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Editorial

Inaugurated in November 2011, the Chua Thian Poh Community Leadership Programme (CTPCLP) in National University of Singapore (NUS) continues to nurture Singapore's next generation of change makers. The fellows admitted into the CTPCLP are not only intellectually engaged in social issues, but are also passionate about partnering social service organizations to address on-the-ground social challenges in Singapore.

In this second volume of Heartbeats, we present the field research efforts carried out by some of our CTPCLP fellows within the past year.

In the first paper, Vanessa Lim Zi Kun, Koh Hui Qi and Grace Ooi Mei Yi present the findings of their research project with the Singapore Cancer Society. Their study examines the physical and psychosocial needs of cancer patients and survivors, and proposes some new ideas on cancer rehabilitation programmes.

In the second paper, Charmian Goh Jia Min and Shyaza Afiqah Bte Abdul Malik share the results of their research project with the Industrial and Services Co-operative Society (ISCOS). Their exploratory study documents the aspirations of the spouses of ex-offenders, and offers recommendations on how the existing programs run by ISCOS in support of the families of ex-offenders can be enhanced.

In the third paper, Chong Yen Kiat presents the findings of his research on how social workers based in family service centres perceive and conduct child protection work. His paper also proposes ideas on how a greater collaborative context in child protection work can be created.

In the fourth paper, Alfred Wan Chien Yang and Goh Wei Leong discuss the results of their qualitative research on migrant wives. Based on their research findings, they suggest specific ways in which the assets of migrant wives can be harnessed, thus enabling the migrant wives to attain self-empowerment and also contribute to society more effectively.

In the fifth paper, Andy Tay Kah Ping presents the findings of his research project with the Health Promotion Board. His research analyzes youth's perceptions of mental health issues. He proposes a TLCE2 strategic model, which can be adopted by health agencies to destigmatize mental health issues and raise greater mental health awareness among youth.

In the sixth paper, Tang Wai Hong shares the results of his research on licensed moneylending. Based on a series of in-depth interviews with licensed moneylenders and borrowers, his paper details how the moneylending landscape has evolved as a consequence of the legislative changes introduced by the Moneylenders Act 2008.

In the final paper, Tan Mei Fen discusses the findings of her research on the workflow and work practices of nurses in a long-term care ward in Ren Ci Hospital. Her paper proposes some changes to the staffing system, to enable a better balance across cost effectiveness, quality care, and nursing workload.

We hope that the research efforts of our CTPCLP fellows can contribute to the public discourse on various social issues in the Singapore context. More importantly, we also hope that their research findings and recommendations can add value to the efforts of policy makers and practitioners in addressing these issues.

Albert Chu-Ying Teo, Koh Zhi Xing, Afiqah Nur Fitri Bte Suhaiemi and Goh Lan Lin
Editors

Cancer Rehabilitation:
Understanding the Cancer Journey

GRACE OOI MEI YI, KOH HUI QI, VANESSA LIM ZI KUN

Abstract

Cancer rehabilitation is a relatively new concept that emphasizes the importance of post-cancer treatment care in improving the quality of life for cancer patients/survivors. Through a literature review and surveys conducted among cancer patients/survivors in the National University Hospital (NUH) Cancer Center and the Singapore Cancer Society (SCS) Multi-Service Center in Bishan, this paper aims to better understand the physical and psychosocial needs of cancer patients/survivors and explore new ideas to enhance existing cancer rehabilitation programs. The key recommendations of this paper include the provision of neighborhood treatment centers that provide low-cost rehabilitation and the promotion of greater synergy in cancer rehabilitation efforts between hospitals, community organizations and SCS.

Introduction

Cancer is an increasingly prevalent disease, with the estimated number of new cases each year expected to rise from 10 million in year 2000 to 15 million by 2020 (World Health Organization, 2002). While much attention has been given to cancer treatment, there is less emphasis on follow-up care and quality of life for cancer survivors. Studies suggest

that the transition from active treatment to post-treatment care is critical to long-term health (Institute of Medicine & National Research Council, 2005). This transition could be eased via cancer rehabilitation. Cancer rehabilitation efforts should not only be directed at cancer survivors, but should be provided to patients at all points of the continuum of care, be it during or after treatment (Gamble et al., 2011).

While the need for rehabilitation in cardiology, orthopedics, and other specialties are well established, cancer rehabilitation, on the other hand, is a new, emerging concept (Silver & Gilchrist, 2011). Hence, more research is required to enhance cancer rehabilitation efforts. To better understand the needs of cancer patients and survivors, we analyzed extant literature and primary data as follows:

(I) Review of existing literature on cancer rehabilitation

An analysis of more than 30 journal articles allowed us to gain some insights into cancer rehabilitation and explore some of the ideas and concepts in this growing area of research.

(II) Survey on the rehabilitation needs of cancer patients/survivors in the NUH Cancer Center

This survey targeted cancer patients/survivors who went to the NUH Cancer Center for their clinical appointments, and focused largely on their physical symptoms and needs. Through this analysis, we aimed to explore the factors that might have influenced rehabilitation needs, and to investigate whether different groups of cancer patients had different specific needs.

(III) Survey on the cancer experience of cancer patients/survivors in the SCS Multi-Service Center in Bishan

This survey targeted cancer patients/survivors who were already actively involved in cancer support groups. Most of these patients/survivors were very open and willing to share their cancer experiences. This survey focused largely on psychosocial aspects of the cancer experience and the emotional well-being of cancer patients/survivors. It also enquired about the kinds of services that these patients/survivors would like to have during the treatment and post-treatment phases of their cancer journey.

(IV) Evaluation of existing rehabilitation support programs in the SCS

We observed and evaluated how support group activities were being carried out for the beneficiaries in the SCS. This evaluation focused on proposing potential enhancements to existing rehabilitation programs.

Methodology

NUH Survey: Rehabilitation Needs of Cancer Patients/Survivors

A survey was conducted on 200 patients in the NUH Cancer Center to understand the rehabilitation needs of cancer patients/survivors. The survey consisted of two questionnaires: one questionnaire on the need for rehabilitation facilities for cancer patients/survivors in Singapore, which contained 5 questions including multiple-choice questions (MCQs) and

short answer questions; and one standardized EORTC QLQ-C30 (version 3) questionnaire on the quality of life, which contained 30 MCQs, each question offering a four-point rating of severity.[1]

Data were collected from the cancer patients/survivors at three phases: pre-treatment, during treatment and post-treatment. Patients/survivors were approached in the waiting area and first asked if they had done the survey before, and if they had been diagnosed with cancer. All survey participants also had to be at least 21 years of age. The survey was then administered if the individuals met the eligibility requirements. For Chinese-speaking patients/survivors, the questions were translated verbally into Chinese to garner their responses.

SCS Survey: Cancer Experience of Cancer Patients/Survivors

A survey was conducted in the SCS Multi-Service Center in Bishan, to understand the cancer patients/survivors' cancer experiences, psychosocial needs, and opinions on services and facilities provided by the SCS. 100 patients/survivors, who were present in the center to attend their cancer support groups or enrichment classes, were surveyed with a comprehensive questionnaire containing mostly open-ended questions.

The questionnaire consisted of a segment similar to the NUH survey on the symptoms that patients/survivors had experienced at the point of diagnosis, after stopping acute treatment, and one year after diagnosis. Additionally, it had a segment on understanding the facilities and services

[1] The EORTC QLQ-C30 (version 3) is a questionnaire developed by the European Organization for the Research and Treatment of Cancer (EORTC) Quality of Life Study Group for evaluating Quality of Life in international clinical trials

that the cancer patients/survivors would prefer to have, and there were questions to uncover any factors that might have affected the attendance frequency of programs and activities. There was also a small segment to understand the cancer patients/survivors' journey, which included questions on their employment pre- and post-cancer, and questions on the difficulties they had faced in sustaining their employment while undergoing treatment.

Literature Review

Findings from Existing Cancer Rehabilitation Literature

A literature review was done on selected cancer rehabilitation articles. This provided us with insights on cancer symptoms, existing cancer rehabilitation programs, and the multifaceted nature of cancer survivorship in general.

Symptoms and problems faced by cancer patients. Side effects from anticancer therapy regimes often take a toll on the health of cancer patients. Even after therapy completion, many continue to experience some, albeit lesser and in milder forms, of these after-effects. Cancer-related fatigue was found to be one such unresolved symptom (Silver & Gilchrist, 2011). Expectedly, fatigue, or the "lack of energy" was one of the most commonly occurring and distressing symptoms reported by patients (Molassiotis et al., 2010). Diarrhea, though one of the less commonly occurring symptoms, was found to be two times more prevalent in colorectal survivors. Constipation, another less frequently reported symptom, was most prevalent in prostate survivors. Pain and insomnia were most commonly reported in breast cancer survivors (Silver & Gilchrist, 2011). These observations suggest that symptoms and their severity may

vary according to the cancer type.

Results revealed that the most prevalent distressing symptoms experienced by breast cancer patients within one month of chemotherapy were fatigue (65 percent), daytime sleepiness (42 percent), hair loss (41 percent), and nausea (30 percent) (Cross & Salmon, 2000). However, there were also significant differences in symptom prevalence noted between inpatients and homecare patients. Lack of appetite and belching, for instance, were more commonly reported by inpatients than homecare patients (Gilbertson et al., 2011). Hence, the type of treatment or care might have also impacted the experiencing of symptoms.

In some studies, symptoms were classified into different clusters according to their nature. For instance, symptoms such as sore throat, pain swallowing, dry mouth, and loss of taste could be generalized under a cluster known as oral discomforts. Such a method of symptom clustering allowed for observation of changes in symptom experience over time (Zucca et al., 2012). With this understanding of symptom progression with time, appropriate interventions that specifically targeted the individual clusters could be provided. However, it was recommended that a single common analytical method be used to examine these symptom clusters for consistency of results (Chen et al., 2012).

In addition, in the period between the end of treatment and the start of survivorship, many patients were found to have faced a lot of uncertainty (Morgan, 2009). Hence, healthcare providers should encourage survivors to voice their concerns, and come up with a long-term cancer survivorship plan for them.

Existing Cancer Rehabilitation Programs

Rehabilitation programs aim to help patients regain their physical and psychosocial functions, which were previously affected in varying severities by their cancer condition. A review of the literature yielded a wide variety of cancer rehabilitation programs.

Physical. A large number of studies evaluated methods of physical rehabilitation, which largely centered on exercise programs. Exercise was highlighted in multiple studies for its beneficial effects in helping patients regain their physical functions (Harris et al., 2012). It was also shown to be effective in alleviating cancer-related fatigue with fatigue levels being 40-50 percent lower in patients who had exercised (Silver & Gilchrist, 2011).

Psychosocial. Occupational therapy was also recommended, because it could help cancer survivors better readapt to their daily lives, after their treatment. Counseling was also an appropriate intervention, as patients might need someone to talk to and walk through their problems with. Coping skills training could also be conducted, to help patients cope with the changes in their lives, which might cause stress and anxiety (Harris et al., 2012). Existing literature generally supported the idea of partner-assisted emotional disclosure, where patients and their partners were trained in strategies to facilitate disclosure of their medical condition and concerns to their partners (Porter, 2009). Cognitive behavioral couple therapy was recommended to improve the well-being and relationship functioning of couples when either one or both partners had a medical history of cancer (Porter, 2009).

Other methods of psychosocial rehabilitation included the religious and non-religious mind-body approach. The religious approach included faith/spiritual healing, prayer/spiritual practice, and religious counseling. The non-religious approach focused on conventional therapy methods such as aromatherapy, art, support groups, biofeedback therapy, hypnosis, imagery/visualization, meditation, and relaxation (Medline Plus, 2014).

Currently, there are no existing medical protocol guidelines that specifically focus on the post-treatment period of cancer survivorship. To bridge this gap, the planning of cancer survivorship care is proposed as a form of psychosocial support for survivors. The 2006 Institute of Medicine (IOM) report "From Cancer Patient to Cancer Survivor: Lost in Transition" highlighted the need for an informative guide to post-treatment care planning for cancer survivors. This guide would serve to provide information such as disease characteristics, the type of cancer care to administer, description of follow-up care, cancer screenings and other periodic tests and examinations, recommendations for healthy behavior, and the listing of cancer-related resources (Jacobsen et al., 2009). Utilized effectively, these survivorship care plans could be used to better connect the cancer treatment phase with the post-treatment phase (Bober et al., 2009).

NUH Survey Findings: Rehabilitation Needs of Cancer Survivors

The results of the NUH survey were analyzed using SPSS and were categorized into two segments, namely analysis of symptoms and analysis of rehabilitation preferences.

Analysis of Symptoms

Symptoms and age. To analyze whether the experiencing of symptoms was age-related, a chart was plotted showing the percentage of people experiencing various symptoms for each age range. The analysis only took into consideration responses from respondents between 40 to 80 years of age. This was to prevent biases due to the small sample sizes for the other age categories.

Figure 1 shows that there was no obvious trend across age groups for certain cancer-related symptoms.

