child Protection Officer (CPO). The objective of the meeting is to transfer information from the CPO to the practitioner. The meeting will be attended by the family, members of their informal social support networks as well as professionals working with the family, such as schools and family service centres. Below is a table of key tasks that were consolidated by practitioners working with children and young persons and families at this phase.

IMPORTANT TASKS DURING THE SAFETY PHASE:

Structuring the Engagement with the Family on Safety Matters

- Assess the need to apply for a Personal Protection Order (PPO) if there is family violence
- Set expectations of the SSF-P programme schedule with the family
- Prepare the family and its support network for future critical incidents
- Brief members of the support network on what they are required to do during critical incidents to support children and young persons
- Use storyboards for children and young persons to help understand CPS' concerns

Systems Engagement

- Hold case conference with all professionals working with the family to set clarity of roles and outline case plans
- Navigate systems to ensure that parents and caregivers are able to provide the 7 Care Needs of children and young persons adequately

Skills Building Towards Ensuring Safety Educate and equip children and young persons and families with the following:

- Psychoeducation on violence, mental health and safe parenting practices
- Parent crafting to meet safety needs of infants
- Emotional literacy
- Information on the impact of trauma
- Regulation skills for children and young persons and adults
- The Safety Scale (for children and young persons to share how safe they feel)
- De-escalation plans to be shared with formal and informal networks so that they can assist in embedding of skills

Regular Reviews

- Case plan reviews with supervisors
- Safety plan reviews with children and young persons, family and their support network
- Happens when the case moves from one phase to the next



Engagement:

Engagement is the first step, and one of the most important factors that drive successful completion of the abovementioned tasks. It is about creating meaningful conversations with families, establishing trust, and uncovering their safety-related worries. Setting up a collaborative environment will help the practitioner achieve positive outcomes for the families.



Information Sharing:

Availability and clarity of information is another key factor for positive intervention. The practitioner should always ensure that the guidelines of the SSF-P programme have been explained to the families and encourage them to seek clarifications. This could be done effectively through providing infographics and a clear timeline.



Collaboration:

Throughout the SSF-P programme, collaboration with other professionals is key. The other professionals include those who have been working with the families prior to preservation intervention such as the children and young persons' schools, Family Service Centre (FSC) and hospitals. Collaboration is extremely important, given that children and young persons and families have multiple needs that the practitioner would not be able to fully address during the limited time period of the intervention. For example, the practitioner will have to refer the children and young persons and families to other agencies for issues and interventions beyond his or her competency, such as psychiatric interventions.

Trauma-informed Intervention

The practitioner's role in this phase is to provide trauma-specific or trauma-focussed interventions to directly address the impact of trauma on children and young persons.

According to Van der Kolk (2005), traumatic experiences are most often interpersonal in nature and occur within the children and young persons' caregiving systems. Therefore, for children and young persons who experience persistent trauma, where adults are either the source of trauma or who have a limited capacity to support them, the likelihood of the trauma having a lasting impact on the children and young persons' social and emotional well-being and development is greater. The important principle is that individual can heal from exposure to traumatic events with effective intervention.

Home-based Intervention

Home-based intervention provides the practitioner with a clearer understanding of family dynamics and stressors that families face in their natural environment. The practitioner is then better able to make more accurate and realistic assessments and

interventions tailored for each family.

Social interventions that take place in the home may include:

- supporting modifications to child-proof homes;
- ensuring acceptable standards of hygiene;
- observing parents' and caregivers' application of new parenting skills; and providing feedback on areas of improvement onsite.

High-intensity Intervention

Intensity refers to the frequency of the practitioner's intervention with the client. Provision of high-intensity intervention to families where children and young persons are at an imminent danger of removal is crucial.

Interventions that take place include closely monitoring the families' adherence to safety plans and implementing strategies to keep children and young persons safe at home.



Developing the Case Plan (See Annex A):

One of the key tools used in this stage is the case plan. It is important to establish clear goals with the families in order to provide clarity around the time-limited service. The case plan, derived from assessment shared with the families and the professionals working with them, establishes the goals of the time-limited intervention service. The case plan should be completed between four to six weeks after the network meeting.

Identifying shared goals between a client and practitioner is critical in establishing a collaborative working relationship and achieving positive outcomes. Case planning includes reviewing the immediate safety plan during the first meeting with each family. Additional planning with families is required to discuss the future longer-term safety plan. This requires the practitioner to communicate to the families about the immediate worries for the children and young persons, and work with families and their networks to develop actionable safety plans for the children and young persons to remain at home. The safety plan is a detailed action plan that includes all the goal statements, the non-negotiables and solutions to the “what if” questions. Besides reviewing the immediate safety plans, the essential needs are identified for families to work on. Goals of intervention and needs are assessed

using assessment frameworks such as SDM®’s Family Strengths and Needs Assessment, Bio-Psycho-Social-Spiritual Assessment and guided by theories and practice frameworks. The case plan must be periodically reviewed to assess what has been achieved, interventions that are working well, and next steps to ensure continued progress towards long-term safety.

Goals set should be specific, measurable, actionable, realistic and timely. The following factors should be considered in the goal-setting process:

- Working with the family’s definitions of the problems (rather than the practitioner’s definition) while ensuring that the professional concerns related to safety and welfare of the children and young persons are addressed
- Setting goals that are mutually agreed upon and may be generated primarily by the family
- Focusing on improving family members’ skills
- Providing family members with choices on how they want to work on their goals whenever possible
- Getting assurance from family members that they will engage in mutually identified tasks
- Regularly spending time with the family discussing goals and progress



BEHAVIOURAL CHANGE PHASE

The Behavioural Change Phase comes after the safety of the children and young persons have been established and upon case review with the supervisor. By this phase, the factors contributing to the compromised safety of children and young persons would have been reduced. The main objective of this phase is to ensure safety can be further maintained through enhancing the skills and knowledge of the parents as well as deepening the relationship between the parents and children and young persons. Increasing the levels of empathy parents have towards children and young persons will sustain safety and well-being for the children and young persons.

IMPORTANT INTERVENTIONS DURING THE BEHAVIOURAL CHANGE PHASE:

Areas of Intervention

- Anchoring/embedding adaptive problem-solving methods
- Facilitating dyadic work to increase empathy between parents and children and young persons
- Coaching parents on an actual challenging situation observed during a home visit
- Progressively increasing contact between children, young persons and parent (in cases where the parent(s) had been asked to move out temporarily to ensure children and young persons' safety)
- Ensuring the safety network can be mobilised by the family when required
- Strengthening/enhancing safety network's well-being so that they are able to undertake their roles adequately
- Strengthening parental partnership
- Instilling a system of regular respite care for parents/caregivers

Tools Used

- Protective Behaviours (PB)
- 5 Love Languages
- SDM® Family Strengths and Needs Assessment (FSNA) tool
- Triple P Parenting Programme
- Sign Post Triple P
- Three Houses
- Circles of Safety and Support tool (see Annex B)

Systems Engagement

- Working with other professionals and community resources and ensuring good inter-agency collaboration for the case
- Submitting referral for services to work toward change in some domains of intervention that require longer-term work

Regular Reviews

- Case plan reviews with supervisors
- Safety plan reviews with family, children and young persons, as well as their support network

One of the key tools used within the Behavioural Phase is the Protective Behaviours (PB) programme. It was first developed by a social worker named Peg Flandreau West in the 1970s as a child abuse prevention programme. It is a personal safety programme that aims to promote resilience in children and young persons and adults, by using empowerment strategies, clear communication and awareness of 'safe' behaviours. PB strives to reduce violence in the community and ensure children and young persons are safe. Some topics covered in PB include the safety continuum, safe-unsafe secrets, appropriate boundaries, safety network and assertiveness.



MAINTENANCE PHASE

The Maintenance Phase typically occurs during the last four to eight weeks of the SSF-P programme. At this point, the practitioner will prepare for case transfer to a community agency to sustain safety for the families based on SDM® Likelihood of Future Harm Reassessment tool for the case. It is important to ensure a smooth transition from the current practitioner to the identified agency for transfer. Ideally, the identified agency should begin to attend some of the sessions with the practitioner, so that the families and safety network members can get acquainted with the identified agencies they will be working with next. It is also a good entry point for the professionals taking over the case.

IMPORTANT INTERVENTIONS DURING THE MAINTENANCE PHASE:

Systems Engagement

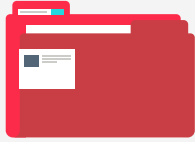
- Engage identified agency for transfer of key information via relevant documents and documentation (that would detail past child protection concerns, safety plans, progress made, case plans and etc.). Information related to safety and strengths of the family should be shared to promote the enduring safety of children and young persons
- Conduct joint visits with the identified agency for transfer
- Re-engage support network in preparation for SSF-P case closure

Final Checklist

- Conduct unannounced visits to check on safety with the family
- Test run to assess if family and safety network are able to apply skills and action required, by discussing possible critical incidences that might occur during this phase
- Hold closure sessions with children and young persons and families

Documents to Share

- Collaborative Assessment and Planning (CAP) Framework (see Annex C)
- Case Plans
- Timeline of events (critical events, recurrences, significant events)
- Long-Term Safety Plan
- Contact list of professionals and family members
- Structured Decision Making® (SDM) Assessment Outcomes
- Child Sighting, Interaction and Assessment Plan
- Children and Young Persons' 7 Care Needs (see Annex D)



A formal case transfer meeting would be held amongst the family members, informal and formal networks and the agency that will take over as lead case manager. The purpose of this meeting is to ensure that the participants are aware of the relevant concerns, goals and outstanding tasks to follow up on, as well as safety plans to ensure enduring safety. The plans are documented in the Long-Term Safety Plan (see Annex E) which documents what the family, as well as informal and formal systems, have agreed are the protective steps to be taken to ensure no further harm is inflicted on the children and young persons.

The practitioner can take this opportunity to recap the process and progress made by the family, children and young persons, and formal and informal networks during the period of intervention, celebrating the success and milestones achieved.

LONG-TERM SAFETY PLAN (PFS TOOL)

One of the key documents to be worked on and shared is the Long-Term Safety Plan (see Annex E). The safety plan, to be presented to the children and young persons and families, as well as their safety networks, contain information on:

- safety-related worries;
- goals;
- non-negotiables;
- actions of safety and protection that are already happening;
- future actions of safety and protection;
- how to check if the safety plan is working; and
- actions to take when there are concerns regarding safety for children and young persons.



CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 The SSF-P programme with the three key phases has been useful in facilitating case movement and progression. Periodic case reviews that include the Principal Social Worker and Supervisor prior to the movement of the case from one phase to the other in a timely manner are crucial.
- 2 The case review allows for discussion, identification and documentation of areas that need to be worked on for the case to move to the next phase.
- 3 Although engagement is key for the practitioner in ensuring movement in the case plan, it is important that the practitioner is clear about the child protection worries and safety concerns, so that he or she can address them.
- 4 The reduction in the intensity of intervention in terms of hours spent face-to-face with families as they move on to the next phase enables families to feel a sense of success as they put in effort to work on key areas.

CHAPTER 5

IMPLEMENTING THE SSF-P PILOT PROGRAMME

The SSF-P programme was jointly implemented by three divisions under Rehabilitation and Protection Group in MSF – Children in Care Service (CIC), Child Protective Service (CPS) and Clinical and Forensic Psychology Service (CFPS). The three divisions formed a workgroup to steer the development and implementation of the pilot. The workgroup used implementation science to ensure the successful implementation of the SSF-P Pilot. Implementation science refers to the study of methods and strategies to promote the integration of research findings into routine practice.

As the SSF-P programme is in its pilot phase, it is important to closely monitor the implementation of best practices to ensure best outcomes and maintain the fidelity of the pilot model. Implementation science provides a framework that helps account for key factors that contribute to effective delivery of the pilot model. In this chapter, practitioners will learn how implementation drivers, the key components in the implementation science triangle, support and enable a programme's success.

KEY OUTCOMES

- Practitioners will be able to identify the key drivers used as part of implementation science to oversee the SSF-P programme.
- Practitioners will understand how each key driver was used to support successful implementation of the SSF-P programme.





TYPES OF IMPLEMENTATION DRIVERS

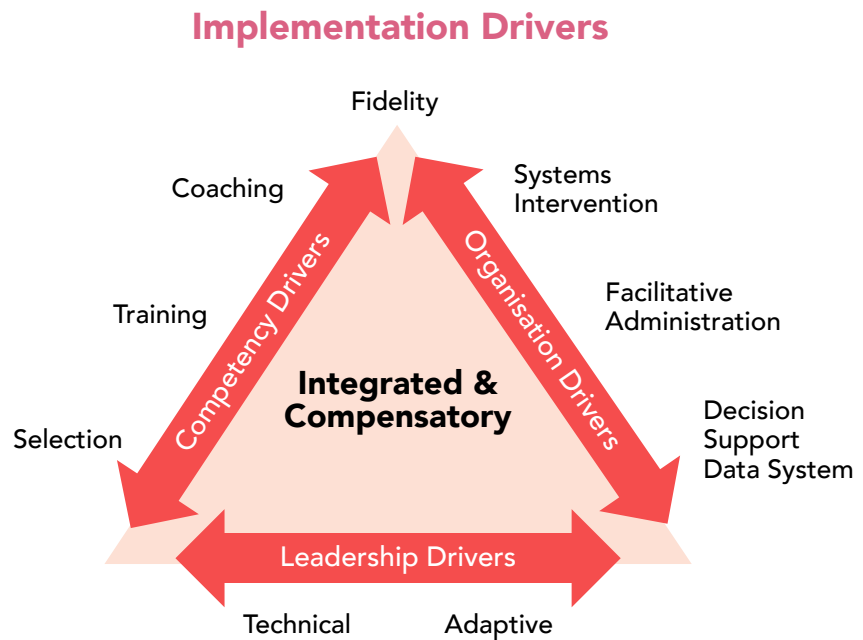


Figure 1. Implementation Science Drivers
Source: NIRN (2015)

The three categories of implementation drivers are Competency Drivers, Organisation Drivers and Leadership Drivers.



Competency Driver

A mechanism to develop, improve and sustain one's ability to implement an intervention to benefit children and young persons, families and communities.



Organisation Driver

A mechanism to create and support systems that can create a hospitable organisational environment for effective social support services.



Leadership Driver

A mechanism that focuses on providing the right leadership strategies for different types of leadership challenges.





Competency Driver

As the practitioner is the one who drives and delivers the main intervention, his or her competency is of utmost importance. Selection and recruitment of practitioners was seen as one of the most important factor in the pilot implementation. Upon coming on board, practitioners will undergo training to develop and strengthen their competencies.

Selection

The selection criteria was discussed explicitly within the MSF implementation team. The team also crafted a performance-based assessment form to evaluate practitioners' skills and performance. The workgroup identified the following key appointments:

- **Principal Social Workers (PSWs):** Leaders who oversee the practice and development of the various SSF-P teams. Each PSW will lead an SSF-P community team and oversee the implementation of the programme and intervention for families.
- **Social Policy Officers:** Officers within MSF who oversee the policies and funding of the SSF-P programme.
- **Researchers:** Officers who oversee the research and evaluation process.
- **Coaches:** Practitioners who are familiar with the practice model and able to coach new practitioners on the model to ensure fidelity.
- **Practitioners:** Social workers and practitioners who are ready to deliver the programme to the families.

Training needs and pathways

The team identified the training needs of practitioners and their supervisors through the core competencies set out for practitioners at each level. Research was also done to look at models of effective intensive preservation services implemented overseas and map similarities in the training pathways.

These needs were then categorised into core and advanced training for practitioners. Core training comprised compulsory sessions the practitioner is required to attend before taking on any cases. Advanced training was designed to enable the practitioner to sharpen his or her skills while furthering his or her practice.

