Course Development Team

Head of Programme  :  Associate Professor Seng Boon Kheng  
Course Developer(s)  :  Dr Hana Alhadad  
Technical Writer  :  A/P Lee Wee Leong, ETP  
Video Production  :  Danny Soh, ETP  
Instructional Designer  :  Chow Siew Hoong, ETP

© 2018 Singapore University of Social Sciences. All rights reserved.

No part of this material may be reproduced in any form or by any means without permission in writing from the Educational Technology & Production, Singapore University of Social Sciences.


Educational Technology & Production

Singapore University of Social Sciences
463 Clementi Road
Singapore 599494

Release V1.4
# Table of Contents

## Course Guide

1. Welcome .................................................................................................................. CG-2
2. Course Description and Aims............................................................................ CG-3
3. Learning Outcomes ........................................................................................... CG-5
4. Learning Materials ............................................................................................... CG-6
5. Assessment Overview ....................................................................................... CG-7
6. Course Schedule ................................................................................................. CG-9
7. Learning Mode .................................................................................................... CG-10

## Study Unit 1: Historical Perspectives

Learning Outcomes ......................................................................................... SU1-2
Overview .......................................................................................................... SU1-3
Chapter 1: Historical Development of Social Work ........................................ SU1-4
Chapter 2: Historical Development of Social Work and Social Welfare in Singapore .................................................. SU1-16
Summary ........................................................................................................ SU1-31
Formative Assessment .................................................................................. SU1-32
References ...................................................................................................... SU1-39

## Study Unit 2: Understanding The Profession

Learning Outcomes ......................................................................................... SU2-2
# Table of Contents

Overview .................................................................................................................. SU2-3
Chapter 1: Overview of Social Work ..................................................................... SU2-4
Chapter 2: Defining Social Work in Practice ....................................................... SU2-13
Summary ................................................................................................................. SU2-22
Formative Assessment .......................................................................................... SU2-23
References ............................................................................................................... SU2-29

**Study Unit 3: Theoretical Framework**

Learning Outcomes ............................................................................................... SU3-2
Overview ................................................................................................................. SU3-3
Chapter 1: Social Work Principles and Values .................................................... SU3-4
Chapter 2: Social Work Theories ......................................................................... SU3-10
Summary ................................................................................................................. SU3-23
Formative Assessment .......................................................................................... SU3-24
References ............................................................................................................... SU3-33

**Study Unit 4: Social Work Practice**

Learning Outcomes ............................................................................................... SU4-2
Overview ................................................................................................................. SU4-3
Chapter 1: Social Work Practice and its Methods ............................................... SU4-4
Chapter 2: The Social Worker in Practice ........................................................... SU4-16
Summary ................................................................................................................. SU4-34
Formative Assessment .......................................................................................... SU4-35
References ............................................................................................................... SU4-44
Study Unit 5: Social Policies

Learning Outcomes.......................................................................................................... SU5-2
Overview....................................................................................................................... SU5-3
Chapter 1: Role of Social Welfare, Social Market and Social Policies...................... SU5-4
Chapter 2: Social Policies in Practice........................................................................ SU5-14
Summary....................................................................................................................... SU5-22
Formative Assessment................................................................................................. SU5-23
References................................................................................................................... SU5-29

Study Unit 6: Professional Development

Learning Outcomes.......................................................................................................... SU6-2
Overview....................................................................................................................... SU6-3
Chapter 1: Professional Development and Skills for Practice in Social Work........ SU6-4
Chapter 2: Contemporary Social Work Issues........................................................... SU6-14
Summary....................................................................................................................... SU6-37
Formative Assessment................................................................................................. SU6-38
References................................................................................................................... SU6-44
List of Tables

Table 1.1 Parallel Development in Britain ................................................................. SU1-9
Table 1.2 Post War Developments in Britain .......................................................... SU1-12
Table 1.3 Key Events and Response from the Social Work Profession ............. SU1-13
Table 1.4 Key Development Phases of Social Work .............................................. SU1-16
Table 1.5 Key Instruments for Social Welfare Development .......................... SU1-19
Table 1.6 Key Milestones of Social Welfare Developments ............................ SU1-19
Table 1.7 Key Milestones of Work of the Social Welfare Department ......... SU1-21
Table 2.1 System Levels for Social Work Intervention, Roles of Social Workers
and Strategies ........................................................................................................ SU2-10
Table 6.1 Typology of Social Work Models with Singapore Examples .......... SU6-33
Table 6.2 Typology of Task Groups with Singapore Examples ...................... SU6-34
Table 6.3 Community Practice Models ................................................................. SU6-34
List of Figures

Figure 3.1 The Ecological Perspective .............................................................. SU3-16

Figure 3.2 The Ecological Perspective .............................................................. SU3-17

Figure 5.1 Maslow's 5-Stage Hierarchy of Needs Model .................................. SU5-5

Figure 5.2 Maslow's Hierarchy of Needs - Examples ....................................... SU5-5

Figure 5.3 The Cycle Model of Social Policy Process ...................................... SU5-15

Figure 6.1 Total Population, as of June 2014 ................................................ SU6-18

Figure 6.2 Foreign Workers in Singapore ........................................................ SU6-26
List of Figures
List of Lesson Recordings

Historical Development of Social Work................................................................. SU1-15
Overview of Social Work....................................................................................... SU2-12
Defining Social Work in Practice......................................................................... SU2-21
Social Work Principles and Values....................................................................... SU3-8
Social Work Theories............................................................................................ SU3-21
Social Work Practice and its Methods................................................................. SU4-14
The Social Worker in Practice.............................................................................. SU4-32
Role of Social Welfare, Social Market and Social Policies................................. SU5-12
Social Policies in Practice...................................................................................... SU5-20
Professional Development and Skills for Practice in Social Work................. SU6-12
Contemporary Social Work Issues....................................................................... SU6-35
List of Lesson Recordings
Introduction to Social Work
1. Welcome

**Presenter: Dr Hana Alhadad**

*This streaming video requires Internet connection. Access it via Wi-Fi to avoid incurring data charges on your personal mobile plan.*

Click [here](https://d2jifwt31jjehd.cloudfront.net/SWK106/IntroVideo/SWK106_Intro_Video.mp4) to watch the video.  

Welcome to the course *SWK106 Introduction to Social Work*, a 5 credit unit (CU) course.

This Study Guide will be your personal learning resource to take you through the course learning journey. The guide is divided into two main sections – the Course Guide and Study Units.

The Course Guide describes the structure for the entire course and provides you with an overview of the Study Units. It serves as a roadmap of the different learning components within the course. This Course Guide contains important information regarding the course learning outcomes, learning materials and resources, assessment breakdown and additional course information.

---

1. [https://d2jifwt31jjehd.cloudfront.net/SWK106/IntroVideo/SWK106_Intro_Video.mp4](https://d2jifwt31jjehd.cloudfront.net/SWK106/IntroVideo/SWK106_Intro_Video.mp4)
2. Course Description and Aims

This course serves as a foundation module for social students. It traces the historical developments of the social work profession in the West and in Singapore. It examines the nature, purpose, and fundamental tenets of social work and the profession’s role in ensuring the well-being of individuals in a society. Students will acquire an overview of the function of social welfare policy, the role of different organisational players in the social service sector, and the different professional settings of social workers in Singapore in relation to key social issues that are posing as challenges to our society.

Course Structure

This course is a 5-credit unit course presented over 6 weeks.

There are six Study Units in this course. The following provides an overview of each Study Unit.

Study Unit 1 – Historical Perspectives

This study unit aims to provide a historical overview of the development of social work profession and how the development had been shaped by the political, social and economic context of the different societies.

Study Unit 2 – Understanding the Profession

This study unit aims to provide an overview of social work profession and the various components of the social work practice. It also provides students with information on the road to become a social worker.

Study Unit 3 – Theoretical Framework

This study unit aims to give students knowledge and understanding of social work principles and values, as well as the major social work theories.
Study Unit 4 – Social Work Practice

This study unit covers the methods of social work practice for social workers to achieve their goals in practice. It aims to give students knowledge, understanding and application of the different methods of social work in practice, as well as the roles and functions of a social worker.

Study Unit 5 – Social Policies

This study unit aims to give students knowledge, understanding of social welfare, social market and social policies as well as and application of the development and implementation of social policies in Singapore.

Study Unit 6 – Professional Development

This study unit aims to give students knowledge, understanding and application of the skills needed in the practice of social work and its professional development, as well as the contemporary social work issues in Singapore.
3. Learning Outcomes

Knowledge & Understanding (Theory Component)

By the end of this course, you should be able to:

1. Discuss the development of the historical perspective of Social Work in Britain, the United States and Singapore.
2. Explain the mission, values, principles, purpose and nature of the Social Work profession.
3. Identify concepts relevant to the study of social work.
4. Describe the different social work theories and concepts.

Key Skills (Practical Component)

By the end of this course, you should be able to:

1. Differentiate the different roles and function of Social Workers.
2. Apply the professional values and principles, and develop a sense of professionalism in practice.
3. Interpret and comment on social policies.
4. Learning Materials

The following is a list of the required learning materials to complete this course.

**Required Textbook(s)**

5. Assessment Overview

The overall assessment weighting for this course is as follows:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
<th>Weight Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment 1</td>
<td>Pre-Class Quiz 1</td>
<td>3%</td>
</tr>
<tr>
<td>Assignment 2</td>
<td>Pre-Class Quiz 2</td>
<td>3%</td>
</tr>
<tr>
<td>Assignment 3</td>
<td>Pre-Class Quiz 3</td>
<td>4%</td>
</tr>
<tr>
<td>Assignment 4</td>
<td>Tutor-Marked Assessment</td>
<td>35%</td>
</tr>
<tr>
<td>Assignment 5</td>
<td>Online Discussion Forum</td>
<td>5%</td>
</tr>
<tr>
<td>Examination</td>
<td>Written Examination</td>
<td>50%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The following section provides important information regarding Assessments.

**Continuous Assessment:**

There will be continuous assessment in the form of pre-class quizzes, a tutor-marked assignment (TMA) and an online forum discussion. In total, this continuous assessment will constitute 50 percent of overall student assessment for this course. The pre-class quizzes, assignment and online discussion forum are compulsory and are non-substitutable. The continuous assessment will test conceptual understanding of the concepts and applications that underlie social work. It is imperative that you read through your Assignment questions and submission instructions before embarking on your Assignment.
Examination:

The final (2-hour) written exam will constitute the other 50 percent of overall student assessment and will test the knowledge, understanding and application to related concepts, theories and issues in social work. All topics covered in the course outline will be examinable.

Passing Mark:

To successfully pass the course, you must obtain a minimum passing mark of 40 percent for the TMA component. That is, students must obtain at least a mark of 40 percent for the combined assessments and also at least a mark of 40 percent for the final exam. For detailed information on the Course grading policy, please refer to The Student Handbook (‘Award of Grades’ section under Assessment and Examination Regulations). The Student Handbook is available from the Student Portal.

Non-graded Learning Activities:

Activities for the purpose of self-learning are present in each study unit. These learning activities are meant to enable you to assess your understanding and achievement of the learning outcomes. The type of activities can be in the form of Quiz, Review Questions, Application-Based Questions or similar. You are expected to complete the suggested activities either independently and/or in groups.
6. Course Schedule

To help monitor your study progress, you should pay special attention to your Course Schedule. It contains study unit related activities including Assignments, Self-assessments, and Examinations. Please refer to the Course Timetable in the Student Portal for the updated Course Schedule.

*Note:* You should always make it a point to check the Student Portal for any announcements and latest updates.
7. Learning Mode

The learning process for this course is structured along the following lines of learning:

a. Self-study guided by the study guide units. Independent study will require at least 3 hours per week.

b. Working on assignments, either individually or in groups.

c. Classroom Seminar sessions (3 hours each session, 3 sessions in total).

iStudyGuide

You may be viewing the iStudyGuide version, which is the mobile version of the Study Guide. The iStudyGuide is developed to enhance your learning experience with interactive learning activities and engaging multimedia. Depending on the reader you are using to view the iStudyGuide, you will be able to personalise your learning with digital bookmarks, note-taking and highlight sections of the guide.

Interaction with Instructor and Fellow Students

Although flexible learning – learning at your own pace, space and time – is a hallmark at SUSS, you are encouraged to engage your instructor and fellow students in online discussion forums. Sharing of ideas through meaningful debates will help broaden your learning and crystallise your thinking.

Academic Integrity

As a student of SUSS, it is expected that you adhere to the academic standards stipulated in The Student Handbook, which contains important information regarding academic policies, academic integrity and course administration. It is necessary that you read and understand the information stipulated in the Student Handbook, prior to embarking on the course.
Study
Unit
1

Historical Perspectives
Learning Outcomes

By the end of this unit, you should be able to:

1. Describe the early approaches to social welfare in Britain and the United States.
2. Relate an overview of the history of social work in Britain and the United States.
3. Discuss how social work has evolved in the political, economic and social contexts.
4. Describe the historical development of social work and social welfare in Singapore.
5. Compare the development of social work in Singapore and in the West.
6. Discuss how political, economic and social conditions have shaped the development of social work in the West and Singapore.
Overview

This study unit aims to provide a historical overview of the development of social work profession and how the development had been shaped by the political, social and economic context of the different societies.
Chapter 1: Historical Development of Social Work

Throughout the history of social work, the overall objective has consistently been to fulfil the social, financial, health and recreational voids left in a society. The purpose of social work still holds true today; the field has often had to adapt to changing trends and issues in the different social, economic and political environments.

This study unit will trace the emergence of social work as a profession, the profile of social work’s quest for professional statues, the rise of early professional organisations, and the development of social work education. This unit will provide a historical context and seek to respond to how political, economic and social conditions have shaped the development of social services and the social work profession in the West.

1.1 Historical Development of Social Work as a Profession

The historical development of social work as a profession can roughly be grouped into the following time periods:

<table>
<thead>
<tr>
<th>1.1</th>
<th>Historical Development of Social Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Early European Approaches to Social Welfare</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Early Colonisation to the mid-1800s in America</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Progressive Era (1900-1930)</td>
</tr>
<tr>
<td>1.1.4</td>
<td>The Great Depression and the New Deal</td>
</tr>
<tr>
<td>1.1.5</td>
<td>World Wars and Post War</td>
</tr>
<tr>
<td>1.1.6</td>
<td>Social Reform Period (1960-1975)</td>
</tr>
</tbody>
</table>
1.1.1 Early European Approaches to Social Welfare

Pre-Elizabethan (before 1601)

The social work profession stems from its roots in the church and feudal landlords of the Pre-Elizabethan era.

- The earliest form of social welfare in Europe was provided by the urban Judeo-Christian missionary movement. It was based on an important value of humanitarianism. Direct relief such as food and prayers were provided by the church or missionary.
- When medieval Europe was decentralised, the feudal lords were given legal powers over the peasants on their manors. When a tenant family was unable to meet a relative’s basic needs, the feudal lord usually provided what was necessary.
- The Guilds were also active stakeholders to provide different sources of aid to their members and other people in need.
- The 1349 Statute of Labourers issued in England required people to remain on their home manors and work for whatever the lords wanted to pay. Begging and alms giving are outlawed except for the aged and those unable to work. For the first time, a distinction is made between the “worthy poor” and “unworthy poor”.
- The 1531 Act for Punishment of Sturdy Beggars was England’s first statue dealing with poor relief. The statute empowers local justices to license certain people (older and disabled people) to beg their own neighbourhoods and to give harsh punishment to any unlicensed beggars.
- The Poor Relief Act of 1537, also known as the “Henrician Poor Law”, is one of the earliest pieces of legislation that deal exclusively with the problem of poverty in the Tudor Period. The law classifies types of poor people and the procedures for collecting voluntary donations and disbursing funds. It also acknowledges that the state rather than the church or volunteer must play some role in caring for poor people.
The English Elizabethan Poor Laws 1601

In 1601, the Elizabethan Poor Laws were established. This legislation becomes the major codification of dealing with poor and disadvantaged people for more than 200 years.

The law established apprentice programmes for poor children, developed workhouses for dependant people, and dealt harshly with able-bodied poor people. It kept the administration of poor relief at the local level, and taxed people in each parish to pay for their own poor parishioners.

The provision of aid was seen as the primary responsibility of family or relatives. The local government would only intervene to help the poor who were not supported by their family or church.

The law established three categories of relief recipients:

- **The able-bodied poor** who were given low-grade employment; and citizens were prohibited from offering them financial help. Anyone who refused to work was placed in stocks or in jail.

- **The impotent poor** who were people unable to work. They were usually placed together in an institution where they were provided with food and a place to live. The impotent poor were permitted to live outside these institutions where they were granted “outdoor relief”, usually “in kind” (food, clothing, fuel).

- **Dependent children** whose parents or relatives were unable to support them. The children were apprenticed out to other citizens where the boys were taught the trade of their masters and had to serve till their 24th birthday. The girls were raised as domestic servants till they were 21 or got married.

The Poor Law became the basis for dealing with poor people in colonial America. It also had an important influence upon our current approach to public assistance and other social legislation today.
The Speenhamland System 1795 – 1815

The Speenhamland system was an amendment to the Elizabethan Poor Law. The system was devised by a group of local magistrates to alleviate the distress caused by a spike in grain prices as a result of poor harvest.

The system established a guaranteed minimum income for the poor. Families were paid extra to top up wages to a set level, varied according to the number of children and the price of bread.

Unfortunately, the system aggravated the underlying causes of poverty. The system allowed employers to pay below subsistence wages, because the parish would make up the difference. This resulted in the workers’ low income to remain unchanged.

1.1.2 Early Colonisation to the Mid-1800s in America

Pre-Civil War Period (1801 - 1860)

During this period, institutions were believed to be the best way to alleviate social problems. This had led to the creation of many residential care institutions such as alms house for the poor, asylum for the mentally and orphanage for orphan children.

The purpose of institutionalisation was to put people with similar problems together and rehabilitate them through example. The institutions were tasked to look for a scientific approach and methodology to systematically help their residents in an effective and efficient manner – leading to the development of “scientific charity”.

In this model, individuals responded to charity and the government stayed out of the economic sphere. Individuals were seen as rational actors who would make decisions based on their own self-interest and were responsible for how they fared economically. However, the reality was far from ideal. The care within these institutions was often substandard. There was also a lack of rehabilitation and treatment programmes for the residents.
Post Civil War (1870s - 1900)

The American Civil War was an important event which led to the ending of slavery in the United States, restoring of the Union, and strengthening of the federal government’s role. The Civil War also led the government to realise the reality of the social inequality and the importance of appropriately addressing social concerns so as to prevent similar events from happening in the future.

After the War, the Federal Government took up active measures towards rebuilding the Nation. The government started to focus its effort to help provide aid to displaced families. The reconstruction effort included building new homes and providing food and other basic necessities for those displaced by the war.

With the end of slavery, millions of freed slaves needed housing, clothing, food and jobs. The Freedman’s Bureau established in 1865 was the first federal Social Service programme to ensure social justice for all. The Bureau supervised all relief and educational activities relating to refugees and freed men, including issuing rations, clothing and medicine.

1.1.3 Progressive Era (1900 - 1930)

The Progressive Era in the United States was a period of reform. The Progressive name was derived from forward-thinking or “progressive” goals that its supporters sought to advance. Responding to the changes brought about by industrialisation and the great wave of immigration, the Progressives advocated a wide range of economic, political, social and moral reforms.

The Charity Organisation Society (COS)

The establishment of the first United States-based Charity Organisation Society (COS) in 1877 was a significant milestone in the development of professional social work. The COS in the United States was modelled after a similar concept in London and was an effort to bring about more structure to the chaos and indiscriminate practices of charity giving at that time. Charity leaders were observing that the indiscriminate giving of direct relief was perpetuating pauperism instead of eliminating the problem. The COS introduced the
method of “scientific philanthropy” in the form of social investigation of relief applicants and setting up an exchange to track relief recipients. The number of COS grew to 92 in 1892.

Moving away from direct relief giving, COS leaders introduced the practice of “friendly visitors” to regularly meet with the applicants. Friendly visitors provided encouragement and served as models of moral character, tried to locate resources within families’ own situations, providing charity relief as a last resort. The work of the “friendly visitors” gradually evolved to become more complex and this led to the gradual replacement of volunteers with trained staff.

A prominent COS leader that was instrumental in the development of professional social work was Mary Richmond (1861-1928). She developed the concept of “social case work” and social assessment techniques in two influential books, “Social Diagnosis” (1917) and “What is Social Case Work?” (1922).

Table 1.1 Parallel Development in Britain

| • Britain implemented the New Poor Law (1834) and the Public Health Act (1848). Social policy along with the use of social work practice was used to achieve social reform. |
| • The development of an early social work service in the form of the Charity Organisation Society (COS); COS roles and functions include assessment criteria for the work house, friendly visiting and the introduction of the case work method. |
| • The first means test delivered by social work was the ‘work house test’ used to separate the ‘deserving’ and ‘undeserving poor’. |
| • The undeserving were sent to a work house to serve as free labour. The workhouse deterrent was functioning as late as the 1930s within the UK, where workhouse conditions were by mandate worse than any other external factories. |
The Settlement House Movement (SHM)

The settlement house movement ushered in another important aspect of social work development. Established in large cities, settlement houses were privately supported institutions that focused on helping the poor and disadvantaged by addressing the environmental factors involved in poverty. The basic settlement-house ideal was to have wealthy people move into poor neighbourhoods so that both groups could learn from one another. Residents within a specific locality could be organised into “clubs” to carry out or induce others to carry out activities or changes that would promote their social well-being. It combined social advocacy and social services to respond to the social problems that resulted from the influx of immigrants into the cities. It empowered local residents to address their problems through research and action.

More than 400 settlements were established by 1910; 167 were identified as religious or church-supported.

A famous settlement House, known as the Hull House, was started by Jane Addams and Ellen Gates Starr in 1889.

1.1.4 The Great Depression and the New Deal

The Great Depression in the United States began with the Wall Street crash of 29 October 1929. The market crash marked the beginning of a decade of high unemployment, poverty, low profits, deflation, plunging farm incomes and lost opportunities for economic growth and personal advancement. The unemployment rate was 25% and farmers were having difficulties selling their products. Mortgages were being foreclosed by tens of thousands. Many people were forced to take on lower skilled jobs. There were frequent strikes which destroyed the social well-being of the country. In 1933, 40% of the population in some states were receiving local and state public financial aid.

The Great Depression showed that there were situations beyond individual control that can cause deprivation, misery and poverty. It also emphasised that the federal government needs to play a role in providing financial assistance and social service. The government
also needs to play a more permanent role to deal with critical issues of unemployment, ageing, disability, illness and children.

The New Deal was a sequence of central economic planning and economic stimulus programmes that the US President Franklin D. Roosevelt initiated between 1933 - 1938 to give aid to the unemployed, reform business and financial practices, and recover the economy.

As part of the New Deal, the Social Security Act was passed in 1935 which forms the basis of most of America’s current public social welfare programmes such as social insurance and public assistance.

1.1.5 World Wars and Post War

When the US entered the Second World War, the government had to cut down social expenditure. However, many people were able to find employment quickly in military and war-related industries. Civilian unemployment was reduced from 14% to less than 2% in 1943. A major result of full employment at high wages was a sharp decrease in the level of income inequality. The gap between the rich and poor narrowed.

1.1.6 Social Reform Period (1960 - 1975)

A major push to expand social welfare programme came in the 1960s, when President Lyndon Johnson declared War on Poverty and sought to create what he called the “Great Society”. The early 1960s were characterised by a sense of optimism where there was a feeling that poverty would disappear, racial integration would occur and other social problems would be solved.

There was a renewed interest in changing the environment or “the system” to better meet the needs of the people. Social action became an important aspect of social work, with more social workers advocating for the rights of their clients and social reform. Many service gaps were uncovered and addressed during this period. One of the main service
gaps was in medical care provision for the elderly and the poor. New programmes such as the Head Start, Medicare and Medicaid were introduced during this era.

**Table 1.2 Post War Developments in Britain**

During the Cold War, the fear of social unrest and the threat of actual communism in Western Europe contributed to the development of the post war consensus. This period of capitalism can be located with the discourse of embedded liberalism known as social democracy.

The post war consensus embodied by the **Beveridge Report (1942)** was made reality through the construction of a comprehensive UK Welfare State.

With the introduction of the **Children Act (1948)**, social work began to emerge as a profession with the role of Children’s Officer and Children’s Departments.

Modern local authority social work was created through the Seebohm Report (1968) and the implementation of the Social Work Scotland Act 1968 and the Local Authority Personal Social Services Act 1970.

**Activity 1**

You have learnt how the earlier welfare programmes started to categorise the poor and set conditions for how the poor should receive assistance. To what extent do you think the government should be allowed to intervene in the personal lives of the people who receive financial assistance?
Reflect

Social workers need to be familiar with changing social trends to stay relevant and to develop appropriate services and responses to fulfil the social, financial, health and recreational needs of the society. Table 1.3 is an illustration of how this has been done through the American history. Pick a social issue that you are familiar with and analyse how the social profession had responded over the years.