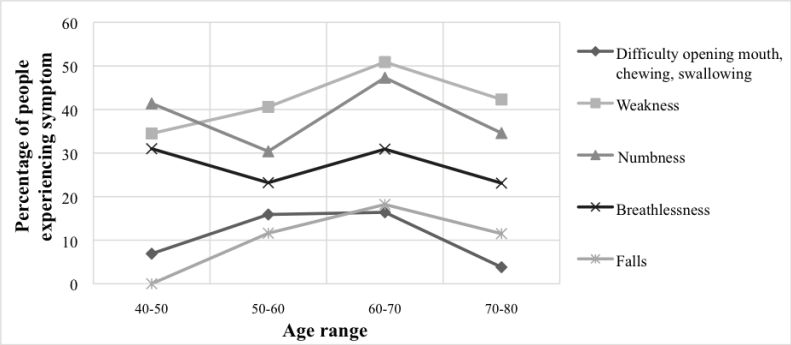


Figure 1. Percentage of people experiencing different symptoms across different age ranges.

However, for a majority of other symptoms, the percentage of people experiencing these symptoms showed a clear positive correlation with age, as seen in Figure 2 below. Nevertheless, the results are not conclusive as many of these symptoms had also become more common with age even among individuals who had never suffered from cancer before.

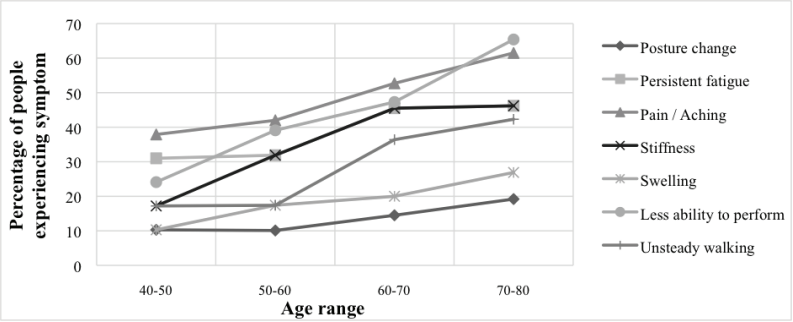


Figure 2. Percentage of people experiencing different symptoms across different age ranges.

Symptoms and cancer type. For each symptom, we noted down the 3 cancer types that were most frequently associated with it, and these associations are indicated in Table 1 below. In the table, each percentage in parentheses indicates the proportion of patients with a particular cancer type who exhibited a particular symptom.

Symptom	3 cancer types most frequently associated with symptom		
Difficulty opening mouth, chewing, swallowing	Throat (66.7 %)	Cervical (20.0 %)	Lung (14.3 %)
Posture change	Throat/ Stomach/ Rectal (33.3 %)	Pancreatic/ Ovarian (20.0 %)	Breast (19.7 %)
Persistent fatigue	Stomach (66.7 %)	Lymphoma (55.6 %)	Lung/ Nose/ Prostate (50.0 %)

Pain and aching	Rectal (100.0 %)	Throat (66.7 %)	Lung (64.3 %)
Stiffness	Throat (66.7 %)	Rectal/ Stomach (33.3 %)	Leukemia (28.6 %)
Weakness	Bone (100.0 %)	Nose (95.0 %)	Rectal (66.7 %)
Swelling	Throat (66.7 %)	Rectal/ Stomach (33.3 %)	Breast (29.5 %)
Numbness	Gastric (66.7 %)	Leukemia (57.1 %)	Myeloma/ Prostate/ Ovarian/ Nose (50.0 %)
Less ability to perform	Blood/ Throat (100.0 %)	Cervical (80.0 %)	Lung (64.3 %)
Unsteady walking	Lung (64.3 %)	Myeloma (50.0 %)	Cervical (40.0 %)
Falls	Lung (21.4 %)	Cervical/ Pancreatic (20.0 %)	Colon (15.8 %)
Breathlessness	Gastric/ Rectal/ Stomach (66.7 %)	Cervical (60.0 %)	Lung (42.9 %)

Table 1. Three cancer types most frequently associated with each symptom.

As can be seen in Table 1, lung cancer appeared to be the cancer type associated with the most number of symptoms. Other cancer types associated with multiple symptoms were throat cancer, rectal cancer, and cervical cancer.

Symptoms and cancer stage. The relationships between the stage of cancer and the symptoms experienced were also examined. Figure 3 below shows the percentage of people at different cancer stages experiencing different symptoms.

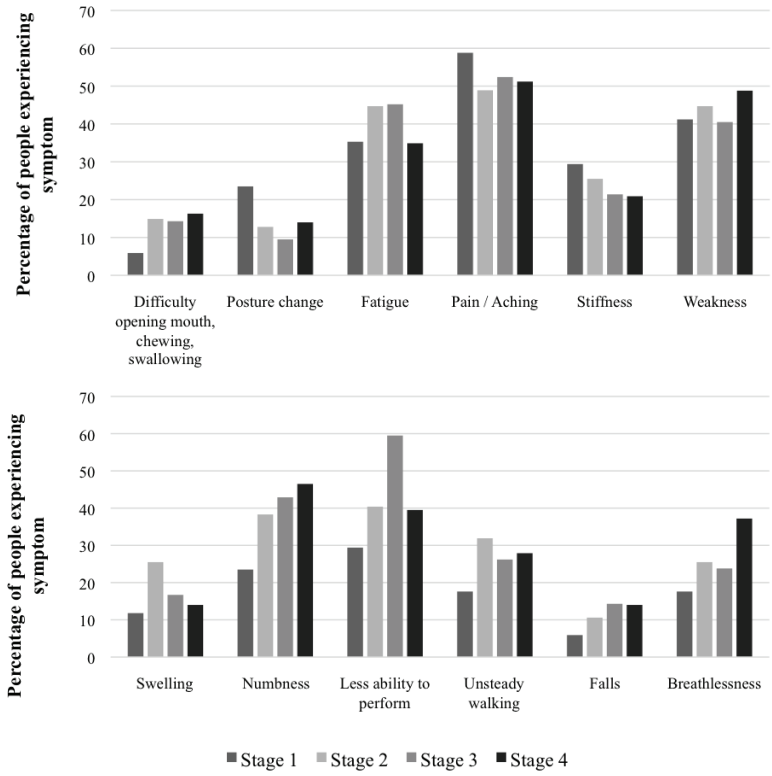


Figure 3. Percentage of people experiencing different symptoms across different cancer stages.

Figure 3 shows that the two symptoms reported most frequently were pain/aching and weakness, with the percentage of people experiencing these symptoms exceeding 40 percent for all four stages. For four of the symptoms—numbness, falls, breathlessness and difficulty in opening mouth, chewing and swallowing—there were noticeable upward trends in their incidence among patients/survivors as the cancer stage progressed.

However, the survey generally did not show any substantial relationship between cancer stage and the symptoms experienced; the incidence of some symptoms did not necessarily increase as the cancer stage progressed. Many patients/survivors received a combination of different treatments, and thus responded very differently to these treatments by exhibiting different symptoms.

Symptoms and treatment status/progress. We compared and contrasted the people who were still undergoing cancer treatment with those who had completed cancer treatment. As can be seen in Figure 4, the group that was still undergoing cancer treatment had a higher percentage of individuals reporting the following symptoms: pain/aching, weakness, numbness, and less ability to perform.

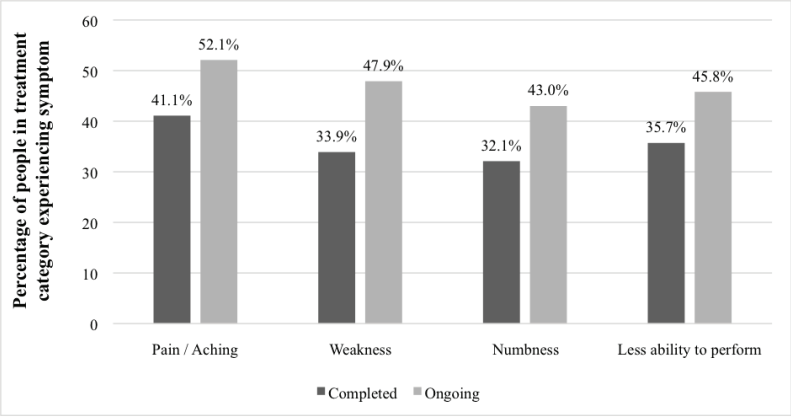


Figure 4. Percentage of people experiencing different symptoms across different cancer treatment statuses.

Analysis of Rehabilitation Preferences

Rehabilitation treatment and age. An analysis of rehabilitation treatment by age group showed a general increase in the percentage of patients/survivors seeking rehabilitation treatment as age increased, with the exception of the 80 to 90 age group, whose data were excluded from this analysis due to its very small sample size (please see Figure 5 below). The percentage of patients/survivors seeking rehabilitation treatment increased from 22.2 percent for the 20 to 30 age group to 65.4 percent for the 70 to 80 age group.

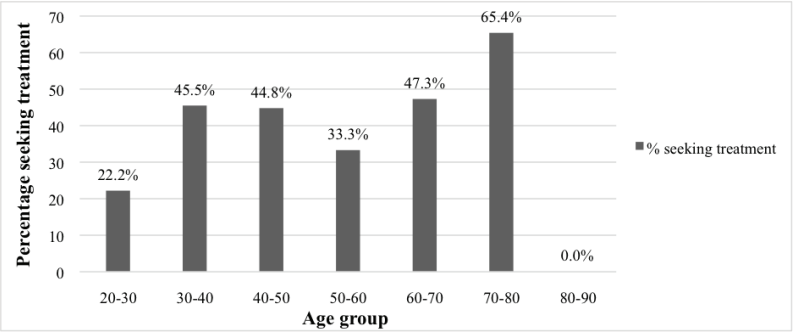
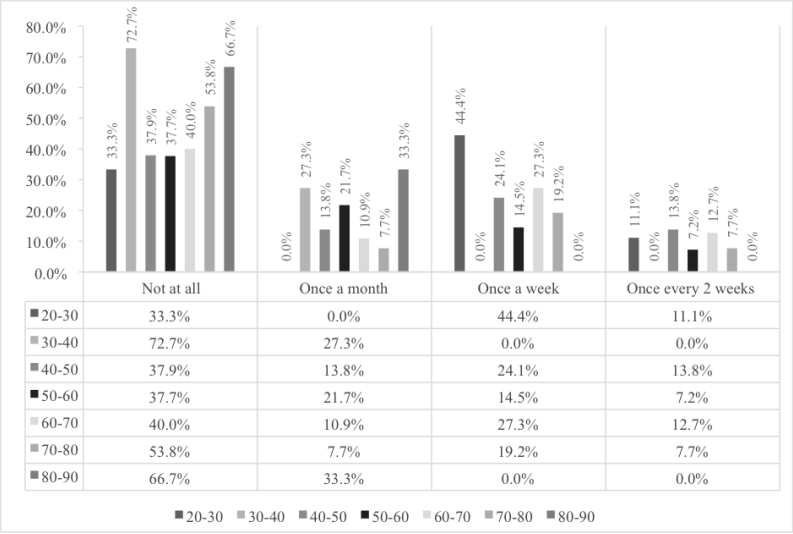


Figure 5. Percentage of people seeking rehabilitation treatment across different age groups.

Rehabilitation treatment and cancer stage. A general increasing trend was also observed when the percentage of patients/survivors who sought rehabilitation treatment was cross-tabulated against the stage of cancer. 29.4 percent of stage 1 patients/survivors sought rehabilitation treatment (i.e., treatment for their symptoms). By contrast, 41.9 percent of stage 4 patients/survivors sought treatment for their symptoms.

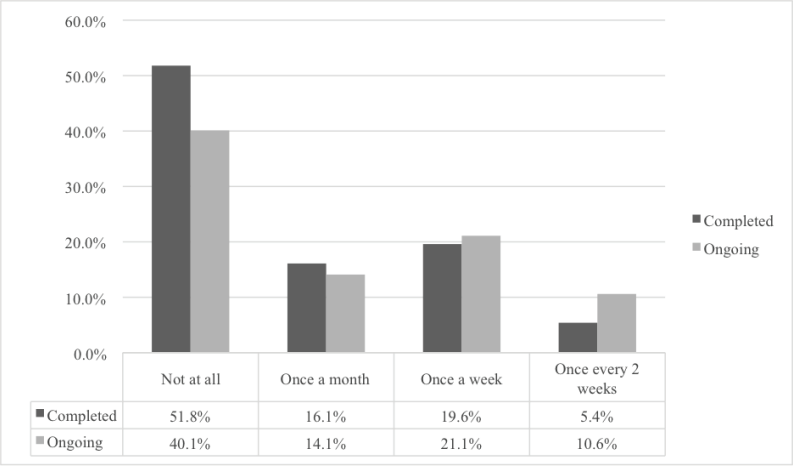
Rehabilitation treatment and treatment status/progress. The percentage of patients/survivors who sought rehabilitation treatment was also compared between those patients/survivors who had ongoing cancer treatment, and those patients/survivors who had completed their cancer treatment. A higher percentage of patients/survivors with ongoing cancer treatment (i.e., 45.1 percent) sought rehabilitation treatment for their symptoms. By contrast, a lower percentage of patients/survivors who had completed treatment (i.e., 35.7 percent) sought rehabilitation treatment for their symptoms. One interpretation of this result is that patients/survivors undergoing cancer treatment experienced more severe symptoms and were more likely to seek rehabilitation treatment for their symptoms. Alternatively, this result could also possibly mean that hospitals did not do enough to encourage cancer patients/survivors to undergo post-treatment cancer rehabilitation.

