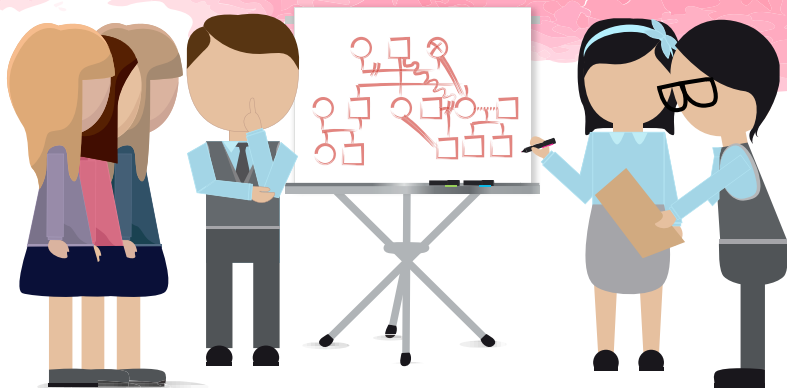


SOCIAL WORK CASE STUDIES -

Ethical Dimensions in the Singapore Context



Written by
BK Seng

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Social Work Case Studies -

Ethical Dimensions in the Singapore Context

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*For more ethical scenarios and commentaries,
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Foreword

Social work faces controversial circumstances that pose the question “is there a right way of doing things.” Some call it ethical dilemma or options, and in essence they deal with value questions that someone in training or young in the profession will be confronted with. This compilation of case studies is of direct relevance in Singapore although the issues and themes about human responses, moral philosophy and ethical codes of practice makes it relevant to many contexts in which social work is practised.

The cases are best read and discussed with a prior understanding of basic social work ethics, values and practice. The depth of discussion and challenges to practice can then be lively and thought provoking with a foundation in what is distinctive about social work.

Case studies help to raise ethical awareness as we draw on professional training in linking theory and practice which is an essential aspect of the quality of the services offered to clients.

Anyone who is engaged in educating students or training social service staff regarding ethics and value will find this a useful resource. Opening up discussions and safe space to explore personal values and assumptions in developing the professional self will go some way in raising social work practice.

Ang Bee Lian

Director of Social Welfare,
Ministry of Social and Family Development



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To Tell or Not

To Tell



To Tell or Not To Tell

Cancer is one of the leading causes of death, not only in Singapore but around the world. Despite the medical advancement in cancer treatment over the past decades, the disease is much dreaded by all and seen as a death sentence for both the afflicted and the family members. Thus for those who choose to specialize to work with cancer clients, social work in oncology can be described as challenging and unique. While certain acute medical issues (e.g., appendicitis) can be resolved with an operation or specific treatment intervention, chronic conditions such as diabetes and kidney failure would require long-term treatment and monitoring. Similarly, the onset of cancer can be acute, sudden and, often, life-threatening. Those involved in direct social work practice with patients and their families often face a tremendous physical and emotional task as even with the worker's best efforts, the adverse impact of cancer on the patient and family does not go away completely at times. It can be emotionally draining for the worker who has taken much time and effort to build a therapeutic relationship with the patient. Although some patients recover, many relapse despite the intensive intervention and treatment, and many others die.

This is the stark truth about social workers working in oncology settings. Not only are patient attrition rates high, practice issues involving ethical dilemmas confront the social work practitioner repeatedly especially when social workers work in an interdisciplinary team. The case vignette below illustrates the point:

Case Study 1: Kelvin - The Untold Truth

At 30 years old, Kelvin is at the prime of his life, holding a good position as a financial advisor in a foreign bank. He is also preparing to marry his fiancée of 10 years after much prudent planning for his marriage and waiting for their HDB Built-To-Order flat to be ready by the end of 2011.

Little does he expect to suffer a relapse of colon cancer and be admitted to the hospital so soon. His illness was first diagnosed 6 years ago and in 2009, he went through a major surgery; a surgery that gave him only a 50% chance of recovery. Being a Christian and actively involved in his church since 1996, Kelvin then had a positive outlook on life and the surgery turned out to be a great success, allowing him to recover well. Unfortunately, this relapse in April 2011 unveils cancer cells that have spread to his bladder, and the prognosis is poor, averaging between 3–6 months to live according to his doctor.

Kelvin is the youngest in a family of four siblings. He is staying with his second sister and her family, while his parents and two other married siblings live in the same block but on different levels. The family is a close-knit household, with the children coming home regularly for meals. His mother, Mrs. Tan, is devastated by her son's current relapse and is distressed by his condition. She expresses her grief at having her youngest son, who is obedient and filial, doing well in his career, and about to get married in May 2011, suffer "this terrible curse".

The oncologist-in-charge, Dr Malcolm, is reluctant to release the news of the prognosis to Kelvin and his family. The main reason for Dr Malcolm's unwillingness to do so stems from Kelvin's overly positive attitude that he will recover from his illness. Believing that miracles and healing can happen again, the bridegroom has begun his wedding preparations, trying on his wedding suit and pestering the hospital to discharge him soon. His fiancée, another devout Christian, also believes that Kelvin will heal with "God's help and grace". Colleagues and church friends are, nevertheless, also supportive and visit him often in the hospital. The couple has plans for their future, based on

the premise that Kelvin will recover; there is never a doubt in their minds about Kelvin's recovery.

Jane, their assigned medical social worker, is informed by Dr Malcolm that Kelvin has not been told that he is terminally ill; neither has his family. In a hospital-based setting, it is usually the doctor who releases the diagnosis to the patient and his/her family but Dr Malcolm has taken an unusual stance of choosing not to reveal the severity of the relapse to Kelvin—and this puts Jane in a dilemma.

In Jane's area of work, she is expected to provide psychosocial support and counseling to patients and their families. This includes managing expectations of the illness of both the patient and the family, looking at possible financial issues when it comes to medical expenses, loss of employment and income issues, advanced care planning and discussing with those concerned about their perceptions toward end-of-life care. As for Kelvin, Jane is assured that he is financially prepared for his hospitalization and treatment expenses, given his training as a financial advisor; and he has been frugal all this while as he has been saving for his marriage and new flat. However, Jane is skeptical that Kelvin is emotionally prepared for a terminal illness after having a brush with death in 2009. His mother is already an emotional wreck, displaying difficulties accepting Kelvin's current relapse and fearing that she will not be able to cope with his illness upon discharge. She needs a great deal of emotional support from the social worker. Meanwhile, Kelvin's fiancée has been kept busy with their marriage preparations, genuinely believing that a miracle will happen: that Kelvin will recover.

Questions

What would you do if you were Jane? Would this be an ethical dilemma for you as it is for Jane? Would you persuade Dr Malcolm to reveal the prognosis to Kelvin or perhaps to his family? Or would you override Dr Malcolm's decision of not wanting to reveal the prognosis and reveal it to Mrs. Tan, Kelvin or his fiancée? What if Mrs. Tan stops you in the ward dormitory during one of your

rounds to ask what Kelvin's prognosis is? What would you tell her exactly?

To tell or not to tell, that is often a dilemma on its own. All of us face it at some point of our lives—be it in our personal lives or in our work. In an Asian context, the role of the family cannot be ignored as the family has often been described as a wheel of influence in decision-making, especially when it comes to treatment options and end-of-life issues. Death is a taboo subject shunned by many people in our society. The impending death of a young person is even more devastating and harder to accept.

Just as family members have differences in opinion in treatment and care, so exists diversity in views among the medical and paramedical professions. Some medical practitioners feel that "terminally ill patients must be told of their prognosis clearly so that they can make a decision on whether they wished to continue treatment or make end-of-life preparations and arrange for hospice care" (Dr Quek Koh Choon, in an editorial comment in the Straits Times, Tuesday Dec 11, 2012); others like Dr Malcolm in the case study make an atypical choice of not revealing Kelvin's prognosis to him or his family.

The first section of the Singapore Association of Social Workers' Principles of Professional Ethics defines the social worker's ethical responsibility to clients, and in Section A3 and A4, it states that:

Social workers affirm the right to client's self determination which needs to be preceded by ensuring that the client is both aware of and has assessed alternative options. The role of social workers in this instance is to provide all relevant information that would allow the client to make an informed decision.

The right to self-determination signifies a person's rights to make their own decisions based on information relating to one's present issues. In Kelvin's situation, he has the right to know that his prognosis is poor, and his time line is limited by his condition. With this revelation, would he then be able to consider the various options available (if any) for him, allowing him to make the choice ultimately? The revelation of his prognosis would also affect his decision to inform his fiancée and his family. We should not assume that he

would undeniably proceed with his marriage preparations after knowing his prognosis. Basically, it would be difficult for the hospital staff to anticipate exactly how he would react to the news of his diagnosis despite his past reactions and coping skills.

Although social workers have been slated to play a supportive role within the multidisciplinary team, we should not forget that our professional values and skills are a perfect match for providing core services in hospice and palliative care. We are in an excellent position to advise our colleagues in other disciplines on providing culturally appropriate care for those in need, and assisting them in using a holistic perspective aimed at enhancing the quality of life of those afflicted by a terminal illness amidst these challenging times. Even when a cure is not viable, social work practitioners in palliative care settings are specifically trained to assist the family to enable them to cope and manage the illness better. The philosophy of care practiced in most palliative care is to enhance the quality of life no matter how short or long the prognosis. Recent literature has pointed us to a rehabilitative approach in palliative care (Bray and Cooper, 2004; Doyle et al, 2004; Tookman et al, 2004). This may appear to be a contradiction initially but upon reflection, the concept of rehabilitation does fit in with the principles of palliative care with its emphasis on quality of life. The palliative rehabilitation approach differs in concept from traditional mainstream rehabilitation, which may require readjustment and a shift in perception for some team members. Sensitivity to the patient's choices and wishes remain paramount and should dictate realistic goals and collaborative teamwork. This approach accommodates the changing and fluctuating needs arising from diagnosis to terminal care of palliative care patients.

In any form of service delivery, effective service depends on cooperation among professional disciplines such as doctors, nurses and physiotherapists with due regard to one another's respective areas of competence. Hence, although Dr Malcolm's decision not to reveal Kelvin's diagnosis has resulted in an ethical dilemma for Jane in her area of work, it should not hinder Jane from working with Kelvin or his family. It is unlikely for Mrs. Tan not to pursue Dr Malcolm for some answers regarding treatment options or for her not to

seek his opinion on Kelvin's condition and how she should go about caring for him. The onus is on Jane to be honest in her dealings with the Tan family, an obligation that a social work professional owes to her clients.

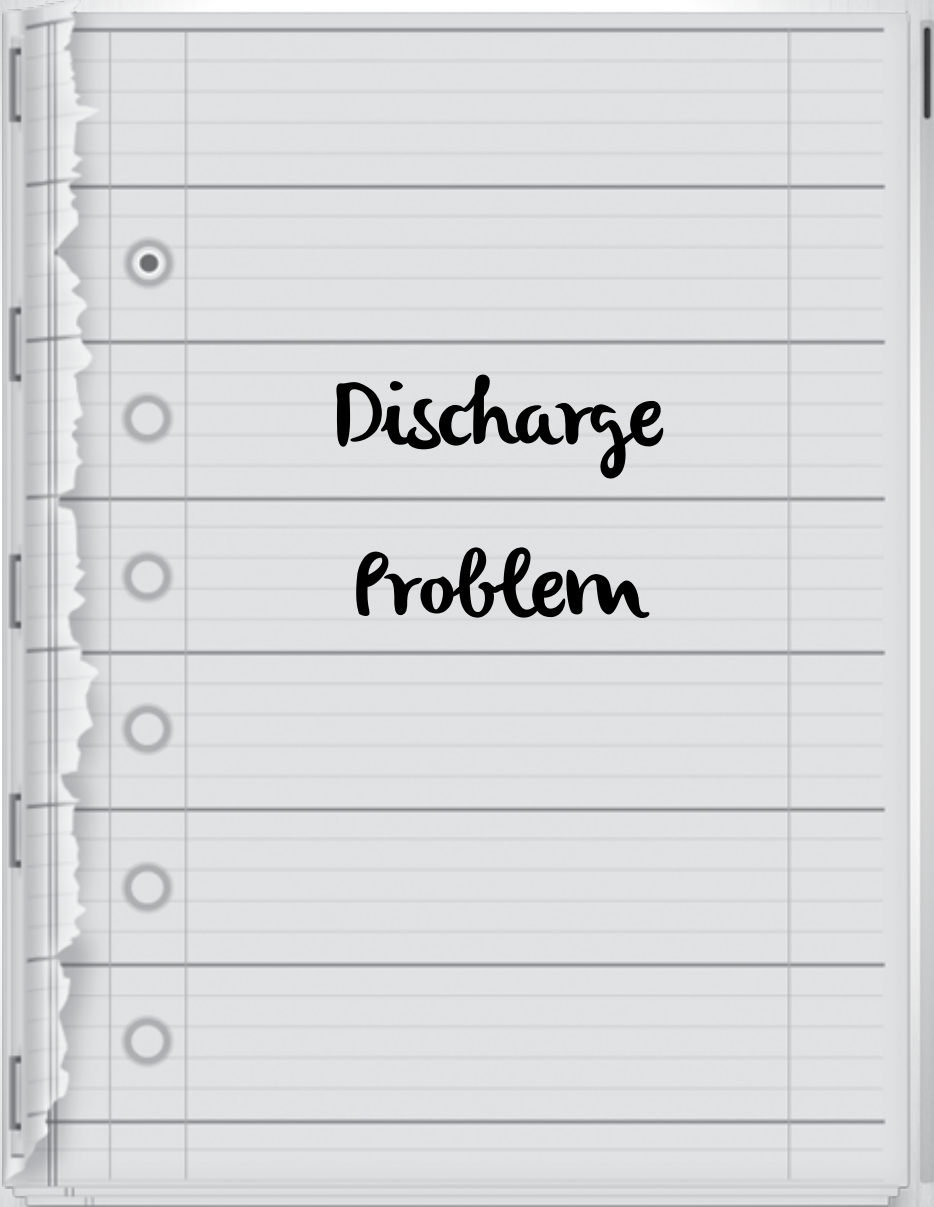
By being honest, however, does not mean one has to be brutally so. In life and in death, it is not possible to make accurate predictions, even in medical diagnoses, and sometimes, patients do live longer than their prognosis, even if one does not believe in miracles. It is always good in the worst of circumstance to leave a little ray of light rather than to dash all hopes.

Discussion

1. In situations where the professionals working on a case disagree on a course of action, what are the solutions?
2. Who should determine the final decision?
3. Is a compromise possible?

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Discharge Problem

Ageing is a normal progression of life, mostly an irreversible process contrary to what advertising and marketing in skin care and nutritional supplement companies would try to convince their potential customers otherwise. The problems associated with ageing are not just limited to our tiny island of more than 6 million inhabitants; it is universal, especially among developed countries.

According to the Singapore Population Census 2011 survey, "the number of residents aged 65 years or older will multiply threefold from the current 300,000 to 900,000 in 2030" (Department of Statistics Singapore, 2012). In other words, 1 out of 5 residents will be a senior. In addition, the National Health Survey 2004 showed that a whopping 85% of Singapore Residents aged between 65 and 74 years suffered from one or more of the following conditions: diabetes mellitus, hypertension and high total blood cholesterol. While the prevailing chronic medical conditions existing in the elderly population in Singapore represent a glaring marker, mental health issues are also a concern for the government as the elderly is more prone to mental health issues such as depression and dementia. Current resources for the elderly in Singapore have been stretched to a maximum, and hospital occupancies have reached a record high, so much so that even private nursing homes have been roped in to provide additional beds to house the sick and mostly elderly patients who face issues surrounding their discharge in hospitals.

Medical social workers in hospital-based settings frequently face the dilemma of being pressured to free up limited beds and medical resources while discharging patients when the patients are not ready and also unwilling to return home, but the reality is that there is simply a shortage of beds within the hospitals in Singapore. Essentially, the conflict faced by the worker is, on one hand, the ethical responsibility to protect the interest of the client, and on the other, the worker's responsibility to conform to the organization's policies, rules and recommendations. This is an example of conflicts in the duty of fidelity: "divided loyalties" or loyalties owed to multiple parties, as described by Proctor, Morrow-Howell, and Lott (1993) according to Reamer (1990, p. 87) and Beauchamp and Childress (1994).

Let us look at the illustrated case study below.

