

Adopting & Establishing the NCSS Service Standards

A self-help guide to adopt the NCSS Service Standards framework and achieve quality service delivery



Foreword

In addressing the needs of our service users, social service professionals invest significant time and resources to develop effective programmes. We then implement these programmes and ensure they are readily accessible to all, so that they can bring about a positive difference to service users. This is in complete alignment with the Social Service Sector Strategic Thrusts (4ST), in which we hope to empower every person to live with dignity in a caring and inclusive society.

The NCSS Service Standards were introduced in 2007 to help social service agencies (SSAs) ensure quality in service delivery. In 2021, together with the inputs and support of partners from ministries, statutory boards and SSAs, NCSS refreshed these service standards to keep them practice-informed, relevant, and current to the changing needs and aspirations of our service users.

Last year, 22 SSAs stepped forward as the first Service Standards Champions in the Community of Practice for Service Standards. True to the spirit in our sector, representatives offered useful pointers on resources, tools and best practices. This Playbook is a culmination of their candid sharing over many conversations, for which NCSS is truly grateful. We trust this Playbook will be a useful resource for you and your colleagues.

I invite you to join the Community of Practice for Service Standards. It is only when our partners step forward and share their work experiences and challenges that we can keep this Playbook current through regular updates. I look forward to your participation!

**Clinical Assoc Prof Kevin Lim, BBM, PBM, PBS.
Vice-President, Board of Council & Chairman,
Services Committee
National Council of Social Service
Singapore**



“ NCSS refreshed these service standards to keep them practice-informed, relevant, and current to the changing needs and aspirations of our service users.”

Hear from our Service Standards Champions!

“

The service standards serve as a reliable framework, guiding practitioners to ensure things are done correctly and provide the best services to clients. They instill confidence in our actions, especially when uncertainty arises regarding the right course of action or how we compare to other organisations.

**Singapore Association
for Mental Health**

”

“

In refining our SOPs, the service standards provided guidance on identifying missing elements and areas for improvement. Creating service standards from scratch makes it difficult to recognize unknown gaps. However, having a reference that outlines the areas to consider becomes a valuable guide for our agency and others, ensuring comprehensive and effective practices.

**Sym Academy
(Part of the PPIS Family)**

”

“

The respective domains of the service standards broaden our perspective, allowing us to view cases and families in a holistic manner. By incorporating the lens of community resources, we move beyond a narrow focus on our agency's services. Instead of solely relying on our 'à la carte menu' of offerings, we proactively consider the broader issues surrounding the family. This positions us to provide services that are family-centric and client-centric, ensuring a comprehensive approach that addresses their unique needs.

New Hope Community Services

”

“

Our team is driven by a commitment to continuous improvement for the benefit of service users and their families, which is in line with the service standards domains. Finding fulfillment in their work, our team prioritizes the well-being of one another, providing extensive support for their mental health and personal lives. Witnessing the genuine care from the organisation, our staff members are empowered to go above and beyond, and are motivated to uplift and support service users to the best of their abilities.

CampusImpact

”

“

We empower the community by refraining from assuming expertise or imposing our ideas. Instead, we foster active participation and decision-making, aligning with the service standards that value individual talents and promote collaborative efforts. By harnessing their unique abilities and working together, we enable the community to make a meaningful and collective impact.

Lutheran Community Care Services

”

Acknowledgements

We would like to thank our sector partners and Service Standards Champions who have graciously contributed to the refreshed NCSS Service Standards and the development of the NCSS Service Standards Playbook.

Office of the Director-General of Social Welfare

Ms Ang Bee Lian

Social Service Fellows

Dr Roland Yeow

Dr Terence Yow Tuck Sheng

Mr Pathnapuram Manoj

Dr Goh Soon Noi

CampusImpact

Ms Elysa Chen

Mr Tony Leong

Trybe Limited

Ms Esther Chen

Mr Amos Ng

Singapore Association for Mental Health

Ms Voon Yen Sing

Ms Isabelle Han

Singapore Anglican Community Services

Mr James Chan

Mr Vincent Budihardjo

Lutheran Community Care Services

Mr Lim Junliang James

New Hope Community Services

Ms Lilian Ong

WINGS Counselling Centre

Mr Michael Gabriel Pillai

YMCA of Singapore

Ms Sharon Chan

SPD

Ms Teo Pek Wan

Resilience Collective Ltd

Ms Goh Shuet Li

Club HEAL

Mr Ilham Firdaus

Counselling and Care Centre

Mr Tony Ong

Cerebral Palsy Alliance Singapore

Ms Yurnita Omar

Singapore Association of Social Workers

Ms Long Chey May

NCSS Services Committee 2020 - 2022 (Service Advisor - Disabilities)

A/P Kenneth Poon Kin Loong

Dementia Singapore

Mr Stephen Chan

Ms Cai Suqi

Lakeside Family Services

Ms Belinda Koh

Ms Jacqueline Heng

Rainbow Centre, Singapore

Ms Cynthia Lee

Ms Linda Marican

Samaritans of Singapore

Ms Charlene Heng

Ms Chan May Peng

Life Community Services Society

Ms Jasmine Loh

Sym Academy (Part of the PPIS Family)

Ms Nabilah Bagarib

WE CARE Community Services Limited

Ms Tham Yuen Han

Malay Youth Literary Association (4PM)

Ms Zainon Haron

Tsao Foundation

Ms Peh Kim Choo

The Salvation Army

Mr Jason Wong

MINDS

Mr Bryan Lim

Ain Society

Ms Noorsyafiaton Sharun

Lions Befrienders Service Association (Singapore)

Ms Karen Wee

Youth Guidance Outreach Services

Mr Jeremy Su

Singapore Association for Counselling

Dr Frederick Low

NCSS Services Committee 2020 - 2022 (Service Advisor - Mental Health)

Mr Chew Sutat

Bizlink Centre Singapore Limited

Ms Ang Li May

Ms Jacqueline DeCosta

Care Corner Singapore Limited

Ms Michelle Wong

Mr Jonathan Lee

SHINE Children and Youth Services

Ms Tan Yee Ying

Mr Jason Tan

Ms Kia Jie Xi

Boys' Town

Dr Roland Yeow

O'Joy Limited

Mr Choo Jin Kiat

Filos Community Services

Mr Kenneth Lim

Ministry of Social and Family Development

Adult Protective Service

Children In Care Service

Child Protective Service

Family Promotion and Partnership Division

Family Support Division

kidSTART

Office of the Public Guardian

Probation and Community Rehabilitation Service

Service Delivery and Coordination Division

Service Management and Resource Division

Agency for Integrated Care

Quality and Productivity Division

Primary and Community Care

Development Division

SG Enable

Service Management

Coordinated by:

Mr Luqman Teo

Service Planning & Funding Group

National Council of Social Service

*Division names are correct as at September 2022


How to use this playbook

The NCSS Service Standards Playbook is a resource guide to support Social Service Agencies (SSAs) in their journey to adopt and establish the NCSS Service Standards so that programmes and services delivered to service users are of great quality, thereby leading to improvements in service user satisfaction and outcomes.

While the NCSS Service Standards is a long-standing framework, it continually evolves to meet the changing needs of our service users and the shared vision for the social service sector. Aligned to the Social Service Sector Strategic Thrusts (4ST) roadmap 2022 - 2026, the NCSS Service Standards help to inform the practices and processes of SSA's programmes to be empowering, collaborative, person-centred and sustainable for the future.

This Playbook will help SSAs better assess and understand their current state of service delivery and provides guidance and resources to enhance various domains of their service delivery. There are also reflective prompts throughout the Playbook to guide readers' thinking process and readers may share their thoughts by scanning the QR codes at various checkpoints.

To use this Playbook effectively, readers may wish to read the Playbook in whole or use the reading guide on the right to zoom into sections that may be applicable at different points in time.



Chapter 1 NCSS Service Standards Framework

Go to Chapter 1 to learn the fundamentals:

- Developments of the NCSS Service Standards Framework
- Overview of the Service Standards Domains



Chapter 2 Planning & Evaluating Your Service Delivery

Go to Chapter 2 to learn how to plan and evaluate service delivery:

- Instruction guide to using the NCSS Service Standards Self-Assessment in planning the ideal state of service delivery as well as identifying strengths and domain areas to be developed



Chapter 3 Adopting & Establishing the NCSS Service Standards

Go to Chapter 3 to learn how to establish NCSS Service Standards:

- Zoom into the specific sections of identified domains to be developed for tips, templates and case studies by SSAs championing the NCSS Service Standards

Contents

Chapter 1	
NCSS Service Standards Framework	7
Chapter 2	
Planning & Evaluating Your Service Delivery	12
Chapter 3	
Adopting & Establishing the NCSS Service Standards	18
Programme Outcomes	19
Intake & Assessment	26
Intervention Planning	39
Community & Resource Support	42
Discharge Planning	46
Record Keeping & Documentation	50
Accessibility of Service	53
Protection & Safety of Users	60
Staff/Volunteer Management & Competency	66
NCSS Service Standards Self-Assessment Checklist	72



Chapter 1

NCSS Service Standards Framework

- Developments of the NCSS Service Standards Framework
- Overview of the Service Standards Domains



NCSS Service Standards Framework

The NCSS Service Standards is a quality assurance and service planning framework that SSAs can adopt to establish effective and future-ready service delivery.

Why are service standards important?

Beyond developing a good programme component, it is just as important for service providers to consider how the programme is being delivered to the service users.

The NCSS Service Standards seeks to ensure that:

1
The interest of service users are safeguarded

2
Quality services are delivered to service users

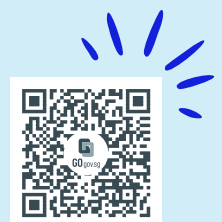
3
Service providers are professional, transparent and accountable

4
Service providers can continuously improve and enhance their services



Checkpoint 1.1 | Let's Pause & Ponder:

- How does your programme protect the interests of your service users?
- How does your programme remain accountable to your service users?
- What are some processes that your programme take to measure and enhance the quality of your services?



Share your thoughts via the following QR code

Background of Developments:

2007

The NCSS Service Standards was first introduced to the sector to support NCSS-funded agencies in attaining higher standards of service delivery and develop better procedures to improve client outcomes

2020

The COVID-19 pandemic presented a timely need to review the service standards framework so as to ensure that it remains relevant in guiding SSAs to uphold service quality and service continuity in the new normal

2021

A refreshed set of service standards was developed in consultation with 22 SSAs different subsectors, Ministry of Social and Family Development, SG Enable, Agency for Integrated Care, as well as various professional bodies and sector experts

2022

A Community of Practice for Service Standards comprising practitioners and professionals from SSAs across various subsectors had also been convened

Our Service Standards Champions aim to:

1

facilitate cross pollination of ideas amongst SSAs on good practices in upholding NCSS service standards

2

ensure continued relevance and feasibility of the NCSS service standards framework

3

influence and drive the sector towards greater adoption and enhancement of the NCSS service standards

Key Principles in Service Delivery

The following are the key guiding principles underpinning the Service Standards Framework to ensure service quality excellence:

1

Empowerment

Definitions:

To expand assets and capabilities of people in vulnerabilities such that they may participate in, negotiate with, influence, and hold accountable institutions that affect their lives.

It is to be characterised by **strength, choice, ability to make decisions, control and dignity.**

2

Person-Centred Approach

Definitions:

To value individuals as persons first and place them at the heart of everything.

It is the belief that an individual has the capacity to understand, articulate and work through his or her problems and make decisions on how to overcome them.

Service users are seen as necessary partners that collaborate with professionals and others and the ecosystem (which includes the family) plays an instrumental role in supporting the person.

Person-centredness looks different for everyone as **support is tailored to service users' needs, as well as their unique circumstances and preferences.**

3

Collaboration

Definitions:

A way of working that attracts and involves people outside one's formal control, organisation, and expertise to accomplish common goals. This is especially important **to address the needs of service users holistically which can be achieved by pooling resources together.**

4

Future-Directedness

Definitions:

Being future-directed means seeking to **meet the needs of today while taking action to remain relevant for tomorrow and beyond.**

This requires us to be adaptable, think about different possibilities and develop new capabilities through learning and innovation, among other qualities.

Checkpoint 1.2 | Let's Pause & Ponder:

- Which of these guiding principles resonate with you most and why?
- How have you incorporated these guiding principles in your service delivery?
- What are the forms of support that you may need in order to deliver your services based on guiding principles?

Share your thoughts via the following QR code



Overview of Service Standards Domains

The NCSS Service Standards Framework comprising 31 service standards across 9 mutually reinforcing domains was developed for general applicability to various social service programme types and service user groups. The full descriptions of each service standard can be found in the NCSS Service Standards Self-Assessment Checklist [here](#).

1 Programme Outcomes

- Clear objectives
- Performance monitoring
- Internal quality assessments
- Feedback channels

2 Intake & Assessment

- Clear entry criteria
- Timely screening
- Clear intake process
- Referral process

3 Intervention Planning

- Customised service plans
- Collaborative process
- Regular reviews

4 Discharge Planning

- Clear exit criteria
- Regular discussions
- Follow-up support

5 Record Keeping & Documentation

- Maintenance of records
- Security of records

6 Accessibility of Service

- Tailored operating hours
- Equal access to service
- Service continuity plans
- Handover/ covering process

7 Protection & Safety of Users

- Guidelines in place
- Regular risk assessments
- Data management processes
- Management of emergencies

8 Community & Resource Support

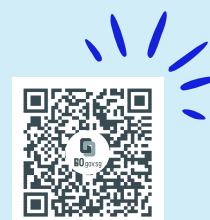
- Holistic support
- Coordination & partnerships

9 Staff/ Volunteer Management & Competency

- Clear roles & scope of work
- Screening & checks
- Adequate manpower
- Training & supervision
- Protection protocols

Checkpoint 1.3 | Let's Pause & Ponder:

- What service standard domains are currently in your service? Are they critical in any ways?
- Why have you considered those service standard domains in your service?



Share your thoughts via the following QR code



Chapter 2

Planning & Evaluating Your Service Delivery

- 1** At the end of this chapter, you should be able to:
Use the Service Standards Self-Assessment Checklist
 - a** To plan the ideal state of service delivery for your service users
 - b** To assess the current state of your service delivery
 - c** To identify strengths and domain areas to be developed
- 2** Measure the quality of your service delivery

Planning & Evaluating Your Service Delivery

Before using the checklist:

A couple of things to note and consider:

1 What can this checklist be used for?



Planning

You are developing a new programme for your service users and would like to plan and put in place processes and structures to facilitate good service delivery



Evaluation

You have implemented the programme and would like to assess, understand and improve the current state of your service delivery.

2 Each service standard is accompanied with an *intent statement* and *examples*



Intent statement

Conveys the objectives or purpose (“whys?”) of establishing the service standard



Examples

Provides suggestions on what you can potentially do to establish the service standard or what to look out for to verify if the service standard is established

3 Each service standard has different levels of establishment:

Level	General Descriptions
NA	<p>The service standard is not applicable to your service delivery.</p> <p>While this generally should not be the case, we acknowledge that there could be permutations in programme components and profile of service user groups that may render a service standard to not be applicable to your programme.</p> <p>Service providers are empowered to make the judgement based on their full knowledge of their own programme's potential as well as profile of service users.</p>
0	<p>The service standard has not been incorporated and developed in your service delivery.</p> <p>This suggests that you may recognise the importance and relevance to build the service standard in your service delivery but have not made any efforts to do so, thereby indicating that the adoption of this service standard should be prioritized.</p>
1	<p>There are some basic processes and/or structures put in place to establish the service standard. However, they may lack clarity, robustness, and embodiment of the key principles of service delivery which warrants further enhancements. This is the minimum level that all service providers should attain.</p>
2	<p>The processes and/or structures put in place to establish the service standard are clear, detailed and comprehensive. This is the recommended level that all service providers should strive for.</p>
3	<p>Beyond setting up good processes and/or structures, this level of establishment typically indicates that staff/volunteers and/or service users are able to clearly articulate and consistently implement them.</p> <p>There is also a culture of learning from data to strengthen service delivery and empowerment among staff to make adjustments to the service delivery in order to meet the evolving needs of service users.</p>

4 Guiding questions

1 What does an 'ideal' service delivery look like for your service and service users?

- Will it be to achieve a level 3 for all service standards?
- Will there be a case in which the ideal state consists of level 1 or 2 for some service standards? Why is that so?
- How would your service users like the programme to be delivered to them?
- Are your staff all on the same page as to how the ideal state should look like?

2 How long would it take to establish ideal levels?

- Will the processes and/or structures for ideal levels be established prior to service implementation?
- Are there considerations to adopt a phased approach in attaining ideal levels? If so, what is the minimum level required for each service standard in order to start implementing the programme?
- How regularly will you be evaluating your service delivery to track improvements?

Click [here](#) to start using the NCSS Service Standards Self-Assessment Checklist or refer to page 72

After using the checklist:

After completing the checklist, you may wish to use the template below to consolidate your assessment and tabulate the average level for each domain. This will help you to better identify the strengths and domain areas of service delivery to be developed.

Please exclude non-applicable standards when determining each average domain level.

<p>Programme Outcomes</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>3 Level: _____</p> <p>4 Level: _____</p> <p>Average Level: _____</p>	<p>Intake & Assessment</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>3 Level: _____</p> <p>4 Level: _____</p> <p>Average Level: _____</p>	<p>Intervention Planning</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>3 Level: _____</p> <p>Average Level: _____</p>
<p>Discharge Planning</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>3 Level: _____</p> <p>Average Level: _____</p>	<p>Record Keeping & Documentation</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>Average Level: _____</p>	<p>Accessibility of Service</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>3 Level: _____</p> <p>4 Level: _____</p> <p>Average Level: _____</p>
<p>Protection & Safety of Users</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>3 Level: _____</p> <p>4 Level: _____</p> <p>Average Level: _____</p>	<p>Community & Resource Support</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>Average Level: _____</p>	<p>Staff/Volunteer Management & Competency</p> <p>1 Level: _____</p> <p>2 Level: _____</p> <p>3 Level: _____</p> <p>4 Level: _____</p> <p>5 Level: _____</p> <p>Average Level: _____</p>

What does your average domain level mean?