Table 1.3 Key Events and Response from the Social Work Profession

<table>
<thead>
<tr>
<th>Period</th>
<th>Key Events</th>
<th>Response from the Social Work Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>Flexner’s evaluation that regarded “social work” not ready as a profession. He assessed that social work did not have a body of knowledge which defined its practice and which could be transferable through teaching.</td>
<td>Mary Richmond identified the principles, theories, and methods of social casework. This formed the body of knowledge for social work practice.</td>
</tr>
<tr>
<td>1920s</td>
<td>Influence of Sigmund Freud’s psychoanalytical theories, the government interest in promoting mental health, and the proliferation of mental health services in responses to post-World War I.</td>
<td>There was a “leaning” of social work practice towards intra-psychic intervention (changing the person) rather than social intervention (changing the environment). This was the proliferation of psychiatric social work.</td>
</tr>
<tr>
<td>Period</td>
<td>Key Events</td>
<td>Response from the Social Work Profession</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>1930s</td>
<td>The Great Depression and the Presidency of Franklin D. Roosevelt started the public welfare movement. The Great Depression gave social work leaders fresh perspective about poverty and the limitation of intra-person intervention.</td>
<td>The public welfare movement provided the political platform for social workers to carry out social and administrative reforms to relieve poverty and social problems.</td>
</tr>
<tr>
<td>1940s and 1950s</td>
<td>Development of group work and community work theories.</td>
<td>Incorporating group work and community work as part of social work methods. Working definition of social work practice considered the dual perspective of the individual and the social environment when looking at social problems.</td>
</tr>
<tr>
<td>1960s</td>
<td>Presidency of Lyndon Johnson ushered in the “War on Poverty” initiatives. The Federal government began to take on a lot more responsibility in terms of funding programmes to address issue of poverty. At the same time, policy makers doubted the effectiveness of social work intervention.</td>
<td>Social work adopted a common, generic practice base of casework, group work, and community and using the “person-in-situation” as the basis of selecting the appropriate intervention strategies.</td>
</tr>
</tbody>
</table>
Lesson Recording

Historical Development of Social Work
Chapter 2: Historical Development of Social Work and Social Welfare in Singapore

This chapter gives a historical overview of the development of social welfare and social services in Singapore from 1819 till present. The overview highlighted the major initiatives that took place at different stages of Singapore’s development as well as the common themes that continued over a prolonged period.

Table 1.4 Key Development Phases of Social Work

<table>
<thead>
<tr>
<th>Period</th>
<th>Key Development Phases of Social Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1819 – 1870s</td>
<td>Minimal intervention, policy of laissez-faire</td>
</tr>
<tr>
<td>1870s - 1942</td>
<td>Paternalistic control, with an increasing concern for welfare</td>
</tr>
<tr>
<td>1942 - 1945</td>
<td>Period of Japanese Occupation</td>
</tr>
<tr>
<td>1945 - 1959</td>
<td>Welfare interventions accepted as an intrinsic role of government, voluntary organisations encouraged but minimally subsidised</td>
</tr>
<tr>
<td>1960s -1970s</td>
<td>Blossoming of social service where people of leisure came together to set up VWOs. Formative years of voluntary efforts</td>
</tr>
<tr>
<td>1980s -1990s</td>
<td>Two important decades where Singapore re-examined and transformed the social service sector</td>
</tr>
<tr>
<td>2000 - present</td>
<td>The expansion and growth of professionalism in the social service sector</td>
</tr>
</tbody>
</table>
2.1 Development of Social Work in Singapore

2.1.1 Minimal Intervention (1819 - 1870s), Policy of Laissez-Faire

Setting the Scene

Raffles, the founder of Singapore, promoted an orderly town plan, of straight roads of a required width. The merchants of all ethnic backgrounds should trade and live in the same locality. The Raffles Town Plan had provided the backbone to the development of early community networks.

The contemporary view of appropriate social functioning during the early years of Singapore was very much driven by the sole reason that immigrants came to make money and to return to the country of origin financially better-off. The approach towards social welfare was minimal and was motivated solely by economic reasons - to make Singapore a flourishing entrepot.

Problems in Early Days of Singapore

As a result of the hands-off administration to control and allocate resources, the “secret societies” were filling up the void. They grew in strength and became a menace to law and order and were threatening the well-being and security of immigrants.

In addition, the influx of immigrants led to other problems such as overcrowding, poverty, malnutrition, inadequate water supply, trafficking of women and girls, gang fights, opium addiction, disease and labour abuse.

There were no basic essential services such as proper medical services, sewage system, refuge for the destitute, asylum for the sick, hospital, police force or fire engines.

Networks of Mutual Aid

While the colonial government took a hands-off and minimalist approach towards social welfare, the immigrants brought with them informal ways of helping each other from the same origin. This “kongsji” and “pondok” arrangements provided companionship, mutual aid and a sense of security.
The Chinese immigrants developed “clans” as formal ways of mutual aid. An example of philanthropy during this period was that of Mr Tan Tock Seng. He provided the funds to build a “pauper hospital” to take care of the vagrant and beggars.

2.1.2 Policies of Paternalistic Control (1870s - 1942)

From Laissez-Faire to Paternalistic

The 1870s marked the starting point of more active social policies, ending of the “laissez-faire” hands-off approach, and the beginning of a controlling colonial paternalism. The colonial government started to get more directly involved in social welfare provision. This was partly due to the pressures from missionaries who lobbied the British government to pay more attention to the condition of its colonies. In Singapore, the move towards a more “hands-on” approach was also in response to the need for more social control on problems that could affect the economic functioning of the society.

The Chinese Protectorate

The Chinese Protectorate was established in 1877 as a measure to protect the new immigrants and the interest of business owners who were affected by the “reshipping” of labourers (carried out by secret societies). It was to establish itself as the “first point-of-contact” for new immigrants before secret society members could approach them.

The Protectorate expanded its role unofficially to take care of the moral well-being of young girls who were forced into prostitution by secret society members. It set up a home, with the support of the prominent Chinese leaders, to provide shelter for girls who were rescued from the brothels by officials from the Protectorate. In the 1880s, the establishment of the “Women and Girls Protection Ordinance” was the first Singapore legislation for a welfare objective.

Later, as the Protectorate gained respect and trust from the Chinese community, it took on unofficial roles such as mediation, marriage counselling, and divorce. These services arose from the emerging needs at that time and the ability of the Protectorate to take on these roles.
Other Key Milestones

The provision of social services continued to be dominated by private organisations before 1940s. The instruments for the birth of social services in Singapore constituted the following:

Table 1.5 Key Instruments for Social Welfare Development

<table>
<thead>
<tr>
<th>Key Instruments for the Birth of Social Services in Singapore</th>
</tr>
</thead>
<tbody>
<tr>
<td>The colonial government</td>
</tr>
<tr>
<td>The early voluntary associations</td>
</tr>
<tr>
<td>The missionaries</td>
</tr>
<tr>
<td>The early philanthropists</td>
</tr>
</tbody>
</table>

Other milestones of social welfare development were chronicled as follows:

Table 1.6 Key Milestones of Social Welfare Developments

<table>
<thead>
<tr>
<th>Year</th>
<th>Key Milestones of Social Welfare Developments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1890</td>
<td>A Reformatory and Industrial Schools Ordinance was passed to build an institution for the detention of young offenders</td>
</tr>
<tr>
<td>Year</td>
<td>Key Milestones of Social Welfare Developments</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>1920s</td>
<td>Infant and Child Welfare Clinics were opened to address high infant mortality rate.</td>
</tr>
</tbody>
</table>
| 1927 | A Children’s Ordinance was passed to afford children protection against cruelty.  
The Singapore Improvement Trust was established to build low cost housing. |
| 1930 | Immigration of prostitutes and brothel-keeping were made illegal. |
| 1932 | Singapore General Hospital started a children’s ward. |

### 2.1.3 The Japanese Occupation

During the Japanese Occupation, new social needs arose in the form of severe food shortage and public health hazards. Death rates were high with Japanese killings and prevalence of disease. The health and medical services were grossly inadequate with shortage of drugs and medicines and failure in maintaining public health measures such as mosquito control.

There was very little social service activity during this period as the Japanese were suspicious of any attempts by the Chinese to organise activities or to raise funds. The Blue Cross was a charity organisation established during this period with the objective to provide decent burials for homeless men who were left to die and rot on the streets. The role expanded to provide mass free feeding centres for starving destitute.
2.1.4 A Nation Rebuilt (1946 - 1959)

Social Welfare Department

The establishment of the Social Welfare Department in 1946 was a symbol of commitment by the colonial government to provide personal social services for the people in Singapore. The SWD was tasked to develop itself into a multi-service agency with primary remedial functions including:

- Direct Service – cash relief, mass feeding of the poor, child protection, residential care, family counselling services and crèches for babies and children for working mothers.
- Indirect Service – liaison with private charitable organisations and training of social service staff.

The following table summarises some of the key milestones of work of the Social Welfare Department and British administration during this period.

Table 1.7 Key Milestones of Work of the Social Welfare Department

<table>
<thead>
<tr>
<th>Year</th>
<th>Key Milestones of Work of the Social Welfare Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946</td>
<td>An ad hoc Juvenile Court was set up to trial offenders who were 16 years old and below.</td>
</tr>
<tr>
<td>1946</td>
<td>Establishment of the Social Welfare Department.</td>
</tr>
<tr>
<td>1949</td>
<td>Establishment of the Public Assistance Scheme.</td>
</tr>
<tr>
<td>1949</td>
<td>The passing of the Children and Young Persons Ordinance to protect the well-being of children.</td>
</tr>
<tr>
<td>1949</td>
<td>Establishment of Children’s Social Centres to provide food and learning for children from poor families, becoming the de-facto kindergartens for poor children.</td>
</tr>
<tr>
<td>Year</td>
<td>Key Milestones of Work of the Social Welfare Department</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>The social centres were a good example of how neighbourhood volunteers could organise themselves to work with government to provide solutions to social problems effectively.</td>
</tr>
<tr>
<td>1951</td>
<td>Establishment of the Tuberculosis Treatment Allowance Scheme to provide small cash payment and financial assistance to patients and public education with the aim to control tuberculosis.</td>
</tr>
</tbody>
</table>

**Staff Training**

From the beginning of SWD’s existence in 1946, there was recognition of the need to train social work staff. By September 1946, three staff members were sent on scholarship to London University social welfare. From 1952, the local university (then called the University of Malaya) offered full-time professional social work training for the first time.

**Singapore Council of Social Service (SCSS)**

As the post-war social service sector continued to grow, the government saw the need for an umbrella body to co-ordinate the various social services.

On 22 December 1958, the director of Social Welfare, Woon Wah Siang called a meeting of about 40 heads of Voluntary Welfare Organisations (VWOs) to discuss the formation of a new statutory body. This led to the forming of the Singapore Council of Social Service (SCSS).

SCSS’s main aim was to coordinate and promote the roles and contributions of VWOs by bringing together all organisations and individuals with interest in community service and social welfare. This would allow the government to focus on providing essential services such as housing, health care and education to the masses, while SCSS support the Social Welfare Department to provide remedial work.
The Tiong Bahru and Bukit Ho Swee Fire

The Tiong Bahru fire in February 1959 and the Bukit Ho Swee fire in 1961 were Singapore’s first major disasters that brought the community together. The SCSS coordinated the efforts of VWOs, the government and the community and raised $700,000 for 5,000 made homeless in the Tiong Bahru fire and $430,000 for 16,000 made homeless in the Bukit Ho Swee fire.

The VWOs, namely the British Red Cross Society and St Andrews Mission Hospital, were involved in relocating the displaced to alternative accommodation, and providing food and healthcare to those who had lost their possession in the fire. The incidents provided an opportunity for SCSS and the VWOs to showcase the importance of the social service sector.

2.1.5 Blossoming of Social Service (1960s - 1970s)

The 1960s to 1970s were the formative years of voluntary effort. People of leisure came together, set up voluntary welfare organisations (VWOs) and devoted their time to helping out. It was through the enthusiasm of volunteers that problems were identified and attended to.

People’s Association and the Housing and Development Board (1960s)

The 1950s and early 60s saw turbulent times for Singapore. Racial riots and political strife made Singapore a poor and divided society with closely knit communal groups pulling in different directions. We had to overcome serious political, economic and communal problems in order to survive.

On 1 July 1960, the **People’s Association (PA)** was established to help foster racial harmony and social cohesion and to form the basis for nation building. Community centres (CCs) were set up as meeting grounds for various ethnic, language and religious groups. They provided a platform for residents in the community to meet through social and recreational activities and events. The CCs played an important role to foster stronger community ties and social cohesiveness in the communities.

The **Housing and Development Board (HDB)** was formed on 1 February 1960, when a large number of people were still living in unhygienic and potentially hazardous slums
as well as crowded squatter settlements packed in the city centres commonly known as ‘kampongs’.

HDB took over from its predecessor, the Singapore Improvement Trust, and was tasked with solving the nation's housing crisis. It built 21,000 flats in less than three years. By 1965, it had built 54,000 flats, exceeding the 50,000 target of its First Five-Year Building Programme. More people moved to stay in HDB flats.


**The Development of the Social Service Sector (1970s)**

When Singapore became independent in 1965, it brought joy to the nation but pressing issues like welfare relief, rehabilitation and medical care meant that the SCSS had to develop an independent system and coordinated efforts to deal with the social issues at hand.

In the period between 1960s and 1970s, many VWOs were set up to meet the needs of different groups of people in the communities.

Some of the important organisations set up in this period include Churches Counselling Centre (CCC), Singapore Association for Mental Health (SAMH), Boys’ Brigade in Singapore and Singapore Children Society.


Before 1971, children with learning disabilities have no chance to attend school. In 1971, special education for children with learning disability received special attention when a Special Education Unit was set up within the Ministry of Education. This unit was pivotal to the setting up of many special schools catering to children with various disabilities.

The Singapore Association of Social Workers (SASW) was established in 1971 as the national body representing professional social workers. However, back in 1954, the
Malaysian Association of Almoners was already established by a group of almoners or medical social workers to maintain standards in their profession.

In February 1978, the Ang Mo Kio Family Service Centre was established as the first one-stop centre for everyone in the family. The centre was a prototype for the development of the 36 Family Service Centres which are spread around Singapore today.


With the prevalence of drug-related problems and the lack of support services for drug addicts released from prison, the Singapore Anti-Narcotics Association was set up in 1972 to rehabilitate drug addicts and provide them with assistance and support.

Henderson Home, the first community home was set up in 1974. The home is equipped with a day care centre where senior citizens could engage in meaningful recreational activities and live with dignity. It became a focal point for elderly living in the region.

In 1975, the Churches Counselling Centre was renamed the Counselling and Care Centre to reflect the wider non-Christian constituents it was serving. The centre was one of the few VWOs that provided psychological and family counselling as well as training for professionals in the mental health and social service sectors.


### 2.1.6 A Changing Social Service Landscape (1980s - 1990s)

The 1980s and 1990s were two important decades where Singapore re-examined and made pivotal changes to transform the social service sector.

**Singapore Council of Social Service (SCSS)**

In 1981, SCSS held the first founding congress for disabled people to foster international non-government organisations’ participation during the International Year of the Disabled. In the 1980s, numerous efforts were undertaken to improve the situation of
people with disabilities in Singapore, with the goal of reintegrating them back into the communities.

Similarly, in 1982, after the United Nation World Assembly for Ageing highlighted the needs of the aged around the world, the government formed a Ministerial Committee on Ageing to look at ageing issues. This led to the development of more user-friendly physical environments in housing estates for the elderly and people with disabilities.

Another contribution is the development of Senior Activity Centres near the one-room HDB flats with high concentration of elderly people, to provide recreational and social support for the elderly.


The Community Chest was set up in 1983 to relieve voluntary organisations of fund raising activities so that they can concentrate on providing better care and improving service. Eighteen organisations joined ComChest at its launch with 22,000 beneficiaries. The SHARE (Social Assistance and Help Raised by Employees) was launched where employees can pledge an amount from their salary to the Community Chest.

The Volunteer Action and Development Centre was formed in 1984. Volunteers Day was introduced in 1986 which was expanded to Volunteers Month in 1989.

The year 1981 saw the formation of MENDAKI, the first self-help group for the Malay community. The other major racial groups soon followed, with the Chinese setting up Chinese Development Assistance Council (CDAC) and the Indians setting up SINDA.

Other key VWOs during this period were the Singapore Council of Women’s Organisations, Thye Hua Kwan Moral Society and SWAMI Home.
The Hotel New World collapse was another important event in Singapore history. The event saw a surge of VWOs and independent volunteer rescue workers helping out at the collapse site. The government saw the importance of providing psychosocial support to victims and the families during such a national disaster. The government subsequently established a system for helping professionals to be trained and mobilised to provide psychological support to victims and their families during such national disasters.

Activity 2

Do a comparison on how the Singapore social service sector had responded to both the Hotel New World Collapse and the Bukit Merah Fire.

In 1992, the SCSS was restructured, forming the present National Council of Social Service as the coordinating body for the voluntary welfare sector in Singapore.

The Community Development Councils (CDCs) were set up in 1996 to function as local administrators of different districts in Singapore, initiating, planning and managing community programmes to promote community bonding and social cohesion. The CDCs also provide various community and social assistance services delegated from the Ministries. There are five CDCs overseeing five districts, namely, Southeast, Southwest, Central, Northeast and Northwest. Each CDC has its own council members and is headed by a Mayor.

In 1999, the National Volunteer Centre (NVC) was set up to promote and develop volunteerism across all sectors in Singapore. By 2003, it was renamed as The National Volunteer and Philanthropy Centre (NVPC). It functions as a first-stop centre, catalyst and networking agency to foster the giving spirit of time, money or in kind in Singapore.
Activity 3

Singapore, in its historical beginning, is similar to the United States as a society of immigrants. Do a comparison of the development of social welfare and social services of these two countries and identify areas of similarities and differences.

2.1.7 Growing Professionalism

To acknowledge the contributions of social workers in Singapore, the first Outstanding Social Work award was presented in 1998.

Social Service Institute

To enhance the capability of VWOs to better reach out to the needy, the government had put in additional resources to allow them to develop their manpower competency.

To maintain a highly competent social service sector, The Social Service Training Institute was set up in 2003 to ensure that staff from the social services will have easy access to relevant training courses to upgrade their skills and knowledge to help their clients more effectively. Celebrated 10 years of achievements in manpower capability building, in 2013, it was repositioned as Social Service Institute to be the focal point as an integrated social service hub for training, practice, resource and career services for the sector.

Voluntary Welfare Organisation Capability Fund

In addition, the government also launched a $30 million VWO Capability Fund in 2002, managed by NCSS, to help to finance training courses for their staff, research, IT upgrading and even overseas scholarships. From April 2012, the VCF has been extended for another five years until March 2017. The fund size was increased from $53 million to $100 million. The new VCF will support the planned professional development initiatives and competency-based training. It will also be used to improve the management capability
of VWOs, through incentivising the adoption of organisational excellence practices, facilitation of social innovation, service quality and productivity improvements projects.

**Master Social Worker Scheme**

The Master Social Worker scheme was launched in 2012 to help raise professional practice standards and mentor senior social workers in the social service sector. The scheme funds a group of Master Social Workers comprising the most experienced staff at existing VWOs who can help other VWOs on a part-time basis, as well as experienced social workers who can commit to being full-time Master Social Workers.

The Master Social Worker scheme aims to harness and impart the knowledge, skills and practice wisdom of Master Social Workers to foster the professional development of senior social workers and guide them in their work with individuals, families and vulnerable population groups. The scheme also seeks to enhance the career progression for these experienced Master Social Workers by providing them opportunities to pursue specialised training locally or overseas, and partner NCSS in the overall development of social services.
Summary

In this study unit, we gained an understanding of the different issues in different periods of Singapore history and how social welfare evolved in response to the changing social, economic and political circumstances.

We also gained an understanding of how social work had developed in Singapore and its early response to the social problems presented.

As social responses evolved to deal with the changing trends and issues in the different social, economic and political environments, social workers need to be familiar with changing social trends to stay relevant and to develop appropriate services and responses to fulfil the social, financial, health and recreational needs of everyone in a society.

Social work in Singapore is a relatively young profession with only about 70 years of history. It is important for social workers to continually enhance our knowledge and skills so that we will be able to help those in need more effectively.
Formative Assessment

1. Which period marks a significant milestone in the development of professional social work practice?
   a. Colonial Period
   b. Progressive Era
   c. Post Civil War Period
   d. The Great Depression

2. Which of the following is NOT one of the key instruments for the birth of social services in Singapore?
   a. The colonial government
   b. The early voluntary associations
   c. The self-help groups
   d. The early philanthropists

3. The Voluntary Welfare Organisation (VWO) Capability Fund (VCF) was set up in 2002 to increase the professional standards of staff in VWOs. Which of the following may the fund be used for?
   a. Employment of staff
   b. Upgrading of office space
   c. Overseas scholarships
   d. Increase remuneration of staff

4. Which of the following is NOT a contribution of the Social Welfare Departments (SWD)?
   a. Management of family violence
   b. Control of tuberculosis
   c. Setting up of crèche
d. Public assistance

5. Which of the following agencies managed to provide mass feeding and burial services during World War II?
   a. Red Cross
   b. Lions Befrienders
   c. Rotary Club
   d. The Blue Cross

6. Which of the following statement best describes the goals of Charity Organisation Society (COS)?
   a. Rehabilitates the poor
   b. Promotes social action and advocacy
   c. Inspires new hope and self-respect
   d. Sees individuals as rational actors who would make decisions based on self-interest
Solutions or Suggested Answers

Formative Assessment

1. Which period marks a significant milestone in the development of professional social work practice?
   a. Colonial Period
      Incorrect. Although this period had an important influence upon the current approach to public assistance through Poor Law, it was not a significant milestone for the development of professional social work practice. Refer to Study Unit 1.
   b. Progressive Era
      Correct! The Charity Organisation Society (COS) established in 1877 during the Progressive Era and was a significant milestone in the development of professional social work practice as it introduced the method of “scientific philanthropy” in the form of conducting social investigation of relief applicants – a method we still see being used today in the form of means testing of applications for social assistance. Refer to Study Unit 1.
   c. Post Civil War Period
      Incorrect. Although this period saw the establishment of the Freedman’s Bureau – the first federal social service programme, it was not a significant milestone for the development of professional social work practice. Refer to Study Unit 1.
   d. The Great Depression
      Incorrect. This period emphasized the need for the federal government to play a more active and central role in providing or dealing with issues related
to social services, but it was not a significant milestone in the development of professional social work practice. Refer to Study Unit 1.

2. Which of the following is NOT one of the key instruments for the birth of social services in Singapore?
   a. The colonial government
      Incorrect. This is part of the key instruments for the birth. The government established the Chinese Protectorate (1877) and early legislation such as the Children Ordinance (1927). Refer to Study Unit 1.
   b. The early voluntary associations
      Incorrect. This is part of the key instruments for the birth. The Salvation Army took care of the blind, worked with families of prisoners, women and children, and assessed the needy (1931). Refer to Study Unit 1.
   c. The self-help groups
      Correct! Self-help groups were formed later in the 1980s (MENDAKI – the first self-help group for the Malay community was formed in 1981, and the Chinese Development Assistance Council (CDAC) for the Chinese community and SINDA for the Indian community were formed soon after. Refer to Study Unit 1.
   d. The early philanthropists
      Incorrect. This is part of the key instruments for the birth. Mr Tan Tock Seng provided funding for building of a hospital for the poor, while Dato' Lee Kong Chian and P Govindasamy Pillay funded the building of early healthcare, education and other required services. Refer to Study Unit 1.

3. The Voluntary Welfare Organisation (VWO) Capability Fund (VCF) was set up in 2002 to increase the professional standards of staff in VWOs. Which of the following may the fund be used for?
   a. Employment of staff
Incorrect. VCF cannot be used towards employment of staff. Refer to Study Unit 1.

b. Upgrading of office space
Incorrect. VCF cannot be used towards upgrading of office space. Refer to Study Unit 1.

c. Overseas scholarships
Correct! VCF provides overseas scholarships through its Professional Capability Grant. Refer to Study Unit 1.

d. Increase remuneration of staff
Incorrect. VCF cannot be used towards remuneration of staff carrying out normal work. Refer to Study Unit

4. Which of the following is NOT a contribution of the Social Welfare Departments (SWD)?

a. Management of family violence
Correct! Refer to Study Unit 1

b. Control of tuberculosis
Incorrect. SWD established the Tuberculosis Treatment Allowance Scheme in 1951 to provide small cash payment and financial assistance to patients and public education with the aim to control tuberculosis. Refer to Study Unit 1.

c. Setting up of crèche
Incorrect! Crèches for babies and children for working mothers were part of the direct service SWD was tasked to develop.

d. Public assistance
Incorrect. SWD established the Public Assistance Scheme in 1949. Refer to Study Unit 1.
5. Which of the following agencies managed to provide mass feeding and burial services during World War II?
   a. Red Cross
      Incorrect. Refer to Study Unit 1.
   b. Lions Befrienders
      Incorrect. Refer to Study Unit 1.
   c. Rotary Club
      Incorrect. Refer to Study Unit 1.
   d. The Blue Cross
      Correct! Blue Cross was a charity organisation established during this period with the objective to provide decent burials for homeless men who were left to die and rot on the streets. The role expanded to provide mass free feeding centres for starving destitute. Refer to Study Unit 1.