Case Study 2: Mdm Chua

Mdm Chua Ah Lian, aged 76 years, is admitted to the Institute of Mental Health on November 11, 2010, after acting strangely for several weeks. She exhibited symptoms of paranoia against the family maid and hit the maid occasionally when instructions were not followed according to her wishes. Whenever Mdm Lim, her sister-in-law, tried to intervene, Mdm Chua threatened to hit Mdm Lim's elderly and sick husband instead. Mdm Lim was upset over this incident and after discussing with her family and seeking advice from SAFE@TRANS Centre (a center specializing in elderly abuse), she decided to admit Mdm Chua into the Institute of Mental Health for a psychiatric assessment and treatment.

During her stay at the hospital, Mdm Chua's mental state and executive functioning skills are assessed by the doctors. Apart from her poorly controlled diabetic condition and some minor cognitive deficits due to a stroke many years ago, the doctors find that her memory skills and daily functioning level are adequate for her to live within a community setting. The only problems foreseen by the team are her personality traits: quick temperedness, becoming agitated easily and her domineering nature. She is also secretive and not forthcoming with information about her past.

Meanwhile, Mdm Lim makes it known to the social worker, Sanni, that she will not be accommodating her sister-in-law in the house because she is fearful for her family's safety; the family too is unsupportive of the idea of continuing to care for Mdm Chua.

*The patient subsequently becomes **fixated on getting a HDB rental flat** so that she would have a roof over her head instead of depending on others for accommodation. However, the occupational therapist and physiotherapist have both assessed her functional state and have recommended that it will not be safe for her to live alone. Her gait is unsteady and weak; her diabetes is poorly controlled. Coupled with the fact she has a history of defaulting*

treatment and a history of fainting incidents at home, Mdm Chua is a poor candidate for independent living. Nonetheless, she is deemed ideal for a referral to a step-down care facility, such as a sheltered home.

It has been seven weeks since Mdm Chua's admission to the hospital. With the usual nation-wide shortage of hospital beds, the hospital is under immense pressure to discharge Mdm Chua as she has already exceeded the usual length of stay for a psychiatric patient. The medical social worker, Sanni, is caught in a dilemma: on one hand, she has to protect Mdm Chua's interests, i.e., to achieve independent living, but on the other, she is accountable to the hospital, which is her rightful employer and pays her salary as a medical social worker. The dilemma is aggravated by Mdm Chua's relatives' rejection and refusal to have Mdm Chua at home. Mdm Chua is dead stuck in the ward, with little hope for discharge unless her relatives can be persuaded.

On Dec 29, 2010, 48 days after Mdm Chua's admission to the hospital, Sanni has a long session with Mdm Chua about the difficulties she faces in discharging her and how Mdm Chua's sister-in-law is not receptive to the idea of her returning home. Mdm Chua begins to open up to Sanni and discloses that she came from a poor family when she was young and did not have any formal education. With the help of Mdm Lim, who is the informant at the time of admission, Sanni is able to piece together a concise history about Mdm Chua Ah Lian.

Ah Lian was sold to a rich family as a child bride when she was only a few years old. Needless to say, she was deprived of any opportunity to study as her main task was to do household chores and cook for the many families who were living in an old bungalow house. She was not paid any wages as she was considered to be a member of the family.

When she was 19 years old, she was married officially to her husband, the eldest son in the family. She bore him five children: two daughters and three sons, all of whom are already married and in their 50s; the youngest daughter is now 42. All her children grew up in this big household along with their many cousins.

After several years into their marriage, her husband took in a second wife but Ah Lian declined to reveal much about this, except that he passed away almost twenty years ago and she remained a widow for many years after that. At the time of her husband's death, her children had started to become financially independent and had moved out of the house to live on their own. After her husband's death, Ah Lian moved to live with her children, rotating her stay among her three sons, but gradually she moved to stay with her daughters after several complaints from her sons. Apparently, she would become very domineering and controlling after staying for a period of time with each of her sons. Her daughters-in-law were unhappy and resented her presence. Eventually, her rotational stays with her sons came to a halt.

About a year ago, in November 2009, her eldest daughter decided to cut off all ties with Mdm Chua by changing her telephone number and later moving to a new abode. The other three sons followed suit and stopped Mdm Chua from visiting them too. Her youngest daughter, Jenny, a sales executive working at the local cable TV station, took her for six months but decided to chase her mother out of her house following a quarrel.

As Mdm Chua had no place to go, her late husband's sister, Mdm Lim, took pity on her and allowed her to stay with them in the family property, the bungalow house in which Mdm Chua had spent many years of her life. Unfortunately, it took only four months before Mdm Chua turned bossy and demanding again, wanting to be in control of household matters. Family relations finally reached a boiling point with the current incident when she became paranoid about the family maid, exhibiting violent behaviors toward the maid and threatening to physically hurt Mdm Lim's 71-year-old husband.

In light of Mdm Chua's personal history and background, Sanni now has a better understanding of the family dynamics resulting in the family's rejection of Mdm Chua. Sanni also finds out that Jenny is still contributing \$400 in cash through interbank GIRO to her mother's account. Unfortunately, Jenny is unwilling to come forward for a discussion regarding her mother's care plans and demands her other siblings to take more responsibility for their mother. Sanni meets with similar resistance from the other children whom she is able to locate and contact, with the exception of her eldest daughter.

With the help of proper medication and a period of stay in a stable environment, Mdm Chua's mental and emotional health begins to improve. In a lengthy session with Sanni, Mdm Chua agrees that she is not able to live independently at the moment and has no objections to Sanni applying for a sheltered home on her behalf. However, she expresses her difficulty in financing her stay at the sheltered home with her limited savings, and voices her desire for her children to support her stay financially at the sheltered home with the help of the Tribunal Court under the Parents' Maintenance Act. As there is now a firm discharge plan in place, Sanni is able to extend Mdm Chua's stay at the hospital for a little longer with the support of the psychiatric team.

Two months later, sometime in February 2011, after filing a report at the Tribunal Court, four of her children agreed to contribute financially toward Mdm Chua's stay at a sheltered home. Meanwhile, Mdm Chua remains at the hospital, pending a vacancy at the sheltered home.

As social workers, we often speak of allowing our clients to practice self-determination. Self-determination is one of the important tenets of social work principles but in reality, this may be just our delusion. Hartman proposed that for genuine self-determination to exist, it would require clients to have "access to resources, access to opportunity, and access to power," but this is something which many clients lack (Hartman, 1997, p. 216). Our clients approach us primarily because they lack resources to deal with their problems and thus need our assistance.

What does self-determination really mean? According to the British Association of Social Workers, "Social Workers should respect, promote and support people's dignity and right to make their own choices and decisions provided that this does not threaten the rights, safety and legitimate interests of others" (BASW, 2012). On a similar note, the National Association of Social Workers (NASW) in the USA states the following: "Social Workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self determination" (NASW, 2008). Looking at both statements, one can see that self-determination is hedged with caveats: it should be

respected but only if acting on one's self-determination does not harm others and is socially responsible. This will inevitably prompt many social workers to ask what this principle means in the social work context if it can be overruled so easily.

Dolgoff, Loewenberg and Harrington (2009) posed an interesting and thought-provoking question that most social workers would have encountered at some point or another when working with the elderly: What are the ethical considerations that should guide a social worker who is convinced that an older, mentally fit client who can no longer cope alone at home should enter an assisted-living soon, but knows from past experience with this client that every worker's suggestion elicits a 'no' response? If the client has close relatives, should the relatives be asked to make this decision? If they have no close relatives, should the worker make these decisions without involving the client? Clearly, the authors felt that this would be a limitation to the client's freedom of choice if any of the suggestions were implemented.

In order for self-determination to be considered ethically, it may be apt for social workers to take into account Sarah Banks' (2006) distinction between negative and positive freedom. Negative freedom refers simply to the absence of constraints and that means not being deterred from doing whatever it is you want to do. Positive freedom, on the other hand, is about promoting the ability to determine one's own life. Notice how different the two concepts are. This can be demonstrated easily using the example of parenting. Most parents would want to teach their children to make their own decisions and take charge of their own lives (positive freedom) but few parents would consider that the best way to accomplish this would be to allow their children to do whatever they wanted to do, such as missing school and playing computer games the whole day long (negative freedom).

Adopting a 'positive freedom' angle on self-determination according to Michael Sheppard (2006) means that there is no contradiction between social work's exercise of coercive power and its commitment to self-determination: if social workers restrict clients' current choices in order to enable them to make better choices in the future, we are really supporting self-determination.

The client, Mdm Chua, in the case study, has expressed her desire to apply for a rental flat to live in the community since her sister-in-law has rejected her. Her request for autonomy and independence is valid. However, her inability to cope alone at home has been validated by the health professionals who have reviewed her condition. Would it be in her best interest to allow her to exercise her decision knowing that there were several risks? There is a high chance of her falling at home, which could lead to more problems, and that she is not able to cope and is relapsing. Does her family have a role in making such a decision for her? Who has that right to make such a decision in the first place? The hospital? Sanni, the medical social worker?

In our paternalistic society, the Singapore government has always emphasized that the family is the first line of support. Whenever possible, the family will be supported to help care for the elderly in the community. Only when all else fails, the State would then step in as the last resort. The same philosophy is applied to financial and economic assistance to families: the family bears the financial burden of looking after the elderly and the State would provide financial assistance when it is clear that the stringent criteria for monetary assistance has been satisfied, such as granting social assistance for an elderly person to be placed in a Home when the family is in no position to be financial responsible for the Home fees because they themselves are in financial hardship.

In cases where the families of the elderly persons are still intact, the legislations in our legal system have provisions for elderly parents to seek maintenance support from their children. The Maintenance of Parents Act (Cap 167B) states that,

Any resident, 60 years and above, who is unable to maintain himself adequately, is entitled to claim maintenance from their children, either in lump-sum payment, or in the form of monthly allowances. Relatives or caregivers may apply for court action on a parent's behalf, with the parent's consent.

As family disputes may be complicated and the existing court structure

may not be able to handle such disputes successfully, the Maintenance of Parents Act (1995) created a Tribunal for the Maintenance of Parents. The tribunal, which commenced operations on June 1, 1996, consists of various members, including a president with the qualifications of a district judge who is empowered to make and review maintenance orders. Mediation is always the first line of action and, only when mediation fails, the case will then be brought before the Tribunal for a hearing.

It is evident from Mdm Chua's case that the social worker's dilemma was quickly resolved as the former was subsequently agreeable to an application to a sheltered home in spite of her initial decision to rent a subsidized flat from the Housing and Development Board. However, the social worker had to advocate on behalf of the patient to apply for maintenance from her children under the Maintenance of Parents Act (Cap 167B) as her five children had rejected her and had been missing in action. An application for a home would be a futile exercise if there was no one paying for Mdm Chua's stay at the home since it would be difficult for the home to accept a potential applicant who had five children but yet none of the children were being held responsible for their parent's maintenance in old age. Sadly, the will of law had to be invoked to effect changes before the children were prepared to be accountable for their mother.

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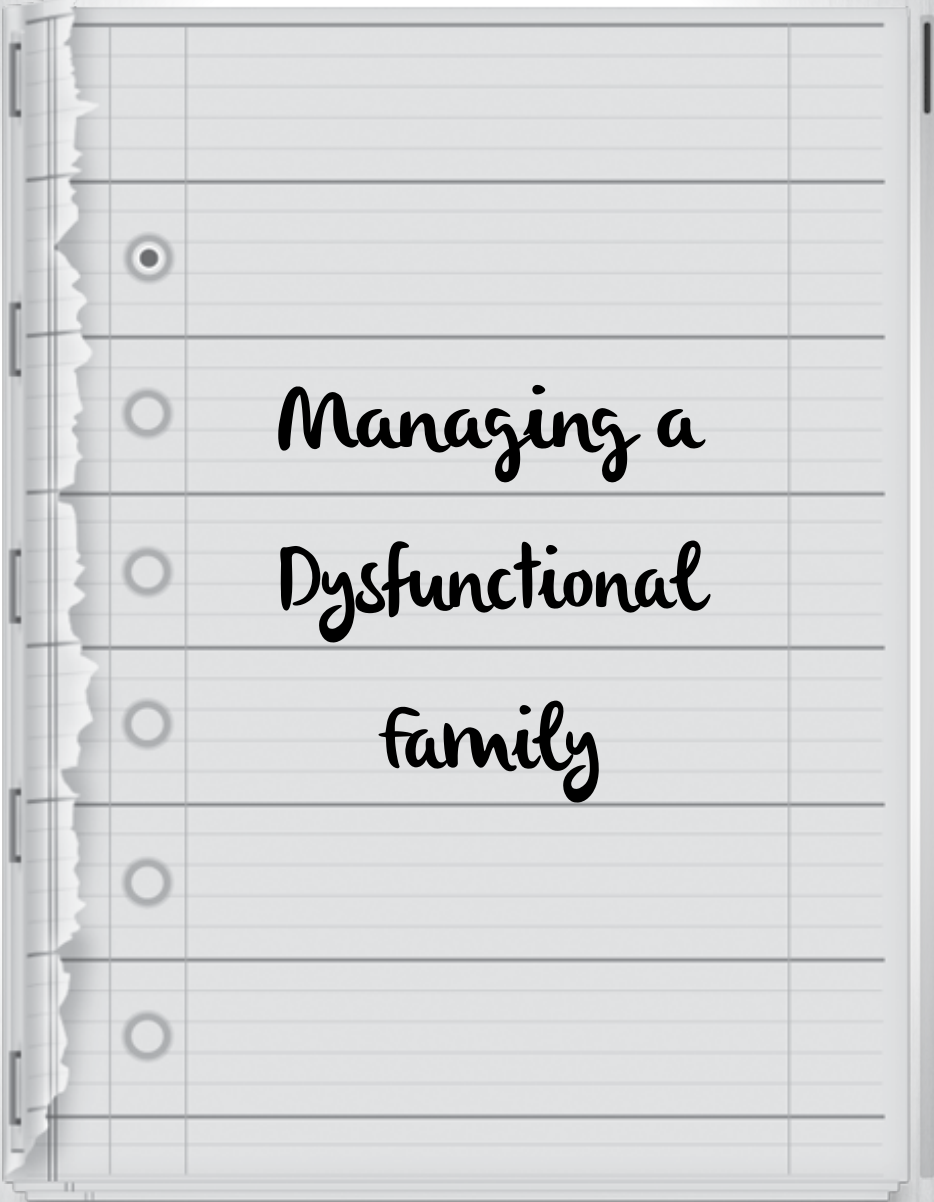
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Managing a
Dysfunctional
family



Managing a Dysfunctional Family

The concept of empowerment and the notion of anti-oppressive practice represent attempts to find ways of practicing social work in a way that “respect for persons” takes into account the difference in power existing between individuals. Social workers do exercise a great deal of power, both formally, as a result of specific powers accorded to them under the law, and informally, as a result of their professional status and access to resources.

Most clients seek the services of social workers only when they are in dire need. In the local context, it is common for clients to become completely dependent on their social workers to manage their lives, hence the view of Dolgoff, Loewenberg and Harrington (2009) “that the reliance on professionals who have the necessary expertise have become more common so that directiveness as a helping technique seems to have become more acceptable” (p. 104).

The case study below raises some ethical questions for consideration: Social workers, like any other professional groups, have power arising from their professional status. How can we avoid misusing or abusing this power? Social Workers are often given considerable powers under the law to intervene in private lives and enforce changes. When and how is it ethical to use these powers?

Case Study 3: Aini

Aini, aged 38, walks into the local Family Service Centre (FSC) for the umpteenth time to see her social worker, Mandy, who has been her caseworker for the past year. When the receptionist sees Aini, she takes a deep breath as she reaches for the telephone to inform Mandy of her client’s arrival. To the receptionist, clients like Aini would only approach the FSC when they are in a crisis but would refuse to turn up for regular counseling sessions arranged by the social worker; clients like Aini are “really nothing but trouble” and she has only pity for the next caseworker who would take over Aini’s case after Mandy.

At this session, Aini announces to Mandy that her husband, Kamal, aged 43, was arrested by the police recently and is awaiting trial for the alleged rape of their daughter, Zara, who is 17 years old and attending the Institute of Technical Education. The couple has been married for 19 years and they have seven children altogether. Their eldest son, Mohd Nordin, aged 18, is in prison for a rioting offence serving a sentence of 1½ years. His earliest expected date of release is a year later. Zara, the daughter allegedly raped by Kamal, is their second child. Their third son, Raimee, aged 16, has been expelled from school after a fight in school, and their fourth son, Jefri, aged 15, is also not attending school as well. Both the parents are also not gainfully employed. In fact, Jefri was recently referred to the FSC for the Guidance Programme (GP), but his refusal to comply with the requirements of the GP has led to an infringement action against him. Aini's fifth child, Aidan, aged 12, is repeating Primary Six this year again after failing his Primary School Leaving Examination (PSLE) last year. Farah, aged 11, the other daughter besides Zara, is in Primary Six and doing slightly better than her brother, Aidan. The youngest of the seven children, Alif, is 10 years old and in Primary Five.