General rehabilitation preferences. Figure 6 below indicates that the majority of the patients/survivors were not in favor of rehabilitation treatment. Amongst those patients/survivors willing to attend rehabilitation treatment sessions, the majority across all age categories seemed to favor either once a week or once a month rehabilitation treatment attendance. Figure 7 below shows that the majority of the patients/survivors, regardless of their cancer treatment status, preferred not to undergo rehabilitation. Furthermore, patients who had completed cancer treatment were even less likely to be in favor of undergoing rehabilitation treatment.



	Not at all	Once a month	Once a week	Once every 2 weeks
20-30	33.3%	0.0%	44.4%	11.1%
30-40	72.7%	27.3%	0.0%	0.0%
40-50	37.9%	13.8%	24.1%	13.8%
50-60	37.7%	21.7%	14.5%	7.2%
60-70	40.0%	10.9%	27.3%	12.7%
70-80	53.8%	7.7%	19.2%	7.7%
80-90	66.7%	33.3%	0.0%	0.0%

Figure 6. Preferred frequency of rehabilitation treatment across different age groups.



	Not at all	Once a month	Once a week	Once every 2 weeks
Completed	51.8%	16.1%	19.6%	5.4%
Ongoing	40.1%	14.1%	21.1%	10.6%

Figure 7. Preferred frequency of rehabilitation treatment across different cancer treatment statuses.

In addition, many patients/survivors also expressed difficulties in rehabilitation treatment attendance. Commonly reported difficulties included the long travelling time due to the distance between the hospital and home, the need for someone to accompany the patient/survivor on the visit to the hospital, and the cost of commuting by taxi to the hospital for the less mobile patient/survivor. For cancer patients/survivors who were still in the workforce, taking time off their work schedules to go for cancer rehabilitation could also pose a challenge.

Qualitative data. From the qualitative data collected, we observed that one of the most common concerns of cancer patients/survivors was healthcare expenses. Generally, Medisave, Medishield, insurance, and subsidies by employers appeared to benefit a large group of patients/survivors and alleviate their financial burden. Nevertheless, there were a number of patients/survivors who continued to struggle with the high costs. As shared by one of the interviewees in NUH, an elderly man with stage four kidney cancer, cancer medication alone could cost up to $4000, without factoring in other major treatment costs for surgery, chemotherapy, and radiotherapy, as well as transport costs. He also mentioned that government subsidies were insufficient and were usually used up very quickly. Another elderly patient expressed similar financial worries, stating that his medical bills for 33 sessions of radiotherapy added up to $22,000, with each session costing up to $650 on average. For many physically weaker patients/survivors, the costs associated with transportation were found to be heavy as they usually had to take a taxi for each hospital visit.

Several of those surveyed shared that their employment was affected, as they had to regularly take time off work for cancer treatment.

Others who had completed treatment faced difficulties in finding employment. A 56-year old male, who had survived stage 3 colon cancer, expressed concern about the availability of employment opportunities. He had worked as a lorry driver before his diagnosis and had hoped to take up a similar job. However, upon completing treatment, he continued to suffer from a medical condition of persistent diarrhea, which affected his chances of finding a job.

There were, however, some patients/survivors who were optimistic, coping well, and made efforts to engage in healthy and active lifestyles. One of the patients/survivors, an elderly woman, used to be a doctor. But since she contracted cancer, she had been talking to fellow cancer patients/survivors about qigong and advising them on how to cope with cancer. During her free time, she exercised regularly and grew plants as a hobby.

Some of the people surveyed expressed their lack of awareness of the available avenues to get financial help and social support. One woman felt that there was no follow-up in the post-treatment phase. She also proposed the idea of locating rehabilitation or treatment centers in the heartlands to provide convenient access for cancer patients/survivors. Additionally, she suggested that there should be sessions to educate patients/survivors on the appropriate traditional Chinese medicine that could be used to complement Western medical treatment and rehabilitation.

Other patients/survivors surveyed pointed out the long waiting time and apparent lack of manpower in the hospital. An elderly woman suggested having a prayer room with gender-separated sections in the NUH Medical Center, similar to the prayer facilities provided by many hospitals overseas. Currently, the NUH Main Building has a prayer room (which

is non-gender-separated), but the NUH Medical Center does not have a prayer room at all.

SCS Survey Findings: Cancer Experience of Cancer Patients/Survivors

Demographics of Patients/Survivors in Study

Figures 8, 9, and 10 show the percentages of cancer patients/survivors from the SCS Multi-Service Center in Bishan by cancer type, cancer stage, and number of years since diagnosis. From Figure 8, it can be seen that the three most prevalent cancer types in the sample were breast cancer (32.4 percent), throat cancer (18.9 percent), and colon cancer (13.5 percent). Figure 9 indicates that the percentage of people suffering from early stage cancers and the percentage of people suffering from later stage cancers were about the same.

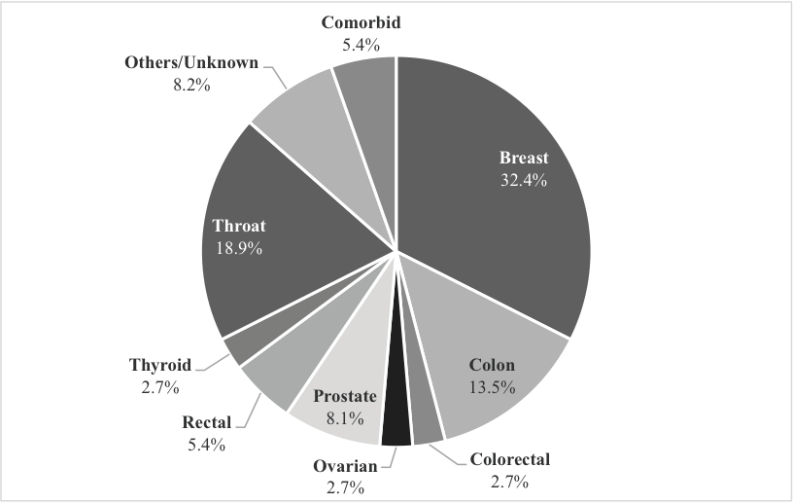


Figure 8. Breakdown of cancer patients/survivors by cancer type.

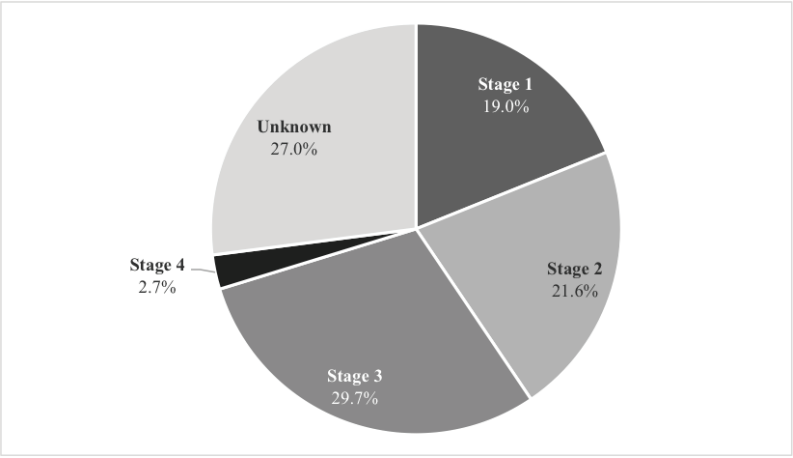


Figure 9. Breakdown of cancer patients/survivors by cancer stage.

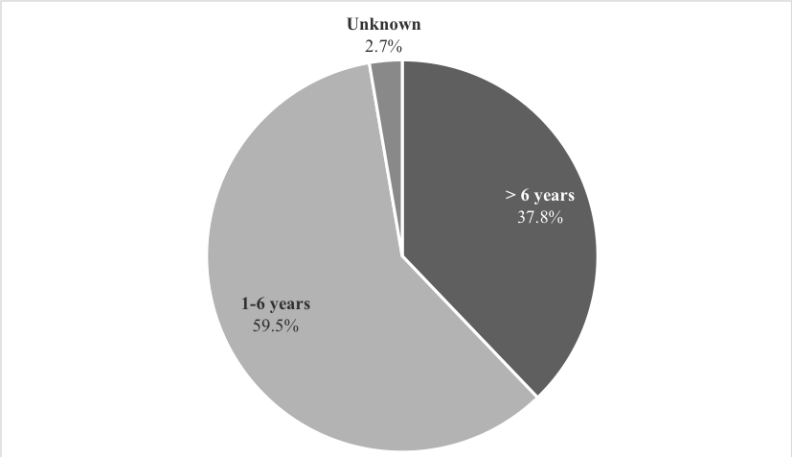


Figure 10. Breakdown of cancer patients/survivors by number of years since diagnosis.

Existing Cancer Rehabilitation Programs in SCS

Existing support and rehabilitation programs in SCS can be categorized into two groups, namely, support groups and enrichment classes.

Support groups. There are specialized support groups in SCS for different cancer types or different groups of cancer patients/survivors:

- New Voice Club Support Group for throat cancer patients/ survivors
- Walnut Warriors for prostate cancer patients/survivors
- Colorectal Support Group for colorectal cancer patients/survivors
- Reach to Recovery for breast cancer patients/survivors

- Bishana for female cancer patients/survivors
- Look Good ... Feel Better Program for female cancer patients/survivors undergoing treatment.

The support group sessions usually consist of sharing sessions, or lecture-style sessions where SCS staff or external speakers would speak on general topics such as food nutrition and healthy lifestyle habits.

Interviews with the SCS staff and cancer patients/survivors yielded several observations. First, cancer patients/survivors who joined the support groups were also more likely to attend the additional enrichment classes conducted by SCS. Second, the participants attending the support group sessions were nearly always the same people, and new entrants to the support groups had been quite rare.

Enrichment classes. Enrichment classes are more skills-based and activity-focused, and hence not specialized by cancer type. Some of the enrichment classes provided are as follows:

- Tea appreciation
- Line dancing
- Healthy gym exercises
- IT social networking
- Chinese painting
- Sign language

- Ukulele
- Singing

Most of the people who attended these enrichment classes tended to be the more active and well-adapted patients/survivors. Interestingly, there were also a few ex-caregivers who participated in the activities, even though the programs were mainly targeted at cancer patients/survivors. They were mainly family members, often spouses, of the late cancer patients who had previously participated in these activities.

Services, Facilities, and Caregiver Training Preferences

Patients/survivors' services preferences. The cancer patients/survivors' preferences are tabulated in Table 2 below. The ticks in the last row of the table indicate that those particular services were preferred by the majority of the patients/survivors surveyed. In particular, physical exercise, dietary advice, outings, enrichment classes, and talks and seminars were most highly valued.

	SERVICES				
	Physical Exercise	**Dietary Advice**	**Return to Work**	**Counseling/ Psychosocial/ Spiritual Services**	**Lymphedema Massage**
Yes	78.4%	64.9%	24.3%	45.9%	32.4%
No	21.6%	35.1%	75.7%	54.1%	67.6%
	✓	✓			

SERVICES				
	Outings	**Transport Services**	**Enrichment Classes**	**Talks and Seminars**
Yes	64.9%	29.7%	81.1%	64.9%
No	35.1%	70.3%	18.9%	35.1%
	✓		✓	✓

Table 2. Cancer patients/survivors' preferences for services.

Patients/survivors' facilities preferences. We also analyzed the cancer patients/survivors' preferences for various facilities. Table 3 shows the percentages of patients/survivors who had voted for the various facilities. Only relaxation room and resource center were preferred by the majority of the cancer patients/survivors.

FACILITIES					
	Garden	**Counseling Room**	**Computer Room**	**Cozy Corner**	**Relaxation Room**
Yes	43.2%	40.5%	32.4%	45.9%	54.1%
No	56.8%	59.5%	67.6%	54.1%	45.9%
					✓

FACILITIES				
	Dining Area	**Resource Center**	**Lockers**	**Small Shop**
Yes	43.2%	51.4%	13.5%	2.7%
No	56.8%	48.6%	86.5%	97.3%
		✓		

Table 3. Cancer patients/survivors' preferences for facilities.

Patients/survivors' training preferences. The cancer patients/survivors' caregiver training preferences were also analyzed. Table 4 indicates that the majority of the cancer patients/survivors hoped that their caregivers could have some form of training and emotional support to help them cope with the challenges of caregiving.