6. Which of the following statement best describes the goals of Charity Organisation Society (COS)?
   a. Rehabilitates the poor
      Correct! The COS took on the role of coordinating resources both private and public bodies to help the poor meet their needs. Refer to Study Unit 1.
   b. Promotes social action and advocacy
      Incorrect. This was not a goal of the Charity Organisation Society (COS). Refer to Study Unit 1.
   c. Inspires new hope and self-respect
      Incorrect. This was not a goal of the Charity Organisation Society (COS). Refer to Study Unit 1.
   d. Sees individuals as rational actors who would make decisions based on self-interest
Incorrect. This was not a goal of the Charity Organisation Society (COS). Refer to Study Unit 1.
References


Understanding The Profession
Learning Outcomes

By the end of this unit, you should be able to:

1. Define social work.
2. List the core values, goals and principles of social work.
3. Identify social work as a profession.
4. List social work career prospects and career settings available to social work graduates.
5. Describe the rewards and challenges of a social worker in Singapore.
Overview

This study unit aims to provide an overview of social work profession and the various components of the social work practice. It also provides students with information on the road to become a social worker.
Chapter 1: Overview of Social Work

As undergraduates of social work, you would need to understand that social work is a profession with its own body of values, principles and skills which are universal.

This study unit will provide you with the knowledge and understanding of the social work profession and its core values, goals and principles. This unit will also identify and define social work as a profession, provide an overview of the career prospects and settings available to graduates in the field of social work, and describe the challenges and rewards of a social worker in Singapore.

Activity 1

What is your understanding of social work? Discuss why you chose to study social work.

1.1 Introduction and Overview of Social Work

1.1.1 Definition of Social Work

Social work is interpreted differently across the world. With its humble beginnings as a form of charity (as you would have learnt in Study Unit 1), even till today, social work is often confused with “volunteer work”. The roots of social work foundational knowledge, values and skills were laid by development of early social work in the West. As a profession, it is altruistic, people-centred and anchored by a strong set of values and ethics. As a social work undergraduate, you are considering to choose a career that “requires specialised knowledge that requires intensive training” (Mehta & Wee, 2011, p.4).
Farley, Smith and Boyle (2008) refer to social work as “an art, a science, a profession that helps people to solve personal, group, (especially family) and community problems and to attain satisfying personal, group, and community relationships through social work practice” (Morales & Sheafor, 1998, p.27).

The International Federation of Social Workers (IFSW) recognises that the profession of social work practises in a diversity of social settings. IFSW sets the global definition of the social work profession as:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.”

The above definition may be amplified at national and/or regional levels. (IFSW, 2014, Global Definition of Social Work)

Underpinning the social work profession are the principles of humanitarianism and democratic ideals. The IFSW (2006) notes:

“Professional social workers are dedicated to service for the welfare and self-fulfilment of human beings; to the development and disciplined use of scientific knowledge regarding human behaviour and society; to the development of resources to meet individual, group, national and international needs and aspirations; to the enhancement and improvement of the quality of life of people; and to the achievement of social justice.” (IFSW, 2006, Constitution and by laws)
1.1.2 Construct of Social Work

The mission of social work is as follows:

- **Promote social change** - Facilitate the inclusion of marginalised, socially excluded, dispossessed, vulnerable and at-risk groups of people. Address and challenge barriers, inequalities and injustices that exist in society.
- **Problem solving** - Form short- and longer-term working relationships with and mobilise individuals, families, groups, organisations and communities to enhance their well-being and their problem-solving capacities.
- **Empowerment and liberation** - A focus on capacity-building and empowerment of individuals, families, groups, organisations and communities through a human-centred developmental approach.
- **Enhance well-being** - Formulate and implement policies and programmes that enhance people’s well-being, promote development and human rights, and promote collective social harmony and social stability, insofar as such stability does not violate human rights.

1.1.3 Principles of Social Work

Social workers transform the values into principles of practice, which are to be used to guide specific actions/decisions in different situations.

<table>
<thead>
<tr>
<th>The Common Principles of Social Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>
1.1.4 Social Work Values, Theory and Practice

Social work is an inter-related system of values, theory and practice. Taking reference from the Singapore Association of Social Workers website, below is a modified explanation of values, theory and practice.

<table>
<thead>
<tr>
<th></th>
<th>Values</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Social work grew out of humanitarian and democratic ideals. Its values are based on respect for the equality, worth, and dignity of all people. Since its beginnings, social work practice has focused on meeting human needs and developing human potential. In solidarity with those who are disadvantaged, the profession strives to alleviate poverty and promote social inclusion and equality. Social work values are embodied in the profession’s national and international codes of ethics.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Theory</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Social work is informed by a systematic body of evidenced-based theories and knowledge which are based on local and overseas experiences. These include theories of human development, human behaviour and social systems. A diversity of theories is required in complex interactions between human beings and their environment.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Practice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Social work, being a profession, requires many different skills, techniques, and activities which are aligned with its all-inclusive focus on persons and their surroundings. “Social work interventions range from mostly person-focused psychosocial processes to being involved in social policy, planning and development. These include counselling, clinical social work, group work, social pedagogical work, family treatment, therapy, and efforts to aid people in attaining services and resources in society. Interventions also consist of agency administration, community organisation</td>
<td></td>
</tr>
</tbody>
</table>
and engaging in sociopolitical activities to affect social policy and economic development. The holistic focus of social work is universal, but the priorities of social work practice differ for every country and time period because of cultural, historical, and socio-economic situations.

1.1.5 Social Work Profession

Greenwood (1957) articulated the five attributes of a profession:

1. A systematic body of knowledge

The systematic body of knowledge refers to the core modules which are an undergraduate education that provides a degree in social work. For example, these include human behaviour and the social environment, social welfare policies and services, social work practice methods, research and management, and practice skills.

2. Professional authority

The professional authority of a trained social worker includes his/her capability and experience.

3. Sanction of the community

The endorsement of the community captures the trust that society places in the professional because of his/her certification. In certain countries, social workers can only practise after graduation and time spent in “apprenticeship” under an experienced professional. This licence not only prevents malpractice, but also keeps the practitioner from unwarranted legal action.

4. A regulative code of ethics

The code of ethics is binding on all professionals. In Singapore, the Singapore Association of Social Workers code of ethics takes after the National Association of Social Workers (NASW) closely. It was first adopted in 1960 and revised later (see websites of both organisations for details on the code of ethics). The code
of ethics embodies the professional values of the profession like respect for the
dignity of all human beings and the trust in human capacity for change.

5. A professional culture

Besides the code of ethics, social workers are expected to follow the
principles of social work practice. These principles have been labelled by
Biestek (1957) and Hancock (1997) as individualisation, purposeful expression
of feelings, controlled emotional involvement, acceptance, non-judgmental
attitude, confidentiality, and lastly self-determination of client (Hancock, 1997,

1.1.6 The Role of Social Work

Generalist social workers work with systems at many levels such as individuals, families,
societies, communities, neighbourhoods, formal groups and complex organisations to
create changes that maximise human system functioning. This means that generalist
social workers work directly with client systems at all levels, connect clients to available
resources, intervene with organisations to enhance the responsiveness of resource
systems, advocate just social policies to ensure the equitable distribution of resources, and
research all aspects of social work practice.

The various levels of intervention in a generalist practice, as well as examples of the roles
a worker plays at each level are illustrated in the following table:

**Table 2.1 System Levels for Social Work Intervention, Roles of Social Workers and Strategies**

<table>
<thead>
<tr>
<th>System Levels for Social Work Intervention</th>
<th>Population Type</th>
<th>Example of Social Work Roles and Corresponding Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro level Interventions</td>
<td>Focus on: Individuals,</td>
<td>• <em>Enabler</em> – Empower clients in finding solutions</td>
</tr>
</tbody>
</table>
### System Levels for Social Work Intervention

<table>
<thead>
<tr>
<th>Population Type</th>
<th>Example of Social Work Roles and Corresponding Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families and Small Groups</td>
<td><strong>Broker/Advocate</strong> – Link clients with resources through case management</td>
</tr>
<tr>
<td>Meso level Interventions</td>
<td><strong>Facilitator</strong> – Foster organisational development</td>
</tr>
<tr>
<td></td>
<td><strong>Mediator</strong> – Assemble groups and organisations to network for resource development</td>
</tr>
<tr>
<td>Macro level Interventions</td>
<td><strong>Planner</strong> – Coordinate programme and policy development through research and planning</td>
</tr>
<tr>
<td></td>
<td><strong>Activist</strong> – Initiate and sustain social change through social action</td>
</tr>
<tr>
<td>Social Work Professions</td>
<td><strong>Colleague/Mentor</strong> – Guide and support professional development</td>
</tr>
<tr>
<td></td>
<td><strong>Catalyst</strong> – Stimulate community service through various activities</td>
</tr>
</tbody>
</table>

(Source: Adapted from Miley, O’Melia, & DuBois, 1995, p.15)

In one of her Letters to Social Work Students, the Director of Social Welfare, Ms Ang Bee Lian spelt out the role of social work in providing social care in modern Singapore. The role includes the following:

- Build professional relationships and empower people as individuals in their families and communities;
SWK106  
Understanding The Profession

- Work through conflict and supporting people to manage their own risks;
- Know and apply legislation;
- Access practical support and services; and
- Work with other professionals to achieve best outcome for people.

Read


Reflect

Do you think that social work is a profession with its own body of knowledge or discipline or is social work just about common sense?

Lesson Recording

Overview of Social Work
Chapter 2: Defining Social Work in Practice

Social work profession could be classified into remedial, preventive and developmental. Remedial (or residential/tertiary) intervention refers to assistance provided when problem has surfaced and the individual or family is having difficulties coping. The threat to the well-being or maintenance of the individual or family is evident. The need for social intervention is urgent.

At the preventive or secondary stage, the initial symptoms or signs are beginning to emerge but the negative effects are not evident yet. For example, a school-going child may have started playing occasional truant but he/she could still be persuaded to change his/her behaviour.

Developmental or primary intervention refers to responding with intervention even without any signs of a social problem, with the objective of accelerating the development process of the individuals to expand the potential. The help could be in the form of financial assistance (for poor families), tuition, nutritional food or vitamins, or books.


2.1 Defining Professional Practice

2.1.1 Social Work Practice

There are two important aspects of social work practice:

- Relationship between client(s)/their families and the social worker
- Collaborative process of problem solving

The relationship between client(s) (and sometimes their families) and the social worker is the first significant feature of social work practice. It is through the relation that clients gain both strength and hope. The first stage of the relationship is rapport-building. The
focus of the rapport building is to build trust so that the client would be encouraged to work on his/her problem.

Another significant aspect of social work practice is the collaborative problem-solving process. The client is part of the decision-making process. He/she takes action, and is responsible for helping himself/herself. In imparting of skills and knowledge, the social worker encourages client growth.

2.1.1.1 Direct and Indirect Social Work Practice

Direct practice involves delivering practice on various system levels for social work intervention. The roles are carried out to the individuals, couples, families and groups. Apart from face-to-face service, workers would also need to engage and collaborate with other professionals or organisations, in addition to advocating for their clients, depending on the level of concerns addressed. Examples of direct practice include counselling, or acting as a mediator, or advocate on behalf of the client with his/her significant others such as family, school, peers, etc.)

Indirect practice are practices taken on when social workers work on issues on behalf of the people involved. It is aimed at systemic changes in the community, society, organisation, or larger social systems for the purpose of changing procedures, policy or structures. The worker need not be in contact with the clients directly and the effects are also indirect, e.g. fund-raising, or surveys of large organisations to develop or recommend changes in policy and procedures for implementation of equal employment opportunities.

Read

You should now read Mehta & Wee (2011), pp.3-10. Note the figure on p.10 that illustrates the relationship between needs, social problems and social work intervention.
2.1.2 Fields of Practice

Fields of practice refer to the various practice contexts that address the different types of target populations and needs. Usually, each field of practice would need the social worker to have special knowledge and skills base for effective work. Some examples of fields of practice include:

- Children
- Youth
- Families
- Ageing
- Disabilities
- Health
- Mental Health
- Schools
- Corrections
- Community Work

Children, Youth and Families

Strengthening families is a key priority in the social work profession, which requires a range of services to children, youth and families from preventive and primary intervention to rehabilitation. Children, youth and families field of practices focus on intervention within the family context and on the safe and healthy development for children. Family and children services can include work with families experiencing difficulties such as parental or child dysfunction; loss of employment; poor school performance of a child; reactive disorders in childhood or adolescence; loss of parent or significant family member through death, desertion, divorce/separation; domestic violence, etc. The types of services provided are varied such as community programmes, therapeutic services, family service centres, schools, parenting programmes, child protective services, etc.
Ageing

Social workers specialising in ageing work with individuals and families from diverse ethnic, cultural, religious and socio-economic backgrounds, including elders who are active and healthy as well as those who are living with poor physical or mental health. They provide a wide range of services, including geriatric assessment, crisis intervention and support, clinical case management, assistance and linkage with housing, long-term care and other supportive services and resources; individual, group and family psychotherapy, community outreach and education, policy practice and social advocacy to combat ageism and promote social justice. Social workers in ageing provide these services across the continuum of care, in own homes, hospices, in outpatient and inpatient settings, as well as in community-based agencies.

Disabilities

This field of practice provides services to individuals who have a disability or impaired functioning in sensory, intellectual, physical or behavioural spheres. The field addresses a range of disabilities, including developmental delay, speech and language disorders, learning impairments, learning disabilities and physical problems. The client population represents a diverse range of age, socio-economic, and ethnic groups. The services provided could be both individual and community based.

Health

Social work in health care settings gives recognition to the impact of an illness on the patient, family members and significant others. One of the functions of the social worker is to contribute to the team’s understanding of the patient’s past and current functioning. Since clients come from many ethnic, cultural, religious and socioeconomic backgrounds, the social worker can provide understanding of how these factors operate at all levels of interaction. The social worker provides services to patients of all ages. Social workers specialising in this field of practice are normally placed in hospitals, rehabilitation facilities or community-based health services. Social work interventions
include primarily diagnostic assessment, crisis and short-term counselling, as well as bereavement counselling, home visits and group work.

**Mental Health**

The mental health field involves a range of settings from public hospitals to private mental health institutions. Mental health facilities, inpatient psychiatric units and outpatient clinics may operate under private, voluntary or public auspices, located in public or private hospitals. Partial hospitalisation programmes, day treatment centres and rehabilitation units offer an alternative to hospitalisation through the provision of a day-service. Community-based mental health centres, residential treatment centres, and outpatient clinics serve members of the community, and many specialise with respect to age and function, e.g. child and adolescent, adult, geriatric, aftercare mentally ill substance abusers.

**Schools**

Social work in schools identifies, addresses and treats the social, emotional and environmental problems that interfere with the learning process in schools such as truancy, learning difficulties, and behavioural problems. The prevention and treatment of smoking, drug and alcohol abuse are important components of school social work. This field of practice includes providing services such as individual and group services to children, teenagers and their families; consultation with teachers, administrators and support staff; referral for diagnostic testing; and advocacy.

While there are social workers who specialise in a particular field, most of the problems of our clients are very complex. Therefore, social workers must know something from a wide range of problems and services to help a client.

**Corrections**

Social work practice in the contexts of corrections, criminal justice, and the legal system involves working with victims and offenders. The focus of the work with crime victims is on accessing systems of support and assistance; the work with criminal offenders focuses on attempting to minimise recidivism by improving their coping and vocational skills.
and accessing resources in the community. Clients may be dealing with a variety of issues including mental health problems, substance abuse, domestic violence, and child abuse. Services provided by the social worker can include counselling or psychotherapy to the clients and family members. Services are provided in a range of settings, including courthouses, outpatient mental health and substance abuse clinics, residential facilities, and correctional facilities. Practice in these settings requires an ability to work in collaboration with a range of support service delivery systems, particularly the legal and child welfare systems.

**Community Work**

In community work, the main objectives are to develop new community support systems which bring about enhanced psycho-social well-being of the community, and to empower community members to actively participate in developing their community. Community work can also be defined as a related kind of social work where social workers are seen as the agents of change advocating on behalf of their clients. For example, as agents of change, community workers advocate against structural and social injustices resulting in the marginalisation or oppression of minority groups. The social worker specialising in community work would require knowledge and ability to identify issues and mobilise community resources (volunteer management, funding, donors, and community resources) to address community issues.

**2.1.3 The Road to be a Social Worker**

Social workers offer a broad range of services at the local and national levels, working with populations of diverse ages. They work with infants to the elderly and may serve diverse cultural groups. Social workers identify those who need help, assess their situations and develop plans to address their needs. They could be working in places such as government agencies, social service offices, family service centres, community centres, schools, hospitals, hospices, mental health clinics as well as career centres. Their duties may include face-to-face counselling, case management, resource assessment, responding to crisis situations and advocating for the well-being of clients.
Social workers begin their first step in the road towards a career in social work through education that introduces them to the code of ethics, policies and opportunities found in the field. There are numerous career paths in social work. Some social workers interact with all types of people, while others focus on a specific demographic. For example, geriatric social workers take care of elderly clients and their families, while hospice social workers are there for the transitions that the end of life brings. Family and child social workers cater to families in need of assistance. Social workers in healthcare settings might be patient advocates who keep families informed and work to preserve patient rights.

Some social workers may work with clients in a group setting or see clients one-on-one in their own personal practice. Other social workers work to help individuals, families and communities with everything from physical and mental health difficulties to social and financial issues, such as acquiring welfare, social security or other types of funding. In a way, this makes a social worker a jack of all trades in the realm of helping members of society achieve a better quality of life.

By choosing this course, you are at the beginning of your advancement towards a social work career. You could get more information on scholarships and training pathways through the websites below.

---

Read

Visit the following websites to read more about social workers:


https://www.sasw.org.sg/ Training Programmes

2.1.4 Social Work Practice in a Changing Society

You have learnt from the historical development of social work in the West and in Singapore how social work has evolved itself to meet the changes of social, economic and political circumstances. Social work profession and its practice have to be “contextualised within the social system, the social policies, and the cultural milieu of the society” (Mehta & Wee, 2011, p.7). It is through contextualisation and evolution that the profession can meet the needs of the people who are being served.

It is common that social workers have given feedback that they are practising in an increasingly complex and difficult environment. In accordance with the Code of Social Work Practice in Family Service Centres developed by the Ministry of Social and Family Development, this environment is characterised by three distinguishing features:

**Uncertainty** – the best objectives or the best ways to work with an individual(s) can never be ‘known’ in any absolute sense. Practice decisions, although needing to be made with professional confidence, always remain within a context of uncertainty.

**Contested** – within a democratic society, there are many views on how complex social, inter- and intra-personal problems should be responded to. The voice or position of social worker will be contested as part of the discussions and debates in relation to appropriate and effective practice.

**Accountability** – social workers practise within an environment of multiple levels of statutory, legal, community, and professional accountability. The rationale for and demonstration of the appropriateness and effectiveness of competent professional practice are essential components of accountable practice.

Activity 2

What are the general competencies and skills of a social worker as he/she moves along in his/her career path from 2-4 years, 4-6 years and 6 years onwards?

Hint: Refer to Social Service Institute, *Training pathways*.

Reflect

With the different fields of practice in social work that address the needs of different types of population such as the elderly, children and families, mental health, or in different groups such as in the correctional system, schools and community work, etc., do you think certain fields of practice are more challenging than others? If so, why?
Summary

Social work is an inter-related system of values, theory and practice. The main objectives of social work is to promote social change, enhance the well-being of individuals, families, groups, organisations or communities, increase their problem-solving capacities as well as advocate for empowerment and liberation of the client groups or individuals. The social work profession is interpreted as an altruistic, people-centred profession that is anchored by a strong set of values and ethics. It requires many different skills, techniques and activities aligned according to the needs of the client(s). In practice, it is paramount for the social worker to build rapport and maintain the relationships between client(s), and their families or community. It is also important to empower and liberate the client(s) towards self-determination in collaborative problem-solving and participating actively in the decision-making process. While there are a wide range of fields of practice within social work, the social worker is encouraged to obtain knowledge from the various fields in order to better help individuals, families and communities whose problems are complex. The Code of Social Work Practice in Family Service Centres has been developed by the Ministry of Social and Family Development to aid social workers in response to the increasingly complex and difficult environment that social workers face today.
Formative Assessment

1. Which of the following is NOT a mission of social work?
   a. Promote social change
   b. Problem solving
   c. Telling clients what to do
   d. Enhance well-being

2. Which of the following is NOT one of the common principles of social work?
   a. Access to resources
   b. Confidentiality
   c. Accountability
   d. Subjectivity

3. The social worker usually takes on the role of a Facilitator when working with which population type?
   a. Organisations and formal groups
   b. Communities and societies
   c. Individuals, Families and Small Groups
   d. Social Work Professional Development

4. The followings are fields of practice in Social Work except:
   a. Interviewing
   b. Community work
   c. Schools
   d. Disabilities

5. In accordance with the Code of Social Work Practice in the Family Service Centres, the complex and difficult environment in which the social worker works
in is characterized by three features which are: *Uncertainty*, *Accountability* and __________.

a. objectivity  
b. skill development  
c. advocacy  
d. contested

6. Which of the following does **NOT** need to be present for social work to be considered as a profession?

a. A systematic body of knowledge  
b. Legislative coverage  
c. A regulative code of ethics  
d. Professional authority.
Solutions or Suggested Answers

Formative Assessment

1. Which of the following is NOT a mission of social work?
   a. Promote social change
      Incorrect. This is a mission of social work. Refer to Study Unit 2.
   b. Problem solving
      Incorrect. This is a mission of social work. Refer to Study Unit 2.
   c. Telling clients what to do
      Correct! Telling clients what to do is not a mission of social work. Instead, social workers should empower clients to self-determination. Refer to Study Unit 2.
   d. Enhance well-being
      Incorrect. This is a mission of social work. Refer to Study Unit 2.

2. Which of the following is NOT one of the common principles of social work?
   a. Access to resources
      Incorrect. This is one of the common principles of social work. Refer to Study Unit 2.
   b. Confidentiality
      Incorrect. This is one of the common principles of social work. Refer to Study Unit 2.
   c. Accountability
      Incorrect. This is one of the common principles of social work. Refer to Study Unit 2.
   d. Subjectivity
Correct! This is not one of the common principles of social work. Rather, objectivity is the common principle of social work. Refer to Study Unit 2.

3. The social worker usually takes on the role of a Facilitator when working with which population type?
   a. Organisations and formal groups
      Correct! As a Facilitator, the social worker fosters organisational development or the development of the group. Refer to Study Unit 2.
   b. Communities and societies
      Incorrect. The social worker usually takes on the roles of a Planner or an Activist when working with communities and societies. Refer to Study Unit 2.
   c. Individuals, Families and Small Groups
      Incorrect. The social worker usually takes on the roles of an Enabler or an Advocate when working with Individuals, Families and Small Groups. Refer to Study Unit 2.
   d. Social Work Professional Development
      Incorrect. The social worker usually takes on the roles of a Colleague, Mentor or Catalyst when working at the social work professional development level. Refer to Study Unit 2.

4. The followings are fields of practice in Social Work except:
   a. Interviewing
      Correct! This is not a field of practice in Social Work. Refer to Study Unit 2.
   b. Community work
      Incorrect. This is within the field of practice in Social Work. Refer to Study Unit 2.
   c. Schools
Incorrect. This is within the field of practice in Social Work. Refer to Study Unit 2.

d. Disabilities  
Incorrect. This is within the field of practice in Social Work. Refer to Study Unit 2.

5. In accordance with the Code of Social Work Practice in the Family Service Centres, the complex and difficult environment in which the social worker works in is characterized by three features which are: Uncertainty, Accountability and ___________.

a. objectivity  
Incorrect. This is not one of the features in accordance to the Code. Refer to Study Unit 2.

b. skill development  
Incorrect. This is not one of the features in accordance to the Code. Refer to Study Unit 2.

c. advocacy  
Incorrect. This is not one of the features in accordance to the Code. Refer to Study Unit 2.

d. contested  
Correct! This is one of the three distinguished features. The voice or position of social worker will be contested as part of the discussions and debates in relation to appropriate and effective practice. Refer to Study Unit 2.

6. Which of the following does NOT need to be present for social work to be considered as a profession?

a. A systematic body of knowledge
Incorrect. This needs to be present in order for social work to be considered as a profession. Refer to Study Unit 2.

b. Legislative coverage
Correct! Although useful, legislative coverage does not need to be present for social work to be considered a profession. Refer to Study Unit 2.

c. A regulative code of ethics
Incorrect. This needs to be present in order for social work to be considered as a profession. A code of ethics is binding on all professions. Refer to Study Unit 2.

d. Professional authority.
Incorrect. This needs to be present in order for social work to be considered as a profession. The professional authority of a trained social worker includes his/her experience and capabilities. Refer to Study Unit 2.
References


Study Unit 3

Theoretical Framework
Learning Outcomes

By the end of this unit, you should be able to:

1. List social work values and ethics in the local and global context.
2. Identify social workers’ personal and professional values.
3. Describe social workers’ ethical responsibilities.
4. Review the major social work theories.
5. Discuss the major social work theories, such as: the bio-medical model, general systems theory, ecological perspective, person-in-environment, bio-psychosocial model and strengths perspective.
Overview

This study unit aims to give students knowledge and understanding of social work principles and values, as well as the major social work theories.
Chapter 1: Social Work Principles and Values

1.1 Principles and Values

1.1.1 Introduction

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people. Social work pays particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A defining feature of social work as a profession is its focus on individual well-being in a social context and the well-being of society. Social workers promote social justice and social change with and on behalf of clients. Social workers are sensitive to cultural and ethnic diversity to end discrimination, oppression, poverty, and other forms of social injustice. These activities can include direct practice, community organising, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation.