In the pilot programme, core training took place over 15.5 days and its various training components are as follows:

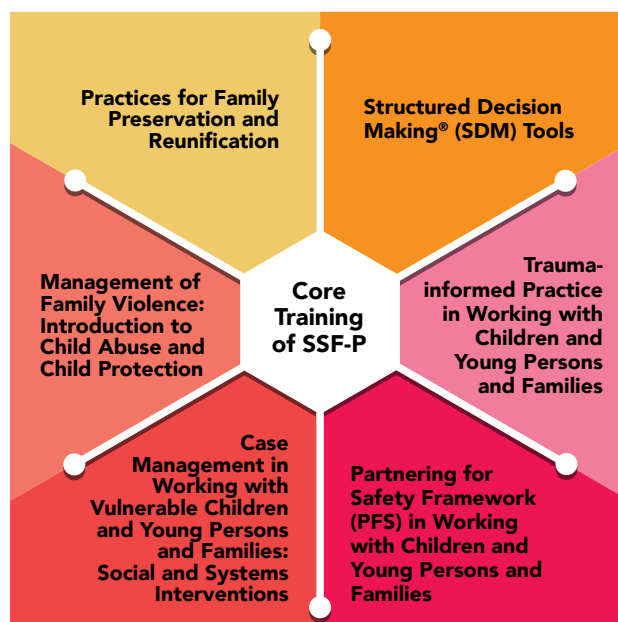


Figure 2. Core Training of SSF-P

Advanced training was also planned to further meet the training needs of a practitioner to meet the demands of the cases. Training topics include:

- Mental health training
- Introduction to identifying non-accidental injuries
- Protective Behaviours (PB)
- Supervision training for supervisors
- Preventing dangerous practice
- Training related to parenting practices (e.g. parent crafting)
- Advanced family violence training (e.g. working with persons who commit abuse)
- Understanding the dynamics and interventions required in cases involving sexual abuse

Coaching

While most skills required of successful practitioners can be assessed during selection and introduced in training, some are acquired on the job with the help of a coach (NIRN, 2015). Coaching in the SSF-P programme was provided through various mediums such as Partnering for Safety (PFS) model coaching from SP Consultancy, SSF-P model coaching, consultations with the MSF SSF team for management of challenging cases, critical incidents and recurrence of harm as well as six sessions of on-site coaching by the MSF SSF team. To support the coaching of the SSF-P practice model, the MSF SSF team scheduled six monthly coaching sessions and provided these sessions on-site at the different SSF-P agencies. The coaching model received positive feedback from SSF-P practitioners and improved the pilot programme's outcomes.





Leadership Drivers

Leaders played a pivotal role in overseeing the SSF-P programme pilot's daily operations and implementation. Two aspects of leadership drivers critical in the implementation of the pilot were technical and adaptive leadership.

Technical leadership

Technical leadership was important in starting and maintaining the programme. Technical leaders possess the expert knowledge required by the pilot programme, especially at the beginning. They are recognised for their in-depth knowledge and experience in areas such as child protection, interventions with vulnerable families, children and young persons, as well as family violence and trauma.

Adaptive leadership

Adaptive leadership was critical in the pilot programme as there were no definite solutions to the challenges faced. Leaders who possess an adaptive leadership style drove the team's progress by innovating solutions and practices, enabling the pilot programme to grow and evolve. These leaders also contributed inputs to help improve the working model. The SSF-P programme pilot was recognised as having adaptive leadership at the PSW as well as workgroup level. The leaders drove the pilot's progress by innovating solution and practices, enabling the programme to grow and evolve.

"The essence of adaptive leadership is to promote adaptability that allows organisations to flourish and take along its best history to help with future successes" (NIRN, 2015).





Organisational Drivers

Type of Intervention	Definition	How it is applied in SSF
Decision Support Data System	A system that identifies, collects and analyses information to help staff members make good decisions within the organisation.	The practitioner uses SDM® assessment tools during reviews of a case in the SSF-P programme. This ensures the monitoring of children and young persons' safety at home as well as the assessment of case plan progress made by the family.
Facilitative Administration	Refers to the use of a decision-support data system, clear communication and feedback loops to monitor how the programme is functioning and to make improvements.	An Electronic Customer Relationship Management (ECRM) data management system tracks SSF-P's cases and supports the MSF SSF team in analysing cases based on safety levels, as well as each practitioner's caseload.
Systems Intervention	<p>This refers to work done by a practitioner to coordinate and advocate for assistance with various help systems.</p> <p>Systems interventions are strategies for leaders and staff within an organisation to work with external systems to ensure the availability of financial, organisational and human resources required to support the work of the practitioners.</p>	<p>Several engagements with various systems and stakeholders took place during the period of the SSF-P programme to ensure that services were accessible for children and young persons and their families. Here are some examples:</p> <p>Family Service Centres (FSCs) There were several rounds of engagement with FSC's leaders and SSF-P practitioners to share on the SSF-P programme and the roles they undertake jointly in case management.</p> <p>Housing Development Board (HDB) Rental Housing Department A strong network was established between HDB's Rental Housing Department and MSF SSF team to enhance safety and welfare for children and young persons and their families by ensuring housing stability.</p> <p>Social Service Offices (SSOs) and Regional Service Teams SSOs and SSF-P programme set up a "green lane" to expedite financial support for families known to have child protection concerns, especially for those facing major financial stress.</p> <p>Courts Where the MSF SSF team had cases known to the court system, SSF-P practitioners took the opportunity to also share the pilot with Court officials.</p> <p>Medical System Sharing of the SSF-P programme was done with all Medical Social Workers (MSW) department heads at the beginning of the pilot so they could support cases highlighted and ensure strong collaboration.</p> <p>Education System (Schools/Childcare) Most children and young persons are in the school system. Hence, part of SSF-P intervention was to engage school leaders, counsellors and teachers to support children and young persons in their learning and integration despite their adversities.</p> <p>Other Systems SSF-P teams also brokered services with grassroots leaders, religious organisations and private donors to support children and young persons and the families in their long-term safety.</p>

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1** Setting up regular implementation meetings and using implementation science drivers are essential in keeping track of a new programme. These enable the implementation team to review the fidelity of the programme and make changes immediately if the programme is not implemented as desired.
- 2** Changes should be expected when implementing a pilot programme to meet the intended outcomes. This requires the practitioner to possess adaptive skills such as problem-solving and interpersonal relational skills.
- 3** It is important to consult with professionals who are well-versed in implementation science. For example, the MSF SSF team consulted consultants experienced in implementation of similar programme in the initial stages of the pilot to ensure the pilot's development was closely guided by the implementation science NIRN model. The consultation also allowed the MSF SSF team to troubleshoot emerging challenges.
- 4** It is essential for teams to review the progress of the implementation of the pilot programme at key time points, for example, at the one-year mark. A team retreat is also important for the team to reflect, analyse and review the process of implementation using the implementation science templates and plan for the next lap.



CHAPTER 6

THEORIES AND PRACTICE FRAMEWORKS USED IN THE SSF-P PROGRAMME



Theoretical understanding and knowledge about practice frameworks guide practitioners as they work with families and provide important intervention perspectives (Healy, 2005). Therefore, it is important to have a strong theoretical basis for sound assessment and SSF-P practice. In this chapter, practitioners will learn about key theories that can help them organise their thoughts, formulate case assessments and select suitable intervention plans to keep children and young persons safe with their caregivers and improve their well-being.



USED IN THE SSF-P PROGRAMME

- Practitioners will understand the main theories and practice framework guiding SSF-P practice.
- Practitioners will be able to apply the main theories to SSF-P practice.

KEY THEORIES RELEVANT TO THE SSF-P PROGRAMME

Theory	Definition	How it is Applied in Practice
<p>Family Systems Theory</p>	<p>This theory suggests that the family is an emotional unit. Therefore, each individual should be viewed as part of a family unit, instead of in isolation with other family members (Bowen, 1974).</p>	<ul style="list-style-type: none"> • The practitioner uses genograms (a graphical representation of a family's relationship) to help families understand the vertical stressors passed on through generations. These stressors include themes of abuse, neglect, criminality and poverty. • The practitioner uses tools such as the Circle of Safety and Support Tool (see Annex B) to guide families in creating healthy and safe networks for the children and young persons. This is done by discussing healthy boundaries and roles set by the families with other external systems such as schools and family service centres. • The practitioner seeks to analyse how horizontal stressors such as marriage, going to school, having a child interact with vertical stressors to influence the amount of stress faced by the family.
<p>Child Development Theories such as:</p> <ul style="list-style-type: none"> • Erikson's Theory on Development of Self • Piaget's Cognitive Development Theory • Kohlberg's Development of Moral Understanding 	<p>Erikson's Theory on Development of Self This theory charts the various stages of personality development throughout one's lifespan.</p> <p>Piaget's Cognitive Development Theory This theory describes the nature and development of human intelligence.</p> <p>Kohlberg's Development of Moral Understanding An expansion of Piaget's work, this theory explains the moral development of children and young persons.</p>	<p>The practitioner can use such theories to understand the physical, cognitive, emotional and social growth of children and young persons. Doing so can help him or her recognise normative patterns of children and young persons' development and be alert to potential concerns. Upon detection of issues, the practitioner should refer the children or young persons to the appropriate services for intervention especially if it is assessed that the developmental issues are due to abuse and neglect.</p>
<p>Attachment Theory</p>	<p>According to this theory, children and young persons thrive under a safe and predictable primary attachment figure, and those who do not find a stable and positive attachment with a carer are at significant disadvantage (Bowlby, 1969).</p> <p>The theory also emphasises the importance of improving positive and predictable parent-child interaction at home. This helps children and young persons feel safe and reduces the likelihood of future maltreatment.</p>	<p>Children and young persons referred to CPS have been through traumatic events such as abuse and neglect. There may also be situations where children and young persons and their primary caregivers encounter barriers in building positive relationships. This is where the practitioner can step in to strengthen the emotional attachment between children and young persons and their caregivers to heighten safety and reduce the likelihood of future maltreatment.</p>



Theory	Definition	How it is Applied in Practice
<p>Trauma Theory</p>	<p>According to this theory, an individual's maladaptive response (the inability to adjust to his or her environment) is not due to the event itself – but rather, how his or her mind and body react to traumatic experiences (Van De Kolk et al., 1996).</p>	<p>Childhood trauma and adverse experiences such as abuse and neglect have negative and long-term impact on children and young persons and their brain development (Felitti et al, 1998). Children and young persons who are referred to CPS may have increased risk of developing maladaptive response as they have been exposed to multiple or repeated events of abuse, neglect or domestic violence.</p> <p>The practitioner can utilise a trauma-informed care and practice approach in the work with children and young persons and families. He or she also receives training to assess symptoms of trauma and be aware of how traumatic experiences may affect children and young persons. To help children and young persons better adapt to their environment, the practitioner can work with parents and support networks to enhance predictability and safety at home.</p>
<p>Grief and Loss Theory</p>	<p>According to this theory, the five stages of grief and loss are denial, anger, bargaining, depression and acceptance (Kubler-Ross, 1969).</p>	<p>For family preservation, the practitioner needs to consider that children and young persons may respond to their grief in different ways.</p> <p>The practitioner has to be sensitive to the children and young persons' understanding of traumatic events and use tools such as the "Immediate Story" to explain to children and young persons about what is happening to them and what they can expect.</p> <p>Knowing the grief and loss framework also enables the practitioner to understand how individual members of the family may respond to different stages of each traumatic event.</p>
<p>Crisis Theory</p>	<p>The Crisis Theory is grounded in the concept of homeostasis, where all organisms strive to maintain stability with the outside environment (Caplan, 1964).</p>	<p>The practitioner will work with families to reduce the impact of an immediate crisis. He or she will also work on helping them stabilise their parenting practices and caregiving environments.</p> <p>The SSF-P programme is therefore time-limited, taking reference to the crisis theory, as a crisis is a temporary state of disorganisation that is triggered by a precipitating event. The SSF-P programme aims to intervene so that the families can reach a better state of functioning and homeostasis.</p>



PRACTICE PERSPECTIVES

Knowing these perspectives can help the practitioner better understand social welfare problems so that he or she can better guide the intervention process.

Ecological Perspective

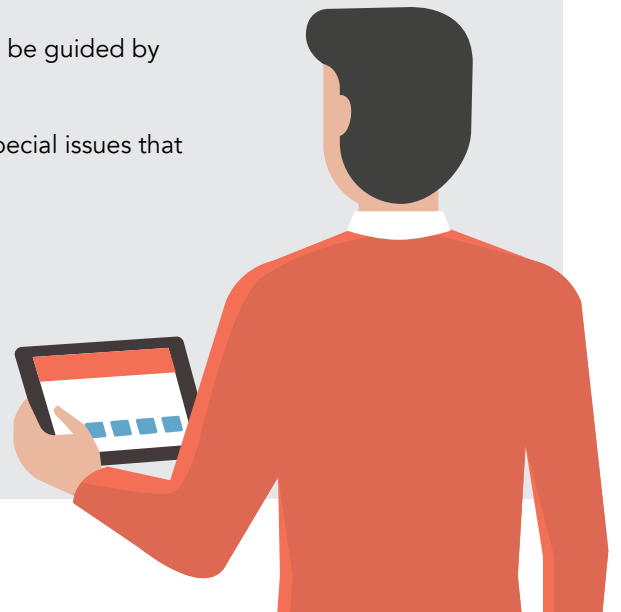
The influence of an ecological systems perspective, as described by Bronfenbrenner (1979) on intensive family preservation service, is seen in the focus on building community resources and helping families access resources in the community. This perspective highlights the importance of understanding and influencing how each family interacts within itself and its environment. It acknowledges that the community plays a part in the likelihood of future harm on the children and young persons as well as act as a potential protective factor to improve the well-being of each family member. It also supports the continuous placement of the children and young persons in their families.

Strengths Perspective

The strengths perspective, as described by Saleebey (2009), influences the SSF-P programme in its practice approach of appreciating the strengths in families and working with the families on preferred plans to address the child protection worries. The strengths perspective also guides the stance adopted by practitioners and the importance placed on the relationship between practitioners and families, marked by honest and direct communication to effectively address critical yet challenging issues.

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 It is important to have an understanding of the theories guiding family preservation work and apply them consciously. The knowledge of multiple theories also provides more angles of assessment and creates more avenues for intervention (*Working with Vulnerable Families Practitioner's Resource Guide*, 2015).
- 2 It is essential for the practitioner to constantly read up on new research developments on the latest theoretical orientation relevant to understand the impact of abuse and neglect on children and young persons and families.
- 3 Intervention strategies chosen by the practitioner should be guided by theories and practice frameworks.
- 4 It is essential for the practitioner to read up on various special issues that families might face, such as disability, schizophrenia, etc.



CHAPTER 7

ASSESSMENT TOOLS USED IN THE SSF-P PROGRAMME



Assessments, when backed by theoretical constructs and assessment tools, help practitioners and policymakers arrive at key decisions more objectively. Such tools enable practitioners to make more informed decisions at critical points in each case. In this chapter, practitioners will gain insights into the tools that can help in the documentation of the needs and strengths of children and young persons and families, and their roles in helping all parties achieve intervention goals.



KEY OUTCOMES

- Practitioners will understand the three main assessment tools/approaches used that guide all intervention processes for cases identified for the SSF-P programme. The tools are:
 - ∞ Partnering for Safety (PFS) framework;
 - ∞ Structured Decision Making® (SDM) assessment tools; and
 - ∞ 7 Care Needs of children and young persons.
- Practitioners will see the psychological assessment process undertaken by Clinical Forensic Psychology Service (CFPS) and/or other agencies.



THE PARTNERING FOR SAFETY (PFS) APPROACH

The Partnering for Safety (PFS) approach is a collaborative, strengths-based, family- and safety-centred practice approach. It is designed to help all key stakeholders⁵ in the SSF-P intervention process assess and enhance children and young persons' safety and well-being at every point of the process.

This assessment and planning approach is built on the unwavering commitment to uncover each family's strengths, knowledge and wisdom. It centres on a Collaborative Assessment and Planning (CAP) (see Annex C) framework developed in partnership with children and young persons, families and their networks. This highly collaborative approach supports families, members of their networks as well as professionals in working together to develop detailed plans to ensure the children and young persons' enduring safety and well-being.