CAREGIVER TRAINING					
	Talks and Seminars	**Counseling**	**Support Groups**	**Education Classes**	**Training**
Yes	67.6%	51.4%	73.0%	43.2%	64.9%
No	32.4%	48.6%	27.0%	56.8%	35.1%
	✓	✓	✓		✓

Table 4. Cancer patients/survivors' preferences for caregiver training.

Rehabilitation Preferences

Cost factor. The majority of the cancer patients/survivors surveyed (78.4 percent) said that cost was a factor that determined their willingness to take part in rehabilitation programs.

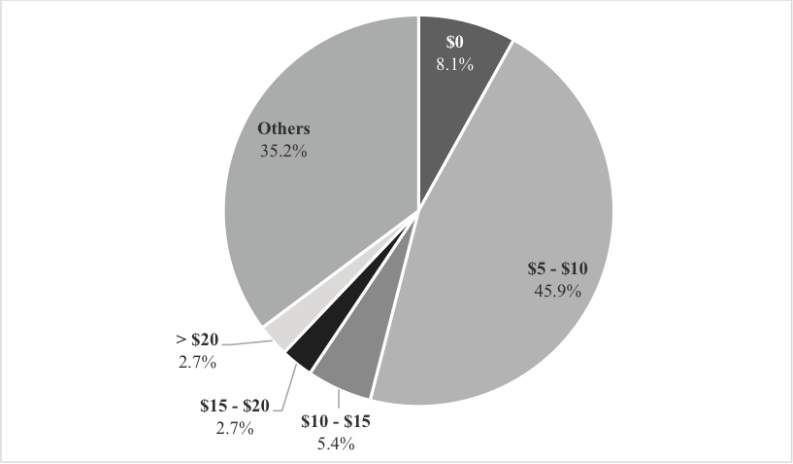


Figure 11. Cancer patients/survivors' willingness to pay for rehabilitation.

As shown in Figure 11, a significant percentage of the patients/survivors surveyed (45.9 percent) were willing to pay $5 to $10 for rehabilitation programs or enrichment courses, 8.1 percent were not willing to pay, 5.4 percent were willing to pay $10 to $15, 2.7 percent were willing to pay $15 to $20, and 2.7 percent were willing to pay more than $20.

Willingness to attend rehabilitation. But on a more positive note, the majority of the cancer patients/survivors surveyed (94.5 percent) were willing to attend rehabilitation programs.

Preferred frequency of rehabilitation. As can be seen in Figure 12 below, most of the cancer patients/survivors surveyed preferred the rehabilitation frequency to be once a week (62.2 percent), followed by once every two weeks (16.2 percent), then once a month (5.4 percent).

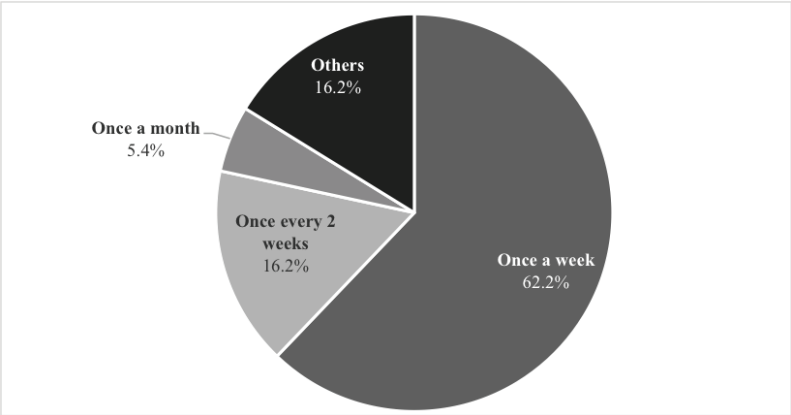


Figure 12. Cancer patients/survivors' preferred frequency of rehabilitation.

Location factor. Most of the cancer patients/survivors surveyed (70.2 percent) felt that location was an important factor when they decided whether to go for rehabilitation programs. In addition, the majority of the cancer patients/survivors surveyed (64.9 percent) said that they preferred to have transport to SCS provided.

Employment. The questionnaire included questions on the cancer patients/survivors' employment status before and after their cancer diagnosis. Only 27.0 percent of the cancer patients/survivors surveyed attributed the change in their employment status after their cancer diagnosis to the diagnosis specifically.

Qualitative data. Most of the patients/survivors surveyed shared that they were recommended to SCS by the hospital doctors or their friends. However, they also pointed out that many people were not aware of the services and facilities available in SCS. Some of the patients/survivors mentioned that SCS helped cancer patients/survivors to better understand how to cope with their medical condition, and allowed them to receive emotional support by meeting fellow patients/survivors. One of the men in the New Voice Club (i.e., the throat cancer support group) shared how the social activities helped him emotionally, and allowed him to walk out of his perceived state of hopelessness. Most of the cancer patients/survivors thought that physical exercise and social support were very important.

Some of the cancer patients/survivors shared that their jobs were affected by the cancer because of reasons such as bowel problems and inability to work long hours. However, other patients/survivors had understanding employers, and so their employment was not as heavily affected. One of the female patients/survivors, whose husband was also suffering from cancer, remarked that it was difficult to find employment while she was caring for her husband. She expressed her wish for help from SCS to seek alternative avenues for some income. She was also eager to acquire more skills on caregiving and rehabilitation therapy, so that she could provide her husband with better care.

One interesting feedback from a prostate cancer survivor was that SCS could tap on resources that were already available (such as facilities and activities in community centers), and could collaborate with other organizations, so that additional resources need not be expended on the provision of "replicated" services.

Discussion and Recommendations

This section aims to provide some suggestions and recommendations for SCS to enhance its existing cancer rehabilitation efforts.

Physical

The results of the NUH survey indicated that the most frequently reported symptoms experienced by cancer patients/survivors were pain/aching, weakness, numbness, persistent fatigue, and decreased ability to perform. Hence, tackling these more prevalent symptoms will enhance the patients/survivors' quality of life and promote increased participation in hobbies and activities.

The NUH survey findings indicated that the incidence of several symptoms increased with the age of the patients/survivors. These findings imply that either the elderly are more susceptible to cancer-related symptoms, or these symptoms become more common with age. Either way, it reinforces the fact that older cancer patients/survivors require extra care. This is especially noteworthy, since the individuals currently receiving services in the SCS Multi-Service Center in Bishan seem to fall within this higher age range.

The NUH survey results also showed that a particularly high proportion of lung, throat, and rectal cancer patients/survivors suffered from multiple symptoms that affected their quality of life. Consequently, cancer rehabilitation programs may need to pay special attention to these cancer types, whose patients/survivors may be more vulnerable. Amongst these

three cancer types, there are currently support groups in SCS which cater to throat and rectal cancer patients/survivors. However, there is currently no specific support group for lung cancer patients/survivors in SCS. Moving forward, SCS may wish to explore the possibility of establishing a support group for lung cancer patients/survivors, given that lung cancer has one of the highest median number of symptoms recorded among the cancer types (Molassiotis et al., 2010). The current absence of lung cancer patients/survivors in the SCS Multi-Service Center in Bishan suggests that more can be done to reach out to lung cancer patients/survivors.

The NUH survey findings indicated that "difficulty opening mouth, swallowing, and chewing", "numbness", "falls" and "breathlessness" were symptoms that increased in frequency with the stage of cancer. These results suggest that these symptoms should be monitored closely over the course of the patients/survivors' illness, as these symptoms can become more severe quickly and thereby significantly affect the patients/survivors' quality of life.

The NUH survey further observed that cancer patients/survivors experienced a higher incidence of cancer-related symptoms during the treatment phase, compared to the post-treatment phase. Hence, SCS can look into developing suitable rehabilitation programs that cater to the needs of patients/survivors still undergoing treatment. Extant literature also revealed that rehabilitation should be considered for all patients/survivors who experience functional issues due to their cancer condition, regardless of their cancer stage and treatment status (Stubblefield et al., 2013). In fact, the NUH survey results indicated a high demand for symptom treatment among patients/survivors undergoing cancer treatment. Hence,

this suggests that patients/survivors still undergoing cancer treatment are more likely to benefit from, and also more likely to attend, rehabilitation treatment. Nevertheless, careful consideration should be taken when designing appropriate programs for the cancer patients/survivors receiving ongoing treatment, as they may be weaker due to the side-effects of cancer treatment, compared to the cancer patients/survivors who have completed treatment.

SCS can adopt an active approach in reaching out to cancer patients/survivors by collaborating more closely with hospitals to follow up on cancer patients/survivors. As mentioned earlier, some cancer patients/survivors in NUH lacked awareness of the existing support groups and/or cancer rehabilitation programs. By stepping up its outreach efforts, SCS can ensure that there is a smooth continuous transition from treatment completion to cancer rehabilitation.

Although the NUH survey found that the majority of the cancer patients/survivors were not in favor of rehabilitation therapy, it should be noted that this survey was carried out in a hospital setting. Patients/survivors may not be willing to go to the hospital for rehabilitation programs, but may be more willing to go to a rehabilitation center located in a neighborhood in the heartlands as it is more convenient.

Psychosocial

One way to improve the psychosocial well-being of cancer patients/survivors is to meet their religious and spiritual needs. As mentioned earlier, one of the cancer patients/survivors surveyed in NUH mentioned that she would like to have a prayer room in the NUH Medical Center.

Generally, patients/survivors with strong faith in their religion tend to be more optimistic and positive about their medical condition. A substantial percentage (45.9 percent) of the cancer patients/survivors in the SCS Multi-Service Center in Bishan also indicated their preference for counseling, psychosocial or spiritual services.

The importance of meeting the cancer patients/survivors' psychosocial needs was further reinforced by the SCS survey finding that the majority (64.9 percent) surveyed preferred social activities such as outings. Extant literature shows that for many cancer patients/survivors, grief, anxiety and uncertainty mark the transition from patient to survivor (Morgan, 2009). Hence, the SCS Multi-Service Center in Bishan, through its programs and activities, can play a critical role in providing essential social and emotional support to cancer patients/survivors.

Environment. The environment where treatments or services are conducted in can influence the emotions of the cancer patients/survivors. The majority of the individuals surveyed in SCS (54.1 percent) expressed interest in having a relaxation room. Relaxation rooms can offer a warm and cozy environment for cancer patients/survivors and caregivers to rest and mingle with one another before and after their therapy sessions. Furthermore, 51.4 percent of the individuals surveyed in SCS expressed interest in having a resource center with a small library, to allow patients/survivors to read for leisure. The library can feature a good range of book genres and books written in different languages to cater to different ethnic groups. An example of a similar facility is the library in the NUH Medical Center, which features comfortable sofas and cushions, soft lighting, and a wide range of different book genres. Another example is the Dover Park

Hospice, which offers facilities such as quiet rooms, a garden, a koi pond, and a foyer with a piano, creating soothing environments where patients can relax in. Hence, SCS can consider the possibility of providing its clients with a dual-purpose relaxation-cum-mini resource facility in its Multi-Service Center in Bishan.

Costs of programs and location of rehabilitation center. The results of the SCS survey showed that cost and location were factors of concern for the majority of the cancer patients/survivors, when they decided whether to undergo cancer rehabilitation. These results were consistent with the NUH survey findings, which found that many individuals were unwilling to travel to the hospital for rehabilitation programs because of transportation difficulties. Hence, setting up heartland rehabilitation or treatment centers may elicit a better response than running rehabilitation programs out of hospitals.

The SCS study found that the majority of the individuals surveyed were only willing to pay a maximum of $5 to $10 to participate in rehabilitation programs or enrichment courses, as many of them were not working and had limited or no income. As cancer patients/survivors already incur huge expenses for their cancer treatments, the cost of programs should therefore be kept reasonably low to encourage greater participation.

Employment. The SCS survey found that the "return to work" option was the least popular option among the individuals surveyed (i.e., with only 24.3 percent of the individuals surveyed indicating it as their preference). This finding is not surprising, given that many of the individuals surveyed were retirees, and were no longer seeking employment. Cancer patients/survivors who were employed or seeking employment likely did

not invest as much time participating in the activities organized by the SCS Multi-Service Center in Bishan, and were thus underrepresented in the survey. This skewed survey sample notwithstanding, a significant number of interviewees (27.0 percent) nevertheless attributed the change in their employment status after cancer diagnosis to their diagnosis specifically. Therefore, if SCS were to reach out to younger age groups of cancer patients/survivors in the future, it would have to invest greater efforts in helping these patients/survivors seek reemployment. The NUH study found that the younger cancer patients/survivors were often forced to quit or change their jobs, either because of the frequency of their cancer treatment, or because they were physically not fit enough to work. Consequently, more can be done to assist cancer patients/survivors in rejoining the workforce. Reemployment assistance can also be extended to the caregivers, as they may face difficulties looking for alternative jobs. These caregivers now face more restricted job options, as they have to juggle their work and their caregiving duties at the same time.