1.1.2 Core Values of Social Work

Social work is rooted on a set of core values embraced by social workers throughout the profession’s history. The constellation of these values sets the foundation of social work’s unique purpose and perspective. The core values of social work are as follows:

- Respect individuals’ worth and dignity, encourage mutual participation, demonstrate acceptance, uphold confidentiality, express honest and handle conflict responsibly.
- Encourage individuals’ active participation in helping relationship and uphold their right to make their own decisions.
• Assist clients in securing resources needed to enhance their social functioning.
• Ensure that social institutions are humane and responsive to human needs.
• Accept and appreciate diverse populations.
• Hold themselves accountable for ethical conduct, the quality of their work, and continuous professional development.

**Activity 1**

Which core value do you think is the most difficult for you to apply? Write down the reasons.

### 1.1.3 Principles from Core Values of Social Work

As covered in Study Unit 2, the common principles of social work are:

- Acceptance
- Individualisation
- Purposeful expression of feelings
- Objectivity
- Controlled emotional involvement
- Self-determination
- Access to resources
- Confidentiality
- Accountability

The social work core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience. Different aspects of social
workers’ environment may impose different and conflicting value-systems, which pose as tensions to the practitioner. These tensions which may not have an answer, pose as challenges to the practice. For example, the social worker who needs to provide counselling on the issue of abortion may have to contend with the issue of self-determination and her religious belief which is against abortion. While it is impossible to resolve these issues, it is important for social workers to be aware of these tensions and to reflect these tensions on the basis of the professional values and principles.

Reflect

Think through your own life experience and identify one situation when someone asked you for advice. What was the experience like? Was it easy to give advice to other people?

1.1.4 Code of Ethics

The Code of Ethics sets the values, principles and standards to guide social workers’ conduct and decisions. The Code should apply to all social workers and social work students in all professional functions, settings or the populations they serve. However the code does not prescribe to social workers what they should act in all situations. In applying the Code, social workers must take into account the context and the possible conflicts among the values, principles and standards.

Ethical decision making is a process. Social work involves complex situations that usually require complex responses. There will be many instances where simple solutions are not available for complex ethical issues. Social workers should take into consideration all the values, principles, and standards in the Code that are relevant to make an ethical judgement.
In the process of making ethical decisions, social workers should consider the impact of their decisions on their clients, their own personal values, cultural and religious beliefs and practices. If there are any conflicts between personal and professional values, social workers must be aware and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making. If necessary, social workers should seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with their immediate supervisor, colleagues, agency board or management committee, a regulatory body or legal counsel.

There may be instances when social workers’ ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict. Social workers should seek proper consultation before making a decision.

1.1.4.1 Code of Ethics and Values in the Local and Global Context

As a member organisation of the International Federation of Social Workers (IFSW) and International Association of Schools of Social Work (IASSW), Singapore has adopted its national code of ethics from the joint general principles laid out by IFSW and IASSW, which are:

- Human Rights and Human Dignity
- Social Justice
- Professional Conduct

According to IFSW and IASSW, the joint statement of ethical principles aims to encourage social workers across the world to reflect on the challenges and dilemmas that face them and make ethically informed decisions about how to act in each particular case. It stresses the principles of human rights and social justice as fundamental to social work, and provides guidance on ethical professional conduct in social work, which is expected to be elaborated upon in various codes and guidelines of member organisations of IFSW and IASSW.

Correspondingly, the Singapore Association of Social Workers guiding principle of the social work profession is “based upon the belief in the value and dignity of all human beings, and a concern for their social wellbeing” (SASW, 2004, p.1). The Singapore Association of Social Workers Code of Professional Ethics has also included and elaborated on the social workers’ ethical responsibility:

- to clients;
- to colleagues including inter-disciplinary colleagues;
- in practice settings;
- as professionals and to the social work profession; and
- to society.

Lesson Recording

**Social Work Principles and Values**
**Read**

Visit the following websites to find out more about:


**Reflect**

“Whether we are members of SASW or not, as social workers, we are bound professionally to practise ethically and consider the ethical dimensions in the work we do” Ms Ang Bee Lian, Office of the Director of Social Welfare, Ministry of Social and Family Development (Singapore Association of Social Workers, n.d.)

What are the ethical dimensions a social worker has to consider when working with vulnerable clients such as the elderly or children?

Hint: consider ethical social work factors such as boundaries of self-disclosure, self-determination, professional competence, confidentiality with minors, etc.
Chapter 2: Social Work Theories

According to the International Federation of Social Workers, social work bases its methodology on a systematic body of evidence-based knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context. It recognises the complexity of interactions between human beings and their environment, and the capacity of people both to be affected by and to alter the multiple influences upon them including bio-psychosocial factors. The social work profession draws on theories of human development and behaviour and social systems to analyse complex situations and to facilitate individual, organisational, social and cultural changes.

Social theory is a broad area, comprising many discourses about society, humans and human social action, touching on most philosophical issues. There are hundreds of different social theories. This module will focus on the **Bio-medical Model**, **General Systems Theory**, **the Ecological Perspective**, **Person-in-Environment**, **Bio-psychosocial Model** and **the Strengths Perspective** which are all central in helping us understand human relationships with the environment.

2.1 Understanding Social Work Theories

It is important to understand the social work theories. Much is asked of social workers, and the use of theory can be helpful markers when social workers find themselves overwhelmed by the increasingly difficult and complex environment in the field.

2.1.1 Why We Need Theories in Social Work

There are several reasons why theories are needed in social work, most pertinent of which are:

- They teach social workers how to perceive people through their resources available, not to classify them according to their problems;
• The use of theories makes social workers feel more safe and competent in their practice, reduces feelings of being unsure;
• They make social work practice more professional and efficient as the more social workers use theories, the less they use their personal intuition.

2.1.2 How Theories Help Social Workers

Social workers might use theory to understand and explain the following:

1. Task and purpose of social work, as well as the role of social work in society;
2. Practice theories, sometimes called social work approaches or methods, on how to go about doing social work;
3. World of service users, including the internal (psychological) world and the external (social) world.

Additionally, theory can help to address a key question such as “what can I and others say or do to make a difference?” In addressing this question, theory can illuminate the understanding of people and their circumstances in five key areas:

<table>
<thead>
<tr>
<th></th>
<th>Observation</th>
<th>To tell us what to see and what to look out for.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Description</td>
<td>Provides a conceptual vocabulary and framework within which observations can be arranged and organised.</td>
</tr>
<tr>
<td>2</td>
<td>Explanation</td>
<td>Suggests how different observations might be linked and connected; it offers possible causal relationships between one event and another.</td>
</tr>
<tr>
<td>3</td>
<td>Prediction</td>
<td>Indicates what might happen next.</td>
</tr>
</tbody>
</table>

SU3-11
5. **Intervention**

Suggests things to do to bring about change.

(Source: Howe, D., 1997, p.171)

2.2 **Social Work Theories**

The social work theories discussed in this section are as follows:

<table>
<thead>
<tr>
<th>Social Work Theories</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1 Bio-Medical Model</td>
</tr>
<tr>
<td>2.2.2 General Systems Theory</td>
</tr>
<tr>
<td>2.2.3 The Ecological Perspective</td>
</tr>
<tr>
<td>2.2.4 Person-in-Environment</td>
</tr>
<tr>
<td>2.2.5 Bio-psychosocial Model</td>
</tr>
<tr>
<td>2.2.6 The Strengths Perspective</td>
</tr>
</tbody>
</table>

2.2.1 **Bio-Medical Model**

From the 1920s to the 1960s, most social work programmes used a Bio-medical Model to assess and change human behaviour. This approach developed by Sigmund Freud views clients as “patients” and the task of the service provider is to first diagnose the cause of the patient’s problems and then provide treatment. The patient’s problems are seen as intrinsic and within the person.

People with emotional or behavioural problems are given medical labels such as schizophrenia, psychotic or borderline personality. This believes that the disturbed person’s mind is affected by some genetically internal conditions, in which the intervention may be in the form of pharmacological, psycho-analysis or psychotherapy.
Pros

• Provides a humane approach to treating people with emotional or behavioural problems as prior to that, these people were thought to be demon-possessed, viewed as mad, blamed for their disturbance and often beaten or locked up.

Cons

• Problematic as it reduces complex social and interpersonal issues to a matter of individual failing and dysfunction.

2.2.2 General Systems Theory

Developed by biologist Ludwig von Bertalanffy in 1936, it is an inter-disciplinary field of science which examines nature of complex systems in nature, society and science. More specifically, it is a framework by which one can analyse and/or describe any group of objects that work in concert to produce some result.

Principles of General Systems Theory

• The whole is greater than the sum of its parts.
• All systems are made up of subsystems.
• All parts of the systems are interconnected.
• All systems have boundaries.
• The systems must be understood as a whole.
• All systems seek stability and balance.
• The systems and their environment affect each other through feedback (input and output).
• A change in any part of the system affects all other parts.
• Systems are heuristic, offering a way of looking at phenomenon but are not real objects.
Key Concepts of General Systems Theory

- **Wholeness** – means that the object or element within a system produces an entity that is greater than the additive sum of its separate parts. Hence, it is important to understand the system in its entirety, rather than break it down into its separate parts. Hence, we should not seek to understand the object (the person) alone, without considering his or her interaction and relationship with the environment.

- **Relationship** – asserts that there is a pattern or structure in the interaction of the different elements within a system. Hence, social workers should focus on helping different elements (e.g. husband and wife) change their interaction and communication pattern to improve the relationship, rather than focusing on the psychological make-up of any individual.

- **Homeostasis** – suggests that most living systems seek a balance to maintain and preserve the system. For example, families tend to establish behavioural patterns that they are familiar with and resist change. Emergence of an imbalance (e.g. crisis) may bring the family interaction to another equilibrium.

2.2.3 The Ecological Perspective

The Ecological Perspective is a focus on inter-relational transaction between systems, and stresses that all existing elements within an ecosystem play an equal role in maintaining balance of the whole.

Human beings are viewed as developing and adapting through transactions with other elements in their environment. An ecological model explores both their internal and external factors. It views people not as passive reactors to their environment but rather dynamic and reciprocal interactors with their environment.

An ecological model tries to improve coping patterns so that a better match can be attained between the individuals’ needs and the characteristics of their environment.
In social work practice, applying an ecological approach can be best understood by looking at persons, families, cultures, communities and policies, and identify and intervene upon strengths and weaknesses in the transactional processes between these systems. Holistic thinking can provide a paradigm for understanding how systems and their interactions can maintain an individual's behaviour.

Bronfenbrenner (1979) suggests four levels of ecological components as a useful framework in understanding how individual or family processes are influenced by the hierarchical environmental systems in which they function.

The four systems are:

**Microsystem:** The most basic system, referring to an individual's most immediate environment (i.e. the effects of personality characteristics on other family members)

**Mesosystem:** A more generalised system referring to the interactional processes between multiple microsystems. A system comprises connections between immediate environments (i.e. effect of spousal relationship upon parent-child relationship).

**Exosystem:** Settings on a more generalised level which affect family interactions indirectly on the micro and meso levels (i.e. the effects of parent's employment on family interactions)

**Macrosystem:** The most generalised forces, affecting individual and family functions (i.e. political, cultural, economic, social)

A fifth system was later added:

**Chronosystem:** The patterning of environmental events and transitions over the course of life (See Figure 3.1)
Figure 3.1 The Ecological Perspective

(Source: Bronfenbrenner, 1979)

Figure 3.2 illustrates an application of the Ecological Perspective, showing how the hierarchical environmental system could be applied to, and influences the family processes.
2.2.4 Person-in-Environment

The concept of “person-in-situation” or “person-in-environment” stemmed from the beginning of social work and its dual focus on both individual assistance and social reform.

The term “person-in-environment” was coined by Florence Hollis in 1964 to describe the three-fold interaction of the person, situation and the interaction between them.
Persons and social systems were both seen as significant in problem solving. As such, social work needed to intervene in both the personality and environment to help the person find a fit with the environment.

The Person-in-Environment focuses on 3 elements. They are:

- Focus on the person and seek to develop his problem-solving, coping and developmental capabilities.
- Focus on the relationship between the person and the systems he or she is interacting with and link the person to needed services, resources and opportunities.
- Focus on the environment and seek to reform and change it to meet the needs of the individual more effectively.

2.2.5 Bio-Psychosocial Model

A comprehensive, integrative and elegant model that allows us to address all major areas of the issue across three spheres: physical, psychological and socio-cultural. It allows and encourages social workers to holistically examine the interactive and reciprocal effects of environment, genetics and behaviour.

The bio-psychosocial model was theorised by psychiatrist George L. Engel (1977) who rejected the bio-medical model. He criticised the medical community for its acceptance of the bio-medical model as dogma, and for failing to acknowledge its weaknesses and limitations. Engel implored the world to accept that the boundaries between health and disease, between well and sick, are diffused by cultural, social and psychological considerations. This is in contrast to the traditional reductionism bio-medical model of medicine that suggests every disease process can be explained in terms of an underlying deviation from normal function.

A social worker using the bio-psychosocial model considers not only the biological impact of the illness but also the psychological and social components which affect the person.
It is a commonly used model among medical social workers to consider the impact of an illness upon his/her biological, psychological and social well-being.

Some social workers have recently added and emphasised a spiritual dimension to the bio-psychosocial framework in their work with their clients.

2.2.6 The Strengths Perspective

The strengths perspective emphasises people’s abilities, values, interests, beliefs, resources, accomplishments and aspirations. The strengths perspective is closely related to the concept of “empowerment” which is central to social work. It is useful across the life cycle and throughout the assessment, intervention and evaluation stage of the helping process.

<table>
<thead>
<tr>
<th>The Five Principles are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Every individual, group, family and community has strength</em>.</td>
</tr>
<tr>
<td>• The strengths perspective is to identify these strengths and resources.</td>
</tr>
<tr>
<td>2. <em>Trauma and abuse, illnesses and struggles may be injurious, but may also be sources of challenges and opportunities</em>.</td>
</tr>
<tr>
<td>• Hence, we can help clients to focus on their growth and opportunities in such events.</td>
</tr>
<tr>
<td>3. <em>Assume what you do not know as the upper limits of the capacity to grow and change and take the individual, group, and community aspiration seriously</em>.</td>
</tr>
<tr>
<td>• This principle means workers need to hold high the expectations of their clients and form alliance with their visions, hopes and values.</td>
</tr>
<tr>
<td>4. <em>We best serve our clients by collaborating with them</em>.</td>
</tr>
<tr>
<td>• A helper is more effective as a collaborator than being an expert or professional.</td>
</tr>
<tr>
<td>5. <em>Every environment is full of resources</em>.</td>
</tr>
</tbody>
</table>
The Five Principles are:

- The strengths perspective seeks to identify these resources to make them available to benefit their clients.

In brief, the various practice models and perspectives of social work theories outlined above are essentially guides for client sessions or intervention techniques. According to Payne (1997), social work theory works best when it includes the elements of theory, model (i.e. a blueprint for action) and perspective (i.e. a way of perceiving the environment from a value position, which will influence the choice of theory and model).

**Limitation to Theories**

While considering a theory or theories, social workers need to understand its main limitations:

- Recognise that there is no single theory that can explain everything in the varied situations a social worker may face.
- Recognise that some theoretical approaches do not work with some people or in certain situations or environment.
- Much of the theory used in social work is drawn from practice outside the direct profession of social work, i.e. a theory may have its roots in psychology, education or management. As such, it may be pertinent for social workers to exercise the value base to theory to make it more applicable to practice.

**Advantages of Applying Theory to Practice**

Whilst social work theories have different purposes, applying theory to social work practice does provide certain advantages:

- Theories help us to make sense of a situation, i.e. using theory helps generate ideas about what is going on, why things are as they are, etc.
• Using theory can help to justify actions and explain practice to service users as well as the society in general. This in turn helps social work practice become more accountable and ultimately more respected.

• Using theory can help give an explanation about why an action resulted in a particular consequence. This in turn helps social workers to review and possibly change or modify one’s practice to make the consequences effective.

Lesson Recording

Social Work Theories

Read

You should now read Mehta & Wee (2011), pp.212-216.

Activity 2

How do we integrate the theories discussed in this learning unit into our social work practice with our clients?
Reflect

Which of the theories discussed in this learning unit do you see as more useful in working with clients? Why?
Summary

The core values and principles of social work form the foundation of social work practice. When one decides to take on social work as a career, there must be an acceptance and recognition of these values and principles and that there is no conflict with one’s own value systems. Otherwise, it would be a mismatch of career for the individual.

In this learning unit, we have also learnt about some of the major theories which are central to social work practice. Different sets of theories and paradigms have had an impact in guiding social workers in their work with their clients. These theories provide a set of lens through which we view problems and our clients, which in turn, affect how we relate to them. They also guide social workers on the important aspects to focus in their work with their clients.

Many of these theories had stood the test of time and had an influence upon social work practice. New theories may continue to be developed through the years to explain different social phenomena and shape social work practice. Social workers need to closely examine the premise of new Social Work Theories and their relevance to practice rather than adopting them in a wholesale manner as they emerge.
Formative Assessment

1. Howe (1997) identified five areas in which theoretical perspective guides and influences practice. The five areas include all except:
   a. Observation
   b. Analysis
   c. Intervention
   d. Prediction

2. According to Bronfenbrenner’s (1979) levels of ecological components, the microsystem describes:
   a. The political, cultural, economic, social forces
   b. The events and transitions over the course of life
   c. The effects of personality characteristics on other family members
   d. The effects of parent’s employment on family interactions

3. Which of the following statement forms one of the principles of the General Systems Theory?
   a. The systems must be understood as a whole
   b. There are no boundaries between different systems
   c. All systems seek change and evolution
   d. Change in any part of the system can occur independently to other parts

4. Social work has a set of core values that forms the foundation of its unique purpose and perspective. Which of the following statements is NOT one of the core values of social work?
   a. Respect individuals’ worth and dignity, encourage mutual participation, demonstrate acceptance, uphold confidentiality, express honest and handle conflict responsibly.
b. Assist clients in securing resources needed to enhance their social functioning.
c. Tolerate different cultures and populations.
d. Encourage individuals’ active participation in helping relationship and uphold their right to make their own decisions.

5. The International Federation of Social Workers (IFSW) and The International Association of Schools of Social Work (IASSW) jointly encourage social workers to adhere to these ethical principles except:
   a. Reflect on the challenges and dilemmas that face them.
   b. Look to your family and friends for guidance on how you conduct yourself as a social worker.
   c. Adhere to the principles of human rights and social justice as fundamental to social work.
   d. Make ethically informed decisions about how to act in each case.

6. In the process of making ethical decisions, social workers should consider the following except:
   a. Social worker must be aware of the impact of their decision on their clients’, their own personal values, cultural and religious beliefs and practices.
   b. Social workers must be aware and deal with any conflicts between their personal and profession values.
   c. Social workers should seek appropriate consultation when faced with ethical dilemmas.
   d. Social workers should make a police report whenever they have an ethical dilemma.

7. Which of the following statements is NOT a principle of the Strengths Perspective?
   a. Trauma and abuse, illnesses and struggles may be injurious, but may also be sources of challenges and opportunities.
   b. Every environment faces resource scarcity.
c. Assume what you do not know as the upper limits of the capacity to grow and change and take the individual, group, and community aspiration seriously.

d. Every individual, group, family and community has strength.

8. Which of the following statements is **NOT** one of the suggested process for social workers to make ethical decisions?

a. Social workers should seek appropriate consultation when faced with ethical dilemmas, which may involve consultation with their immediate supervisor, colleagues, agency board or management committee, a regulatory body or legal counsel.

b. Social workers should conduct research and consult the relevant literature on professional ethics and ethical decision making.

c. Making referrals to other organizations when conflict arises with agency’s policies without the need for consultation and client proves to be too difficult for the social worker.

d. Social workers should consider the impact of their decisions on their clients, their own personal values, cultural and religious beliefs and practices.
Solutions or Suggested Answers

Formative Assessment

1. Howe (1997) identified five areas in which theoretical perspective guides and influences practice. The five areas include all except:

   a. Observation
      Incorrect. Observation is one of the five key areas. It tells us what to see and what to look out for. Refer to Study Unit 3.

   b. Analysis
      Correct! Analysis is not one of the five key areas. Refer to Study Unit 3.

   c. Intervention
      Incorrect. Intervention is one of the five areas. It suggests things to do to bring about change. Refer to Study Unit 3.

   d. Prediction
      Incorrect. Prediction is one of the five areas. It indicates what might happen next. Refer to Study Unit 3.

2. According to Bronfenbrenner’s (1979) levels of ecological components, the microsystem describes:

   a. The political, cultural, economic, social forces
      Incorrect. The political, economic, cultural and social systems would fall under the macrosystem. Refer to Study Unit 3.

   b. The events and transitions over the course of life
      Incorrect. This would fall under the chronosystem. Refer to Study Unit 3.

   c. The effects of personality characteristics on other family members
Correct! The effects of family members as well as friends would be described under the microsystem. Refer to Study Unit 3.

d. The effects of parent’s employment on family interactions
   Incorrect. Interaction between work and home would fall under the exosystem. Refer to Study Unit 3.

3. Which of the following statement forms one of the principles of the General Systems Theory?
   a. The systems must be understood as a whole
      Correct! Refer to Study Unit 3

   b. There are no boundaries between different systems
      Incorrect. Refer to Study Unit 3.

   c. All systems seek change and evolution
      Incorrect. Refer to Study Unit 3.

   d. Change in any part of the system can occur independently to other parts
      Incorrect. Refer to Study Unit 3.

4. Social work has a set of core values that forms the foundation of its unique purpose and perspective. Which of the following statements is NOT one of the core values of social work?
   a. Respect individuals’ worth and dignity, encourage mutual participation, demonstrate acceptance, uphold confidentiality, express honest and handle conflict responsibly.
      Incorrect. This is one of the core values of social work. Refer to Study Unit 3.

   b. Assist clients in securing resources needed to enhance their social functioning.
      Incorrect. This is one of the core values of social work. Refer to Study Unit 3.
c. Tolerate different cultures and populations.  
Correct! This is not one of the core values of social work. Instead, the core value is to accept and appreciate diverse populations. Refer to Study Unit 3.

d. Encourage individuals’ active participation in helping relationship and uphold their right to make their own decisions.  
Incorrect. This is one of the core values of social work. Refer to Study Unit 3.

5. The International Federation of Social Workers (IFSW) and The International Association of Schools of Social Work (IASSW) jointly encourage social workers to adhere to these ethical principles except:

a. Reflect on the challenges and dilemmas that face them.  
Incorrect. This is an ethical principle that is encouraged for social workers to adhere to. Refer to Study Unit 3.

b. Look to your family and friends for guidance on how you conduct yourself as a social worker.  
Correct! This is not one of the ethical principles that social workers to adhere to. Rather, IFSW and IASSW provide guidance on ethical professional conduct in social work. Refer to Study Unit 3.

c. Adhere to the principles of human rights and social justice as fundamental to social work.  
Incorrect. This is an ethical principle that is encouraged for social workers to adhere to. Refer to Study Unit 3.

d. Make ethically informed decisions about how to act in each case.  
Incorrect. This is an ethical principle that is encouraged for social workers to adhere to. Refer to Study Unit 3.

6. In the process of making ethical decisions, social workers should consider the following except:
a. Social worker must be aware of the impact of their decision on their clients', their own personal values, cultural and religious beliefs and practices. Incorrect. This should be considered when making ethical decisions. Refer to Study Unit 3.

b. Social workers must be aware and deal with any conflicts between their personal and profession values. Incorrect. This should be considered when making ethical decisions. Refer to Study Unit 3.

c. Social workers should seek appropriate consultation when faced with ethical dilemmas. Incorrect. This should be considered when making ethical decisions. Refer to Study Unit 3.

d. Social workers should make a police report whenever they have an ethical dilemma. Correct! Refer to Study Unit 3.

7. Which of the following statements is NOT a principle of the Strengths Perspective?

a. Trauma and abuse, illnesses and struggles may be injurious, but may also be sources of challenges and opportunities. Incorrect. This is one of the principles of the Strengths Perspective. Refer to Study Unit 3.

b. Every environment faces resource scarcity. Correct! Instead, the Strengths Perspective believes that every environment is full of resources. Refer to Study Unit 3.

c. Assume what you do not know as the upper limits of the capacity to grow and change and take the individual, group, and community aspiration seriously.
Incorrect. This is one of the principles of the Strengths Perspective. Refer to Study Unit 3.

d. Every individual, group, family and community has strength.
Incorrect. This is one of the principles of the Strengths Perspective. Refer to Study Unit 3.

