

Working with Multi-Stressed Families: Quotes and Insights from Student Applications

Irene Y.H. Ng and Alvin C.H. Chua (editors)

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Introduction

This document summarizes key insights gleaned by students in a Social Work Masters module on Working with Multi-Stressed Families (SW5207). The insights are based on applications from what is covered in the module into the students' own work as social workers, educators and policy officers. The Social Workers were from various settings, including family services, health care, child protection, rehabilitation, disability etc. This made for very rich comparative discussions in class.

Our reason for collating the quotes is so that the students' thoughtful insights can be more widely shared beyond the module. We hope that this document can provide practitioners with helpful perspectives, tools and inspiration in their work with and for multi-stressed families.

Disclaimer:

1. This document is by no means comprehensive. For example, the module discussed also social capital, community development, and cause advocacy, which are not featured in this document.
2. The quotes are reflections by students within their field of work, and should be taken as such. They should not be taken as a criticism against any particular party or as research findings or as views that represent their organizations.

The Impact of Poverty

While not all multi-stressed families are poor, poverty is an important stressor that correlates highly with other stressors. The first quote is from Mohamad Zulfadhli, who wrote about the implications of low-income families being multi-stressed. In the quotes that follow after that, a few students wrote about applying the effects of the cognitive tax of poverty in their work in different settings.

Mohamad Zulfadhli Bin Mohd Gazali: Low-Income Multi-stressed families

"One of the most significant learning points of the multi-stressed family model as adapted by Ng (2013) is an awareness that.....low-income families are disadvantaged not only because they lack financial resources but because they would likely experience different types of disadvantages that work in interaction with one another. Unfortunately, the policy approaches

designed to respond to these issues have a tendency to consider them separately without attempting to understand the impact of the multiplicity of the stressors on the family.

The flaw with the current approach is it limits the sociological imagination (Mills 1959) of understanding the problem of poverty as experienced by these families. For now, it is being understood as families not having enough income, and what entails is a line of questioning on spending habits, job-seeking attitudes, help-seeking behaviour and so on, which does not help or solve the problem. I hope to create a better awareness of the concept of “multi-stressed” families, by including the term in policy papers, standard operating procedures and to slowly change the narrative of the disadvantaged families, to remind people both at the ground level and the senior management, that the families face multi-faceted problems that pile on each other. As we are looking at alleviating the financial burdens of these families, we should do so in acknowledgment that they have many other stressors that impact their lives. Through the multi-stressed family model, hopefully it will expand their sociological imagination in looking at issues of low-income from a wider perspective and seeing the connections between other interacting systems. The policies that we develop should aim towards facilitating the help processes rather than adding on to the stressors.”

Nur Fariza Binte Ahmad Razif: Applying cognitive tax in case management

“(One) insight that struck me was that poverty and stress impedes cognitive functions. Cognitive tax is also part of worry, cognitive malfunction, social stress, financial stress and family stress and this insight/concept also ties in with Mani et. al’s (2013) thought on the behavioural effect of poverty. More often than not, we are unaware of the implications cognitive tax has on individuals and families. At times, social workers and healthcare professionals are quick to label our “difficult” patients as being unmotivated or making poor decisions. With the understanding of cognitive tax, I realize that it is due to their environment and situation that is not allowing them the luxury of cognitive bandwidth to make “good decisions. Therefore, it is not easy for those in poverty and multi-stressed situations such as patients who are experiencing chronic medical conditions or caregiving roles to perform certain tasks or make “good” decision.

Hence, I find that it is pertinent to take into consideration cognitive tax during my case management, to ensure that I do not add on to patients’ cognitive tax during Medifund application process or applying for other financial assistance such as NKF subsidized dialysis treatment. The application process for NKF can be tedious and requires many documents to be processed. Hence, I can help to streamline the application process such as getting the necessary documents required online for patients and emailing the documents to NKF for families who are assessed to be unable to cope with the cognitive tax that they are facing. Making changes to the environment and even simple things such as writing the instructions down for them could also help these patients. With this understanding, it will also change my perception of the patients that I work with, resulting in a better relationship and appreciation of the struggles that they go through. It is also important to educate patients on this issue of cognitive tax, as it is a worry that it might pull them further into poverty, as they might not be able to access the help that they need.”

