



**SOUTH CENTRAL
COMMUNITY**
▲ FAMILY SERVICE CENTRE



COMMUNITY INVOLVEMENT IN CASEWORK INTERVENTIONS: THE BOONS & THE BANES

A QUALITATIVE STUDY

Period of study: Feb 2020-Oct 2020

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SUMMARY

The Asset Based Community-Led Development (ABCD) framework is a core approach adopted by South Central Community Family Service Centre (SCC) where we believe that strengths and assets of the community can be identified and mobilised for empowerment and mutual support amongst community members. Hence, SCC workers have been attempting to integrate community-centric practices (CCP) into case management.

However, from our observations from within the agency and from the existing literature, we have discovered both enabling factors and challenges that workers face when integrating CCP into casework. We hence conducted semi-structured interviews with social workers and community workers to examine these factors.

We document herein the enabling factors, challenges and suggestions offered by the interviewed workers, as well as the implications of these findings to social work practice. The findings mainly revolve around the perceptions of workers or members towards the community or CCP, worker-member relationships, inter-team collaboration within SCC and documentation of CCP. We believe that the findings can inform SCC (and other social service agencies) on how CCP could be further practiced more effectively and seamlessly in case management.

INTRODUCTION

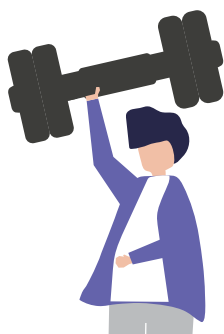
CASE MANAGEMENT PRACTICES IN SCC

South Central Community Family Service Centre (SCC) encourages community ownership and co-creation of ground-up initiatives to meet the needs and challenges of families. We adopt the **Asset-Based Community-Led Development** (ABCD) approach which mobilises individuals, associations, and institutions to come together to realise and develop the assets of the community (McKnight & Russell, 2018).

The five principles of the ABCD approach (Russell, 2018) are shown in Figure 1 below.

Figure 1

Five principles of the ABCD approach.



① Assets-based

Identifying and leveraging on strengths, capabilities, and resources



② Inclusion-Focused

Creating an environment where everyone's gifts are recognised and used



③ Place-Based

Local neighbourhoods are the primary unit of change. Residents can create solutions not within the reach of institutions



④ Relationships-Oriented

Relationships are a powerful driver of change- individual capacities are multiplied when people group together



⑤ Citizen-Led

Considering what families can do for themselves, what they can do with some help from the agency, and what they need the agency to do for them.

As with other Family Service Centres (FSCs) in Singapore, SCC is guided by the Family Service Centre – Code of Social Work Practice (FSC-CSWP, Ministry of Social and Family Development, 2021). According to the FSC-CSWP, **casework practice** includes assessing and providing interventions to manage needs and risks of families and working with the community to identify and mobilise resources.

When agencies focus only on managing risks and addressing needs, they can unintentionally reinforce reliance on formal services, deepening the cycle of dependence on the system (Kretzmann & McKnight, 1996). As such, at SCC we strive to embed the ABCD approach within our case management and counselling practices, adopting community-centric practices (CCP) such as involving informal, place-based resources (e.g., neighbours) in casework interventions.

However, from our observations on the ground and from previous research, social workers face challenges integrating community-centric approaches into their casework.

LITERATURE REVIEW

CHALLENGES

Defining Community Work

One challenge is that workers' conceptions of what constitutes "community" and "community work" has varied, resulting in different interpretations and understandings of what community-centric practices should entail.

Different terms and names have been used to describe various approaches to community work (Johnson, 1998):

COMMUNITY DEVELOPMENT/ INTERVENTION/ PRACTICE/ ORGANISING

Terms that have been used to describe various approaches related to community development, social change, and advocacy (Johnson, 1998). Some definitions include:

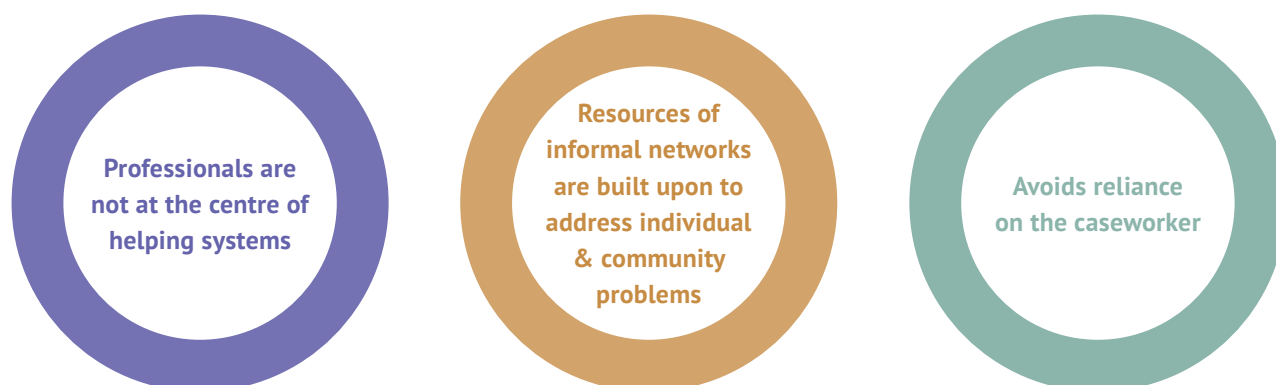
"Purposeful activities aimed at helping develop communities, challenge unjust systems and policies, and promote interconnectedness among members"
(Brady & O'Connor, 2014, p. 212)

"Processes of work with individuals, task-groups, organizations, and communities to produce positive social outcomes in community life, human-service organizations, or systems"
(Weil, 1996, p. 491)

"The pursuit of solidarity and agency by adhering to the principles of self-help, felt needs and participation"
(Bhattacharyya, 2004, p. 5)

COMMUNITY SOCIAL CASEWORK (Hardcastle et al., 2011)

Views community as the source of resources for addressing issues and needs,
and a locus of problem-perpetuating interactions



Though it was not the focus of our study, we also examined workers' definitions of "community" and "casework" (see Annex 1, p.22 for details).

Emphasis on Casework

Casework and community work have been seen as separate and dichotomous practices, with different philosophies and objectives (Goldsworthy, 2002):

CASEWORK	COMMUNITY WORK
Work with individuals	Work with communities, society
Micro-level intervention	Macro-level intervention
Case management & clinical practice	Advocacy

Although community engagement is an essential component of social work, the increasing professionalism of social work has resulted in a greater emphasis on clinical and casework practice (Hardcastle et al., 2011), individualised as opposed to community-centric provision of services (Geoghegan & Powell, 2006), and a focus on measurement and defined outcomes (Buckley, 2008). As most organisations are funded by the state to provide services to the community, they are limited by statutory requirements and risk-management policies set by government (Das et al., 2018).

Moreover, social workers are influenced by their organisation's and funders' priorities and positions on the role of community work, especially in large agencies where the emphasis tends to be on individual work that is more easily quantified and managed (Forde & Lynch, 2014).

Agencies' Readiness to Support Community-Centric Practice

Even when agencies endorse community involvement and participation, they may not be prepared to allow the community to participate in decision-making. Often, agencies decide the extent to which the community is engaged and may limit their role to that of consultation rather than participation (Mathie & Cunningham, 2003). Moreover, organisations may not be ready to change the way power is shared with the community (Goldsworthy, 2002), or community members may not be adequately supported when decisions are made (Goldberg, 1995).