The family of nine lives in a one-room rental flat in Bedok. Mandy's first home visit to Aini's home was "a nightmare in hell on Bedok Street." The flat was messy, with cartons of boxes and bags piled up everywhere until there was hardly any walking space, let alone any sleeping place for the children. The irony of it was that none of these items belonged to Aini. The "gold," as Aini fondly calls them, belonged to her father, a rag-and-bone man. Mandy cannot forget the sight of the only toilet in that house: filthy, covered with scum, and reeking of ammonia; and the water supply was reduced to a trickle as Aini was, and still is, in arrears with the Singapore Power Services.

Although Kamal is working as an odd-job painter earning \$1000 a month, the family has been unable to pay for their electrical bills, rental and conservancy charges. Even when the Community Development Council (CDC) was assisting the family financially several years ago with rental and utility vouchers, Kamal struggled to pay the bills. Hence it is no surprise that their water supply has been curbed to encourage them to use less water. In addition, they have also been placed under the Pay-As-You-Use (PAYU) scheme so that they can monitor

their electrical usage. CDC's financial assistance was shortly terminated as the couple did not adhere to CDC's recommendation that Aini finds a job. She constantly cited childcare as an excuse for not seeking employment. Hence, CDC referred the couple to the FSC in their neighborhood to participate in the Self-Reliance Programme. Now, with the sole breadwinner remanded, their financial woes have further escalated. Aini has little choice but to seek Mandy's assistance.

For the past 4 years, the FSC has been assisting the family's children with the School Pocket Money Fund (SPMF) so that they can still attend school regularly. With Kamal's incarceration, Mandy contacts the CDC to provide emergency financial assistance to the family once again.

Aini also tells Mandy that her third child, Raimee, physically abused his two younger siblings, Aidan and Farah, on several occasions. The latest and most serious incident by far, in which Raimee used an iron rod to hit Aidan, happened just last week. Zara witnessed the incident and reported the incident to the police subsequently. Not knowing what else she could do, Aini agreed to press charges against Raimee for voluntarily causing hurt.

Through Zara, Mandy also finds out that Aini has a habit of returning home late in the night and sometimes in the wee hours of the morning with the children. There were occasions when Zara's school counselor did not find Aini at home at 9 a.m. during her home visit. When Mandy confronts Aini about the late hours and missed appointments with Zara's school counselor, the latter admits that she often spends time at a computer gaming shop and leaves the three youngest children cycling and playing on their own in the neighborhood late at night or in the early hours of the morning. She does not think that any harm could come to the children when she does so, as they have all grown up in the neighborhood. However, it soon becomes obvious to Mandy that Aini's poor supervision of her children has become more evident since her husband's arrest.

It is a very frustrating experience for Mandy to work with Aini as Aini appears to be unreceptive to any parenting tips she suggested. She also appears

unconcerned over her children's safety issues. Despite intensive counseling sessions, it seems she has not made any progress on her parenting skills nor shown any willingness to undertake more responsibility to provide a safe and secure environment for her children. While Mandy understands that Aini may have been preoccupied with the alleged rape of her daughter by her husband and with coping with the demands of the household in her husband's absence, Mandy feels that Aini has a resigned and passive attitude toward her current situation, unbecoming of a sensible and mature mother. Mandy also feels caught in a dilemma: Aini is her client but Mandy has strong thoughts of separating Aini's children from her because she feels that Aini is unfit to care for them.

With the help of her supervisor, Mandy concludes that the children do need to be closely supervised and to be temporarily removed from Raimee, the abusive sibling, against the wishes of their mother. Mandy is also concerned about the other male pubescent children who sleep in close proximity to Farah, considering the past history of sexual abuse at home. As the safety of the three youngest children is top priority, Mandy refers the children to the Ministry of Social Development and Family (MSF, previously known as the Ministry of Community Development, Youth and Sports, MCYS) to house them in a place of safety. Both Farah and Alif are placed in a children's home soon after, while Aidan now stays with his godmother. In addition, after conducting a multidisciplinary meeting with the Child Abuse Protection Team consultants, the MSF Child Protection Services decides to apply for Personal Protection Orders for the three youngest children. The school is also helping to monitor the children in their schools and has referred them to the Enhanced STEP-UP A program to receive help for financial and parenting issues. As part of the FSC's Community Service Project, participants of the Guidance Programme conducted a spring cleaning of Aini's home to help make the family home environment a cleaner and more habitable place.

Meanwhile, Mandy continues to work with Aini to address her motivation to seek employment, among other issues.

Historically, parents are viewed to have complete control over their children

and can treat or punish their children as they deem fit with no interference from others. This role of parents has remained respected in many Asian countries, and in Singapore, even as Singapore becomes increasingly heterogeneous and modern over the years. The family is considered a haven for its members, and as an anchor in a fast-changing environment, the family becomes an even more important institution, fulfilling its function as the building block of society (MCYS, 2005, p. 6).

However, when parental care falls below certain standards, it is generally recognized by law that the welfare of the child lies in the hands of the State. Although the aim of any welfare agency is to keep families intact, this may not always be possible, and sometimes separating families physically is necessary. Separation may cause structural disintegration of the family unit through divorce, neglect and parental abuse.

The Child Protection Services of the Ministry of Social Development and Family act as the “protector” of children in Singapore when there is evidence of neglect or abuse. Child protection officers are empowered to take action under the Children and Young Persons Act (2001) to remove a child without a court-issued warrant from the family or perpetrator if it is necessary for the safety of the child.

In Singapore, we have adopted the United Nations Convention on the Rights of the Child (UNCRC) on October 2, 1995 (MCYS, 2002), spelling out the four basic rights affirmed in the Convention: (1) survival (the child has a right to life and to the needs that are basic to existence), (2) development (children should have opportunities to reach their fullest potential), (3) protection (children should be safeguarded against all forms abuse, neglect and exploitation) and (4) participation (children have an active role in community).

As far as the MSF is concerned, the removal of children from the family and admitting them into institutions will always be the last resort. Child protection officers have to explore other options prior to separating them from their families, such as supervising the care provided to children or fostering children out to caregivers who will be able to provide adequate care. Should removal

be necessary, it is also likely to be temporary as the ultimate goal is always to reintegrate the child back into the family as soon as the situation at home stabilizes and is conducive for the child(ren) to return home.

How does a social worker define what is good parenting and what is not? Is the social worker someone who is fit to make this judgment? If so, by whose standards? Should these standards be determined by the social worker's professional norms or by the society's norms? Is a social worker fit to make this judgment if the social worker is not married and has never raised a child? Even if certain parents choose to raise their child(ren) contrary to societal beliefs, they have the fundamental rights to raise their child(ren) according to their belief system. As parents, they have the right to privacy and the freedom to raise their child(ren) as long as their actions do not compromise the physical safety and general happiness of the child(ren). When then can the social worker intervene in their private lives and enforce changes? When and how is it ethical to use these powers?

Examining the case study of Aini, one may consider her family as the 'ultimate dysfunctional family' with multiple problems—alleged sexual abuse, domestic violence among siblings, unemployment and financial issues and disciplinary issues, to name a few—all of which violate the four basic rights outlined in the United Nations Convention on the Rights of the Child adopted by Singapore. As much as Mandy would have preferred to keep the family intact, the current home condition does not allow her to do so unless Aini learns to be fully aware of the responsibilities that lie ahead of her, and to ensure the safety of her children in the absence of her husband.

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The Resistant Client

The Resistant Client

The concept of social work values surface frequently to students and qualified practicing social workers alike. Most practitioners, according to Beckett and Maynard (2013), like to think that, at the core of social work practice, there is a particular set of values involved in supporting people in overcoming the pressures and challenges that life and/or an unfair society has placed upon them. Social workers, together with many other professionals, often find themselves in a position to make what is termed as ethical decisions,—that is, what is the right thing to do—because social work is one of the professions that concern itself with the lives of people.

The word value can be construed as worthiness, preferences or choice. Thus, when we refer to the value system of a certain culture, it signifies something of high worth and importance valued by the people in that culture. As individuals are raised in different cultures and by different parents, social workers enter the field of social work practice armed with our personal set of values, as well as a set of values that have been taught to us by our esteemed social work teachers.

Social workers' clients come from all walks of life. Not all of them seek assistance from social workers for monetary assistance; some may simply need a listening ear for their problems. Being humans, we will develop positive feelings toward some clients and also negative feelings toward others, such as clients whom we perceive as resistant, difficult and/or uncooperative. A great deal of what we do in the social work profession involves helping our clients choose available options. During the helping process, we take into careful consideration both the worker's and the client's ethical principles when making such choices. In reality, are social workers able to help clients effectively without imposing their own value system on their clients, especially if the clients' values are in contrast with those held by, and are taught to social workers? The case study below illustrates this dilemma:

Case Study 4: The Ugly and Resistant Side of Clients

The Interim Rental Housing (IRH) is a scheme for families who are in financial hardship to find short-term accommodation while they await permanent housing solutions. Mr. Arif, who is 30 years old and working as a delivery driver for a local newspaper, is one such service user of this scheme. He is married to Yati, three years his senior, who is a visual merchandiser. The couple has three children aged 7, 5 and 2. Arif was raised by his grandmother and he has neither known much about his parents nor shown any desire to know them. Besides his grandmother, he has no other siblings who could render him any form of support. Arif's grandmother is now living with one of his aunts. Yati is a Singapore Permanent Resident who hails from Indonesia. As both Arif and Yati have to work, Yati's mother has been permitted to live in Singapore on a social visit pass to provide childcare support to the couple.

Arif and his family have been living in a Housing Development Board (HDB) flat under the IRH scheme for the past 2 years, sharing the flat with another Indian family. The couple used to own a three-room flat in Tampines, which they had bought for \$209,000 about seven years ago. However, when they could no longer keep up with the monthly mortgage payments two years ago, their flat was repossessed by the bank. The bank subsequently forced the sale his flat for \$232,000 and the proceeds were credited into both their Central Provident Fund accounts after deducting interest payments and the principal loan, and no cash proceeds from the sale of their flat. After losing their flat, the family stayed with Arif's paternal aunt for four months before they were allocated the flat under the IRH scheme by HDB.

Arif's case came to the attention of ABC Private Limited, a property management consultant firm in charge of managing residents under the IRH Scheme, for his huge rental arrears, and Arif was referred to the Family Service Centre (FSC). Apparently, at the point of referral to the local FSC, he was said to be in rental arrears of \$3000 and could face eviction if he did not settle the arrears soon. However, in ABC Private Limited's referral letter to the FSC, no

presenting issues were highlighted except for size of the rental arrears, nor was there an eviction or notice of the company's intention to write off the arrears that the company wanted the social worker at the FSC to address.

The social worker assigned to this case is Faisal. Faisal, considering the urgency of the case with the possibility of eviction, makes immediate attempts to contact Arif. Faisal is deeply concerned about the impact of a potential eviction on the three school-going children in the family. During the interview session with Arif and Yati, the couple expresses that they do not have enough money for the \$225 monthly rental fees even though Arif's salary is \$2,600 and Yati's salary is \$1,700. Their total household income amounts to \$4,300 but they claim that their monthly expenses are almost \$5,000 a month. Eventually, the truth comes to light when Arif reveals that the couple has accumulated a total of \$8,000 in credit card debt; after paying the minimum sum for their credit card arrears each month, they are unable to pay their rental fees.

Somehow Faisal feels that there is more than meets the eye; he suspects that the couple has not been entirely honest about their situation and appears to have "no solution" to their issues, except that they do not have enough money for rental fees. Compared with the many households under the IRH scheme, the Arifs are in a much better position. Both husband and wife hold steady jobs with good incomes and definitely do not qualify for any form of financial assistance from the Community Development Council (CDC) or any other welfare organizations. In order not to be evicted, all the family has to do is to start making rental payments and negotiate with ABC Private Limited a reasonable installment for their rental arrears. Faisal suggests to the couple to consider examining their household budget and prioritizing their expenses accordingly, and to do so by making their monthly rental payment a top priority if they do not wish to live on the streets. Faisal offers to work closely with them on budgeting strategies but the couple, although appearing agreeable and cooperative initially, says that they prefer to first discuss their household budget between themselves.

Faisal is left with little choice but to proceed at his clients' pace and to respect their decision. He has observed that during the interview, the couple was not

forthcoming with information, especially about how money was spent. He has noticed the incongruence of their respective claims of financial difficulties, and that Arif, Yati and their three children came well-dressed and had the latest mobile phones and gadgets. The couple was also persistent in their enquiry about the type of assistance they qualified for, and when they were told the truth, their non-verbal responses were tell-tale signs of how they felt. A few days later, ABC Private Limited sends an email to Faisal informing him that Arif has, in fact, accumulated not \$3000 but \$5400 in rental arrears. Ever since they have moved into the IRH flat, they have not paid any rent in the past two years. ABC Private Limited has issued them an ultimatum: to settle the arrears by one week or face immediate eviction from the IRH premises. Faisal meets with Arif and Yati at the FSC again. When Faisal confronts Yati about the size of rental arrears, she now claims that she has been unaware that their rental fees have not been paid. She goes on to say that her husband has lost his full-time job about a month ago and has been working on a part-time job instead. He is under stress and has not been talking to her about the rental issue. She has become the sole breadwinner overnight, it seems.

Seeing that the family situation has changed, Faisal's plan of action has to be re-evaluated. He decides to involve higher authorities in charge of the IRH scheme. Together with the help of the project manager at the National Council of Social Service, eviction is delayed for another week. Meanwhile, a referral is made to the CDC. CDC is also willing to explore and assist the family "in crisis." Unfortunately during the assessment, CDC discovers that Yati under-declared her income by \$1000. In comparison to other households under the IRH scheme, Yati's household income of \$2700 is still high even with the loss of income from one of the breadwinners. CDC's offer to find Arif a full-time job is also met with much resistance from the latter. The family is assessed to be "uncooperative" and is only interested in cash assistance from CDC.

When Faisal lays out the facts to Arif and Yati, Yati defends herself by saying that she does not feel that Faisal has "a right to know everything." Moreover, she feels it is really Faisal's fault for not being specific that salary entails allowances and commission when he asked her about her salary at their previous meeting. Arif claims that he has everything under control and he has

managed to raise \$2000 and wants to deal directly with ABC Private Limited for his arrears. He is confident that he will be able to continue to stay put in the flat. The couple flatly refuses to involve Faisal in the negotiation process and decides to contact ABC Private Limited directly.

However, their appeal for an extension to stay is rejected and the family moves out voluntarily the next day. Faisal is faced with a client who is missing in action and non-contactable.

According to Rothman (1989), "self-determination is accorded utmost esteem in the profession [but] its meaning and application are clouded" (p. 598), which serves to remind us that most of the time, the emphasis on the right to self-determination often presents us with familiar and confusing dilemmas. Is it possible to respect the client's self-determination when you, as a social worker, are aware that the client's concept of what is inherently good is 'inappropriate' in your value system? Is valuing neutrality good for the social work profession?

In the above case study, Arif's view and position with respect to his financial woes are that he does not have enough money to pay for his rent because of his credit card debts. His wife appears to hold the same view and position as he does: a "money is not enough" mentality that social workers in developed economies are seeing more and more of in the value systems of clients seeking assistance from social service agencies for 'financial hardship.' Some authors like Simon and Gutheil (1997) regard valuing neutrality as "a fundamental clinical and ethical principle" and this is supported by others like Weick (1999) who suggested that professional practice requires listening to what the client is really saying "without imposing one's own values, beliefs or judgments" (p. 331). In fact, according to Clark (2005), the main rationale for suspending value judgments is that "it is not the social worker's role to impose her own values about such matters as drug use, lifestyle choices, or personal relationship" (p. 114).

Is valuing neutrality or suspending one's value systems a reasonable option for social workers then? Are we going to allow Arif to continue his habit of owing rent without considering making adjustments to his spending habits to

reduce his arrears because it is the family's choice of lifestyle, even though as a social worker we may not agree with his choice? Critics of the neutral value stance advocate that suspending judgment has become too misconstrued that it produces, rather than prevents, more unethical professional behavior. We are inclined to concur with Goldstein's (1998) idea that the "social work profession cannot be concerned only with what works but also must develop a moral orientation" (p. 115). He further states that social workers have an ethical obligation to act as moral agents: they cannot ignore what is good and ethically correct; what is 'right' and 'wrong.'