Yeow Keshin: Applying cognitive tax in child protection

“The idea of bandwidth tax on client’s cognitive function challenges traditional societal view that client’s poverty as a result of their own actions. It introduces the alternate view that client’s situation can be due to various factors and their situation impedes their cognitive function. The traditional view places “blame” and responsibility on the clients whereas the alternate view emphasizes that client’s state is because of their situation. The idea that also allows one to be more understanding towards the client.

In CPS, there are often high expectations for clients to address their presenting and underlying issues within a specific timeframe. CPS utilizes structured decision making tools such as Family Strengths and Needs Assessment (FSNA) tool and Reunification (RU) tool to help guide the worker at critical decision points. The FSNA tool is used to highlight intervention areas such as basic needs, parenting, mental health etc. The RU tool is administered at 3 to 6 monthly intervals to help workers in their decision on whether the child can be reunified with their family. If a child below the age of 3 cannot be reunified with their family within 1 year, permanency planning such as adoption, long term kinship/ foster care/ residential care will be made. Similarly, for children aged 3 and above, permanency planning will take place if they cannot be reintegrated within 2 years.

With the concept that poverty and its resulting bandwidth tax impedes on cognitive functioning, I am beginning to question how realistic and fair it is to CPS clients to set a reunification timeline of 1 to 2 years. “Being poor means coping not just with a shortfall of money, but also with a concurrent shortfall of cognitive resources” (Mani, Mullainathan, Shafir, & Zhao, 2013). The tight timelines fail to take into account the implications of clients’ limited bandwidth on their ability to work on their issues, possibly setting clients up for failure. Setting such strict timelines may also give clients the impression that the workers do not understand their struggles, thereby increasing resistance to CPS intervention. While there are good intentions behind the institution of reunification timelines, there will be a need for CPS to strike a balance between the principle of permanency and providing families with a fair time frame to work on their issues. At the end of the day, since CPS’ goal is to keep children safe and reunify children as much as possible, then it makes sense to fit the intervention to clients’ needs rather than to try and make clients conform to CPS’ intervention model. Hence, CPS should consider extending the timeline for clients.”

Lee Mei Zhen: Applying cognitive tax in FSC work

“Recognizing the cognitive tax on low income clients gives me the capacity to have greater patience and forbearance towards them. I begin to hold back my judgements of their seemingly rude, forgetful and disorganised selves, examine my perceptions and consider the impact of interviews and interventions on them. To what we consider as simple tasks such as filling up of application forms for financial assistance, gathering a series of documents and responding to lengthy interviews, may not be an easy feat for them.

In practical measure, social workers can assist and guide clients in the administration process such as green lane applications for financial assistance to the Social Service Office (SSO) for those who are seemingly in need but struggles to manage with the help process. It is noteworthy that some schemes such as the school bursaries forms have been simplified to significantly lesser fields and documents, there are also agencies such as SINDA who liaised directly with partners such as the FSCs for nomination to ease the administration process for clients.

However, there is a range of services such as the application of Protection of Harassment Act (POHA) which is extremely strenuous and tedious for applicants. This act was instituted in 2014 to protect individuals who are harassed or threatened by non-familial members. Reviewing and simplifying the application process will allow this service to be more accessible and empowering especially for the multi-stressed low-income individuals and families in need.

While social workers pace with clients in the help journey, it is also important to balance client's self-determination as well as motivation to seek help. We help clients to relieve financial stressors so that there is some stability in the home situation before equipping them with problem solving capacities. Thereafter, recognizing the cognitive load of one in a poverty situation, it is important to coach and work with clients to resolve one issue at a time so that they will not be overwhelmed by multiple stressors."

The Impact of Adversity

Multi-stressed families experience multiple adversities, which can compound and intensify into trauma. The quote below from Wee Yong Xin encapsulates the applications on the effects of Adverse Childhood Experiences (ACE) and the need for trauma-informed practice.