The PFS approach also aligns and integrates with the Structured Decision Making[®] (SDM) system developed by the Children's Research Centre (CRC). While the PFS approach can stand alone as a relationship- and strength-based practice approach, it is taken to another level when integrated with the use of the SDM[®] system. The integration of the PFS approach and the SDM[®] system ensures that our decision-making and practice with families are collaborative, rigorous, transparent and evidence-informed.

The following questions can help guide the practitioner in making critical decisions during intensive family preservation work:

- Are the children and young persons safe in the home whilst we work with the family?
- How serious are the safety concerns and what is the intensity of intervention required?
- What needs to change in the family to keep the children and young persons safe?
- Is it now safe to close the case and/or refer the family to another agency for less intensive services?

PRINCIPLES OF THE PFS APPROACH

- **All of our work is organised around creating enduring safety, permanency and well-being for children and young persons.**

The focus of every interaction and intervention in PFS is on the creation of enduring safety, permanency and wellbeing for children and young persons in the places they live, learn and play. This is achieved through partnering the families and networks who know the children and young persons best and working together to create meaningful and sustainable family safety plans.

- **Child protection is everyone's business!**

Research suggests that the development of good working relationships between families and practitioners and between practitioners and other helping professionals may be the single biggest predictors of positive outcomes in child protection. The PFS approach has at its core a belief that partnering families, their networks and other professionals is essential, including the perpetrator of the harm. PFS is grounded in a spirit of respect, empathy, curiosity and a belief that change is possible, and this approach aspires to relate with people in ways that preserve their dignity and inspire a sense of hope and possibility for the future.

- **It takes a village to raise a child or young person.**

Enhancing and developing the presence of a community of safety and support is a critical part of the work. PFS involves explicitly identifying a network of people who know the children and young persons (family members, friends, and professionals who regularly see the children and young persons), ensuring they are fully aware of the concerns, and working with them to create plans to increase children and young persons' safety, permanency and well-being over time.

⁵ Key stakeholders include the children or young persons, parents, the extended family, the child protection practitioners, supervisor and manager, social service professionals, educators, medical professionals and other professionals who are able to contribute to the children and young persons' safety.

- **Starting with a rigorous and balanced assessment.**

A balanced and comprehensive assessment includes a full and detailed exploration of past maltreatment and current challenges in the family's life, as well as a detailed search for the acts of protection and strengths within the family. PFS operates from the assumption that even when families are facing serious challenges, there will still be times, however small, when the problem is overcome in some way. Paying attention to these acts of protection does not minimise the maltreatment, but creates a platform for change and a foundation for working together to enhance safety going forward.

- **Children and young persons and families' voices are always at the centre of the work.**

PFS recognises that families are experts on their own lives and that practitioners' interventions will be more likely to lead to meaningful and lasting change if the voices of children and young persons, parents and their networks are at the heart of our assessment and safety planning processes. While the issues we are striving to address are serious and potentially life-threatening, focusing on problems in the absence of a vision for the future can leave families feeling overwhelmed and without hope or energy to make changes in their lives. PFS organises the work with families around a vision of future safety (goal statements) that is developed collaboratively with the parents, children and young persons and other significant people in the children and young persons' lives in order to address the identified dangers.

- **Assessment and planning involves equally high parenting standards, expectations and partnership with fathers.**

PFS explicitly works with parents and holds equally high parenting standards and expectations for both fathers and mothers. Partnering with fathers is seen as critical to the ongoing wellbeing of children and young persons and families in which they thrive.

- **Practising from a spirit of inquiry.**

Harlene Anderson and Harry Goolislian originally coined the phrase "not knowing" as a purposeful stance in working with others. It was meant as a call to be humble, to recognise that everyone has unique skills, knowledge, wisdom and an ability to contribute to solutions. In particular, it is also a call to recognise the knowledge, traditions and skills present within all cultural traditions and to ensure that those are seen and made a deliberate and important part of the work.

- **An organisational atmosphere based on critical thinking, reflection, appreciation and ongoing learning.**

Operationalising these values and principles requires that organisations put them into action in every aspect of the work. Decision-making, supervision, management and policy formation should be built on a foundation of critical thinking, deep reflection about the work, appreciation for those who do it and a commitment to ongoing learning for all involved.

TYPES OF PFS TOOLS/PROCESSES

Here are some of the PFS tools/processes that are being used in the SSF-P programme:

- CAP Framework
- Detailed Safety Planning Resources
- Safety House
- The Family Roadmap
- Circles of Safety and Support
- Three Houses
- The Immediate Story
- The Safe Contact Tool

Please visit the PFS⁶ website to download copies of the abovementioned resources. Further information regarding the use of these tools in SSF-P practice is also documented in Chapter 10 of this Practitioner's Resource Guide.

⁶ Partnering for Safety (PFS) Website: <https://www.partneringforsafety.com/resource-booklets.html>

SDM® ASSESSMENT TOOLS

These tools assist the practitioner in meeting his or her goals to promote the ongoing safety and well-being of children and young persons. SDM® assessment tools make up an evidence- and research-informed system that identifies the key points of a child protection case and uses structured assessments to improve the consistency and validity of each decision.

RESOLVING DILEMMAS

Decision-making in child protection is extremely difficult. Accurately identifying families that are facing imminent removal and need more intensive intervention is notoriously inconsistent and inaccurate without the right tools. The practitioner can use the following decision-making frameworks and tools in his or her decision-making process.

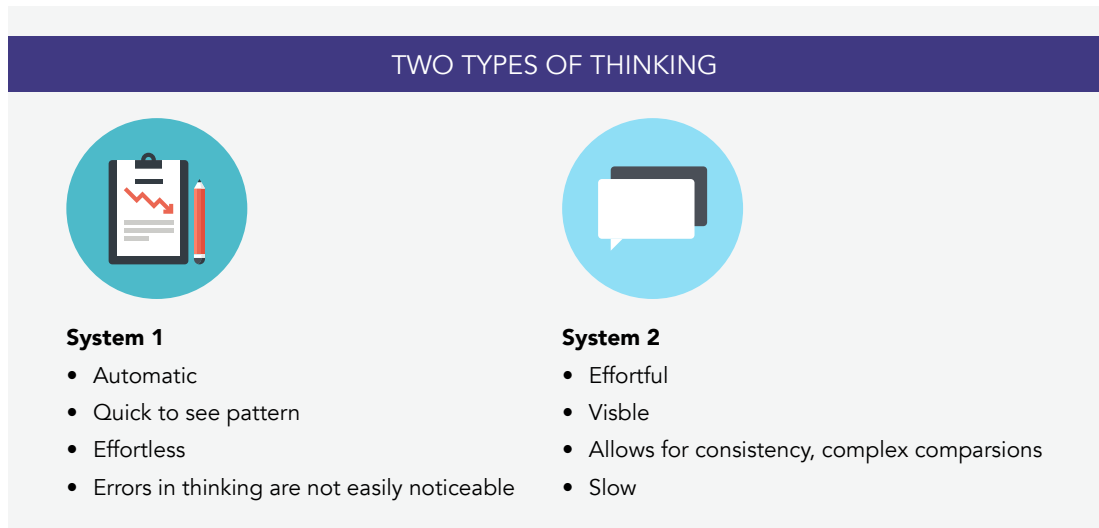


Figure 1: System 1 and System 2 Thinking

Kahneman (2011) wrote about two modes of thought. System 1, or intuitive thinking, enables the human nervous system to make quick, effortless and automatic decisions. In fast-paced child protection investigation work, System 1 thinking serves the practitioner well in making hundreds of minute decisions quickly. However, this method of thinking is prone to errors. Furthermore, even when errors are made, System 1 thinking may not detect them.

On the other hand, System 2 thinking involves a slower thinking process. Highly analytical and ideal for more complex situations, this process requires more time and deliberation.

SDM® assessment tools allow practitioners to combine these two types of thinking to access the benefits of both. Kahneman (2011) found that especially in risk classification, final decisions should be left to formulas, especially in low-validity environments.

THE SDM® SYSTEM

THE SDM® SYSTEM PROVIDES DECISION SUPPORT TO IMPROVE THE CONSISTENCY, ACCURACY AND EQUITY OF KEY DECISIONS.

How System 1 and System 2 Thinking is used in SDM® Tools

Practitioners should use decision support tools at key decision points. It is important to pause at key junctures in casework and consciously apply System 1 and System 2 thinking. Each SDM® tool is designed to support a specific decision point.

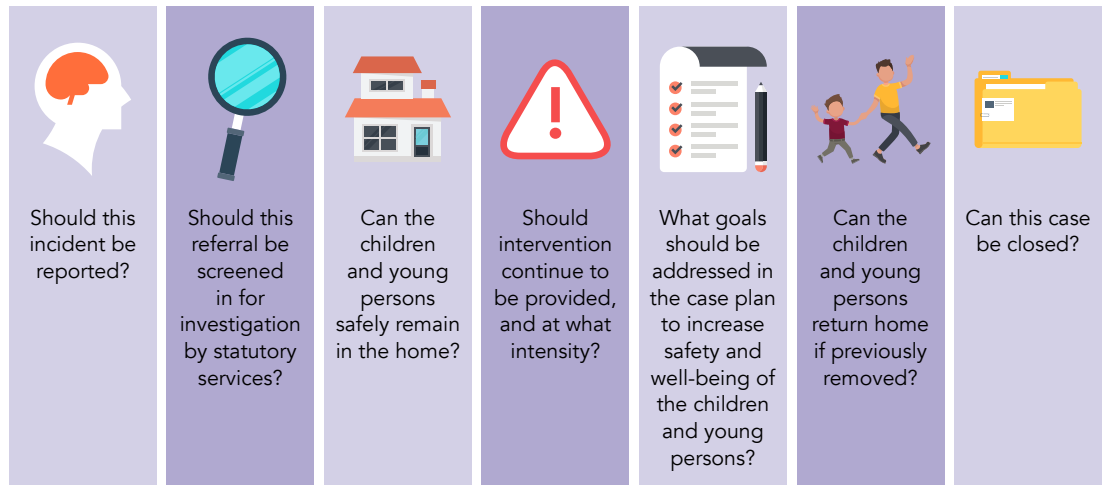
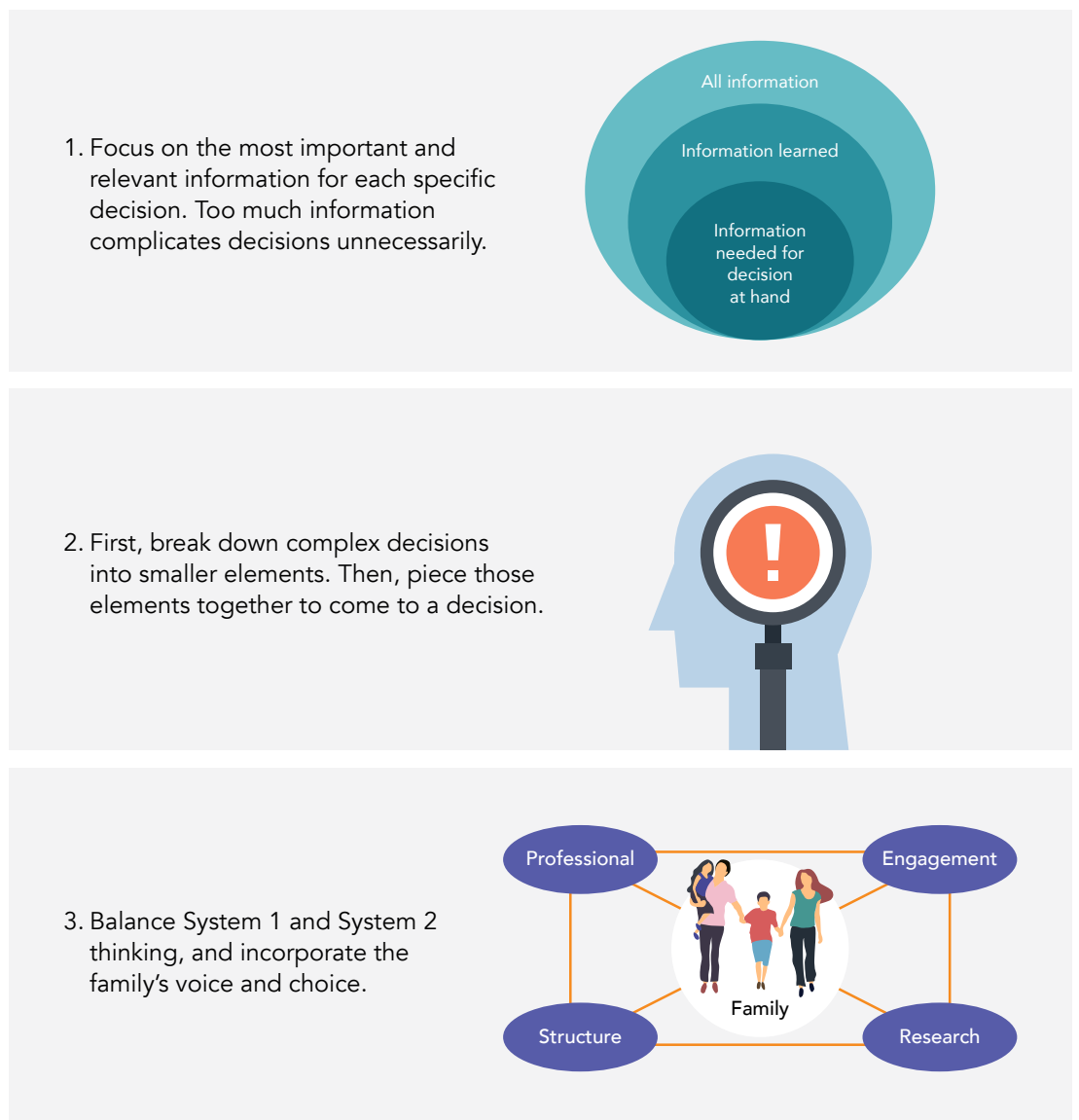


Figure 2. Key Decision-Making Points of SDM®



SDM® ASSESSMENT TOOLS USED IN THE SSF-P PROGRAMME

SDM® Assessment Tool	What it Does	When it is Used in the SSF-P Programme
Safety Assessment Tool	Identifies which families are in imminent danger of children and young persons being removed	<p>The tool is commonly used when a case is referred to the SSF-P programme, following the completion of CPS' social investigation. This tool will help determine if the family is suitable for preservation services. Cases that are deemed to be unsafe requires out-of-home care and should not be referred for preservation.</p> <p>It is also used in situations when the children or young persons experience recurrence of harm or critical incidents related to safety. It helps the practitioner objectively synthesise the information related to the incident and decide if further safety planning is necessary, or if the children and young persons should be removed and placed in alternative care.</p>
Likelihood of Future Harm (LFH) Tool	Identifies the likelihood of future harm and the corresponding intensity of intervention needed to support an immediate safety plan and longer-term changes for sustainable safety for the children and young persons	The tool helps determine the allocation of cases based on intensity of intervention needed, as SSF-P teams are categorised according to levels of intensity (moderate or high) interventions.
Family, Strengths and Needs Assessment (FSNA) Tool	Identifies areas of needs that should be addressed in a case plan to increase safety and reduce the likelihood of future harm	The tool is used within the first month of SSF-P intervention to inform which domains of intervention to prioritise to address safety issues within the time frame of the programme.
Likelihood of Future Harm Reassessment (LFH-R) Tool	Identifies the likelihood of future harm after intervention has been given to the family, families whose cases can be closed, or those who may require further intervention but at a lower intensity	This tool is used during case reviews to establish if risks of harm for children and young persons have been lowered in the course of intervention.



THE CHILDREN AND YOUNG PERSONS' 7 CARE NEEDS

Children and young persons have multiple needs. CPS has prioritised 7 Care Needs for children and young persons and utilised this tool to categorise these needs systematically. The practitioner can establish specific details in each area of need, as well as the progress made in meeting them. This tool helps the practitioner map a care plan for each child and young person.