Outreach to those in need and reinforcement of cancer-related focus. The SCS study observed that the individuals who participated in the various activities and enrichment classes appeared to be optimistic, active, and coping well. This observation then raises the question of whether SCS can do more to reach out to those individuals who really need help. While efforts can be expended to improve the quality of activities and classes for existing clients in the SCS Multi-Service Center in Bishan, SCS may also want to do more in reaching out to cancer patients/survivors who are really in need . Hence, SCS can strive for a good balance between outreach efforts and its activity-driven programs.

The SCS survey findings showed that SCS' current socialization activities and enrichment classes were highly successful in meeting the psychosocial needs of cancer patients/survivors. Building on the success of its existing programs and moving forward, SCS may wish to look into providing a more focused and structured curriculum for the cancer patients/survivors. Current programs, though rich in variety, may be lacking in focus. Coupled with the zero charge for most if not all of the classes, the lack of focus may explain the low attendance rates for some classes. Thus, it may be helpful for SCS to review the objectives of conducting certain classes or activities, and examine how they can potentially help the patients/survivors in the long run. For instance, a health-related slant may be included in some of the activities. Thus, a generic cooking class may be made more relevant to cancer patients/survivors if they are taught how to choose healthier ingredients and healthier recipes that cater to their dietary restrictions.

Tapping on external resources. One of the individuals surveyed in SCS pointed out that most SCS classes were similar in nature to those conducted in other organizations such as the neighborhood community centers, which might be more convenient for cancer survivors to attend instead. As such, SCS may possibly collaborate with external organizations in organizing the more generic enrichment classes, which do not necessarily need to be exclusively for cancer patients/survivors. The idea that SCS can collaborate with other organizations seems promising, as the SCS Multi-Service Center in Bishan shares the same building with other voluntary welfare organizations (VWOs) such as RSVP Singapore and WINGS. These organizations carry out generic enrichment activities such as talks on health and personal finance, and it would be beneficial for the cancer patients/

survivors to participate in these activities if possible. Collaboration between SCS and community centers can expose cancer patients/survivors to the outside community, hence allowing them to better reintegrate back into the community. While a closed support group for cancer patients/survivors is beneficial in providing emotional support for these patients/survivors, it is also imperative that these individuals do not isolate themselves and lose touch with the larger community over time.

Building on support groups: cancer patients/survivors as assets. The SCS study observed that a number of cancer patients/survivors were willing and motivated to lend support and mentor other individuals battling cancer. These patients/survivors constitute a valuable resource that has not yet been sufficiently tapped on. Currently, there are no services that link newly diagnosed cancer patients to existing cancer patients/survivors with the specific aim of mentorship through the cancer journey. This may be something worth exploring, as this pool of passionate cancer patients/survivors is an asset to SCS, and can help to sustain rehabilitation programs in the long-run.

As mentioned earlier, some SCS support group sessions were conducted lecture-style. However, it may be a better idea if the support group sessions are made more interactive, where participants can do more sharing with one another. As participants in support groups may find it intimidating to share in a big group, support group sessions can be conducted in a manner whereby the group is split into smaller subgroups of about three to four people. With this setting, passionate cancer patients/survivors can serve as facilitators or mentors for such personal sharing sessions on cancer-related experiences. Small group settings can provide

everyone with opportunities to share personal stories and these settings definitely provide a cozier experience than a lecture-style session where everyone listens to a single speaker.

The SCS survey also highlighted the importance of caregiver training in the form of talks and seminars, counselling, support groups, and training sessions for the caregivers of cancer patients/survivors. As the caregiver plays a critical role in the patient/survivor's cancer journey, it is important to equip caregivers with the necessary and essential skills to allow them to provide better care. As of now, there is no support group created specifically for caregivers. Hence, a caregiver support group can be established to provide caregivers with the platform to share their caregiving experience and to enable them to support one another on a stressful life journey. Talks and seminars related to the topic of caregiving can be conducted during these support group sessions. Such programs for caregivers create avenues for caregivers to air their concerns and clarify their doubts with healthcare professionals.

Limitations of Project

There are some limitations to this research. The 2 survey samples were not randomly selected. As such, the survey samples were likely skewed towards certain groups of individuals. For example, the individuals approached to respond to the surveys could likely have been those of a more friendly and cheerful disposition. People who seemed irritable or depressed, or looked unfriendly, could likely have been underrepresented. Such sampling biases mean that the full range of personalities and attitudes might not have been captured in the surveys. To ensure greater comfort and privacy of survey respondents, patients/survivors who were seated away

from the main crowd of patients/survivors in the waiting areas were more likely to be approached for the surveys. For the SCS survey, the individuals surveyed were those who were already quite active in the enrichment classes and support groups. Hence, their responses were naturally more in favor of such programs. The SCS survey sample did not really capture those individuals who were less open about their illness, and those who preferred to be left alone.

There were certain instances of language barriers where older patients/survivors were not able to converse in either English or Mandarin, but only in Chinese dialects, Malay or Tamil. Consequently, such older patients/survivors were also not captured in the survey samples. The translation of the questionnaires into Mandarin was done on the spot and in an ad hoc manner. Hence, the accuracy and uniformity of translation likely differed across different translators. Furthermore, the questionnaires were at times answered or filled up by the caregivers on behalf of the patients/survivors. Consequently, the accuracy of these responses was possibly compromised because the caregivers might not have full knowledge of the symptoms and struggles that the patients/survivors went through.

The distribution of patients/survivors with the different cancer types was not standardized across the NUH and SCS survey samples. For the NUH survey sample, there were 61 breast cancer patients/survivors, who made up a significant portion of the survey respondents. The next most common cancer type captured in the NUH survey sample was colon cancer, but there were only 19 colon cancer patients/survivors in the sample. Representation of the other cancer types in the NUH survey sample was even much smaller, with most cancer types having a count of less than

10 patients/survivors. Consequently, the skewed representation of cancer types in the NUH survey sample likely compromised the representativeness of the survey results. In the case of the SCS survey, the sample consisted mostly of breast, throat, and colon cancer patients/survivors. Again, the skewed representation of cancer types in the SCS survey sample likely compromised the representativeness of the survey findings.

Conclusion

Cancer rehabilitation is an emerging new concept that is becoming increasingly relevant with the expected increase in new cancer cases in the next few years. For this research, we surveyed cancer patients/survivors in the NUH Cancer Center, and cancer patients/survivors in the SCS Multi-Service Center in Bishan, on the physical and psychosocial aspects of their cancer experiences. Insights were also gained from reviewing extant cancer rehabilitation literature, as well as from observing and evaluating existing programs in the SCS Multi-Service Center in Bishan.

In line with the cost, location, and environment preferences expressed by the cancer patients/survivors surveyed, this study proposes the idea of establishing heartland treatment or rehabilitation centers to make it more convenient for cancer patients/survivors. Rehabilitation program fees have to be kept low to cater to retirees without income, and to cancer patients/survivors who have already incurred huge costs due to cancer treatments. Based on the suggestions from some patients/survivors surveyed, SCS can explore the possibility of establishing a relaxation room and a resource center in the future.

Improvements can also be made to enhance the existing rehabilitation programs offered by the SCS Multi-Service Center in Bishan. First, the center can provide services to help patients/survivors seek reemployment. These services are highly relevant to the younger cancer patients/survivors who hope to return to the workforce. Second, there is room to improve the interactivity and effectiveness of existing support group sessions and enrichment classes by breaking up the participants into smaller groups, with greater emphasis on sharing rather than lecture-style presentations. Passionate and capable cancer patients/survivors can be roped in to help facilitate rehabilitation activities and provide mentoring to their fellow cancer patients/survivors. Events, talks, and courses can take on a more relevant cancer-related focus, to equip patients/survivors with skills to better cope with their medical condition. Lastly, SCS can consider tapping on external community organizations to provide generic enrichment activities for patients/survivors, to save resources and avoid unnecessary duplication of services.

Overall, these suggestions aim to increase the relevance of SCS activities and services to cancer patients/survivors. Future research can be done to examine the caregivers' experiences and better understand the economic and emotional burden of informal care for cancer patients/survivors (Yabroff & Kim, 2009). Such research can improve understanding of the social impact of cancer, and allow healthcare and community organizations to better assess caregiver involvement in cancer rehabilitation efforts.

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An Exploratory Analysis: The Aspirations of Spouses of Incarcerated Individuals

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Abstract

This paper provides deeper insights into the experiences of spouses of ex-offenders in Singapore through the lens of aspirations. By conducting face-to-face and phone interviews with spouses of ex-offenders and their children, the authors seek to understand their aspirations and possible obstacles. New ideas are proposed to enhance existing programs run by Industrial and Services Co-Operative Society Ltd. (ISCOS) to assist families of ex-offenders. In particular, focus is placed on the Fairy Godparent Program (FGP), a program meant to help children of ex-offenders achieve their academic potential despite their circumstances. This paper provides two key recommendations. First, it proposes the introduction of a support group for the spouses so that they can find practical ways to leverage each other's strengths through a resource-sharing network. Second, it recommends the expansion of ISCOS' repertoire of extracurricular programs to promote holistic development for the children of ex-offenders.

Introduction

There has been a sustained interest in understanding the lived experiences of spouses of ex-offenders, but the task is arguably more urgent now. Given the robust link established between a neoliberal economy

and an expansive penal system (Cavadino & Dignan, 2006), the number of offenders and spouses implicated in such economies has dramatically increased in recent years. Singapore falls squarely under the neoliberal regime, and correspondingly demonstrates the second highest incarceration rate in Asia (Goh, 2009).

A line of research that has emerged conceives the family, especially the spouse, as integral to the process of the prisoner's reintegration back into society. That family support is crucial to the well-being of the incarcerated individual is well-documented (Fishman & Cassin, 1981). Through providing emotional and financial support, the family plays a crucial role in the incarcerated individual's "post-release success" (Nelson et al., 1999). Yocum and Nath (2011) advocate conceptualizing the experiences of mothers and children in "anticipating fathers' release from prison" so that professionals can build healthy father-child relationships. A second distinct line of research seeks to understand the lived experiences of wives of ex-offenders in order to address the needs of spouses impacted by incarceration. Chui (2010), for example, explores the narratives of women partners in the Chinese context in order to "give practical guidance… to reduce the negative consequences brought about by the absence (temporary or permanent) of the imprisoned on their families." Both lines of research provide a strong impetus to unravel the experiences of wives of ex-offenders. While numerous practitioners have sought to understand the lived experiences of wives of ex-offenders, few to none have tried to do so through the lens of aspirations.

Our research takes place in the context of a dearth of literature on families of ex-offenders in Singapore. The family as an institution is

especially important in Singapore, where the government lauds it as the main source of social support, followed by the community, and finally the state (Teo et al., 2006). Other than Goh's (2009) work that seeks to bring to light the hidden population of families of ex-offenders in Singapore by charting their relationships and social support, there have been few other qualitative accounts. Even official accounts of families of ex-offenders at large are scant; most prison systems are not invested in updating and publishing accurate statistics about the prisoners' families (Goh, 2009), and most literature is generated from the sizeable prison population in the US (cf. the US as the main exporter of penal trends — Wacquant, 2009). As such, we ask how wives of ex-offenders in Singapore make sense of their aspirations and elicit the associated implications.

Methodology

ISCOS runs the FGP to help children of ex-offenders achieve their academic potential despite their circumstances. Based on the recommendations of the social workers under FGP, we relied on purposive sampling and sought out informants who were most likely to be 'chatty' and provide information-rich responses (Abrams, 2010). We spoke to 10 mothers and three teenagers during house visits, and also conducted phone interviews with another three mothers. No real names are used throughout this report. While the sampling might skew the responses according to the gatekeepers' choices, in light of limited resources and time, we preferred access to potentially richer responses and the possibility of triangulating responses. While we sought to understand spouses of ex-offenders, we spoke only to mothers because we were more certain of developing

rapport (Finch, 1993). In full awareness of the ethical concerns of informed consent and weighing the risks against the benefits (Demi & Warren, 1995), we made it explicit that they could steer the conversation where they wanted, and discerned their openness to sensitive topics during our face-to-face interviews. It also bears mentioning that the purposive sampling method deployed in our qualitative research was not meant to generate a representative sample of wives of ex-offenders and mothers of their children, but to provide a fuller understanding of their aspirations.

Interviews were semi-structured, based loosely on an interview schedule developed from our literature review. We delineated the contours of their aspirations by asking the following questions (Mische, 2009): What are the social networks and institutions they can rely on to achieve their aspirations? What obstacles do they foresee? Why do they want what they want? Based on Tavory and Eliasoph's (2013) timescale-based typology of protentions, trajectories, and temporal landscapes, we sought to understand how they framed time from their daily schedules to unquestioned biographies. This yields a better understanding of their daily routine as a context for their aspirations. In order to put the informants who were understandably guarded at ease, we only jotted down field notes after our conversations. Our field notes were then coded for recurring themes.