Wee Yong Xin: A trauma-informed lens

"As described by the video of Trauma and the Brain, "trauma is a usual human response to abnormal event" which the abnormal event is subjective to each individual. When working with multi-stressed family, it often feels like I am using a magnifying glass to zoom into the issues to understand how the family's history had impacted each family members and whether it was due to childhood trauma. As shown in the Adverse Childhood Experiences (ACE) study, multi-stressed families are susceptible to trauma related events that typically accompanies poverty (Kain & Terrell, 2018), such as violence, chronic physical or mental health issues, or neglect. Even though a person experiencing trauma is not dependent on the social economic status (SES), it is observed that a large number of multi-stressed families experienced more than one type of trauma listed in ACE questionnaire. The higher the ACE score, the higher the probability of related risks for chronic diseases, mental illness, violence – both victim and perpetrator – in the future. This may cause cascading effect on the next generation and harder for such families to move out of poverty cycle. Early childhood trauma can be disruptive to the neurodevelopment of a child and as the child grows older, the person has the tendency to use primitive response rather than higher-order thinking like reasoning or planning, making it difficult for cognitive flexibility, inhibitory control and poorer working memory. Hence, multi-stressed families often get "stuck" in the same situation and take several years to move forward.

As I am currently doing direct practice at a Family Service Centre (FSC), I hope to use the ACE questionnaire as a systematic way to gather information of the client's significant life events upon getting a new case. I will use the questionnaire to identify the traumatic events throughout the parent or child's life to create a timeline of the client.

ACEs can also be a neutral way for families to share with us the past events that may be traumatic.

In applying both the cognitive load and the neurodevelopmental lens of trauma, it is helpful for me to use tools to facilitate and guide clients during session as they can be easily distracted due to heightened sensory. This affects their working memory and prevents them from remembering the things that were discussed during casework or counselling sessions. I often find that writing on the whiteboard can be a helpful way to facilitate the session when I have families with difficulties remembering or visualising the issues that were discussed. This is especially when safety plans for ongoing violence are discussed as client's senses may be heightened which thus affects the ability to concentrate and retain information discussed. It is also heartening when families take the effort to take a photo of the follow-up tasks written on the whiteboard or take down notes in their phone so as to remember the next steps discussed with the family. Families who do so are also noted to be motivated to follow through the plan."

Family Adjustment and Adaptation Model: A Framework for Working with Multi-stressed Families

One main framework guiding the module is the Family Adjustment and Adaptation Model by McCubbin & Patterson (2008). The following applications by students help to bring out specific ways the model can be used.

Goh Wai Fu: A longer timeframe of working with multi-stressed families

"The Family Adjustment and Adaptation Response (FAAR) model introduced in this module has been helpful in challenging the way social workers conceptualise intervention outcomes and goals.

The FAAR model elevates the worker's assessment of needs from that of the individual, to the families' capabilities to cope with on-going demands. Perpetuation of multi-stressed situations are understood not just from the attributes of the individual, but in the interactions between demands on the family and capabilities that the family possess. Maladaptation or crisis experienced by the family need to be understood as outcomes of such interactions over time. Adopting such analysis raises an important question about the objectives and expected outcomes for social work practice.....

For example, long-term change requires long-term interventions or follow-up. It is to explore a tiered model of intervention, with adjusted funding depending on the intensity of interventions required. Agencies may place families who have acquired short-term stability into step-down interventions, which focuses on working with families to improve their family situation by setting goals towards their aspirations. This may include less regular and intensive sessions, while maintaining a goal-oriented reviews with the families. The tiered model will also allow

agencies to maintain a level of contact with multi-stressed families to support them in unexpected crisis or to maintain long-term stability.”

Jessica Ker: Meaning-making in family adjustment and adaptation

“In my opinion, using the FAAR model for case analysis has been helpful in guiding interventions to be intentionally focused on the meaning-making process that individual and family go through in response to a stimulus, how workers can add value in the meaning-making process as well as the identification and utilisation of family capabilities which can be tapped upon to overcome demands, enabling a more sustainable approach. In my current work with youths, the FAAR model would be helpful as a supplementary tool. For instance, the FAAR model could be used to help parents understand how their stressors (e.g. father’s loss of job or marital conflict) can result in stress on their children and how these stressors, if not resolved well, could lead to strains in the family (e.g. father drinks to cope with stress of marital conflict can lead to dependency and creates relationship hurt). Furthermore, I would also explore how FAAR can be used to help family explore their current responses to stress, understand how their responses to stress can be maladaptive or bon-adaptive, allowing workers an entry point to work with the families towards making more positive decisions.