In Sum:	Not Quite There	Developing	Outstanding
Review & Action:	<ul style="list-style-type: none"> Domains in this category should be prioritized for further development Reflect on how unestablished standards will affect your service users in the short and long run Focus on domains that are most critical to your service and service users for a start 	<ul style="list-style-type: none"> Domains in this category can be improved, especially for standards that are at level 0 or 1 Channel your efforts on standards in the domain that have yet to be established Refer to descriptions of the next level to learn what are the gaps 	<ul style="list-style-type: none"> Domains in this category are your service delivery strengths Consider sharing or adapting the processes and/ or structures in this domain to other services within your agency Re-assess these domains (including non-applicable standards) annually to ensure relevance and maintenance of service delivery levels
	<ul style="list-style-type: none"> Monitor and review performance in these domains every six months 		
	<ul style="list-style-type: none"> Work together with different stakeholders (i.e., staff, volunteers, partnering agencies, service users) where applicable to improve on these domains 		
Average Level	Between 0 - 1	Between 1 - 2	Between 2 - 3



Checkpoint 2.0 | Let's Pause & Ponder:

- What are your service delivery strengths?
- How would you apply these strengths into other services?
- What are the most important domains that you would like to further develop in your service delivery and why is that so?

Share your thoughts via the following QR code



Measuring quality of service delivery

Establishing service standards is critical to supporting the quality of social services in the direction of the 4ST.

The Donabedian Model¹ provides a useful three-dimensional structure that could potentially be adapted from healthcare to measure the quality of social services. Take a look at how the service standard domains fit into this model below and suggestions on how you can assess these dimensions.



Dimensions	Definition	Mapping of Domains	What can you do?
Structure	<p>The factors associated with the setting or context in which care is delivered (e.g., human resources, data and asset management, physical environment)</p> <p>Performance in this dimension is often highly observable due to the direct and overt impact structures have on staff/ volunteers and service users</p>	<ol style="list-style-type: none"> 1. Record Keeping & Documentation 2. Accessibility of Service 3. Protection & Safety of Users 4. Staff/Volunteer Management & Competency 	<ul style="list-style-type: none"> • Setting of structural indicators. For example: <ul style="list-style-type: none"> - No. of service users served - No. of volunteers - Ratio of staff to service users • Analyse structural indicators and review processes. For instance, low uptake rates may be due to the following: <ul style="list-style-type: none"> - Poor access to service - Service users feel unsafe - Staff lack capability to provide service
Process	<p>This refers to how care is provided to receivers on an interpersonal and systems level. (e.g., interactions between care provider and receivers and navigation of services)</p>	<ol style="list-style-type: none"> 1. Intake & Assessment 2. Intervention Planning 3. Community & Resource Support 4. Discharge Planning 	<ul style="list-style-type: none"> • Understand service user satisfaction and experience through surveys/ interviews. <ul style="list-style-type: none"> - Responses should shed light on whether service users' needs are met and how the service could be delivered to better meet their needs - Experiences include extent of flexibility and service user involvement in planning
Outcomes	<p>The measurable change in service users as a result of the programme</p> <p>While it may be the “gold standard” in measuring quality, this is also influenced by the above factors and those beyond service providers' control</p>	<ol style="list-style-type: none"> 1. Programme Outcomes 	<ul style="list-style-type: none"> • Develop and track outcome indicators. <ul style="list-style-type: none"> - Ensure that outcome indicators align with the objectives and theory of change of the programme - Be specific in defining the positive change that programme is hoping to achieve

¹Source: McDonald, K. M., Sundaram, V., Bravata, D. M., Lewis, R., Lin, N., Kraft, S. A., ... & Owens, D. K. (2007). Closing the quality gap: a critical analysis of quality improvement strategies (Vol. 7: Care Coordination).



Chapter 3

Adopting & Establishing the NCSS Service Standards

Zoom into the specific sections of identified domains to be developed for tips, templates and case studies by SSAs championing the NCSS Service Standards

Adopting & Establishing the NCSS Service Standards



Programme Outcomes

This domain focuses on establishing feedback loops that will allow service providers to gain insights on the performance of their programmes and the impact that they have on service users. This will help service providers to make continued improvements to the programme which will in turn better serve the needs of service users.

Standard practices to consider:

1 Communicate to staff & service users about the programme

It is encouraged that service providers make the following information about the programme available to both staff and service users:

What the programme aims to do?

- Programme objectives

How will the programme achieve its aims?

- Concept/ theory of change
- Programme components

Why is there a need for this programme?

- Service gaps or needs of service users that the programme is addressing

Who is this programme for?

- Eligibility criteria

When is this programme conducted?

- Registration period
- Commitment required
- Operating time

Why is it important?

For Staff

- ✓ All staff needs to be clear and on the same page about the objectives of the programme in order to work with service users towards common goals.

This can be achieved by:

- 1 Conducting a brief for staff involved in the programme
- 2 Establishing a programme handout for staff reference

For Service Users:

- ✓ This is to help service users make an informed choice to participate in a programme that would best meet their needs.

This can be achieved by:

- 1 Having programme information readily available on websites and brochures
- 2 Briefing the service users upon joining the programme

2 Establish a structure to manage outcomes of the programme

• Develop a Theory of Change

A Theory of Change (TOC)² is a systematic and strategic approach that outlines how a service user is expected to achieve desired outcomes through the service.

TOC provides a roadmap for understanding the causal pathways of change, which are guided by assumptions about the service users and activities identified by service providers, that will enable service users to achieve the desired outcomes.

Follow these 3 steps to develop a TOC for your service:

1 Identify the desired outcome and current state of your service users

Desired Outcome:

- What does your programme ultimately aim to achieve for your service users?
- How would that look like for your service users?
- Are there any psychometric tools that can be used to measure the desired outcomes?

For example:

Single parents have improved wellbeing.

Current State:

- Who is your target group?
- How is the condition or situation like for your service users now based on needs analysis and/or research?

For example:

Single parents have poor socio-emotional wellbeing and limited ability to care for their children.

To support needs-analysis, please refer to the suite of NCSS research resources [here](#)

2 Map out the intermediate outcomes that must occur in service users

- What are the positive changes that service users undergo between their current state and the desired state and how do they relate to one another sequentially?

For example:

1. *Single parents gained parenting skills and competencies*
2. *Single parents have increased social support*

3 Identify the activities and assumptions about service users

- What are the programme components and/or actions required to facilitate the positive changes in service users?
- Are there any assumptions about the service users that should be considered?

For example:

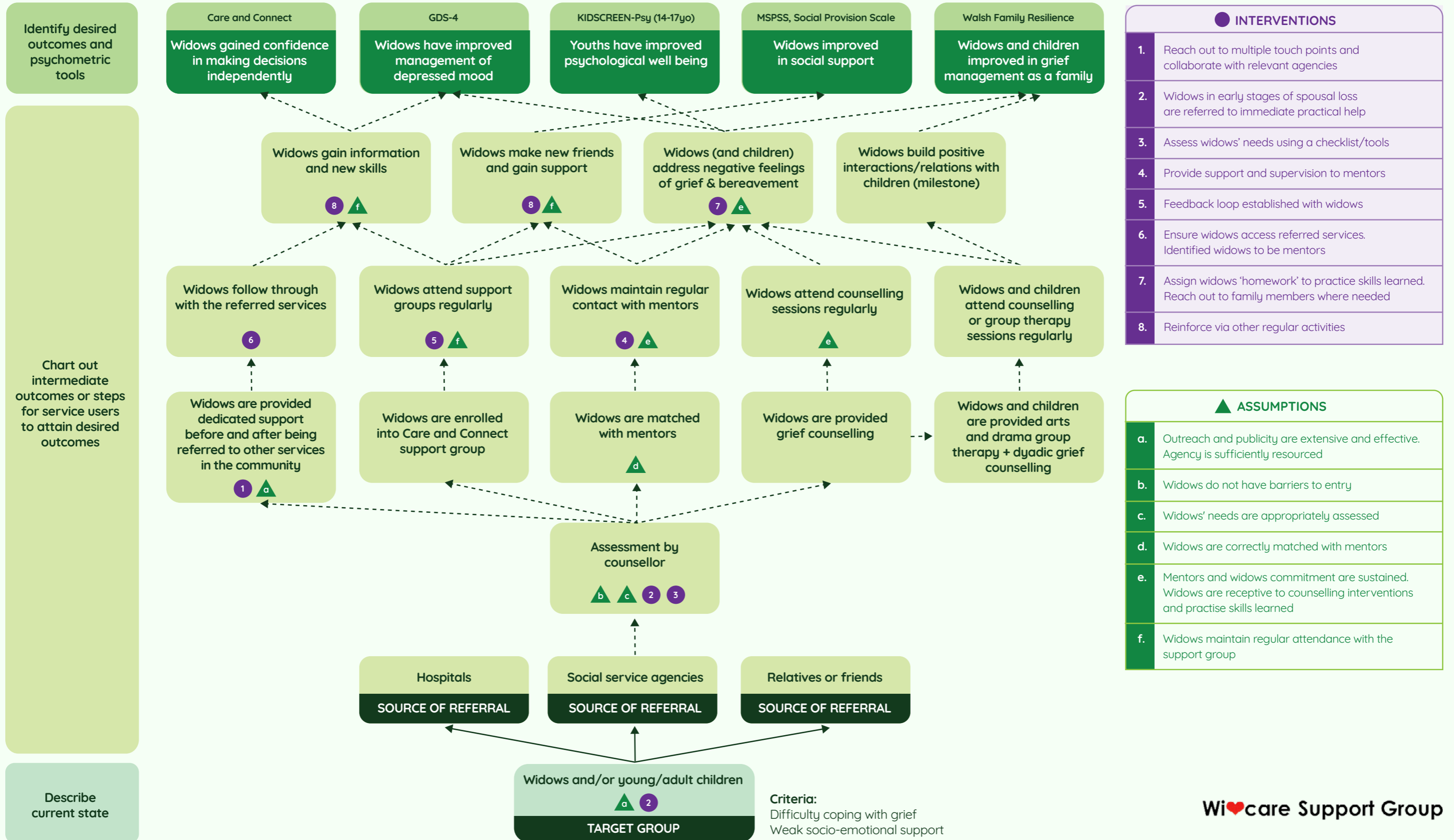
1. *Service components may include parenting seminars and peer support group.*
2. *One assumption may be that single parents are physically and cognitively able to participate in workshops and bonding activities regularly.*

²The Evaluation Support Team. (2023). The theory of change process – guidance for outcome delivery plans. Government Analysis Function, United Kingdom.

TEMPLATES FOR YOUR REFERENCE & USE:

The following is a Theory of Change developed by Wicare Support Group for their WiSHINE programme which seeks to support widows and their children who are in bereavement.

Widows successfully adjust to widowhood and develop sustained grief management as a family



Design Outcome Indicators for the Programme

When planning a programme, the outcomes should reflect what is most significant and meaningful to making a difference in the lives of the service users' that you serve.

Outcome indicators can help to measure and inform you whether the programme is achieving the desired effects on the service users in the short, intermediate, and long term.

Using the S.M.A.R.T Guideline

Specific	Indicator should specify target area for improvement
Measurable	Indicator should be quantifiable or signal progress
Assignable	Indicators should reflect the programme staff/ component that is responsible for desired effect
Relevant	Indicators should reflect the existing needs of the service users that the programme is addressing
Time-bound	Indicators should specify when the desired effect can realistically be achieved

MacDonald's (2011)³ checklist of criteria for selection of indicators is a useful reference to facilitate your thought process in designing your programme indicators.

The following list below is not exhaustive.

- 1 Accepted Practice and History of Use**
The degree to which use of an indicator is consistent with current and previous practices
- 2 Applicability in Different Settings**
The degree to which an indicator is relevant in diverse settings
- 3 Burden of Data Collection on Participants**
The degree to which data collection imposes burden on participants. Consider cognitive load, accessibility, and sensitivity issues.
- 4 Data Quality**
The degree to which data collected will be complete, reliable, and valid
- 5 Investment of Resources**
The amount of resources (e.g., funds, personnel, time, survey format) needed for collecting data that contributes to indicators

Sector Evaluation Framework (SEF)

NCSS developed the SEF to introduce a common language in how SSAs, funders and the government measure outcomes and articulate impact. Details of its two components are listed below. For more information, please click [here](#) or write to research@ncss.gov.sg.

Programme Outcomes

- This is a repository of shared programme outcomes and measures according to programme groups and intervention types.
- Clinically and/or statistically validated metrics are provided.
- For programmes with similar Theory of Change and/or programme objectives, the SEF proposes a single outcome measurement.

For example:

Children and Youth

Caregivers

Social Support

Monitoring Indicators

- These indicators track progress towards the sector wide goal of improving service users' quality of life and service delivery.
- NCSS used the World Health Organisation Quality of Life (WHOQOL) tool for those 18 years and above; and KIDSCREEN for children and youth under 18.
- The Service Quality questions reference WHO's Quality of Care Scale and determine whether the service provided met the service users' needs.

The monitoring indicators include:

Quality of Life

Service Quality

³Source: MacDonald, G. (2011). Criteria for Selection of High-Performing Indicators. Centers for Disease Control and Prevention.

3 Conduct internal quality assessments regularly

The purpose of conducting internal quality assessments (IQA) regularly is to continually improve the programmes delivered to service users. IQA include activities that help to facilitate compliance monitoring as well as identify good practices and gaps in service delivery.

With reference to Moreira and Lewis (2018)⁴ Quality Assurance Framework, the following are several IQA activities for you to consider:



	Observations of Practice	Performance Clinics	Thematic Audits
What:	This practice involves observing and assessing the way activities are conducted or delivered by staff and subsequently providing staff with feedback for improvements. Example of activities to observe may include home visits, management of service user enquiries, presentations, and direct work such as group work.	This practice involves evaluating the performance of the programme as monitored using the outcome indicators. Upon evaluation, action plans are developed to address poor performance in specific outcome areas or to further develop the programmes.	This practice involves looking into targeted processes or systems that support the programme for the purposes of identifying areas to be improved or good practices for dissemination. These processes or systems may pertain to enrolment, referrals, data management, caseload, supervision, partnerships/ stakeholder management and post-discharge or exit support.
Who:	Experienced staff (E.g., managers and senior social workers/case workers)	Management and board to chair performance clinics and staff to support efforts	Management and managers
When:	Bi-monthly (Higher frequency for new staff)	Depends on frequency of outcome reporting (i.e., monthly or quarterly)	Annually. However, highly encouraged to run concurrently with performance clinics.

⁴Source: Moreira, A., & Lewis, B. Children's Services Quality Assurance Framework. Bristol City Council.

4 Create feedback channels for service users

One critical practice of person-centred approach is to ensure that service users have accessible opportunities to provide feedback readily and safely about the programme and staff.

What are the Benefits?

- To find out directly from service users on what about the programme that works or does not work for them
- To empower service users in shaping future developments of the programme
- To understand relationship between staff and service users and provide support in appraisal of staff

What Can I Do?

STEP 1 : Select appropriate feedback platforms that suit the needs of your programme and service users:

1. Questionnaire, feedback forms and online surveys
2. Focus group discussions
3. Informal verbal feedback gathered through session

STEP 2 : Inform and assist service users on how they can provide feedback through the platforms

1. It is encouraged to share about the available feedback platforms at the start of your programme
2. Create timely reminders for service users to provide feedback debriefs and check-ins or conversations with service users

STEP 3 : Collate feedback gathered and analyse for trends

1. It would be helpful for the programme team to conduct bi-monthly sessions to aggregate feedback gathered and formulate action plans to address feedback

Considerations⁵:

- Create a safe space for service users to provide feedback
- This could be achieved by:
 - 1 Minimizing collection of personal data
 - 2 Ensuring privacy and confidentiality of service users
 - 3 Offering anonymity
 - 4 Informing how feedback will be used
- Feedback questions can be focused on the following:
 - 1 Experiences and satisfaction with programme and staff
 - 2 Areas for improvement
- Feedback questions can be a mix of open-ended questions, evidence-based measurements and rating scales
- Test the feedback platforms
 - 1 Are they accessible and user-friendly for your service users?
 - 2 Is the language and content clear and understandable by your service users?
 - 3 Can service users choose not to answer questions?

⁵Source: Allen, R., Carr, S., Linde, K., & Sewell, H. (2016). Guidance on gathering and using feedback about the experience of social work from people who use services and their carer.



Case Study: CampusImpact

CampusImpact takes a comprehensive approach to working with children and young people, considering how they think, act, and feel. The three respective levels of engagement are cognitive (related to learning strategies and comprehension), behavioural (including conduct and participation), and emotional (covering reactions, relationships, and sense of belonging in school).

The Study Buddy program has established practices and processes to monitor and review outcomes. Feedback is gathered daily through debriefs with volunteers, enabling curriculum adjustments. Pre-and-post surveys are also conducted to measure programme outcomes for evaluation. Some quarterly measures collected from stakeholders include academic grades, learning style, Strengths and Difficulties Questionnaire, and Child Stress Disorders Checklist, among others.

These are done with the aim to achieve three objectives:

- 1) communicate with stakeholders to ensure interventions are appreciated,
- 2) address the needs of service users, and
- 3) gather insights for future program development.

Ultimately, it is to ensure that Study Buddy will, and can, continue to benefit service users.

Checkpoint 3.1 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of programme outcomes?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



Intake & Assessment

This domain ensures that service users are enrolled into the programme or referred to appropriate services in a timely manner based on individual needs that have been captured and identified through robust screening and assessment.

Standard practices to consider:

5 Develop & communicate eligibility criteria clearly to service users

Eligibility criteria are statements about the conditions and circumstances that would allow access to services. The main function is to develop a shared understanding among staff about the group of service users that are appropriate for the programme. In practice, this facilitates decision making on enrolment of service users who have applied or been referred to your programme.

Why is it useful?

- Identification of service user group that you would like to serve
- Good fit between scope of service and needs of service users to be addressed
- Reduction in the number of inappropriate applications or referrals received

What Can I Do?⁶:

- **Involve key stakeholders in the discussions:**

- 1 Intake staff**
Responsible for making enrolment decisions based on screening and assessment of service users
- 2 Direct/ Programme Staff**
Those implementing the service and working directly with service users
- 3 Management & Grant Administrator**
Those with authority to approve and make changes to the eligibility criteria
- 4 Partner Agencies**
These include agencies who are likely to refer service users to your programme
- 5 Service Users**
Those in existing programmes may provide inputs where appropriate

- **When communicating eligibility criteria on publicity or communication platforms:**

- 1 Include both inclusion and exclusion criteria**
This would help to clarify the circumstances or conditions in which a service user may or may not be eligible for the programme
- 2 Include description of programme**
This would help referrers understand if the programme may potentially be helpful to service users on a case-by-case basis
- 3 Avoid the use of jargons**
Supplementary information or examples should be provided if you are unable to avoid using jargons

- **Pilot and review the eligibility criteria:**

- 1 Collect and analyse referral data**
Meaningful inferences can be made using data on referrals (i.e., status outcomes, reasons for non-acceptance, demographic trends) to understand how well the criteria is working and understood by referrers
- 2 Collect internal and external feedback**
Direct feedback from staff and referrers using the criteria can also be helpful. Topics to be explored may be about the clarity, feasibility, and usability of the criteria.