Findings

Dual Roles of Mothers – Balancing Household Chores and Work

The mothers reveal that they spend a significant amount of time doing household chores, including taking care of their children and

cooking. Residual spouses of incarcerated individuals, especially those with incarcerated individuals who had previously contributed to the household income, face financial constraints (Chui, 2010). Not only is there one less source of income, financial constraints are exacerbated by imprisonment due to the attorney costs incurred (Arditti, 2003). Therefore, for some mothers, their husbands' imprisonment entails going to work for the first time in order to support the family. Unfortunately, they are not spared from the household chores, which seem 'natural' for these women to be in charge of. Brenda, who is a nurse at Tan Tock Seng Hospital, mentions that her packed daily schedule constitutes completing the house chores after her shift, while consciously ensuring that she has enough rest before her next shift. This echoes Hochschild (2012) who points out that working women are expected to go through their first shift at work, followed by their second shift at home. As a result of the heavy workload and responsibilities they have to shoulder, these mothers often suffer from poor mental and physical health.

There are also mothers who are not working. This is either because there is nobody to look after their children when they are at work or that they do not trust others to take care of their children. Nancy is unable to work because there is nobody else to take care of her children and grandchildren. She states that her children are in the "rebellious phase" and she wants to keep an eye on them. Mothers who are unable to work thus continue to depend on financial help from institutions, which often consider their employment status as eligibility for aid. This sometimes results in a paradoxical situation, where unemployed mothers are often the ones that need financial help most.

On the other hand, working mothers are either able to ensure their children are in good hands or have no problems as their children are mature and independent enough to take care of themselves. Rachel makes her son wait in school until she goes to fetch him after her part-time job whereas Brenda's older children are independent and do not need constant babysitting. Older children are generally better able to cope with the incarceration of their parents (Poehlmann, 2005). Some even take up additional responsibility by working part-time or full-time to support their residual parent financially (Goh, 2009), like Ruth's kids. However, this may not be entirely beneficial because these children are entering the labor market prematurely, which may result in poor work ethic and less social interaction with their peers (Noller and Callan, 1991).

Both working and non-working mothers find that leisure is a luxury. Mothers who are obliged to take up dual roles have less time for themselves (Arditti, 2003). This inadvertently affects their capacity to care for their children as well. Hannah does not have the energy to bring her children out by the time she ends work at a food court and finishes her household chores. Time is not the only barrier for leisure; Sheila recognizes that leisure costs money and thus avoids going out.

Support System

Family and friends. Despite the challenges they face, most mothers share that playing their role as mothers is a source of strength for them to overcome their difficulties. Based on the interviews we carried out, mothers who mention that their children are independent also depend on their children as a source of support. Perhaps a darker side to such a relationship with their children, as one of the social worker points out, is

that some children who help out with housework and take care of their younger siblings become 'little mothers' themselves. As with teenagers who prematurely enter the labor force, there may be developmental consequences for these children.

Other family members also provide a network of support. Some mothers confide in their siblings for emotional support. Catherine meets up with her younger sister frequently and talks to her everyday over the phone. They share about their children, family affairs and everything that is happening in their lives. Family members not only provide emotional support but practical help as well. Sheila's sister helps her to take care of her children. This support system is not limited to emotional and physical help and also includes financial support. Nancy is dependent on her step-son for pocket money since she is unable to work and the financial help she receives from institutions is sometimes insufficient. Such "resource-sharing networks" are important in helping mothers overcome the incarceration of a family member (Braman, 2002). Given how crucial such social networks are, mothers without access to such "resource-sharing networks" deserve more attention.

The presence of the extended family may also add on to the constraints that the family is already going through. Besides looking after her children, Rachel still needs to take care of her elderly mother. These heavy responsibilities take a toll on Rachel over time. The physical presence of the extended family in the household is also a source of strain as elaborated in a subsequent section.

Religion. Religion is an alternative source of strength for the mothers. Praying provides a sense of comfort and gives the mothers the

strength they need in times of difficulty (Lane, 2012). Brenda visits the mosque and stays there for a few hours to gain strength for her to move on while Sharon confides in her church friends whenever she faces a problem.

Institutions. The incarceration of a family member exposes the mothers we interviewed to social workers, counselors, and psychologists. Mothers like Catherine and Rachel are comfortable with sharing everything with the ISCOS social worker. Their relationships with the ISCOS social worker are essential to their well-being because of how she acts as their trusted confidante. Rachel especially relies on this support from social workers since she professes to have cut off all social ties with friends. This may be due to the stigma associated with incarceration (Lowenstein, 1986), resulting in the lack of support from family and friends, as we elaborate on later. Persons associated with incarceration tend to avoid sharing their concerns with friends as they seek to avoid the attendant embarrassment of such an association (Merenstein et al., 2011; Hairston, 2002). These mothers are unable to seek help from those around them, and as a result, they look to support provided by external organizations (Arditti, 2003).

Several mothers also have an overwhelmingly positive experience with the institutions they are in contact with. Brenda, for instance, capitalizes on the opportunities that ISCOS and other organizations provide for her to visit recreational places, for her kids to take classes, for 'family bonding' and de-stressing. Several mothers emphasize the importance of these extra-curricular classes (which they otherwise cannot afford for their kids) because they build confidence in their kids. In even more fundamental ways, various institutions have helped Ruth find housing and linked her up with various financial schemes to sustain her family. It is not just the

mothers that benefit from institutional opportunities and interactions with the staff. A social worker's aptitude in handling messy affairs in a youth's family has inspired the youth to aspire towards the same vocation.

However, there are also mothers who share about thorny encounters with the staff of various social service organizations, primarily when they are in the process of applying for aid. After an unsuccessful application for financial aid, Daisy vows not to ask again because she is exasperated that the officer from a family service centre would dig into her problems without helping her in the end, especially after spending on her bus fare. The social worker whom Hannah comes in contact with has even recommended that she save a few cents every day in order to cope with her debt. This frustrates Hannah immensely. Several other accounts also reflect how appealing to the institutions for help is a harrowing experience for the mothers. Even if the experience is not overtly unpleasant, the mothers have to be 'thick-skinned' and go out on a limb when asking for additional help.

Health

The mothers we have interviewed often do not have personal time and face inordinate amounts of stress from their life circumstances. A startling number of mothers share that they have struggled with or are still struggling with suicidal thoughts and depression. Brenda has had suicidal thoughts but managed to fight her emotions because the need to take good care of her young children is a source of motivation for her to get back on her feet. However, the motivation to live on is still low for others. Sharon perseveres but sometimes she prays to God to take her life away because she feels that her life is meaningless and her future is bleak.

The children of incarcerated parents are also at heightened risk of developing mental illnesses. They develop esteem problems because of the social stigma they experience (Merenstein et al., 2011) and some become depressed (Arditti, 2003). This may be due to the inability to cope with the incarceration of their parents, who are alive but 'emotionally and physically absent' (Davies et al., 2008). These children may also exhibit behavioral problems such as acting out and behaving violently (Davies, 2008; Johnston, 1995). Children may also develop anti-social behaviors (Murray and Farrington, 2005).

The likelihood of mental illnesses leads the mothers to look to psychologists for help. Brenda's third son has undergone some behavioral problems and she has sought psychiatric help. Gillian also depends on psychiatrists and counselors to advise her on how to parent her child because she is wary of her family history of depression.

Space

As ISCOS has identified and targeted in Project LEAP (Learning Environment Assistance Project), children often do not have a proper study environment at home. As such, ISCOS repaints the house as is necessary, provides a study desk and a chair, and shares good parenting practices for the child's benefit. However, Project LEAP is far from a magic bullet. A pair of siblings find it "uncomfortable" to study in a small space with a large number of people. As for Daisy, the new study desk and chair are placed next to the television, which Daisy's parents switch on while their grandchild is studying. These examples illustrate that in spite of the ISCOS team's best efforts to execute Project LEAP (such as positioning the desk optimally and advising parents on good practices), there are still

limitations inherent to such an endeavor. For instance, the lack of space and coordination of the use of that space with other family members are inflexible constraints that are not overcomed easily. As such, a significant number of children opt to study in school or in their friends' homes instead.

The study environment is not the only way that space constraint structures the living space of families. Besides Daisy, Felicia also feels that the lack of space, the presence of her extended family, as well as the clutter, make her "go crazy". On a larger scale, several mothers are also concerned about the rental neighborhoods they live in and the perceived threats such neighborhoods pose to their children.

Aspirations

"Don't be like him!" The aspirations of the wives of ex-offenders are dominated chiefly by aspirations for their children, on whom many mothers bank their hopes. When prompted to clarify what they want for their children, many mothers share half-jokingly that they do not want their children to turn out like their partners. Sometimes, the children share the same frame of reference as well. When Hannah tells her children that she does not want them to turn out like their father, her sons exclaim, "You think we are idiots? Of course we won't be like our father." How the wives of ex-offenders and their children define their aspirations against the fathers' incarceration is a familial coordination of futures, which reiterates the indelible impact of incarceration on the lives of families with ex-offenders.

Clearly, there is an expectation and narrative arc that the mothers are responding to. Reintegration organizations that aim to break the cycle of intergenerational offending inevitably refer to (and arguably construct)

such a narrative. Such a narrative is, again, inextricable from stigma. Stigma, which has been mentioned above, is sticky and often associative (Goffman, 1963). Stigma associated with the incarcerated individual often affects family and friends as well (Comfort, 2007). During the time that the individual (usually the breadwinner) is serving term, family members tend to interact more closely with the community, typically through the workplace or at places of residence, and are thus more exposed to the stigma of an incarcerated family member.

Some mothers are motivated by this drive to keep their children from offending. As mentioned earlier, providing "a good life" for her children gives Brenda the strength to move on. The appreciation that her children express through nominating her for an award further gives her the strength to live her life. This is also to prove to 'people' that her kids can have a good life even when their father is incarcerated. When Brenda is prompted to clarify who these 'people' are, she reveals that her imagined audience is the general public as well as her extended family.

While some mothers manage to respond positively to the expectation of intergenerational offending, not every family is so fortunate. Societal expectations and perceptions of these children as being 'at-risk' continue to place social pressure on many other families, and may result in a self-fulfilling prophecy (Goodwin & Davis, 2011). It is also important to situate the unquestioned stigma associated with a conviction in the context of Singapore's neoliberal economy and punitive penal policies (Cavadino & Dignan, 2006); such stigma is the consequence of "symbolically harsh statutes" (Braman, 2002).

Short reach. The mothers tend to have a short planning horizon.

When prompted about what they want for the future, the mothers tend to express that they have not thought about it or give a very tentative answer. Sheila professes that she is rather happy-go-lucky, which means not talking too much about her problems or thinking and caring excessively about the past and future. Hannah, who has worked for three months in her current job but finds it tiring, is also unsure if she would continue working in future. Whether her children continue studying is contingent on how well they would do in their final exams. Her philosophy, she shares, is to deal with things as they happen (走一步，算一步). Catherine believes that thinking about the future is a luxury she cannot afford, and merely hopes to pay the bills every month. Again, it is significant that the short-term demands require more attention than the future. There may be several reasons to account for this. O'Rand and Ellis (1974) suggest that the working class take a shorter perspective than their middle class counterparts. In addition, with reference to the familial coordination of futures, the family member's incarceration introduces an element of uncertainty that makes establishing concrete and long-term plans difficult. Finally, the future may be so daunting that shorter-term goals are more manageable. In order to cope with her partner's incarceration and single parenthood, Felicia whittles her goals down to keeping her three young children clean and presentable every day.

Little clarity. The short reach of the mothers' aspirations is entangled with a hazy vision of the future. Given the isolation of some of these mothers from other families in similar circumstances, these mothers are unable to look to forerunners as bearings for their futures. One way to examine the clarity of future aspirations is to plot it on the axes of 'abstract' and 'concrete' attitudes. Mothers tend to express more abstract rather than

concrete aspirations for their children. Michelson (in Kao and Tienda, 1998) distinguishes between abstract and concrete attitudes in order to explain the 'attitude-achievement paradox' amongst the African Americans, who tend to exhibit high aspirations with limited achievements. While concrete attitudes describe beliefs gleaned from experiences, abstract attitudes are not grounded in experience, and can reflect "popularly held beliefs" such as the promise of education.

Academic excellence. This is a recurring abstract aspiration in the face of contrary experiences. The mothers typically perceive that not being like the ex-offenders entails their children studying hard and doing well in school. The universality and singularity of such an aspiration is stark, especially in light of the numerous structural barriers that these children as well as their mothers come up against. Often, these mothers do not have the resources and time to spend on their child's development and education. For example, they have no time to monitor their children's work, have limited capacity to teach their kids, and cannot afford tuition classes that their children's classmates attend. Hence, they have no bandwidth for "concerted cultivation" like the middle-class parents Lareau (2002) theorizes about. We contend that the narrow breadth of these mothers' aspirations can be attributed to the institutional and societal definitions of success. For instance, ISCOS understandably offers free tuition to children in recognition of Singapore's 'meritocratic' model of social mobility.