8. Which of the following statements is **NOT** one of the suggested process for social workers to make ethical decisions?

a. Social workers should seek appropriate consultation when faced with ethical dilemmas, which may involve consultation with their immediate supervisor, colleagues, agency board or management committee, a regulatory body or legal counsel.
Incorrect. This is one of the suggested process of ethical decision making. Refer to Study Unit 3.

b. Social workers should conduct research and consult the relevant literature on professional ethics and ethical decision making.
Incorrect. This is one of the suggested process of ethical decision making. Refer to Study Unit 3.

c. Making referrals to other organizations when conflict arises with agency’s policies without the need for consultation and client proves to be too difficult for the social worker.
Correct! In fact, in instances when social workers’ ethical obligations conflict with agency policies or relevant laws or regulations, social workers must make a responsible effort to resolve the conflict and seek proper consultation before making a decision. Refer to Study Unit 3.

d. Social workers should consider the impact of their decisions on their clients, their own personal values, cultural and religious beliefs and practices.
Incorrect. This is one of the suggested process of ethical decision making. Refer to Study Unit 3.
References


Social Work Practice
Learning Outcomes

By the end of this unit, you should be able to:

1. Outline the different methods of social work practice and service delivery.
2. Discuss the various social work practices, principles, and ethical dilemmas that may arise from practice.
3. Identify the different roles and functions of a social work practitioner.
4. Describe the core competencies of a social worker.
Overview

Social workers work in diverse settings with different clients across the races, ages, economic groups, etc. The presenting problems and the specific circumstances of these clients would also differ. Social workers are required to help their clients move towards a specified goal taking into account the variance of factors and circumstances.

No matter the presenting issues, social workers aim towards promoting social change and enhancing their clients’ well-being. This chapter covers the methods of social work practice for social workers to achieve their goals in practice.
Chapter 1: Social Work Practice and its Methods

1.1 Methods of Social Work Practice

1.1.1 Social Work Practice

Social workers practise in various settings. In any of these settings, they bring along with them knowledge, values and skills. This could take place in either primary or secondary settings. Primary settings would be at agencies set up to directly meet the psycho-social needs of the clients such as the counselling centres or residential facilities. Secondary settings would be agencies which were not primarily set up for the purpose of meeting psycho-social needs such as medical facilities. In these settings, social workers work alongside multidisciplinary professionals to meet the needs of their clients.

Generalist practice is the application of a wide and mixed knowledge base, values and skills to direct change within four processes – client empowerment, working effectively in an organisation, taking on a wide range of professional roles and an application of critical thinking skills. In generalist practice, a worker would need to be prepared to face varied clientele and different kinds of situations, of varying complexity. As such, the worker needs to be competent in a wide variety of areas rather than being limited to one area of specialty.

In working with their clients, social workers need to take into consideration the clients’ needs, the situation they are in and the goals they wish to pursue in deciding the method of social work practice to use.

Through their work, social workers have 3 different functions:

Prevention, in providing services to vulnerable groups before the problem arises;

i. Restoration, in restoring a person’s functions that may have been impaired by physical or mental disabilities; and

ii. Remediation, in trying to resolve and eliminate existing social problems.
In fulfilling their work, social workers will require the following knowledge as foundation to their practice:

i. Human behaviour and the social environment

This includes theories on how the social systems function, factors that influence behaviours in groups and an understanding on human development. Workers need to understand the different life stages and the associated issues or themes related to the different stages, as well as any factors that may impact on the person’s functioning.

ii. Social welfare policy and services

This looks at the development of social policies that shapes human services and systems. Workers are involved in the development, review and use of social policies that improve the way individuals and groups function.

iii. Social work practice methods

Social workers need to be able to identify issues and the corresponding appropriate interventions in addressing the issues. This requires knowledge and practice skills. There are 3 levels to this practice:

- Micro level practice – this is practice targeted at individuals, couples and families, who are the clients, where services are then delivered directly.
- Mezzo level practice – this is targeted at systems that directly affect the client, e.g. the family, peer groups or schools.
- Macro level practice – this involves the social workers being social agents of change at the community level so as to deal with social problems, e.g. working with organisations to develop programmes.
1.1.2 Practice Knowledge

Practice knowledge looks at how knowledge is implemented in practice. It guides the practitioner facing different situations so that he/she can make the right decisions. Practitioners would need to develop this knowledge and ensure they are well equipped with specialised knowledge in the various fields they may be exposed to, e.g. issues of poverty, or specific groups of the population.

i. Self-knowledge and self-awareness

This is based on what the worker knows about him/herself and the new knowledge he/she is going to glean about him/herself as he/she faces new experiences and interact with others. The ability to reflect on these experiences and interactions develops the worker’s self-knowledge and self-awareness leading to recognition of the worker’s self-identity. The workers would need to be open and self-critical to allow this to happen, even when they feel threatened and under attack.

ii. Reflective practice and critical thinking

This requires the worker to take on a critical stance in his/her practice where he/she would review critically his/her own assumptions, thinking and reasoning. The worker would then question his/her initial premise and consider new theories in response to the situations he/she is facing. The worker would also carefully examine and evaluate his/her beliefs and actions, especially cultural influences that may have shaped his/her thinking.

Reflect

Why do you think it is important for social workers to develop self-awareness and conduct reflective practice in their work?
1.1.3 Preparing for Practice

Prior to starting work with the client group, this phase helps the worker to understand the issues faced by the client group and clarify the workers’ role and purpose in working with that group. Failure to do this may affect the worker’s ability to engage with the client group and work effectively with them.

Understanding the Agency

The worker should understand the agency he/she works for – the mission, goals, structure and processes. This enables the worker to provide effective service to the client. Read about the agency and the manuals the agency has in terms of the work they do and the processes linked to this. Important as well, are the safety procedures that the worker needs to take note of in conducting his/her work. This is especially important for new workers.

Understanding the Client

This phase is conducted prior to the client coming in to meet the worker. This enables the worker to be more sensitive to the needs and emotions of the client – developing empathy. The phase requires the worker to:

- Consider the client, his/her social situation and the factors leading to the client coming to seek help
- Understanding the client’s community group to formulate an awareness on his/her background and issues
- Consider the client’s feelings and possible reactions that he/she may bring in into the session with the worker
- Understand the client’s possible concerns and challenges about coming to the agency to seek help

Workers need to consider issues surrounding the client as well as prepare themselves in working with the client, especially if the issues faced are sensitive or taboo, e.g. sexuality issues. The worker needs to take into account any anxiety he/she may have and being
aware of his/her attitudes and assumptions about the issues or background the client is from, so that these are not brought into the relationship and communications he/she forms with the client. However, the worker needs to be careful in checking that his/her earlier considerations about the client are correct.

1.1.4 Direct Social Work Practice

Direct practice involves delivering practice to the individuals, couples, families and groups. Apart from face-to-face service, workers would also need to engage and collaborate with other professionals or organisations. They also need to advocate on behalf of their clients.

Traditionally, there are 3 methods of direct social work practice – casework, group work and community work. Utilising any of these methods, the worker works with the individuals, families or communities on the issues.

1.1.4.1 Social Casework

“Social casework is a process used by certain human welfare agencies to help individuals to cope more effectively with their problems in social functioning.” (Perlman, 1957)

4 main aspects of social casework:

i. Person to be helped

ii. The place where help takes place

iii. The process of providing help

iv. The problem impacting on the person’s functioning

Theories in Practice

In conducting direct social work practice, psychological and social theories are used to guide practice and provide an understanding of the personalities and dysfunctional behaviours that the worker is facing. Theories help explain why certain phenomena
happen, helping the worker make sense of the events around him/her. They also predict what is likely to unfold in a certain scenario, therefore guiding decisions and planning. Another way theories can be used is in suggesting possible interventions that may bring about change.

Professional social work is guided by theories. However, they are tentative and can change as situations unfold. They are not absolute.

i. Theories for Social Work
   a. Theories that provide an explanation about people and the situation they are in;
   b. Focus on clients and helping activities;
   c. Explain human behaviours, the social environment, how change occurs and how change can be facilitated by the social worker in a beneficial manner.

ii. Theories of Social Work
   a. Theories that expand on the nature of social work itself;
   b. Focus on the profession and explain its purpose, domain, and character within the society;
   c. Describe what the profession is all about and why it functions as it does.

Values that Underlie Social Casework

The values of social work underpin the codes of ethics in social work, regardless of the context for practice.

i. The inherent worth and dignity of the individual, where all individuals regardless of their race, age, gender, etc. deserves to receive help.

ii. The belief in the unique but social nature of humans, where the unique needs and social context of the individual must be taken into consideration by the workers.
iii. The belief in the human capacity for change, where workers have to recognise the persons’ capacity for change and provide them with that opportunity without judgement.

1.1.4.2 Social Group Work

Group work can be a powerful tool to enable change. It could be used in addition to casework and community work or conducted on its own. The advantage to the clients in a group work is their receipt of motivation and encouragement, not only from the group facilitator but also from other members of the group, who are likely to be facing the same issues as they are. This enables the clients to feel that they are not alone in facing an issue and feel empowered in their ability to manage and address those issues.

Planning a group however is essential as group dynamics can make a difference to the outcome intended. The group facilitator must consider carefully the structure and composition of the group prior to the group set-up to ensure that the group is made up of the right set of members.

There are two types of groups:

i. Treatment groups

- Focus is to help individuals make changes and improve their quality of life by focusing on problem solving or in providing support to members of the group.
- Members are encouraged to interact with one another and the communication channels are open.
- Success is dependent on the members achieving the treatment outcomes.

ii. Task groups

- Aimed towards achieving defined goals with specific steps worked out, either in meeting needs of clients, organisations or the community, e.g. staff development groups, work teams, etc.
• Focus is on the group as a whole or for the group as a mechanism to create change
• Communications are structured with discussions following a decided agenda, with some members assigned with roles (e.g. chairperson, minute taker, etc.)
• Success is dependent on achieving the task the group set out for

1.1.4.3 Community Work

Community work targets at the community as the client. The worker works with the community leaders, residents, organisations and activity groups. The worker would require various skills such as management skills, organisational skills, relationship skills, etc. in conducting the work. He/she would also need to take into consideration the political context the community is in. However, the challenge is that the goals and outcomes from the community work done by the worker may not be what the community wanted.

There are three models of community practice:
  i. Locality development and organisation
  ii. Community planning
  iii. Social action

In Singapore, the 5 Community Development Councils (CDCs) which are located around Singapore serve the community they are based in, by developing projects and programmes meant to benefit the community. The programmes may be tailored to the different age groups but aim to reach out to all the residents in that community.
Activity 1

Discuss in your groups:

In working with a victim and perpetrator of family violence (e.g. spousal violence or elder abuse), what methods of social work practice would be appropriate? Why?

1.1.5 Indirect Practice

These practices are taken on when social workers work on issues on behalf of the people involved. The worker need not be in contact with the clients directly and the effects are also indirect.

1.1.5.1 Research

Workers would need to evaluate the effectiveness of the interventions they have chosen to run or conducted and monitor how well their clients are progressing using those interventions. This requires the conduct of research. If workers do not engage in effective research, they will depend too heavily on clinical judgement in deciding whether their interventions have worked. Research enables both the worker and the client to measure progress and ascertain whether new interventions are required. Research also guides programme development in the organisation.

Research methods can be either quantitative or qualitative in design or a combination of both.

1.1.5.2 Administration

Administrators will take on leadership positions and make decisions in organisations. They will take guidance from policies made by the Ministries or their Boards of
Management. They in turn represent their agencies to provide input to policy makers on various social issues.

The other role of the Administrators is in developing the people in their organisation. They would also need skills in managing the agency effectively, manage agency budgets and plan for the agency’s future.

1.1.5.3 Policy Planning

This moves the worker to a much more macro level of change as compared to the direct practice which focuses on the individual. It focuses the worker to work on issues at the systems level. Workers may contribute to policy planning at different levels of intensity depending on the roles they play in the organisation and the participation of that agency in policy formation. Workers are in a good position to provide inputs considering their connections with their clients and ability to provide feedback on how policies impact on those clients. They are also able to identify their clients’ needs and advocate for the relevant policies and programmes that would benefit their clients.

1.1.6 Ethical Dilemma

As discussed in previous study units, the primary objective of social work is to improve the living conditions of individuals, families or a community, to help them meet their basic needs. Furthermore, social workers work towards promoting social justice and ending various forms of marginalisation, discrimination and oppression through a coordinated effort that includes consultation, administration, policy, advocacy, education, research and evaluation, etc. In doing so, ethical dilemmas are quite commonly encountered by social workers during their interactions with clients, agency policies, procedures, colleagues, administrators, and organisational systems.

According to International Federation of Social Workers (IFSW), an ethical dilemma can occur when a social worker has to take a moral course of action depending upon two different moral philosophies that conflict with each other.
Typical examples of ethical dilemmas involve receiving gifts from your client; limiting a client’s right to self-determination against his/her wishes (for example, when a social worker pursues involuntary psychiatric hospitalisation of a client); disclosing confidential information without a client’s consent (for example, when a client threatens to harm himself, herself, or someone else); or social contact with a former client.

Other ethical dilemmas involve relationships among professional colleagues. Common examples involve a social worker’s response to a colleague who has behaved unethically or who is impaired or incompetent (the ethics of “whistle-blowing”). Other examples of ethical dilemmas pertain to agency administration, community work, social policy, and research such as administrators’ decisions about the allocation of scarce or limited agency, conflicts of interest among staff, and the use of ethically questionable marketing strategies to solicit clients.

Lesson Recording

Social Work Practice and its Methods

Activity 2

Plan for the development of a programme targeted at the low income/disadvantaged elderly residents living within a housing estate. Indicate which practice/s will be suitable.
Read

Chapter 2: The Social Worker in Practice

2.1 Roles and Functions of a Social Worker

2.1.1 Understanding the Role of the Social Worker

Social work is the safety net of society. Trained and qualified social workers are responsible for helping individuals, families, and groups of people to cope with problems they are facing, and to improve the lives of their clients.

However, many social workers find that direct counselling of clients, families, and groups is only one aspect of their broader set of responsibilities. Social workers will often serve as liaisons between different institutions to assist clients and collaborate with other social work or health professionals to ensure client wellness. They will become familiar with, and refer clients to, community resources. Social workers address legal issues, such as assisting with hearings and providing testimony relating to their clients. They also engage in research, policy development and advocacy for services. And of course, social workers must maintain case history records and prepare reports. Social work can be the kind of job that requires a great deal of commitment and overtime, and separating the emotional aspects of the job from the duties required can be a difficult undertaking.

There are many notions of what the role of the social worker should be and the following will identify the more prevalent roles. These roles are inextricably associated with the values and principles that underpin social work in general. The main types can be identified as follows.

2.1.1.1 Social Worker as Caseworker or Counsellor

Casework or counselling appeals to those who view social work as one where helping and supporting an individual is a key component. The idea of a social worker as someone who counsels individuals has been a recurrent notion in social work. It has been closely associated with some of the key values of social work and in particular recognising the
inherent worth of the individual and respecting the person. It is implicit in the role of the social worker as caseworker or counsellor that change will be involved in the circumstance, behaviour or outlook of the client in receipt of the social service.

2.1.1.2 Social Worker as Assessor of Risk and Need
Social workers have increasingly been given a major role as an assessor, particularly in the assessment of need and risk over a number of client groups such as at-risk youths. While the role of an assessor can be seen as necessary in managing the case, and is an important task, the concern has been that the focus on assessing may be at the cost of other activities important for social workers such as fulfilling the casework role and working with individuals, families and groups. If not properly managed, a fracture in the relationship between the client and social worker may appear especially if the assessment role is seen as associated with a policing or surveillance role.

2.1.1.3 Social Worker as Advocate
The social worker can also be viewed as an advocate on behalf of the disadvantaged or marginalised. The advocacy role can also be played for individuals or groups such as families or communities, and in some respects the advocacy role can also be associated with community work. The social worker in this role can assist or support individuals or groups by giving voice or assisting them to voice their opinions, wishes, needs and aspirations. This role also suggests the notion of a close relationship between the client and social worker.

2.1.1.4 Social Worker as Supporter
The social worker can also be viewed as a supporter of and working for the vulnerable and disempowered individuals or groups. Similar to the social worker as advocate, there is a close relationship between the social worker and those he/she is supporting. In reference
to both the social worker as advocate and social worker as supporter, the empowerment of the client or group is an important and major objective.

2.1.1.5 Social Worker as Care Manager

Social workers may also have a role as care manager. They may be involved in arranging care for clients but be involved in very little direct contact with the clients whose care they are organising. In the mixed economy of care, social workers may arrange care for individuals which are carried out by caregivers, non-qualified social workers or those working within the voluntary or private sectors.

There is no suggestion that social workers at any one time fulfil only one of the roles identified below. Rather, social workers may play all of these different roles in varying degrees of mix at any time in their career.

2.1.2 Roles and Responsibilities of the Social Worker

Social work is a professional occupation and, therefore, social workers are responsible for ensuring high standards of practice. They have responsibilities towards their own professional development and for exercising professional judgement.

2.1.2.1 Purpose of a Social Worker

The main purpose of the social work profession is to work with clients in ways that strengthen their sense of competence and link them with needed resources. Increasingly, social workers also aim to engage in research to contribute to social work theory and evaluate practice methods. To achieve this purpose, social workers engage in a variety of activities such as:

- Engage with clients to assess the challenges in social functioning, process information in ways that enhance their ability to discover solutions, develop skills to resolve problems, and create support for change.
- Link people with resources and activities – which is a vital strategy in any effort to achieve change. Further than simply connecting people with services,
social workers advocate optimal benefits, develop networks of communication among organisations in the social service delivery network, and establish access to resources.

• The National Association of Social Workers (NASW) encourages social workers towards a humane and adequate social service delivery. In order to accomplish so, social workers have to champion the planning of pertinent programmes by advocating person-centredness, coordination, effectiveness, and efficiency in the delivery of services. Importantly, in doing so, it strengthens lines of accountability and ensures the application of professional standards, ethics, and values in service delivery.

• Social workers increasingly engage in research to further the knowledge and skill base of social work. Effective and ethical social work depends on social workers using evidence-based methods as well as contributing to the knowledge base of the social work profession through their own research and evaluation activities.

Visit [https://www.socialworkers.org/](https://www.socialworkers.org/) to read more.

### 2.1.2.2 Duties of a Social Worker

Social workers take on a variety of roles, often acting as a critical friend, confidant or advocate, facilitating the support that people need through creative use of all available resources.

The duties of social workers typically involve:

- Undertaking and writing up assessments, which meet specified standards and timescales
- Conducting interviews with clients and their families to assess and review their situation
- Offering information and counselling support to clients and their families
- Organising and managing packages of support to enable clients to lead the fullest lives possible
• Recommending and sometimes making decisions about the best course of action for a particular client
• Liaising with, and making referrals to, other agencies
• Participating in multidisciplinary teams and meetings
• Maintaining accurate records and preparing reports for formal meetings
• Participating in training, supervision and team meetings

2.1.2.3 Typical Tasks of a Social Worker

The National Council of Social Service (NCSS), Singapore asserts that social workers are trained to provide help to people in need and assist them to manage their problems more effectively.

Therefore, the typical tasks of a social worker would be to provide case management, counselling, information and referral, outreach and family intervention in the community. Social workers can work with individuals and families in family service centres, children and youth centres, hospitals, hospices and other community/social service agencies.

NCSS briefly outlines the specialised roles that social workers take on to assist clients facing challenges such as:

• Relationship Problems
• Family Violence and Abuse
• Substance Addiction and Abuse
• Family Life Education and Parenting
• Child Welfare
• Youth Work
• Clinical/Mental Health
• Disability Issues
• Ageing and Eldercare
However, generally social workers aim to:

- enhance parenting and support the physical, intellectual and emotional development of children and young people who need help
- help disadvantaged people of all ages improve their health and well-being
- arrange good-quality alternative care for children whose parents cannot care for them, and for adults who can no longer manage in their own homes
- aid low-income families to improve their financial position, informing them about their entitlements and helping them to access training, work opportunities and benefits
- prevent children and young people from re-offending and protect the public from harm as a consequence

These tasks do not all have to be carried out by social workers, but are typically led by an experienced social worker. Some tasks may be shared with other specialists, such as play therapists or, under supervision, delegated to benefits officers and volunteers. Some tasks fall into the remit of nurses, teachers, police officers, court officials, benefits staff and probation officers.

Social workers have the expertise to build bridges with other disciplines and agencies. They make a vital contribution in interdisciplinary teams and multi-agency settings, helping to overcome barriers between different professions and services.

2.1.3 Core Competencies of the Social Worker

Competencies are measurable practice behaviours that comprise knowledge, values, and skills. In dealing with a multitude of problems and circumstances, social workers must employ a variety of skills depending on the task that needs to get done.

2.1.3.1 General Skills Needed in Social Work

Social work draws on analytical skills and knowledge to assess situations where there may be no obvious answers and where a careful judgement has to be made whether or not to intervene, and to commit valued resources while identifying and balancing the associated risks.

Through extensive training, social workers can make a vital contribution in situations where there are high levels of uncertainty, stress, conflicts of interest and risk. In some situations, social workers may have to initiate legal action to protect a child or adult who is at serious risk or poses a threat to him/herself or others.

While some of these skills may be common sense and natural, many of them are honed while a social worker earns his/her social work qualification. Below is a list of traits that a well-trained social worker might employ while assisting and guiding a client:
<table>
<thead>
<tr>
<th><strong>Skill</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Active Listening</td>
<td>Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.</td>
</tr>
<tr>
<td>2 Social Perceptiveness</td>
<td>Being aware of others’ reactions and understanding why they react as they do.</td>
</tr>
<tr>
<td>3 Speaking</td>
<td>Talking to others to convey information effectively.</td>
</tr>
<tr>
<td>4 Critical Thinking</td>
<td>Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.</td>
</tr>
<tr>
<td>5 Coordination</td>
<td>Adjusting actions in relation to others’ actions.</td>
</tr>
<tr>
<td>6 Reading Comprehension</td>
<td>Understanding written sentences and paragraphs in work related documents.</td>
</tr>
<tr>
<td>7 Service Orientation</td>
<td>Actively looking for ways to help people.</td>
</tr>
<tr>
<td>8 Writing</td>
<td>Communicating effectively in writing as appropriate for the needs of the audience.</td>
</tr>
<tr>
<td>9 Complex Problem Solving</td>
<td>Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.</td>
</tr>
<tr>
<td>10 Judgment and Decision Making</td>
<td>Considering the relative costs and benefits of potential actions to choose the most appropriate one.</td>
</tr>
</tbody>
</table>
2.1.3.2 Ten Core Competencies of the Social Worker

The Council on Social Work Education (CSWE) 2008 Educational Policy and Accreditation Standards (EPAS) outlines the ten core competencies common to all of social work practice.

<table>
<thead>
<tr>
<th>Core Competency 1</th>
<th>Identify as a professional social worker and conduct oneself accordingly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Competency 2</td>
<td>Apply social work ethical principles to guide professional practice</td>
</tr>
<tr>
<td>Core Competency 3</td>
<td>Apply critical thinking to inform and communicate professional judgements</td>
</tr>
<tr>
<td>Core Competency 4</td>
<td>Engage diversity and difference in practice</td>
</tr>
<tr>
<td>Core Competency 5</td>
<td>Advance human rights and social and economic justice</td>
</tr>
<tr>
<td>Core Competency 6</td>
<td>Engage in research-informed practice and practice-informed research</td>
</tr>
<tr>
<td>Core Competency 7</td>
<td>Apply knowledge of human behaviour and the social environment</td>
</tr>
<tr>
<td>Core Competency 8</td>
<td>Engage in policy practice to advance social and economic well-being and to deliver effective social work services</td>
</tr>
<tr>
<td>Core Competency 9</td>
<td>Respond to contexts that shape practice</td>
</tr>
<tr>
<td>Core Competency 10</td>
<td>Engage, assess, intervene, and evaluate with individuals, families, groups, organisations, and communities</td>
</tr>
</tbody>
</table>

The goal of the outcome approach is to demonstrate the integration and application of the competencies in practice with individuals, families, groups, organisations, and

(https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_web_FINAL.pdf.aspx)

**Core Competency 1: Identify as a professional social worker and conduct oneself accordingly**

Social workers serve as representatives of the profession, its mission, and its core values. They know the profession’s history. Social workers commit themselves to the profession’s enhancement and to their own professional conduct and growth.

Foundation practice behaviours:

a. Advocate for client access to the services of social work;

b. Practise personal reflection and self-correction to assure continual professional development;

c. Attend to professional roles and boundaries;

d. Demonstrate professional demeanour in behaviour, appearance, and communication;

e. Engage in career-long learning; and

f. Use supervision and consultation.

Advanced practice behaviours:

- Actively seek out opportunities to advocate on behalf of (or with) clients related to obtaining resources and receiving services.
Core Competency 2: Apply social work ethical principles to guide professional practice

Social workers have an obligation to conduct themselves ethically and to engage in ethical decision-making. Social workers are knowledgeable about the value base of the profession, its ethical standards, and relevant laws.

Foundation practice behaviours:

a. Recognise and manage personal values in a way that allows professional values to guide practice;

b. Make ethical decisions by applying standards of the NASW Code of Ethics, and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work, Statement of Principles;

c. Tolerate ambiguity in resolving ethical conflicts; and

d. Apply strategies of ethical reasoning to arrive at principled decisions.

Advanced practice behaviours:

- Apply social work ethical principles to complex situations utilising consultation/supervision as needed.

Core Competency 3: Apply critical thinking to inform and communicate professional judgements

Social workers are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. They use critical thinking augmented by creativity and curiosity. Critical thinking also requires the synthesis and communication of relevant information.

Foundation practice behaviours:

a. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom;
b. Analyse models of assessment, prevention, intervention, and evaluation; and

c. Demonstrate effective oral and written communication in working with individuals, families, groups, organisations, communities, and colleagues.