⁶Source: Orygen. n.d. Service implementation and quality improvement toolkit – Eligibility criteria review.

6 Formalise an intake & screening process for service eligibility

A formalised screening process minimises subjectivity for enrolment of service users into the programme and ensures that service users have timely access to the programme with minimal delay.

Modes of Screening:

There are a couple of ways in which you may screen applicants/referrals for service eligibility. The choice on the method of screening varies according to the needs of service users and programme. Regardless of the mode of screening, a more important consideration would be to standardise how applicants/referrals are screened so as to ensure consistency and fairness in terms of access to the programme.

1

Review of Intake & Referral Forms

- Staff will screen service user information that is captured in intake and referral forms based on the eligibility criteria of the programme.
- To ease the screening process, intake and referral forms should be clear and concise. This can be achieved by keeping questions or field items in the form to a minimum that would still enable you to assess for service eligibility. It is advisable to avoid collecting more information than necessary.
- Using a checklist based on the eligibility criteria may help you in the screening process.

2

Interview Screening

- You may choose to conduct a follow-up interview with potential service users to ascertain, clarify or gather more information about them that would be necessary for the purposes of enrolling them into the programme.
- You may wish to involve the family and/or concerned individuals that care for the service users in the interview screening to gain a holistic understanding of the service user and learn more about how you can work with the family and/or concerned individuals.

Practice Wisdom

Tips from our Service Standards Champions on developing a good screening process:

1

Establish a suitable timeframe to screen applicants/referrals

A general rule of thumb is to review and screen an application or referral to the programme within **3 working days**. This ensures that a response on the outcome of the application/referral is swiftly being made as the needs of the service users may be time sensitive.

2

Empower staff to exercise discretion in adjusting screening timeframe to suit the assessed urgency

Staff should be empowered to escalate and screen applications or referrals that present needs or risk levels that require urgent attention.

3

Conduct briefing, training and refreshers for staff on the screening process and timeframe

This ensures that staff will adhere to the screening timeframe and are equipped with the relevant knowledge and skill to screen applications fairly and consistently.

Templates for your reference & use:

The following is a sample intake/referral form used by Filos Community Services to capture and screen their service users for enrollment into their eldercare and community mental health services.

Referral		
Organisation:	Date/Time of Referral:	
Contact Person:	Email:	Contact No.:
First contact staff/Date		
Name:	Contact No.:	Sex: F / M
NRIC/FIN:	DOB (DD/MM/YYYY):	Age:
Address:		
Nationality		
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Non-Citizen	<input type="checkbox"/> Chinese
<input type="checkbox"/> S'pore PR _____	<input type="checkbox"/> Eurasian	<input type="checkbox"/> Indian
		<input type="checkbox"/> Malay
		<input type="checkbox"/> Others _____
Marital Status		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
		<input type="checkbox"/> Divorced
		<input type="checkbox"/> Widowed
Language/Dialect Spoken		
<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Malay
<input type="checkbox"/> Hokkien	<input type="checkbox"/> Teochew	<input type="checkbox"/> Cantonese
		<input type="checkbox"/> Divorced
		<input type="checkbox"/> Tamil
		<input type="checkbox"/> Others _____
Living Arrangement		
<input type="checkbox"/> Alone	<input type="checkbox"/> Relative	<input type="checkbox"/> Children only
<input type="checkbox"/> Immediate Family		<input type="checkbox"/> Spouse Only
		<input type="checkbox"/> Friend
		<input type="checkbox"/> Others _____
Is Client with a domestic helper: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Client also a caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who takes care of the Client?		
<input type="checkbox"/> No Caregiver	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Immediate Family
		<input type="checkbox"/> Domestic Helper
		<input type="checkbox"/> Others _____
Religion		
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Christianity
<input type="checkbox"/> Catholic	<input type="checkbox"/> Others _____	<input type="checkbox"/> Taoist
		<input type="checkbox"/> Islam
Education Level		
<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Post-Secondary (Non-Tertiary)
<input type="checkbox"/> University	<input type="checkbox"/> Professional Qualification and Other Diploma _____	<input type="checkbox"/> Polytechnic

Employment

- Employed Full Time Employed Part Time Self-Employed
 Retired/Homemaker Unemployed

Financial Assistance

- Yes No If yes, details: _____
Occupation: _____ No. of household members: _____
Gross Monthly Income: _____ Per capita income: _____

Housing

- Purchased Rental - HDB Rental - Private Rental - HDB Lodging
 HDB 1 or 2 Room HDB 3 Room HDB 4 Room HDB 5 Room or Larger
 HDB Studio Apartment Private Flat/House Others _____

Genogram

Blank area for drawing a genogram.

Social Resources/Other Agencies

Blank area for listing social resources or other agencies.

First contact staff/Date

- Name: _____ Relationship: _____ Contact No.: _____
Address: _____
Age of Caregiver: _____ ZBI score: _____

Current Conditions

Physical Co-morbidities

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease |
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Diabetes Foot Complications | <input type="checkbox"/> End Stage Renal Failure (Peritoneal Dialysis/Hemodialysis) |
| <input type="checkbox"/> High Blood Cholesterol | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Nephropathy | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Retinopathy |
| | <input type="checkbox"/> Others (please state): _____ |

Mental Health Conditions (please tick relevant items)

- | | |
|--|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Diagnosed by which agency:
Please indicate substance used: |
| <input type="checkbox"/> Dementia
Early/Moderate/Advanced | <input type="checkbox"/> Diagnosed by which agency:
<input type="checkbox"/> Undiagnosed |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diagnosed by which agency:
<input type="checkbox"/> Undiagnosed |
| <input type="checkbox"/> Other Condition(s) | <input type="checkbox"/> Diagnosed by which agency:
Please state condition(s):
<input type="checkbox"/> Undiagnosed
Remarks: _____
_____ |

Medical Compliance (please tick relevant items)

- Medicine compliance: Yes No (please elaborate) _____

- Medicine compliance: Yes No (please elaborate) _____

Medications

Allergies

Functional Information

Hearing (to initiate FRASS unless "Normal")

- Normal Impaired (Left) Deaf (Left)
 Impaired (Right) Deaf (Right)

Vision (to initiate FRASS unless "Normal")

- Normal Impaired (Left) Deaf (Left)
 Impaired (Right) Deaf (Right)

Speech

- Normal Abnormal (please specify): _____

Balance (to initiate FRASS if Unsteady Gait)

- Steady Gait Unsteady Gait

Difficulty Breathing

- Yes (exertional/non-exertional) No

Mobility Status (to initiate FRASS unless "Independent without aid")

- Independent with Aid Independent without Aid
 Bed bound Home bound Wheelchair bound

Falls over past 3 months (to initiate FRASS if Yes)

- Yes No Remarks: _____

Cognition (to initiate AMT assessment if disorientated)

- Orientated Disorientated AMT Score (if necessary): _____
Decision Making Capacity: Yes No

Mood (to initiate EBAS if Abnormal)

- Normal Abnormal EBAS Score (if necessary): _____

ADL & IADL

ADL score:

IADL score:

GAF score:

Sheshan Score:

NARA score:

RMBPC score:

FRASS:

Morley's Frailty Scale score:

EQ-5D score:

Others (please indicate assessments & scores): _____

Advance Care Planning Completed?

- Yes No If yes, date of completion: _____

Other Observation:

7 Establish a robust intake & assessment process

Intake and assessment is a systematic process of gathering personal information of service users in a respectful manner to facilitate service providers as well as service users to make informed decisions about the provision of the programme. This process takes place once a case file has been opened for the individual that has sought or been referred to the programme.

Basic Guiding Principles

- Information gathering should be person-centred and holistic
- Information gathering should be sensitive to cultural and value differences
- Information captured should be kept private and confidential

Biopsychosocial-Spiritual Assessment⁷

The Biopsychosocial-Spiritual Assessment (BPSSA) is a holistic approach recommended by our Service Standards Champions in gathering information about service users.

What

- BPSSA facilitates information gathering of the service users' experiences and health in multiple areas (i.e., physical, mental, social and spiritual domains).
- This also includes the service users' circumstances, needs, risk and protective factors which are all embedded within the context of the service users' environment.

Why

- Organizing and documenting the necessary information gathered through BPSSA can help you evaluate your service users' intervention needs and goals.
- The emphasis on the interaction of the service user with his or her environment in BPSSA helps you to understand your service users' worldview and their access to resources.

How

- BPSSA is typically completed at the time of intake. However, it is good practice to review the information captured periodically as the needs and experiences of your service user may change over the course of the intervention.
- While the key informant is the service user himself or herself, other providers of information include family members, other concerned individuals and/or referral sources.
- Rapport building between the service and service provider is key in gathering in depth information from service users.

Types of Information Gathered:

Demographic Information:	<ul style="list-style-type: none"> • This may include service user's name, age, marital status, contact information, emergency contact information, living arrangement and referral source
Presenting Concerns:	<ul style="list-style-type: none"> • Identify the issue for which the service user has engaged or been referred to the service and the nature of their concerns (i.e., physical, psychological, social and spiritual) as well as their ideas about the causes of their concerns • Document how the issue first arose and how it has continued and manifested over time. Any attempts made to resolve the issue should also be noted down
Assessment of Risk Factors:	<ul style="list-style-type: none"> • Depending on the age and circumstance of service users, critical risk factors to assess include current/past suicidal ideation, self-harm attempts, danger to others, grave disability (i.e., unable to care for themselves), child maltreatment or elder abuse

⁷Source: Richman, S. (2022). Biopsychosocial-Spiritual Assessment: an Overview.

Types of Information Gathered: (continued)

Personal and Family History and Experiences:

- The importance on the type of personal background information gathered depends on the age and circumstances of service users:

1 Medical	<ul style="list-style-type: none"> Critical for persons with chronic illness, disabilities or mental health conditions This may include current or past illnesses, medications taken, medical examinations, diagnostic information, and treatments 	4 Legality	<ul style="list-style-type: none"> Critical for youths at-risk or persons who have been involved with law enforcement
2 Education	<ul style="list-style-type: none"> Critical for children in Special Education or youths at-risk who may be experiencing challenges in school 	5 Marriage/ Relationship	<ul style="list-style-type: none"> Critical for persons experiencing marital or relationship issues
3 Employment	<ul style="list-style-type: none"> Critical for persons with disabilities or mental health conditions or those who face any gaps or challenges in employment 	6 Family History	<ul style="list-style-type: none"> This may include gathering information where relevant about family's medical and/or psychiatric history, substance use, criminal or legal issues as well as family relationships

Assessment of Protective Factors:

- Protective factors can help you identify existing resources that can be harnessed during the intervention process
- These include recognising service users' personal strengths such as interests, skills, talents, and positive attributes
- Resiliency of service users which refers to how they adapt to challenges or bounce back from adversities can be explored to help service users identify survival skills and positive coping strategies
- Understanding service users' social and community networks may also be helpful to utilise appropriate support systems over the course of the intervention where necessary

Cultural and Spiritual Beliefs:

- It is important to understand the ethnicity that service users identify with and the spiritual or religious beliefs that service users may hold as this may impact how they perceive the issues that they may be experiencing and the recommended interventions or resources that they can potentially tap on

Sources of Information:

Case Records	<ul style="list-style-type: none"> This could include reviewing medical and/or mental health records, academic records, employment records or referee reports where applicable
Interviews	<ul style="list-style-type: none"> The primary source of information for a biopsychosocial assessment should be the service user himself or herself Interviews may also be carried out with family members to understand how family members relate and perceive one another as well as alliances and conflicts that might exist
Direct Observations	<ul style="list-style-type: none"> You may wish to observe and understand how your service users interact with their environment and this can take place at home, in school or on the job where applicable
Standardised Screening Instruments	<ul style="list-style-type: none"> Standardised screening instruments can be adopted based on issues of service users to gain objective information about their functioning

Templates for your reference & use:

The following is an adapted template of a Biopsychosocial Assessment form used by Ain Society to facilitate gathering of information from their service users in their Serenity Cancer Care Programme.

Name of Service User: _____ Case Ref. No.: _____

Genogram:

To assess history, relationships, and dynamics within the service user's family

Good Genogram Practice







Please indicate the following:

- Name of person
- D.O.B
- Occupation/Education Level
- Income
- Medical condition
- Nature & strength of relationship

Genogram Symbols

-  Male
-  Male Client
-  Pregnant
-  Female
-  Deceased

Relationships

-  Separated
-  Divorced
-  Close Relationship
-  Conflictual Relationship
-  Estranged Relationship
-  People sharing the same household

Ecomap:

Service user is represented by a circle in the center and the individuals, systems, activities, and resources of service users are drawn in circles surrounding the client or family

Relationship

-  Strong connection
-  Conflicted
-  Weak connection

Family / Social Background / Social:

Document the following: relevant family history, living arrangement, age of family members, socioeconomic status, occupation, housing, language spoken, primary caregiver, main spokesperson and significant dynamics within the family and other peer or community support

Functional Status & Care Needs / Biology:

Document the following: developmental needs, premorbid functional status, gender, diagnosis, mobility, other illnesses, previous care needs & caregiving experiences/issues versus current status, medications, interventions to manage service user's care e.g. cancer treatment plan

Perception / Psychology / Spiritual:

Document the following: individual's and family's perception of the service user's needs and issues, personal beliefs and assumptions, protective factors, observations about service users' mental health, communication abilities, coping skills, behaviours, attitude, personality and emotions

Presenting Issues:

Document the following: psychosocial and emotional issues, definition of problem, history of presenting problem, duration of problem, risk factors, prior attempts to resolve problem, involvement of other agencies (if any)

Expectations:

Document the following: service user's and family's hopes and goals in overcoming the issue

Plans / Recommendation:

Identify appropriate courses of actions and service or intervention for service users based on your assessment

8 Inform alternative options to non-eligible service users

During the screening process, you may encounter situations where service users may not be eligible for your programme. When informing them the outcome of the application/referral, it would be helpful to advise them on possible options or services that may be more suited to their needs. This ensures that these group of service users do not fall through the cracks and that their needs could be addressed.

Practice Wisdom

Best practices from our Service Standards Champions to assist non-eligible service users.

- 1 Right-site service users to other programmes within the agency or partnering agencies that may be more appropriate if applicable.
- 2 It would be useful to understand related services that are available within the vicinity of your agency. This would allow you to make appropriate recommendations to service users in exploring these other services.
- 3 Provide service users with appropriate helplines should they wish to reach out to other agencies for assistance. A list of service helplines can be found [here](#).
- 4 It may be useful to understand the trends associated with non-successful applicants/referrals as this may help your agency in various ways:
 - Uncover emerging needs or service gaps that may facilitate service developments and enhancements.
 - Review eligibility criteria if there is an increasing number of non-successful applicants and referrals.
 - Educate referral sources on how to use your eligibility criteria to better refer service users that are suitable for your programme.



Case Study: O'Joy Limited



BEACON by O'Joy Limited was launched during the pandemic to address increased demands for mental health counselling. Other than providing support to adults facing work-related stress, family conflicts, and past traumas, BEACON also ensures continuity of services for past clients under other mental health programmes of the agency.

The targeted age range of 18 to 49 years old, and specific mental health challenges such as mood disorders and adjustment-related issues etc, has always been BEACON's focused clientele population.

The Clinical Director reviews all incoming potential service users, and eligibility assessments are typically completed within 3 working days. In cases where service users do not meet the initial eligibility criteria, BEACON may still consider providing services on a case-by-case basis. By gathering and analyzing such data, BEACON will continue to refine their eligibility criteria to accommodate potential future service users and explore the possibility of developing new programmes.

Checkpoint 3.2 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of intake & assessment?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



Intervention Planning

This domain seeks to safeguard the needs and interest of service users by underscoring the practice of person-centred care and empowerment when planning and reviewing interventions.

Standard practices to consider:

9 Tailor intervention plans to service users

A ‘one size fits all’ approach may not be addressing the needs of all your service users as it gravely assumes that everyone has homogenous experiences, challenges and worldviews. In line with the principle of person-centredness, service providers should tailor the support rendered to service users as they are individuals with unique needs, cultural backgrounds, strengths, and goals.

10 Partner with service users & support systems during intervention planning

As both are experts in their own areas – the service providers in delivering evidence-based interventions, and the service users in their lived experiences, worldviews and hopes, it is recommended that intervention planning be a collaborative process. This would empower service users, thereby bringing about greater control over their own lives and ability to make decisions in order to achieve their goals.

11 Review intervention plan regularly with service users & support systems

Involving the support systems of service users such as his/her family or concerned individuals in the development and periodic review of intervention plans facilitates greater wraparound support and understanding on how intervention outcomes translate into home and social settings.

What are some key benefits?

Research^{8,9} has shown that delivering supportive services in a person-centred way:

1

Improves service user outcomes

2

Enhance service user experience and satisfaction of service

3

Foster alliance and partnership with service users

Do Service Users Want to Be Empowered?

One may think that partnering service users in the development of intervention plans, especially those who had been observed to be passive and silent, to be rather imposing.

However, let’s take a step back and ask ourselves if the reason for such behaviours lie within the structures and environment.

Could it be due to lack of platforms or resources to facilitate choicemaking?
Do service users feel safe and comfortable to express their thoughts and view?

Find out where you are at in practicing empowerment with the Empowerment Deconstructed. Click [here](#) for more information.

⁸Olsson LE, Jakobsson Ung E, Swedberg K, Ekman I. Efficacy of person-centred care as an intervention in controlled trials – a systematic review. J Clin Nurs 2013;22(3-4):456-46

⁹McMillan SS, Kendall E, Sav A, King MA, Whitty JA, Kelly F, Wheeler AJ. Patient-centered approaches to health care: a systematic review of randomized controlled trials. Med Care Res Rev (published online July 2013).

Let's hear from our Service Standards Champions:

- 1** Interventions should be developed based on the information that has been collected during the intake and assessment.