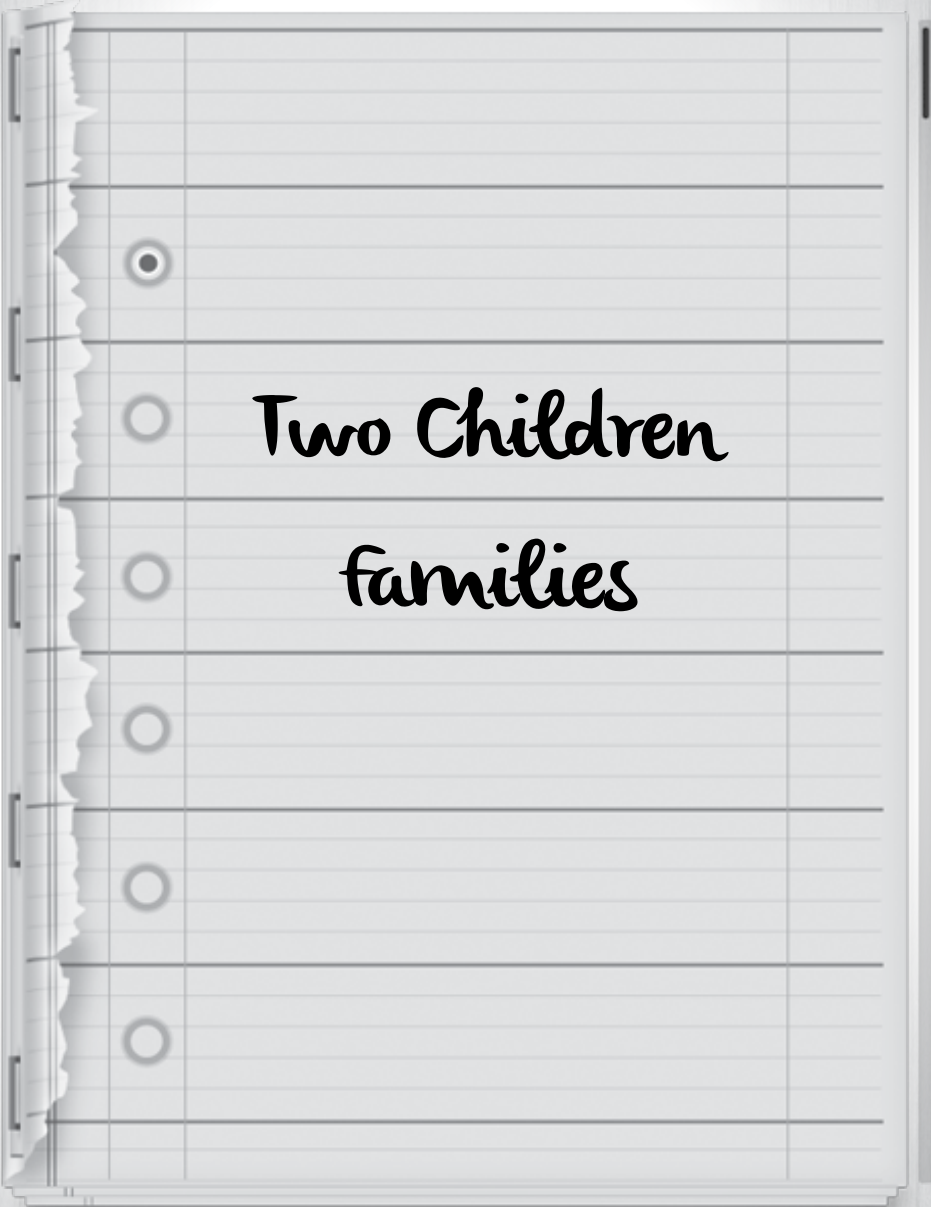
Failing to confront a client's behavior may lead the client into thinking that the worker sanctions his actions. Silence on the part of the worker could lead in the client to interpret his behavior as acceptable when it is not. Some clients like Arif and Yati do need to have a reality check: that they should not abuse the system that has been set up to protect and help them. The Interim Rental Housing Scheme was an initiative introduced in January 2009 to help needy families find temporary accommodation before more permanent housing solutions are available. It ensures that families with pressing social issues are able to have decent accommodation instead of resorting to sleeping at void decks of HDB apartments or camping out at the beach after their flats have been repossessed. Instead, Arif and Yati have chosen to continue pursuing their lifestyle of indulging in material goods and not paying rent while there are other clients who struggle to make ends meet and still manage to pay their subsidized rent regularly, and are grateful to have a temporary home to stay.

A value gap between clients' values and social workers' values is inevitable as both are in different positions in the helping system. A client is a person with a need while a social worker is a professional with an ability to help. The former has a problem while the latter does not. As Carey (2006) concludes, "none of us can help having a personal take on any issue a patient is discussing, and there is no way for us to think about any issue—let alone intervene—without that being influenced by our own very personal psychology" (p. D2). We pride ourselves on being agents of change and it is expected that as we

develop further, with more experiences, training and learning, the majority of us would eventually develop the moral orientation described by Carey (2006).

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Two Children
families



Two Children Families

After the Second World War, Singapore was like any third-world country, trying to recover from the aftermath of war. People were poor, and public health, inadequate housing and widespread illiteracy were major concerns of the government; and an exceptionally high population growth did not help. In 1965, a baby was born every 11 minutes on average. Our then local maternity hospital, Kandang Kerbau Hospital (KKH), now renamed as Kandang Kerbau Women & Children Hospital (KKWCH), earned a place for 10 years in the Guinness Book of World Records for the “largest number of births in a single maternity facility,” delivering 39,835 babies in 1966 (Wikipedia, 2013, December 15).

Many schemes were put in place to control population growth. By 1970, the Stop at Two campaign was fully implemented, with disincentives to discourage people from having more than two children. The scheme was so ‘successful’ that by 1975, Singapore’s fertility rate had declined to below replacement level. The Graduate Mother’s scheme in 1983 aimed particularly at getting educated women with university degrees to marry and have children, while women without GCE “O” level qualifications were encouraged to be sterilized, which sparked the Great Marriage Debate.

Ironically, our population policy in 1986 was reversed instead: Have Three or More (If You Can Afford It) was a campaign offering cash and other incentives to families to have three or more children. The campaign continued to carry the government’s dogged position on minimizing procreation among low-income, lowly-educated women. To this day, the Singapore government is still encouraging women to procreate, with the Baby Bonus scheme commencing since 2001. Despite the concerted efforts of various local governmental agencies to encourage well-educated Singaporean women to have more children, our fertility rate is still below replacement level today, a constant worry for the Singapore government.

To the government’s dismay, the birth trends appear to indicate that the lower the socio- economic status of the family, the higher the number of children

being born. Many social workers in the field would unanimously agree that families with lower education tend to have more children, although the reasons why they do are unclear. Some are illiterate and do not practice family planning, much to the chagrin of social workers who work with low-income and, often, problematic families. The difference between the value systems of the client and those of the social worker's adds on to the dilemmas faced by the latter. Respecting our clients' wishes or their right to self-determination to have more children when they can ill afford to do so produces much dilemma for the social worker as the following three real-life case vignettes show:

Case Study 5a: The Tan Family

Mr. Peter Tan started his own floral cum stationary business as a promising young man. He was then 27 years old. One year after opening his shop, he married Ah Huay, who was 8 years his junior. Six months into his marriage, his business flopped, owing much to the first region-wide financial crisis in Singapore. Ah Huay gave birth to their first daughter, Lina (now 17 years), six months later and one year thereafter, to a son, Matthew, who is now 16 years old. Four years down the road, they had another son, Mike, who is 13 years old now. As she had to look after her children while they were young, Ah Huay could not work to supplement the family income. During the children's formative years, Peter worked hard as an odd-job painter as he had had little education. When Peter became a taxi-driver, their household income was much improved since he drove longer hours, and the Tans had another three sons one year after another. They did not believe in family planning. The boys are now 8, 7 and 6 years.

After Ah Huay had given birth to the three boys in succession, Peter had to work even harder to support the family of eight. This desire to earn more income led him to neglect his health and he ended up having two heart attacks when the boys were barely a few years old. The household income was greatly affected. They had to downgrade from a five-room Housing and Development Board (HDB) flat to a three-room HDB flat. The two eldest children were the most affected when they moved into a smaller home. Lina started to work as a part-time waitress in a Japanese restaurant from 4:30 p.m. to 10:00 p.m.

daily to earn extra pocket money for herself, while Matthew dropped out of secondary school as he lost the motivation to study. Occasionally he worked as a promoter at sales events. Without proper family planning, the Tans had another daughter when Ah Huay turned 37. Tina is now 2 years old.

During the seven years Peter drove a taxi, he had accumulated traffic offences whose fines he did not pay, resulting in a sentence of six months. After his release from prison, he worked as a security guard with an income of \$1,400 a month. At the same time, the Community Development Council (CDC) assisted the family with a monthly cash allowance of \$300 under the ComCare Transition Scheme. With help from CDC, Ah Huay found a part-time job as an on-call kitchen helper who came in whenever a staff member was on sick leave. However, her income at \$4.50 an hour is irregular and adds only about \$180 each month to the household income.

The Tans have been attending counseling sessions at the neighborhood Family Service Centre as they are consistently quarreling over finances and parenting issues. Their second son, Matthew, is at risk of becoming a wayward youth. According to their social worker, they also need counseling on family planning as, despite having 7 children, the Tans do not mind having more.

Case Study 5b: Kumar and Nanki Devi

Kumar's marriage was a match made by his anxious parents as he was the youngest of 15 children. He was only 19 when he married his 18-year-old bride from India. Immediately after his marriage, his wife, Nanki Devi, became pregnant with their first child, a daughter who is 11 years old now. With no knowledge of family planning, the couple went on to have six more children: five sons aged 10, 8, 7, 5 and 4 years, and the last, a girl who is 2 years old. Although Kumar is a Singaporean, he is surprisingly uneducated by the country's literacy standard; most of his cohort would have attained at least primary school education, but Kumar did not even finish primary education. His wife holds the equivalent of a Primary Six education in India and has obtained her Permanent Resident status in Singapore. The three eldest children are permanent residents while the remaining four are Singapore citizens. The

household of nine resides in a two-room rental flat.

Kumar works three shifts at his job and earns \$1,200 (\$960 after CPF deduction) a month as a cleaning supervisor. There is no financial or emotional support from his extended family of 14 siblings, all of whom are married, as Kumar is not on talking terms with any of them. His wife's family is mostly in India except for an older sister who is staying in Singapore with their father. However, Nanki Devi is also not close to this sister whom she would only call for help during emergencies. With so many children, Nanki Devi found it difficult to get a job as she cannot find anyone who can assist in caring for her young children.

With seven children to feed, it is no wonder that Kumar has arrears amounting to a few thousand dollars with HDB, Singapore Power and the town council. Most of his salary goes into medical bills and transport. Five of the children are in primary school. Ravi, the 5-year-old who is in kindergarten this year, suffers from fits and has to see the doctor frequently. The rest of the children are also prone to falling sick easily. As Kumar and Nanki Devi have had little or no education, they are unable to help their children with schoolwork. Sadly, not only are the children weak in their studies, they are also lacking basic communication and social skills, appearing unusually slow in responding to their teachers and peers. The social worker at SINDA FSC fears that some of the children may have learning disabilities.

Even though the social worker has already put in considerable efforts in assisting the family financially—including School Pocket Money Fund, Ministry of Education Financial Assistance Scheme, monthly food rations, vouchers from CDC and tuition programs—Kumar does not appear to be appreciative of the assistance given. He is unhappy with the social worker whenever she raises family planning issues at their counseling sessions. He has not dismissed the idea of having more children even though it has been pointed out to him subtly that financially the family is in bad shape, and the children—who are faring poorly in school, not eating adequately and frequently falling sick—require more attention than the parents seem to be able to give.

Case Study 5c: Roslia and Ali

Roslia, now 37 years, became known to West Side Family Service Centre seven years ago when her husband, Mohd Ali, who is 10 years older than her, was incarcerated for one year for drug consumption. When Mohd Ali lost his income as a sole breadwinner then, the couple began to incur arrears with their mortgage loan with HDB and was forced to downgrade from a five-room flat in Woodlands to a two-room rental flat in Ang Mo Kio last year. They were also in arrears of a few thousand dollars with Singapore Power and town council, which still remain unpaid.

A two-room flat would have been sufficient for the couple but alas, the couple has seven children aged 16, 14, 11, 9, 7, 5 and 3. All of them are boys except for the seven-year-old daughter who is born with Down's syndrome. Roslia shares with the social worker at West Side FSC that she was against having many children but her husband thought otherwise and dismissed her concerns. She could not practice family planning without her husband's cooperation. Her social worker at West Side FSC has discussed the issue of family planning in detail with Roslia in their initial contacts when Roslia came alone, but Roslia's husband is adamant to have the last three children despite having already accumulated huge arrears with all the government agencies and running the risk of losing his flat.

Mohd Ali has had little education. Although he speaks fairly good English, the social worker soon discovers that he cannot read or write. Every time he goes for an interview, he has to drag Roslia along to complete application forms on his behalf. Roslia has had Secondary Four education but did not do well in her studies. She was barely twenty when she married Mohd Ali. Hence Mohd Ali can only secure odd jobs or lowly paid jobs. Coupled with his forensic history, it has been difficult for him to secure permanent jobs. Presently, he polishes car at a garage and earns \$1,200 (gross) a month. His meager salary is hardly enough to put food on the table for his seven children.

Roslia finds it hard to seek employment as her only daughter, Nurdina, is very attached to her. Furthermore, Roslia has to bring Nurdina to a special school

daily in Woodlands ever since the family relocated to Ang Mo Kio. Nurdina is unable to travel independently and the special school at Woodlands does not offer private transport services to Ang Mo Kio. Nurdina is also unable to control her bladder and uses diapers. The costs of transportation for the entire family are high as the rest of the children are still attending school in the vicinity of Woodlands. Roslia has yet to find a school in Ang Mo Kio that has agreed to transfer her children to the school in the middle of the school term. Luckily, Roslia soon manages to transfer all her schooling children to schools in the vicinity of her new flat at Ang Mo Kio. But just when she thinks that she can finally manage the family expenses better and take on a part-time job for supplementary income, her eldest child announces that he wants to drop out of Institute of Technical Education to find himself a job. Unknown to her, he has become addicted to online gaming and has been skipping school to frequent online gaming shops. He needs money from work to feed his growing addiction. Soon after, Roslia's second son also starts to stay away from home, preferring to stay at a friend's place as he feels that their home is overcrowded.

Even though the majority of Singapore's parents have two children, one or none at all, there are exceptions to the rule. Nowadays, it is becoming less and less common for couples to have more than four children, let alone five children or more. We frequently hear ourselves and others grouse about Singapore's high cost of living, difficulty in raising a family of four (parents included) and our inability to manage without some form of assistance from either domestic helpers, grandparents or formal childcare facilities. It causes us to wonder how a family of seven children copes in today's world, especially a family that falls into the lower income bracket.

It should come as no surprise to us that many families from the lower income bracket do not cope well, as illustrated by the three case studies of families of different ethnicities. Issues of overcrowding, difficulty in managing the day-to-day finances, as well as poor parenting and lack of budgeting skills, often plague such families. Their situation is exacerbated if the children are also diagnosed with a serious and/or long-term medical illness, if they are slow in learning or if they exhibit delinquent behavior.

Most of the time, the usual client-centered approach does not do much to help these families resolve some of their bread-and-butter issues when there are few options available to them. Social workers may have to utilize theoretical approaches intended to alter their clients' behaviors, beliefs and value systems. However, not all practitioners agree on such strategies.

A particular school of therapy developed by Albert Ellis called the rational emotive behavior therapy (REBT) (1977) advocates that if clients' values and cognitive patterns could be changed by substituting more level-headed thoughts and values (which generally coincide with those values held by social work professionals), "the therapist's values should always influence client values" (Dolgoff, Loewenberg, & Harrington, 2009, p. 116). Hardcore theorists may disagree with this suggestion but, in the practical sense, even if social workers deny imposing their own values, they may also do so unwittingly, with their values concealed in their body language and tone of voice.

Dolgoff, Loewenberg, and Harrington (2009) were of the view that "some professionals do not hesitate to use their superior knowledge and power to move the client in the 'right' direction," a concept that is not alien to social work practitioners. The way in which interviews are structured, conducted and the type of questions posed to clients are all indications that we are in some ways using the 'knowledge' we know to lead our clients to our desired goals and outcomes. Sometimes these goals and outcomes are what we as social workers consider as 'good' for the client, for example, family planning to keep the family small by means of contraception or sterilization. In relation to this, Dworkin (1985) stated that "control of one person by another is constantly taking place" (p 543). Relating this to the social work context, such control is usually unconscious and the social worker should take care to acknowledge and exercise the control in a systematic and explicit way. As professionals, social workers need to consider whether a) intentions are in the best interests of the client; b) worker's personal investment in the situation is clear and not motivating her actions; and c) due to the power differential, there is no conflict between the worker's best interests and those of the client.