With the understanding that families have their own definition of their demand-capability imbalance, it helped me understand some of the resistance that I faced with clients. Hence, I would want to be more intentional in incorporating the meaning making process in interventions as a means to move towards transformative change. For instance, there was a case whereby the mum did not want to work so that she could take care of her child. However, the child being a teenager and at the stage of identity formation, saw his mother as being controlling as he wanted more freedom to engage in social activities. Exploration of the family’s meaning of family in context of developmental stage would be helpful in angling intervention and making assessments that taps on family capabilities.”

Building Resilience in Multi-Stressed Families

The American Psychological Association (2013) defines resilience as a “process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress”. This is an important goal in work with multi-stressed families. Naturally, then, many students wrote about how to build resilience.

Victor Li: applying resilience building in the medical setting

“From the readings and discussions, I come to a new understanding that resilience is not just within an individual but is systemic and interactional (Walsh, 2016). It resides in individuals as much as in families and bigger systems, like the neighbourhood and even at policy level. Resilience is also not static but can change with interactions. Hence it follows that assessments of resilience and interventions should focus at all sorts of contexts and transactions that an individual is embedded in.

This resilience-based framing helps me to formulate my intervention goals as a matter of building up resilience in my patients and their families, on top of resolution of presenting issues. It means that I do not just work on care issues, but also build up a family's ability to withstand stresses brought about by present or future challenges of an illness. This can be facilitated by seeking out positive meanings of struggles, highlighting unacknowledged strengths and focusing on the family's hopes for the future.

I am also more perceptive of how various systems and their interactions with the patient or family could build up resilience or erode them. In other words, every interface matters. These open opportunities for me to foster more nurturing interactional patterns. For instance, patients' interactions with doctors who are patriarchal or do not attend to emotional distress erode resilience by generating feelings of failure, guilt and futility. This calls for my involvement during consults and meetings to foster interactions that attend to the patient's needs for information, choice and respect."

Yeow Ke Shin: Building Resilience in Families facing violence

"According to Walsh, resilience is fostered when we help client gain a shared sense of coherence, rendering their crisis experience more comprehensible, manageable and meaningful. Sometimes the explanations and meanings that are generated enable the survivor to re-establish a sense of trust, control and purpose, while in other cases the explanations and meanings that are formed serve to maintain or even exacerbate the survivor's feelings of distrust, lack of control and despair (Kaminer & Eagle, 2010). Given that majority of CPS clients (both children and parents) have experienced trauma or adverse events in one way or another, the process of meaning making should be introduced and considered as one of the core areas of work of the intervention unit workers in CPS. Standardizing and incorporating this aspect of resilience building into the work with clients makes the intervention provided with clients more holistic and client-centric."

A Relational Stance in working with Multi-Stressed Families

Another anchor concept in the module is the relational stance of an appreciative ally (Madsen, 2007). The three quotes in this section apply the relational stance in case work, and also compares it with expert-driven or risk-focused approaches.

Ng Yong Hao: Adopting a relational stance with cancer patients

"The four qualities of a Madsen appreciate ally- respect, curiosity, connection, and hope, deeply resonate with me as a palliative care social worker. Madsen reminds me that these qualities form the essence and the presence of a person attending to the dying and their caregivers. Looking back at my practice, I realise that regardless of my level of skills and thinking as a beginning social worker then, I was still able to work with my patients and their caregivers effectively. I was able to be effective because my presence and beingness consisted of the qualities of the appreciative ally. They allow me to be in presence with my dying patients and their caregivers. The newfound ability to articulate and describe my beingness is

important. I am then able to diagnose my practice with cases that I did not perform as well by pinpointing which of the four qualities that I could be lacking.

Madsen highlighted the importance of the relational stance (how we are with clients) in informing the conceptual models (how we think about clients) and the clinical practices (how we act with our clients). This perspective frees me from being overly focused on having the most accurate assessment or selecting the most appropriate practice models. While assessment and practice models remain important, I need to be mindful about my relational stance. This mindfulness is vital in a fast-paced and high workload medical environment where the patient-clinician relationship can be easily neglected and forgotten. I wish to bring this mindfulness into my conversations with my colleagues. I hope to be able to remind them that our work with our patients and their caregivers, and especially with cancer patients, what probably matters the most is our warm human relationship with each of them.”