Some guiding questions when reviewing assessment for planning of interventions:

- i. What interventions can support my service users in achieving their goals?
- ii. How can I leverage their strengths and meet their preferences over the course of the intervention to achieve their goals?
- iii. Is the level, intensity, and dosage of intervention appropriate based on my service users' abilities and capacity?

- 2** Be intentional in adopting and exercising a person-centred care approach at every step of the way. Partnering with your service users in developing intervention plans may be difficult if insufficient effort had been made to cultivate co-operative relationships.

Four characteristics and competencies to provide person-centred care¹⁰:

- i. Attitudes towards service users are authentic, accepting, and affirming
- ii. Presence carried is one that is empathetic and validating
- iii. Respectful of service users' experience in problem solving and meeting their own needs
- iv. Focus is on shared humanity as opposed to service users' deficits and problems

- 3** Interventions recommended should be evidence-based. This means that the interventions have been shown in research to be efficacious in improving service user outcomes.

A Note on Culture and Evidence-Based Interventions (EBI):

- While EBIs are grounded in research, they are often not tested or developed for specific cultural groups, thereby limiting its applicability in certain contexts.
- To account for cultural factors, the following is a standardized process¹¹ to culturally tailor EBIs:
 - i. Identify EBI and evaluate its cultural appropriateness
 - ii. Breakdown EBI into its components and determine which to modify
 - iii. Analyse cultural factors that may affect EBI components
 - iv. Document the modifications made
 - v. Pilot the modified EBI and conduct evaluations

- 4** Intervention plans should be reviewed systematically across multiple levels on a session or monthly basis to stay abreast of service user needs and monitor progress in meeting service user outcomes. Any changes made should then be documented in respective case files.

- Uncover emerging needs or service gaps that may facilitate service developments and enhancements.
- Reviews may be done by case workers, with service users and their support systems
- Supervision or team discussions on intervention plans amongst colleagues are recommended as well
- Frequency of reviews may vary according to service users' needs and risk level

¹⁰Washburn, A. M., & Grossman, M. (2017). Being with a person in our care: Person-centered social work practice that is authentically person-centered. *Journal of gerontological social work*, 60(5), 408-423.

¹¹Samuels, J., Schudrich, W., & Altschul, D. (2009). Toolkit for modifying evidence-based practice to increase cultural competence. Orangeburg, NY: Research Foundation for Mental Health.

Templates for your reference & use:

The following is a checklist and template for intervention planning that you may use and adapt for your programme needs.

Intervention Plan Checklist		Yes	No
1	The service users' strengths, needs, abilities and preferences (SNAP) are documented and considered.	<input type="checkbox"/>	<input type="checkbox"/>
2	The service users and his/her support systems are part of the discussions, and their preferences are accommodated (where possible).	<input type="checkbox"/>	<input type="checkbox"/>
3	The intervention plan is appropriate to the service users' culture, age, physical status and mental state.	<input type="checkbox"/>	<input type="checkbox"/>
4	The goals co-created with service users are "SMART" – specific, measurable, assignable, relevant and time-bound.	<input type="checkbox"/>	<input type="checkbox"/>
5	The roles of all persons involved to achieve the goals are stated.	<input type="checkbox"/>	<input type="checkbox"/>
6	There is a date set for reviewing the intervention plans with service users and with case management/programme teams.	<input type="checkbox"/>	<input type="checkbox"/>
7	The intervention plan is dated and signed.	<input type="checkbox"/>	<input type="checkbox"/>

Intervention Plan						
Description of intervention and overall outcomes						
Goals/ Progress Milestones	Goal Type	(Short/ Long-term)	Date set	Review date	Outcome	Remarks/ Follow-ups
1					<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved	
2					<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved	
3					<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved	
Action plan/Strategies						
Progress notes (to note changes in service user needs and changes to intervention plan)						
Staff name and designation: Last updated date:						

Case Study: Lutheran Community Care Services

The Builders Project, implemented by Lutheran Community Care Services, utilises restorative practice as the primary intervention modality to establish a safe and nurturing school environment for disadvantaged children. The programme aims to equip all stakeholders, including children, parents, and teachers, with a shared language, consistent engagement style, and a common frame of reference to foster effective relationships. In addition to conducting workshops for stakeholders, the emphasis is on individual mentoring, and importantly the formation of restorative circles for students with their peers and/or family members.

During individual interventions with service users, the staff explores the connection between the formers' issues and a relational disconnect with other stakeholders. With consent of the children, the staff will engage relevant stakeholders in conversations regarding the concerns impacting the service users and seek their participation in the intervention process. Subsequently, all parties are brought together in a circle



to express their perspectives on the issue and collaboratively create a solution. Through these conversations, participants gain insights into the needs and issues related to the child's well-being. Despite the effort required to engage and gather stakeholders, especially when differing views are involved, staff have observed that this approach leads to more impactful and empowering interventions for the service users and stakeholders alike. By involving all parties, there is also a greater sense of ownership, increasing the likelihood of concrete steps being taken to address the raised concerns.

Checkpoint 3.3 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of intervention planning?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



Community & Resource Support

This domain drives service providers to provide holistic care for their service users through collaborative efforts such as creating an ecosystem of social care and pooling of community resources.

Standard practices to consider:

12 Support service users with resources to achieve their goals

While some goals of service users may be met through the course of the intervention recommended, other goals may require service users to be equipped with resources and information that are beyond the scope of service. Such resources and information should be made accessible which would enable them to make better informed decisions about how they can achieve these goals.

Search for Resources Using SupportGoWhere

SupportGoWhere is a one stop portal for individuals and families in Singapore to find support schemes and services with ease.

As a service provider, you may use this platform to search for relevant resources that can support your service users more holistically. Find out more [here](#).

Helping service users to make an informed choice

The TRIP MAP¹² is a useful tool that can assist you in simultaneously providing support and helping your service users to facilitate their decision-making process.

T	R	I	P M	A	P
<p style="color: #008080; font-weight: bold;">Think about a decision</p> <p>Encourage service users to first think about their decisions:</p> <ul style="list-style-type: none"> What will this decision help you to achieve? Why are you making this decision now? Who might be impacted by this decision, and do they need to be involved? Is this decision in line with your priorities (i.e., values, feelings, worldviews, etc)? 	<p style="color: #008080; font-weight: bold;">Research information</p> <p>Assist service users in getting more resources and information about possible options</p> <ul style="list-style-type: none"> Find out more online on existing services or speak with staff and other service providers Take time to inform service users of available options and avoid use of jargons 	<p style="color: #008080; font-weight: bold;">Identify options</p> <p>After gathering resources and information, assist service users in making a list of options</p>	<p style="color: #008080; font-weight: bold;">Pluses and Minuses – Weigh the options</p> <p>Encourage service users to think about the pros and cons of these options and weigh the importance of each pro and cons to narrow down to a choice</p>	<p style="color: #008080; font-weight: bold;">Action planning</p> <p>Help service users to figure out how to put their decisions into actions</p> <ul style="list-style-type: none"> A simple action plan may include a checklist of steps listed in sequential order, the people involved in each step and when it needs to be done 	<p style="color: #008080; font-weight: bold;">Ponder the results of the decision</p> <p>Celebrate what worked and consider new resources and information that may come up</p>

¹²Substance Abuse and Mental Health Services Administration. Supporting Choice: Helping others make important decisions. A step-by-step approach. (HHS Pub No. SMA-XX-XXXX). Substance Abuse and Mental Health Services Administration, 2011

13 Engage in partnership & coordination efforts to better support service users

When the needs of service users are of greater complexity, multidisciplinary interventions are often necessary. Collaboration is a solution that brings together service providers and professionals across various subsectors to holistically address these complex needs. It is a win-win situation on both ends – for service providers, collaboration enhances information exchange and optimizes resources for your services, and for service users, collaboration facilitates coordination of resources which enables a more seamless care experience.

Do you know?

The NCSS Social Service Sector Survey 2021 revealed that collaboration is one of the top opportunities that SSAs feel they can seize in the next three to five years, but they had also cited it as one of the key challenges.

The Collective Impact Model¹³

To facilitate effective collaboration among sector partners in service delivery, NCSS drives the Collective Impact model. The model provides a structure for multiple organisations to forge a common agenda for solving a complex social issue.

NCSS supports interested SSAs through connection with relevant partners and resources. For instance, in partnership with the Tamarack Institute, agencies working on collaborative initiatives may also tap on consultancy and coaching services offering guidance towards achieving collective service outcomes.

The Phases of Collective Impact

Over-arching Actions	Components of Success	Phase I <i>Generate ideas and Host Dialogues</i>	Phase II <i>Initiate Action</i>	Phase III <i>Organise for Impact</i>	Phase IV <i>Begin Implementation</i>	Phase V <i>Review and Renew</i>
		Pre-Start-Up <i>Focus: Engagement & Exploration</i>	Start-Up <i>Focus: From Idea to Formation</i>	Growth <i>Focus: Early Experimentation</i>	Continued Growth <i>Focus: Scaling Promising Efforts</i>	Maturity <i>Focus: Sustain & Renew</i>
		Early Years Key Question: What needs to happen?		Middle Years Key Question: How well is it working?		Later Years Key Question: What difference are we making?
		Key Elements				
Design, Implement & Lead Your CI Initiative	Governance & Infrastructure How decisions are made & responsibility shared? Strategic Planning What are we trying to do and how: Our Theory of Change	Convene Community Stakeholders. Hold dialogues about issue, community context & available resources.	Identify champions and form cross-sector Steering Committee (SG) to guide the effort. Map the landscape and use data to make the case.	Develop infrastructure (backbone, leadership team and action teams). Create common agenda, clear problem definition, agreement on population-level goals.	Launch action teams and formalise backbone infrastructure. Develop blueprint for implementation & identify quick wins.	Facilitate, refine and renew. Refine strategies to mobilise for quick wins and to review progress.
Understand Context	Community Involvement Who is involved? Who else's eyes need to be on this issue?	Determine community readiness; create a community engagement plan.	Begin outreach to community leaders.	Incorporate community voice, gain community perspective & input around the issue.	Engage community more broadly and build public will.	Continue engagement and address policy change needs.
Assess Progress, Outcomes, Impacts & Learning	Evaluation & Improvement What are we learning and how are we changing culture, norms and systems?	Determine if there is consensus and urgency to move forward.	Analyse baseline data to identify key issues and gaps.	Establish shared metrics (Indication, measurement & Approach).	Establish shared measures (indicators & approach) at SC and Action Team levels.	Collect, track and report on progress (process to learn, improve and renew).

¹³Tamarack Institute. (n.d.). Collective Impact Self-Assessment and Planning Tool.

Case Study:

CampusImpact

Study Buddy, and Learning Curve are some of the programmes established by CampusImpact to support the needs of children and youths from low-income and disadvantaged families. Beyond academic guidance, these programmes also focus on the socio-emotional development for the service users via enrichment opportunities, and role models. As part of ComLink, the agency too works towards empowering families by understanding their needs to connect them with appropriate support services.

CampusImpact therefore implements deeper intake interviews during programme registration to have insights on underlying issues and challenges of service users and families that they serve. This involved changing their processes and investing additional resources in setting up a case work team to conduct detailed intake sessions, family sessions, and home visits. Furthermore, clinical interventions such as counselling, therapy sessions, and cross-agency collaborations are provided for service users requiring additional support.

Integrating the various elements into a cohesive framework, CampusImpact established the CARE Approach:



Check - Assessment and needs analysis

Attend - Attend programmes

Review and Refer - Interventions

Engage - Systemic support for clients

Alongside these steps, CampusImpact offers preventive measures like family bonding programmes and parenting webinars. The implementation of the CARE Approach has resulted in observations of enhanced stability of the children and youth, increased engagement and support from stakeholders, and improved coordination between the agency and families in nurturing student development and individual parenting. Beyond the scope of rendering services to the children and youth, equipping their families with appropriate resources also supports them to achieve their goals and potential.

Checkpoint 3.4 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of community & resource support?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



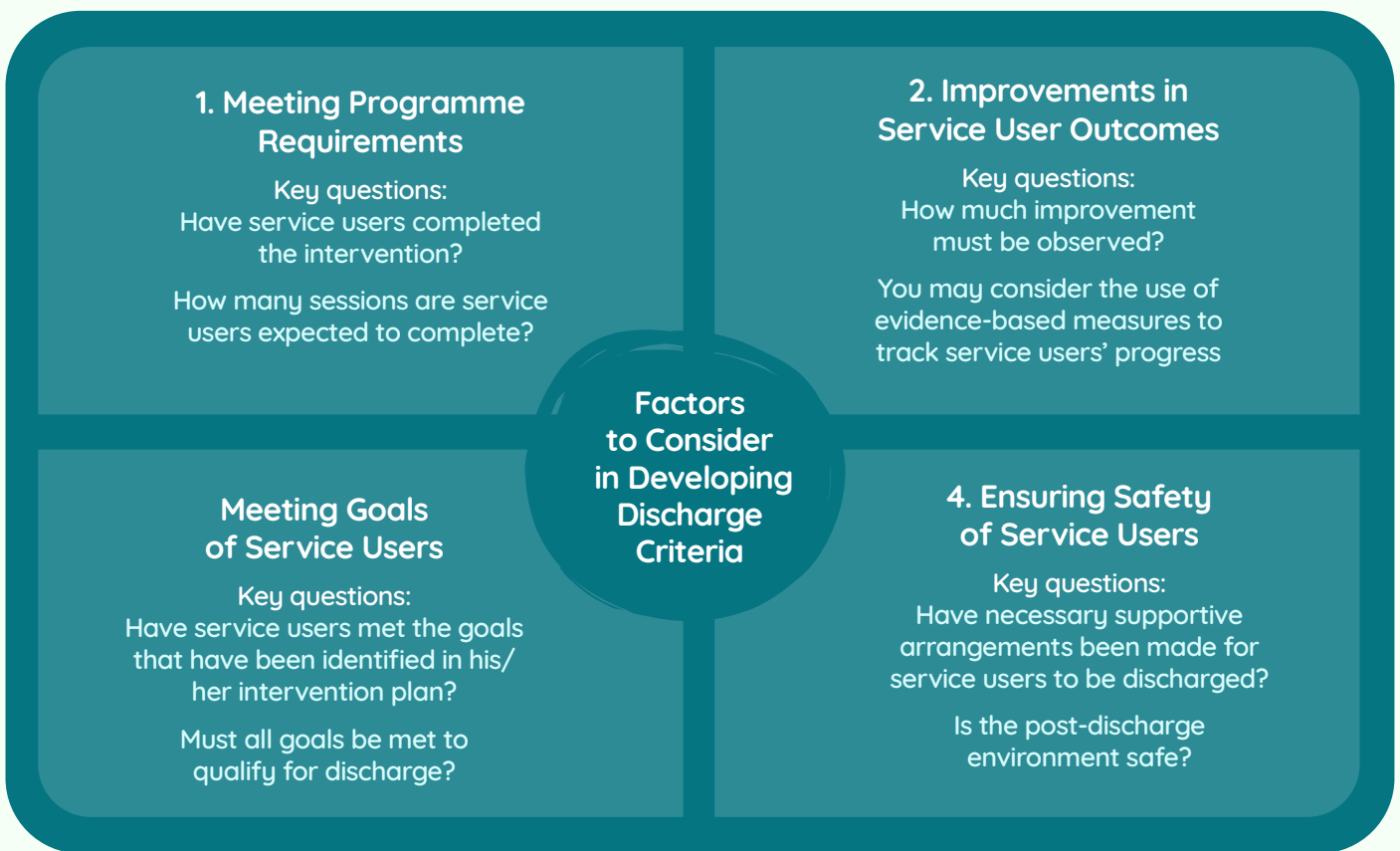
Discharge Planning

This domain ensures that service users are informed on the conditions for discharge or exit from the programme and they are actively involved in preparing for their own discharge together with service providers. Good discharge planning can lead to successful post-discharge outcomes and prevent service users from staying in your programme longer than necessary.

Standard practices to consider:

14 Develop & communicate discharge criteria clearly to service users

Discharge criteria are requirements that service users need to meet that would indicate readiness for successful exit or termination from the programme or transition from one service to another. In practice, this helps staff to facilitate decision-making in ascertaining whether a service user is fit for discharge. The criteria for discharge should be transparent and communicated to service users as this would provide them a clear understanding of the desired state and goals that they will be working towards to.



15 Involve service users & support systems in discharge planning

Having early conversations and regular reviews with service users can help you to learn their preferences and what forms of support might be needed to enable service users to flourish after exiting the programme. Additionally, engaging the support systems of service users would allow you to understand how discharge may impact them and how you can then work with them to circumvent potential issues that may arise.

Examples of Post-Discharge Support

- 1 Step-down care**
This refers to arrangements made for service users to transit into community hospitals or residential facilities
- 2 Follow-Ups**
Schedule check-ins with your service users over a fixed period
- 3 Referrals**
Explore with your service users on other services that they may wish to enroll in

16 Follow-up with service users who are uncontactable or have dropped out from service

As there may be situations in which service users had abruptly stopped attending your programme or service users had expressed their choice to drop out from your programme, it is encouraged to follow-up with them on their current circumstances and offer your support so as to ensure that they do not further fall through the cracks.

Practice Wisdom

Tips from our Service Standards Champions on managing non-responsive service users

- 1** Make multiple attempts to reach out to these service users through the contact information that has been given to the agency.
 - This could be done on a bi-weekly basis over a period of two months before discussing with your case/ programme team on potentially closing the case.
 - Document the attempts made in the respective service user case files (i.e., date of call/ text message or email).
- 2** If attempt to reach out is successful, check-in with the service users on how they had been managing and learn their reasons for dropping out of your programme.
 - Follow-up with service users to discuss how you can better support them through a scheduled home visit or meeting at the agency.
 - Document the discussion points in the respective service user case files.
- 3** If service user remains resolute in their decision to drop out from the programme, reassure them that they can always come back to the agency.
 - Offer service users other alternative resources or support services that may be better suited to their current circumstances.
- 4** While it may be resource intensive, it is a worthwhile investment to collate and review service dropout rates and reasons periodically.
 - This can help you to develop strategies or enhance structures in the programme to mitigate dropouts.



Templates for your reference & use:

The following is a checklist and template for discharge planning that you may use and adapt for your programme needs.