The Children and Young Persons' 7 Care Needs Tool (See Annex D for a template):

1. Physical needs
2. Educational needs
3. Emotional needs
4. Social needs
5. Spiritual needs
6. Identity needs
7. Self-care skills

Under this framework, the practitioner identifies:

1. needs that have already been met and by whom;
2. needs that are unmet; and
3. recommended services to meet unfulfilled needs.

The template can be used to engage parents and stakeholders such as schools, child care and student care services on measures to take to enhance children and young persons' safety and welfare. It can also serve as case review documentation of how well the care environment is meeting the needs of children and young persons.

PSYCHOLOGICAL ASSESSMENT BY CFPS

CFPS is a department within the Rehabilitation and Protection Group (RPG) in the Ministry of Social and Family Development (MSF). CFPS provides comprehensive psychological services to children and young persons and families referred by stakeholders in RPG such as CPS and Probation and Community Rehabilitation Service (PCRS).

A team of psychologists from CFPS has provided psychological consultation and assessment (i.e. clinical assessment and risk assessment) for the SSF-P programme since the pilot's inception in 2016. A clinical assessment, which is a psychological assessment for the purpose of diagnosing a possible mental health issue such as post-traumatic stress disorder, might be required in cases where the individual is exhibiting emotional and behavioural difficulties as a result of traumatic experiences such as domestic violence, physical abuse and sexual abuse. A clinical assessment might also help to shed light on factors that might be driving the individual's presenting problems so that interventions can be targeted to address his or her difficulties.

A risk assessment might be necessary if the children and young persons or caregivers have engaged in significant and sustained violent behaviour and/or sexual offending behaviour at home and/or in the community. For clients presenting violent behaviour or sexual offending behaviour at home and/or in the community, a risk assessment would help the practitioner understand the future risk of harm that the client poses to the family and/or the community and the risk factors that need to be addressed to support family preservation.



CFPS has provided psychological assessment for SSF-P clients with the following presenting problems:

- Persistent and distressing memories of the traumatic event
- Significant changes in arousal and reactivity following the traumatic event (e.g. being easily irritable or angry)
- Chronic low mood which significantly impedes daily functioning
- Recurrent self-harming behaviour
- History of suicidal attempts and recent or current suicidal ideation and/or attempts
- Recent and recurrent violent behaviour at home and/or in the community that poses a threat to the safety of the family and/or other victims

In addition to psychological assessment, CFPS also provides Functional Family Therapy (FFT) to SSF-P families. FFT is an evidence-based programme for children and young persons who present challenging behavioural problems such as anger outbursts, defiance and truancy. As a family-based intervention, FFT seeks to build a relational focus of the children and young persons' presenting problems so to increase the family's motivation to work on skills building to address risk factors that perpetuate behavioural problems.

Aside from CFPS, psychological assessment is also offered at

- Institute of Mental Health (IMH);
- Other restructured hospitals such as Changi General Hospital (CGH), Khoo Teck Puat Hospital (KTPH), National University Hospital (NUH), Singapore General Hospital (SGH) and Tan Tock Seng Hospital (TTSH); and
- James Cook University Singapore Psychology Clinic (JCU Singapore Psychology Clinic) and the Clinical and Health Psychology Centre (CHPC) for issues such as suspected learning disorders.

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 The practitioner should familiarise himself or herself with the theoretical constructs of each tool. This will enable him or her to better exercise creativity when engaging clients in gathering information needed for assessment.
- 2 There are formal and in-depth training made available by CPS for the use of some of these tools (e.g. SDM[®] assessment tools and PFS approach). Such training helps to deepen understanding as well as facilitate safe and effective use of the tools.
- 3 The practitioner should seek supervision and consultation in the process of using the tools to ensure accountability and sound and safe practice.
- 4 The tools listed in this chapter are not exhaustive. The practitioner should continually explore other assessment tools to facilitate the decision-making and intervention required in child protection work. For instance, the bio-psycho-social-spiritual (BPSS) and suicide assessment can also be used to assess safety and well-being.

CHAPTER 8

SAFETY PLANNING AND MONITORING - 5.5 STEPS MODEL

Safety planning and monitoring is a critical intervention that occurs throughout the six months of the SSF-P intervention with families. Safety planning is a process where practitioners engage with children and young persons who have been harmed, together with their families' and network to create a plan that ensures their safety when they return to the same environment. Highly personalised and practical, a safety plan aims to reduce the risk of vulnerable family members from being harmed again. In this chapter, practitioners will learn about how they can use the Safety Planning 5.5 Step Model, which was developed through the consolidation of SSF-P practices in safety planning, to help prevent further episodes of harm on children and young persons, pre-empt possible triggers and provide solutions to address concerns.



KEY OUTCOMES

- Practitioners will understand the importance of safety planning in intensive family preservation work.
- Practitioners will be able to apply the safety planning steps for child protection cases.



THE 5.5 STEPS OF SAFETY PLANNING

STEP 0.5: PRE-PLANNING

- Gather information on the incident of harm and understand the possible triggers and impact on the children and young persons.
- Assess if there are other family members besides the children and young persons, who require a safety plan.
- Gather information from other professionals who have already been working with the family.
- Discuss with supervisor on some of the non-negotiables that should be set with the family as well as support that may be needed when running the safety planning session.

STEP 1: LAY IT ALL OUT

- Invite all family members and professionals involved for a meeting.
- State the professional concerns about the incident of harm on the children and young persons clearly and simply to everyone.
- Use this chance to educate all professionals on the use of violence and its impact on children and young persons and families.
- During the session with family, set ground rules to ensure physical and emotional safety for all attendees, especially for the person who was harmed.
- Check in on the safety of the vulnerable person(s) after the meeting.
- Use the children and young persons' voices to emphasise the impact of the abuse and neglect on them.





**STEP 2:
CREATE A
SUSTAINABLE
SUPPORT
NETWORK
WITH THE
FAMILY**

- Assess the quality and availability of the network when creating a safety plan.
- In the safety plan, emphasise to the safety network on the importance of listening to the worries of children and young persons, be available and responsive to their needs, and to support them during the critical period.
- Explain to members of the safety network about their specific roles in the safety plan.

**STEP 3:
RESOURCING,
RELAPSE AND
RECOVERY**

- Take note of the emotional regulation of all members at the meeting, especially the person who caused harm.
- Take stock of the person's internal and external resources. Internal resources refers to psychological strengths while external resources refers to people or things in the external environment that may support a person's emotional regulation.
- Put in place a relapse and recovery plan for parents or caregivers with mental health, addiction and violence issues. This would ensure early identification of their symptoms and prevent worsening of their conditions.

**STEP 4:
CREATE
SAFETY PLANS
WITH FAMILY**

- Ensure that safety plans contain specific, concrete and measurable steps for individuals to take to prevent further harm on the children and young persons.
- Help the family plan out situations that could possibly happen so that family members can plan for unforeseen circumstances, such as "what if one of the network is unwell and unable to check in on the children and young persons".
- Be upfront with the consequences set up in the safety plan.
- Test the safety plan with the family and the safety network to assess its feasibility.



STEP 5: MONITORING AND TIMELY REVIEWS

- Safety plans require timely reviews and monitoring. State the next review date clearly for the family to ensure timely tracking of progress.
- Constantly check in with the children and young persons and families during sessions to assess families' compliance to the safety plan.
- When there is a breach in safety plans, it is important to address it with all family members and the informal networks and professionals involved.

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 Safety planning is a dynamic process that requires the practitioner to be quick-thinking, observant of family dynamics and able to think of practical solutions that best suit each family.
- 2 Families may find the intervention process difficult and restrictive at times. However, the practitioner has to maintain assertiveness in setting non-negotiable practices.
- 3 The safety planning process is one that requires the contributions of both professionals and families. The practitioner should ensure that the safety steps are behaviourally achievable so that everyone in the network is able to follow them. He or she should also implement regular testing and monitoring, as they play a part in keeping plans realistic.
- 4 The practitioner may struggle with a control versus change function in intervention during safety planning and monitoring. However, he or she needs to keep in mind that safety planning should be done before any intervention and healing can take place.
- 5 Reviewing the immediate and intermediate safety plans and implementing longer-term safety plans is important as it helps everyone involved in the children and young persons' lives to follow through.
- 6 Getting the family members, safety network and children and young persons involved in documenting the safety plan in a manner that makes sense to them in the longer term is helpful in helping them take ownership of the plan.

CHAPTER 9

MANAGING SELF DURING CRITICAL INCIDENTS AND RECURRENCES

The SSF-P programme involves dealing with recurrences of harm or critical incidents that compromise the safety of children and young persons and their families. During these episodes, significant attention and energy is dedicated to managing the crisis to ensure that safety is restored. Analysis of critical incidents and recurrences help the practitioner assess if continuing preservation is in the best interest of the children and young persons. In this chapter, practitioners will learn how they can manage themselves effectively when such situations arise.



KEY OUTCOMES

- Practitioners will grasp the definition of critical incidents and recurrences.
- Practitioners will be more ready to manage self during critical incidents and recurrences.



CRITICAL INCIDENTS AND RECURRENCES

PRINCIPLES OF THE PFS APPROACH

Critical Incident:

An episode that will likely affect the safety of the children and young persons and families (based on past harm and complicating factors), but harm has not happened yet.

Examples:

- A breakdown of placement with no harm inflicted
- A heated argument between parents, with the mother threatening to commit suicide when she is the main caregiver of the children and young persons

Recurrence:

An episode where harm has occurred and the safety of the children and young persons have been affected.

Examples:

- A heated argument that escalated into the children and young persons being injured
- A situation where the children and young persons' needs have been repeatedly neglected
- A child or young person suffering physical injury as a result of a parent's use of harsh physical punishment methods during intervention

OVERCOMING SELF-DOUBT

Some thoughts that may cross the practitioner's mind when critical incidents or recurrences happen include:

- "Oh no, have I done my case properly?"
- "It is probably my fault for not following up on the case more often than I had."
- "If I had done X, Y and Z before this, this would not have happened."
- "If only agency A had communicated this to me, I would have done more for this family."

Before the practitioner allows himself or herself to drown in these negative feelings of guilt, shame and self-blame, he or she needs to pause, recalibrate and manage some of the feelings. As such, the practitioners have developed the "ABCDEFGF" model of managing critical incidents and recurrences professionally.



THE ABCDEFG MODEL

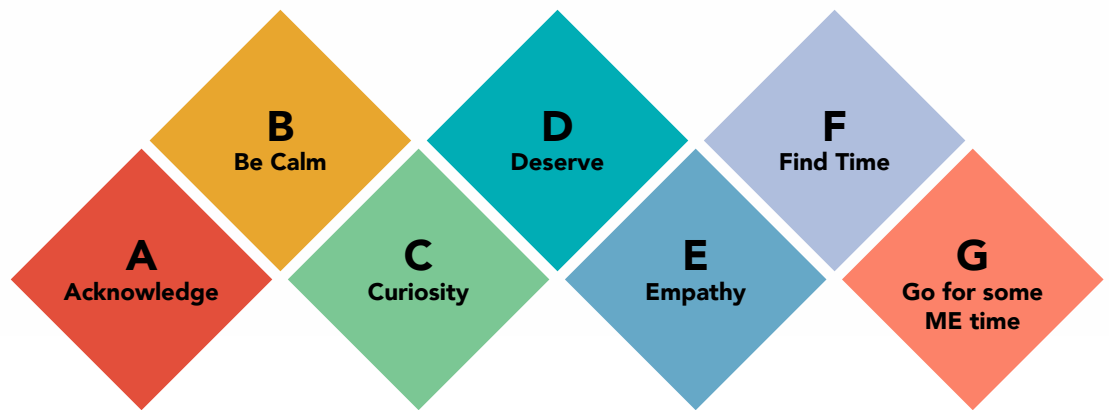


Figure 1. ABCDEFG of Managing Critical Incidents and Recurrences

ACKNOWLEDGE

The practitioner has to **acknowledge** that the critical incident or recurrence has taken place, and assess the harm inflicted on the children and young persons. At this stage, the practitioner needs to be conscious of the “Rule of Optimism”, where individuals tend to generate the most positive explanation for the incident, which may sometimes result in adverse outcomes for the children and young persons. One example is if there are no bruises observed on a child or young person even though there were reports that he or she was hit. From one point of view, it could look like it was part of how a parent decides to discipline the child or young person. However, there is potential for professional dangerousness to take place if the practitioner, based on his or her assumptions, does not act further for the children and young persons who are at risk of significant harm as a consequence of their assumptions, attributes or behaviours (Wallis, 2016) especially if there were previous concerns of harsh punishment on the children and young persons that resulted in harm.

BE CALM

As much as possible, the practitioner should be **calm** even in the face of trying issues. Feeling negative is human nature. However, the practitioner has to be aware and in control of such feelings. The safety and welfare of the children and young persons often require immediate attention, and the practitioner is required to stay calm and objective despite the urgency and intensity of the situation. Keeping calm will help the practitioner manage the crisis better. The practitioner’s composure will also reassure clients that he or she is in control of the situation.

Calmness can be achieved through actions such as having a sip of water, moving one’s fingers, and stretching of arms or neck muscles. Such steps help to ensure that one is completely present in the situation and is able to focus. Being physically, emotionally and mentally present in the moment can aid in calming oneself down. The practitioner should articulate his or her level of calmness to the supervisor or team members and should not hesitate to ask supervisors or team members for help when needed.

CURIOSITY

The practitioner should be **curious** when investigating the facts of the incident. By staying curious, the practitioner is giving the family members opportunities to explain their situation and points of view, without jumping to conclusions. Probing can help to uncover mistakes committed by family members that the practitioner can help to resolve. Helping to increase families' awareness of their own weaknesses or trigger points is also instrumental in helping families strengthen the safety plan on their own.

Another benefit of staying curious is the opportunity to work together with families to enhance the safety plan, well-armed with knowledge of each family's strengths and weaknesses.

Additionally, the practitioner needs to be curious about the cultural context of each family. However, he or she needs to be wary about landing into a situation of "cultural relativism" where he or she becomes influenced or too flexible with cultural differences in relation to the harm that has taken place. Such instances could immobilise the practitioner, especially when working with families of different cultures.

DESERVE

The practitioner should know that he or she **deserves** the team's support. While the practitioner may want to do everything possible independently, he or she needs support from the team. For example, the practitioner may need his or her team members' help to follow up on tasks such as interviewing the family members, bringing the children and young persons to seek medical help, attending to the police or responding to the queries of the medical team. Having such support would also make the practitioner feel less alone.

EMPATHY AND FIND TIME

Having **empathy** for self and **finding time** to conduct or receive proper debrief or supervision gives the practitioner a safe space to talk about the negative feelings. It also provides the team with a platform to discuss about the case objectively, to review the case and suggest steps that could be taken to minimise critical incidents and recurrences from happening again. Empathy, also known as self-compassion, can be difficult for practitioners when confronted with crises repeatedly. There can be self-blame and self-doubt in such situations. However, having compassion for self is no different from having compassion for clients. Being kind, understanding and forgiving towards oneself can help the practitioner recover from the crisis sooner as he or she continues to make a difference to more children and young persons and families.