However, in response to Tavory and Eliasoph's (2013) call to avoid both "reduction" and "complicity" in understanding how futures are coordinated, we point to the ways in which spouses of ex-offenders coordinate their futures with institutions. Often, futures and aspirations are

coordinated through an unequal partnership between the families of ex-offenders and institutions, with limited or no participation from the families themselves. According to Frye (2012), aspirations can also be interpreted as assertions of identity. In the context of partners of ex-offenders whose access to institutional help is somewhat contingent on these aspirational identities — social services are more willing to help the mothers who are "willing to help themselves", we add that staying positive and maintaining conventional aspirations is a kind of identity work that these mothers have to do. In fact, one of the mothers shares that she tells social services organizations "what they want to hear" in order to get the help she needs. This is not specific to ISCOS but is true of the social services sector in Singapore at large.

Recommendations

We begin with the objectives of the FGP, which are taken off ISCOS' (2014) website:

The Yellow Ribbon Fund-ISCOS Fairy Godparent Program (FGP) helps the children of ex-offenders from low-income families to have a good education and acquire positive life skills. In doing so, we hope to break the cycle of inter-generational offending. We also extend friendship and support to the beneficiaries and their family members so that they can aspire to have a better future.

These objectives bear further examining as we consider the implications of our research. In recognition of the collateral consequences

of incarceration that family members bear, as well as how these families often have less to begin with, ISCOS aims to equip the children with better education opportunities and relevant skills. More pertinently, we suggest that our research is especially relevant as ISCOS considers the different ways in which it can "extend friendship and support" to ex-offenders and their families. As such, we lay out recommendations for FGP in a few broad strokes, skimping on detail to the degree that we have not set out to evaluate the programs and are not in full awareness of ISCOS' plans and constraints.

We suggest a greater attention to the needs of wives of ex-offenders or the caregivers of children. While we thus far have used 'wives', 'spouses', 'mothers' rather interchangeably, we notice that ISCOS overwhelmingly construes our interviewees as 'mothers' or 'parents'. When ISCOS engages with the spouses of ex-offenders in programs, it is mostly in their capacities as 'parents' or 'mothers'. By contrast, the resources and programs devoted to the children of ex-offenders are far more significant. ISCOS already demonstrates awareness of the tremendous amount of stress the mothers face through the support of social workers' case management. However, we suggest a greater programmatic attention to these mothers.

While extended family support is immensely helpful to some mothers, not every mother has equal access to such support. As such, we suggest that these women can be brought together in a support group, both to fight the silence of social stigma and to find practical ways to leverage each other's strengths. This would act as a resource-sharing network especially for women without family support. For example, mothers within the support group can help look after one another's children, thus freeing

up time for these mothers to either work or to see to other family matters. Bringing mothers together also presents an opportunity for ISCOS to listen to their needs in a less resource-intensive manner than case management, and to affirm these women's capabilities. In addition, "success stories" and the experiences of mothers can be shared at these support groups, so that the younger and more inexperienced mothers can receive guidance for their uncertain futures. Besides support groups, and in view of how many of these mothers view leisure as a luxury, we suggest having more outings under FGP as an opportunity for them to get some respite from their stressful life routines, and to improve parent-child bonding. Needless to say, this is not a zero-sum equation, since supporting the mother also benefits the child.

After speaking to the interviewees, we find it striking that non-academic programs feature prominently in many kids' experiences. As we have mentioned earlier, several mothers appreciate extra-curricular activities such as dance, acting, and photography classes as opportunities for their children to explore hidden talents and develop self-confidence. Investing in extra-curricular activities also squares with ISCOS' objective to disrupt the pattern of intergenerational offending according to Hirschi's (1969) social control theory. In asking why people do not commit crimes, Hirschi arrives at involvement in prosocial activity as one of his answers, due to the high opportunity cost of deviance as well as the lesser spare time to commit crimes. Further, Bourdieu (1986) invokes the unequal distribution of cultural capital between social classes to explain their skewed academic achievements. Although extra-curricular activities cannot equip these children with all manners of cultural capital, they can confer the children with attitudes and knowledge necessary to navigate the various fields. As

such, we advocate retaining and even expanding the repertoire of extra-curricular programs.

Conclusion

Given our relatively small sample size and brevity in interacting with the spouses of ex-offenders, we hope our findings about their aspirations as well as our recommendations will jumpstart more extensive efforts to understand them in the future. The bind that the families of ex- and current offenders are caught up in stem from larger structures such as the expectation for families to be the first line of social support in Singapore, stigmatization of ex-offenders, and neoliberal governance. Against and circumscribed within such large structures, ISCOS' challenge of implementing FGP seems challenging but even more courageous. We look forward to greater bottom-up efforts to shape the programs of families of ex-offenders.

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Exploring Child Protection in the Community

CHONG YEN KIAT

Abstract

This paper aims to examine how social workers based in family service centres (FSCs) perceive and conduct child protection work. Through a series of semi-structured interviews with social workers, this study shows how the knowledge and practices of FSC-based social workers are partial rather than absolute, and are construed largely in relation to the government's Child Protection Service (CPS) at any point in time. This alludes to the integrated direction the child protection system in Singapore is heading towards, one where there are shared roles and responsibilities between various community stakeholders. This paper recommends that practitioners should practice reflexivity by enhancing their awareness of how the structure of the child protection system shapes the subjective perceptions and practices of different professionals within the system. Recognizing this will create a greater collaborative context in child protection work between the various child protection agencies.

Introduction

The Community in Child Protection Work

Existing literature on child protection has increasingly emphasized the importance of involving the community (Barter, 2001; Maniji, Maiter

& Palmer, 2005; Mondy & Mondy, 2004; Schene, 1998; Thompson, 1995; Waldfogel, 1998). One key reason lies with the fact that the community is a repository of diverse forms of social support – resources of value to the individual – which can be tapped on to deal with the multi-faceted issues associated with child protection cases (Maniji, Maiter & Palmer, 2005; Thompson, 1995). Barter (2001) proposes a community building conceptual framework for child protection, where he calls for collaboration amongst the various stakeholders in the community by "linking and identifying with each other in the political dimension". Collaboration is needed in order to create second-order change, which Barter (2001) defines as "innovation through a shift from the traditional top-down bureaucratic paradigm to a client/community paradigm".

In light of calls for reform of the child welfare system in Australia, Mondy & Mondy (2004) advocate a new vision for child protection, with a "whole of community" approach involving "courageous and inspired communities which protect children from abuse and neglect". This requires the community to be directly engaged with the issues of child protection, since child protection has to be viewed as the joint responsibility of individuals, families, communities, and governments (Mondy, & Mondy, 2004).

The Local Context

In Singapore, child abuse and protection work is embedded in a multi-systemic setting stemming from an ecological perspective. The CPS of the Ministry of Social and Family Development (MSF) is the lead agency in child protection, offering both care and protection to children suspected of abuse, and helping their families address multi-faceted

problems through collaborative partnerships with other government and non-government agencies (Goh, 2011).

To tackle child welfare issues, MSF has initiated an Inter-Agency Network, as well as an Inter-Ministry Working Group on the Management of Child Abuse (Goh, 2011, p. 19). These initiatives are significant in the field of child protection as they delineate the roles and responsibilities of community stakeholders towards the protection of children. In order to ensure that the other agencies involved in child protection work are firmly aware of their respective roles and duties, a manual pertaining to the management of child abuse and the intervention framework for all partners – childcare centres, schools, the police, and voluntary welfare organisations – has been formulated (Goh, 2011). These initiatives highlight the multi-faceted nature of child protection work, where collaboration between CPS and various community-based agencies is emphasized.

In recent years, there appears to be a shift towards more proactive and preventive efforts at the community level to protect the welfare of children. There has been an increased recognition for the need to do more for abused children, especially due to the rising number of reported child abuse cases (Tai, 2011). In 2013, MSF collaborated with two social service agencies to set up Child Protection Specialist Centres (CPSC) for the protection of abused children, as a means of assisting CPS in managing moderate-risk cases and assisting community-based agencies in managing low- and moderate-risk cases (Tai, 2011; Tan, 2014).

In Singapore, social workers are typically based in FSCs, which are examples of community-based agencies that are allocated a defined geographical locality to work within, and are tasked with integrating

themselves into the community. They are also expected to be mobilisers of services that relate to the social well-being of families in the communities they operate in (Briscoe, 2005). The main objectives of FSCs are to help community residents develop interconnections, network with one another, and offer one another support and friendship (Briscoe, 2005). Therefore, social workers in FSCs are strategically positioned to be the leading change agents who facilitate collaboration with other community stakeholders to form an integrated network of community support for child protection.

Research Aims and Definitions

In line with MSF's vision to promote greater community involvement and responsibility towards child protection, this research aims to contribute to this vision by eliciting the views of FSC-based social workers on the role of the community in Singapore's child protection system.

According to the United Nations General Assembly, child protection is the prevention of and response to all forms of violence and abuse towards, and exploitation of, children. It is a right to which all children have access to, under the Convention on the Rights of the Child (Gregson, 2014, p. 74). In Singapore, child abuse constitutes physical abuse, sexual abuse, neglect, and emotional/ psychological abuse (Ministry of Community Development, Youth and Sports, 2002). Belsky (1980), in his seminal paper on the ecological model of child abuse, uses a generic term 'child maltreatment' to refer to the different types of abuse as well as neglect. As such, this research adopts the term 'child abuse' in a generic sense to encompass the various types of child abuse and neglect, while the term 'child protection' refers to the cases of child abuse that professionals

deal with. A child protection system is defined as "certain structures, functions and capacities that have been assembled to prevent and respond to abuse, violence, neglect and exploitation of children" (Gregson, 2014, p. 73).

Methods

This research is a qualitative exploratory study that aims to uncover deeper insights into how social workers based in FSCs perceive and work with child protection cases. This paper aims to answer two main questions. First, what are social workers' perceptions of child protection in the community? Second, how do social workers intervene in these cases?

Research Design

Qualitative research is an attempt to make sense of phenomena in terms of the meanings people attribute to them (Denzin & Lincoln, 2000). An in-depth semi-structured qualitative interview has been used with participants in order to elicit and capture varied and detailed responses. As the aim of this study is to explore social workers' opinions and experiences with child protection cases in the community, a qualitative design incorporating semi-structured interviews is appropriate.

Recruitment of Participants

The sampling method used in this research is purposive sampling, which aims to select respondents who are able to provide the needed information for the research. Purposive sampling allows us to interview willing participants who are relevant to our research topic (Ezzy, 2002).

Personal contacts of social workers based in FSCs have been tapped for this research. In addition, emails have been sent to several FSCs to invite them to participate in the research. In this paper, the term 'social worker' is used to refer to the participants of this research. These participants are social service practitioners working in an FSC, who have had at least three years of working experience with children and families. A total of eight participants from seven different FSCs across Singapore have been recruited.

Data Analysis

All interviews have been audio-recorded with permission from the participants and transcribed verbatim in English. An inductive or data-driven approach to thematic analysis is adopted in this research where the themes identified are strongly linked to the data themselves (Braun & Clarke, 2006, p. 83; Boyatzis, 1998, p. 45). Themes are patterns found in the information that at the minimum describe and organize the possible observations and at the maximum interpret aspects of the phenomenon (Boyatzis, 1998). Transcribed data from the eight interviews are read multiple times and coded. Related codes are then merged into sub-themes and themes. A total of four themes emerge from this process.

Limitations and Strengths of Study

Similar to most qualitative studies, the sampling strategies of this research do not ensure representation as the sample size is small, and findings are not generalizable. Nevertheless, the findings relate to the sample studied and provide insights into the experiences of FSC-based social workers in child protection work, and therefore meet the exploratory aim of the research.

Findings

The aim of this research is to explore social workers' perceptions and interventions when handling child protection cases. This section reports the themes and sub-themes which have emerged from the interview data.

Increased Involvement of Community in Child Protection System

Perceived division of child protection cases between CPS and FSCs. Social workers in FSCs see themselves as handling child protection cases of low and middle risk; high-risk cases are perceived to fall under the jurisdiction of CPS.

> *"If it's low risk, then it can be managed by FSC. But for medium risk, it needs collaboration with other agencies while case managing a child abuse case. If it's a high risk, then I think that it should be referred to the ministry." (Participant A)*

> *"If it is really high risk, then we will let CPS take over from there. But if it is low or medium risk then we will want to contact the school to find out what their observation of the child is and what is happening to the child recently and if there are any changes in behaviour and school attendance etc." (Participant G)*

One common reason for such a perceived divide is that high-risk cases (cases where abuse has occurred) tend to be detected by schools or hospitals, and reported directly to CPS.