What Dwokin suggests is that social workers should constantly evaluate their own value systems and periodically assess if their own value systems may give rise to any potential conflict of interests in our work with clients. Social workers need to constantly remind themselves of the implications of their thoughts and actions on clients. Social workers need to balance their clients' right to self-determination with their own exercise of direction, while simultaneously make judgment calls on clients who are irresponsible.

As a professional, there is also the obligation of society responsibility. Clients like Roslia, Mohd Ali, the Tan family and Kumar need counseling to help them be more responsible parents to their many children to ensure that their existing children's basic needs for food, shelter and education are first met before they have more children. Furthermore, the families should be self-sufficient instead of being dependent on government handouts and financial assistance from voluntary welfare organizations as if they were some form of entitlement. It is for this reason that the Home Ownership Plus Education (HOPE) Scheme was initiated by the Ministry of Community Development, Youth and Sports (now renamed Ministry of Social and Family Development, MSF) to help young, low income families who choose to keep their families small by giving the children education and training grants so that the family can achieve self-reliance eventually. In addition, cash grants of \$6000 and up to \$20,000 can be disbursed to help these families with family planning and parenting skills. Herein lies the political dimension of social work practice. Sometimes the social worker's challenges are the result of doing social work in a particular political context, and social work is often a response to these challenges, even though there are common social issues that span across different political contexts.

A social worker often has to implement policies that arise out of political decisions. You may not always agree with certain policies and political decisions, just as you will not always agree with other kinds of political decisions; sometimes you may wonder whether the policies are ethical. You may even feel that certain policies are oppressive or unlikely to benefit your clients. All these means that sometimes social workers have to be able to engage with the politics behind the policies and procedures you are required

to implement. Ethical dilemmas will surface if you disagree in principle with what is expected of you by your employer.

Discussion

What are the courses of actions available to social workers in such situations?

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The
Unprofessional
Colleague



The Unprofessional Colleague

The Principles of Professional Ethics of the Singapore Association of Social Workers' (SASW) Code of Professional Ethics Section B1 state that "Social workers act upon the recognition that effective service depends on the cooperation among professional disciplines and others with due regard to respective areas of competence."

In relation to social work practice in Singapore, this refers to interagency collaboration in meeting the needs of the clients that the organizations serve. Sometimes it may involve referring your direct client for other services, while at other times, it may involve referring the family members of your client whom you perceive as in need of a service to other agencies. As obvious as it sounds, service is more effective when cooperation among professionals exists.

However, varying degrees of professionalism exists between agencies and within agencies itself. Some agencies may be new or have a high employee turnover, with new staff lacking in clinical experiences and therefore are unable to make appropriate decisions at times, presenting a dilemma for referring parties as illustrated by the case vignette below:

Case Study 6: Mr. Cho

"Good Afternoon, Mr. Cho!" It was the meals delivery young man from the Home Help Service, a familiar face who pops by five days a week. Eighty-five-year-old Mr. Cho has been receiving meals from Home Help Service for the past year. Mr. Cho vividly recalls that he used to cook and serve others hot meals as a young cook. But now the situation has been reversed. Debilitating pain from osteoporosis has taken away most of the capabilities of his limbs, rendering him semi-mobile and dependent on a walking frame to guide him around the house and prevent him from further falls. In his younger days, he slogged hard, working in the kitchen to earn a living to feed his family. But his sacrifice for his family came with a price: chronic pain. He can no longer bend

down like he used to, and that makes doing household chores and cooking a real strain on him. His social worker, Luke, has been urging him to consider attending a day rehabilitation facility for physiotherapy sessions but he has been delaying this option.

His wife, although a year younger than him, is in much worse shape: although mobile, she was diagnosed with dementia about a year ago, before Mr. Cho and she started receiving meal delivery service from Home Help Service. Her memory has begun to deteriorate; she cannot remember where she places her things, and at times she cannot find her way home. Sometimes she forgets if she has eaten and, worst of all, she is neglecting her personal hygiene. Mr. Cho has become her full-time caregiver: assisting her to bathe and dress, and taking over the household chores and cooking. However, with his own illness and old age, he finds it increasingly difficult to prepare food in the kitchen, and hence the meal delivery service is much welcomed by him. The home help service also provides cleaning services once a month. With the help he is getting from Home Help Service, now he can at least concentrate on caring for his wife. But then, there are times when he wishes he has more help, to have some free time for himself to “take a breather,” to catch up with old friends who are still around.

Mr. Cho’s two children are in their forties and live on the other side of the island. One is a delivery driver and has three school-going children; the other son is working as a cook in a small restaurant like his father in his younger days, with four children to support. Both Mr. Cho’s daughters-in-law are holding part-time jobs to supplement the family income. Hence Mr. Cho feels that it is almost impossible to ask his daughters-in-law to help him care for Mrs. Cho. Moreover, he is adamant that it is his responsibility as a husband and he declines Luke’s suggestion to involve his daughters-in-law in the care of his wife. Luke’s alternative plan is to refer Mrs. Cho to a dementia day care center so that Mr. Cho can have some respite now and then, and perhaps later on, to refer Mr. Cho to receive day rehabilitative services.

The nearest dementia day care center is almost 5 km away from their home and, with Luke’s help, most of the necessary application forms have been

completed. An appointment for an intake assessment is made but Mr. Cho has difficulty bringing himself and his wife to attend the interview. His children are also busy and cannot take time off work to accompany their mother for an assessment on a weekday afternoon. As a result, Mrs. Cho does not make it to the assessment interview and the person-in-charge at the dementia day care center cancels the appointment and refuses to give an alternative date as they have a long waiting list. When Luke speaks to the social worker at the dementia day care center, the latter expresses her disappointment that not all the forms have been duly completed, and some portions of the children's biodata are missing. These areas of neglect based on the first impression makes her think that Mrs. Cho's children are not supportive and that Mrs. Cho's absence at the interview is because the children are unwilling to make an effort to bring their mother for assessment. The social worker does not wish to hear Luke's explanation of the family situation since she has decided not to reschedule Mrs. Cho's appointment, leaving Luke filled with anger with the staff at the dementia day care center. He debates whether to make a complaint against the social worker from the dementia day care center for her "unprofessional" behavior to the SASW Licensing Section.

In the SASW Code of Professional Ethics, Section B2 states that "social workers treat with respect the professional judgment, statements and actions of colleagues. When criticisms of these appear unwarranted, social workers need to refer the matter to the Association." Although provisions for reporting "unprofessional" behavior are made available via the SASW, one wonders if any social worker has actually taken the initiative to report unprofessional behavior in another social worker, especially a fellow social worker in the same or another agency.

The very nature of social work calls for compassion for people, with this also extending to our colleagues and social workers in agencies which we work with. Hence it is highly unlikely that any social worker would go beyond the four walls of their office to report unethical or unprofessional behavior. Moreover, being a member of an Asian society, we are fairly conservative and restrained especially when it comes to overt display of negative affect: most people generally do not confront others about their negative behaviors.

Therefore, it is hardly surprising that most unprofessional behaviors are unreported, understated and, mostly likely, soon forgotten. Most of our social workers are tolerant toward fellow professionals and would often “forgive and forget.”

Within the organization, incidents like this would probably be handled by the immediate supervisor if negative feedback has been given by the complainant toward a fellow colleague. However, the same cannot be said when the complaint is directed against a staff from another organization that has close links with the complainant’s agency. Such intricacies would likely be thrashed out at the supervisory levels to clear any misunderstandings and pave the way for closer cooperation and mutual understanding among the two agencies. In this way, none of the organizations would have to face the SASW’s Ethics Committee.

Dolgoff, Loewenberg, and Harrington (2009) remind us that “every occupation that strives to achieve professional status attempts to develop a code of professional ethics” (p. 36) and part of the functions of the code is to “protect the profession from governmental control; where self-regulation is preferable to state regulation” (p. 36). Like any other professional code of ethics, our local code of professional ethics is written in general terms, aimed to provide guidance for conceivable situations—yet these rules are not hard and fast. The fact is that, with any greater specificity, numerous ethical principles would frequently conflict with each other and may well lead us to prolonged litigation should our code of professional ethics be overly precise. This lack of detail is simply for our protection.

Unprofessional or unethical behavior that is detrimental to, and likely to harm another person definitely warrants a referral to the licensing and ethics committees of the SASW.

Discussion

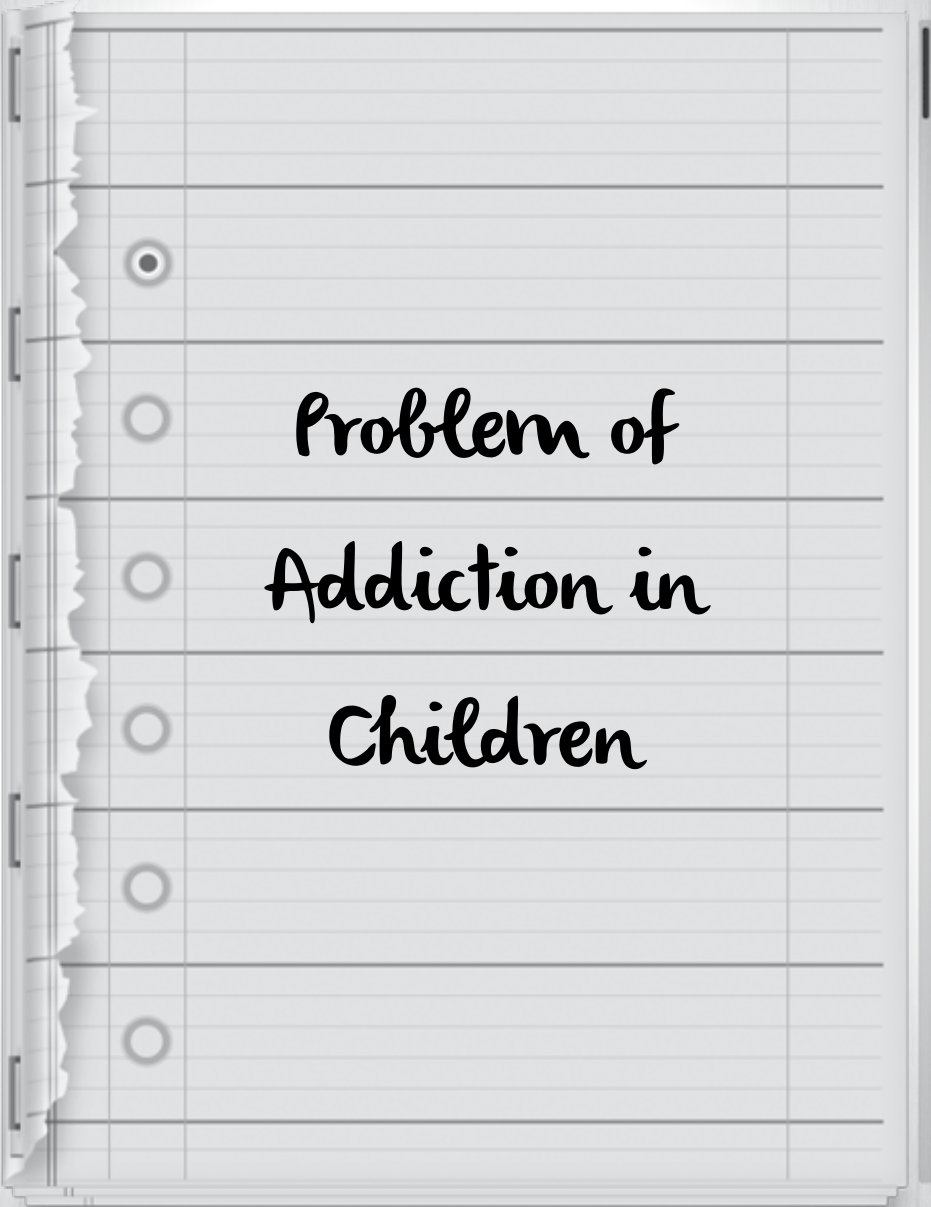
What would you have done if you were in the shoes of the social worker from the dementia day care center? Would you have behaved as she did? If

not, what would you have done differently? Was Luke's response warranted? Would you lodge a complaint against the social worker to the SASW? What other avenues of recourse are available?

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Problem of
Addiction in
Children

Problem of Addiction in Children

It is often said that the children of today will become the leaders of tomorrow. How today's parents raise their children will have a great influence on how the next generation will be. The process of raising children is "a creative endeavor, an art rather than a science" (p. 14) according to renowned child psychologist, Bruno Bettelheim (1995), who shares that leading doctrines of child psychology tend to:

emphasize that much depends on what the child experiences as he goes through the various stages involved in his growth toward maturity, and that a parent's handling of these situations is not only most important, but can be fatal when things go wrong. (p. 12)

Certainly there are no standard guidebooks for one to be a 'good enough' parent. More often than not, parenting is a trial-and-error process. Sometimes even when parents deem themselves to have raised their children well, some may still be led astray. As Quentin Crisp, a British author once quoted in 1908, "The young always have the same problem - how to rebel and conform at the same time. They have now solved this by defying their parents and copying one another" (Brainy Quote, 2014).

The teenage years during which a child develops and progresses can be a tumultuous one: wanting to behave like an adult and be taken seriously as one but yet, not mature enough to be one. Teens become interested in having new experiences and making new friends, and the latter often overtake parents as persons of importance to the teens. At this age, most parents are fearful of undesirable external influences exploiting their innocent children.

Under Singapore's law, the Children and Young Person's Act (CYPA) makes legal provisions for the protection of children and young persons against abuse, neglect and exploitation. In the CYPA, a child is defined as one who is below 14 years of age and a young person as one who is aged from 14 to below 16 years old (p. 5). In addition, a juvenile is defined as "a male or female person who is 7 years or above and below 16 years" under the CYPA.

Previously, young persons over the age of 16 who have committed offences were categorized in the same group as adult offenders but with the revamp of the judicial system, legislative changes have been made to recognize that, given that the official legal age in Singapore is 21 years old, persons above 16 years old and below 21 have to be given special consideration as they are still considered as “young adults.” With this in mind, the Community Court, set up on June 1, 2006, specifically caters to youth offenders aged 16–18 years. Recently, the age ceiling was extended to those below 21 years who are accused of theft, violence, sexual crimes, gambling and/or drug-related charges.

Singapore, with the lowest crime rate in the world, is not a country that rests on its laurels. Hence, the slogan, “low crime does not mean no crime,” is frequently heard and prominently displayed on posters throughout the island by the Singapore Police Force to remind its people to be vigilant towards crime prevention. However, the young people of today nonetheless do get themselves into trouble with the law as shown by the statistics below:

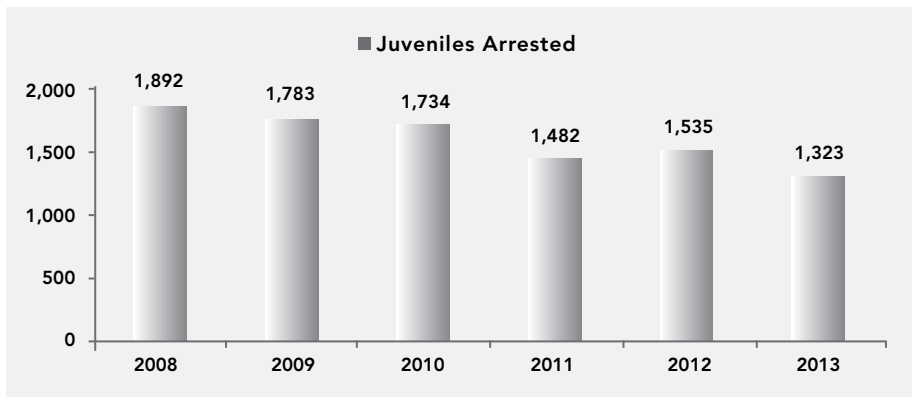


Figure 1: Juveniles arrested from 2008–2013

Source: Ministry of Home Affairs

Figure 1 above shows the number of juveniles arrested from 2008–2013. In 2011, the number of juveniles arrested dipped; this was followed by a 3.6% increase in arrests in the following year. Table 1 below illustrates the three

most common offences resulting in arrests for those who fall within 7–19 years old.