GO FOR SOME ME TIME

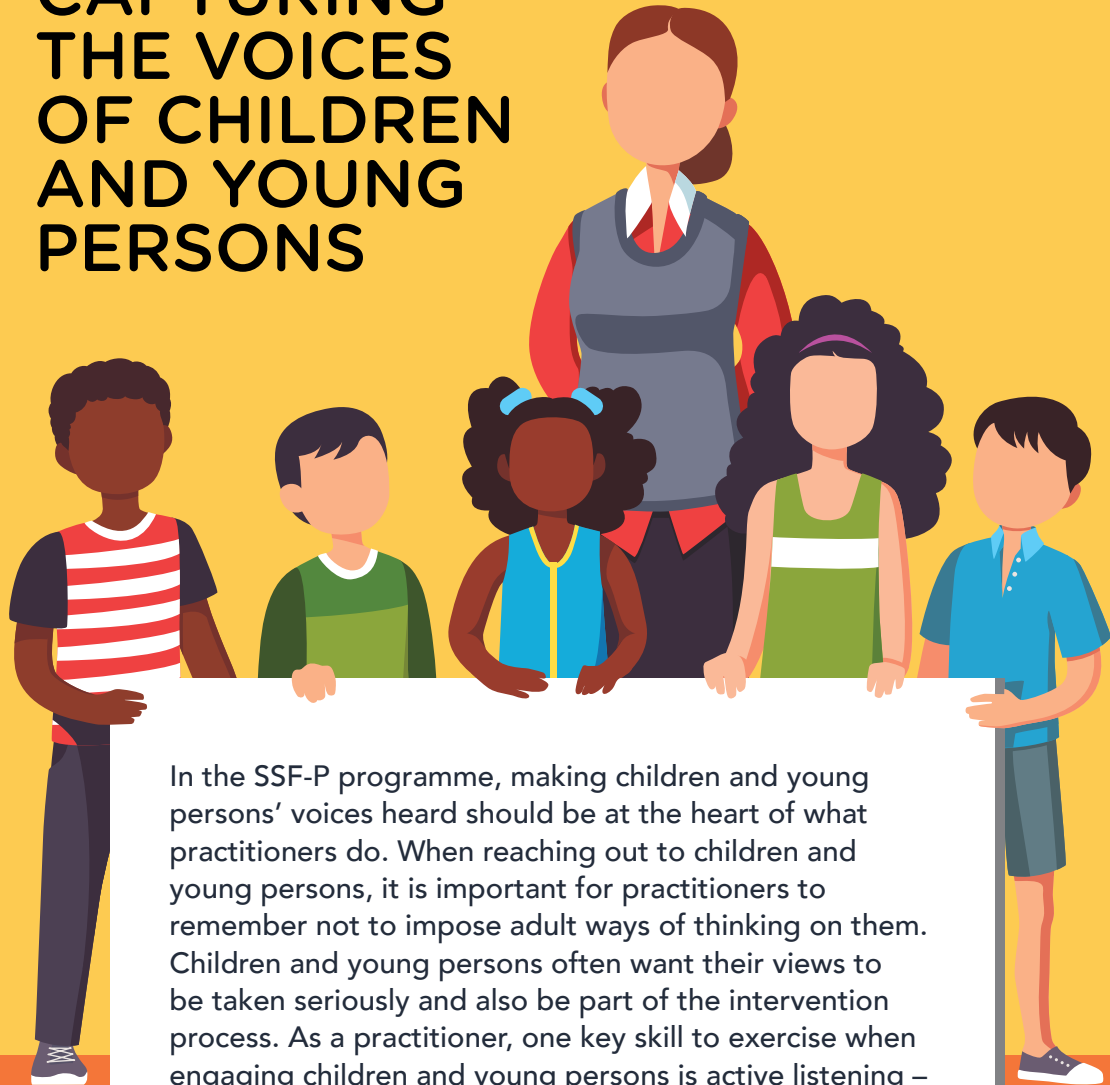
After following through with the necessary next steps to ensure safety for the case, the practitioner should remember to **go for some ME time**. By taking good care of oneself, the practitioner is actually allowing clients to have a practitioner who is in a better emotional state to continue serving them.



CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 It is useful to seek help and support from the supervisor when critical incidents and recurrences occur.
- 2 Having on-site support from a peer or supervisor is helpful for the practitioner's safety and also provides a platform to discuss the feasibility of next steps and actions.
- 3 The practitioner should not hesitate to call the police if the critical incident or recurrence endangers the client and/or the practitioner and the situation cannot be de-escalated.

CHAPTER 10 CAPTURING THE VOICES OF CHILDREN AND YOUNG PERSONS



In the SSF-P programme, making children and young persons' voices heard should be at the heart of what practitioners do. When reaching out to children and young persons, it is important for practitioners to remember not to impose adult ways of thinking on them. Children and young persons often want their views to be taken seriously and also be part of the intervention process. As a practitioner, one key skill to exercise when engaging children and young persons is active listening – to listen to them with heart and all of his or her senses. In this chapter, practitioners will learn how best to capture and understand the voices of children and young persons.

KEY OUTCOMES

- Practitioners will understand the importance of capturing the voices of children and young persons.
- Practitioners will reflect on critical points when capturing the voices of children and young persons.
- Practitioners will learn about tools used to facilitate work with children and young persons.



AREAS TO CONSIDER ON CHILD DEVELOPMENT

Understanding the Children and Young Persons' Cognitive and Language Abilities

The practitioner can reach out to children and young persons through age-appropriate intervention by understanding their cognitive abilities and development – that is, their psychological processes in acquiring and understanding knowledge. Such abilities can depend on each child and young person's age, level of intelligence and maturity. It is also important to keep in mind that each child and young person's thinking is usually influenced by his or her social, physical and cultural environments, as well as personal relationships, expectations and motivations.

Getting in Touch with Children and Young Persons' Emotions

The practitioner should recognise that emotions and experiences are interconnected with other aspects of development. Having a good grasp of child developmental theories can help the practitioner determine if the children or young persons are displaying appropriate levels of emotional functioning. As the children and young persons have been through harm and abuse, some conversations about trauma may trigger memories of their past experiences. As such, it is crucial for the practitioner to be sensitive in using the right tools to help regulate emotions.

The use of visuals is one example. Visuals are widely used during interventions involving children and young persons. Visuals appeal to young children, or children and young persons with special needs and/or learning difficulties. They also help to present information in simple ways, helping children and young persons understand complicated concepts like safety processes.

Creating Safety for Children and Young Persons to Share

The practitioner needs to help children and young persons define safety in their own words, so that they have the ability to inform adults on their safety. Creating that experience of safety in session will be important for children and young persons. Examples include:

- Holding difficult conversation in venues that children and young persons feel comfortable in
- Watching out for non-verbal cues of children and young persons that show that they are uncomfortable or scared
- Letting children and young persons know key information that will help ease their anxiety
- Allowing children and young persons hold an object of comfort (e.g. a soft toy) when talking about difficult things
- Being honest with children and young persons about who else needs to know their stories



Capturing Voices of Children and Young Persons

The practitioner's facilitation skills are as important as the tools used or activities conducted to engage the children and young persons. The stance that the practitioner takes on to help build rapport and trust with the children and young persons should include:

- being non-judgemental;
- being mindful of children and young persons' anxiety about letting their parents or other adults know their stories;
- being honest and open with the children and young persons about what they know and do not know;
- taking note of the somatic responses that children and young persons have; and
- taking stock of personal values in working with children and young persons.

Providing opportunities to enable children and young persons to express views on all matters affecting them is essential. Research has shown that involving children and young persons in safety planning and interventions to remain at home helps promote their safety at home and improved overall well-being (Lansdown, 2011). Safety is a concept which children and young persons, especially those below the age of seven, sometimes find difficult to grasp. The practitioner then has to seek other ways to establish each child or young person's definition of safety.

Sharing of Children and Young Persons' Voices to Adults

The practitioner can use storytelling to engage and capture the voices of children and young persons. Stories that are created with the children and young persons' own words can be presented to their parents and further expanded with other family members' views.

The practitioner often assists in sharing children and young persons' stories to their parents and facilitate positive exchanges between parent-child to foster healthy communication patterns. It is critical to focus on building the parent-child attunement so that the new interaction pattern within the family can be strengthened and in the long run, function without reliance on the practitioner.

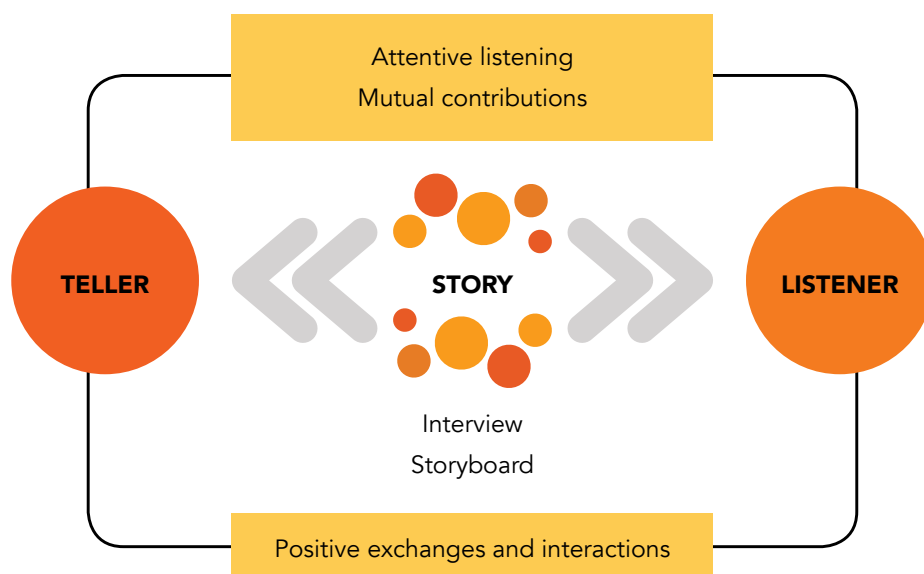


Figure 1. Active Listening

SOME TOOLS USED IN SSF-P TO FACILITATE ACTIVITIES

Facilitating the Activities

Practitioners need to be familiar with the objectives and usage of the tools or activities. While the tools have a guided set of questions to help in the facilitation, the practitioner should also practice flexibility and follow the children and young persons' lead and pace the activities.



To help children and young persons feel safe in sharing, the practitioner can ask them for their views directly and respectfully. Above all, the practitioner should place priority on creating positive interactions and a culture of inclusion, instead of solely seeking agreement or approval from their parents.

Name of Tool	Description of Tool	How it is Used	Suitable Age Group(s)	Things to Note When Using the Tool
Immediate Stories	<p>A shared story that practitioners, parents and people in the safety network can use with the children and young persons.</p> <p>Provides a simple and clear explanation to children and young persons of what has happened or what is likely to happen next.</p>	<p>Storytelling and discussion with children and young persons during periods of transition such as when one parent needs to move out temporarily, or when there is change in placement for the children and young persons.</p>	All age groups	<ul style="list-style-type: none"> The immediate story should be shared with the people in the children and young persons' safety network, so that the adults can attend to the children and young persons' questions and worries in a consistent manner. To help minimise further trauma on children and young persons, the story should also contain information on contact of and access to carers in case a need arises in future.
Words & Pictures	<p>A story, co-created with children and young persons and families, and practitioners about what has happened in the family and what are the family's efforts in responding to the events.</p>	<p>It can be used during safety planning to help children and young persons, parents, and people in their safety network understand the worries and the next steps for the family.</p>	All age groups	<ul style="list-style-type: none"> Use age-appropriate words and pictures to help children and young persons understand. Involve parents and family members in crafting the messages that they want children and young persons to know. Some separate preparatory work with the children and young persons may be required.
Feeling Cards	<p>Cards with a variety of feelings in pictorial form, which provides a safe and fun way to speak about feelings.</p>	<p>Children and young persons can choose from an array of pictures displaying different feelings to represent their current feelings.</p> <p>The cards can also be used to increase children and young persons' emotional literacy and encourage them to talk about different feelings.</p>	All age groups	<p>The type of feelings that is introduced needs to be age appropriate and also adjusted to meet each child or young person's developmental age.</p>



Name of Tool	Description of Tool	How it is Used	Suitable Age Group(s)	Things to Note When Using the Tool
Three Houses	A simple graphic of three houses – house of worries, house of good things, and house of hopes and dreams – to elicit children and young persons' thoughts about the strengths and vulnerabilities of their families in a non-threatening manner.	It enables children and young persons to participate in the planning and decision-making in a safe way, and for parents and caregivers to see and hear the children and young persons' inner thoughts.	Three to 16 years old	<ul style="list-style-type: none"> • Offer children and young persons the choice of which house they would like to begin with. • Let children and young persons choose from drawing, writing or talking about their worries, the good things, and their hopes and dreams. • As the children and young persons narrate their thoughts, the practitioner can write down their exact words to capture their thoughts. • The practitioner can also use various themes that the children and young persons like, for example, cars and robots to illustrate their thoughts.
Safety House	A visual tool to involve children and young persons in safety planning.	Children and young persons can choose to draw, write or speak about their "safety house", where they can come up with "rules" on how they want everyone to behave in the "safety house", what they want people in the "safety house" to be doing, and people who can visit their "safety house" and people whom the "safety house" is out of bounds to.	Four to 16 years old	<ul style="list-style-type: none"> • Discuss with children and young persons on how they want the "safety house" to be shared with parents and other family members so that children and young persons feel assured of what is happening next. • Keep to children and young persons' pace whenever possible.
Safety Scaling	A Likert scale of a range typically zero to 10 to capture the intensity of feelings of safety.	It is used to explain the anchors (e.g. zero represents very unsafe and 10 represents very safe) and ask about the current rating. This can be followed up in a variety of ways to understand what contributed to current safety and what can increase the feeling of safety.	All age groups	The scale can be as creative and as relevant as possible, such as using steps to a house to represent the scale.

Name of Tool	Description of Tool	How it is Used	Suitable Age Group(s)	Things to Note When Using the Tool
Symbols	A different medium for less expressive children and young persons to share their feelings and ideas.	Use it as means of conversation with children and young persons to explore issues, communicate and process feelings.	All age groups	<ul style="list-style-type: none"> • Activities should be self-directed by children and young persons. The practitioner should not move or direct children and young persons to choose any symbol. • Varied symbols and objects for children and young persons to choose from.
Visuals	Representation of concepts in a pictorial form to aid in understanding (e.g. charts and pictures).	Use pictures to illustrate concepts, such as using a thermometer to speak about rising anger, or children and young persons' five love languages (physical touch, quality time, meaningful gifts, acts of service and words of affirmation).	All age groups	The visuals need to be age- and culturally-appropriate for children and young persons.

Using Different Mediums

Items such as symbols, Lego bricks, finger puppets, clay and journals are helpful in encouraging children and young persons to express themselves in different ways. Children and young persons are often more comfortable expressing their thoughts and feelings through play or activities. Showing video clips of movies such as "Inside Out" or "Finding Nemo" has also proved to be useful in teaching children and young persons who are more visual about emotions and values.