Community-centric approaches also require the worker to have enough time and bandwidth to reflect upon existing practices and make changes to the status quo, and to participate in community development activities. When stress levels increase, workers may end up reverting to original practices and their positions as the experts (Goldsworthy, 2002).

Moreover, it is difficult for social workers to commit their time to engage the community as their focus and priorities are that of casework. As such, workers who integrate community-centric practices into their work often need to be highly motivated and engage in work outside their usual hours (Goldsworthy, 2002).

Members' Readiness for Community-Centric Practice

For community-centric approaches to be effective, strong connections and relationships between community members need to be present. However, from previous experiences, relationships between community members can be challenging to build as members may not be willing to get to know one another (Lee et al., 2020), or may even be critical and judgmental of each other (Goldsworthy, 2002). Moreover, many members¹ are used to being passive recipients of services rather than active contributors (Goldsworthy, 2002; Lee et al., 2020). When workers view members as victims- as vulnerable and oppressed individuals- they can reinforce members' perceptions that they are powerless and in need of services (Mullaly, 1996).

FACTORS ENABLING COMMUNITY-CENTRIC PRACTICE

Relationship-Building

One integral component of community-centric practice is the workers' ability to engage with communities and build relationships with both community members and other stakeholders (Forde & Lynch, 2014; Gilchrist & Taylor, 2011; Lee et al., 2020). A fundamental part of developing relationships with the community involves actively listening to the voices of the community and sharing knowledge with them (Dominelli, 2010). It also involves creating platforms for community members to connect, discover their issues and aspirations, and providing opportunities for them to take action (Lee et al., 2020).

Involving Community Members in Decision-Making

Besides listening to the voices of the community, workers also need to be aware of power differentials between members and themselves and be reflective about how power can be used to reinforce inequality (Forde & Lynch, 2014; Lee et al., 2020). Agencies can also make their services more inclusive and open, from designing waiting areas to be more welcoming to including members in decision-making processes and encouraging them to make contributions to their communities (Goldsworthy, 2002).

AIMS OF THE STUDY

The Ministry of Social and Family Development (MSF) and other government agencies have increasingly recognised the importance of community development approaches in social work in the recent years. Community work is part of the National Council of Social Services (NCSS)' competency framework for social workers (Ministry of Social and Family Development, 2015), and MSF is in the process of developing a guide for community work. Moreover, the Ministry of Culture, Community, and Youth (MCCY) supports the co-creation of ideas and solutions with the community, affirming that the government's strategy is in line with community development approaches (Ministry of Culture, Community, and Youth, 2021).

However, from our review of the literature, it is clear that there is a dearth of knowledge and research examining the use of community-centric approaches within the context of casework in Singapore. Specifically, there is a lack of understanding of the challenges workers face and the enabling factors that promote the integration of CCP in casework.

The aims of the study are to:

1. Identify the challenges and barriers workers face when involving the community in case management practices
2. Identify factors that enable community involvement in case management to be deepened

¹ In SCC, we use the term "members" instead of "clients" to refer to individuals receiving casework and counselling support from our organisation.

METHOD

PARTICIPANTS

All SCC staff working directly with members² were recruited for this study. In total, 21 semi-structured interviews were conducted between February to April 2020.

Participants included 13 Social Workers, 4 Community Workers, and 4 Hybrid workers who were involved in both social work and community work (see Table 1). Most participants (18 out of 21, 86%) had social work qualifications, and more than half (14 out of 21, 67%) were female. All participants had at least 2 years of experience working in the social service sector. Eight participants (38%) had more than ten years of experience in the sector at the time of the interview.

Table 1: Profile of Respondents

Participant	Worker Type	Social Work Qualifications?	Years of Experience in Social Service Sector
A	Community Worker	No	6-10 years
B	Community Worker	No	>10 years
C	Social Worker	Yes	>10 years
D	Hybrid	Yes	6-10 years
E	Social Worker	Yes	>10 years
F	Social Worker	Yes	6-10 years
G	Social Worker	Yes	>10 years
H	Hybrid	Yes	2-5 years
J	Social Worker	Yes	6-10 years
K	Community Worker	No	2-5 years
L	Community Worker	Yes	>10 years
M	Hybrid	Yes	>10 years
P	Social Worker	Yes	2-5 years
Q	Social Worker	Yes	>10 years
R	Social Worker	Yes	6-10 years
S	Social Worker	Yes	2-5 years
T	Social worker	Yes	6-10 years
U	Social Worker	Yes	2-5 years
V	Social Worker	Yes	2-5 years
W	Social Worker	Yes	6-10 years
Y	Social Worker	Yes	>10 years

Furthermore, as part of our efforts to better integrate CCP into case management, we interviewed three experienced leaders who pioneered and practiced community work in Singapore (Community work leaders Z, N and O) about their views on community-centric work. Our full findings are reported in Annex 2, but we have also made reference to them throughout the report where common themes made by workers and the Community work leaders have emerged.

² In SCC, we refer to individuals supported by the FSC for casework and counselling as “members” instead of “clients”.

PROCEDURE

A semi-structured interview guide was developed based on the aims of the study. Sample questions included:

- What are some examples of cases where you explored strengths and aspirations, community resources, and other community-centric practices?
- What are some barriers and challenges you have faced in using such practices/ involving the community in your work?

Prior to the interviews, participants were briefed about the purpose of the study, assured that information shared during the interview would remain confidential, and informed that their participation in the study was voluntary. Consent was obtained for participation and audio-recording of the interviews.

Interviews were conducted in-person by a researcher and interns who were not involved in direct work with community members. Interns who assisted with interviews and transcription did not interview their supervisors or other staff who were supervising their work. Interviews were audio-recorded, transcribed verbatim, and anonymised.