Cases	2006	2007
Shop theft	1,260	1,294
Other theft (include theft of bicycles, theft from motor vehicles and theft from persons)	591	520
Rioting	500	461

Table 1: Three of the most common offences for arrests (7–19 years old)

Source: Crime Situation 2007, Singapore Police Force

A brush with the law does not necessarily result in an imprisonment. Options such as a probation order are available to the young or first time offenders, but are usually accompanied by a set of restrictions imposed on the offender. For probation to be considered, family support and close supervision are essential elements. Unfortunately, sometimes when a youth offender's family life is chaotic, mired by parents or family members who involve themselves with vices like alcohol, drug and gambling or complicated relationships, imposing probation as a rehabilitation tool is often difficult, as illustrated by the first case study (Case Study 7a).

In addition, discovering who the "real client" is may also result in a dilemma for social workers. This is especially so when social workers work with family subsystems in which the real client may not be the referred client but is, nevertheless, part of the family system. When two or more people disagree about expectations associated with a particular role or when the client's expectations differ from those of the social worker, role conflict or role incongruity may arise (Compton et al., 2005).

Case Study 7a: Aziz

Aziz, a 14-year-old boy, stands in the dock with his head bowed, waiting for the investigation officer to read out his charges in front of the judicial officer at the Family, Juvenile and Justice Centre. He faces four theft charges, three of which were committed in the school premises and the remaining charge of theft committed in a LAN gaming center. The items alleged to have been stolen include mobile phones and cash.

Investigations by the probation officer into Aziz's social situation show that he is the third child in the family. His mother, Zabedah, now 43 years old, has had three relationships, but none of them ended up in a civil marriage. Her eldest son who is now 25 years old is from her first boyfriend. Aziz and his brother, Najib, are children from her second relationship. Aziz's father left the family about six years ago and they have not heard from him since. Rumor in the neighborhood has it he is incarcerated for drug offences. After the departure of Aziz's father, Zabedah found herself another boyfriend and gave birth to another two sons who are now 7 and 5 years old. Zabedah, her eldest son and her two youngest sons are staying in a two-room rental flat together with her third and current partner.

Aziz and Najib are staying at their maternal aunt's place as their mother's current partner is not keen to accommodate the two teenage boys. Their maternal aunt, Yasmin, is the younger twin of Zabedah and, unfortunately, like her twin sister, she shares a similar history of broken relationships as she has also been involved in four relationships in the past. However, unlike her sister, Yasmin has been officially married and divorced thrice. Her five children from the first three marriages are under the custody of her ex-husbands. Her current husband is a 53-year-old part-time coffee-shop helper with an income of \$700 a month and they do not have any children. As Yasmin suffers from diabetes and high blood pressure, she is unable to find gainful employment and is currently receiving a sum of \$400 per month in social assistance from Community Development Council.

Najib is working as a part-time waiter with an income of \$450 a month and is awaiting his enlistment for national service. All of his salary is usually spent on himself and cigarettes, and he does not contribute a cent to Yasmin's household. Zabedah also cannot afford to support Aziz financially. Yasmin is able to give \$2 allowance to Aziz daily. However, this amount of money is insufficient to feed Aziz's addiction to LAN gaming, and his appetite for gaming has been growing steadily since he first started gaming in Primary Six. He frequents the LAN gaming center three times a week, spending up to 4–6 hours each visit. In the past six months, his visits have been progressively increasing to 10–24 hours per visit. In order to sustain this upsurge of hours spent at the gaming center, Aziz has to find other ways of financing his addiction. He joins a much older group of friends (in their 20s to 30s) as members of a Lion Dance Association. Whenever the troop is invited to perform, he receives about \$35–\$50 for each performance. In addition, he also joins a funeral band occasionally, which creates additional income for him.

Yasmin knows about Aziz's interest in lion dance and his income derived from such sources and does not object to both, even though Aziz frequently spends nights out and at times, does not return home to sleep. To her, as long as he does not involve himself in drugs or glue-sniffing like she and Zabedah did when they were younger, she considers that a blessing. The twin sisters were both incarcerated for a year a few years ago for drug and inhalant abuse when Aziz was younger.

The probation officer also learns from Aziz that he witnessed his biological mother taking drugs and his aunt sniffing glue when he was young. It is uncertain if the two are still abusing drugs and inhalant abuse currently. Aziz admits to the probation officer that he committed the alleged thefts within a span of two years because he needed the cash to finance his gaming habit. He is remorseful and is prepared to be sentenced to the Singapore Boys' Home, and hopes that the sentence would improve his motivation to attend school regularly and take a more serious attitude toward his studies. His probation officer is contemplating probation with specific conditions attached but wonders if his home environment can contain and address his addiction

issues, and whether his mother and/or his aunt are suitable role models for him, bearing in mind their past drug and forensic offences.

Case Study 7b: Michael

Michael is a 14-year-old boy attending a local secondary school. He has been referred by his secondary two form teacher to the school counselor, Joyce, because of his intermittent absence from classes, which has become more frequent in the past month. His form teacher also notes that he appears tired and at times has difficulty keeping awake in class. Michael is also inattentive during lessons.

When Joyce approaches Michael in school, he is reluctant to discuss much about his home situation so the former decides to contact his family directly. However, she faces a snag when she contacts his father, Mr. Lee, who is in his early 40s and works as a bus driver from 9 a.m. to 6 p.m. six days a week. Mrs. Lee, who is 39 years of age, also works part-time in a restaurant as a kitchen helper six evenings a week. Michael has two other older siblings, Michelle who is 19 years and has just completed her "A" levels and is currently awaiting her results, and Max who has just completed Secondary 5N and will be enrolled in the Institute of Technical Education soon.

Michael's parents do not think that there is any problem with him, for he is at home whenever they are back from work at about 11 p.m. Sometimes, Mr. Lee works longer hours to cover his colleagues on medical leave. However, they note that if they catch him playing computer games when they are back earlier in the evening and try to restrict his gaming hours, Michael would raise his voice with them. Mrs. Lee expresses that she would rather see Michael play computer games at home than at gaming centers in the neighborhood where he might mix with bad company.

When Joyce confronts Michael about the amount of time he spends playing computer games, he reveals after much prompting that he plays up to 10 hours a day. When he comes home from school, he immediately switches on

his computer and starts gaming. Needless to say, he hardly has proper meals, and even if he does have his late lunch or dinner, he has them mainly in front of his computer too. Apart from playing games, he also surfs the net if his online “kakis” (colloquial language for “friends”) are not there to challenge him. He shares that he is bored at home and does not have much to do. His parents are always working and even when his mother is not at work at night, she does not stay much at home in the day either. The family is not cohesive and does not spend much time together as a family, such as going out and being involved in activities together. Michael is also not close to his siblings. In fact, he was once sent to Grace Haven, an institutional home for children, for a few months because he punched Max for using their only computer in the house. Max also exhibits defiant behavior; the Lees have so much difficulty controlling Max that they sought a Beyond Parental Control Order (BPC) at the Family Court against Max. The BPC included a mandatory counseling order at their nearest Family Service Centre.

During the counseling session, Michael agrees that he will try to reduce the time spent in front of the computer from 10 hours to 6 hours a day over a period of three months. He contracts with Joyce to spend 20 minutes a day, five days a week, studying, and to attend school regularly.

Joyce monitors Michael’s progress with the help of his form teacher. In the past week, Michael has been turning up for class regularly although Joyce is uncertain if he has been adhering to his goal of reducing the amount of time spent in front of the computer.

Unfortunately, Joyce’s satisfaction with Michael’s progress is short-lived. In the following week, Michael’s absenteeism resurfaces. Subsequently she receives a call from Mrs. Lee who informs her that she has lost her jewelry amounting to \$3000. She accuses Michael of stealing them because he once stole money from his father, but came clean about the theft several weeks later. However, Michael denies his involvement in the current jewelry theft and is upset by his mother’s accusations against him. Not knowing how to cope, Michael buries himself in online gaming once more. Mrs. Lee changes her mind subsequently and thinks that her husband has stolen her jewelry as he was the only person

who knew where she kept them. Her fear of him and the lack of proof keep her from confronting him.

Joyce invites Michael's parents and Michael to attend a family meeting. Mr. Lee reiterates several times that he has sacrificed "a lot" to raise his children and he should not be blamed for Michael's computer addiction. He expects Joyce to "be responsible" for correcting Michael's behavior and gives her approval to reprimand Michael on his behalf. He becomes angry and raises his voice at the counselor when she suggests that they should consider attending parenting talks. The counselor explains that she has observed during the session that the couple's inability to control their children stems from their lack of a cohesive front in parenting: Mr. Lee is too permissive while Mrs. Lee is strict. The incongruence in parenting styles sends mixed signals and confuses Michael, and gives him the opportunity to manipulate the situation to his advantage at times. At the end of the session, Mr. Lee still insists that he prefers Joyce to help him discipline his son as he has no time for Michael and does not wish to resort to applying for a BPC order because the last BPC order on Max, their younger son, affected them emotionally.

When Joyce holds her individual session with Michael later in the afternoon, the latter expresses his disappointment with his father's lack of interest in him and tells Joyce that if his parents do not take an interest in him, he is not interested in working on any of the goals he set earlier. Michael shares that last night he overheard his parents quarrel over the missing jewelry. In a fit of anger, his mother blurted out that she found a pawnshop slip in her husband's shirt pocket, and that one of her colleagues at the restaurant where she works also told her that she had seen Mr. Lee coming out of the Marina Bay Sands Casino earlier in the week. However, Mr. Lee adamantly denied he had pawned his wife's jewelry to obtain cash to gamble at the casino.

According to the Infocom Development Authority (IDA) of Singapore (2011), Singapore has the "highest household broadband penetration rate in the world," with about 88% of the households in Singapore having access to broadband and internet. This means that even low-income families have

access to personal computers and broadband connection. Seen in positive light, these figures show that “the island has actively been developed as a vibrant global media city, to foster a creative economy and connected society,” according to a study conducted by the National Institute of Education in 2011 with the support of Ministry of Education and Media Development Authority (Khoo, Chen, & Choo, 2011). It appears that gaming has been used by teachers as a teaching tool and can be useful, but the study also cautioned that we need to be mindful of vulnerable youths who may struggle to achieve a healthy balance in the usage of computers.

This introductory study (Khoo et al., 2011) of 3000 youths from Primary 3 and 4, as well as Secondary 1 and 2, students from 12 schools found that “Singaporean adolescents spend more time than American youths on video gaming.” On average, our local students ‘beat’ American youths with 20 hours a week spent on gaming, compared with 13 hours a week in the latter. The study also revealed that 1 in 10 students was found to display symptoms of obsessive, or pathological, video gaming averaging more than 37 hours a week. Not only did these children and youths who displayed symptoms of obsessive or pathological gaming suffer health problems such as wrist pain, they were also more likely to have poorer grades, lack social skills and exhibit more hostile behavior toward others. In addition, about 4% of them admitted that they had stolen money to maintain their gaming habits, while another 5% had borrowed money to do so.

The case of Aziz highlights the direct consequences of youth addiction to gaming: addiction to gaming, like all other forms of addiction, eventually drives people to commit crimes to feed the addiction. Even though some like Aziz find ingenious ways of funding their addiction initially, they will eventually find it difficult to be able to work and feed their ever-growing addiction simultaneously. Online addiction, similar to substance dependence, may cause the addict to experience intense cravings; without proper supervision, the likelihood of relapse is high. Aziz’s probation officer will face an arduous task of recommending probation when there is a lack of supervision and role models within the family. On the other hand, sentencing Aziz to a Boys’

Home may be just as harmful as he could be subjected to potential negative influences from other boys in the Home. It is a dilemma for the probation officer to decide between the lesser of two evils.

In dealing with children and adolescents, many social work practitioners have discovered that the problem underlying misbehavior in children and adolescents usually lies with the family system and not the presenting client, i.e., the child/youth at risk. In wanting to tackle or eliminate problematic behaviors, sometimes one would have to address other family members, who are usually the main culprits of the problem. In the case of Michael, his father holds unrealistic expectations of Joyce, the school counselor. He expects her to be the "disciplinarian," to take responsibility for behavioral modification of his son while he washes his hands off his son. It is obvious that Michael's father is battling with his own gambling addiction, toward which he may be in denial. Joyce will need to conduct sessions with the parents alone to address Michael's problems, convince them of the need to interact and engage in healthy activities with their son to improve their relationships with him; only when a strong foundation has been built can Mr. and Mrs. Lee help Michael develop adequate social and problem-solving skills to deal with the problems he encounters as an adolescent. Learning to set limits and boundaries with Michael is also important for Mr. and Mrs. Lee in their attempt to wean Michael off his preoccupation with gaming and replace it with meaningful activities. As for Mr. Lee's own addiction, it is in his best interest to be referred to another social service professional to help him work on his addiction.

Discussion

1. Do we manage addiction in children and teens differently from how we manage addiction in adults?
2. Are there often underlying family issues that lead children and youths to engage in excessive gaming activities?

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Abused Wives



Abused Wives

Social Workers work with people from all walks of society, from those who are disenfranchised and disempowered by society and living in poverty to those who belong to the higher end of society. Social workers work with adults, children and the elderly, as well as the able and the disabled. The primary mission of social work is to enhance human well-being and help meet the needs of people through empowerment and, as agents of change, to advocate for social justice.

Nevertheless, lobbying for change does not happen overnight and sometimes manifests itself over time, an example of which would be family violence, which is no longer considered as a "domestic affair" in Singapore, but has become a chargeable offence under the Penal Code Section 65 of the Women's Charter since 1997.

A study was conducted by Seow, Wong, Low, Anantharaman, and Ooi (1992) on 233 female victims of domestic violence who presented themselves to four emergency departments in Singapore in 1992. Ten years later, a similar study undertaken by Foo and Seow in 2002 investigated if the profile of female victims in Singapore had changed since the first study. Although the 163 cases in the second study were fewer than the original study of 233 victims, the authors concluded that "there were no significant differences in the racial composition, marital status, weapon use and admission rates of victims ten years on" (Foo & Seow, 2002). In addition, 79.1% of the victims in the 2002 study were married and among them, 89.9% had been assaulted by their husbands. Compared with the 1992 study of 75.5% and 95.5% respectively, the figures from the 2002 study were not significantly different. One of the conclusive findings of the 2002 study was that family violence was still viewed by many to be a "private affair" (51%) which participants thought "should be resolved within the family" (Foo & Seow, 2002). Such perceptions could have led to greater reluctance on the part of the victim to seek help or discouraged family members to report the violence or abuse even if they were concerned. A consolation for the authors was that a significantly higher proportion of

female victims in 2002 at least knew where to seek help, compared with the female victims surveyed a decade ago (50.9% versus 20.6%, $p < 0.0001$) (Seow et al., 1992).

Despite the “many helping hands” approach in trying to empower victims and perpetrators to end violence in their lives, family violence continues to be an issue that the government and social agencies have to battle against. Issues of alcohol and drug dependence, and gambling addiction, persist to dominate the underlying causes of family violence. Even when marriages have successfully ended and both parties have parted, the threat of family violence lingers, as depicted in the second case study of Nisha and Fadil.

Case Study 8a: Mdm Tang and Mr. Chan

Mdm Tang Xiao Hua stares at the \$100 bill her husband, Chan Ah Ngeow, has just shoved into her hands. That is her allowance for the month. This time, he is more generous with an extra \$50. Despite his permanent job as a taxi driver, Mr. Chan, who is in his mid forties, does not provide adequately for the family of six. This includes their only daughter, Mindy, who is 8 years old, and three other children from Mdm Tang’s first marriage.

Mdm Tang is a mother of four, three of whom were from her first marriage and Mindy from her current marriage to Mr. Chan. Her first husband died of kidney disease more than 10 years ago when Mdm Tang was only 33 years old. In order to support her three children, she agreed to an arranged marriage to Mr. Chan who was then a bachelor. Her firstborn is a pair of identical twin daughters who are now 22. Her elder twin daughter, Mary, is married with a three-year-old son and lives with her own family in a separate household. Mary rarely visits her mother but when she does, it is often with the intention of asking Mdm Tang for money. Needless to say, Mary has never supported her mother financially.

The younger twin, Maggie, quit school after she completed her secondary school education. She has been trying hard to find work in the retail sector but often faces difficulties at work. In the past two years, she has not been

gainfully employed. Whenever Mdm Tang nags at her daughter to work, Maggie would display signs of stress and cope with it by self-mutilation, slashing her arms with a pen knife. Subsequently, Mdm Tang becomes fearful of broaching the topic of employment to Maggie and stops urging her to find a job. She is prepared to support her daughter financially such as providing her daily meals. Maggie is also blessed with two good friends who regularly provide some form of financial support to her and visit her at home frequently, bringing food and necessities.