Advanced practice behaviours:

- Critically evaluate theory and evidence-based knowledge when applying it to research and/or unique client situations.

Core Competency 4: Engage diversity and difference in practice

Social workers understand how diversity characterises and shapes the human experience and is critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including age, class, colour, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Social workers appreciate that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalisation, and alienation as well as privilege, power, and acclaim.

Foundation practice behaviours:

a. Recognise the extent to which a culture’s structures and values may oppress, marginalise, alienate, or create or enhance privilege and power;

b. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;

c. Recognise and communicate their understanding of the importance of difference in shaping life experiences; and

d. View themselves as learners and engage those with whom they work as informants.
Advanced practice behaviours:
- Adapt and evaluate theoretical frameworks and/or practice interventions with diverse populations.

Core Competency 5: Advance human rights and social and economic justice

Each person, regardless of position in society, has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers recognise the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. Social work incorporates social justice practices in organisations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice.

Foundation practice behaviours:
- a. Understand the forms and mechanisms of oppression and discrimination;
- b. Advocate for human rights and social and economic justice; and
- c. Engage in practices that advance social and economic justice.

Advanced practice behaviours:
- Understand the implications of global connectedness in promoting human rights and social and economic justice.

Core Competency 6: Engage in research-informed practice and practice-informed research

Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge.
Foundation practice behaviours:
   a. Use practice experience to inform scientific inquiry; and
   b. Use research evidence to inform practice.

Advanced practice behaviours:
   • Design, implement, and/or interpret evidence-based social work research.

Core Competency 7: Apply knowledge of human behaviour and the social environment

Social workers are knowledgeable about human behaviour across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Social workers apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development.

Foundation practice behaviours:
   a. Utilise conceptual frameworks to guide the processes of assessment, intervention, and evaluation; and
   b. Critique and apply knowledge to understand person and environment.

Advanced practice behaviours:
   • Critically evaluate the underlying assumptions, values, strengths, and/or weaknesses of these theories for practice.
Core Competency 8: Engage in policy practice to advance social and economic well-being and to deliver effective social work services

Social work practitioners understand that policy affects service delivery, and they actively engage in policy practice. Social workers know the history and current structures of social policies and services; the role of policy in service delivery; and the role of practice in policy development.

Foundation practice behaviours:

a. Analyse, formulate, and advocate for policies that advance social well-being; and
b. Collaborate with colleagues and clients for effective policy action.

Advanced practice behaviours:

- Evaluate the intended and/or unintended consequences of agency and public policy.

Core Competency 9: Respond to contexts that shape practice

Social workers are informed, resourceful, and proactive in responding to evolving organisational, community, and societal contexts at all levels of practice. Social workers recognise that the context of practice is dynamic, and use knowledge and skill to respond proactively.

Foundation practice behaviours:

a. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services; and
b. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.
Advanced practice behaviours:

- Demonstrate the ability to strategically address and respond to the changing context of social work practice.

Core Competency 10: Engage, assess, intervene, and evaluate with individuals, families, groups, organisations, and communities

Professional practice involves the dynamic and interactive processes of engagement, assessment, intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practise with individuals, families, groups, organisations, and communities. Practice knowledge includes identifying, analysing, and implementing evidence-based interventions designed to achieve client goals; using research and technological advances; evaluating programme outcomes and practice effectiveness; developing, analysing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

<table>
<thead>
<tr>
<th></th>
<th>(A) Foundation Practice Behaviours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>• Substantively and effectively prepare for action with individuals, families, groups, organisations, and communities;</td>
</tr>
<tr>
<td></td>
<td>• Use empathy and other interpersonal skills; and</td>
</tr>
<tr>
<td></td>
<td>• Develop a mutually agreed-on focus of work and desired outcomes.</td>
</tr>
<tr>
<td>2</td>
<td>Assessment</td>
</tr>
<tr>
<td></td>
<td>• Collect, organise, and interpret client data;</td>
</tr>
<tr>
<td></td>
<td>• Assess client strengths and limitations;</td>
</tr>
<tr>
<td></td>
<td>• Develop mutually agreed-on intervention goals and objectives; and</td>
</tr>
<tr>
<td></td>
<td>• Select appropriate intervention strategies.</td>
</tr>
<tr>
<td>3</td>
<td>Intervention</td>
</tr>
<tr>
<td></td>
<td>• Initiate actions to achieve organisational goals;</td>
</tr>
<tr>
<td></td>
<td>(A) Foundation Practice Behaviours:</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Implement prevention interventions that enhance client capacities;</td>
</tr>
<tr>
<td></td>
<td>• Help clients resolve problems;</td>
</tr>
<tr>
<td></td>
<td>• Negotiate, mediate, and advocate for clients; and</td>
</tr>
<tr>
<td></td>
<td>• Facilitate transitions and endings.</td>
</tr>
<tr>
<td>4</td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
<td>• Critically analyse, monitor, and evaluate interventions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(B) Advanced Practice Behaviours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>• Differentially apply engagement strategies based on circumstances and changing practice dynamics.</td>
</tr>
<tr>
<td>2</td>
<td>Assessment &amp; Planning</td>
</tr>
<tr>
<td></td>
<td>• Assess the application and/or psychometric properties of assessment instruments for use with various client systems.</td>
</tr>
<tr>
<td>3</td>
<td>Intervention</td>
</tr>
<tr>
<td></td>
<td>• Collaborate with other professionals and stakeholders to develop and/or coordinate interventions.</td>
</tr>
<tr>
<td>4</td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
<td>• Design and apply methods for evaluation of interventions and/or programmes.</td>
</tr>
</tbody>
</table>

**Lesson Recording**

*The Social Worker in Practice*
Reflect

Many social workers do not use research sufficiently in their work. Consider why this may be the case and the challenges that prevent the social worker from conducting more research.
Summary

Social workers practise in various settings and bring along with them knowledge, values and skills. A generalist practice is the application of a wide and mixed knowledge base, values and skills aimed to direct change through client empowerment, working effectively in an organisation, taking on a wide range of professional roles and the application of critical thinking skills.

The different methods of social work practice include practice knowledge, which looks at how knowledge is implemented in practice; direct practice, which involves face-to-face practice delivery to individuals, families and groups as well as engagement and collaboration with other professionals or organisations; and indirect practice which includes research, administration and policy planning.

The wide range of roles of the social worker include the social worker as caseworker or counsellor, as assessor of risk and need, as advocate, as supporter and as care manager. Social workers also engage in research and policy development. Therefore the roles and responsibilities of the social worker are also wide reaching though the main purpose of the profession is to work with clients in ways that strengthen their sense of competence and link them to needed resources.

Increasingly, social workers have to employ a variety of skills and knowledge in dealing with a wide range of issues and situations depending on the tasks that need to get done. Core competencies are practice behaviours that identify a variety of knowledge, values and skills that social workers should acquire in order to best serve their profession.
Formative Assessment

1. As a foundation to social work practice, which of the following statements is NOT required knowledge that social workers need to have?
   a. Social workers need to understand the different life stages and the associated issues or themes related to the different stages, as well as any factors that may impact on the client’s functioning.
   b. Social workers need to be involved in the development, review and use of social policies that improve the way individuals and groups work.
   c. Social workers need to be involved in all aspects of the client’s life, including attending client’s personal events to acquire knowledge on the client’s environment.
   d. Social workers need to be able to identify issues and the corresponding appropriate interventions in addressing the issues that the client faces.

2. At which level of social work practice would a social worker be an agent of change for larger social issues and problems that require wide range of knowledge and practice?
   a. Micro level
   b. Mezzo level
   c. Macro level
   d. It doesn’t fit into any level

3. It is important for a social worker to prepare him/herself to understand the issues faced by the client group and clarify the role and purpose of working in that group in order to effectively engage them. Which statement best describes one of the ways in which a worker needs to take to understand the client?
   a. The worker should consider the client, his/her social situation, and the factors leading to the client coming to seek help as well as understanding the client’s community group.
b. The worker should take on a critical stance in his/her practice, review his/her own assumptions, thinking and reasoning, as well as evaluate his/her beliefs and actions.

c. The worker should reflect on the past experiences and interactions with similar clients as well as new ones, and reflect on these experiences and interactions.

d. The worker should understand the mission, goals, structure and process of the agency he/she works for.

4. Which of the statements below does NOT describe the values that underlie social casework?

   a. Workers have to recognize the persons’ capacity for change and provide them with that opportunity without judgement.

   b. Workers have to focus on the profession and explain its purpose, domain, and character within the society.

   c. Workers need to believe in the inherent worth and dignity of the individual, where all individuals regardless of their race, age, gender etc. deserves to receive help.

   d. Workers need to take into consideration the unique needs and social context of the individual.

5. Group work can be advantageous in enabling the client to feel that they are not alone in facing an issue. The group facilitator needs to carefully consider the structure and composition of the group prior to the group set-up to ensure that dynamics, aims and objectives fit the group type. There are two types of groups – Treatment Group and Task Group. Which of the following statements best describes a Task Group?

   a. Members are encouraged to freely interact with one another.

   b. There is an open and unstructured communication channel in the group where members can freely interact with one another.

   c. Focus is to help individuals make changes and improve their quality of life.
d. Aimed towards achieving defined goals with specific steps worked out, either in meeting needs of clients, organisations or the community.

6. Which of the following is NOT part of indirect practice in social work?
   a. Administration
   b. Research
   c. Social Action
   d. Policy Planning

7. A well-trained social worker has to draw on certain skills while assisting and guiding a client, including being socially perceptive. Which of the following statements best describes social perceptiveness?
   a. Actively looking for ways to help people.
   b. Giving full attention to what others are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
   c. Adjusting actions in relation to others’ actions.
   d. Being aware of others’ reactions and understanding why they act or react as they do.

8. Which of the following best describes an advanced practice behaviour when engaging a client?
   a. Apply differing engagement strategies based on the changing practice dynamics and circumstances.
   b. Develop a focus of work and desired outcomes that has been mutually agreed upon by all parties.
   c. Use empathy and other interpersonal skills
   d. Effectively prepare for action with individuals, families, groups, organisations and communities as needed.
Formative Assessment

1. As a foundation to social work practice, which of the following statements is NOT required knowledge that social workers need to have?

   a. Social workers need to understand the different life stages and the associated issues or themes related to the different stages, as well as any factors that may impact on the client’s functioning.
   Incorrect. Human behaviour and the social environment is required knowledge as foundation to the practice. Refer to Study Unit 4.

   b. Social workers need to be involved in the development, review and use of social policies that improve the way individuals and groups work.
   Incorrect. Social welfare policy and services are required knowledge as foundation to the practice. Refer to Study Unit 4.

   c. Social workers need to be involved in all aspects of the client’s life, including attending client’s personal events to acquire knowledge on the client’s environment.
   Correct! This is not required knowledge. Attending client’s personal event may constitute as crossing ethical boundaries between worker and client. Refer to Study Unit 4.

   d. Social workers need to be able to identify issues and the corresponding appropriate interventions in addressing the issues that the client faces.
   Incorrect. Social work practice methods at the micro, mezzo and macro levels are required knowledge as foundation to the practice. Refer to Study Unit 4.

2. At which level of social work practice would a social worker be an agent of change for larger social issues and problems that require wide range of knowledge and practice?
a. Micro level
Incorrect. Social worker works with individuals, families and small groups who are the clients, and where services are delivered directly. Refer to Study Unit 4.

b. Mezzo level
Incorrect. Social worker works with systems that directly affect the client, i.e. the family, peer group or schools. Refer to Study Unit 4.

c. Macro level
Correct! At least the macro level, a social worker is an agent of change at the community level so as to deal with social problems or issues at large. Refer to Study Unit 4.

d. It doesn’t fit into any level
Incorrect. Refer to Study Unit 4.

3. It is important for a social worker to prepare him/herself to understand the issues faced by the client group and clarify the role and purpose of working in that group in order to effectively engage them. Which statement best describes one of the ways in which a worker needs to take to understand the client?

a. The worker should consider the client, his/her social situation, and the factors leading to the client coming to seek help as well as understanding the client’s community group.
Correct! Refer to Study Unit 4.

b. The worker should take on a critical stance in his/her practice, review his/her own assumptions, thinking and reasoning, as well as evaluate his/her beliefs and actions.
Incorrect. This is reflective practice and critical thinking. Refer to Study Unit 4.
c. The worker should reflect on the past experiences and interactions with similar clients as well as new ones, and reflect on these experiences and interactions.
   Incorrect. This develops the worker’s self-knowledge and self-awareness instead. Refer to Study Unit 4.

d. The worker should understand the mission, goals, structure and process of the agency he/she works for.
   Incorrect. This is to understand the agency, not the client. Refer to Study Unit 4.

4. Which of the statements below does NOT describe the values that underlie social casework?
   a. Workers have to recognize the persons’ capacity for change and provide them with that opportunity without judgement.
      Incorrect. This is one of the values that underlie social casework. Refer to Study Unit 4.

   b. Workers have to focus on the profession and explain its purpose, domain, and character within the society.
      Correct! This is not one of the values that underlie social casework. Instead, this statement describes the theories of social work. Refer to Study Unit 4.

   c. Workers need to believe in the inherent worth and dignity of the individual, where all individuals regardless of their race, age, gender etc. deserves to receive help.
      Incorrect. This is one of the values that underlie social casework. Refer to Study Unit 4.

   d. Workers need to take into consideration the unique needs and social context of the individual.
Incorrect. This is one of the values that underlie social casework. Refer to Study Unit 4.

5. Group work can be advantageous in enabling the client to feel that they are not alone in facing an issue. The group facilitator needs to carefully consider the structure and composition of the group prior to the group set-up to ensure that dynamics, aims and objectives fit the group type. There are two types of groups – Treatment Group and Task Group. Which of the following statements best describes a Task Group?
   a. Members are encouraged to freely interact with one another.
      Incorrect. This describes the Treatment group. Refer to Study Unit 4.
   b. There is an open and unstructured communication channel in the group where members can freely interact with one another.
      Incorrect. This describes the Treatment group. Refer to Study Unit 4.
   c. Focus is to help individuals make changes and improve their quality of life.
      Incorrect. This describes the Treatment group. Refer to Study Unit 4.
   d. Aimed towards achieving defined goals with specific steps worked out, either in meeting needs of clients, organisations or the community.
      Correct! Refer to Study Unit 4.

6. Which of the following is NOT part of indirect practice in social work?
   a. Administration
      Incorrect. This is an indirect practice. Refer to Study Unit 4.
   b. Research
      Incorrect. This is an indirect practice. Refer to Study Unit 4.
   c. Social Action
      Correct! Social action is part of community work, which is a direct practice in social work. Refer to Study Unit 4.
d. Policy Planning
   Incorrect. This is an indirect practice. Refer to Study Unit 4.

7. A well-trained social worker has to draw on certain skills while assisting and guiding a client, including being socially perceptive. Which of the following statements best describes social perceptiveness?
   a. Actively looking for ways to help people.
      Incorrect. This describes the skill – “Service Orientation” Refer to Study Unit 4.
   
   b. Giving full attention to what others are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
      Incorrect. This describes the skill – “Active Listening”. Refer to Study Unit 4.
   
   c. Adjusting actions in relation to others’ actions.
      Incorrect. This describes the skill – “Coordination”. Refer to Study Unit 4.
   
   d. Being aware of others’ reactions and understanding why they act or react as they do.
      Correct! This describes the skill – “Social Perceptiveness”. Refer to Study Unit 4.

8. Which of the following best describes an advanced practice behaviour when engaging a client?
   a. Apply differing engagement strategies based on the changing practice dynamics and circumstances.
      Correct! Refer to Study Unit 4.
   
   b. Develop a focus of work and desired outcomes that has been mutually agreed upon by all parties.
      Incorrect. This is foundation practice behaviour. Refer to Study Unit 4.
c. Use empathy and other interpersonal skills
   Incorrect. This is foundation practice behaviour. Refer to Study Unit 4.

d. Effectively prepare for action with individuals, families, groups, organisations and communities as needed.
   Incorrect. This is foundation practice behaviour. Refer to Study Unit 4
References


Learning Outcomes

By the end of this unit, you should be able to:

1. Define the role of social welfare and social market.
2. Explain the key attributes, concepts and roles of social policies.
3. Describe the different models of social policies.
4. Outline how social policies are developed.
5. Identify the different approaches towards administering social welfare policies.
6. Discuss the key social policies that are affecting social service target groups in Singapore.
Overview

This study unit aims to give students knowledge, understanding of social welfare, social market and social policies as well as the application of the development and implementation of social policies in Singapore.
Chapter 1: Role of Social Welfare, Social Market and Social Policies

1.1 Social Welfare, Social Market and Social Policies

1.1.1 Maslow Hierarchy of Needs

Social life comprises a series of interlocking and interacting systems. These are systems within our society that ensure the meeting of “common human needs” such as food, shelter, education and healthcare so that human beings can function and perform their roles.

Maslow’s hierarchy of needs asserts that people’s needs can be classified into different levels. For one to meet a higher need, the previous need has to be sufficiently met first.

The physiological needs are at the most basic level, crucial for human survival.

As social workers, we should strive to ensure that the basic physiological and safety needs of all who seek them are met.
Figure 5.1 Maslow’s 5-Stage Hierarchy of Needs Model
(Source: Maslow, 1943, 1954)

Figure 5.2 Maslow’s Hierarchy of Needs - Examples
(Source: Maslow, 1943, 1954)
It is important to note that Maslow’s (1943, 1954) five-stage model has been expanded to include cognitive and aesthetic needs (Maslow, 1970a) and later transcendence needs (Maslow, 1970b).

1. Biological and physiological needs - air, food, drink, shelter, warmth, sex, sleep, etc.
2. Safety needs - protection from elements, security, order, law, stability, etc.
3. Love and belonging needs - friendship, intimacy, affection and love (from work group, family, friends), romantic relationships, etc.
4. Esteem needs - self-esteem, achievement, mastery, independence, status, dominance, prestige, managerial responsibility, etc.
5. Cognitive needs - knowledge, meaning, etc.
6. Aesthetic needs - appreciation and search for beauty, balance, form, etc.
7. Self-actualisation needs - realising personal potential, self-fulfilment, seeking personal growth and peak experiences.
8. Transcendence needs - helping others to achieve self-actualisation.

There are three systems that attempt to address the human needs identified in Maslow’s hierarchy of needs.

- The first is the “Family and the Informal System”. Family provides the immediate level of care and nurturing, beyond which, the extended family or relatives set in with their resources. This concept of kinship motivates people from similar descent to form informal helping network such as the Chinese clan associations. Examples of such systems include: family, relatives, friends, colleagues, religious organisations and clan. This system allocates resources based on relational ties and altruism.

- The “Economic Market” forms the second broad system. In this system, individuals put in personal resources such as skills, time, strength and capital to derive income and develop income, demand and supply.
The economic market allocates income on the basis of economic worth and not on the basis of needs. It does not take into consideration that there will be some people within the society who are not economically productive due to reasons other than a lack of motivation such as people who are disadvantaged by disabilities and poor family environment. These individuals, if left to the forces of the market, will not be able to generate enough income to meet their basic needs.

- The third broad system, the “Social Market”, exists to reallocate some of the society’s resources to ensure that basic needs are met for every person in the society. The reallocation is done via a system of taxation, subsidies, legislation, schemes and social policies. While the economic market responds to purchasing power, social market responds to social needs. When other institutions in our society such as the market economy and the family fail at times to meet the basic needs of individuals and groups of people, the social market is needed to fill the gap.

Read


1.1.2 What Is Social Welfare?

The term social welfare is closely linked to social work. Social welfare is a “nation’s system of programmes, benefits and services that help people meet their social, economical and health needs that are fundamental to the maintenance of society.” (Barker, 2003, p.408 as cited in Kirst-Ashman, 2013, p.6)

Social welfare is a system of services and programmes that exists in
the society for the benefit of its members. These services may be run by the state, voluntary welfare organisations or the private sector.

The dilemma that many governments face is to find a balance in meeting the needs of the people. The government needs to be mindful that over-generous provision of social welfare will undermine the people’s motivation for work. With changing social circumstances such as the economic crisis in 2008, the government needs to adapt social welfare measures to meet the needs of a large number of people who suddenly lost their jobs.

1.1.3 What Is Policy?

According to Titmuss (1974), a policy is seen as “principles that govern action directed towards a given end”. A policy is a deliberate plan of action to guide decisions and achieve rational outcome(s). Policy is applicable to government, private sector organisations and groups, and individuals, although they may be called by different terms.

For example, policies associated with government are usually referred to as laws, legislation, statures, schemes, and eligibility criteria. Policies associated with a company usually refer to operating procedures, mission and vision, strategic plan, and terms and conditions. And finally, when discussing policies at home, we would call these house-rules, curfew, or family values.

A policy must fulfil the following three criteria and attributes:

<table>
<thead>
<tr>
<th>Three Criteria and Attributes:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Order</strong></td>
</tr>
<tr>
<td>Policy is first concerned with order, which provides a system and consistency to behaviour. It is seen to set limit to behaviour as to what is acceptable rather than through guidelines and legislation within the policy itself (Colebatch, 2002).</td>
</tr>
</tbody>
</table>
Three Criteria and Attributes:

<table>
<thead>
<tr>
<th>Authority</th>
<th>For a policy to be valid, it has to have the endorsement of an authorised decision maker. It is the authority (government, management, head) that legitimises the policy (Colebatch, 2002).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expertise</td>
<td>Policy cannot exist in a vacuum but in relation to some identified field of practice or knowledge. We believe that the policy maker has the expert knowledge in that field (e.g. healthcare or social security) and in the best position to implement the relevant policy (Colebatch, 2002).</td>
</tr>
</tbody>
</table>

(Source: Colebatch, 2002)

1.1.4 What Is Public Policy?

Public Policy is a “set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specific situation, where those decisions should, in principle, be within the power of those actors achieve.” (Jenkins, 1978 cited in Howlett & Ramesh, 1995, p.5)

Public policies cover all aspects of a citizen’s life. A public policy gives a collective and common direction on how a society achieves its social goals and solves a public problem. The types of public policy include:

- Communication and information policy
- Domestic policy
- Education policy
- Economic policy
- Water and energy policy
- Environmental policy
- Foreign policy
- Health policy
• Human resource policy
• Internal security policy
• Monetary policy
• National defence policy
• Population policy
• Transportation policy
• Social policy

1.1.5 What Is Social Policy?

Social policy is a subset of public policies. A positive social policy refers to policy intervention that guides society to develop, improve, or maintain the social well-being of people through meeting their human needs and supporting their social functioning (Wee, 2011). Social workers need to be concerned and familiar with the social policy within the country as it has a great impact upon how their clients live, how they get help from the social market and how social services are being provided to clients. Through social policy, a society leads its citizens along certain paths in life to gain beneficial outcomes. An example would be the mandatory Central Provident Fund where citizens are required to put aside a sum of money for their retirement years.

Kahn and Kamerman (1977) have identified six areas of social functioning. They are:

(Source: Kahn & Kamerman, 1977)
Read


Reflect

In Singapore, the policy is to provide subsidies to ensure that the citizens have a decent standard of education, housing, health, job training/support. This is in contrast to other developed welfare countries where there are usually welfare payments, automatic cash allowances for the unemployed, state-funded pension schemes for the retired/elderly. What are some of the challenges for social workers with Singapore’s approach towards social policy?

1.1.6 Three Models of Social Policies

Titmuss (1974) identified three different models to which social policies were classified. They are:

- Institutional Redistributive Model
  
  An Institutional Redistributive Model social policy is one that will provide subsidised services to the society as a whole, including both tax-payers and beneficiaries which are deemed socially desirable and beneficial to all. The services may be financed through taxes and the subsidies are administered to all who require the services.
• Healthcare, subsidised housing and education subsidy are examples of social policies under the Institutional Redistributive Model.

• Residual Model
  ◦ A Residual Model social policy is one that is meant to help individuals in unusual circumstances. For some reasons, these are individuals who could not provide for themselves. Subsidies and services in the residual model are not mainstream. They are also temporary in nature, to tide people over until they can manage on their own.
  ◦ This model also redistributes resources from the better off to the poorer people in society. Public assistance and Medifund schemes are examples of social policy under the Residual Model.

• Industrial-Achievement-Performance Model
  ◦ Under the Industrial-Achievement-Performance Model, benefits, incentives and additional support for people are given on the basis of them achieving a certain status. Social policies that provide benefits under this model would aggravate inequalities and work in reversal to the social policies under the Institutional Redistributive and Residual Models.
  ◦ Examples of policies under this model include scholarships, childcare tax-rebate and Gifted Education Programme.
Chapter 2: Social Policies in Practice

2.1 Developing and Implementing Social Policies

Policy is all around us in our lives as well as that of others including our clients and service users. The study of policy making should not be limited to government administrators, researchers or leaders of social service agencies. As social workers, we have a role to play in developing and implementing social policies regardless of the sphere of social service that we are serving in. When social workers understand how social policy affects their agencies’ operations and their practice, they could then better advocate for policy decisions and policy changes.