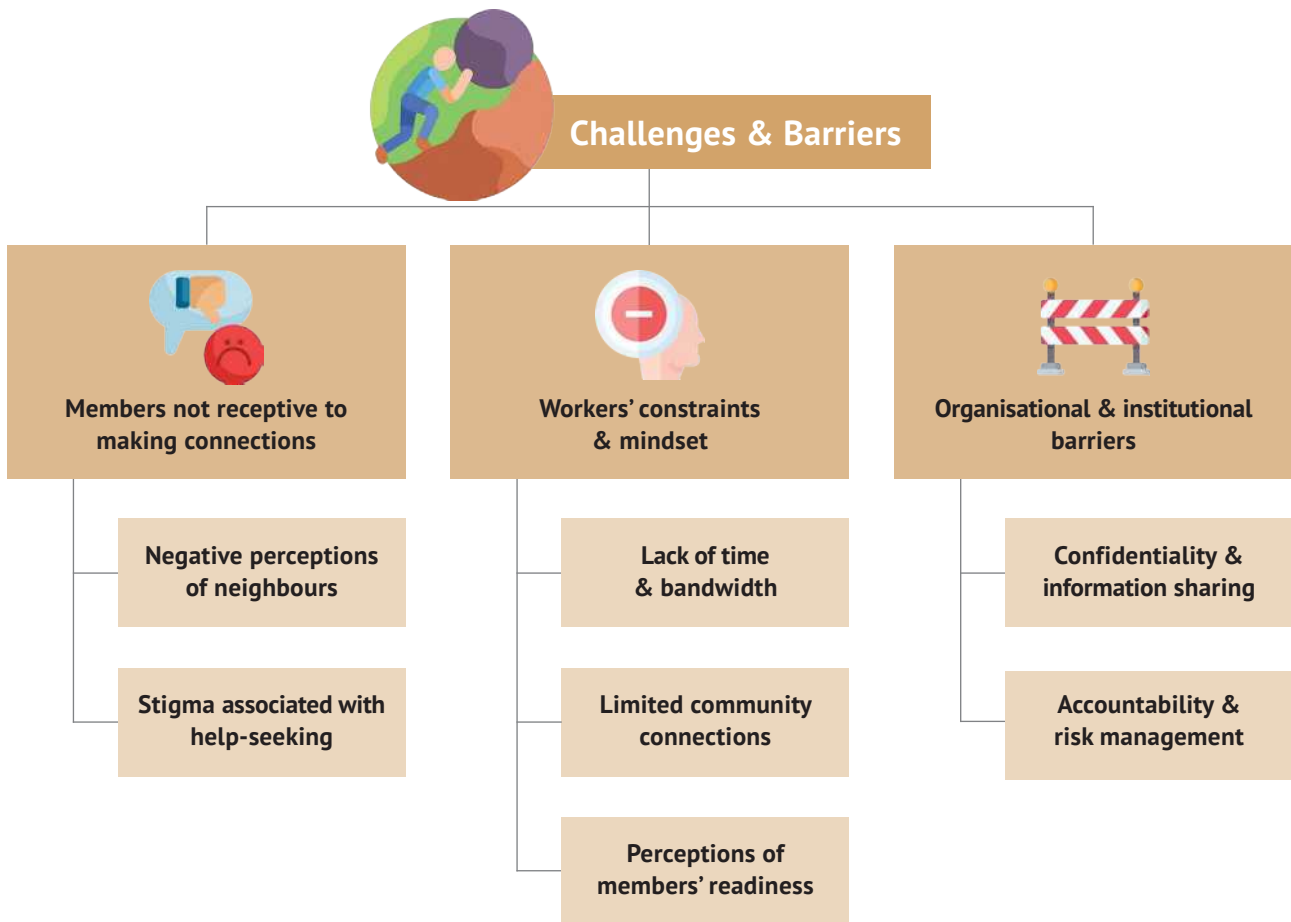
ANALYSIS

All three project team members (two social workers and a researcher) analysed the data using thematic analysis (Braun & Clarke, 2006). Dedoose qualitative analysis software was used to code the data according to themes based on the interview guide. After the first phase of primary-cycle coding, a codebook was developed to define each code, and ensure inter-coder reliability (Tracy, 2013).

Two transcripts (nearly 10% of transcripts) were coded by all three coders to ensure that the codebook was applied consistently, and all discrepancies were discussed to agreement.

RESULTS

CHALLENGES AND BARRIERS



Members are Not Receptive to Making Connections

The success of workers' efforts to connect their members to their communities is contingent on their members' receptiveness to making such connections. As social worker J shared, when members "choose not to be involved in the community", he could only "share with them the pros and cons". There was "very little [he] could do" as ultimately, he had to respect members' decisions.

We found several factors which influence members' receptiveness to making connections which are described below.

Negative perceptions of neighbours; lack of existing connections

Workers shared that many members were reluctant to get to know their community as they had negative perceptions of their neighbours. For example, Y, a social worker, shared that her member was not receptive to getting help from her neighbours despite her difficulties managing her active, young children:

I think they need a lot of help, so I was thinking where to get the help... [The children] have a lot of energy that's why I.. talked to her about bringing the children down to the playground, but to her it is a difficult job. That's why I was thinking of [were] there any neighbours who could help, but she said no because she said she didn't want the children to mix around with people around the neighbourhood. Maybe they don't feel safe.

Some members were not willing to make connections as they did not trust their neighbours and were not connected to their communities. When members do not trust their neighbours with personal matters, they are less inclined to approach them for help. Social Work W felt that workers needed to be cognizant of members' comfort and trust levels before encouraging connections:

We [Social Workers] only think how to link to community, informal [networks], ABCD [principles], but we never address these people's concerns like, I'm a single mom.... I got suicide ideation. You know, some suicide ideation cases, they don't want to let their neighbours know, scared their neighbours go and tell other people.

Stigma associated with help-seeking

Similarly, Social Worker V felt that members' connections with the community tended to be weak, and members' perceptions about help-seeking affected their willingness to seek help:

.. they don't really know their neighbours, they are not sure about sharing about their issues that they face. I

think a lot of them want to keep it private within the family. It's a family issue I shouldn't be showing my dirty laundry with everyone... To some extent there is still stigma and shame that attached to seeking help. So if I were to share with community or neighbours would that mean I am a failure, I'm not as capable as other people?

Workers' Constraints and Mindsets

Social workers lack time and bandwidth

When workers do not have the bandwidth and time to engage the community, they struggle to build meaningful relationships that are necessary for community-centric practice. As J, a social worker highlighted, community workers spent a lot of time outside office hours engaging the community, which social workers found challenging to do as their night shifts are allocated to seeing cases:

Our [community] workers always do the work after office hours... Night shift we will see cases. So then how? And the relationship is not built [by seeing members] once every 2-3 weeks. You must see them regularly.

Social workers also tend to focus more on "fire-fighting" – stabilising and managing cases with higher risk – which takes time and focus away from relationship-building and other community-building activities. For example, H, a Hybrid Worker, saw her community work as "secondary" because she spent most of her time in crisis mode, "firefighting" high risk or crisis cases.

Social workers have limited connections to the community

Social workers felt that it was difficult to integrate CCP into practice as compared to community workers, they lacked knowledge about community activities and networks. As D, a hybrid worker shared, the process of building connections in the community is unpredictable, as even when they attempt to introduce community members to each other, the connections often do not work out. D compared his role to that of a matchmaker- to increase the likelihood that members will be successfully "matched" to other community members and form connections, workers needed to invest enough time to get to know the community:

One thing is I don't know much about what's going on in the community... it's like dating – finding someone you love and loves you, right? Do I know enough girls out there to find out who likes me or who I like? That's not to say that you [the worker] have to know [everyone in the community]. You need to know enough [people] to find a match [for members]

When social workers require community support for their members, they would usually ask community workers to recommend community members they know who would be suitable. Community workers would then link social workers up with these identified members. However, community workers pointed out that relationships with the community require time and trust to build. As B, a community worker, pointed out, the relationships that he established with community members are not easily transferable to others:

Relationship takes trust, trust takes time. So that's my challenge also. I don't know how to transfer this relationship to [social workers].

Perceptions about members' receptiveness to CCP

Workers' perceptions of how capable and receptive community members are in terms of supporting the case influence their likelihood of engaging in CCP. For example, social worker J was reluctant to connect his member to the community, as his perception was that his member would be rejected by his community:

The community rejects my member actually. They feel that she is very problematic because a lot of police, shouting, they do not have a very good view. They told me like I think she is on drugs.. they will say things like that. So even if I wanted to [connect member with community], I kind of expected the member not to respond well.