Mark, Mdm Tang's only son, has just completed his diploma at the local polytechnic and is awaiting enlistment into national service. Sometimes he works part-time and engages in odd jobs for pocket money but such employments are irregular. Like Mary, he does not contribute to the household income even when he is employed.

Mdm Tang is left with little choice but to find a part-time job at MacDonald's. She earns an income of about \$500 a month, depending on the number of hours she works. She is reluctant to work full time as she wants to focus her attention on Mindy who has shown signs of emotional trauma a result of her parents' strained marital relationship. Since Mindy's birth, her parents' marital relationship has deteriorated, mainly due to frequent quarrels over Mr. Chan's gambling habits. There has also been a history of physical violence between the couple and Mdm Tang once sought help by applying for a Personal Protection Order (PPO) for herself and the children from Mr. Chan. Having to attend court because of his wife's application for the PPO was an extreme loss of face for Mr. Chan. He was humiliated when they were ordered by the Court to the counseling sessions. Luckily for Mdm Tang, Mr. Chan was cooperative enough to attend these sessions even though he hated doing so, and their case has been discharged and closed by the Court and counseling agency. But the PPO and counseling sessions have not healed the marital relationship as Mr. Chan is no longer interested in mending their broken marriage; he has other interests to pursue now: gambling on Toto and "4D" (lottery games), betting on race horses, and sometimes visiting the red light district for "relaxation." All of his earnings from driving go into these expenses and he gives Mdm Tang \$50-\$100 whenever he is in a good mood.

Mdm Tang struggles to make ends meet even though she has a part-time job and sometimes receives financial help from the Community Development Council. Her informal social support is limited as her in-laws do not think well of her because she entered the marriage with a “baggage” of three children. And it doesn’t help that she has not borne Mr. Chan a son but a daughter instead. Mr. Chan has not made life easy for her either, as he continues to speak ill of her to his family. He is also bitter over the fact that after attending the mandatory counseling sessions, his wife has not rescinded the PPO against him.

With her own family, Mdm Tang maintains minimal contact with them and prefers to keep her problems to herself. Presently she is worried about her youngest daughter, who displays unusual behaviors in washing her hair excessively, fearing dirt and obsessing over the clock ticking when she has her meals. As if she does not have enough to worry about finances, she now has to worry about Mindy as well.

Case Study 8b: Nisha and Fadil

Nisha and Fadil were very much in love when they were in their early 20s. Although Nisha is Indian and Fadil is Malay, it did not bother them very much as Nisha was willing to convert to Islam for the sake of the relationship. In terms of educational status, they were evenly matched. She has a GCE “N” certificate while he has a National Trade Certificate Grade 3 and works as a site supervisor. Nisha is an administrative assistant in a small enterprise.

Things go well for the couple in their first year of marriage despite Fadil’s disapproval of Nisha’s employment. However, when Nisha gives birth to their eldest son Habib, Fadil’s demeanor toward her changes. It does not help their situation that Fadil loses his job shortly after Habib’s arrival and is unemployed for several months while Nisha becomes the sole breadwinner. Fadil believes that a man is the head of the household and is responsible for supporting the family—but that is not the situation he finds himself in. Soon he becomes suspicious whenever Nisha comes home from work later than usual. He suspects that she is seeing someone else outside and constantly hurls insults

and accusations at her in front of their young children. Nisha endures all these as she still loves Fadil very much and wants to keep the family intact for the sake of the children. She came from a broken family where her parents divorced when she was young. She does not want the same thing to happen to her children.

Despite their strained relationship, the couple goes on to have two more children, Zaeem who is 8 years old and Farah, an adorable 6-year-old preschooler. Habib is now 10. By their 10th anniversary, Fadil begins to break away from the marriage and has an affair with his ex-girlfriend. Nisha finds out and confronts him. When Fadil defends his betrayal as "his time to have fun now," Nisha decides she has had enough and tells Fadil she wants a divorce. She takes her children to stay with her mother, who lives in the same estate. The Syrian Court grants her divorce eventually but gives her custody of only Zaeem as Fadil fought hard for the custody of Habib and Farah. Nisha is too tired to contest him and his endless accusations. However, Nisha ends up caring for all three of them, with Fadil having access to Zaeem once a fortnight with the help of Nisha's mother. Nisha does not realize that Fadil has a hidden agenda when he allows his ex-wife to care for their three children: He has not given up on her and wants to see her more often. Nisha cannot stop him from visiting his other two children who are legally under his custody, especially when they live in such close proximity to each other. Fadil makes sure to insist that, whenever he takes the children out, Nisha follows them as well. When she refuses to join the outings, Fadil accuses Nisha in front of their children of wanting to spend time with "other men" instead, creating a big scene sometimes even in public.

On one occasion during the outings to which Nisha reluctantly comes along, Fadil becomes angry with Habib for talking back to him and promptly sends all of them home to Nisha's house. On their way home in Fadil's van, he begins ranting about Nisha being a "bad mother" and when they arrive at the parking lot, he orders her to return home first while he takes the kids out for ice-cream. Nisha defies him and Fadil becomes angry. He pushes his ex-wife to the ground and punches her twice in the head in the presence of the horrified children. He also threatens to embarrass his ex-wife in front of her

neighbors. Nisha feels that it is fruitless to confront him so she walks away with their three children. As she has not sustained any physical injuries, she decides to forgive her ex-husband for his misbehavior.

Over the next few days, Fadil continues to telephone his ex-wife many times a day, demanding to know why she ignores his calls at night. He resorts to sending her short text messages whose contents are mostly insults, threats and accusations of her multiple 'betrayals.' When she continues to ignore his phone messages, Fadil goes to her house and creates a big scene, shouting vulgarities at the corridor. When she refuses to open the door, he smashes the sliding window. Nisha is left with little choice but to call the police.

When the police arrive, Nisha tells the police about the incident at the parking lot a few days ago, where Fadil pushed and punched her in her head. Nisha expresses that she wants to make a police report for both incidents.

Apart from this recent physical attack on her, Fadil has not laid hands on her before. His abuses have been psychological and verbal in nature. Nisha cannot help but think to herself, "Is this what will be happening from now on? Am I not going to have a social life at all or am I going to have to be afraid of him all the time?" She decides that her best option will be to apply for a Personal Protection Order, hoping that the law can prevent him from being a hindrance to her life. With the help of the police and social worker at the Family Service Centre, she obtains a PPO against Fadil.

The study conducted by Foo and Seow in 2002 found that 56.4% of the 163 victims were of Chinese origin; 20.9% were Malays and 19% were Indians. The ethnic composition of the victims are comparable to the general population in Singapore but the Indians unfortunately "continue to be over-represented among the victims of domestic violence, compared to their proportion in the general population (19.0% versus 7.9%, $p = 0.036$)" (p. 3).

It has been highlighted in local studies as well as overseas research reports that family violence is strongly associated with alcohol and drug abuse. In a survey conducted by the Subordinate Courts of Singapore in year 2000 of 625 victims of violence, "26.9% indicated that the alleged incidence of violence

were alcohol or drug abused related” (p. 3, 12). An even more alarming 4–5% of these cases point to substance abuse disorders, which require intensive treatment or, in severe cases, hospitalization. The Subordinate Courts of Singapore also released some data on the profile of PPO applicants in 2006: the largest group of applicants were mainly Chinese (51%), followed by Indians (24%), Malays (20%) and other races (5%).

The two case studies depicting the occurrence of spousal abuse in couples from different ethnicities serve to remind us that even if statistics show that a particular ethnic group is overrepresented in domestic violence, social work professionals need to be vigilant in their assessment interviews and in accessing cues from potential victims. We should not allow our biases to cloud our perceptions and assessments of atypical victims of domestic violence.

Comparing both the case studies presented under this topic, one cannot help but feel sorry for the victims of the domestic violence. In the case of Mdm Tang, despite the couple having undergone mandatory counseling program, the effects of the counseling program were short-lived and the program probably failed to address his gambling habits. It is also hard to determine whether Mr. Chan would have behaved differently if his wife had rescinded the Personal Protection Order after he complied with the mandatory counseling order.

In 2004, the Ministry of Community Development, Youth and Sports conducted a study to evaluate the effectiveness of the Mandatory Counselling Programme (MCP). A sample of 30 victims and 31 perpetrators who had completed the program between July 2003 and February 2004 responded to the structured telephone interview. In essence, the findings were as follows: More than 7 out of 10 victims said that their lives had improved after the MCP, as their spouses were less abusive or no longer abusive. No victim concluded that her life was worse after the MCP. The same majority of the victims were confident that it was very unlikely or unlikely that their spouses would hit them in the next 6 months. More than 80% of the victims were satisfied with the MCP and only 3 rated the programme as ‘poor.’ (p. 18)

The researchers who conducted this study acknowledged that the sample was “too small for meaningful generalization,” (p. 19) due to difficulties in

trying to contact victims and perpetrators to participate in the survey. It is hardly surprising that the researchers faced difficulties contacting the victims and perpetrators once the MCP had been completed; even if the researchers managed to contact them, many of them must have been unwilling to participate in the survey.

Contrary to popular misconceptions of the public that personal protection orders are mainly meant for married spouses, Nisha and Fadil's case serves to establish that this is not so. The amendments to the Women's Charter has widened the definition of "family members" beyond spouses, current spouses and children, as well as redefined the term, family violence, to include emotional and psychological harm such as in the case of Nisha, whose misery continues even after her divorce.

A point for discussion in the case studies of domestic violence is the concept of oppression. Victims of domestic violence can be considered as an "oppressed group." There is the tendency for these victims to internalize the oppression they have encountered in their lives, and allow perpetrators to maintain domination and control even after the oppressive relationship has ceased. An example would be that if the abused wife is often told that she is the one who 'provokes' her husband to beat her up, she will soon come to believe that she 'deserves' to be beaten and will resist intervention by the social worker. The resistance to get out of the cycle of violence that some victims display is the result of repeated oppression and the victim's internalization of the perpetrator's belief system that oppression is justified and acceptable. The term, internalized oppression, refers to the process whereby the oppressed takes on and adopts the oppressor's stereotypes. Internalized oppression is the bane of social work practice with victims of spousal/partner abuse: victims who manage to summon sufficient courage to walk out of abusive relationships often find themselves returning to their perpetrators and the cycle of violence before social workers have the opportunity to work with the victim and/or perpetrator to resolve the issue of violence in the relationship. As Freire (1993) aptly stated:

Self deprecation is another characteristic of the oppressed which derives from their internalization of the opinions that oppressors hold of them. So often do they hear that they are good for nothing, know nothing and are incapable of learning anything—that they are sick, lazy and unproductive – that in the end they are convinced of their own unfitness. (p. 76)

The negative labels that others apply to people can have an effect on how we see ourselves and how we act subconsciously. Thus, a careless negative remark by one in authority can have a long term, negative impact on a person.

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The Plight of a foreign Spouse

The Plight of a Foreign Spouse

As our birth rates continue to decline despite the cash bonuses, tax breaks and generous subsidies dished out by the Singapore Government to entice its citizens to procreate, another strategy was adopted: allow more foreigners to enter the country. The purpose it serves is not just demographic, but also economic.

Since 2006, the number of non-residents¹ in Singapore have increased significantly from 875,500 (2006) to 1,005,000 (2007), a 12.9% increase. The following year saw a further increase of another 191,200 (15.9% increase) non-residents. Surprisingly, in the next two years, there was a significant drop in the number of non-residents to 57,000 (2009), a 4.5% increase, and 51,300 (2010), a 3.9% increase, only to see a spike in the number of non-residents again: 89,400 in 2011 (6.4% increase) and 99,800 (6.6% increase) in 2012. In 2012, the non-resident population stands at 1,494,200, which accounts for more than one third of the population in Singapore.

Every government policy has its trade-offs, and this influx of foreigners is a trade-off that is unavoidable. By attracting foreigners to work and live in our tiny city state, we are also attracting multimillion companies to invest in Singapore, thus increasing employment opportunities for locals. The positive side of having more foreigners is that our small local market in Singapore has opportunities to flourish, with the foreigners renting our homes, offices and shop spaces for budding enterprises, and purchasing goods and services, which boosts the economic growth of the country.

Whatever the sentiments of the local population about the immigration policy, non-residents are here to stay. Some non-residents—both men and women—have integrated well into our society through marriage to local citizens, while others have not been as fortunate, especially when a marriage with children breaks down and the foreign spouse's legal right to remain in Singapore is affected, as the case study below illustrates.

¹ *Non resident population comprises foreigners who are working, studying or living in Singapore but not granted permanent residence, excluding tourists and short-term visitors.*

Case Study 9: Dewi

Sanctuary Haven, a shelter for women in crisis and in need of accommodation, accepts women and their children who have experienced abuse in familial relationships. Dewi, an Indonesian Malay lady in her early 40s is one such resident at Sanctuary Haven with her two children, Taufik, aged 4 and Ayu, aged 2, both who are in childcare.

Dewi's husband, Noordin, aged 44, is a Singapore citizen. The couple has been married for 9 years. In addition to Taufik and Ayu, they have a pair of twin daughters, Suri and Suti, both 11, and Malik, who is 9 years old. The first three children were born in Indonesia and are currently under the care of Dewi's godmother. Taufik and Ayu were born in Singapore and are Singapore citizens.

Like the many women living at Sanctuary Haven, Dewi is a victim of spousal violence. She had endured physical violence from Noordin for nine years before she sought assistance at the shelter when Noordin started to threaten to harm their two youngest children if Dewi refused to obey him.

With the help of the social worker at Sanctuary Haven, Dewi manages to secure employment with a work permit at Kentucky Fried Chicken (KFC) as a service crew. However, her monthly income of \$750 is barely enough to cover the costs of supporting herself and all her children, which include diapers and milk powder for the younger children, and living expenses of her three other school-going children in Indonesia.

The social worker at Sanctuary Haven has tried several times to make contact with Noordin to engage him to attend counseling for spousal violence and anger management issues, but the latter has not been cooperative. Meanwhile, Dewi also expresses her wish to divorce her husband as she senses that he is not willing to work on their relationship and the issue of domestic violence. She also feels that he is unwilling to change. As their marriage was registered in Batam, she has to travel back to Batam to first legalize her Indonesian marriage certificate, after which she needs to get it

endorsed by the Indonesian embassy in Singapore before she can commence registration of the marriage at the Syariah Court in Singapore. Only when these documents have been legalized could she commence divorce proceedings against Noordin.

Devi is a simple lady who grew up in a 'kampong' (Malay/Indonesian word for 'village'). Her early life experiences revolve around growing crops and rearing livestock. Devi has had only primary education in Indonesia and cannot speak or write in English at all. It is daunting for her to understand the legalities of what she has to do before she can divorce her abusive husband. The social worker subsequently links her up with a group of church volunteers who agrees to teach her to speak and write basic English. With the emotional support she receives from the other women and staff at the shelter, as well as her preoccupation with learning English, her depression and emotional distress surrounding her marital situation eases and she begins to look forward to improving her work skills and English so that she can provide a better life for her children.

As Dewi's finances are tight, the social worker applies to MUIS (Islamic Religious Council of Singapore), as well as a church, for financial assistance with her financial situation. Dewi has also been referred to the nearest Family Service Centre, which has helped her place her children in childcare. Only when all of these were in place could Dewi finally secure a job at KFC on permanent morning shift, which allows her to pick her children up from the childcare center at 7 p.m.

Candice, the social worker who has been a pillar of support to Dewi, slowly begins to realize that the hurdles ahead of Dewi are more numerous than she has anticipated when Dewi said that she wanted to lead an independent life outside of the shelter in Singapore. As Dewi is a non-citizen, she does not qualify for subsidized legal aid services to file for her divorce. Her work permit status also makes it difficult for her to apply for permanent residency status. Dewi is also not eligible for any form of financial assistance from the Community Development Council. Housing and Development Board's rental flats and the interim rental housing scheme are both not applicable to non-

citizens. Her last option of renting a room in a HDB flat from the open market is unfeasible, given that rental rates in the open market could cost as much as three quarters of her current gross pay.

Just when Dewi's situation improves at the crisis shelter, Candice's supervisor reminds her that Dewi's stay at Sanctuary Haven has exceeded the shelter's three-month criteria and Dewi has to move out in the next two weeks as the shelter has a long waiting list of women and children in need of accommodation.

According to Singapore's Immigration and Checkpoints Authority (Mar 2012), The number of marriages between Singapore Citizens and foreigners have been on an increasing trend. In 2010, among the 20,273 marriages involving at least one Singapore Citizen, 30 percent were between a Singapore Citizen and a foreigner (excluding Permanent Residents).