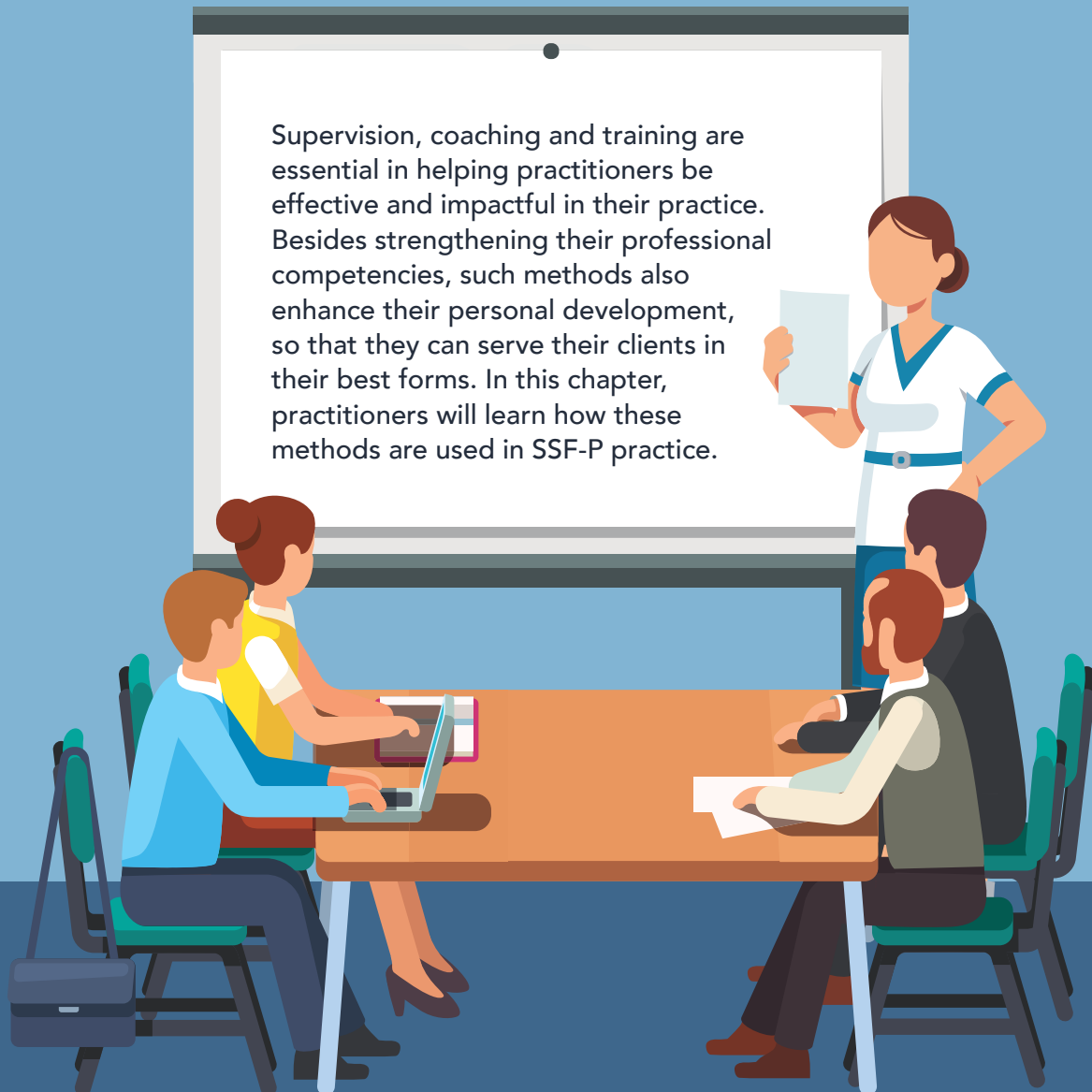
CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 The practitioner should spend time preparing the materials so that the session is meaningful for the children and young persons while achieving intervention outcomes.
- 2 Finding suitable media ensures intentional intervention.
- 3 When working with children and young persons, the practitioner can prepare some handouts of the key messages for use during the session.
- 4 Please note that some fun activities may seem harmless, but may trigger some children and young persons who may associate the activities with past traumatic events. Therefore, the practitioner should stop the activity if children and young persons display clear signs of being triggered.
- 5 Paying attention to children and young persons' voices is definitely important. However, it is also vital to highlight the context to which the practitioner brings their voices out. For example, the practitioner needs to be mindful of adversarial contexts (e.g. using a child or young person's voice to 'substantiate' why his or her mother's behaviours may be unsafe) as it might put the child or young person in a difficult position.

CHAPTER 11

SUPERVISION, COACHING AND TRAINING

Supervision, coaching and training are essential in helping practitioners be effective and impactful in their practice. Besides strengthening their professional competencies, such methods also enhance their personal development, so that they can serve their clients in their best forms. In this chapter, practitioners will learn how these methods are used in SSF-P practice.



KEY OUTCOMES

- Practitioners will understand how supervision is carried out in the SSF-P programme.
- Practitioners and their supervisors will better comprehend supervision, coaching and training, their relationship, and their relevance in building up the practitioners' competencies and development.



SUPERVISION IN SSF-P

Supervision is crucial in enhancing the practitioner's competence and confidence, as well as providing accountability and support for practitioners as they undertake intensive home-based interventions with clients known to Child Protective Service (CPS). Supervision is one of the key avenues for the practitioner to be provided with protected time and space to develop his or her skills in casework and stretch their internal capacity. This is crucial given that the practitioner works with vulnerable families and themes such as resistance, complex issues and strong emotions are common challenges faced daily by practitioners. More importantly, supervision can help to further ensure that clients' best interests are protected and good outcomes are achieved within the course of the time-limited SSF-P programme.

Supervision in SSF-P covers the key functions suggested by Kadushin (1992). The key functions of supervision are educative, supportive and administrative – aimed at guiding the practitioner towards effective case management and intervention. Supervisors will focus on both the clients and supervisees' strengths. A strengths-based approach with solution-focussed questions to facilitate the practitioner's reflection and learning is vital to ensure safety as well as to acknowledge the family's strengths and practitioner's efforts and work with the family. This strengths-based approach will also allow practice to take place. Supervision will also utilise a solution-focussed and humanistic approach to generate solutions. Supervisors are also able to notice and respond to issues on the spot.

Supervisors should also consider their supervisees' personal traits. For instance, the practitioner's gender, culture, present life-stage and religious belief may also impact the intervention process.

It is crucial to note that supervision is separate from case consultations and managerial supervision. Supervision should take place even if the practitioner has had case consultation with his or her supervisor for the week.



Modality and Format of Supervision to Facilitate Clinical and Professional Development

Minimum requirements under SSF-P funding and practice standards:

Type of Supervision	Frequency	Duration
Individual Supervision	Once a month	Approximately 1.5 hours
Group Supervision	Once a month	Approximately 1.5 hours

Supervision should take place with the Principal Social Worker or Lead Social Worker in the agency. It is the responsibility of the supervisors and supervisees to reschedule individual and group supervisions within the month, should the original supervision date fail to take place due to unforeseen circumstances. Efforts to develop the practitioner should ideally start with identifying areas of growth. This responsibility lies with both the supervisee and supervisor. The supervisor can utilise the pre-supervision form (see Annex F) during the first supervision session and review it every six months. The supervision relationship is then used as a means to support and facilitate that learning process. We would like to recommend the following to track the progress of supervision and development of the practitioner.


Session	Purpose	Who is responsible	Documentation
1st session	To identify areas for development and growth	Supervisor and Supervisee	Pre-supervision form (see Annex F)
Every 3 months	To review supervision contract and usefulness of supervision		
Every 6 months	To review the way supervision is conducted and discuss training needs of supervisee and supervisor (in relation to supervision issues and growth)		

Individual Supervision

Individual supervision can take place through discussion on a case, video or audio review of sessions as well as live supervision. Using live supervision as on-site observation is crucial in contributing to the practitioner's development and the embedding of skills set in practice, to build competencies. Given that the practitioner is the lead case manager, it is important to strengthen the competency of all practitioners to ensure effective intervention and progress in multi-stressed families.

It is important to remember to take a reflexive stance in individual supervision. Therefore, during individual supervision, all involved parties should be:

- identifying success and opportunities of practitioners;
- reviewing case plans as they are key documents used in supervision for monitoring case progress and development;
- working through challenges faced in the case;
- suggesting feasible solutions for any barriers encountered by clients (both social and systems);
- providing support to practitioners as needed (e.g. through skills training, research, knowledge and role play);
- discovering patterns across cases and plan actions accordingly; and
- discussing the practitioner's internal reflection on a specific case or episode that has impacted the self and how it affected intervention or assessment.



Group Supervision

The monthly group supervision session will adopt a reflexive practice format among the team to facilitate case presentations, topical discussion on practice and professional issues. Group supervision will be a platform for the team members to provide suggestions and review effective interventions for the type of clients served by the SSF-P programme. Group supervision is also a platform for cross-learning and sharing of collective experiences amongst team members. It was also found to be useful when team members were given a schedule to present cases and to take ownership of their learning. The supervisor can also use this as a platform to address themes that are common or interventions essential for the SSF-P practice.

During group supervision, the following should take place:

- Case presenters to prepare an audio or taped session for discussion. They should also prepare necessary information such as case background, genogram and ecomap.
- Team members to inform supervisor and find another colleague to swap their presentation of the case, should they need to reschedule their presentation slot.
- All parties to be prepared for discussion on topics, if it is pre-arranged, with case studies or resources for sharing.
- All parties to participate in a group debrief of the session, for reflection as a team and to facilitate self-development and learning.

On top of the monthly group supervision within each SSF-P agency, group supervision is also conducted in an inter-agency format through Practice Circle with SSF-P agencies to facilitate cross-learning with the goal of improving practice.

In the first year of the pilot, the Practice Circle took place every month for one and a half hours. During the Practice Circle, each SSF-P agency was rotated to present a selected case, issues for the group to assist with as well as discussion on next steps. In the second year of the pilot, the Practice Circle moved to a more topical format such as Dealing with Denial, Management of Critical Incidents and Recurrences and Managing Family Violence Cases.

Supervision of Supervision (SOS)

This is important to enhance the skills of the supervisors. In addition to training provided for supervisors, this additional feature helps provide supervisors with specific skills-based support. SOS involves watching videos of the supervision sessions prepared by the supervisor, as well as on-site presence during live supervisions between supervisors and supervisees.

The SOS process is as follows:

1. The SOS provider explains the supervision process to the supervisor and supervisee.
2. The supervisor tells the SOS provider about area(s) he or she would like to receive feedback on, and a challenge area or skills development area that needs attention.
3. The SOS provider observes the process.
4. The supervisor and/or supervisee will then reflect on areas done well and areas that might need fine-tuning.

Practice Guardian Meeting for Principal Social Worker - Supervision of Supervision

In the SSF pilot, Supervision of Supervision was also conducted in a group format. The respective leads and Principal Social Workers from MSF team and SSF-P agencies came together every two months and took turns to share their supervision tapes. Every session was facilitated by a neutral facilitator who went through the SOS process listed above. In addition, the different leads and Principal Social Workers would also reflect on whether they had gone through similar issues when supervising their teams, solutions they had implemented, as well as what they would do differently to improve their supervision practice after coming for the Supervision of Supervision session.

Supervision of Practitioners - Management of Critical Incidents and Recurrences

Supervision is particularly important during the management of critical incidents and recurrences. There is a need for the supervisor and agency to step in to support, given the need to manage risk and danger factor at that point in time. During critical incidents and recurrences, the supervisor should come in to co-manage the case or provide the practitioner with co-worker support. There is a need to know and acknowledge that cases belong to the agency and not the individual worker. Thus, the agency is responsible for the cases being attended to and risks being managed. The supervisor and supervisee should check in with each other on a daily basis until the case has ceased to be critical.

Supervision during the management of critical incident and recurrence is above and beyond case consultations. The focus of case consultations is on the immediate next steps for safety and risk management (see Annex G for a copy of SSF-P case consultation form).

After the resolution of the crisis stage of the case, it is important for the supervisor to debrief the critical incident or recurrence soonest possible to glean the learnings from the crisis managed. Besides reviewing the management of crisis, the debrief process is also crucial to facilitate the thinking of next steps to influence change on care plans and intervention. The intensity and pace of such work can be emotionally and mentally draining for the practitioner, who has to manage other cases. Supervision during crises provides a space for reassessment of the case as well as a space to take care of the practitioner's well-being.

Coaching in SSF-P

Coaching is intended to embed skills that the practitioner learns from training and supervision. Through coaching, skills that are taught both during training and supervision can be further embedded in the practitioner as he or she continues to refine his or her acquired skills.





Platforms for Coaching in SSF-P

The SSF-P team had intentionally set up platforms such as onsite coaching to SSF-P community agencies as well as PFS Coaching Groups to create space and culture for peer learning and support to happen.

- **Onsite Coaching to SSF-P Community Agencies**

Each SSF-P community agency was provided six sessions of onsite coaching by MSF teams for 2.5 hours each with the purpose of ensuring fidelity in implementation as well as addressing practice issues that the SSF-P community agency may have when implementing the practice framework of SSF. The coaching sessions were paced and took place every month for six months to allow SSF-P community agencies the chance to work with their cases and discuss successes as well as challenges when working with the cases using the practice framework. The MSF team came up with six topics to guide the running of each onsite coaching session. Some of the topics include interventions necessary in safety planning phase, assessment required prior to step down of cases from one phase to another, coming up with robust case plans to ensure case movement within the time-limited period of intervention, management of critical incidents and recurrences, and engagement of children and young persons and family's network. During the onsite coaching sessions, MSF team also shared good practices as well as strategies that other SSF-P community agencies had used when faced with similar challenges. The onsite coaching also provided an opportunity for the MSF team to check in on the health of the SSF-P community agency as each session start with a check-in of how the team was doing since the last session.

- **PFS Coaching Groups**

These are held once every two months for practitioners to embed the skills that they learnt during the training provided by SP Consultancy when using tools such as Collaborative Assessment and Planning (CAP) Framework, Safety House, Immediate Safety Plan etc. The coaching group provides a platform for practitioners to discuss the challenges they face in using the different tools in the management of SSF-P cases with danger and complicating factors.

TRAINING IN SSF-P

The practitioner would need to have at least two years of practice experience and knowledge. The SSF-P team has identified seven competencies vital for the practitioner to be trained in before carrying out the interventions (see Annex H). These seven competencies are part of the 15.5 days of basic training in SSF-P prior to the practitioners taking on their cases.

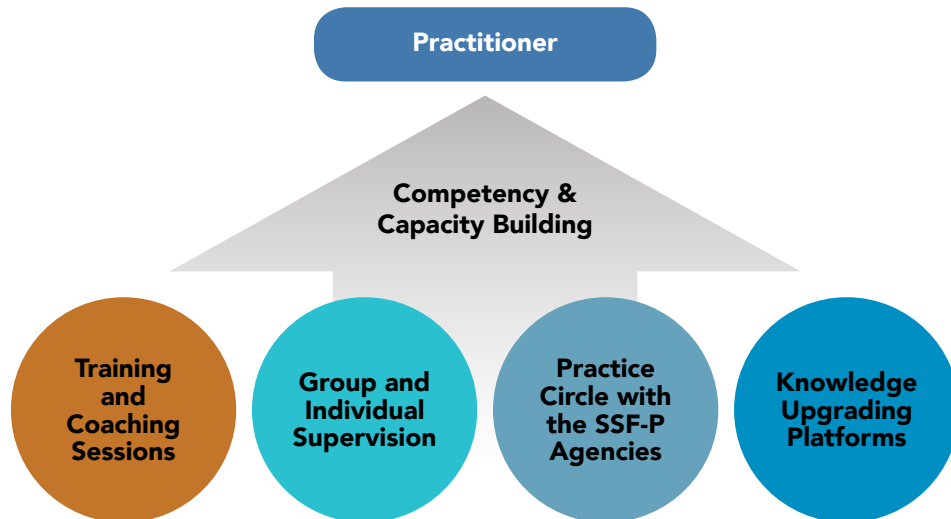
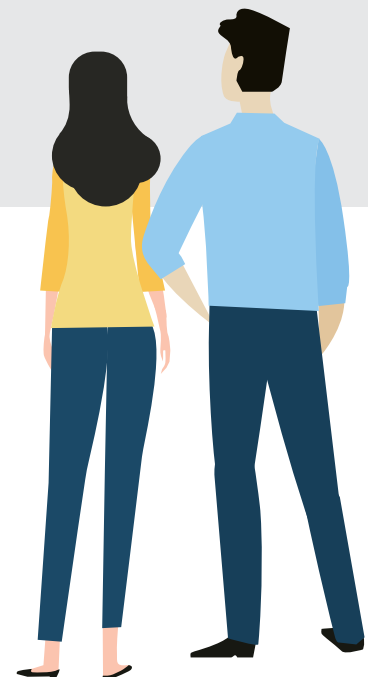


Figure 1.
Different Mediums to Build and Sustain the Competency and Capacity of Practitioners

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 Regular supervision is crucial for the practitioner to be able to undertake SSF-P work effectively.
- 2 Supervisors need to be supervised through SOS to support them in providing support to the practitioner.



CHAPTER 12

UNDERSTANDING AND TACKLING VICARIOUS TRAUMA, SECONDARY TRAUMATIC STRESS AND BURNOUT

As practitioners are intensively involved in the lives of their clients, they may sometimes experience emotional residue from their clients' traumatic experiences. Facing risky situations can create ongoing anxiety and emotional responses, especially if no strong safety plan is in place. Practitioners may find themselves experiencing the symptoms of stress-related conditions such as vicarious trauma, secondary traumatic stress and burnout. This chapter will help practitioners better understand measures they can take to prevent or manage such situations.