Many workers also had the mindset that members were not receptive to receiving community support and felt that it would be a challenge to encourage them to do so. Q, a hybrid worker, was reluctant to connect her members to their communities for this reason:

Sometimes, I feel that for cases, member has to be cooperative and want [to be connected]. If they don't want it's also a bit difficult.

Organisational and Institutional Barriers

Confidentiality issues and information sharing

Social workers and community workers often collaborate to support members and link them to community resources. As K, a community worker puts it, social workers are "bound by protocol and ethics". As a Family Service Centre, all staff including community workers are bound by MSF's policies, which includes mandatory reporting of certain issues that concern the safety of members. When members of the community share information with community workers in confidence, community workers face the dilemma of deciding whether to report, and what information they should be sharing with social workers. K, a community worker, finds it a "struggle" to manage reporting requirements, feels like she is "betraying the community" and worries that she will destroy the trust and relationship she has with the community.

More clarity would be needed to define the roles and responsibilities of community workers, including their involvement in managing risk and situations where they need to safeguard members' safety.

Accountability and risk management

Workers were also concerned about risk management or potential negative consequences that could result from linking members to their community. T, a hybrid worker, shared that as a social worker in charge of the case, she would be liable to MSF if the outcomes of a linkage she made were negative:

The thing is, if member to member they identify, they link, make their own connections it's different... if it's other form of help like collecting letters that's different from taking care of a child. Because it is a vulnerable individual or individuals there. So if anything were to happen and linkage is through an organisation, in this case, it's a social worker from an FSC, then I'm liable for that. If touch wood, anything happens then I'm answerable most importantly to the child and child's parents. And then to other systems like MSF, worst case scenario, touch wood.

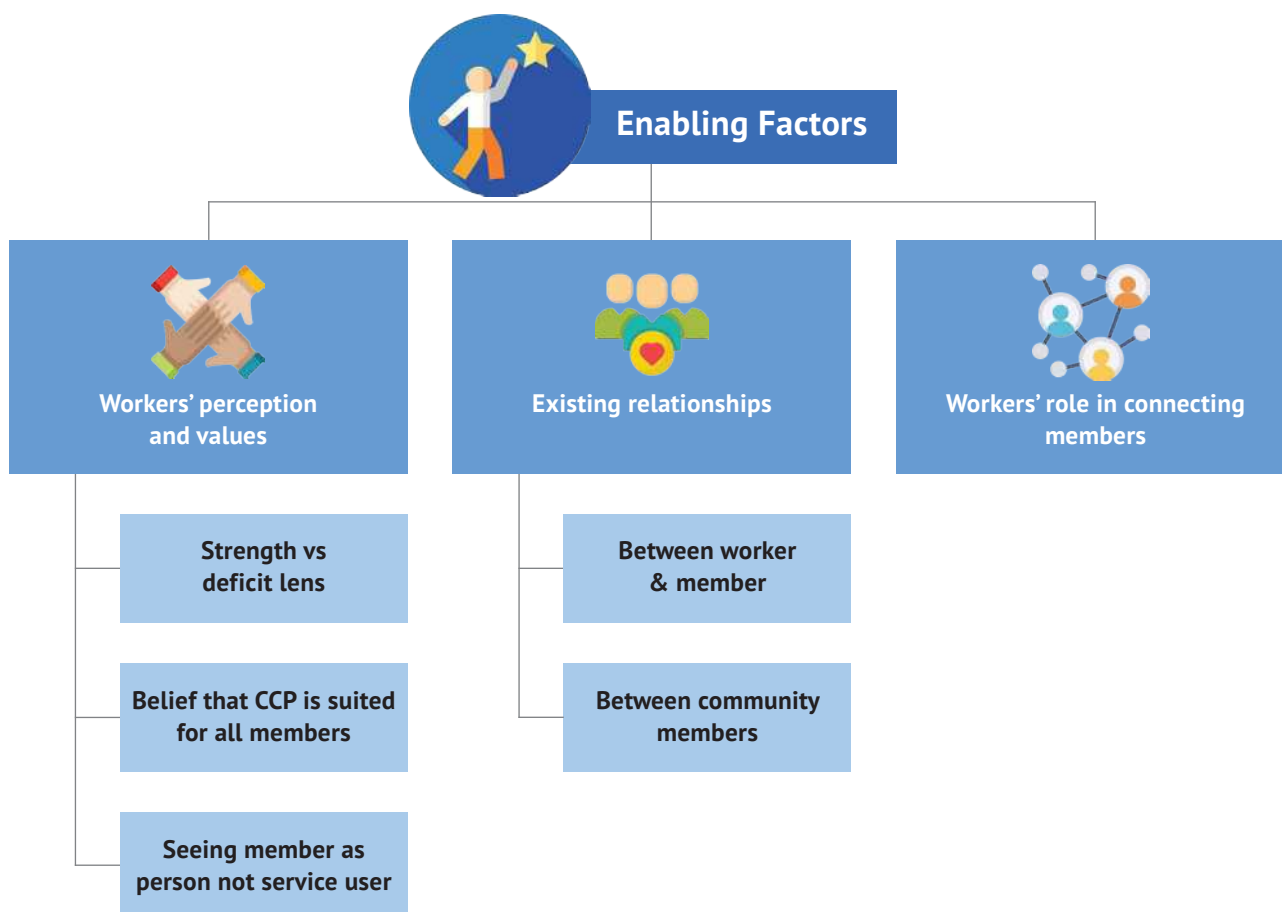
Workers were worried about having to play the role of mediator and having to manage issues that could potentially arise when members are introduced to each other. E, a social worker, was particularly concerned about the need to screen community members to determine their suitability, before introducing them to her members:

Sometimes [when we] link up then a lot of disputes, then who is going to come in to intervene? If I do it, I have to be very mindful that the resource is very stable... It's just like foster parents. MSF must have interview and know that they are suitable. So, community members you also need to know them, need to know if they are okay to be child minders. If they have their own kids. Firstly, I need to know if they have the bandwidth and all that.

Social workers had fewer concerns about accountability when they referred their members to other social service agencies or organisations. As R, a social worker pointed out, he/she would have to take the responsibility and screen potential community members before linking his members up to them:

So I think at the end of the day the person that needs to filter is me, to see if this member can actually work together with this member.

ENABLING FACTORS



Worker's Perceptions and Values

The various perceptions of workers can enable the use of CCP in casework.

Strengths versus deficit-based lens in social work practice

The strengths perspective in social work practice posits that members be seen in the light of their talents, possibilities, values and aspirations within the individual, family, or community context (Saleebey, 1996). While family strengths are also assessed as in the guidelines of the FSC-CSWP and Family Adult Support Tool (FAST) (Ministry of Social and Family Development, 2018), there is an emphasis on risk assessment and management. Social worker Q speaks of the importance of seeing members as potential contributors and thereby identifying their strengths:

If you feel that member comes in with a problem, then you will be deficit-based. But if you see member as potential contributor to the community or future prime minister, that means you will be able to see this person as a person of potential. I guess the way we work with them would be different... How we do things also stems from how we perceive things.

This is echoed by Community Work Leader Z who believe that members should be seen as assets rather than mere receivers of services (see Annex 2, p. 25).