Discharge Plan Checklist		Yes	No
1	The service users' strengths, needs, abilities and preferences (SNAP) at the point prior to discharge are documented.	<input type="checkbox"/>	<input type="checkbox"/>
2	The gains from participating in the programme, or goals achieved are documented.	<input type="checkbox"/>	<input type="checkbox"/>
3	The likely post-discharge needs and issues are identified and conveyed to service user and his/her support systems, if any	<input type="checkbox"/>	<input type="checkbox"/>
4	Referral to other agencies for post-discharge needs are made, where necessary.	<input type="checkbox"/>	<input type="checkbox"/>
5	Service user's support systems have been informed about other resources available to support them, including caregiver support groups, respite services and other community resources.	<input type="checkbox"/>	<input type="checkbox"/>
6	Contact details of a staff from the discharging organisation has been given to service user and his/her support systems	<input type="checkbox"/>	<input type="checkbox"/>
7	A designated staff had been assigned to follow-up with the client and caregiver, within a specified time-frame.	<input type="checkbox"/>	<input type="checkbox"/>
8	Information resources such as pamphlets of community-based services had been given to service user.	<input type="checkbox"/>	<input type="checkbox"/>

Discharge Plan <i>(A copy can be given to the service user)</i>			
Description <i>(Include role of client, family, community, other agencies and resources)</i>			
Date of closure		Meet discharge criteria	Yes/ No
Goals achieved:			
Outstanding needs/ goals (if any):	(Detail how other needs and goals will be supported such as through post-discharge support)		
Staff responsible for follow-up:	Name:		Date of planned follow-up:
Staff contact information:	Email:		Tel:
Service user name and signature:			Date signed:
Case manager name and signature:			Date signed:
Approved by:	<i>(Name, Designation and Signature, Date)</i>		

Case Study:

Trybe Limited

GRYT is an aftercare service provided by Trybe for youths transitioning from Voluntary Children's Homes such as Singapore Boys' Hostel (SBHL) which houses male youths aged 12 - 21 years old under probation, care and protection, or family guidance orders. It aims to support their reintegration into society as youths transitioning from residential care may face destabilization as they adjust to leaving the structured environment.

Ensuring comprehensive discharge planning for every resident, SBHL collaborates with colleagues in GRYT to organize a briefing about the aftercare programme. This briefing, which takes place approximately 4-6 months prior to the residents' scheduled discharge date, provides residents with detailed information about the programme, its components, and the post-discharge support available. The session also help staff assess the residents' needs, readiness for discharge, and preferences, enabling them to provide the most effective support during the discharge planning process. Probation Officers and family members are kept in the loop to establish additional support plans, if necessary.

While enrollment in the programme is voluntary and clients are allowed to decide when to terminate their participation, completion of the programme is encouraged, and indicators such as meaningful engagement, achievement of initial goals, and availability of support networks are considered to assess progress. Caseworkers understand that motivation among youths may fluctuate, leading to periods of being uncontactable after enrolling. If a youth becomes uncontactable, caseworkers reach out to parents or family members to check for recent issues and seek their support in reconnecting with the youth. Unannounced home visits may be arranged in appropriate cases. If there is no response for 2 months despite the caseworker's efforts to reach out, the case will be closed. The procedures for discharge planning and follow-ups as needed has the agency proactively extend support to the youths so that necessary support can be rendered.

Even after cases are closed, the youths can always return to seek professional support from Trybe for any ongoing issues. Depending on their needs, youths may re-enter the programme or be directed to a more suitable alternative programme.



Checkpoint 3.5 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of discharge planning?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



Record Keeping & Documentation

This domain focuses on record keeping and documentation as they are important means to facilitate information sharing and coordination of care between service providers. When done well, accountability to your stakeholders, such as your service users, partner agencies, grant administrators and auditors would be ensured.

Standard practices to consider:

17 Maintain service user records

18 Secure service user records

Consider the following principles and practices^{14, 15, 16} that are informed by our service standards champions, local guidelines and literature in managing service user records from cradle to grave:

1

Creation

Management of service user records starts off with proper documentation.

Doing so enhances clarity of information that is recorded and eases information finding and understanding among staff.

2

Maintenance

Good maintenance processes can help to:

- Ensure service users rights to privacy and confidentiality
- Make better informed assessments, especially for staff who may be taking over a case

Key Documentation Principles (“C.A.M.S”)	
Conciseness	Only information that is relevant to provide good care and ensure continuity of care should be recorded.
Accuracy	Information should be complete and accurate reflecting the circumstances and progress of service users clearly.
Meaningful	Information should capture professional judgements to facilitate intervention and discharge planning. Facts, observations, and opinions should be differentiated.
Standardisation	Recording of information should be internally consistent based on formats and the language used by your agency. Avoid unnecessary jargons and abbreviations where possible.

What should I do?	
1 I should store service user records securely. <ul style="list-style-type: none"> • For physical records, they must be kept under lock and key. • For digital records, they must be password protected. • There should be a back-up of these records in case of damage. 	
2 I should ensure that service user records are updated. <ul style="list-style-type: none"> • It is good practice to record and file any case notes, progress updates, incident reports as soon as possible. • Periodically check if personal/ contact information of service users requires any updating. 	
3 I should restrict service user records access to authorized personnel only. <ul style="list-style-type: none"> • Service user consent, where applicable, should be sought after if a party wishes to access his/ her records 	

¹⁴Drogin, E. Y., Connell, M., Foote, W. E., & Sturm, C. A. (2010). The American Psychological Association’s revised “record keeping guidelines”: Implications for the practitioner. *Professional Psychology: Research and Practice*, 41(3), 236–243.

¹⁵Office of the Director-General of Social Welfare. (n.d.). Documentation - What happens when one does not document decisions?. Ministry of Social and Family Development. ¹⁶Personal Data Protection Commission Singapore & Info-communications Development Authority of Singapore. (2016). How can your organisation dispose of personal data?.

3

Disposal

Keeping service user records longer than necessary may lead to greater effort in maintaining the records and increase the resources and cost to secure it.

Personal Data Protection Act: Retention Limitation Obligation

“ An organisation must cease to retain documents containing personal data, or remove the means by which the personal data can be associated with particular individuals as soon as it is reasonable to assume that (i) the purpose for which the personal data was collected is no longer being served by retention of the personal data, and (ii) retention is no longer necessary for legal or business purposes.”

What does this mean for me?

- It is recommended that service user records be retained in the agency should the service user still be receiving your agency’s services.
- Depending on the profile and risk level of your service users, you may consider retaining various types of personal data for a standardized period after their exit from your agency’s services. This will ensure that critical information is not lost should they return to your service or if your agency is required to produce these records for legal purposes.

Disposal Methods

For Physical Records

1

Shredding

Cutting the physical medium into small pieces, making it difficult to reassemble.

2

Pulping

Ink is first removed from the paper, then the paper is dissolved into pulp by mixing in chemicals.

3

Incineration

Burning the physical medium completely.

For Digital Records

1

Anonymise personal data

This is a form of disposing digital records. However, please address risk of re-identification when considering this option.

2

Physically destroy storage device

Service user records that are stored in a hardware may be destroyed by crushing, drilling or shredding it.

3

Use dedicated softwares to overwrite files or storage drive

This is because mere deletion of files and emptying the recyclable bins may not guarantee that records are destroyed.

Case Study: WINGS Counselling Centre

Family Support and Counselling Program, by WINGS Counselling Centre, provides early therapeutic intervention to troubled individuals, families, and couples, aiming to prevent long-term chronic mental health issues. It equips them with skills to manage personal and emotional difficulties, strengthens parent-child relationships and family bonds, and supports couples facing marital or infidelity issues.

To improve their levels of service standards on record keeping and documentation, WINGS tapped on the Care and Share Grant by Community Chest and implemented an electronic case management software system in 2014.

Previously, manual registration, handwritten case notes and raffia-tied closed case files were used. The new system then required individual logins with passwords and a separate VPN login when working offsite. Staff in the organisation received training, had regular sharing and feedback sessions, and were given support to overcome resistance and fear of the electronic system. Initially, there were system glitches, so paper-and-pen recordings were maintained alongside the electronic system for about 3 months until the system was stabilized. With the electronic case management software system, data integrity, accuracy, security, and information retrieval were improved. Records and documentation are stored for 5 years post-programme exit and then destroyed. It also facilitated auto-generated outcome reporting and reduced human errors, thereby allowing staff to focus on other aspects of their work.



Checkpoint 3.6 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of record keeping & documentation?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



Accessibility of Service

This domain is centred on promoting inclusive access to service. While a service may be good in terms of its intervention components and value add in the social landscape, it would be meaningless if service users are not able to readily access it. As such, service providers must consider and address potential barriers to access so as to ensure that all service users can be served.

Standard practices to consider:

19 Set operating hours based on service user needs



The key question here is:

- When can my service users attend or utilise my service?

Some considerations and examples:

- For children and youth programmes, there may be a need to factor in schooling hours, co-curricular activities and after school activities.
- For caregiver programmes, there may be a need to factor in working and caregiving schedules.
- For mental health programmes, there may be a need to factor in working schedules and medical appointments.

Practice Wisdom

- 1 Service users should be informed of the schedule and operating hours of the service. This could be conveyed through your website, pamphlets, forms or during enrollment and briefings.
- 2 Check-in with your service users where appropriate if the current operating hours of the service are appropriate for their needs.
- 3 Staff should be empowered to adjust and schedule the delivery of their services based on service user needs and availability, especially in cases where crisis intervention is warranted.
- 4 In adjusting operating hours, it is also important to balance the needs of staff vis-à-vis with that of service users.

Drawing the Line¹⁷

While service providers should strive to meet service users' needs, it is also advised that appropriate professional boundaries be maintained. One way is to ensure that protocols on the communication process with service users are established and adhered to. The time and length of a programme are also important factors to establish clear boundaries.

Conduct self-checks with the following key questions when examining such boundary issues:

- (a) Would this be in my service users' best interest?
- (b) Am I treating this service user differently?
- (c) Does this violate any professional code of conduct?
- (d) Should I consult with my colleagues on the matter?

¹⁷The College of Psychologists on Ontario. (n.d.) Professional Boundaries in Health-Care Relationships. Toronto, Ontario.

20 Ensure service is made available to eligible service users based on equal opportunities

The key question here is:

- How can I ensure that all eligible service users have equal access to my programme?

Service providers should uphold adoption of fair, responsible and needs-based screening and enrollment practices.

This encompasses non-discrimination based on age, race, gender, religion, nationality, family status or disability.

What can I do?

- 1 Inclusive programme design:**
Designing programmes that are inclusive is important to ensure equal access. This might involve offering flexible hours, accommodating different learning styles, or adapting services for service users with disabilities.
- 2 Data collection and analysis:**
Collecting and analyzing data on programme participation can help identify any disparities or barriers to access.
- 3 Accessible communication:**
Ensuring that communication is accessible to all service users is pivotal in ensuring that everyone can understand and participate fully in the programme. This might involve using plain language, providing written materials in multiple languages, and offering interpreters or translation services.

Limitations

- There may be internal policies and agreements with funding bodies that may render service providers to serve a specific group of service users.
- This is non-discriminatory in practice as interventions may be highly tailored to specific service user groups that agency has identified to be of critical need.
- For example, an evidence-based learning intervention programme may only be clinically appropriate for children of specific age-groups.
- However, it is important for service providers to regularly evaluate and update these policies and agreements to ensure that they remain effective and relevant.
- Additionally, service providers should periodically gather and review data on non-acceptance to understand and address demographic shifts in demand for programme and barriers to access.
- Lastly, service providers should inform service users who may not be eligible for the programme of alternative options.



21 Develop accessibility plan to ensure service continuity

Accessibility plans are essential because they ensure that your programme remain available, even during times of disruption or uncertainty. In doing so, vulnerable individuals and communities can continue to access your service, thereby minimising potential negative impacts on their lives. Service continuity also reflects your agencies' ability to serve service users and failure to do so can damage trust and credibility in the long run.

The following flowchart outlines 5 key steps to Service Continuity Planning^{18, 19}:



¹⁸Community Council. (2009). Service continuity planning guide for community-based organisations. Victoria, British Columbia.

¹⁹Upper Lachlan Shire Council. (2021). Business continuity plan. New South Wales, Australia.

Templates for your reference & use:

The following are adapted templates used by Bizlink Centre Singapore to assess potential risk of disruptions and associated impacts so as to facilitate planning of their Business Continuity Plan for their sheltered workshops.

Check the levels (from 1 to 4) in each column that correspond to your assessment of the disruptions:

Disruptions	Probability	Magnitude	Warning	Duration	Risk Priority
Flooding/ Fire	4 Highly Likely 3 Likely 2 Possible 1 Unlikely	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Minimal 3 6 - 12 hrs 2 12 - 24 hrs 1 24+ hrs	4 12+ hrs 3 6 - 12 hrs 2 3 - 6 hrs 1 <3 hrs	4 High 3 Medium 2 Low 1 Risk
Earthquake/ Other Natural Catastrophes	4 Highly Likely 3 Likely 2 Possible 1 Unlikely	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Minimal 3 6 - 12 hrs 2 12 - 24 hrs 1 24+ hrs	4 12+ hrs 3 6 - 12 hrs 2 3 - 6 hrs 1 <3 hrs	4 High 3 Medium 2 Low 1 Risk
Power/ Communication Outage	4 Highly Likely 3 Likely 2 Possible 1 Unlikely	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Minimal 3 6 - 12 hrs 2 12 - 24 hrs 1 24+ hrs	4 12+ hrs 3 6 - 12 hrs 2 3 - 6 hrs 1 <3 hrs	4 High 3 Medium 2 Low 1 Risk
Pandemic/ Outbreak of Communicable Disease(s)	4 Highly Likely 3 Likely 2 Possible 1 Unlikely	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Minimal 3 6 - 12 hrs 2 12 - 24 hrs 1 24+ hrs	4 12+ hrs 3 6 - 12 hrs 2 3 - 6 hrs 1 <3 hrs	4 High 3 Medium 2 Low 1 Risk

Check the levels (from 1 to 4) in each column that correspond to your assessment of the severity of the impact on various areas based on the identified disruptions:

Impacts	Flooding/ Fire	Earthquake/ Other Natural Catastrophes	Power/ Communication Outage	Pandemic/ Outbreak of Communicable Disease(s)
HQ and Business Units Functions	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant
Safety and Health of Staff/ Service Users	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant
Vendors and Business Partners	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant
Vital Records/ Information and Business Supplies	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant	4 Catastrophic 3 Critical 2 Limited 1 Insignificant

Check the levels (from 1 to 4) in each column that correspond to your assessment of the impact if critical service is disrupted and the recovery priority and duration for each critical service.

Critical Services	Recovery Priority	Recovery Duration	Impact	Remarks
Digital Platforms (Emails, Chat Tools, CRM and Billing System)	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	Provide justifications if any
Case Management Service	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	
Transport Services	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	
HR Management	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	
Financial Management	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	
Fundraising Management	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	
Volunteer Management Support	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	
Core Programmes	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	
Business Programmes (Social Enterprises, Project Deliverables)	<ul style="list-style-type: none"> 4 High 3 Medium 2 Low 1 No risk 	<ul style="list-style-type: none"> 4 12+ hrs 3 6 – 12 hrs 2 3 – 6 hrs 1 <3 hrs 	<ul style="list-style-type: none"> 4 Catastrophic 3 Critical 2 Limited 1 Insignificant 	

22 Develop processes on programme handover

Programme handover or coverage is a critical process in ensuring service continuity. It involves transferring responsibility for a service from one team or individual to another, with the aim of maintaining the quality and effectiveness of the service.



Practice Wisdom

Tips from our Service Standards Champions to ensure a smooth programme handover:

1 Proper Documentation:

- All processes and procedures related to the programme, including goals and objectives, service delivery processes, service user records, and any relevant policies and guidelines should be documented accurately.
- It would be helpful for the outgoing team or staff to outline courses of actions for the incoming team or staff to take in accordance with the level of urgency.
- Documentation should be readily accessible to the team or staff taking over the programme.

2 Communication:

- The outgoing team or staff should provide clear instructions and guidance to the incoming team or staff, including any relevant information about service users, service delivery, and any ongoing or outstanding issues or concerns to be addressed.
- A handover session would be useful for the incoming team or staff to clarify about the instructions and documentation given.

3 Training and Support:

- The incoming team or staff should receive adequate training and support to ensure they are equipped with the necessary skills and knowledge to continue delivering the programme effectively.
- This may include shadowing the outgoing team or staff, attending training sessions, and having access to ongoing support from a supervisor or mentor.

4 Monitoring and Evaluating Performance:

- Regular monitoring and evaluation of the incoming team or staff should be carried out to ensure that they are able to deliver the programme effectively and meet the needs of service users.
- This may include collecting feedback from service users and tracking staff outputs and deliverables which can help identify areas for improvement.

Case Study: Sym Academy (Part of the PPIS Family)



Sym Academy is a practice academy specializing in therapeutic work for individuals, couples, and families to explore thoughts, emotions, and interactions in a supportive environment. They provide family therapy services to service users from various sources such as hospitals, Family Service Centres, Syariah Court Singapore, self-referral, amongst others, to promote the well-being of self, and of each family member.

Sym recognizes the importance of accessibility for its service users and aims to provide a safe and convenient environment. Previously, therapy sessions outside of office hours were arranged on an ad-hoc basis, leading to coordination challenges between workers and service users. To overcome these challenges and ensure sustainability, the Sym staff and management engaged in open discussions to explore working arrangements that meet the needs of service users while considering the welfare of the workers.

The new working arrangements of allowing for more availability on Saturdays while ensuring the center remains operational on weekdays have improved staff-service user coordination and appointment management. Saturday sessions are consistently fully booked, providing convenience to clients who no longer need to take time off from work. The team ensures that each group working during the weekend has a support staff on duty and plans for covering duty officers in case of emergencies. To optimize session availability, the team also confirms service users' attendance a few days in advance which allows for any cancellations or rescheduling to be filled by other service users.

Checkpoint 3.7 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of accessibility of service?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



Protection & Safety of Users

This domain helps to ensure safety, privacy and wellbeing of service users as they undergo programmes. In sum, programmes should provide guidelines for protecting users from harm, assessing and managing risks, using and disclosing personal data as well as managing emergencies. These standards hold agencies accountable to providing ethical and responsible service delivery.

Standard practices to consider:

23 Develop safety guidelines & Communicate them to service users

The guidelines for protecting service users from harm in each programme may be unique depending on how service providers define what constitutes harm to their service users and the action steps required to ensure safety.

When staff and volunteers practice the guidelines and service users are informed about the protective measures, it provides a safe environment for service users to focus on achieving their goals in the programme.