KEY OUTCOMES

- Practitioners will be aware of the symptoms of vicarious trauma, secondary traumatic stress and burnout.
- Organisations and practitioners will better comprehend possible sources of burnout or vicarious trauma and their effects on clients, the organisation and supervisees.
- Practitioners will be educated on the possible responses when exposed to trauma.
- Practitioners will learn to better manage stress, enhance their coping abilities and prevent or mitigate the symptoms of burnout, vicarious trauma and secondary traumatic stress.



THREE TYPES OF TRAUMA COMMONLY FACED BY PRACTITIONERS

Vicarious Trauma

Vicarious trauma, also known as compassion fatigue, refers to cognitive changes practitioners go through because of the trauma-related work they do. As they are intensively exposed to the pain, fear and trauma endured by their clients, they are sometimes affected by the emotional residue from their interactions. This form of trauma disrupts the practitioner's identity, memory system and belief system.

Secondary Traumatic Stress

Secondary traumatic stress can be a result of listening to a variety of facts and feelings related to violence, neglect, anger, loss, depression, abandonment and sexual violence. Symptoms include intrusive thoughts and memories, avoidance of certain people, places, or things that trigger memories of the traumatic or critical incident, hypervigilance (feeling jumpy), sleep problems, irritability and anger.

Burnout

Burnout is a state of extreme exhaustion brought on by prolonged and excessive stress. Some signs include emotional exhaustion, reduced personal accomplishment (tendency to view work-related performance negatively), detachment, negativity and cynicism about work.





IDENTIFYING THE PRACTITIONER'S SOURCES OF VICARIOUS TRAUMA, BURNOUT AND STRESSORS

Factors that can lead to vicarious trauma, secondary traumatic stress and burnout include:

- **Intense Workload Demand**
 - a. Excessive workloads and a high degree of personal accountability
 - b. Being too emotionally involved in a client's life and not maintaining clear boundaries can result in vicarious trauma
- **Lack of Control**
 - a. Little ability to control the flow of work or availability of resources
- **Insufficient Support in the Workplace**
 - a. No time for supervision as the practitioner is too busy with his or her cases
 - b. Supervisors not tuned in to the impact of traumatic events on the practitioner
- **Stressful Relationships**
 - a. Personal matters such as strained relationship with own parents, siblings or spouse may affect practitioner's focus on work
 - b. Clients who are hostile or stressed
- **Lack of Role Clarity**
 - a. Lack of shared understanding of one's responsibilities as a practitioner
- **Poor Self-Care or Coping Resources**
 - a. Lack of time to rest or engage in activities that the practitioner enjoys
 - b. Lack of social support or skills to manage stress

TRAUMA EXPOSURE RESPONSE IN PRACTITIONERS

This section outlines some of the possible responses that practitioners might present. There is a need to work with professionals to mitigate these possible responses to avoid negative impact themselves, their peers and work settings and most importantly, their clients.

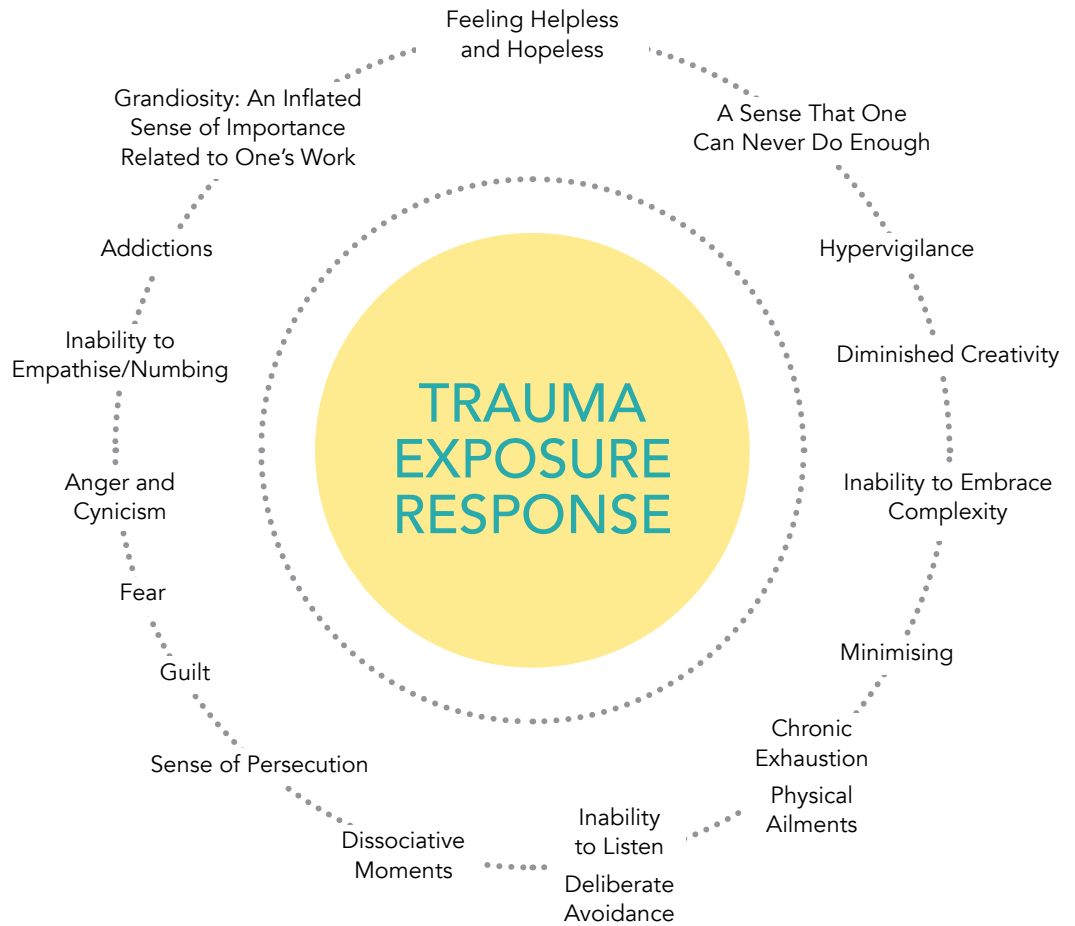


Figure 1. A Trauma Exposure Response
Source: Lipsky, L. V., & Burk, C. (2009)

STRESS VS. BURNOUT

Stress	Burnout
Characterised by over-engagement	Characterised by disengagement
Emotions are overactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation
Primary damage is physical	Primary damage is emotional

PREVENTION STRATEGIES

Five key prevention strategies have been outlined to help practitioners (see Figure 2). These strategies not only help practitioners overcome the psychological challenges of the work they do, but also enable them to thrive and continue to work with the children and young persons and families and witness the transformation of their behaviours and lives.



Figure 2. Strategies for Prevention

Track Personal Barometer and Pull the Brakes

The practitioner needs to be aware of his or her individual baseline of emotions and somatic responses when under stress. This is especially important when facing stressful situations such as unexpected escalation of clients, high level of dysregulation by children and young persons (to point of wanting to harm self or others) and attending to serious family violence situations.

It helps the practitioner understand the level to which he or she is impacted and enables him or her to work on reducing the levels of emotions and behavioural responses. “Pulling the brakes” is a term used by Rothschild (2016) to talk about the practitioner managing one’s arousal with brakes and the need for “precision regulation” of the practitioner’s autonomic nervous system. This action requires the practitioner to actively adjust the level of emotional involvement and think clearly.

Set Clear Boundaries



Figure 3. Setting Boundaries

Rituals help with drawing boundaries. They are routines, actions or activities that can help the practitioner separate work from personal life.

Employ Self-Care Strategies

Energy management is divided into four keys areas: (i) physical, (ii) emotional, (iii) mental and (iv) spiritual (Schwartz and Mccarthy, 2007). The goal is to achieve optimal experience or to what Mihaly Csikszentmihalyi refers to as "Flow". This allows for fresh, renewed energy and creativity when one's energy wells in the body, emotions, mind and spirit are refreshed. Intentionally ensuring that each of these four areas is attended to helps the practitioner avoid being burnt out.

Reflective Supervision

Supervision, as touched on in Chapter 11, is critical for competency building and enhancing confidence in the practitioner so that outcomes of intervention are achieved. It also gives the practitioner a protected space that enables him or her to process his or her emotions amidst the stressful events he or she is facing, and reflect if any signs of vicarious trauma, secondary traumatic stress or burnout are present. Supervision provides a platform for the practitioner to talk about the needed "emotional distancing" and boundary-setting that helps him or her manage his or her personal well-being (Dyregrov, 2010). Reflective supervision can also help practitioners remember why they chose their professions and motivate them to continue undertaking the work they do.

CRITICAL POINTS FOR THE PRACTITIONER TO NOTE

- 1 Health is larger than trauma. This is an important stance that the practitioner and supervisor need to adopt to address trauma. This mindset will help the practitioner make the best use of resources and also focus on healing and prevention.



Figure 4. Relationship between Health and Trauma

Psychoeducation about vicarious trauma, burnout and secondary traumatic stress is essential to help the practitioner identify tell-tale signs as early as possible. Earlier detection leads to earlier intervention, minimising rapid downward spiral.

- 2 It is important for the practitioner to know how to prevent and overcome stress. The practitioner should chat with his or her supervisor if symptoms surface.
- 3 The practitioner should keep in mind that his or her ability to cope at work could be affected by any possible crisis in his or her personal life.
- 4 The practitioner can use self-report assessments to help assess his or her stress levels. (See Annex I for self-assessment tests.)
- 5 Participating in self-care groups in the workplace will give the practitioner the needed social support. Peers can also raise any issues they may notice.
- 6 The practitioner should be mindful of his or her own threshold when it comes to caseload. One should talk to a supervisor if he or she feels overworked.
- 7 The practitioner can consider adopting a flexi-work schedule (e.g. take time off in the morning if there was a late session with clients the previous night).
- 8 Establishing a buddy system enables practitioners to look out for each other. Practitioners have to be wary of early warning signs for both parties as early detection is always best.
- 9 Taking the time to map strategies of care makes it easier for the practitioner to manage work and life.
- 10 Supervision and personal self-care are important in helping the practitioner manage the intensity of work in the long term.
- 11 Having sufficient rest, a balanced diet, regular exercise and carrying out stress reduction activities are also essential for the practitioner.

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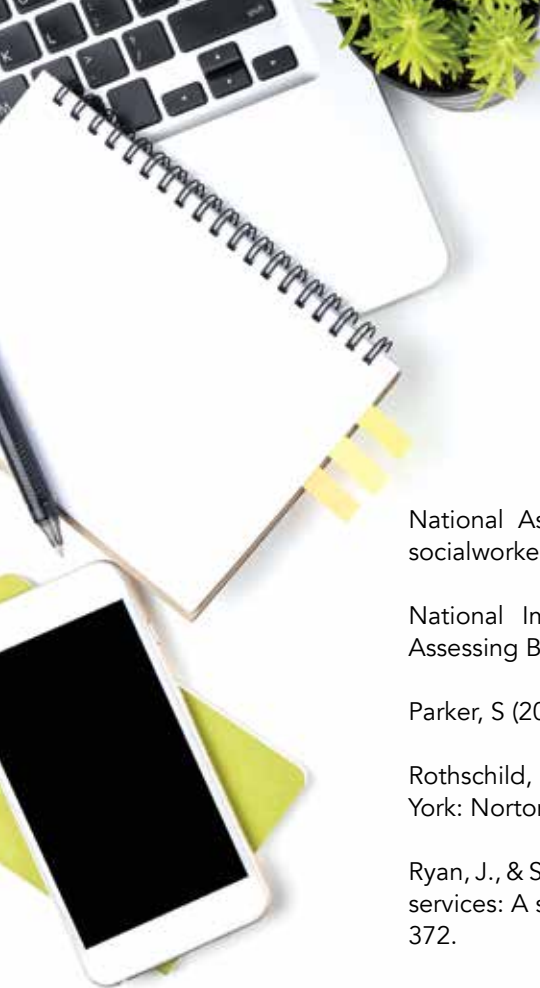
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ANNEX



ANNEX A: CPS CASE PLAN TEMPLATE

(I) CHILDREN AND YOUNG PERSONS (CYPS):

Name	Current safety/risk outcome	Placement	Current permanency direction
	Safety assessment (Safe/Safe with plan/Unsafe) Likelihood of Future Harm assessment (Low/Medium/High)		<ul style="list-style-type: none"> • Remain home • Return home • Other permanency plan (eg: adoption, LT foster care /independent living) : _____
	Safety assessment (Safe/Safe with plan/Unsafe) Likelihood of Future Harm assessment (Low/Medium/High)		<ul style="list-style-type: none"> • Remain home • Return home • Other permanency plan (eg: adoption, LT foster care /independent living) : _____

(II) PARENTS/CAREGIVERS:

Name	Relationship to CYP

(III) NETWORK (INFORMAL AND FORMAL):

Name	Relationship to CYP/Organisation

(IV) CASE PLANS

<i>List all the needs identified for both parent/carer and CYP</i>						
Worries	Goal/ Objective	Prioritized needs (Begin with highest needs)	Action (What will we do to achieve the goal?)	Action by (Who will do it?)	Timeline (When does this action have to be completed)	Review achievement of goal

(V) FOR CYPS AT HOME

Immediate safety plan	<input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No
Long term safety and support plan	<input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No

(VI) FOR CYPS IN OUT-OF-HOME CARE

(a) Contact Plan with parents/caregivers	<input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No (State Reasons why: _____)
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(b) Medical Plan

CYP	Condition (include allergies)	Primary physician/ contact	Any well-child checks, immunizations, dental visits planned during case plan period/ who is responsible?	Instructions for responding to illness/ injury

(c) Emotional/Behavioural Health Plan

CYP	Emotional/ behavioural issue	Intervention provided	Service provided by/ Contact	Additional things to note in managing CYP that would be helpful in behavioural modification/ supporting CYP

(d) Educational Plan

CYP	School/ Standard	Transportation	School staff involved	Learning need	Additional academic support

(e) Cultural Plan
(Parent/caregiver and CYP will work with care providers and network to provide information so that CYP's cultural identity can be supported while in out-of-home care environment i.e. race, ethnicity, religion, routines, preferred activities, food preferences).

CYP	Dietary restrictions	Religious affiliations	Contact with cultural/religious community

(f) Transition into independent care (14+):

Transition plan	<input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No
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ANNEX B: CIRCLES OF SAFETY AND SUPPORT TOOL

NOTE

THE INNER CIRCLE:

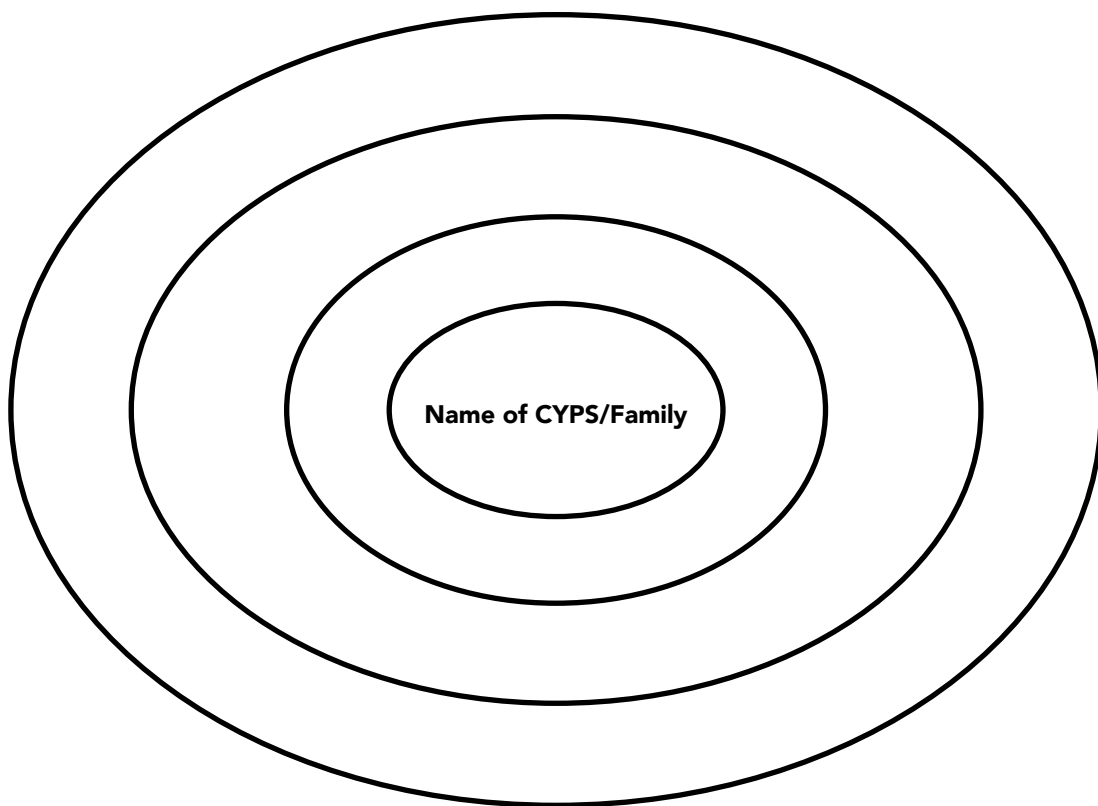
Who are the people in the children and young persons/family's life who already know about what has happened that led to CPS' involvement?