For other workers, being community-centric is aligned with their personal philosophies of social work hence leveraging on informal support systems becomes of second nature and there is increased motivation to execute community-centric approaches. This is espoused by social worker W:

Because I think to a certain extent it aligns with ... my beliefs, and it also aligns with SCC's vision and mission. Yeah, the ABCD model, our mission statement, strengths perspective, ... it all aligns... it's easy for me as a worker also... I don't need to try too hard to remember, because part of it already in me. Yeah. I just need to be more conscious of [asking about] the informal support[systems].

Seeing member as a person before that of a service user

Another enabling factor related to worker's perception is about how workers view members as equal human beyond their status as service user. Community worker K believes that social service professionals must preserve the human touch in their engagement with members:

Can we take away our professional hat is to see our families as a human? I feel this is a blind spot.

This finding is corroborated by Uggerhøj (2014) which reported that service users have proposed three criteria for what constitutes a good relationship with social workers: engagement, human decency, and sincerity. In social work practice, these three features are manifested by workers engaging in informal talk with community members and revealing the worker's emotions and even self-disclosure of personal experiences.

Belief that CCP is suited for all cases

Our findings reveal that all workers are cognizant of the value and suitability of CCP in casework, which is an important motivational factor to execute CCP. However, there is contention on when CCP is most suited in the timeline of case management.

Some workers, such as social worker G, believe that all cases are suitable for CCP because humans yearn for social connection:

There's no such person that don't want to be connected... This connection is universal. Nobody wants to be an island. Either they have negative experience, or they build a wall after all that... I believe [CCP] is suitable for all the cases.

The second category comprises workers who believe that CCP is not suitable for every case. Social worker S expressed ambivalence, and the belief that while CCP is relevant to all cases, the suitability is time sensitive and may differ as the case progresses. For context, case management typically includes the stages of engagement, assessment, intervention (linkage with community resources and agencies, counselling and therapy), monitoring and case closure (Kanter, 1989). The family is dynamic and evolves with time, and hence the suitability of CCP at a given point in time for any given case might vary:

The case will evolve across the stage. Initially it can be risk or crisis oriented but as the case evolve there is more developmental or relationship issues to work on, then we can use the full expansion of [CCP].

This reinforces that the effectiveness of CCP varies across time for any given case due to the changing context of the case. Nevertheless, workers generally see the value of CCP in all cases.

Existing Relationships

Worker-Member Relationship

For some workers, the crux of CCP is essentially relationship building. They believe that strong rapport between member and worker is the basis of case management and crucial to the formation of the worker-member therapeutic alliance. According to social worker W, without the strong member-worker relationship CCP cannot be executed:

How much time we want to invest in building relationship? Because to me relationship is like windows software/OS. A laptop no windows software, you want to load your game, accounts software, excel, word etc cannot load ah – there's no window, no software, no OS. OS is the relationship... what's missing is time invested into building of relationship.

Relationship between Community Members

Other workers have elaborated on the importance of observing and identifying existing relationships amongst community members, which would be helpful in relational mapping and to tap on the existing community networks in CCP. Social worker M shared about how observing the community would allow us to learn more about existing relational networks:

Children are better connectors than us. Later I found out that the children hang out with another family. I bumped into them in the playground... So when I tell the mum I saw your girl with this girl, at least she know who she hang out with. Then she tell me, actually she know this girl because of this neighbour. This neighbour [living] beside me.

Workers' Active Role in Connecting Members

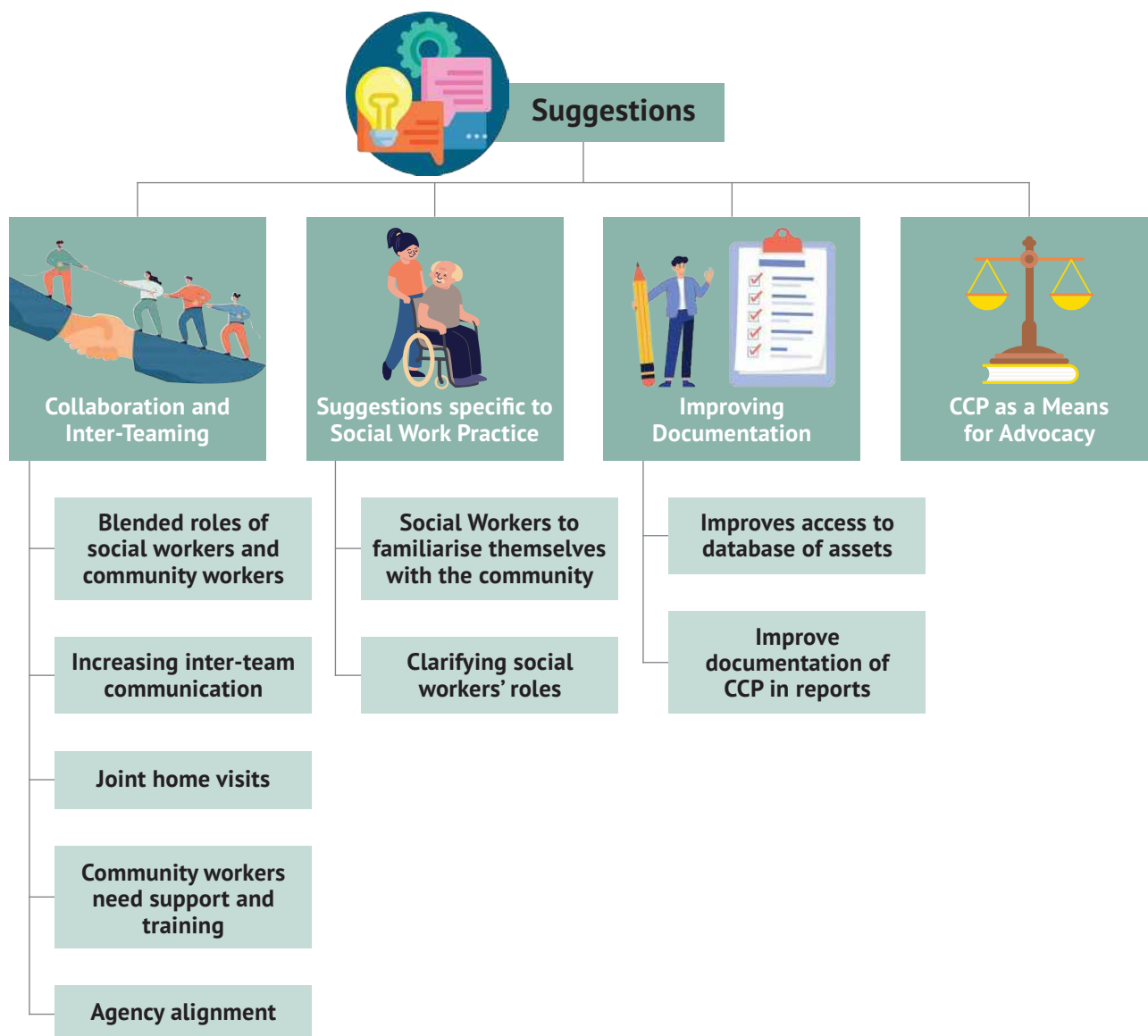
Some workers attempt to actively take on the brokering role and introduce members to each other in the hope that they connect informally. Social worker R shared his/her enthusiasm in linking members to one another which had led his/her members to provide mutual caregiving support:

I like to introduce people to each other. Like just now I had a member who came here. I just introduce her to [member A] lor. Then [member A] saw my other member who was sitting here [in SCC] then she herself sought help from member B to help fetch her daughter from the same school that they have... [This happened last year in 2019], over a period of [a few] weeks.