2.1.1 The Cycle Model of Social Policy Process

When a social problem exists, the problem must be brought to the attention of and recognised by policymakers who decide how to deal with it. In understanding the problem, the policymaker studies the different possible responses to manage the problem (e.g. learning from other country’s experience or literature search). These responses are then compared and the most preferred response is chosen as the decision. The decision (policy) is passed down to the relevant organisations for implementation. After a certain period of implementation, the policy should be evaluated on its effectiveness in dealing with the problem. Possible amendments to the policy are made where required.
Figure 5.3 The Cycle Model of Social Policy Process
(Source: Adapted from Wu, Ramesh, Howlett, & Fritzen, 2010)

Activity 1

“Clients cannot get help because they cannot meet all the requirements of the policy”. Which part of the social policy cycle do you think this statement should be addressed to ensure that clients are helped?
### 2.1.2 Assessment of Social Policy

When a policy is implemented or proposed, social workers play a crucial role to provide feedback to policy makers on the efficacy of the policy. Social workers may consider the areas such as effectiveness, adequacy, accessibility and equity to evaluate any social policy. Some possible questions to ask for each area are:

<table>
<thead>
<tr>
<th>Possible Questions</th>
</tr>
</thead>
</table>
| **Effectiveness** | • Is the policy meeting its proposed objective?  
• Is there a better way of meeting the objective?  
• Are there any adverse effects caused by the policy? |
| **Adequacy**      | • Is what is being provided adequate in meeting needs?  
• Are there additional improvements that can be done to make the policy more effective? |
| **Accessibility** | • Is it accessible to those who need it?  
• Is the service centre too far or too inaccessible?  
• Is the application criteria too complicated?  
• Are the criteria too stringent?  
• Is the wait for approval too long? |
| **Equity**        | • Is the policy fair to the client, organisation, general public and other stakeholders?  
• Does the policy disadvantage or discriminate against any groups of people?  
• Are there additional groups of people who should be covered under the policy? |

Social workers should also assess if the social policy had marginalised certain groups of people such as:
2.1.3 Administering Social Welfare Policies

The main approach in administering the social assistance schemes within the vast social welfare policies in Singapore has been the “Many Helping Hands” approach – a concept that first appeared in the Government of Singapore’s The Next Lap published in 1991. The concept of “Many Helping Hands” is based on the values of self-reliance within one’s own community, on the values of mutual help, reciprocity and giving to society. It builds on the philosophy that community bonds are built when the able and better-off help the less able and less well-off, creating social networks and social capital (Ang, 2015).

In adopting the “Many Helping Hands” approach, the Ministry of Social and Family Development (MSF) works in partnership with families and the community with the aim to promote a safe, stable and nurturing family environment for their members. For instance, ComCare and the Social Support Division at MSF play the role of the enabler by looking after low income, vulnerable individuals and families that face financial and social problems, with an aim to help them become independent and to lead an acceptable quality of life.
In administering the social welfare policies, ComCare aims to make social assistance readily accessible to those in need by streamlining social assistance schemes, decentralising the administration of social assistance and giving community organisations more flexibility to help their clients locally. Many of the schemes, for instance, are now administered by the local Community Development Councils (CDCs) who are given more flexibility in deciding how to help their clients. In doing so, ComCare works closely with and through community organisations including:

- Social Service Offices (SSOs)
- Voluntary Welfare Organisations (VWOs)
- Grassroot Organisations
- Self-Help Groups

Placing a premium on the close working relationship between the government and agencies to administer and provide social services, according to Ang (2015), allows the government to increase and build on social welfare through social agencies using its own brand of strong state-supported welfare without making Singapore a traditional welfare state.

Read

Click https://www.msf.gov.sg/assistance/Pages/default.aspx to read “Assistance Schemes for Individuals & Families in Social & Financial Need” (Updated January 2015) for more details on the various available schemes.
2.1.4 Key Social Policies Affecting Social Services in Singapore

Mathi and Mohamed (2011) outlined the key social policies affecting social services in Singapore and involving social protection as encompassing the following four categories of approaches:

- Relief (assistance to meet basic needs);
- Security (contingency help such as insurance to overcome seasonal deficiencies);
- Prevention (jobs, social service and outreach to reduce risks); and
- Transformation (structural changes to remove external barriers such as discrimination).

2.1.4.1 Relief

The relief approach means ensuring that there are state-level policies and schemes to provide direct and immediate help to individuals and families when they face difficulties in meeting their basic needs. Much of this comes in the form of social assistance programmes and safety nets as well as fiscal policies such as tax reliefs, free basic services (for example, disability tax rebates, free education to those in need, subsidised public transport, support for orphans, and food relief programmes). Examples of safety nets include the Public Assistance (PA) schemes, subsidies on medical care, education grants, as well as conservancy rebates and occasional cash handouts to deal with inflation.

2.1.4.2 Security

The security approach of social policies calls for contingency plans for medical needs, retirement and ensuring employability in an economic downturn. This includes insurance schemes, grants for start-ups and social enterprises, and retrenchment benefits. For example, in Singapore, MediShield is a social insurance which is administered through the national savings scheme. It is a form of social security that is financed by contributions and based on the insurance principle (i.e. individuals or households protect themselves...
against risk by pooling resources with a larger number of similarly exposed individuals or households).

2.1.4.3 Prevention

The *prevention* approach of social policies means looking at risk reduction schemes such as job training and job incentive schemes, as well as pre-emptive programmes by social services. The aim is to assist people from falling into deeper poverty or becoming more vulnerable by providing platforms and support to overcome the immediate barrier. An example is the Workfare scheme, which aims to enhance the employment potential through training programmes and incentives. Public education and outreach programmes are also another aspect of this approach.

2.1.4.4 Transformation

The *transformation* approach refers to schemes that enable freedom from the structural causes of vulnerability, such as discrimination, stigma, domestic violence and marginalisation. This approach focuses on reducing inequities and vulnerabilities through changes in policies, laws, budgetary re-allocations and the redistribution of income and benefits. It also emphasises behavioural change at the personal level through education and incentives. Some aspects of this have already been incorporated into certain policies, for example, the twinning of the compulsory savings system (CPF) and the ownership of housing in Singapore. Issues of affordability aside, this system had paved the way for the then young nation to cultivate stakeholdership in its largely migrant population (Mathi & Mohamed, 2011).

Complementary readings:


Summary

Social workers often provide services and help their clients through the social welfare and the social market. Social welfare and social market seek to meet the needs of those who are unable to meet them through the economic market.

Social work is a policy-based profession and much of the work we do revolves around existing social policies. For social workers to be effective helpers, they need to be familiar with the different policies affecting the client. In some circumstances, the social worker needs to serve as an advocate for the client if his or her client is being marginalised by some of the social policies.

Social workers who are planning to work in the policy arena would also find this unit helpful in appreciating the complexity behind the planning and execution of social policies.
Formative Assessment

1. Which of the following needs in the Maslow’s 8-stage Hierarchy of Needs is laid out in the correct sequence?
   a. Biological & Physiological, Love & Belonging, Esteem, Safety, Cognitive, Aesthetic, Self-actualisation, Transcendence
   b. Biological & Physiological, Esteem, Safety, Love & Belonging, Cognitive, Self-actualisation, Transcendence, Aesthetic
   c. Biological & Physiological, Safety, Love & Belonging, Esteem, Cognitive, Aesthetic, Self-actualisation, Transcendence
   d. Biological & Physiological, Safety, Self-actualisation, Love & Belonging, Cognitive, Aesthetic, Esteem, Transcendence

2. Which of the following is NOT one of the systems recognised to address the human needs identified in Maslow’s Hierarchy of Needs?
   a. Economic Market
   b. Economic Market
   c. Family and Informal System
   d. Social Market

3. Kahn and Kamerman (1977) identified six main areas of social policy. Which of the following accurately identify all the six areas?
   a. Housing, Economic, Health, Income maintenance, Personal social services, Job training
   b. Education, Health, Income maintenance, Environmental, Human resource, Population
   c. Housing, Education, Health, Monetary, Population, Environmental
   d. Housing, Education, Health, Income maintenance, Personal social services, Job training
4. Which of the following is **NOT** an example of a social policy under the Institutional Redistributive Model?
   a. Healthcare
   b. Education Subsidy
   c. Housing Subsidy
   d. Public Assistance

5. The question, “Are there additional improvements that can be done to make the policy more effective” is essentially assessing the ____________ of a social policy.
   a. effectiveness
   b. adequacy
   c. accessibility
   d. equity

6. The concept of “Many Helping Hands” – an approach which first appeared in 1991 – is based on the values of mutual help, reciprocity, giving to society and ______________ within one’s own community.
   a. self-awareness
   b. self-development
   c. self-reliance
   d. self-help
Solutions or Suggested Answers

Formative Assessment

1. Which of the following needs in the Maslow’s 8-stage Hierarchy of Needs is laid out in the correct sequence?
   a. Biological & Physiological, Love & Belonging, Esteem, Safety, Cognitive, Aesthetic, Self-actualisation, Transcendence
      Incorrect. Refer to Study Unit 5.
   
   b. Biological & Physiological, Esteem, Safety, Love & Belonging, Cognitive, Self-actualisation, Transcendence, Aesthetic
      Incorrect. Refer to Study Unit 5.
   
   c. Biological & Physiological, Safety, Love & Belonging, Esteem, Cognitive, Aesthetic, Self-actualisation, Transcendence
      Correct! Refer to Study Unit 5.
   
   d. Biological & Physiological, Safety, Self-actualisation, Love & Belonging, Cognitive, Aesthetic, Esteem, Transcendence
      Incorrect. Refer to Study Unit 5.

2. Which of the following is NOT one of the systems recognised to address the human needs identified in Maslow’s Hierarchy of Needs?
   a. Economic Market
      Correct! Refer to Study Unit 5.
   
   b. Economic Market
      Incorrect. This is one of the broad systems identified. Refer to Study Unit 5.
   
   c. Family and Informal System
      Incorrect. This is one of the broad systems identified. Refer to Study Unit 5.
3. Kahn and Kamerman (1977) identified six main areas of social policy. Which of the following accurately identify all the six areas?
   
a. Housing, Economic, Health, Income maintenance, Personal social services, Job training
   Incorrect. Economic policy is not described as part of the six main areas of social policy identified by Kahn and Kamerman. Refer to Study Unit 5.

b. Education, Health, Income maintenance, Environmental, Human resource, Population
   Incorrect. Environmental and population policies are not described as part of the six main areas identified by Kahn and Kamerman. Refer to Study Unit 5.

c. Housing, Education, Health, Monetary, Population, Environmental
   Incorrect. Monetary, population and environmental policies are not described as part of the six main areas identified by Kahn and Kamerman. Refer to Study Unit 5.

d. Housing, Education, Health, Income maintenance, Personal social services, Job training
   Correct. Refer to study Unit 5.

4. Which of the following is NOT an example of a social policy under the Institutional Redistributive Model?
   
a. Healthcare
   Incorrect. Refer to Study Unit 5.

b. Education Subsidy
   Incorrect. Refer to Study Unit 5.

c. Housing Subsidy
d. Public Assistance

**Correct. Public assistance is an example of a social policy under the Residual Model. Refer to Study Unit 5.**

5. The question, “Are there additional improvements that can be done to make the policy more effective” is essentially assessing the ____________ of a social policy.
   
   a. effectiveness
      Incorrect. Refer to Study Unit 5.
   
   b. adequacy
      **Correct! Refer to Study Unit 5.**
   
   c. accessibility
      Incorrect. Refer to Study Unit 5.
   
   d. equity
      Incorrect. Refer to Study Unit 5.

6. The concept of “Many Helping Hands” – an approach which first appeared in 1991 – is based on the values of mutual help, reciprocity, giving to society and ____________ within one’s own community.
   
   a. self-awareness
      Incorrect. Refer to Study Unit 5.
   
   b. self-development
      Incorrect. Refer to Study Unit 5.
   
   c. self-reliance
      **Correct. Refer to Study Unit 5.**
   
   d. self-help
Incorrect. Refer to Study Unit 5.
References


Learning Outcomes

By the end of this unit, you should be able to:

1. Define the skills needed in the practice of social work.
2. Discuss the social work perspective and explain its impact on individuals, families, society and practice.
3. Identify the process of a generalist social work practice for professional development.
4. Discuss key selected social issues in contemporary social work.
5. Identify social work approaches and resources available in the community to address the selected social issues.
Overview

This study unit aims to give students knowledge, understanding and application of the skills needed in the practice of social work and its professional development, as well as the contemporary social work issues in Singapore.
Chapter 1: Professional Development and Skills for Practice in Social Work

1.1 Skills for Practice and Professional Development

Social workers require a repertoire of skills in order to develop a relationship with the people that they are working with. The skills are utilised from the start of the worker planning to engage in that relationship to the point of termination. The utilisation of skills well used determines the nature of relationship that the worker engages in with the client, with the end goal of ensuring positive outcomes for the client.

This chapter covers the range of skills that the workers need to develop from the start of the relationship to the end as well as the organisation skills required to support them in the completion of other responsibilities they may have.

1.1.1 Practice Skills

Skills can be categorised into generalist and specialist skills. These skills can then be practised at the basic, intermediate or advanced level. The level that is used is determined by the situation faced by the worker.

Generalist and specialist skills:

- Generalist skills – non-specific skills used for generic practice where workers utilise a common set of knowledge, values and skills in a broad array of situations or settings, e.g. communication, counselling skills.
- Specialist skills – a higher level set of skills required in a particular practice approach or in addressing issues of a specific population.

Levels of skills required:

- Basic skills – foundation skills required in many social work situations, e.g. use of open-ended questions, providing information on services available.
• Intermediate skills – skills needed to deal with more difficult situations, e.g. working with clients who are difficult to engage with.
• Advanced skills – higher level skills to work with problems that are complex and multifaceted, e.g. conflict and hostile situations.

1.1.2 Skills in Developing Helping Relationships

1.1.2.1 Communication Skills
Good communication skills are important in conducting effective social work practice. Communication puts into play the knowledge and skills underlying the practice. It requires the worker to deal with people from a wide spectrum of background, from those at the higher end to those struggling at the other end of the social ladder. It uses both the verbal and non-verbal aspects to transmit and receive messages between 2 parties.

1.1.2.2 Observation Skills
The worker should not underestimate the importance of non-verbal forms of communication. Non-verbal forms of communication are gathered through observations. The non-verbal observations help the worker make sense of any unspoken messages or information coming from the client and even the relationship between the client and other significant persons through observation of their interactions.
Observation also enables the worker to formulate an understanding of the client’s abilities, e.g. in completing their daily activities.

1.1.2.3 General Listening Skills
Listening skills are important in all situations where communication is taking place. Listening enables the worker to receive information, empathise, evaluate and assess information. In listening, it is important to create an environment that is free from distractions and safe for the client. As they listen in silence, the workers would need to
convey to the client, their commitment, warmth and concern for the client, through their body language.

Listening is not a passive activity, but requires active participation from the listener such as:

- **Active listening** – the listener is alert to the messages and feelings from the client, understanding them and conveying that understanding to the client.

- **Credulous listening** – the listener believes in what is communicated by the client. However, workers need to be open to review their initial judgement when new information on the contrary is received.

- **Non-selective listening** – listening occurs at various levels – to what the client is saying, how the client is saying it, at what point something is being said, whether certain patterns or themes occur and what is not said. The listener suspends any assumptions and biases he/she may have.

### 1.1.2.4 Reflective Listening Skills

Reflective listening is helpful in working with clients. The clients will feel that they have been heard and that their feelings about the situation faced are understood by the worker. It serves the following purposes:

i. Let clients know that the worker has heard their concerns and feelings.

ii. Enable the worker to correct any misperceptions and misunderstanding.

iii. Enable the worker to reflect his/her acceptance of what the clients are sharing and where they are at.

In reflective listening, there are 2 things which the worker is attending to:

i. What the client is saying

ii. The feelings underlying what the client is saying
The worker needs to listen carefully to the client, identify the strongest emotion that the client may have about the situation and verbalise this into words. The worker will then be able to share with the client what he/she has heard the client say and the underlying feelings that the client has. The worker does not add on any thoughts or advice he/she may have about the situation or to what the client is sharing. The worker, however, needs be prepared that the underlying emotions he/she reflects to the client may not be the right ones and to have them corrected by the client. This should not be seen negatively as it is a positive exchange between the worker and the client. Reflective listening does not mean that the worker agrees with the emotions that the client is having but simply allows the worker to acknowledge what the client is experiencing.

This helps the client feel accepted and not judged. It also puts to words the strong emotions that the clients may be having, helping them deal better with the situation.

### Activity 1

Practise conducting reflective listening with your partner. Each person could share about a recent event with the other person practising reflective listening by reflecting what was shared and the underlying emotions conveyed.

### 1.1.3 Basic Interviewing Skills

An interview is seen as a conversation with a pre-determined purpose, e.g. to determine whether the client qualifies for a certain social service. As such, it needs to be planned and prepared for in advance as it helps the worker gain necessary information about the clients. Interviews are an important tool through which workers form a relationship with their clients.

The process of gathering and giving information in an interview is important and central to the assessment and decision making process. There are 2 types of interviews - formal
interviews such as child protection investigations or mental health assessments and the less formal types such as discussions on the daily concerns and issues. Skills to be used in both the formal and the less formal interviews need to be developed as the 2 forms of interviews tend to overlap and move from one to the other. Not all interviews can be positive. Some may require the worker to set boundaries while others may require the workers to share a negative outcome or information with the client.

Workers need to be careful on whom they choose to interview as they need to be aware in their decisions as to whom they may consciously or unconsciously have screened out. Doing such may limit the workers’ understanding of the issues faced. For example, workers may avoid interviewing the hostile and uncooperative husband. This would disable them from forming an accurate assessment of the marital relationship or the options of resolving the existing conflicts.

The workers should plan the interview by thinking carefully the purpose of the interview and what they hope to achieve in the session. They should also consider the biases they may hold against the person to be interviewed and other feelings they may have about the interview. Workers should strive to achieve an open, relaxed and natural conversation that enables rapport and relationship to be established with the client.

1.1.3.1 Engaging Skills

Engaging skills require the worker at the start, to recognise the importance of the information shared by the client but yet at the same time, taking cognisance of any inconsistencies or any information that has been left out or missing. The worker need to be attuned to the challenge that the clients may have in seeking help and in sharing very private aspects of their lives to a person whom they barely know. The worker would need to be upfront on his/her role and the purpose of his/her engagement with the client, acknowledging the difficulties the client may have in coming forward to seek help. The end goal is for clients to be able to leave the session, with feelings of self-respect, confidence and energy as they felt that they have been heard and understood, such that they are involved in wanting to create a change in their lives.
Showing empathy and respect is crucial for the worker to be able to connect with the client. It enables the development of trust between the 2 parties. In wanting to engage with the client and build a relationship, the worker needs to be able to empathise with the client. This requires the worker to try understand the issue the client is facing and the perspective the client is taking. The worker tries to see how the client is viewing the issue, understand the feelings the client has about it and convey these into words for the client. In showing respect, the worker needs to take stock of his/her own responses and suspend judgement so that he/she could acknowledge the client’s beliefs and values, recognising the client’s ability to make positive changes.

1.1.3.2 Questioning Skills

Asking questions in the right way is essential in an interview. Workers also need to be prepared to manage silence by the client and be prepared to remain silent at some points.

The worker should not ask leading questions, multiple questions, unclear questions, why questions and too many close-ended questions. Questions should not be leading as this suggests the worker’s thoughts and assumptions about the issue rather than the client’s reality. Multiple questions may sound interrogatory as the client is given a string of questions to answer. Too many ‘why’ questions can sound accusatory or imply that the client could have done things differently, especially if the worker is not careful with the tone used.

Closed questions are those that either require a “yes” or “no’ answers or those that require a specific short response, e.g. name of a place. The danger of close-ended questions is that it can be too focused and not facilitate an open conversation or free disclosure by the client. Closed questions would be helpful when clarification is needed or with more reticent clients.

Open-ended questioning should form the major part of the initial interview, providing the client an opportunity to lead the interview and decide on the focus. Examples of an open-ended question will be “Tell me about your routine at home” or “Could you share on the activities you usually do on a weekend”. However, to aid the client, the worker may use
a range of open and closed questions to facilitate the conversation especially when the clients may have difficulties in expressing their thoughts and feelings.

**Activity 2**

Conduct an interview with your partner on an incident that has impacted on him/her significantly. Practise engaging with him/her and use only open-ended questions.

### 1.1.4 Formulating Assessments

Assessment is an ongoing process. It involves the direct participation of the client and helps the worker in forming a better understanding of the clients and their functioning within the environment they are in. Assessments then help the worker plan on the next steps to take in improving and bringing about change for the client. It would require the worker to understand the problem faced by the client and the underlying causes for that problem.

There are various types of assessments:

1. Third party assessments, e.g. pre-sentence reports, case conference reports
2. Investigative assessments, e.g. risk assessments on children’s safety
3. Eligibility/needs assessments, e.g. placement of children in care
4. Suitability assessments, e.g. adoptive or foster parents
5. Multidisciplinary assessments, e.g. hospital discharge

Assessments can be conducted in different ways:

1. Practitioners conducting the assessment alone
2. Joint assessment – 2 practitioners working together especially for complex cases
3. Group or team assessment – group working on the family contributes to the assessment
iv. Multidisciplinary assessment – different professionals from various disciplines working together to share their knowledge and expertise

The worker should take into consideration cultural differences as he/she formulates assessments to minimise the possibility of miscommunications and misunderstandings arising. The worker needs to take into cognisance the differences in views and values of the different culture groups and engage effectively by acquiring knowledge about the different culture groups.

1.1.5 Termination Relationships

The encounter that workers have with the client is a complete experience from beginning till end. The worker needs to think about the point of termination at the start of his/her engagement with the client. Positive endings help the clients to work through issues that enable them to move forward and engage in other positive relationships. They serve as a point of closure for the client and allow the clients to take stock of the processes that they have gone through and build on these in future.

Workers need to ensure that they are not extending their relationships with their clients inordinately without a clear purpose. This can result in an unhealthy dependency of the client on the worker. Cases should ideally be terminated at a point agreed upon by both the worker and the client, i.e. when goals have been reached or when the time allocated for the work has reached an end. Terminations need to be planned where services are weaned down and progress of the client is evaluated against the agreed outcomes. The worker can also encourage the client to identify suitable social support systems to continue support his/her positive progress.

Terminations can also take place when clients are referred to another agency for services. This could happen due to the client’s needs for more services or should the client require a more specialist and targeted service. The worker should then effect a smooth transition, maintain the client’s motivation and ensure that the receiving agency takes into consideration the progress that the client has achieved thus far. The worker may opt to
accompany the client in meeting the new worker where possible. Alternatively, the worker could converse with the new worker by phone or other forms of communication to ensure that the client is transited smoothly with a clear understanding on the issues to be followed through.

Reflect

What would be some issues that would prevent a worker from terminating a case appropriately? How could the worker manage such issues?

1.1.6 Organisational and Administrative Skills

Much of the social workers’ time is spent on ‘indirect tasks’ where they liaise with other agencies, look for resources, attend meetings or trainings and completing other duties. This would then require the workers to organise their time well to complete all the various tasks.

Good organisational and administrative systems ensure that the workers utilise efficiently and fully the limited time that they have available. The workers will need to manage a personalised administrative system that enables them to plan and complete the work tasks they have and be in line with the agency’s expectations and policy requirements. As such, the administrative duties required by the agency such as data entry, are completed and yet not compromising the main work to be completed with the clients.
Chapter 2: Contemporary Social Work Issues

2.1 Social Issues

Social work arose out of the response to meet unmet human needs in an unequal world. While at the individual and group levels, social work is concerned about problem-solving in human relationships. At the community and societal levels, social work is concerned with social change and the empowerment of people to enhance well-being. Social work is the professional activity that services may employ to manage and meet human needs.

2.1.1 Human Needs and Social Welfare

How do we conceptualise human needs? Maslow (1970) developed a hierarchy of needs where one needs to achieve the lower levels of need before meeting a higher level need. Towle (1945) drew four categories of needs she deems essential if human beings are to be motivated to achieve their goals. They are:

- Physical welfare, e.g. food, shelter, healthcare
- Opportunity for emotional and intellectual growth
- Relationship with others
- Provision for spiritual needs

Kahn and Kamerman (1977) identified six areas of needs for social functioning which modern societies seek to meet. They are:

- Health
- Housing
- Education
- Job training
- Income maintenance
- Welfare services
When human needs are unmet, whether due to internal or external conditions, people are affected bodily, psychologically, socially and in many other ways that impact their current and future well-being. The prolonged effects of unmet needs may lead to humans to develop defence mechanisms to block out awareness of these needs, or attempt to meet those unmet needs, often in a misguided fashion.

Human needs are met at several levels. At the individual level, *micro-level social work* looks at helping individuals and groups. These “private troubles” (Mills, 1959) are problems confined to the immediate environment of individuals. For instance, a social worker may help a family improve their financial circumstances. Individual social work practice emphasises the relationship between the client and the social worker as a means to motivate the client to work on his/her problem. It also emphasises the collaborative process of problem-solving where the client is part of the decision-making process to set goals and take actions towards meeting his/her goals.

When similar problems are experienced by a larger group of people, they become a “public social concern”. *Mezzo-level social work* looks at these shared concerns and deals with them at the community level. It focuses on capitalising on the strengths and potential of the locality to meet unmet needs of the community. By helping the community take ownership of their problems, residents gain confidence and competence in problem solving. This developmental approach sees communities as the locus of intervention. For instance, social workers may design a programme to meet the needs of children living in rental flats in a particular area.