This figure is an increase from 23% in 2000, and when it is translated into actual figures, it means that slightly above 6000 were foreign spouses.

We often hear of successful marriages between locals and their foreign spouses but we also know that not all marriages end up blissfully, judging from the cases seen at the Family Service Centres and voluntary welfare organizations. When the language and cultural barriers to integrating into Singapore society faced by foreign wives (usually) are vast, it can induce in them feelings of isolation and intensify their dependence on their husbands. When the marital relationship sours or when one of the spouses is lost to imprisonment or death, crisis usually ensues, for the foreign wives have few, if any, informal social resources in a foreign country. This leaves them with little choice but to turn to formal avenues for assistance. Some of these wives such as Dewi are lucky if they are able to secure employment with a work permit, but more often than not, most foreign wives are ill-equipped with no skills applicable to city jobs, language barrier, and little education.

In recent years, Family Service Centres are also seeing an increasing number of local-foreigner unions in which the local husbands have no means of supporting their foreign wives and children. This is a worrying social trend to social workers.

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- Obligation to
- Client Advocacy
- and Obligation
- to Employing
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Obligation to Client Advocacy and Obligation to Employing Organization

Candice is torn between helping the client and simultaneously serving the needs of the employing organization. She also has to consider other urgent cases in which clients might be in a worse state than Dewi is currently. As social workers, pre-discharge planning is also part of our intervention with our clients. However, the worker's perception of what is 'best' for the client may not be what the client wants; in other words, in practice, are social workers able to strike a balance between the profession's therapeutic goals for the client and the client's right to self-determination? Adding to an already complex conundrum is the reality that social work practice is by and large constrained by the rules and regulations of the employing organization.

Social workers need resources to carry out their tasks and often these resources are determined by others, even though it is the social workers who bear the burden of refusing the client in the name of policy. The British Association of Social Workers (BASW) Code of Ethics (2012) does mention that social workers should ensure that resources at their disposal are fairly distributed according to need. However, as Hardin (1990) points out, this may not always be the case when there are more referrals coming into the agency than we can allocate, or when we know that when we offer our services to one client, we must necessarily deny it to another. This is the crux of Candice's dilemma. Levy (1976) states that "the social worker owes specific ethical responsibilities to his employing agency. Foremost among these is the responsibility to act for, and represent the agency loyally and well" (p. 20). With scarce and limited resources underlying the shortage of vacancies in shelters for women and children in crisis, the pressure on social workers to discharge stabilized clients is tremendous. There is no foolproof solution that can satisfy all the stakeholders: Dewi, Candice and Sanctuary Haven. Dewi would have to consider other options available to her, options that may see her being separated from her children, such as placing them in foster care or getting her estranged husband's relatives to care for them temporarily until a long term solution is found. As much as Candice empathizes with Dewi's plight,

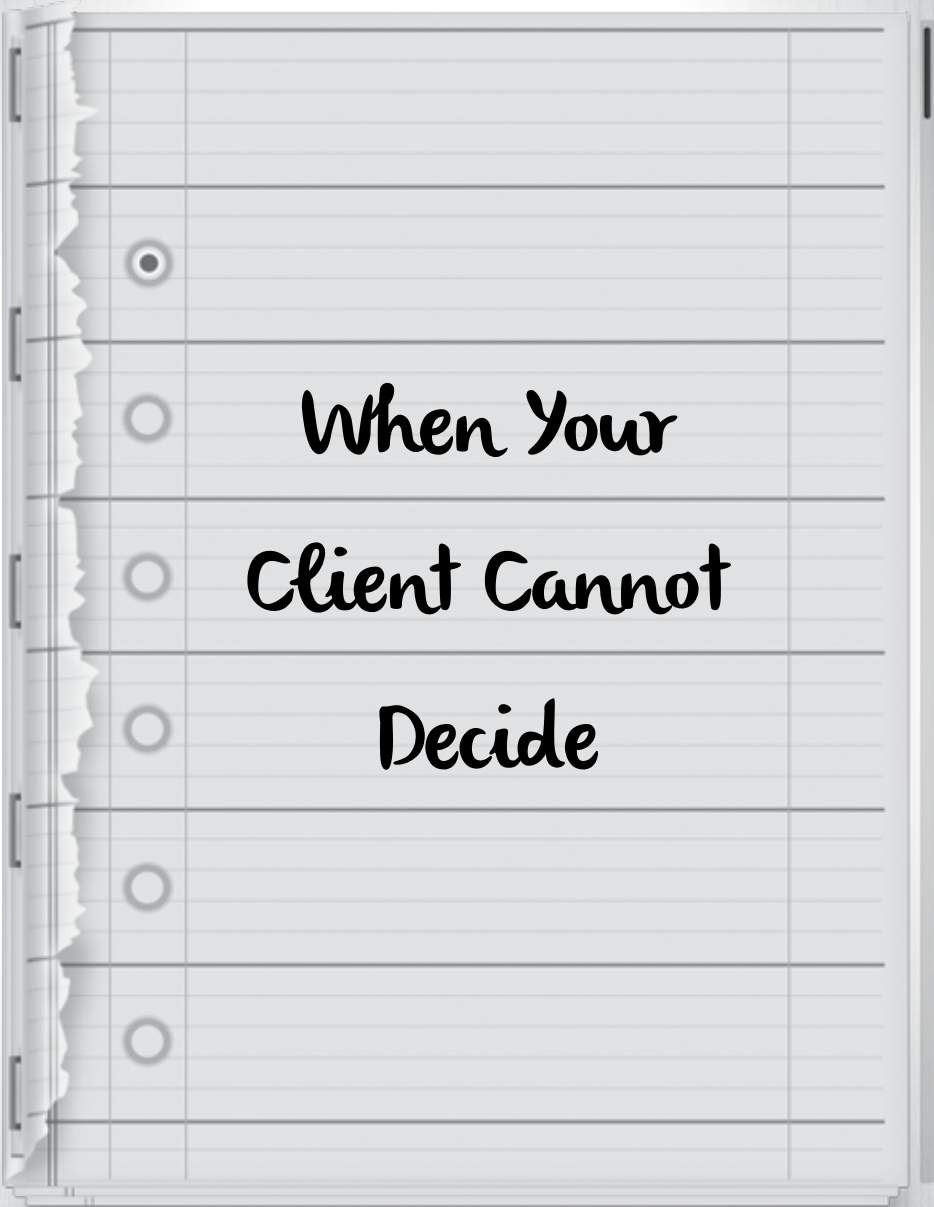
there are often others who may be worse-off. The onus is on Candice to assess and balance the level of needs between Dewi and other clients, and act accordingly.

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When Your
Client Cannot
Decide



When Your Client Cannot Decide

Life is often described as a journey: long or short, bitter or sweet. Living life with illnesses, especially chronic illnesses, can bring about anxiety and despair to the afflicted. Some of us prefer not to depend on any extraordinary life-sustaining treatment to prolong our life in the event that we become terminally ill and unconscious. This preference may come in the form of an Advance Medical Directive (AMD), a legal document that we can sign in advance to inform the doctor-in-charge of our intentions. Making an AMD is a voluntary decision and the Advance Medical Directive Act was passed in Parliament in May 1996 to allow any Singaporean above the age of 21 years to make an AMD. Similarly, the Mental Capacity Act of 2008 also makes provisions for us to appoint a deputy or deputies, as a Lasting Power of Attorney (LPA), to act on our behalf in our best interests should we become mentally incapacitated due to dementia and other illness. Appointing deputies to handle our affairs sounds straightforward on paper but may be operationally fraught with difficulties, especially when family members are in conflict with each other and when the mental capacity of the individual appointing the deputy (known as the Donor) is questionable. The following case study draws our attention to these issues.

Case Study 10: Faridah

Faridah looks intently at Anwar as the latter tries to move her from the wheelchair onto the sofa. She has been wheelchair bound since she suffered a stroke about a year ago. She was only 36 years old then. After the stroke, she has managed to regain partial speech but still shows impaired cognitive function. Anwar finds it difficult to communicate to her at times.

In the past year, Faridah's mother, Halimah, has been her main caregiver. Anwar, a few years older than his wife, is not in the best of health either. He has heart problems. He has just gone for a bypass surgery recently and was placed on medical leave for six months after the surgery. He is in no position to care for his wife. Their two children, Ain, aged 9, and Dali, aged 7, are both

looked after by their maternal grandmother, Halimah, as well.

The three-room HDB flat the couple is residing in belongs to Halimah. They have never had a matrimonial home. It is common for a Muslim man to move into his in-laws' place after marriage. Moreover, Anwar also cannot afford a house as he is unable to sustain a job for long, not because he could not work, but because of his lifelong battle with drugs. Although he has previously been committed into drug rehabilitation centers (DRCs) for his drug addiction, he relapses soon after his release, and the cycle continues. As with all other drug supervisees, he has to report for urine testing once, sometimes thrice, in a week. Anwar is often frustrated about the impact of this requirement for mandatory urine testing on his work attendance and performance.

Prior to Faridah's stroke, Halimah was actually running a small Muslim food stall which was doing well. But for the sake of caring for her only daughter, she now leases the stall to a tenant. With the rather lucrative lease income, she is able to run the household and care for Faridah, her two children and her own elderly parents who are in their early 80s and also staying with her.

With seven people in a three-room Housing and Development Board flat, the house is overcrowded. Anwar has to sleep in the hall as his grandparents-in-law occupy one room, while his mother-in-law occupies the master bedroom with Faridah and the children. Faridah's father passed away several years ago of heart disease and stroke. Anwar's relationships with his grandparents-in-law and mother-in-law are poor. Faridah's grandparents' are a little eccentric: they have a habit of keeping stale food which they refuse to discard despite Anwar's complaints. In fact, they are very territorial and refuse to allow anyone into the kitchen except Halimah. The latter dislikes her son-in-law immensely because of his history of drug abuse. She also blames him for her daughter's stroke as Fatimah was often depressed over Anwar's constant relapses and readmissions to the DRC. The feelings between Halimah and Anwar are mutual: they hate each other. Anwar finds his mother-in-law domineering and selfish as she refuses to cook for him. He feels he is not respected as the man of the house.

As Faridah's social worker, you have been trying hard to mediate between Anwar and his mother-in-law, hoping to reconcile their differences and ease tension in the house but Halimah is not in the least bit interested in reconciling with her son-in-law. The other challenge that you face is working with Faridah's fickleness. Fatimah has been greatly influenced by her mother at this stage of her recovery, and she is unable to make many decisions for herself without feeling tired psychologically. Depending on who accompanies her for her appointments with you, she would sway toward that person's views.

Anwar wants you to tell his mother-in-law to back off. In the meantime, Halimah has plans to get rid of Anwar, the son-in-law whom she deems "useless," by applying for guardianship under the Mental Capacity Act to act on Fatimah's behalf, so that she would be able to make decisions concerning her daughter's welfare—and that includes who she should live and be in contact with.

The war on drugs in Singapore rages on. Despite efforts by the Central Narcotics Bureau (CNB), the number of drug abusers arrested each year continues to climb steadily. In 2014, a total of 3,085 drug abusers were arrested and this represents a decrease of 5% from the 3,581 drug abusers arrested in 2013. Among the drug abusers detained in 2014, 1,710 (44%) were Malays, a worrying trend for the government. In 2014, repeat abusers continue to form the majority of abusers at 66%.

The problem of drug abuse and the challenges of drug rehabilitation stem from the fact that the root cause of drug addiction lies primarily on an abuser's psychological dependence on the drug and his poor coping mechanisms. While the government can do its utmost to arrest the issue of curbing drug supply, the demand by these users continue to fuel supply. It can be assumed that drug abusers are usually repeated, and, often, recalcitrant users, for the statistics prove beyond doubt that majority of abusers are repeated abusers. Hence, one can assume that once a person has become hooked on hard drugs, the probability of relapse is high. The social impact of drug addiction can be devastating and disruptive, especially if the abuser is married with children. Drug addiction especially in a parent destabilizes the family structure and, more often than not, the remaining spouse, usually the wife, takes on

dual roles not unlike a single parent when the husband is unavailable because of drug use, imprisonment or rehabilitation.

Based on the case study, it is obvious that Mdm Halimah rejects her son-in-law, Anwar, because she feels that he is the cause of her daughter's misery. She sees Anwar as a liability to the family. To her, he has not been, and continues to be unable to fulfill his role as a husband, father and breadwinner of the household because of his drug addiction. He is likely to abuse drugs again in the eyes of his mother-in-law.

However, Halimah's plans to sideline Anwar in her daughter's life by applying for guardianship under the Mental Capacity Act may not materialize in accordance to her wishes. Let us examine the Act in detail. In 2008, The Mental Capacity Act was passed in Parliament to allow Singaporeans to appoint proxy decision makers before being mentally incapacitated by illnesses such as dementia or brain damage. A new statutory mechanism known as the Lasting Power of Attorney or LPA is given to "donees" who have been appointed by an individual to handle personal welfare matters such as health care and day-to-day finances. Unlike the Power of Attorney which ceases effect when the individual loses mental capacity, the LPA only kicks in when the individual loses mental capacity. Therefore the appointment of LPA is done before the individual loses capacity to allow individuals to plan for the future should they become mentally incapacitated.

Under the Mental Capacity Act (Chapter 177A, Part II Section 3),

- (3) A lack of capacity cannot be established merely by reference to — (a)
 a person's age or appearance; or
 a condition of his, or an aspect of his behavior, which might lead others to make unjustified assumptions about his capacity. (b)

Although Faridah's stroke left her with some impairment in cognition, it cannot be assumed that she lacks the capacity to make decisions concerning her welfare. To establish Fatimah's need for a guardian, Fatimah would have to be thoroughly assessed by a neuropsychiatrist to determine if she is fully capable of making a decision to appoint her mother as her guardian or donee. If she is mentally capable, she can appoint her loved ones, not necessarily her

mother, to be her donee through an application for a LPA. However, if she is assessed to be mentally lacking in capacity, then Mdm Halimah would have to apply through the courts to be appointed as a Committee of the Person or Committee of the Estate to handle all of Fatimah's affairs. The courts would also have to consider other immediate family members who may be a potential deputy for Fatimah and obtain consent from these members to appoint one of them as Fatimah's deputy. Hence, it is possible that Anwar, as Fatimah's legal husband, could object to his mother-in-law's appointment as deputy or as a Committee of the Person or Committee of the Estate.

The Mental Capacity Act is not without its flaws. For one, as expressed by A/P Chin Jing Jih, Divisional Chairman of Tan Tock Seng Hospital's Integrative and Community Care (2010), it does not take into account those persons who are already mentally incapacitated, such as children who are born with a mental disability or the mentally ill who will never regain that capacity or grow in that capacity. The Act only covers those who are mentally capable of making an LPA and spells out the duties of the donee but does not protect those who are already mentally ill. What if the mentally ill person does not have any next-of-kin or if they do, what if the next-of-kin does not wish to apply to the Courts to appoint a Committee of the Person or a Committee of the Estate to act on their behalf? Although there is a Deputy of Last Resort, who will be the Director of Social Welfare, to act on behalf of the individual, the application process is often cumbersome, lengthy and time consuming.

The social worker in this case study will have to decide who to manage the client's affairs: the elderly mother or the errant husband. One way of deciding the right thing to do, commonly used in everyday situation, is to examine the consequences of actions. This is known as the consequentialist approach. The most noted consequentialist approach is utilitarianism, first coined by Jeremy Bentham and later elaborated by John Stuart Mill (Beckett & Maynard, 2013). As the term implies, utilitarianism examines the utility or usefulness of courses of action. Thus, whether a course of action is right or wrong rests on whether it does more good or harm in the long run. This approach seems reasonable in social work practice where responsible decisions cannot be carried out without a utilitarian element. As social workers, our interventions impact

people; thus, without a clear utilitarian value in our interventions, we have no ethical grounds to intervene in our clients' lives.

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Seng Boon Kheng who is currently the Vice Dean of the School of Human Development and Social Services and Head of Social Work Programmes at SIM University started her career in Social Work as a medical social worker. She headed the Medical Social Work Department at the Institute of Mental Health (IMH) for many years until she joined SIM University to start and head the Social Work Programmes in 2006. She has vast experience working especially in the mental health area. In her teaching which started as part time at the National University of Singapore, she uses case studies from her practice experience and found them useful. When she realized that there was a lot of materials in the cases submitted by her practicum students, she decided that these could be used to write up case studies in the local context for teaching and learning. The cases are real life cases but well masked so that they are not identifiable and cases are sometimes combined to make them more interesting.

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