Social worker F also shared a specific attempt where two workers collaborated to successfully bridge their own members for caregiving support, further showing the potential of workers in connecting community members:

There was one case, [social worker's] member and my member... [social worker] asked for a neighbour who can bring food to a member who just gave birth. My member agreed. She brought her food for the next two weeks everyday. She only committed for two weeks but after that she needs to go for employment.

SUGGESTIONS



Workers were asked for their suggestions on changes that would further enable the integration of CCP in casework.

Collaboration and Inter-teaming

Blended roles of social workers and community workers

Workers have suggested venturing beyond the distinct roles of social worker and community worker. Community worker K is calling for workers to look beyond their agency-prescribed roles and approach cases as a team:

Don't take [the case] as a caseworker [and think] I have 40 cases. But as the team here, how do we service the 580 [open cases]? It can be a collaboration between anyone. But do we see that?

Additionally, community worker B suggests collaboration between social workers and community workers should begin when members first approach the FSC for information and referral (I&R)³:

From the time from I&R when this member come in after assessing can you bring in any of the community workers to talk about this to have a kind of orientation on what is block 5, doing besides just case managing. Or what else we do in the community so things are being introduced to us... And talk like eh there's food ration happening in this neighbourhood you know.

³ This is the preliminary phase of engagement where workers provide consultation and assess whether a social worker should be assigned to the member for continued case management

Increasing inter-team communication

At present, the various teams within the agency communicate their work via formal platforms, such as the monthly staff communications meeting or case conferences, and also via informal conversations at the workplace.

Some workers have suggested further increasing communication between the social work and community work departments so that both are constantly up to date with each other's initiatives. Community worker A explains this.

I think by making resources more relevant. There are some initiatives either done by community or started by community workers are not fully understood by social workers due to lack of communication.

Joint home visits

Joint home visits between social workers and community workers have been practiced by some workers in SCC. It allows the family to be assessed from the perspective of both casework and community work. Workers such as community worker A have found joint home visits to be complementary and productive, hence more workers should practice this.

I would think that joint home visit will help. Especially at the initial stage. SW focuses on the case whereas community worker look through a different lens. The blind spot could be compensated by the partners. Once they get used to the social worker, they will know who to look for, for [information]. But at the initial stage maybe can go together.

Community workers need support and training

Community workers also shared that they lacked knowledge about how to conduct assessments and manage crisis situations, which affects their work with community members. A, a community worker, felt that community workers could benefit from additional training, especially since they are usually the first responders in crisis situations:

I feel that I need to know more in terms of how [social workers] assess the cases. And also, we never learn about how to handle crisis cases. Not as the case intervention, but from the initial level, and what are the correct responses.

Agency alignment

Workers espoused the importance of staff having congruent values, as well as management's role in ensuring values are aligned. For example, K, a community worker, felt that more could be done to "build the leadership and middle management" to ensure better alignment in terms of values. He/she also shared that it was especially important for middle managers such as senior workers to be aligned to the organisation's values, as they would be the ones translating these values to their supervisees.

Suggestions Specific to Social Work Practice

Social workers to familiarise themselves with the community

We discovered significant concern regarding social workers' lack of knowledge about the community and their lack of visibility within the community. This poses as a barrier against social workers who want to execute community-centric practices. Community Work Leader Z espoused that social workers have to be physically present in the community to understand the perspective of members, for instance, via home visits (Annex 2, p.25). Similarly, social worker M, posits that CCP is not achievable if social workers are unfamiliar with the community:

To me it is a bit strange when we want to be [CCP] when a lot of our social work team don't do community walk to know neighbours... Because [for CCP] we need to take it beyond casework level, need to physically know the community. Cannot depend only on the [community work] team.

Moreover, social worker J is calling for SCC staff to participate more actively in community-led events. This is because in SCC events, community members are often recruited as volunteers or participants and hence SCC staff should also reciprocate by participating or supporting community-led events. Worker J also worries about workers' enthusiasm in knowing the community:

Like... our event we push, we get them we call them like come... come... but they [community members] come up with their own [event] everything right, they invite us... we never go... And that is possible to think that we ask social workers to do community walks.. we see the same few people...

Clarifying social workers' roles

Social worker T raised an interesting view about re-examining the roles of social workers in CCP. She opined that having clarity of workers' roles leads to ownership in the work, which is an interesting point for deliberation:

If social workers roles are not defined, it's also very hard for social worker... At least we need to know what [are] social workers' roles and functions in [CCP]. So that it's also clear for social worker what is my function in this. And my function shouldn't be casework. Casework is a mode of social work. Casework, groupwork, comm[unity] work is more of social work. But that's not our function. So, what is our function? I think we need to define that...Are we doing a broker[ing] job in linking of resources?

Improving Documentation

Improve access to database of assets

Asset mapping and relationship mapping have been points of fervent discussion in SCC since the birth of the FSC. The community work team has passionately attempted to elicit the strengths of community members and identify community connectors (residents of the community who are enthusiastic in facilitating neighbourly interactions). However, it seems like the consolidated asset map is not manifested as a database that is easily accessible, hence social worker W has expressed doubt about where to find information regarding the mapped assets, showing the importance of documenting the asset map:

Maybe it's documented I also don't know. Maybe you can check with other workers -do you know we got asset mapping? They will say yes. Do you know where to find the asset? Or the data? Maybe you can update me... How many actually know.

Improve documentation of CCP in reports

We discovered that documentation requisites play an important role in influencing workers' assessments. At present, the various domains of the Assessment and Care Plan (ACP) in Social Service Net (SSNet) – where workers formally document the case plan – do not require that community-centric practices or assessments be documented. Documentation requirements thus have to evolve to support the CCP work that workers carry out. Social worker T suggests that CCP should be documented as well:

I shouldn't be asking questions just because I want to have an understanding. How is it documented in SSNet? Because the reality is, assessment is our administrative function. Then for me, it's also to support worker's assessment and intervention skills... you also need to study how this information [is documented] in the SSNet system... I have not thought of it. But if you are looking at this might as well look at that as well. Because we do so much work but sadly it is not documented.

CCP as a Means for Advocacy

Community Leader N has espoused that community-centric work should imbibe the values of "social justice" (see Annex 2, p. 24). In the same vein, social worker T brought up an interesting speculation that CCP can generate data from the community that equips workers to advocate for modifications or finetuning of protocols by other formal institutions, such as the child protective services (CPS), to better social work practice:

Because [CCP] is not about just casework interventions. Within casework that's where we identify things and all that, that can also support with certain level of groundwork advocacy, also at the community level. For example, mental health, some of the policies may not support mental health. The child protection guide, for example, may not support the reality of what's happening. So, we can give reviews to the Ministry and policies. Because we know the groundwork. So that's where intentionally we have the advocacy thinking when doing [CCP]. If that is the scope. But I guess that is long-term.