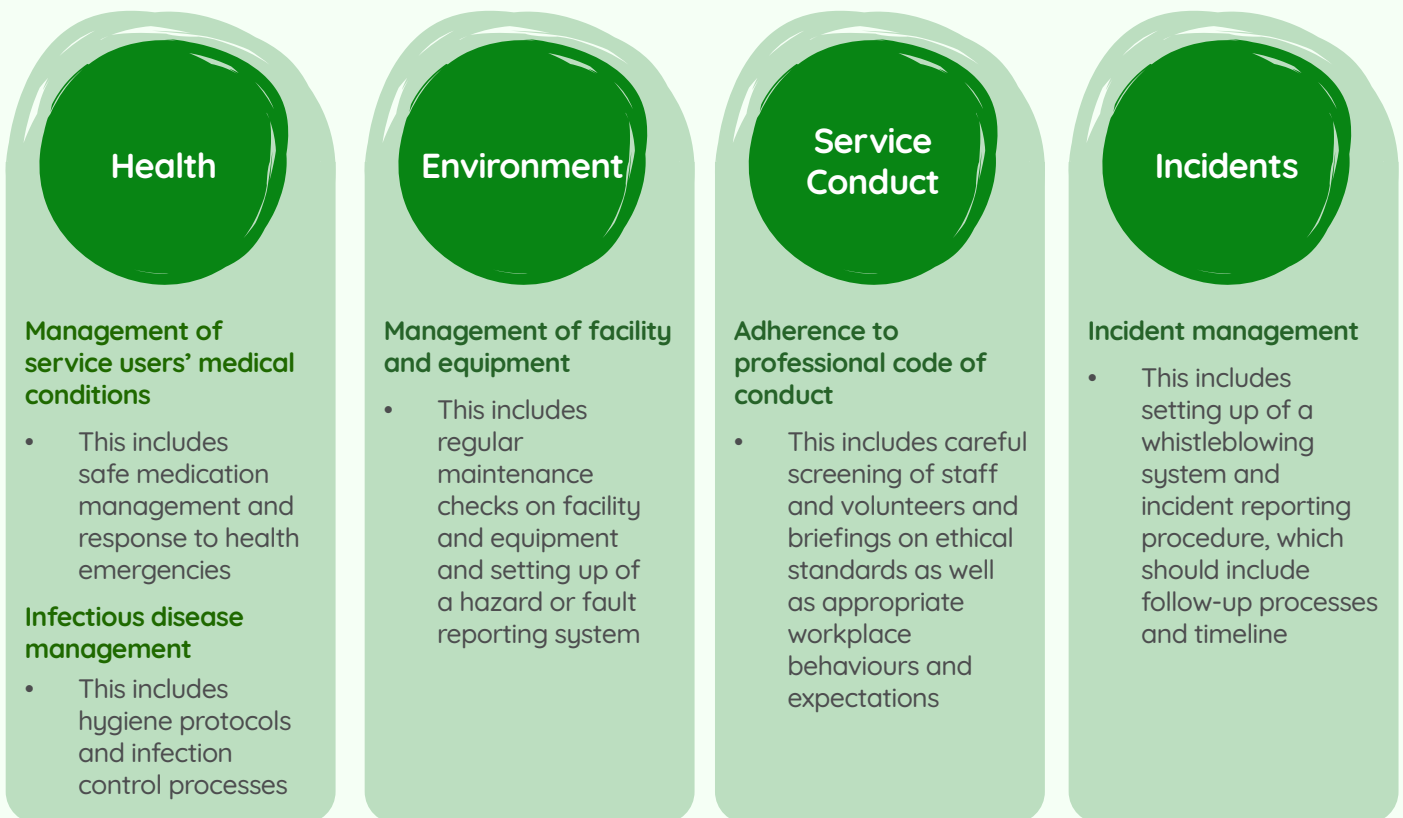


What is Harm?²⁰

Harm, in general, includes conduct which causes:

- Physical harm
- Self-harm
- Psychological harm (*For example, causing fear, alarm or distress*)
- Adverse impact to property, rights or interests of service users (*For example, theft, fraud, embezzlement, or extortion*)

Consider developing guidelines/ protocols in the following areas where applicable:



Health	Environment	Service Conduct	Incidents
Management of service users' medical conditions <ul style="list-style-type: none">• This includes safe medication management and response to health emergencies Infectious disease management <ul style="list-style-type: none">• This includes hygiene protocols and infection control processes	Management of facility and equipment <ul style="list-style-type: none">• This includes regular maintenance checks on facility and equipment and setting up of a hazard or fault reporting system	Adherence to professional code of conduct <ul style="list-style-type: none">• This includes careful screening of staff and volunteers and briefings on ethical standards as well as appropriate workplace behaviours and expectations	Incident management <ul style="list-style-type: none">• This includes setting up of a whistleblowing system and incident reporting procedure, which should include follow-up processes and timeline

²⁰Care Information Scotland. (2023). Adult support and protection: What is harm?

24 Assess and manage risks on a regular basis

25 Develop procedures to manage emergencies

Risk management is the process of identifying the risks and introducing mitigating and coping measures to manage the risk. This not only lowers the probability of the risk, but also the occurrence of any negative incidents or emergencies associated with the risk. Should emergencies arise, it is important for service providers to be well-versed with their internal procedures in order to respond to them swiftly and appropriately.

Risk Assessment in The Context of Social Service Programmes:

1

At Operational Level

- This level refers to an assessment of risks that prevent the programme from operationally reaching its objectives
- These risks may impact both service users' safety and access to the programme
- Examples may include likelihood of staffing constraints, professional malpractice, technical or equipment failures, environmental hazards or disasters and breach in security

- Consider applying the suggested steps^{21, 22} below to conduct operational risk assessment:

1

Form a Risk Assessment Team

- The team should minimally consists of management, programme managers and safety officers

2

Risk Identification

- Identify and describe risks that might prevent your programme from achieving its objectives

3

Risk Analysis

- Assess the level of risk by understanding and describing the nature of risk and its characteristics such as its sources, likelihood and serverity of impact

4

Risk Evaluation

- Determine if further actions concerning the risks that had been analysed are required

5

Risk Treatment

- Select and implement mitigating measures for risks that need to be addressed

²¹Ministry of Manpower. (2022). Risk management. <https://www.mom.gov.sg/workplace-safety-and-health/safety-and-healthmanagement-systems/risk-management>

²²Corporate Research and Investigations. (2021). Risk assessment breakdown: Identification, Analysis, Evaluation. United Kingdom

2

At Service User Level

- This level refers to a structured assessment of service user vulnerabilities and devising of strategies that will help alleviate risks
- Such risk assessment are usually evidence-based and take an interventionist approach specific to service user groups
- Examples of risks, which are dependent on service user groups, may include likelihood of falls, suicide risk, violent and aggressive behaviours, self-harm, abuse and neglect
- While information for risk assessment is usually gathered during the intake session, it should be reviewed periodically

- The following is a general framework recommended by the Social Care Institute for Excellence^{23, 24} in the UK to conducting risk assessment:

1

Understanding the Service User's Circumstances

- This stage provides context on the attitudes, behaviours and cognitions towards service users' decisions or actions which may shed light on why certain risks are present

2

Identifying Risks and Protective Factors

- This stage requires identification of potential benefits and harms of a given action, decision, behaviour to service users themselves or to others in the present or in the future

3

Assessing Impact and Likelihood of Risks

- This stage involves supporting the service users in understanding the likelihood and impact of all the identified potential benefits and harms

4

Managing Risks

- This stage involves co-creating plans with service users on how to manage identified risks

Examples include:

- 1 Developing and implementing action plans agreed with the service users
- 2 Ensure accurate documentation and sharing of risk assessment/action plan with relevant parties involved in the care of the service users
- 3 Establish clear monitoring systems and contingency plans if risks escalate

²³Community Council. (2009). Service continuity planning guide for community-based organisations. Victoria, British Columbia.

²⁴Upper Lachlan Shire Council. (2021). Business continuity plan. New South Wales, Australia.

26 Develop processes for collection, use and disclosure of personal data

Adherence to proper internal processes for collection, use and disclosure of personal data would ensure that service users' personal information is handled in a confidential and responsible manner, and that privacy rights of service users are respected. Service providers must comply with the Personal Data Protection Act (PDPA) when handling personal data in their possession.

What can I do?

1. Ensure that processes developed and implemented meet various data protection obligations²⁴.

Key factors/ questions to address:

- How will service users be informed of the purposes for which you are intending to collect, use or disclose their personal data?
- How will service users give their consent for personal data to be collected, used, and disclosed? This also includes consent to sharing information within and between agencies.
- Have you made necessary security arrangements to protect their personal data?

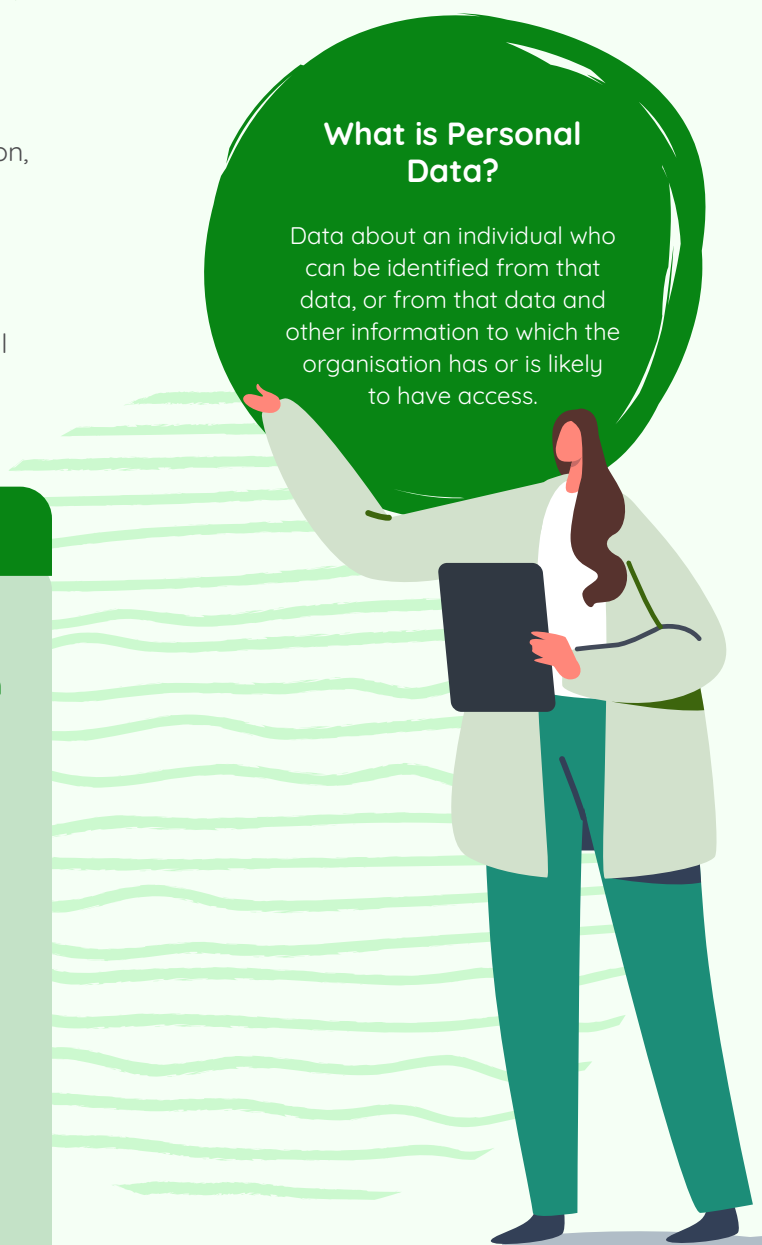
2. Designate a Data Protection Officer (DPO)

Responsibilities include:

- Ensure compliance of PDPA when developing and implementing policies and processes for handling personal data
- Foster a data protection culture among staff and communicate personal data protection policies to stakeholders
- Manage personal data protection related queries and complaints
- Alert management to any risks that might arise with regard to personal data
- Liaise with the Personal Data Protection Commission on personal data protection matters, if necessary

What is Personal Data?

Data about an individual who can be identified from that data, or from that data and other information to which the organisation has or is likely to have access.



Resources

- The PDPA Assessment Tool for Organisations (PATO) is a free online self-assessment tool that will provide suggestions based on your inputs and recommend resources to help your organisation improve its data protection policies and practices. Click [here](#) for more information.
- The Advisory Guidelines for the Social Service Sector provides more information on addressing the unique circumstances faced by the social service sector in complying with the PDPA. Click [here](#) for more information.

²⁴Organisations are required to comply with the various data protection obligations if they undertake activities relating to the collection, use or disclosure of personal data. Learn more about the obligations here.

Templates for your reference & use:

The following is an adapted template used by Bizlink Centre Singapore to take stock and manage their service users' personal data inventory.

Programme Name:			
System/ Document:		System/ Document:	
<i>E.g., HR system/ Application forms/ Case notes</i>		<i>E.g., Full Name, NRIC (partial), Address, Phone number, Email, Bank account no, Medical history, Financial background</i>	
Collection:			
Purpose of collection	Data Owner	Collection Source	Collection Medium
<i>E.g., HR Admin/ KYC (Know Your Client) purposes for potential clients/ Intervention planning/ Progress monitoring</i>	<i>E.g., Data owner can pertain to an individual or a particular department (i.e., HR) or programme team</i>	<i>E.g., Provided by service users or staff</i>	<i>E.g., Email, Hardcopy forms, Application forms, Online forms etc</i>
Storage:			
Physical Storage		Electronic Storage	
<i>E.g., Locked cabinet, to also specify who has access, and who is safeguarding the keys to the cabinet</i>		<i>E.g., In electronic management systems, shared drives etc, and to also specify if document/system is password protected</i>	
Usage within organisation:			
Users of Personal Data and Purpose of Usage		Access to Personal Data	
<i>E.g., To indicate how the personal data collected will be used</i>		<i>E.g., Who has access to the personal data?</i>	
Transfer/Disclosure to External Parties:			
External Parties and Purpose of Transfer/Disclosure		Transfer Mode	
<i>E.g., To specify the third parties</i>		<i>E.g., To indicate the methods which the personal data would be transferred such as email, secured thumb drive, etc</i>	
Retention & Disposal:			
Retention Period		Disposal Methods	
<i>E.g., as per agency's retention guidelines</i>		<i>E.g., For e-copies, to be deleted after retention period and for hardcopies, to be collated and shredded by vendor, etc</i>	

Case Study:

Bizlink Centre Singapore Limited

At Bizlink Centre, there is an appointed Data Protection Officer whose range of responsibilities include covering cyber security, personal data protection, and emergency management. In 2022, the agency conducted a penetration and vulnerability test to evaluate its cyber security measures. Additionally, NCSS Tech-And-GO! fund was utilized to engage consultancy services in assessing the adequacy of its Personal Data Protection Act (PDPA) policies. These services included formalizing policies, creating data breach plans, training staff on data collection practices, and managing collected data. To ensure staff stay updated, Bizlink conducts monthly briefings for new employees and interns on data protection and cyber security. Furthermore, an annual refresher is implemented for all staff. Recently, the agency had also developed a Business Continuity Plan that outlines actions to be taken in the event of an outbreak, which includes identifying alternative work locations, and utilizing digital tools to ensure continuity of services to clients.

Bizlink also prioritises emergency protocols, including annual fire drills and workplace safety measures. Consideration is given to individuals with special needs, such as establishing a buddy system for support during evacuations. These procedures are in place and rehearsed on a regular basis to ensure the safety of all staff and service users in the event of an emergency.



Checkpoint 3.8 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of protection and safety of users?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via the following QR code



Staff/Volunteer Management & Competency

This domain focuses on the most crucial building blocks of any service – staff and volunteers. To ensure quality service delivery, staff and volunteers must be well managed, supported and protected in their roles. Ultimately, this would help facilitate meeting the needs of service users in an effective yet safe manner.

Standard practices to consider:

27 Review role requirements and scope of work annually

An annual review ensures that staff and volunteers' role requirements and scope of work are aligned with the services' goals and objectives, and that they meet the changing needs of service users and stakeholders. The information gathered should inform the screening process to ensure that staff and volunteers are qualified for their roles, which can lead to improved service delivery, staff and volunteer retention, and service user outcomes.

28 Develop a screening process to ensure role competency

Look into the following areas when assessing staff role requirements:

Qualification

What are the professional qualifications required to perform the roles?

For example:

- 1 Social work
- 2 Clinical psychology
- 3 Counselling

Experience

What prior experience is needed to perform the role?

For example:

- 1 Fresh graduates
- 2 Junior staff
- 3 Supervisory experience

Competency

What skill sets are necessary for the role?

For example:

- 1 Corporate engagement
- 2 Volunteer management
- 3 Administration

- Job descriptions should be updated after the annual review, and they should cover these three areas and include the scope of work.
- It is also good practice to engage with staff on their understanding of their work which can open up discussions about opportunities for learning and support to better serve service users.

Key questions in sizing the scope of work:

- 1 How does the work involved help to meet the objectives of the service?
- 2 How many service users should the staff be serving at any point in time?
- 3 Is the scope of work befitting of the role requirements that have been set?

Quick Tip:

The National Social Work Competency Framework is a useful resource to help size a social workers' scope of work as it maps out the job responsibilities, knowledge and skill competencies in relation to their job roles.

Click [here](#) to learn more.

Let's hear from our Service Standards Champions on the screening mechanisms that you can adopt to ensure role competency:

1 Review of Resume

- Review candidate's work history, education, training, certifications, and qualifications.
- Consider any relevant factors that may impact candidate's suitability for the position, such as language proficiency, cultural sensitivity and experience working with specific service user populations.

2 Reference Checks

- Request that the candidate provide a list of professional references such as former supervisors and colleagues.
- Verify information provided by the candidate such as employment history, job duties and performance.

3 Interviews

- Interviews, be it conducted in-person or via video conferencing, allow you to assess a candidate's communication skills, professionalism and overall fit with the agency.
- Document key responses to the questions that will help you to evaluate the candidate's skills, knowledge and suitability for the role.

4 Written Assessments

- Written assessments, be it carried out using pen and paper or via digital means, allow you to assess a candidate's written communication skills, attention to detail, and ability to think critically and analytically.
- This type of assessment can be particularly useful for positions that require strong written communication skills, such as grant writing and service development.

Engaging Volunteers in Services

Volunteers play an important role to augment the manpower capacity for the social service sector, while providing a stronger support system for those in need. By engaging volunteers, agencies will be able to deliver better services to their users, while enhancing their own capability and capacity.