THE MIDDLE CIRCLE:

Who are the people in the children and young persons/family's life who know a little bit about what has happened?

THE OUTER CIRCLE:

Who are the people in the children and young persons/family's life who don't know anything about what has happened?



ANNEX D: THE CHILDREN AND YOUNG PERSONS' 7 CARE NEEDS TOOL



CPS CHILDREN AND YOUNG PERSONS' 7 CARE NEEDS

(References: Meemeduma, 2010; www.teescpp.org.uk/assessment-framework)

Name: _____

Age: _____

Date: _____

NEEDS

MET NEEDS

(Services currently in place)

UNMET NEEDS

(Recommended services)

PHYSICAL

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EMOTIONAL

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NEEDS

MET NEEDS

(Services currently in place)

UNMET NEEDS

(Recommended services)

	NEEDS	MET NEEDS (Services currently in place)	UNMET NEEDS (Recommended services)
 EDUCATIONAL			
 IDENTITY			
 SOCIAL			
 SPIRITUAL			
 SELF-CARE SKILLS			

ANNEX E: LONG-TERM SAFETY PLAN

Family Details (Name(s)/Age(s)): _____

Reference Number: _____ Practitioner's Name: _____

Date: _____ Date of Next Review: _____

Worry Statement:		Goal Statement:
Goal Statement	Non-negotiables	"What-if" questions for this goal statement

GOAL STATEMENTS	
Goal statements:	
Non-negotiable:	What-if questions:
1. Safety and Protection already happening	2. Future Safety and Protection:
A. Presenting the safety plan to the children and young persons	B. Making changes to the safety plan over time

Agreement to implement Long-term Safety Plan

(By signing here, I agree to this safety plan).

Parent Signature(s) _____

Practitioner's Signature(s) _____

Safety Network Signatures _____

ANNEX F: PRE-SUPERVISION FORM

DISCUSSION WITH INDIVIDUAL PRACTITIONER AND ASSESSMENT OF NEEDS

Name of practitioner: _____

Date of session: _____

- 1) How long have you been practising social work?
- 2) What is your perception of your current role?
- 3) What do you like about what you do?
- 4) What do you not like about what you do?

WORK PRACTICE

- 5) How would you rate your satisfaction with your current level of practice?
- 6) What is your ideal level of satisfaction you would like to achieve in your practice?
- 7) What needs to happen for you to reach this level?

SUPERVISION PRACTICE

- 8) How would you rate your supervision practice at present?
- 9) What is your ideal level of supervision you would like to achieve?
- 10) What needs to happen for you to reach this level?
- 11) What is your expectation of this supervision?
- 12) At this point of your career, what do you find most challenging?
- 13) What goals would you like to achieve for yourself in the course of this programme?
- 14) Could you share a positive experience you have had in case work?
- 15) What makes your social work practice fun?
- 16) Any other thoughts/comments?

ANNEX G: CASE CONSULTATION FORM

Case Reference No.:

Name of Child/Young Person/Family:

Name of Practitioner:

Name of Supervisor(s):

Date of Discussion:

Purpose of Consultation (case direction with the family, next steps with the family):

Details of Consultation: (Use CAP Framework)

Outcome of consultation and the next steps.

	WHAT IS NEEDED TO FOLLOW-UP	WHO	WHEN (DATE FOR COMPLETION)
1			

ANNEX H: SSF-P PRACTITIONER COMPETENCY CHECKLIST

COMPONENT 1: FUNDAMENTALS OF SSF PRESERVATION PRACTICE		
COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
ADOPTING SAFE AND STRONG FAMILIES-PRESERVATION (SSF-P) PRACTICE IN ALIGNMENT WITH SERVICE DELIVERY AND PRACTICE MODEL	SSF-P Practitioner should be able to:	
	1. Articulate key principles of the SSF-P programme.	
	2. Perform the various roles of a practitioner competently such that families will be able to keep children and young persons safe.	
	3. Carry out interventions with stances that are spelt out in SSF-P practice model.	
	4. Demonstrate understanding of the SSF-P service delivery model when sharing the desired outcome and practice model of SSF-P with families and professionals.	

COMPONENT 2: FUNDAMENTALS OF CHILD PROTECTION AND WELFARE PRACTICE		
COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
APPLYING CHILD ABUSE AND CHILD PROTECTION PRACTICE PRINCIPLES IN PRESERVATION WORK	SSF-P Practitioner should be able to:	
	1. Apply SSF-P guiding principles, the UN Convention on the Rights of the Child (UNCRC), legislation and inter-agency protocols in the Management of Child Abuse in Singapore and in making decisions in the best interests of the children and young persons.	
	2. Identify the physical, behavioural and emotional indicators of neglect, physical, sexual, emotional and psychological abuse and provide the relevant interventions to address the impact of abuse on children and young persons.	
	3. Identify and address the interpersonal, family, environmental and social factors that may contribute to physical abuse, neglect, sexual, emotional and psychological abuse.	
	4. Identify and explore strategies to support children and young persons in coping with feelings of anxiety, guilt, helplessness related to abuse and out-of-home care placement.	
	5. Articulate the dilemmas in child protection and welfare practice and how a practitioner's belief, values and attitudes can shape their relationship with children and young persons and families.	

COMPONENT 3: CASE WORK PRACTICE

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
ASSESSING FAMILY PROFILE AND NEEDS AND PROVIDE THE APPROPRIATE INTERVENTION	SSF-P Practitioner should be able to:	
	1. Conduct holistic assessments of needs and strengths of the family and their support network using a BPSS (Biological, Psychological, Social, Spiritual) framework to ensure safety for children and young persons and families.	
	2. Develop and monitor case plans and safety plans with children and young persons and families.	
	3. Implement social and systems interventions stated in the case plans in a timely manner.	
	4. Review and evaluate intervention plans in addressing case plan goals.	
	5. Assess parents and caregivers' motivation in working on identified case plans and safety plans.	
	6. Respond to crisis and/or recurrences in a timely and appropriate way.	
	7. Apply the relevant Social Work theories to guide assessment and intervention to effectively target danger and risk factors.	
	8. Demonstrate knowledge of policies, legislation and code of ethics and ability to utilise this knowledge to guide service provision and decision making with regards to the safety of the children and young persons.	
	9. Write clear and concise case recordings and maintain proper documentation of all recordings and contacts with the parents, children and young persons, support networks and professionals, including decisions made.	
10. Bring cases to review within the stipulated timeline.		

COMPONENT 4: TRAUMA INFORMED PRACTICE

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
IDENTIFYING AND SUPPORTING CHILDREN AND YOUNG PERSONS WITH TRAUMA	SSF-P Practitioner should be able to:	
	1. Apply the Trauma Informed approach in his/her work with children and young persons and families, and professionals.	
	2. Assess the impact of trauma on children and young persons.	
	3. Apply strategies to guide and support parents/caregivers in caring for children and young persons who have experienced trauma.	
	4. Have awareness of available resources in the community to provide interventions for children and young persons and families who have experienced trauma.	
	5. Apply strategies to support children and young persons who have experienced trauma.	
	6. Demonstrate the ability to work with and influence the various systems involved in the care of the children and young persons and families to be trauma informed.	

COMPONENT 5: CHILD CENTRIC APPROACHES IN WORKING WITH CHILDREN AND YOUNG PERSONS

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
ADOPTING CHILD-CENTRED APPROACHES WHEN ADDRESSING SAFETY AND PRESERVATION PLANS	SSF-P Practitioner should be able to:	
	1. Demonstrate ability to put children and young persons' safety and interest at the forefront of interventions.	
	2. Articulate knowledge about children and young persons' developmental theories and milestones.	
	3. Demonstrate ability to involve children and young persons in case planning and safety planning by eliciting children and young persons' voices and wishes.	
	4. Employ age appropriate intervention with children and young persons.	

COMPONENT 6: COLLABORATING WITH NETWORK AND ADVOCATING FOR FAMILIES

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
WORKING COLLABORATIVELY AND EFFECTIVELY WITH PARTNERS TO ENSURE CHILDREN AND YOUNG PERSONS' SAFETY AND WELLBEING WITH FAMILIES	SSF-P Practitioner should be able to:	
	1. Identify and engage informal and formal social support needed by children and young persons and families to ensure safety of the children and young persons.	
	2. Collaborate with various community partners such as Social Service Office (SSOs), Child Protection Specialist Centres (CPSCs), Family Service Centres (FSCs), Schools, Child Care Centres and Student Care Centres to support the children and young persons and families' needs.	
	3. Lead and facilitate network meetings in an impactful manner to increase participation and ownership of the intervention plans and progress by network and partners.	
	4. Broker and advocate for necessary services for children and young persons and families to ensure that children and young persons and families' needs are met.	

COMPONENT 7: INTEGRATING PARTNERING FOR SAFETY (PFS) APPROACH IN FAMILY PRESERVATION WORK

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
WORKING IN PARTNERSHIP WITH PARENTS, CHILDREN AND YOUNG PERSONS AND THEIR SUPPORT NETWORKS TO BUILD SAFER AND STRONGER FAMILIES	SSF-P Practitioner should be able to:	
	1. Apply the PFS principles in working with children and young persons and families, and stakeholders.	
	2. Conduct holistic and rigorous well balanced assessment in the use of Collaborative Assessment and Planning (CAP) framework by articulating Harm, Complicating Factors, Worries, Actions of Protection and Belonging, Strengths and Goals.	
	3. Utilize tools (such as Immediate and Long Term Safety Planning Tools, Three Houses, Circle of Safety and Support, Safety House, Safe Contact Tool) in their work with children and young persons and families, and partners.	
	4. Demonstrate ability to facilitate Family Group Meetings/network meeting with children and young persons and families, and professionals.	

**COMPONENT 8:
INTEGRATING STRUCTURED DECISION MAKING® (SDM) IN FAMILY PRESERVATION WORK**

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
APPLYING STRUCTURED DECISION MAKING® (SDM) TOOLS TO GUIDE ASSESSMENT AND INTERVENTION AT KEY MILESTONES OF SSF CASES	SSF-P Practitioner should be able to:	
	1. Use SDM® Child Abuse Reporting Guide (CARG) tool to determine if a report should be made to Child Protection in the management of child abuse allegations.	
	2. Use SDM® Safety Assessment tool to assess danger factors and whether safety plans put in place can address imminent danger (to determine if cases are Safe, Safe with Plan or Unsafe).	
	3. Use SDM® Family Strengths and Needs Assessment (FSNA) tool as part of ongoing case planning to identify and prioritise strengths and needs so as to increase safety and reduce risk for children and young persons.	
	4. Administer SDM® Safety and FSNA tools during reviews to assess current danger factors and progress of families in being able to keep children and young persons safe without the need for statutory intervention.	

COMPONENT 9: MANAGEMENT OF CRITICAL INCIDENTS AND RECURRENCES

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
MANAGING CRISIS IN A TIMELY MANNER THAT PROMOTES SAFETY AND STABILITY IN CHILDREN, YOUNG PERSONS AND FAMILIES	SSF-P Practitioner should be able to:	
	1. Respond to crisis situations in a timely and appropriate manner in accordance to level of danger and risk assessed presented by a case.	
	2. Conduct preliminary investigations at point of critical incident and/or recurrence to gather information to formulate assessment and next steps.	
	3. Apply the protocols/guidelines/SOP in managing allegations of child abuse and critical incidents.	
	4. Demonstrate de-escalation and recovery skills in managing critical incidents and/or recurrences.	
	5. Formulate and monitor safety plans with families, their support networks and other professionals to keep the children and young persons safe.	

COMPONENT 10: DEVELOPING PROFESSIONAL SELF

COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
DEVELOPING PROFESSIONALLY BY PROACTIVELY SEEKING OPPORTUNITIES TO DEVELOP NEW CAPABILITIES, SKILLS AND KNOWLEDGE TO CONTINUALLY ENHANCE OWN PRACTICE	SSF-P Practitioner should be able to:	
	1. Demonstrate reflexivity in practice with children and young persons and families, and professionals.	
	2. Identify professional goals and areas of development to enhance service delivery to children and young persons and families.	
	3. Demonstrate ability to use supervision and coaching to address any counter transference, secondary traumatic stress, and deepen clinical practice.	
	4. Demonstrate ability to utilize self-care strategies.	

COMPONENT 11: SSF-P EVALUATION






COMPETENCY DOMAIN	COMPETENCY TASKS	SCORE
UNDERSTANDING SSF-P EVALUATION FRAMEWORK, LOGIC MODEL AND ABILITY TO UTILISE EVALUATION TOOLS	SSF-P Practitioner should be able to:	
	1. Articulate SSF-P evaluation framework (both qualitative and quantitative) and logic model.	
	2. Utilize evaluation tools with families in a timely manner to understand effectiveness of the pilot.	
	3. Demonstrate ability to conduct qualitative interviews to understand clients' experience of the process.	

SCORE	PROFICIENCY LEVEL	DESCRIPTION OF PROFICIENCY
3	Excellent (Expert)	SSF-P practitioner is able to undertake the task excellently with no guidance.
2	Good (Advanced)	SSF-P practitioner is able to undertake the task competently with minimal guidance from SSF-P supervisor.
1	Satisfactory (Intermediate)	SSF-P practitioner is able to undertake the task in a satisfactory manner with minimal guidance from SSF-P supervisor.
0	Below Satisfactory (Limited)	SSF-P practitioner is unable to undertake the task even with guidance from SSF-P supervisor.
N	Not Observed	Competency task not observed/unable to evaluate due to lack of opportunity for SSF-P practitioner to demonstrate.

ANNEX I: TOOLS USED FOR SELF-ASSESSMENT

NAME OF TOOL	DESCRIPTION OF TOOL	HOW IT IS USED	WHO CAN USE IT?
a) Self-Care Assessment Worksheet	http://www.ecu.edu/cs-dhs/rehb/uploaWellness_Assessment.pdf	Tools a, b and c can be administered and findings can be discussed in either individual or group supervision	Social workers, psychologists and counsellors doing family preservation work
b) Compassion Fatigue Self-Test	http://www.ptsdsupport.net/compassion_fatigue-selftest.html	Used at the beginning of supervision or one of the initial sessions to help the practitioner identify their resources	
c) ProQOL5	http://proqol.org/ProQol_Test.html	Can be revisited at points when the practitioner is feeling fatigued	
d) Resources worksheet for the Practitioner (see Annex J)	A worksheet for professionals to list how they are resourced in 5 areas and also areas they need to resource themselves so they can recharge themselves		

ANNEX J: RESOURCE CATEGORIES

RESOURCE		PRESENT	NOT PRESENT	WHAT ARE THEY?
Practical				
Physical				
Psychological				
Interpersonal				
Spiritual				

Developed by Yogeswari Munisamy from Babette Rothschild 2016 Somatic Trauma Therapy Training



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