IMPLICATIONS & REFLECTIONS

In the previous sections we have elicited and presented the various challenges and enabling factors that workers face when executing CCP as well as suggestions to better CCP. Some of our findings are congruent with that as presented in the literature, for instance, the challenges in common include members' and workers' readiness for CCP, while for the common enabling factor is the worker-member relationship. The following are some reflections on the implications of these findings to social work practice in the community setting.



Reviewing Community Social Work Practice and its Goals

The findings highlight that SCC workers believe casework and community work are not dichotomous. Workers generally see great value in collaboration between social workers and community workers, showing that the collaborative whole – or “gestalt” – is greater than the sum of its parts. There is therefore a need to review and augment intervention practices by community-based social service agencies for members at the case and community level.

Moreover, our findings also suggest the value of reviewing (or a shift in the emphasis of) the intervention goals of social work in the community setting. Workers' efforts to connect members to each other for community self-help essentially strives towards expanding members' social capital and empowering communities. If these goals have a greater weight in the outcome measures, intervention will shift accordingly to achieving these goals.

Rebalancing Power between Worker and Member

It is paramount to deliberate the role (or emphasise pre-existing roles) of social workers who are executing CCP. Apart from the prescribed roles by the Singapore Association of Social Workers (SASW, 2017), workers' roles could be expanded to that of rebalancing power and facilitating co-solutioning with the community. Several methods to achieve this have been suggested in the literature. For example, Goldsworthy (2002) suggested concrete steps to increase the participation of community members in the processes of formal agencies. This is based on the belief that for empowerment to take place, community members must have power over “resources, relationships, decision making and information” (Goldsworthy, 2002, p. 331). This includes conferring community members power by inviting them to take up legitimate positions in the agency.

Structural Changes to Facilitate CCP

We have discovered that some of the barriers faced in CCP are sector-level structural barriers, where a review of guidelines or policies would greatly facilitate workers in carrying out CCP.

With regards to information sharing, clear guidelines on community member-related information sharing between social workers and community workers would have to be standardised in accordance with the Personal and Data Protection Act (PDPA). This is because social workers and community workers interface with community members at different platforms and circumstances, which might then allow them access to different information about members. For more effective collaboration between social workers and community workers in supporting community members, guidelines for information sharing must be stipulated clearly.

On the issue of risk management, social workers reflected feeling unsafe and unsupported to delegate responsibility to community members to support other members because of the culpability of the worker if unforeseen problems arise during the process. It is recommended for the sector and agency management to develop risk management guidelines in situations where members support one another, so that social workers are more supported to facilitate community self-help.

Lastly, increased funding dedicated to community work and community workers would be essential for the development of CCP. At present, FSCs are funded largely for casework hence substantial manpower is channeled to casework while community work might receive less attention.

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ANNEXES

ANNEX 1: DEFINITIONS OF COMMUNITY AND CASE MANAGEMENT

Definition of “Community”

We have documented in this section the divergent views of “community” that emerged during the interviews to highlight the plurality of “what” and “who” defines community.

Formal versus Informal Support Systems

Any meaningful discussion of CCP must first include a discussion on what the concept of “community” would mean to workers. We found that workers’ definitions of “community” were varied. Social worker C views the community as place-based, including both formal and informal resources:

Yes, it must be within this service boundary. My idea of [CCP] is how can we build a community in a community. Regardless of whether it is formal or informal [support systems].

Social worker T has a similar view but believes that the informal support systems should be tapped on to a greater extent:

Community must encompass formal and informal [resources]. I guess the thing is the proportion of the intervention or involvement in the case could differ. Formal could be lesser, but it doesn’t mean they are neglected or not recognised.

Place-Based versus Non-Place-Based

Worker L contends that while it is prudent to consider place-based resources due to physical proximity, community resources need not be place-based:

I don’t see community as necessarily place based. I think it helps, place based helps because it is more obvious, the kinds of support that you can avail. Especially within the FSC as we are geographically bounded...

Who Defines “Community”?

Other workers have also suggested that the concept of “community” should be defined by members instead of social service professionals. They believe that the definition of “community” should be socially constructed. Community worker L went on to elaborate that the community can consist of anyone beyond the family nucleus – it is who members have included into their community that is most unique and salient:

Family is part of community. It doesn’t mean that community-centric means you are just looking at neighbours... “Community” means whoever is outside your family members and that sort of stuff. It could mean extended family members it could be neighbours, it could be colleagues. it doesn’t matter. Who is the community to you? That’s important.

Social worker T resonates with this definition:

My definition of community is not just neighbourhood. Family and friends are also part of community... and whoever they define as community. Not just the neighbourhood itself. For me, that’s community as well. So that’s why I find I bring everything together. So that’s why I never go very specific in terms of like neighbours. - T

Definition of “Case Management”

Some workers cite that case management should inherently already be community-centric. As defined by the National Association of Social Workers (NASW), case management “can occur within a single organisation or within a community program that coordinates services in the relevant setting” (NASW, 2013, p. 13), which suggests that community involvement can be a part of case management. Social worker J suggests that being community-centric in case management should be the norm in social work:

Community centric practice should be already a normal form that I can give. Because our work not only involves working with individuals but the larger community, formal, informal system. So, if we are saying our work is not community centric then what are you doing?

Community worker L also asserts that case management should be community-centric by default. She also points out that case management in the social service sector has become increasingly clinical – akin to the medical or pathological model – to the extent where community-related interventions have become gradually side-lined:

Case management should be community-centric. Case management in itself. In my opinion you can't manage a case in isolation to the individual and family, to everything else that's around the person. The support system, be it extended family members or members of community. What I find over the years is what is happening with social work, casework is that it is becoming more clinical. It's following more the medical model, the diagnostic model whereby if you have a problem I diagnose it, I give you medicine, in social work, I give you solutions I link you up with certain resources and that's it you go.

ANNEX 2: INTERVIEWS WITH COMMUNITY WORK LEADERS

Purpose and Method

As part of our workgroup's efforts to better integrate CCP into case management, we interviewed three experienced leaders who pioneered and practiced community work in Singapore. To keep their identities anonymous, we will use the acronyms N, O, and Z to identify them.

We asked them:

- What does community-centric practice mean to you?
- What are some strategies we can adopt to be more community-centric in our practice?

We have summarised the main themes from the interviews and suggestions for practice below.

Main Themes

CCP is a Mindset and Way of Doing

All three community work leaders felt that CCP should be conceptualised as a way of doing – a set of principles that influence a workers' mindset rather than specific practices. According to Z, one key principle was having a person-centered approach:

It's a lens and whole posturing of yourself when you work. You feel first and foremost as a human being connected to other human beings with certain roles you need to perform and certain things you can offer to the community.

Having a vision of the community coming together to help each other was also important to Z, who felt that casework and community work could work in tandem to achieve this vision:

It isn't about doing away with casework, it's about the lens you adopt while doing it ... it's about shifting our lens about the people who come to us. If we see community people helping each other as our vision, that everyone of us, especially people with less means, will do better when they have each other to support and help each other, and if we see that as the vision we want to create, and that is our work, then every aspect, including talking to someone who isn't our member, is part of our work.

Values of CCP

The community work leaders also discussed values that should be imbibed in CCP. N discussed principles that were inherent to social work were important:

It is important to make decisions based on principles and not roles. Principles such as compassion, social justice, community. If your actions and interventions are not in accordance to these principles, it's not social work.