The following are actions that you can take to engage volunteers in your service meaningfully:

1 Equip all staff with competencies in managing volunteers.

- The Learning and Development Roadmap for Volunteer Management Practitioners provides a list of courses that staff can attend. Click [here](#) to learn more.

2 Create new volunteer roles or adapt existing volunteer roles to better fit agency needs and enhance volunteer engagement.

- The Volunteer Role Redesign Guide provides a step-by-step guide with template and tools on how to create or redesign volunteer roles. Click [here](#) to learn more.

3 Develop a volunteer recruitment, selection and training process.

- The Volunteer Management Toolkit (VMT) 2.0 provides practical tools and guidelines to do so which can help to better attract and retain volunteers. Click [here](#) to learn more.

For more information, check out other volunteer management resources [here](#).

29 Ensure adequate staff and volunteer levels and ratio

Having adequate staff and volunteer levels and maintaining an appropriate ratio of service users to staff and volunteers are vital for service providers to continually meet the demands of the service in a timely, safe and effective manner whilst upholding good quality of care and workload distribution among staff and volunteers.

How to determine the number of staff and volunteers required for your service?

- Engage with various stakeholders such as programme managers, social workers, funding administrators and collaborators in determining the number of staff and volunteers required to provide the service.
- Calculate man hours which is the time needed to complete various programme components.

*Norms: 1 working day = 8 hours; 1 working year = 250 working days

Components	Man-hours Required	Number of Staff Required
<p>Mentoring</p> <ul style="list-style-type: none"> * 100 youths will receive 1 hour of mentoring every 2 weeks for 12 months Youth workers will spend 1 hour to prepare for each session Youth workers will spend 1 hour to complete case notes after each session 	<p>3 hours per mentoring session including admin</p> <p>100 youths x 3 hours x 27 weeks = 8,100 hours</p>	<p>8,100 hours / 8 hours / 250 working days = 4.05</p> <p>This means approximately 4 youth workers are required to implement the programme in a year</p>

- Consider linking the caseload ratio to the number of service users the service aims to serve annually. This caseload ratio should be derived based on past experiences with other similar services and/ or international or local practices.
- Address these key questions for a holistic determination of the caseload ratio:

- Would the staff be required to perform other responsibilities beyond providing the high-touch service to service users?



A lower caseload ratio should be considered if staff is expected to manage other responsibilities such as supervision, community liaisons, administration and volunteer management.

- Are there volunteers in the programme or agency that are empowered to take on greater responsibilities?



A higher caseload ratio could be considered if volunteers are able to augment manpower to improve service delivery which can help manage overall workload of staff.

- What are the risk profiles of service users served?



A lower caseload ratio should be considered if service users are vulnerable persons in need of protection and present a wide range of complex needs.

- What is the nature or level of complexity of the assessments or interventions?



A lower caseload ratio should be considered if staff is expected to perform complex assessments and crises interventions.

- What is the intensity and delivery mode of the intervention?



A lower caseload ratio should be considered if it is a long-term programme or a high-touch service that is delivered online.

30 Provide regular supervision and training

Providing regular supervision and training assures that staff and volunteers remain relevant and qualified to serve the needs of service users through the programme effectively and ethically. These platforms also help support staff and volunteers' wellbeing, drive continuous improvements, and facilitate professional development.

What can I do to ensure regular provision of supervision to staff?

The following are 2 recommendations from the Social Work Supervision Guidelines (SWSG) 2017 which aims to support and enhance supervision for professional social workers in Singapore:

1 Develop a contract or written agreement to document the following supervisory arrangement:

- Roles and responsibilities of the supervisor and supervisee
- Duration of the supervisory relationship
- Minimum hours of supervision
- Termination process of a supervisory relationship
- Transition plan between the previous and subsequent supervisor
- Confidentiality and disclosure agreements

2 Suggested frequency of supervision:

Duration of Social Work Experience of Supervisee	Frequency of Individual Supervision Session	Contact Time per Session
0 – 6 months	Weekly	At least 2 hours
More than 6 – 12 months	Weekly	At least 1.5 hours
More than 1 year – 3 years	Fortnightly	At least 1.5 hours
More than 3 years – 10 years	Monthly	At least 1.5 hours
More than 10 years	Bi-monthly or as needed	

For more information on SWSG including templates and forms that are commonly used by social work supervisors and supervisees during supervision, [click here](#) to learn more.

Practice Wisdom

Let's hear from our Service Standards Champions on providing training to staff and volunteers:

For Staff:

Develop a training plan together with staff. It should include the following:

- Mandatory no. of hours of training
- Types of training required to upgrade staff competency based on the role in the programme
- Refresher trainings to ensure safe conduct and delivery of programme
- Timeline of trainings to attend

For Volunteers:

Provide training for volunteers to undergo before start of programme. It should minimally cover the following areas:

- Code of conduct
- Guide to interacting with service users
- Role in the programme
- Safety protocols

Conduct needs assessment to identify if specific or additional training is required for volunteers to perform their role effectively

31 Establish processes to protect staff and volunteers

Apart from ensuring safety of our service users in the programme, the protection of staff and volunteers from harm are equally important. Establishing processes to ensure wellbeing of staff and volunteers reduces liability and legal risks whilst enhances staff and volunteer retention. Ultimately, this would enable service providers to create an environment that is conducive to deliver effective and sustainable services.

Consider implementing the following safety measures²⁵:

Anti-Harassment Policy

- Informing service users about zero-tolerance approach to any form of mistreatment, including verbal or physical abuse, sexual or financial harassment, bullying or discrimination
- Establishing a whistle-blowing mechanism (i.e., confidential hotline or designated persons) to report incidents and readily providing staff and volunteers with psychological and emotional support
- Detailing how complaint of harassment is received and assessed for determination of appropriate disciplinary actions to be taken

Safe Practice Structures

- Regular supervision sessions or check-ins can help guide staff on assessments and care plans, if necessary as well as support the workload and wellbeing of staff and volunteers
- Programme head and volunteer managers can conduct debriefing sessions for staff and volunteers to consolidate learnings and emphasize measures put in place to ensure safe conduct of the programme
- Staff and volunteers can regularly assess risks such as hostile and violent behaviours presented in service users and formulate plans together with supervisors and volunteer managers to ensure their own safety

Workplace Environment Safety Strategies

- In meeting service users with high risks, ensure that a programme staff is informed. Workspaces and seating arrangement should also allow for staff and volunteers to exit violent situations easily
- Safety technology may also be adopted. This includes security cameras and internal alert systems that can be activated via panic buttons or mobile devices
- Ensure that objects which may be used to physically harm others are kept away before starting the programme

²⁵The National Association of Social Workers. (2013). Guidelines for social work safety in the workplace. Washington, DC.

Case Study: Care Corner Singapore Limited

Care Corner Counselling Hotline (Mandarin) is a phone counselling service catering to the Mandarin speaking population, with callers ranging from young working adults to elderly, and occasional calls from children and youth. With over 100 volunteers, they handle 14,000 calls annually, addressing issues ranging from mental health to family dynamics. To ensure high-quality service, Care Corner Counselling Centre has a rigorous volunteer recruitment and screening process.

In addition to eligibility requirements such as age and language, the agency implements a comprehensive screening process that includes tests and assignments at various stages. Prospective volunteers are required to complete an attitude survey form prior to attending a 30-minute face-to-face interview, to allow the agency to gain a better understanding of the applicant's qualifications, prior training, availability, commitment, current mental health, and emotional state, as well as their perceptions on counseling and individuals with mental health challenges.

To ensure the dedication of volunteers, Care Corner Counselling Centre requires volunteers to undergo a rigorous 7-month training programme, complete 100 hours of practicum, and being available to serve for 3 hours every week. These practices to screen volunteers have proven highly effective in filtering out approximately 40-50% of applicants. As a result, Care Corner Counselling Centre experiences a lower attrition rate and takes great pride in having more than 70 volunteers who have remained committed to the organisation for over 10 years.



Checkpoint 3.9 | Share with us:

- Does your programme engage in the key practices recommended to establish the standards in the domain of staff/volunteer management and competency?
- What are some of the challenges faced when establishing the standards in this domain and how have you overcome them?
- Please share with us if there are additional practices that your programme engage in to establish standards in this domain.

Share your thoughts via
the following QR code



NCSS Service Standards Self-Assessment Checklist

Please fill up the checklist to understand more about (a) how you would envision your service delivery to look like and (b) what is its current state if you have been providing the service to your service users.

Programme Outcomes

1 The programme's objectives and philosophy of service delivery are clearly stated and communicated.

Intent statement: This standard defines how service delivery is accomplished, and guides staff in running the programmes.

Examples: This can be taken from policy and procedure manuals, programme handbooks, brochures, or any other documentation.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not state and communicate the objectives and philosophy of service delivery.		
1	My programme states the objectives and philosophy of service delivery, but lacks clarity in defining the specific need(s) of service users it is targeted at, and how it is being met through the programme.		
2	My programme's objectives and philosophy of service delivery defines the specific need(s) of service users, how it is being met through the programme, and are communicated in publicity platforms (website, brochures, presentations).		
3	My programme's staff, volunteers (if applicable) and service users are aware and able to articulate the objectives of the programme and how the service delivery helps to achieve it.		

2 This programme has in place processes to monitor and review the achievement of output and outcomes.

Intent statement: This is intended to help the programme determine the degree to which its service is beneficial to the target service users, as well as make informed decisions to serve service users better.

Examples: This can be demonstrated through written descriptions of the output and outcomes measured, or procedure manuals on how output and outcomes can be assessed.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have processes to track, collate and verify the achievement of output and outcomes.		
1	My programme has in place processes to track, collate and verify the achievement of output and outcomes, but does not use the collected output and outcomes for any purposes.		
2	My programme has in place processes to track, collate, verify the achievement of output and outcomes, and the information is used for reporting purposes (annual report, funders) only.		
3	My programme has in place processes to track, collate, verify the achievement of output and outcomes, with the information being actively used for reporting and improving the programmes to benefit the service users.		

Programme Outcomes

- 3** Internal quality assessments are carried out, and areas for development and improvement are identified and acted upon.

Intent statement: Conducting regular performance analysis and translating the identified areas for refinements into action allows for the programme to continually improve service delivery to service users.

Examples: Written reports on programme performance and/or the action plan to address areas of improvement, or other documents demonstrating that the programme has made attempts to improve.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not conduct internal quality assessments to identify areas for development and improvement.		
1	My programme conducts internal quality assessments on an ad-hoc basis, without documenting the process and identifying areas for development and improvement.		
2	My programme conducts internal quality assessments on an ad-hoc basis, and the process and areas for development and improvement are documented.		
3	My programme conducts internal quality assessments on a regular basis, and uses the findings for reporting and/or improvement of the programme.		

- 4** Service users are informed of existing feedback avenues, and assistance is provided for them to understand how to access the channels.

Intent statement: Allowing service users to provide feedback regarding the programme aids staff to identify areas of improvement/limitations/shortcomings from service users' perspectives. Efforts can then be directed to these areas to improve the programme and therefore, achieving user satisfaction.

Examples: Service users can be briefed of the channels available for feedback when inducted into the programme, and/or when exiting from the programme.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have feedback avenues for service users.		
1	My programme has existing feedback avenues, but service users are not informed of these channels and how to access them.		
2	My programme has existing feedback avenues, and service users are informed of these channels and how to access them.		
3	My programme has existing feedback avenues, and service users are informed of these channels and how to access them. My programme uses the collated feedback to make improvements to benefit service users.		

Intake & Assessment

5 There is a clear entry criteria for the programme.

Intent statement: Having an entry criteria provides clarity to who the target audience is, ensuring that the right group of service users are served.

Examples: There should be written procedures that are strictly adhered to. They can include (but not limited to): (1) How to prioritise admissions, (2) eligibility criteria, (3) ineligibility criteria, (4) process of intake and assessment - how & who to refer to, timeframe, who decides, (5) process for prospective user not meeting the criteria, (6) if there is a waiting list and how to prioritise.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not indicate the eligibility criteria.		
1	My programme’s eligibility criteria are clearly stated for internal staff reference only.		
2	My programme’s eligibility criteria are clearly stated and communicated in publicity platforms (website, brochures, presentations).		
3	My programme’s service users, on a majority, are admitted based on the clearly stated eligibility criteria that are communicated in publicity platforms (website, brochures, presentations). My programme may admit service users who do not meet the eligibility criteria, but on a case-by-case basis and where there are compelling justifications.		

6 The programme ensures that service users are screened for service eligibility within a stipulated timeframe, depending on the programme type and urgency.

Intent statement: This minimises the subjectivity which may be present during the screening process, and also ensures that the target clients are able to access the programme with minimal delay.

Examples: The screening process should follow a written procedure which outlines the steps to take in screening a potential client, and the estimated timeframe. This can be found in procedure manuals, or other documents.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not indicate the eligibility criteria.		
1	My programme does not have a stipulated timeframe for screening service users for service eligibility.		
2	My programme has a clearly stipulated timeframe for screening service users for service eligibility.		
3	My programme has a clearly stipulated timeframe for screening service users for service eligibility and programme staff/volunteers adheres to the screening timeframe.		

Intake & Assessment

7 The programme has an intake and assessment process in which all eligible service users undergo.

Intent statement: Having an intake and assessment process helps to identify service users' needs, thereby allowing staff to understand which areas/aspects of the programme would serve these needs.

Examples: This can be established through the presence of an intake and assessment form, whether separate or together. The intake and assessment form should demonstrate the service user's needs and highlight the areas in which the programme will benefit them.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have an intake and assessment process in which all eligible service users undergo.		
1	My programme has an intake and assessment process and only demographic information are collected.		
2	My programme has an intake and assessment process that collects service users' demographic information, their needs and other information as required for a thorough intake assessment.		
3	My programme collates and uses the aggregated data and information from the intakes and assessments done for reporting and/or to review the programme's utilisation patterns and trends.		

8 The programme has a procedure to ensure that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services.

Intent statement: Informing potential service users as to why they are found ineligible serves to better clarify their needs, and look for a more suitable programme which may be a better fit for them.

Examples: There should be written procedures for the actions taken when a potential service user is found to be ineligible for the programme, consisting of the following: Informing potential service users why they are ineligible, and referral to more appropriate services.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have a procedure to ensure that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services.		
1	My programme has clear procedure on ensuring that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services, but there is no documentation done on the assistance rendered.		
2	My programme has a clearly stated procedure to ensure that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services, and programme staff/volunteers practice and document the procedure.		
3	My programme, on a majority, ensures that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services. My programme periodically collates and reviews the data to assess service gaps and opportunities for programme enhancement.		

NCSS Service Standards Self-Assessment Checklist (Continued)

Intervention Planning

- 9** Intervention plans are tailored to meet the strengths, needs, abilities and preferences of the service user and/or his/her family.

Intent statement: An intervention plan incorporates the strengths, needs, abilities, and preferences of the service users. This allows for the programme to better cater to each service user on an individual level, and therefore achieve better outcomes.

Examples: Documentation on intervention plans and plan reviews for service users.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not tailor intervention plans to meet the strengths, needs, abilities and preferences of the service user and/or his/her family.		
1	My programme has a procedure for intervention planning that is tailored to meet the strengths, needs, abilities and preferences of the service user and/or his/her family, but the procedure lacks clarity in outlining the action steps required for tailoring of intervention plans.		
2	My programme clearly states the procedure for intervention planning that is tailored to meet the strengths, needs, abilities and preferences of the service user and/or his/her family. Programme staff are able to articulate how intervention plans are tailored and put it into practice.		
3	My programme clearly states the procedure for intervention planning that is tailored to meet the strengths, needs, abilities and preferences of the service user and/or his/her family. Programme staff are able to articulate how intervention plans are tailored and put it into practice. Programme staff exercises flexibility to develop different strategies to achieve goals and meet service users' needs, and the intervention plans are discussed during supervision (individual or group).		

- 10** Intervention plans are developed in partnership with the service user, his/her family and/or concerned individuals involved in the care of the service user.

Intent statement: Intervention plans that take into consideration opinions of service users will show that their views are important and respected, which builds mutual respect to increase comfort and confidence of service users towards the programme.

Examples: Documentation of how service users' inputs are incorporated into intervention plans and plan reviews.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not develop intervention plans in partnership with the service user, his/her family and/or concerned individuals involved.		
1	My programme develops intervention plans in partnership with the service user and/or his/her family, with the plan developed by the staff in consultation with the service user, his/her family and/or concerned individuals involved.		
2	My programme develops intervention plans in partnership with the service user, his/her family and/or concerned individuals, with planning and decision-making responsibilities shared between the staff and the service user, his/her family and/or concerned individuals.		
3	My programme collates and uses the aggregated data and information from the intervention plans developed to review the programme's effectiveness and trends.		

Intervention Planning

11 Intervention plans are reviewed or re-assessed at regular intervals suited to the needs of the service user.

Intent statement: Regular reviews or re-assessments of intervention plans ensure that the intervention plan can be modified to keep up with the service user's needs and preferences, which may change over time. The frequency of reassessment should be increased or decreased accordingly to cater to different factors and considerations, such as level of needs of service user and the risks involved.

Examples: The procedure for the review or reassessment of intervention plans can be documented separately, or together with each service user's intervention plan. It should include the frequency of the reviews, as well as the process that will be undertaken.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme reviews or re-assesses intervention plans on an irregular basis.		
1	My programme reviews or re-assesses intervention plans at regular intervals suited to the needs of the service user, with only the programme staff involved in the process.		
2	My programme reviews or re-assesses intervention plans at regular intervals suited to the needs of service user, and involves both the staff and service user in the process.		
3	My programme reviews or re-assesses intervention plans at regular intervals suited to the needs of service user, and involves both the staff and service user, his/her family and/or concerned individuals involved in the care of the service user.		

Community & Resource Support

12 Service users are supported with the required resources and information that help in the achievement of their goals.

Intent statement: Being equipped with proper resources and information allows for service users to make better informed decisions that are able to help them achieve better outcomes.

Examples: This includes service user briefings where information and resources are communicated to them, programme brochures with the relevant information, or other documents demonstrating the provision of support.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not support service users with resources and information that help in the achievement of their goals.		
1	My programme supports service users with resources and information that help in the achievement of their goals, without further assistance to facilitate understanding by service users to make informed decisions.		
2	My programme supports service users with resources and information that help in the achievement of their goals, and further assistance is rendered to facilitate service users in making informed decisions.		
3	In addition to supporting service users with resources and information that help in the achievement of their goals, my programme supports service users with resources and information beyond the scope of the programme to ensure holistic care.		