Michelle Gunasilan: Prioritizing narratives of clients

“Multi-stressed families have often been described through narratives of pathology, through their problems and incapacities (Sousa, Ribeiro & Rodrigues, 2006). These families tend to be multi-assisted due to their interactions with a multiplicity of agencies who provide support and assistance (Matos & Sousa, 2004). While the presence of these agencies injects much needed resources, the voices of clients may be shrouded by the opinions and assessments of the professionals assisting the family. Particularly in a mental health setting, the voices of clients and their ways of making meaning of their experiences can often be overshadowed by the “expert” opinions of professionals working with them. Many assumptions are drawn about a person, their outcomes for life and their ability to parent based on the diagnosis ascribed to them. While a diagnosis can be useful for treating clients, they may cause professionals to limit their understanding of the clients to knowledge gleaned from textbooks or medical notes. The voice of the client is often diminished, and the label takes precedence.

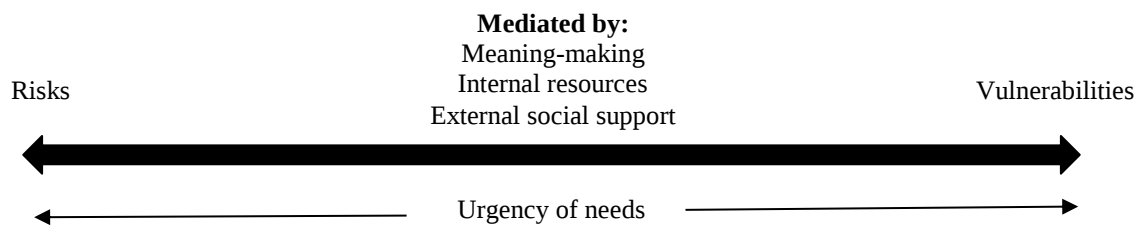
Symbolic interaction theory posits that interactions among people are mediated by using symbols and interpreting meanings based on others’ actions (Eshleman, 2003) and provides social workers with a lens that looks at how clients make meaning of their illness and resultant experiences. By adopting this theoretical framework when approaching clients, I hope to buffer against the tendency to ascribe meaning based on my own perceptions. By using a lens that regards clients as experts of their experiences, this would allow me to learn from their narratives and to experience them in a different and richer manner (Madsen, 2007).”

Zheng Liren: Risk versus relational focus

“The Social Work sector has seen significant shifts in the past 5 years or so in the way Social Casework is practiced; particularly in the FSC setting. The implementation of the FSC-CSWP has elevated the concept of Risk in the practitioner’s mind; cases are assessed and funded by their Risk levels. Those cases with low or no risk are now managed by the SSOs for financial and employment issues. In placing the concept of risk front-and-centre in the practitioner’s mind, the model encourages social workers to be highly aware of potential dangers to the safety of the vulnerable in every case that they work with.

However, the focus on risk has the danger of reducing Case Management to Risk Management. However, cases do not consist only of risks and dangers; families also exist in a social, relational and health context and their lived experiences risk being reduced to a checklist of “factors”.

As Alvin pointed out in one of his seminars, practitioners need to be aware of not becoming overly focused on risk that we miss out the strengths and contexts of the client’s lives.



In my mind, risks and vulnerabilities exist on a continuum of urgency (see Fig); mediated by factors such as client’s meaning-making and his internal and external social support resources. In all of our lives no matter who we are, vulnerabilities exist. But for many middle-class families, what prevents these vulnerabilities from spilling over into becoming risk factors is the amount of cognitive, financial and social support buffers we have in place. For the multi-stressed who do not have these buffers to protect them from the winds of life, vulnerabilities can easily overwhelm their ability to cope and become risk factors.

I think that while Social Workers are very adept at helping clients reduce risks into vulnerabilities through direct interventions such as counselling, mental health support, parenting education, financial assistance etc, we are less attuned in building up the capacities of clients to deal with the stressors of life in order to prevent vulnerabilities from slipping back down the cycle into risks.