According to O, workers should also focus on building assets and empowering members:

What kind of lens do we put on? If there's risk assessment, how extensive is it? The lens to put on is empowerment theory and asset-building.

Avoid Compartmentalising Casework and Community Work

All three community work leaders agreed that casework and community work should not be compartmentalised and viewed as separate types of work. According to Z, the values of community work should be espoused by the entire organisation:

Specialisation causes siloes.... Otherwise, we just see it as someone else's work. If we are rushing casework, then I have no time for comm[unity] work. The reality is that people never have enough time.... And people will not apportion time for it unless it is designed that way, as part of your work. By virtue of having to do the different pieces of work, you will need to piece it together and arrive at a framework. And this framework doesn't apply to a few people, it applies to the whole organisation. Even the backend people. It's part of the deliberate attempt- that they need to embrace this DNA too. Finance, HR expertise is what I bring, but as an ethos, I'm also part of this community. So, it's not like a CCA [Co-Curricular Activity] – it's our vision and mission.

Community work leader O felt that organisations should be restructured to blur the boundaries between casework and community work.

What must we do to reorientate workers' mindsets? Blurred boundaries between casework and community work. We must rethink how we manage our workload and embrace the concept of integration.

Focus on the End Goal, Not the Means

Community work leaders also felt that the type of intervention used by workers was secondary, and that the focus should be on the end goal rather than the approach. According to N:

The social worker believes that people are feeling marginalised because their lifestyle comes at the intersection with the social norms... whether by law, culture, or belief systems, or locality. So, someone comes into conflict with this culture, these norms. So that's why it's called social work. So, we start on that basis. That's the assumption. There is a social issue that requires intervention. Then we have to identify the social conflict. The focus is on getting [the member] reintegrated, better integrated in society... the focus must be on the social barriers, not the counselling.... so [the member] can continue to have a functional and satisfying life. So, you put that always at the centre of the work that you do... you find that you have to build community around this person

The end goal- building a community that supports each other- was also more important to Z:

Casework is just a method [used] because families need one-on-one time. It's just like sometimes we do it in group. These are just approaches, methods. This is not our work. It's about what you are trying to achieve, the bigger purpose... People supporting and helping each other.

Recommendations for Practice

Reduce the Focus on Deficits, Increase the Focus on Assets

For Z, the focus should be on discovering and building assets of members, rather than solving their problems:

When families come with problems, it's not because they are poor, they are more needy.. and they need help more than anybody else. it's just that all of us have needs.. that we need to go to certain people for certain things. But beyond our needs we have things that we are very capable of doing that we can contribute for others also."

According to Z, assets can be discovered by having conversations with members, and asking questions such as:

What are the things you enjoy doing? What are things that people you say you are good at? Would you like to contribute back? Look at some of these community leaders... they all start from casework. And today their problem is still there. But the way they feel about themselves and their problems, it is very different. The way we see them is different.

To N, the language we use can perpetuate the narrative that the community is needy. It is important to reframe the way we see the community and focus on their value instead:

You look at the words you are using it's very ingrained in your training. You use words like "fix". You want to solve things. You can't do this. Then we are perpetuating the dominant narrative that all these people need to be fixed. When we talk about an inclusive society it's not like making people more like the dominant culture. It's including the cultures on the margin that are valuable as well.

Focus on Building Connections

N felt that building community and connections around the individual was essential to reducing social isolation:

You should put social integration in the centre of the intervention. Then you ask yourself: How do you build community around this person? The smallest community is your family. Or your friends or your neighbours. What's your ecosystem/ map looking like? Then you trace those things. You talk about what the person's relationship is looking like with different partners in the ecosystem, where you intervene in a way that people start to build better, more solid relationships with each other. So, they feel like I'm in, I'm not out. the social worker is looking at social isolation and integration.

For Z, it is important for workers themselves to build relationships with the community through community visits and other forms of engagement:

Community work is about connecting people to others and enhancing their informal networks... As social workers we need to be the activators and connectors. Right now, a lot of our work is about building formal support systems. And if you want to build that part, we jolly well have to be part of it. You need to know who's who, you need to build connections with the shopkeeper, the other neighbours, cannot zoom into that one family. That's why we say we do community visits- It's a discovery journey. When you do home visits you go to deliver. You fill up the form, you ask them what they need, you fulfil what they need. So, part of posturing is going there to discover- not knowing who you meet. Go there to be curious to discover what is potential there. Build friendship and relationships with everyone you meet. You get to discover what's going on in this neighbourhood through the lenses of those who live there.

Z also suggested giving the ownership of the problem or issue back to the community:

How do we widen the circle of our members? For example, we can find people who are interested in

the family and strengthen existing relationships. We can give ownership of the problem or issue back to the circle; the issues are transferred back to the community and not privatised. Privatising the issue doesn't help.

Modelling and Rewarding Community Work

For Z, learning how to do community work comes with practicing it and modelling it:

You need people who will start to model it. You learn by experiencing it.

The management and organisation should also reward the workers who practice community work. Z suggested the following practices:

Structurally, you can reinforce by highlighting people who walk that value. Explicitly say [to staff]- this one cannot, it's not respectful, it's not authentic. Value is built into the performance appraisal system. But that's only once in a while. It's important to highlight regularly, like during meetings. If you make it more conscious, and reward in terms of affirmations, then these values will come.

Work within the System, but Push Boundaries

We asked the Community Work Leaders how we can adopt community-centric approaches in an FSC setting, bearing in mind MSF's requirements and regulations. Community Work Leader Z felt that it was possible to push boundaries within the system, and find ways to integrate community-centric practices within the assessment and intervention frameworks workers were required to submit:

[ACP], casework are all opportunities to push the boundaries. We can't throw away everything, but we can make it work for us, pushing and finding aspects within it that work for you. Like they make you write case notes, but they cannot dictate the content. We can't change the system. The system values standardisation and efficiency. We can only safeguard our own space.

N felt that understanding the government's narrative in terms of how social work should be practiced, and coming to terms with our own position as an organisation in relation to these narratives was an important first step:

Start by understanding that there is this narrative [by MSF]. Understand where you are, what's your position in the relation to these different narratives, then ask yourself how do I navigate? If there are really many barriers coming down, then pick your fight. You cannot say that I don't care about policy. You have to care about policy. You cannot pretend that you are in some cocoon. You aren't changing anything in your cocoon.... Systems are very powerful. They prefer to set boundaries- I am on this side, I consolidate my power. So social workers got to understand things like power dynamics between systems.

To N, the next step was to find ways to engage policymakers and find spaces to push the boundaries so that the community's interests can be safeguarded:

So, then you have to engage the policymakers. You have to try to find some way to safeguard the interests of your community. That's where you start. Then you pick your vehicles... then you move... you have to go in with the attitude that we can talk.

One challenge N foresees is that of leadership:

You have to lead. All of you have to lead. But you see, all of you are employed to serve. To do the work. The directive comes, you do it. But it is the directive in itself that is the barrier. So, if you want to lead, you have to tahan [cope with] the barrier. You have to challenge the barrier. [I'm] not saying you have to fight, or bang [the] table or all that, but you need to challenge that barrier and safeguard your community. It's a lot of work. You have to speak up. But social workers are not trained to lead. They are trained to follow. I'm sorry, then I [will] tell you, don't try [if you can't lead].