Community & Resource Support

13 There are partnerships and coordination efforts with appropriate networks and programmes with the intent to improve service delivery.

Intent statement: The presence of partnerships and coordination at case level and/or agency level enables the programme to tap on external support for service users and pool resources to better benefit the programme, and by extension, the service users.

Examples: Relevant networks and programmes may involve contracted external service providers, community support services, volunteers, and so on. For instance, collaboration can range from co-managing of a case with other service providers to involving other agencies in the planning or/and implementation of a programme.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not engage in partnerships and coordination efforts with networks and programmes.		
1	My programme engages in partnerships and coordination efforts with appropriate networks and programmes on an ad-hoc basis, without clear articulation on the desired outcome(s) of the partnership.		
2	My programme engages in partnerships and coordination efforts with appropriate networks and programmes on an ad-hoc basis, with clear articulation on the desired outcome(s) of the partnership.		
3	My programme engages in partnerships and coordination efforts with appropriate networks and programmes with clear articulation on the desired outcome(s) of the partnership, and actively seeks continued partnership in the longer term.		

Discharge Planning

14 There is a clear criteria and procedure for discharge planning.

Intent statement: The presence of a discharge criteria lets service users who no longer need the service to exit it, allowing others to benefit from the programme.

Examples: Written discharge criteria that may be found together with the entry criteria, programme descriptions, or other documents.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have a criteria and procedure for discharge planning.		
1	My programme has a criteria and procedure for discharge planning, but lacks clarity in defining the situations for discharge and the action steps required for discharge planning.		
2	My programme has a criteria and procedure for discharge planning, which includes actions to be taken and discussing discharge with service users.		
3	My programme's procedures on discharge planning include criteria, actions to be taken, post-discharge support (e.g. step-down care, follow-up after a period of time or referral to other services for support), and discussing discharge and post-discharge support with service users where appropriate.		

Discharge Planning

- 15** Discharge plans are discussed at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals involved in the care of the service user.

Intent statement: Having a clear idea of how and when discharge from the programme will occur allows service users to better understand their progress in the programme and prepare themselves for exit.

Examples: Procedures and plans for discussing discharge plans can be included in each service user's intervention plan, or documented separately. Discharge planning includes post-discharge care arrangements to ensure continuity of care.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not discuss about discharge at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals.		
1	My programme discusses about discharge at the onset of service provision, or when intervention plans are reviewed, with only the service user.		
2	My programme discusses about discharge at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals.		
3	My programme discusses about discharge at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals, as well as any agencies/partners involved in the care of the service user.		

- 16** The programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme.

Intent statement: Conducting proper closure will allow for service linkages or referral to other relevant support services, and minimises the chances of service users falling through the cracks. (The programme would first need to establish the criteria for service users to be deemed as uncontactable.)

Examples: Processes and procedures found in policy manuals and programme handbooks. Documentation on the follow-up actions and outcomes for such service users.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme.		
1	My programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme, but my programme staff/volunteers do not practise the procedures and/or no documentation is done on the rendered actions/services.		
2	My programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme, and are informed of alternative options and/or are referred to other appropriate services.		
3	My programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme, and are informed of alternative options and/or are referred to other appropriate services. My programme collates and uses the aggregated information from the service users who have dropped out of the programme to review the determinants of the programme's utilisation and its utilisation patterns.		

Record Keeping & Documentation

- 17** Timely and up-to-date service user records, including details of assessment, re-assessment, intervention and discharge planning are maintained for the period required for their retention purposes.

Intent statement: Timely documentation ensures a complete and accurate record of each service user served so that all appropriate personnel in contact with the service user are able to access the relevant information without hassle, facilitating activities which may require service user records.

Examples: Documentation of service user records in the programme should be available, with regular updates if applicable. The records include, but are not limited to – 1) Assessment, 2) Re-assessment, 3) Intervention planning and 4) Discharge planning.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have guidelines on the period to complete documentation, and/or does not maintain up-to-date service user records for the period required for their retention purposes.		
1	My programme has guidelines on maintaining timely and up-to-date service user records for the period required for their retention purposes, but records are not accessible to the appropriate staff.		
2	My programme maintains timely and up-to-date service user records for the period required for their retention purposes, and records are accessible to the appropriate staff.		
3	My programme maintains timely and up-to-date service users' records for the period required for their retention purposes, and records are accessible to the appropriate staff. My programme practices proper disposal of records that have passed their intended period of retention.		

- 18** The programme ensures that service user records are kept in a secure manner, so that the privacy and confidentiality of service users are protected.

Intent statement: Each service user should have the right to privacy and confidentiality during the programme, and steps should be taken to prevent access to these documents by unauthorised personnel.

Examples: Service user records are password-encrypted with access limited to authorised personnel, and records are saved in a secured file storage system.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not ensure that service user records are kept in a secure manner by means of keeping the records in a physical space or online system that is easily accessible by any staff.		
1	My programme keeps service user records under lock and key (physical documents) or with restricted access (online system), but without guidelines on ensuring the privacy and confidentiality of these records.		
2	My programme keeps service user records under lock and key (physical documents) or with restricted access (online system), with clear guidelines on ensuring the privacy and confidentiality of these records.		
3	My programme staff observe the practices in keeping service user records secure (physical documents or online system), and adhere to the guidelines on ensuring the privacy and confidentiality of these records.		

Accessibility of Service

19 Services are provided during the operating hours as specified by the programme, with consideration of needs of the target service users and their caregivers.

Intent statement: Setting fixed hours in which the programme is in operation allows for service users to understand when they are able to access the programme. By ensuring programme access to service users and their caregivers when they require it, better programme outcomes can be achieved.

Examples: Programme operating hours can be documented either in the programme handbook, or in a visible area on the programme premises.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not state any specific operating hours.		
1	My programme states the operating hours with consideration of needs of the target service users and their caregivers for internal staff reference only.		
2	My programme states the operating hours with consideration of needs of the target service users and their caregivers in publicity platforms (website, brochures, presentations), and services are provided as per the stated operating hours.		
3	My programme states the operating hours with consideration of needs of the target service users and their caregivers in publicity platforms (website, brochures, presentations). My programme exercises discretion to adjust the operating hours on a case-by-case basis.		

20 The programme is made available to eligible service users based on equal opportunities and free of discrimination on all grounds.

Intent statement: A service user's access to services will solely be based on their needs and preferences, and other potentially discriminatory characteristics such as ethnicity or gender will not play a role in their access or lack thereof.

Examples: Programme services are made available to service users based on their needs and preferences. There are no discriminatory criteria present. Examples whereby service users may be ineligible/excluded include (but not limited to): not meeting the age criteria for a programme, not possessing the pre-requisitional skills/functioning level required for the programme.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not accept eligible service users based on equal opportunities and free of discrimination on all grounds.		
1	My programme is made available to eligible service users, but targets eligible service users mainly from a specific demographic or profile group due to the agency's policies or sponsoring bodies.		
2	My programme is made available to eligible service users based on equal opportunities and free of discrimination on all grounds. My programme reaches out to eligible service users from all demographics or profile groups.		
3	My programme is made available to eligible service users based on equal opportunities and free of discrimination on all grounds. Where ineligible, my programme informs service users of alternative options and/or refer them to other appropriate services.		

Accessibility of Service

21 The programme has an accessibility plan which identifies potential barriers and mitigating measures so as to ensure business and service continuity.

Intent statement:

This allows for service users to continually gain access to the programme through different modes of service delivery.

Examples:

Written policies or procedures pertaining to accessibility plan, taking into consideration potential barriers related (but not limited) to pandemic, architecture, communication, financials, transportation and technology and measures to address identified barriers. This can also include alternative modes of operation that allows access by service users. Documentation on challenges faced by service users in accessing the programme and steps taken to resolve them (e.g. use of digital platforms for service users who may otherwise find it inconvenient to gain access to the service if programme is conducted in physical premises).

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have an accessibility plan which identifies potential barriers and mitigating measures.		
1	My programme has an accessibility plan which identifies potential barriers and mitigating measures, but lacks clarity in outlining the action steps required to mitigate the identified barriers.		
2	My programme has an accessibility plan which identifies potential barriers and mitigating measures, and programme staff/volunteers practices the accessibility plan to ensure business and service continuity.		
3	My programme has an accessibility plan which identifies potential barriers and mitigating measures, and staff/volunteers practices the accessibility plan to ensure business and service continuity. My programme updates the accessibility plan as and when necessary, and document learnings gleaned when the accessibility plan has been activated.		

22 The programme has processes on programme handover and/or covering to ensure that there is continuity of services.

Intent statement: In the event where staff implementing the programme is unable to do so or is leaving the role, this standard ensures that the programme can continue to run to avoid lapses in the provision of services to service users.

Examples: List of tasks and responsibilities for the covering personnel or the staff that would be taking over the programme.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have processes on programme handover and/or covering to ensure that there is continuity of services.		
1	My programme has processes on programme handover and/or covering to ensure that there is continuity of services, but the processes lack clarity in outlining the situations where covering is needed and the action steps required for service continuity.		
2	My programme has processes on programme handover and/or covering, and programme staff practices the processes to ensure that there is continuity of services.		
3	My programme has processes on programme handover and/or covering, and programme staff practices the processes to ensure that there is continuity of services. My programme ensures that the handover/covering are properly documented, including tasks and responsibilities, and action(s) to be taken for service continuity.		

Protection & Safety of Users

23 The programme has guidelines on protecting the safety of service users from harm.

Intent statement: This standard provides a safe environment for services users to participate in the programme, so that there can be focus on achieving their goals.

Examples: The presence of policies or manuals containing plans and procedures on how to protect service users from abuse or neglect can demonstrate and assure the safety of service users.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have guidelines on protecting the safety of service users from harm.		
1	My programme has guidelines on protecting the safety of services users from harm, but the guidelines lack clarity in defining what constitutes harm and the action steps required to ensure safety.		
2	My programme has guidelines on protecting the safety of service users from harm, and programme staff/volunteers are aware and able to articulate and adhere to the guidelines.		
3	My programme has guidelines on protecting the safety of service users from harm, and programme staff/volunteers are aware and able to articulate and adhere to the guidelines. My programme's service users have some knowledge and can articulate some of the guidelines that protects them from harm.		

24 The programme assesses risks on a regular basis to prevent, mitigate and manage identified risks to ensure the safety of service users.

Intent statement: Having a risk management plan helps to manage the risks in the programme and reduce the severity of the impact should any risks occur, in turn facilitating service users to engage in the programme with an ease of mind.

Examples: This can be demonstrated through the presence of a risk management assessment, as well as a risk management plan, or other documents.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not assess risks to prevent, mitigate and manage identified risks to ensure the safety of service users.		
1	My programme assesses risks on an ad-hoc or irregular basis to prevent, mitigate and manage identified risks to ensure the safety of service users.		
2	My programme assesses risks on a regular basis to prevent, mitigate and manage identified risks to ensure the safety of service users, with documentation of the process.		
3	My programme collates and uses the aggregated data and information from the risk assessments done for reporting and/or to review safety of the programme.		

Protection & Safety of Users

25 The programme has in place processes for collection, use and disclosure of personal data for a limited purpose that has been notified to service users.

Intent statement: This protects the confidentiality of service users by ensuring that data is not collected beyond what is needed and that data is only shared where required. Sharing of data includes providing the individual with his/her personal data and information about the ways it has been used or disclosed.

Examples: Service users sign on client consent form and are informed on how collected personal data would be used. Volunteers sign on privacy and confidentiality agreement form prior to the start of their volunteering.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have processes in place for collection, use and disclosure of service users' personal data.		
1	My programme has in place processes for collection, use and disclosure of personal data, but the intended purpose(s) on collection and use of personal data are not notified to service users.		
2	My programme has in place processes for collection, use and disclosure of personal data. My programme staff/volunteers practice the processes, and the intended purpose(s) on collection and use of personal data are notified to service users.		
3	My programme has in place processes for collection, use and disclosure of personal data. My programme staff/volunteers practice the processes, and the intended purpose(s) on collection and use of personal data are notified to service users. My programme's service users are able to articulate the purpose(s) that their personal data is used for.		

26 There are procedures in place for management of emergencies.

Intent statement: Established emergency procedures help ensure safety of service users. Being prepared and knowing what to do allows personnel to respond promptly in emergencies and take the appropriate action.

Examples: Presence of written emergency procedures and/or emergency training or drills for personnel.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have procedures on management of relevant emergencies.		
1	My programme has procedures in place for management of relevant emergencies, but the procedures lack clarity in defining the emergencies and the action steps required in the event of such emergencies.		
2	My programme has procedures in place for management of relevant emergencies, and programme staff/volunteers are able to articulate and follow the procedures.		
3	My programme has procedures in place for management of relevant emergencies, and programme staff/volunteers are able to articulate and follow the procedures. My programme conducts drills on potential emergencies to familiarise staff/volunteers on the actions to be taken, and documents the process.		

Staff/Volunteer Management & Competency

27 Descriptions about the job and/or volunteering position are available, and are reviewed as and when necessary, for all lines of staff and/or volunteers.

Intent statement: This enables each staff and/or volunteer in the programme to better understand their responsibilities and take charge. Timely review of the descriptions about the job and/or volunteering position ensures that they are up-to-date and continue to be applicable for staff and/or volunteers.

Examples: The presence of written descriptions for each role in the programme minimally comprising position expectations and required qualifications and/or competencies.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have descriptions available for all lines of staff and/or volunteers.		
1	My programme has descriptions available for all lines of staff and/or volunteers, but the descriptions do not align with the scope of work and requirements of staff/volunteers.		
2	My programme has descriptions available for all lines of staff and/or volunteers and they are reviewed as and when necessary to align with scope of work and requirements of staff/volunteers.		
3	My programme has descriptions available for all lines of staff and/or volunteers and they are reviewed as and when necessary to align with scope of work and requirements of staff/volunteers. My programme staff/volunteers are able to articulate their job/volunteering descriptions accurately.		

28 There are processes put in place for the protection of staff and/or volunteers subjected to adverse incidents or potential mistreatment.

Intent statement: Having staff and/or volunteers made aware of the channels to raise concerns or issues arising from the programme can ensure that timely psychological first aid is rendered.

Examples: This can be extracted from HR policy handbook or manual.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have processes on protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment.		
1	My programme has processes in place for the protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment, but the processes lack clarity in outlining the action steps required for further escalation.		
2	My programme has processes in place for the protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment, and programme staff/volunteers are able to articulate the processes.		
3	My programme has processes in place for the protection of staff and or volunteers subjected to adverse incidences or potential mistreatment, and programme staff/volunteers are able to articulate the processes. My programme ensures that the necessary follow-up is done with the staff/volunteers when such situations occur, and learnings on safety considerations are documented and briefed to other staff/volunteers.		

NCSS Service Standards Self-Assessment Checklist (Continued)

Staff/Volunteer Management & Competency

29 There are adequate staff and/or volunteer levels and ratios to meet the demand for services.

Intent statement: Having adequate numbers of staff and/or volunteers to deliver services allow for the programme to run at maximum efficiency. It enables each staff and/or volunteer to ensure that the goals and outcomes of service users are met and prevents wastage of resources.

Examples: The appropriate ratio of staff and/or volunteer to service user should be discussed beforehand with the relevant stakeholders, and the agreed-upon ratio should be recorded in the relevant documents.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not consider if there are adequate staff and/or volunteer levels and ratios to meet the demand for services.		
1	My programme discusses staff and/or volunteer level and ratio with relevant stakeholders prior to start of the programme, but this may not always be put in place to ensure there are adequate staff/volunteer levels and ratio.		
2	My programme discusses staff and/or volunteer level and ratio with relevant stakeholders prior to start of the programme, and this is put into practice during implementation of the programme.		
3	My programme discusses staff and/or volunteer level and ratio with relevant stakeholders prior to start of the programme, and this is put into practice during implementation of the programme. My programme exercises discretion to adjust the staff/volunteer level and ratio to suit the varying needs of different activities.		

30 There is documented training/supervision at regular intervals to impart knowledge/skills and maintain/upgrade their competencies.

Intent statement: Training/supervision ensures that staff and/or volunteer is equipped to implement and/or support the programme as well as be familiarised with their responsibilities. Regular training helps to provide better service to service users.

Examples: Training can take place in a number of areas that are relevant to service delivery, including but not limited to: Confidentiality requirements, Person-centred practice, Unique needs of persons served. Reference can be taken from the Skills Framework by SkillsFuture.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme staff/volunteers do not attend training/supervision at regular intervals to maintain or upgrade their competencies.		
1	My programme does not have a structure for staff/volunteer training/supervision, and/or programme staff/volunteer attend training/supervision at irregular intervals.		
2	My programme has a structure for staff/volunteer training/supervision, and programme staff/volunteer attend training/supervision at regular intervals to maintain and upgrade their competencies, with documentation of the training/supervision attended.		
3	My programme has a structure for staff/volunteer training/supervision, and programme staff/volunteers attend training/supervision at regular intervals to maintain and upgrade their competencies, with documentation of the training/supervision attended. Staff/volunteers are involved in the process for identification and selection of training for upgrading of competencies.		

Staff/Volunteer Management & Competency

- 31** The programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for.

Intent statement: Ensuring that each staff and/or volunteer is qualified and competent through a screening process allows them to carry out their duties more effectively and provide better service delivery to service users.

Examples: This can be demonstrated through having a written list of qualifications, professional accreditation/ registration and/or relevant experience required for each position, which matches the competencies held by staff in the organisation.

Levels	Descriptions	Check (✓)	
		Ideal	Current
NA	This service standard is not applicable for my programme.		
0	My programme does not have a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, or such requirements lack clarity.		
1	My programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, but the requirements are only for internal reference and potential candidates applying are not informed.		
2	My programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, and the requirements are made known to potential candidates applying for the role.		
3	My programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, and the requirements are made known to potential candidates applying for the role. In situations where staff/volunteers may not meet all the requirements, my programme is able to articulate how the staff/volunteer is able to perform the duties of the role they are recruited for.		

Click [here](#) to tabulate your scores and understand what they mean for your programme.

Checkpoint 4.0 | Let's Pause & Ponder:

After using the checklist, please share with us:

- In what ways is this checklist helpful to you?
- What is your ideal state of service delivery? Why is that so?
- Have you reached your ideal state of service delivery?
- What support might you need to achieve your ideal state of service delivery?

Share your thoughts via the following QR code



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