On another level, I cannot help but wonder how a risk-focused model might influence our relational stances with our clients. In my view, more often than not clients are keenly aware of the struggles, challenges and inadequacies in their lives and hope for their Social Workers not just to reduce the impact of the problems but also to help their lives get better. I wonder if a risk-focused model might put clients in a one-down position with little room to negotiate for their preferred narratives based on their strengths. I also wonder if a risk-focused model might skew a practitioner to take on an overly-skeptical, even cynical view of the clients we work with.”

Case Co-ordination and Working with Systems

As multi-stressed families need assistance with multiple issues, they are “multi-assisted” (Matos & Sousa, 2004). Thus, a large portion of the module was devoted to discussing case co-ordination and advocacy across systems. Apparently, systems collaboration is a key challenge in helping multi-stressed families, and one important conclusion the class arrived at was the need to be willing to go beyond agency boundaries despite heavy case load, to work

holistically for a family and not just within one's organizationally-defined domains, so that one is willing to take the lead on a case where no party is coming forward to move the case.

The quotes that follow provide thoughtful contemplations on structure of services and the personal role of a social worker in different settings. As integration and co-ordination of services is increasingly emphasized, social workers in different settings should rethink our roles and embrace the reality that goes beyond casework within agency boundaries, working with other systems will be integral to our client work.

Edwin Tan: Systems advocacy in family services

"For advocacy work, for practicality reason, my suggestion will be to strengthen the partnership with Social Service Office's Regional Service Team (SSO-RST). SSO-RST looks at the community needs and is able to pull together the various stakeholders in the community to address community concerns, including government and non-government agencies. I knew that the SSO-RST had convened sessions in my service boundary with the schools and social services agencies to look at the issues of students who were not attending school regularly. This had helped all the agencies who were vested in helping this group of clients to come together to work hand-in-hand to support the children and youth and their families. Thus, having a stronger partnership with SSO-RST and sharing with them information of the community needs, the SSO-RST can organise networking sessions within the community and galvanise the different stakeholders in the community to advocate for a cause. Alternatively, social workers from then FSCs can also organise and get the SSO-RST to support the cause. Evidently SSO-RST is willing to work with partners to further assist multi-stressed families in their locality. This can be done quite fast without waiting for policies to be changed."

June Lee: The role of Medical Social Worker

"There may be a need to rethink role distinctions in case management and co-ordination amongst social worker at different practice settings for more optimal service provision to client families. For client families whose stressors originate solely/largely from a debilitating medical condition or end-of-life issues as a result, MSWs are actually best placed to play the role of lead case manager and to provide follow-up on a long-term basis, not just for the affected patient, but also to engage in spousal or family work for affected family members whose outcomes also impact on patients in significant ways.

Due to the current medical social service model, MSWs' organisational responsibilities to the hospital and practical limitations arising from relatively high patient-caseload, MSWs have to manage clinical work with quick turnaround times as required by medical team. This requires that patients once stabilised, have to be accurately assessed for interventions required and promptly referred to community agencies for continuity of care and long-term follow-up for those who require so. The effect of such a case management model means that MSWs largely only manage upstream work with client families at periods of medical crises which affect psycho-social coping, and are usually unable to follow through with long term work when patients are discharged back home/community.

Nevertheless, we do recognise from conversations with our peers in the community and from the experience of referrals from hospital to community, community social workers do face inevitable and practical difficulties from having limited training/exposure/knowledge in these patient-clients' medical conditions and its psycho-social impact on families, and do not have direct access to medical teams when urgent case consultations are required or when medical crises precipitate further psycho-social crises at home. These could significantly limit their ability to intervene and respond as effectively as a known MSW, who have direct access to medical teams, had prior relationship with these patients/families at the time of earlier medical crisis, had observed their coping responses then and are better equipped in preparing families to anticipate and meet future critical events with knowledge of the illness trajectory of their loved ones.

We hope that with further rethinking of the lines of social service provision in future, there could be better integration of how the different social service sectors could work together to minimise service overlaps, to minimise confusion for our multi-stressed client families, and to ensure that the agency(s) which are best positioned to provide psycho-social services to them are involved as key players in case management."