At societal levels, *macro-level social work* looks at solving social problems and making social change through policy, legislation and national services and programmes. For instance, the Youth Employment and Advancement Hub helps disadvantaged youths to enhance their employability and career prospects through training and guidance. *Social welfare* is one way we approach in meeting human needs at a macro level. Barker (1991, p.221) defines social welfare as “a nation’s system of programmes, benefits and services that help people meet those social, economic, educational, and health needs that are fundamental
to the maintenance of society.” The system of services can be run by the state, voluntary welfare organisations, the private sector or a combination of these organisations.

This conceptualisation of social problems and three levels of social work practice is in line with the goals of social work which aim to improve the social functioning of clients and families, mobilise communities to be more effective in tackling their problems, and generate changes so that societies are more responsive to the needs of their people (Mehta & Wee, 2011).

**Read**


### 2.1.2 Social Trends

Social trends arising from demographic and contextual changes impact people at individual, group and societal levels. Knowing the background of how social issues have evolved helps social workers understand the context in which they work. From a person in environment perspective, we appreciate that clients do not exist by themselves but are situated in a wider political, economic and social environment with its particular resources, pressures, and constraints. In helping clients, we need to understand the opportunities and challenges posed by the environment on them. From a societal perspective, changes in population demographics and social trends such as ageing, marriage, family, immigration present social challenges which may require new services,
programmes and a policy response. Keeping abreast with social trends and issues enables social workers to consider the relevance of services and programmes, adapt and make changes accordingly to meet the current needs of people and society.

2.1.2.1 White Paper on Population

The White Paper on Population sets out key considerations and a roadmap for Singapore’s population policies to address our demographic challenges. It outlines the Government’s policies to maintain a strong Singaporean core in the population, regulate the number of non-residents and permanent residents, create jobs and opportunities for Singaporeans, build a high quality living environment, as well as strengthen our identity and society.

2.1.2.2 Population Size

Singapore has a population of 5.47 million people made up of 3.87 million citizens, 0.53 million permanent residents and the rest are non-residents. 55% are new citizens and new permanent residents are from Southeast Asia countries and over 30% are from other Asian countries. Out of 1.6 million of the non-residents, 46% are work permit holders who are mainly semi-skilled workers in the construction industry, 15% are dependents of citizens, permanent residents and work pass holders with the rest holding different work passes.
2.1.2.3 Total Fertility Rate

In 2014, the Total Fertility Rate (TFR) was 1.25 which is below the replacement rate of 2.1, a situation Singapore has had for 30 years. The slew of pro-family policies and financial incentives has not been able to reverse this trend. Low and falling TFR is experienced by many developed Western countries, and East Asian societies such as Hong Kong, Japan and Taiwan.

2.1.2.4 Ageing Population

The median age in Singapore has doubled from 19.5 years in 1970 to 39.3 years in 2014 which makes Singapore one of the fastest ageing countries in the world. The number of citizens aged 65 and above which makes up 15.6% in 2012 will by 2030, triple to 900,000, and make up 24% of citizens. By 2050, Singapore will have an inverted population structure with more in the older age groups than the younger age groups. The current low birth rate will lead to rapid ageing and population decline from 2025. The elderly will be supported by a declining base of working-age citizens. The current old-age support
structure of 5.9 working-age citizens for each citizen aged 65 and above will fall to 2.1 by 2030. This will slow the total workforce growth to about 1% to 2% per year, half of the 3.3% per year over the past 30 years. Beyond 2020, workforce growth will slow down further to about 1% per year as the population ages and the Singaporean workforce starts to plateau.

2.1.2.5 Impact on Population

The changing profile of the Singapore population presents opportunities and challenges for social work. On the one hand, immigration has brought a wider diversity of cultures, skills, and age-balance to meet changing societal and economic needs, adapt to global competition and create a more vibrant society. On the other hand, the impact of a sizable foreign population has strained public transport infrastructure, health amenities and led to discomfiting sense of increased competition for space and jobs.

Falling birth rates coupled with increasing life expectancies will result in an ageing and shrinking citizen population and workforce. The decline in the number of working-age citizens as older Singaporeans retiring outnumber younger ones starting work has many implications. For society as a whole, a declining old-age support ratio may mean rising taxes and a heavier economic load on a smaller base of working-age Singaporeans. A shrinking and ageing population may also mean a smaller, less energetic workforce, and a less vibrant and innovative economy. Without intervention, companies may not find enough workers and this may lead to slowing business activity and fewer employment opportunities.
Read


Reflect

- What are the population trends and the trade-offs between economic growth, quality of life, social cohesion and tensions?
- How does the Population White Paper affect older Singaporeans and low income Singaporeans?
- The citizenry is becoming more vocal and desire to be more participative. How can social workers engage the citizenry in articulating needs and developing community solutions to address the impact of demographic changes?
2.1.3 Social Challenges

Families in Singapore are evolving. While the dominant household structure is still the nuclear family, which is a two-generation family with a married couple living with their children or their parents, the proportion of these families has fallen over the years. Other household structures are emerging. An understanding of emerging trends affecting families, such as changing family structures, falling marriage and fertility rates, delayed age at first marriage, rising singlehood and greater family pressures will allow us to direct help to better support families.

2.1.3.1 Family Structures

The number of resident households increased from 915,100 households in 2000 to 1,200,000 households in 2014. Between 2000 and 2014, the proportion of nuclear family households has fallen from 56% to 49% while those married without co-residing children have increased from 11% to 14% and those living in one-person households have increased from 8% to 11%. 31.3% of those living in one-person households are 65 years and above.

2.1.3.2 Dual Income Families

The growing proportion of women in the workforce, workplace stress and longer life expectancy affect the sandwiched generation who needs to look after both the young and the old. The female labour force participation rate for females aged 25 to 54 has increased from 65% in 2001 to 76% in 2013. With one of the highest female labour force participation rates in the world, support must be to enable females to work and contribute in the workplace. Policies to support dual income families include child care services and subsidies, family leave options, flexible work arrangements, and grandparents’ caregiver tax relief. In spite of this, the Survey on Social Attitudes of Singaporeans (2013) (as cited in “Singaporeans value families: Survey”, 2015) found an increase in the proportion of people who agree that work keeps them away from spending the amount of time they
like with their families from 47% in 2009 to 55% in 2013. Of the men, 58% expressed this dissatisfaction in 2013, compared to 44% in 2009.

### 2.1.3.3 Divorce Families

There were 7,525 divorces in 2014, an increase of 4% from 2013 where there were 7,237 divorces. Each year, approximately 7,000 minor children are affected. The percentage of families who dissolved their marriages by the 15th year went up from 12.3% for those married in 1987 to 20.3% for those married in 1998. For people who were divorced, separated or widowed, the proportion of people who were satisfied with their family life fell from 83% to 78% between 2009 and 2013. To help divorcing couples with minor children understand and work through implications of divorce, Divorce Support Specialist Agencies were recently set up.

---

**Read**


Reflect

- What do these social trends inform us about current needs of families?
- How will these issues affect social work practice?
- Example: Do one-person households require more support? Do low income families enjoy flexible working arrangements and leave options? How are children impacted by divorce?

2.1.4 Emerging Social Issues

2.1.4.1 Transnational Families

Singapore has seen a rising trend in transnational marriages over the years. In 2013, one-fifth of marriages were between spouses from different ethnic groups and 3 in 10 were between citizens and foreigners. The majority of these brides came from Southeast Asia and Asian countries and many have language and cultural barriers which affect their adjustment to living in Singapore.

Foreign spouses who do not yet qualify for permanent residence are usually granted a Long-Term Visit Pass (LTVP) to allow them to stay with their families. To better support this group, the LTVP Plus (LTVP+) was introduced in April 2012 for those with citizen children or who have been married for at least 3 years. The LTVP+ grants the holder longer residency, access to in-patient subsidies at restructured hospitals and makes it easier for the holder to seek employment in Singapore.

The group of transnational families made up of older Singaporean men and younger foreign wives may experience marital conflict due to language, cultural and financial stress. When their marriages break down, the foreign wives’ sense of isolation and
vulnerability is heightened as their residency status is at stake. They require financial, housing, employment and social support. The Transnational Family Support Programme provides marriage preparation and support programmes for foreign spouses.

Read


Visit this website [http://www.carecorner.org.sg/fjp.html](http://www.carecorner.org.sg/fjp.html) to learn more about Family Journey Programme by Care Corner.

Watch

Click [https://www.youtube.com/watch?v=F-yzn5lkHco&feature=youtu.be](https://www.youtube.com/watch?v=F-yzn5lkHco&feature=youtu.be) to watch the video on, “Spotlight: Transnational Marriages and their Problems” (8:10 minutes), October 2014.
Reflect

- Foreign spouses do not qualify for subsidised rates in government health services or public housing. As a social worker, how will you help these families gain access to medical or housing services?
- Given the demographic changes in marriages, what policy changes would you recommend and what data would you collect to justify the recommendations?

2.1.4.2 Community Integration

Migrant workers are a critical part of Singapore meeting its manpower needs in different industries and also caring for loved ones in the homes of Singaporeans. The low-skilled foreign labour mostly works in the construction industry building transport and housing infrastructure and in homes as domestic workers. Others provide maintenance, maritime, health, social service, retail, food and hotel services. On the other hand, there are highly-skilled foreign talent who are employed to help kick start new industries and support regional and global operations based in Singapore.
While the influx of foreign labour led to public discontent due to overcrowding and pressure on public goods and services, incidents of foreign workers being exploited began to surface. Policies to protect the welfare of foreign workers were developed such as requirements for employers to provide mandatory medical examination for new workers, mandatory purchase of medical insurance and personal accident policies, and provision for the safe working conditions, accommodation, food and well-being of foreign workers.

In spite of this, surveys show that the welfare and safety of foreign workers are still being compromised. A National University of Singapore 2015 survey of 500 foreign workers found that 9 in 10 Bangladeshi migrant workers were given unhygienic food to eat. A Transient Workers Count Too survey in 2014 found that 4 in 10 foreign domestic workers did not get a weekly day off nor receive payment in lieu even though this was mandated by law.
**Read**

Click https://www.gov.sg/factually/content/do-you-know-how-many-types-of-foreign-workers-we-have-in-singapore to visit the website to read more about foreign workers in Singapore.

Click http://www.straitstimes.com/opinion/focus-on-welfare-not-wages-of-foreign-workers to read the article by Low, D. “Focus on welfare, not wages, of foreign workers”, The Straits Times, 23 January 2015.

Visit the HealthServe http://www.healthserve.org.sg/

Click http://www.straitstimes.com/opinion/what-dark-secret-is-in-the-singapore-basement to read the article by Han, F. K. “What dark secret is in the Singapore basement?”, The Straits Times, 28 January 2015.

**Watch**

Click https://www.youtube.com/watch?v=YI9U341l1TI&feature=youtu.be to watch the video FYP – “In Silence”, a documentary on foreign workers in Singapore, 13 February 2013. (10:00 minutes)
Reflect

- Our social policies are citizen-centric. Should social workers be concerned about the welfare of foreign workers – why or why not?
- What is the impact of foreign workers on Singaporeans?
- What welfare policies or programmes would you develop to help them?

2.1.4.3 Addictions

According to the United Nations, the extent of drug dependency affects between 16 million and 39 million people while between 162 and 324 million people use an illicit substance in 2012, representing 5.2% of the population aged 15-64 years. Drug use exacts a significant toll, with valuable human lives and productive years of many persons being lost. The world drug problem affects the dignity, safety and well-being of humanity, in particular children and youth, families and communities.

The United Nations Office of Drug and Crime defines addiction as “the repeated use of psychoactive substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (of substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means”.

In the Diagnostic and Statistical Manual-IV (DSM-IV), ‘psychoactive substance abuse’ is defined as a ‘maladaptive pattern of use indicated by ... continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use [or by recurrent use] in situations in which it is physically hazardous’.
Substance Addiction

Persons may get addicted to substances like drugs and alcohol. When they do, they become preoccupied with finding and consuming substances, deny their behaviour or continue their behaviour despite promises to quit. They are unable to control the urge by themselves and may take to crime to feed their addiction.

In Singapore, the Central Narcotics Bureau (CNB) arrested a total of 3,085 drug abusers in 2014, a decrease of 14% from the 3,581 drug abusers arrested in 2013. The number of repeat drug abusers has fallen significantly compared to two decades ago where there were 4,824 arrested in 1994. The number of new drug abusers arrested in 2014 was 1,058, a 5% drop from 2013 when 1,110 new abusers were arrested. About two-thirds of the new drug abusers were below 30 years of age. The most commonly abused drugs are heroin, methamphetamine (or ‘Ice’) and cannabis.

Binge drinking which is defined as having four or more alcoholic drinks in one session for women, or five or more drinks for men, affects 18.7% of men and 12.2% of women aged 18 – 29 years old. The National Addictions Management Service (NAMS) saw 433 new cases in 2014 compared to 415 cases in 2013. Binge drinking not only affects the health of the drinker but also has a behavioural impact on those around them such as getting into fights, drink driving, falling into drinking debt, failing to meet work and family responsibilities. Alcoholics who mix booze with drugs to intensify the effects of drugs have a higher risk of health problems which may lead to fatality.

Cyber-Addiction

Internet addiction disorder (IAD) or Internet overuse is the problematic or pathological use of computers and the Internet space to the extent that it interferes with daily life. Compulsive online gambling, excessive shopping, excessive social networking, playing online games, compulsive watching of internet videos and pornography, excessive blogging, and email use are considered signs of IAD. Internet pornography addiction can begin as a curiosity but turn into an obsession when users are unable to control the urge to view pornographic materials, which leads to adverse effects on their daily lives and
relationships with others such as losing track of time, feeling irritable when disrupted, feelings of guilt, isolation from real relationships, physical exhaustion due to neglect of sleep, dry eyes, and weight gain.

Social Networking

Singapore is one of the most wired places on earth with a high household broadband penetration rate and the highest percentage of smart phone users in the world, relative to our population. Social networking platforms facilitate online connections between people but taken over board, some people spend too much time checking for status updates or have the urge to post every minute detail about one's life. This could lead to issues like over-sharing of information and loss of privacy. Some may find it easier to make friends behind the safety of the computer and fall into the habit of spending too much time on chat rooms, instant messaging services or dating websites, just to maintain a relationship, to the detriment of forming relationships in the real world.

Gaming

Excessive use of the Internet is similar to behavioural addiction like gambling. A longitudinal study conducted in Singapore between 2007 and 2009 found that students were spending as much as 22.5 hours per week playing videogames. Addiction begins when the game starts to take up a large portion of the gamers’ time, affecting their health, hygiene, commitments (e.g. school work) and relationships. A person with addiction continues the behaviour despite the consequences. The frequency or intensity of the behaviour increases over time. The person experiences unpleasant feelings and emotions when the behaviour is stopped.

Gambling

Research shows that up to nine other persons could be adversely affected by an individual’s problem gambling behaviour. These affected individuals could be family members, friends or colleagues who suffer negative consequences of financial, emotional,
psychological or even physical hurt. Since the setting up of two casinos in Singapore, there has been a greater concerted effort to address problem gambling.

The Survey on Participation in Gambling Activities among Singapore Residents in 2014 found that the gambling participation rate remained stable, with 44% of Singapore residents participating in at least one form of gambling activity over a 12-month period, as compared to 47% in the 2011 Survey. Based on the Survey, the probable pathological and problem gambling rates among Singapore Residents saw a decrease from 2.6% in 2011 to 0.7% in 2014.

Read


Reflect

- How can we help people overcome the excessive use of the Internet?
- Why do some people become vulnerable to drugs?
- How do addictions affect their personal functioning and their relationship with others?

Watch

Click https://www.youtube.com/watch?v=Cs0IIMism_o&context=C39b2492ADOEgsToPDskLuolP6uM-dPlojOjDGY_YN to watch the video on addiction management (6:30 minutes) by the National Addictions Management Service.

2.1.5 Social Work Perspective and its Impact

The traditional methods of social work termed as direct practice are defined as casework, group work and community work where social workers engage with individuals, families and communities. Indirect practice refers to areas such as research, administration and policy planning with the emphasis on social issues, social change and the environment on behalf of marginalised groups.

In both direct and indirect practice, the social worker attempts to understand how social trends and issues impact individuals, families and communities. However, the focus of work differs. Direct practitioners focus on helping individuals, families and communities to manage the impact of social trends, navigate services and systems,
advocate for them such as obtaining resources from the client’s environment. For instance, through social casework it deals with behavioural, environmental and societal factors that affect individuals and families and to help them improve their social functioning. The skills base that forms the foundation of social work direct practice are relationship-building, engagement, observation, assessment, communication, recording, supervision, consultation and intervention skills.

Another method of direct social work practice is social group work which can be used to complement casework and community work. There are two main types of group work – treatment groups and task groups. Pappell and Rothman (1980) developed 3 models of social group work under the treatment category. The social goals model focuses on developing social responsibility and social consciousness among members with the use of appropriate programmes, activities, and community services. The remedial model aims to restore or rehabilitate members so that they may adjust better with their environment. The reciprocal model highlights the mutual relationship between members, as well as between members and society, to facilitate growth and self-development.

**Table 6.1 Typology of Social Work Models with Singapore Examples**

<table>
<thead>
<tr>
<th>Social Goals Model</th>
<th>Remedial Model</th>
<th>Reciprocal Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transient Workers</td>
<td>• Stroke Club</td>
<td>• Alcoholic Anonymous</td>
</tr>
<tr>
<td>Count Too</td>
<td>• Rainbow Club</td>
<td>• Caregivers support group</td>
</tr>
<tr>
<td>• Willing Hearts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Source: *Mehta*, 2011, p. 155)

Task groups have a different purpose be this to meet client needs, organisational needs and community needs. The theories influencing the growth of this method include systems theory, learning theory and social exchange theory. The social worker works with a group of persons with the same concerns.
Community practice is another form of direct practice but where the client unit is the community instead of individuals or families. The social worker’s role is that of an enabler, guide, catalyst, facilitator, expert or advocate as the context demands. Community social workers work with community leaders and residents, organisations and groups to improve the social and economic quality of life for vulnerable populations and communities. The skills that a community worker requires are management skills, community planning, organisational skills, relationship skills, and evaluation skills.

Rothman (1970) (as cited in Mehta, 2011) delineated three models of community practice as summarised below:

**Table 6.3 Community Practice Models**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Locality Development &amp; Organisation</th>
<th>Community Planning</th>
<th>Social Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals</td>
<td>Self-help and integration of groups</td>
<td>Problem-solving of community problems</td>
<td>Change in power relationships and resources</td>
</tr>
<tr>
<td>Clients</td>
<td>Resident groups</td>
<td>Service users</td>
<td>Disadvantaged populations</td>
</tr>
</tbody>
</table>

(Source: *Mehta, 2011, p. 155*)

\[ SU6-34 \]
Indirect practitioners study the impact of social trends on affected groups and advocate for system changes to better society on behalf of marginalised groups. They develop, review, coordinate, and implement policies addressing specific social issues. For instance, the Central Youth Guidance Office looks at youth-at-risk issues across the Ministries to develop an integrated approach for prevention, intervention and rehabilitation of youths and address gaps in service delivery. This requires skills like research, advocacy, engagement, organisational, policy, planning, etc.

Micro and macro social work practice are inter-related. It is not sufficient for social workers to focus only on an individual’s intra-psychic concerns. Being a social worker requires seeing the client as part of multiple, overlapping systems that comprise the person’s social and physical environment. The profession of social work is committed to seeking social and economic justice in concert with vulnerable and underserved populations, and macro-practice skills are necessary in confronting these inequalities. Social workers have a mission to intervene with an individual client and moving into a larger system intervention that will make a difference in the lives of groups of clients with similar issues. Thus, micro and macro roles are interconnected.

Lesson Recording

Contemporary Social Work Issues

Read

Reflect

- Which methods of social work practice do you prefer and why?
- Can social workers confine practice to only casework? Why not?
Summary

This study unit provides an overview of current social work issues affecting social work practice. It provides a conceptual understanding of social problems from the ecological perspective and examines emerging social issues in Singapore with attention to the trends, challenges and implications of these issues, followed by a discussion of social work approaches in bringing about social change at the community and societal levels.
Formative Assessment

1. When applying his/her ____________ listening skills, the social worker is attending
to not only what the client is saying but also the feelings underlying it.
   a. reflective
   b. non-selective
   c. credulous
   d. active

2. The ____________ model of social group work restores or rehabilitates group
members to better adjust to their environment in which they live in.
   a. reciprocal
   b. remedial
   c. residual
   d. reflective

3. What is the impact of an ageing population in Singapore?
   a. Strained public transport infrastructure
   b. Increase competition for jobs in the market
   c. Lighter economic load on the working population.
   d. Slow-down of business activity due to shrinking workforce

4. Which of the following has NOT been identified as an emerging social issue in
Singapore?
   a. Transnational families
   b. Foreign/Migrant workers
   c. Binge-drinking
   d. Illiteracy
5. Towle (1945) identified four categories of needs essential for human beings to be motivated to achieve their goals. Which of the following does NOT fall under one of the four categories?
   a. Relationship with others
   b. Provision for creative needs
   c. Opportunity for emotional and intellectual growth
   d. Physical welfare

6. Assessments help the social worker to plan the next steps to take in improving and bringing about change for the client. A __________________ is a type of assessment that includes case conference reports and pre-sentence reports.
   a. third-party assessment
   b. needs assessment
   c. suitability assessment
   d. multidisciplinary assessment
Solutions or Suggested Answers

Formative Assessment

1. When applying his/her ____________ listening skills, the social worker is attending to not only what the client is saying but also the feelings underlying it.
   a. reflective
      Correct! Refer to Study Unit 6.
   b. non-selective
      Incorrect. Non-selective listening occurs at various levels – to what the client is saying, how the client is saying it, at what point something is being said, whether certain patterns or themes occur and what is not said. Refer to Study Unit 6.
   c. credulous
      Incorrect. Credulous listening is when a listener believes in what is communicated by the client. Refer to Study Unit 6.
   d. active
      Incorrect. Active listening is a general listening skill that occurs when the listener is alert (but not attending) to the messages and feelings from the client, understanding them and conveying that understanding to the client. Refer to Study Unit 6.

2. The ____________ model of social group work restores or rehabilitates group members to better adjust to their environment in which they live in.
   a. reciprocal
      Incorrect. A reciprocal model highlights the mutual relationship between group members, as well as between members and society, to facilitate growth and self-development. Refer to Study Unit 6.
b. remedial
Correct! Refer to Study Unit 6.

c. residual
Incorrect. Residual model is not one of the models of social group work. Refer to Study Unit 6.

d. reflective
Incorrect. Reflective model is not one of the models of social group work. Refer to Study Unit 6.

3. What is the impact of an ageing population in Singapore?
   a. Strained public transport infrastructure
      Incorrect. This is an impact on the rapid increase in Singapore’s population. Refer to Study Unit 6.

   b. Increase competition for jobs in the market
      Incorrect. This could be an impact on the increase of foreign or migrant workers in Singapore. Refer to Study Unit 6.

   c. Lighter economic load on the working population.
      Incorrect. Instead, an ageing population would lead to heavier economic load on a smaller base of working-age population. Refer to Study Unit 6.

   d. Slow-down of business activity due to shrinking workforce
      Correct! An ageing population may mean a smaller, less energetic workforce, and a less vibrant and innovative economy, which may in turn lead to slowing business activity and fewer employment opportunities. Refer to Study Unity 6.

4. Which of the following has NOT been identified as an emerging social issue in Singapore?
   a. Transnational families
Incorrect. This has been identified as an emerging social issue in the study unit. Refer to Study Unit 6.

b. Foreign/Migrant workers
Incorrect. This has been identified as an emerging social issue in the study unit. Refer to Study Unit 6.

c. Binge-drinking
Incorrect. This has been identified as an emerging social issue in the study unit. Refer to Study Unit 6.

d. Illiteracy
Correct. Illiteracy has not been identified as an emerging social issue in the study unit. Refer to Study Unit 6.

5. Towle (1945) identified four categories of needs essential for human beings to be motivated to achieve their goals. Which of the following does NOT fall under one of the four categories?

a. Relationship with others
Incorrect. This is one of the four categories identified. Refer to Study Unit 6.

b. Provision for creative needs
Correct. This is not one of the four strategies identified. Refer to Study Unit 6.

c. Opportunity for emotional and intellectual growth
Incorrect. This is one of the four categories identified. Refer to Study Unit 6.

d. Physical welfare
Incorrect. This is one of the four categories identified. Refer to Study Unit 6.
6. Assessments help the social worker to plan the next steps to take in improving and bringing about change for the client. A ________________ is a type of assessment that includes case conference reports and pre-sentence reports.

   a. third-party assessment
      **Correct. Refer to Study Unit 6.**

   b. needs assessment
      Incorrect. Refer to Study Unit 6.

   c. suitability assessment
      Incorrect. Refer to Study Unit 6.

   d. multidisciplinary assessment
      Incorrect. Refer to Study Unit 6.
References


*Do you know how many types of foreign workers we have in Singapore?* Retrieved January 10, 2016, from https://www.gov.sg/factually/content/do-you-know-how-many-types-of-foreign-workers-we-have-in-singapore


Pappell, C., & Rothman, B. (1980). Relating the mainstream model of social work with groups to group psychotherapy and the structured group approach. *Social work with groups*, 3, pp.5-23.