Lim Shen Yong: Thinking systemically in youth work

"This module helped me to develop a different set of lenses in working with youths on substance abuse. I learnt that working with youths on substance abuse is more than just using assessment tools. At times, I have to consider the family background that the youths are from and consider the possible genetic and biological predispositions. In addition, being aware that strong attachment forms the foundation of trust, enhances positive emotions reduces the chance of youths turning to drugs to cope with stress might help to reduce the chance of youths turning to drugs to cope with their challenges. I also attempt to explore how mentoring can empower the youths to become leaders and help others. Being a competent social worker is not limited to case work management but it is also important to be able to work well with the different systems, such as school to support the youths collaboratively. This also needs to be achieved together with the youths and families, allowing them to be empowered to take control and ownership of their situation."

Jayce Tham: Systems work in disability services

"Matos and Sousa (2004) puts it well, that the main difficulty regarding systems work is when a case is "everybody's and nobody's". Groups of professionals are organized around the family according to their own areas of intervention, informed by their own stance and realities of the case. This, at times, prevents necessary coordination, leading to fragmentation of resources. As observed in the work done with multi-stressed families, schemes and services are piloted, implemented and funded for very specific outcomes, working with the individual in the family, or for a particular area of need of the family. We thus become used to referring a multi-stressed family to individual services (youth drop-in, financial assistance, counseling, child protection etc.), giving rise to the mindset that referral to (more) services where the family is assessed to require is simply the intervention plan. However, this perpetuates the fragmentation of services and resources, and fundamentally, positions the mindset of workers

a certain way. When workers are employed for a specific scheme or service, they will naturally be focused on trying to achieve the outcome indicator of what they are employed for, thus minimizing a systems perspective of the case. This can be detrimental to the outcome of the case, when what is actually needed for the family is the coordination and consolidation of services.

The appointment of a lead case manager is thus vital for the coordination and tightening of service delivery, encapsulating the systems perspective and transdisciplinary approach. However, this is usually not explicitly talked about when cases are being discussed. An application of systems perspective can thus be in the form of intentional discussion on who should be the lead case manager, or at least discussions on how services should be coordinated and reviewed, especially incorporating that in case conferences. A macro application can be for continued advocacy and research into the improvement of centralized and localized services so that families can access various services easily without having to deal with them separately.”

Jenna Luen: Stepping out of boundaries to collaborate

“During the class presentation, all the case studies have multiple agencies working with the families and this reflects that a family’s ordeal is multifaceted and requires multi-disciplinary approaches. As the various stakeholders work with the families on the specific issues, professionals have to remember the systemic interaction of the piled up stressors. For example, a child social worker supporting the child on socio-emotional issues will need to be aware of the stresses his lowly educated parents face through unemployment and resulted in lower mental capacity to provide for the child’s emotional well-being. As I reflect on my work as a practitioner, I will need to be more conscious to step out and work systemically and holistically with different stakeholders even when there is no appointed lead case manager. Although it is time-consuming to integrate the work of different stakeholders, it is still a far better trade off than handling the negative effects of poor coordination on the family (Minuchin, 2004).”

Michelle Wong: Importance of the community coming together

Multi-stressed families have to pay a high price for their circumstances that are often brought forth by their unequal starting point due to structural issues and state of poverty. In order to alter the trajectory of children and families in multi-stressed families, it is therefore imperative for the community, various systems and sub-sectors to band together to consider how they can play a part in uplifting these families in their respective spheres.

Social Work Identity

As students in the module come from different settings, some in direct practice and others in indirect settings, one theme that became pertinent to the class was one’s social work identity in our job roles. Chong Yan Bing’s reflection below piqued the thoughts of her classmates. Her ending questions are also very apt ending questions for this collection.

Chong Yan Bing: On being a Social Worker and a Bureaucrat

“While working within the Public Service, we are often appreciated and even rewarded for wearing the hat of a bureaucrat – considering resource limitations, the wishes of the politician, the ‘bigger picture’ of where the government’s focus is. However, this often results in tension with the social worker in us, where we are responsible for advocating for the disadvantaged. Precisely within the Ministry that deals with social issues, I feel that it is important that we are aware of where we are coming from in the process of formulating policies, to ensure that the policies genuinely serve the needs of the people and not just those in power. With the choice to see the ‘Social Worker’ as part of our identity, it allows us to act with greater conviction and clearer direction – who are these policies for? Are we improving inequalities that exist in the community? Are we allowing the voices of the disadvantaged to be heard, or to be further silenced?”

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