> *"We seldom receive cases of actual abuse. Because if let's say a child is really being or is already abused because of some injury,*

so I guess the school will be the first person who come to know them. If let's say they attend the school regularly, so the school may report. Or if let's say the parent brings the child to the hospital for the medical attention due to some form of like the injury, so maybe the hospital they come to know about it. […] So this explains why we don't receive so many of the actual child abuse cases directly." (Participant C)

When asked by the interviewer if the cases that the FCSs receive are generally not high-risk ones, the participants respond as follows:

"I would think so. These are cases where the abuse has most likely not yet occurred, or if it has occurred, the immediate threat to the child's safety has been mitigated by CPS and our role is more towards preventing it from re-occurring." (Participant C)

"Actually usually if it's a true case of child abuse, it will go to Child Protection [Service] already. The cases that we deal with here, that have child protection concerns, are usually those that come in for other issues. So maybe they come in for shelter, they come in looking for house, then we realize that they have been living on the beach with their three year old kid. This is a concern for us. Then we will raise it up to Child Protection [Service]. If it is usually from hospitals and schools, they will refer directly to child protection. Our clients usually come in for other purposes, and then along the way we realise that something is not right, then we probe further." (Participant E)

Shift towards community. Further credence to the claim of such

a perceived divide lies in the recent trend towards a greater involvement of the community in child protection cases. Interviewees note that in recent years, it has become much harder to make a case referral to CPS. Despite their risk assessments of cases warranting the attention of CPS, they find that the latter has become more circumscribed in the intake of referral cases, often preferring to leave it to the FSC social workers to handle the cases first.

> *"FSCs have been raising concerns and they would want MSF to step in but then MSF now is more community-oriented actually. They don't step in so heavy-handedly now. Actually, there is a huge change. Really! Sometimes you are like how come when we are like concerned but they are not stepping in. […] Of course if it is really serious they will come in straight away. But in a situation where there is moderate to low risk, I think they want to see how the community can support the family. I do see them moving in that direction as well. You know, where they are looking at the community-based agencies actually working alongside with the families, rather than them being so heavy-handed. And the State only has so much resource and can handle so many cases." (Participant F)*

This shift invariably causes feelings of exasperation for some social workers, who are often required to adopt extraordinary strategies for these cases.

> *"This is a case we asked MSF to take. They don't take, ok, we already warned them of some of the things and we see more things coming. So my style is, in case anything bad happens to the child,*

we have to go more often to check up on the child. MSF say they won't take it up for investigation but we keep them informed about this case. […] I cannot give it up, as far as I am concerned, it means that MSF have a different benchmark; they don't see it as high risk enough for them to open up a case and supervise themselves. So if that is the case, then I have to continue, I cannot just close the case. I will still have to keep an eye. What if I close the case and MSF say that we are not taking on this case? My agency referred but they did not take it up for investigation. So it is still my agency's responsibility. So if something happens to the boy, and we closed the case, whose negligence is it? My agency, I will think so." (Participant D)

In particular, one resultant strategy mentioned by the social workers is to frame and present a compelling case to CPS.

"I think the challenge would be, if you make a report, they won't take it straight away. Then you really have to present your case and I think the challenge would be how you view the case and how MSF view the case. But then, from what I know, from what I understand, MSF assessment will really depend on the information that you, the referring agency is presenting to them. So if based on their assessment on the data or the information that you presented to them, if it doesn't merit that they should come in, then they won't take the case. But if you are the worker and you feel like they should come in, then how are you going to persuade them through your presentation of the case? I think that's the challenge." (Participant A)

"Sometimes it's the way we present our information to them. If we feel that certain basic needs are not met, we can then question them on why they feel that these are not serious enough for them to take on the case? Or sometimes I will blatantly ask the officers, so what is it exactly you are looking for before you are willing to open the case. Then I will look out specifically for these signs and evidences and of course if there is I will present back to them. If there isn't then I will just have to hang on till it surfaces. Because if it's a genuine case of child abuse, in time to come, the evidence will surface." (Participant E)

Varying levels of competency in community. In light of the recent trend to entrust the community with more responsibilities in child protection cases, social workers have also cautioned about its potential drawbacks – not all social workers in FSCs possess the competency to handle child protection cases.

"Previously when I worked in a children's home, we get very frustrated when the Ministry workers tell us no, no, no, the case will go back to the community, will be referred to a FSC. Because we are telling them that they need to hold on to the cases. […] If you tell me the case will go back to the community, I don't know what is the quality of the workers there, it's a 'heng suay' kind of thing [dependent on one's luck]. And we have really dealt with workers that really […] you just want to do their jobs for them you know. So, it's a gap. It's a very real gap." (Participant E)

It is further revealed that the varying levels of competency in the community can be attributed to two factors. First, the varying levels can be

due to the lack of adequate expertise/training in child protection in some FSCs.

> *"I think from my past experience with FSCs or VWOs, when they are asked to work with child protection cases, they are not very willing. Maybe they feel that they do not have the authority or the skills to engage or are fearful of the perpetrator, or they do not want the responsibility. I mean it's a child and something happens to the child, I do not want to be responsible. But it is also because of the service model of FSC and you can't expect them to be visiting once a week, they have other things I believe they are committed to also. So the intensity is not there, the knowledge perhaps is not there. What is acceptable or what is not, when do you know to escalate or when do you not, how do you work with a perpetrator or how do you keep a child safe, they may not have that expertise. How do you be child-centric? So I believe that FSCs do struggle with that." (Participant H)*

> *"FSCs predominantly don't do child protection work. A lot of FSCs don't know how to handle child protection work. […]Because we have worked with many FSCs; a lot of them are really, I don't know what to say about them. They have no knowledge of child abuse, they have no knowledge of working with a family. They are mostly caught up with disbursing SPMF (School Pocket Money Fund) and financial assistances. So it's a different ball game. My agency is unique because we are child focused. And a lot of my colleagues here have experiences working with children directly […]. So that's why we are more equipped with knowledge and information*

and resources that are available to handle this kind of cases. But not all FSCs have the same competency." (Participant E)

Second, the cases which FSCs work with are often handled on a voluntary basis.

"For child protection cases, you say come here, and they don't want to turn up at the start [...] So you have to do a lot of home visits,[...] you have to sell them the idea why we should be child-focused, which is a lot of hard work and certain workers feel that it is a bit imposing at the start, [...] and if you don't see or believe in the cause, you will feel that you are imposing your ideas to the family. That is why I think FSCs are not ready right now if you say that we are to open the floodgates to them. Unless the FSC has already known the family. Usually if the family is not known to the FSC and you refer to the FSC, the FSC finds it hard to engage. Usually they visit once, or they send call-memo for you to come down and if you don't come down then they close the case and tell CPS that they are not engageable, which is not the model that we want or the help that these families should have. So you see that these families are very high in needs, they are very different, they have their own difficulties so we need to reach out to them instead of they coming, something which I think is still lacking due to the voluntary nature of cases in FSCs." (Participant B)

Doing Preventive Work

Another theme which surfaces is the social workers' perception of their role as one that prevents child abuse and neglect, when they work with

child protection cases.

> *"I would like to think that social workers intervene at a preventive level to prevent abuse from happening so that we can teach parents effective ways of bringing up children without resorting to violence or neglecting the children." (Participant D)*

For the social workers, prevention is fundamentally about being aware of possible threats the child may face and mitigating them in advance.

> *"I'm not really handling child abuse. Not that I'm not, maybe because it's just that the cases given to us or those cases coming to us not really child abuse cases. But even if I'm not handling a child abuse case, I'm more into preventive side. So, for example, the School Pocket Money Fund. If you look at it as just an SPMF case then it would just be easy, just disburse and that's it. But if you look at it in a holistic way, then you would ensure the safety of the children, and then their welfare, their needs. Are their needs met by the parents? Or is there any neglect happening, are there any welfare issues happening in the family?" (Participant A)*

In other words, child abuse prevention begins with the awareness of the social worker. This implies having to constantly keep in mind the child's needs and safety while working with the family.

> *"Prevention work is also on quite a continuum, you can be doing parenting talks and all, it is also prevention work but I'm not too sure whether people view it as that or is it just a life skill for parents only. So people may do all this, they may already be doing their so-called prevention work but they may not view it as preventing*

child abuse. So if it can be put into that view, there may already be a pool of prevention work that is being done. So I don't know whether if just the acknowledgement of such programs will bring to consciousness that this is really the child abuse prevention strategy." (Participant H)

Possessing a child-centric perspective does impact the way FSC-based social workers administer their welfare schemes and handle cases. The existing family-focused activities and schemes, such as parenting talks and financial aid, do also have a child-centric orientation to them if the social workers constantly maintain a holistic approach to child welfare in their daily work.

"I think the first part is when you do assessment. When the family comes for school pocket money, it's critical how you assess the situation. Oh, they are in a financial crisis so they need assistance. You need to apply for pocket money. […] If your focus is just to administer the school pocket money fund, then your assessment will really focus on the financial side. But if you look at it as a holistic approach then when you do the assessment, even during intake, […] the direction of the assessment is not just about income and employment issues. But how does this income and employment issue affect the family, affect the children, affect the parents' capacity to ensure that the needs of the children are being met. And to ensure that the kids are being supervised. Or are they out of the house because they need to work overtime until evening, and then the kids are just left behind? And who are the ones responsible? Ya, so when you do the assessment, you look into these also." (Participant A)

Importance of Relationship-Building with Parents

For social workers, the ability to build good relationships with parents is a must. It is the starting and determining criterion as to whether they are able to handle a child protection case within the community or they have to refer the case to CPS.

> *"Normally if we work with the family, if they are willing to cooperate and change, then don't need to refer [to CPS]. I think in Singapore, all the VWOs are like that. Even the parents might be harsh, even in cases where parents use a bunch of canes to hit the children, my staff will work but if parents are not willing to cooperate, in the end I will tell my staff to report to MSF." (Participant D)*

> *"The most important thing is the client relationship. We have to build up a relationship and once the client finds that we have their welfare at heart, that is where psycho-education will come in to be effective. Sometimes this takes time." (Participant G)*

There are two key reasons why relationship-building with parents is important. First, the manner in which the FSCs operate always means that parents, rather than children, are the primary clients.

> *"Parents are the main point of contact because they are the main caregivers. They spend most of the time with the children. And they are the ones who provide the care and also to protect the children. So we think that if let's say this family is really facing a lot of stress, be it financial, parenting, we will really want to speak to them to understand better. So I will think that parents are still*

the important people that we need to speak to." (Participant C)

"Who is the client? The adult. Parents are the primary client. So sometimes from what I remember, workers say that they can't address it [the child protection concern] because it will affect their therapeutic relationship with their client." (Participant H)

This implies a tension between being family-focused and being child-centric in the service model of the FSC.

"Of course there is [a tension], because if you meet a certain threshold you will have to decide if the child should be at home. Is the home the best place to meet the needs of the child? The home is usually the best place. Usually even if there is physical discipline, the child will still want to remain at home. But I think the tension comes where you tried so hard to do change work or even control work to tell parents not to use certain discipline but they still refuse and use it, so I guess that is where the tension points come in." (Participant B)

Second, one participant mentions that engagement with parents is an important criterion in determining their participation in cases concerning child protection, as they lack the legislative authority of their counterparts in the ministry (who are able to resolve child protection concerns without the cooperation of parents, if necessary):

"Maybe at the community level it is different from MSF because you don't have the authority. If you are government, people will entertain you more. From what I observe about the workers at their work, they do get a fair bit of rejection or unhappiness or a

lot of people who are antagonistic and say they don't need help. But the only tool they have is the engagement that they have to be very persistent to try to engage them. So I think that is the main challenge because at MSF at least you have your legal powers, especially when the child is in significant harm and you can say that if you don't cooperate with me I can exercise section something of the CYPA [Children and Young Person's Act] and you must give me information, but we don't do it here […]. So your access to all these are limited." (Participant H)

Utilizing Community Resources

Another important point highlighted by the participants is the need for social workers to collaborate with community partners in their work with child protection cases.

"You see, I don't think you can talk about child protection work in community in isolation because it starts with us doing door-knocking, discovering capacities of families, what can each family offer and discovering resources. And all these resources are put into your database – you know oh this family likes to look after children, this family likes to cook, this family this and that. So it is in discovering the resources in the community as well as constantly thinking how the community can provide solutions that allow us to harness its potential to solve problems within the community." (Participant F)

When questioned on the relevance of community partners such as the community development councils (CDCs) in their child protection

work, one of the participants responds as follows:

> *"Very relevant. It is all about the systemic practice especially with child protection work, with the child in the centre and the various systems around him/her. So I mean, financial assistance from CDC and student care and all the subsidies, these are tools for intervention to connect with the family and beef up the structures or the support for the families, so workers have to work closely and have a good knowledge of all these resources provided by our community partners." (Participant H)*

One reason for collaboration is that the community partners are important sources of information. One participant describes the working relationships between different partners in the community such as schools, resident committees, neighbours, and CDCs as follows:

> *"I think it's good in the community where there are various touch points for the child and the family where information can be relayed and such things like abuse or neglect can come to light faster. So a lot of touch points will be good where more are trained to identify symptoms of abuse or neglect so these are good things to have […]. It can be schools, hospitals or even neighbours. For example, the neighbour hears that the child is being left at home alone, so he can raise concern to whomever so that's where the thing can start. " (Participant G)*

In addition, the community has its own strengths and resources to provide practical solutions to child protection concerns. When presented with a scenario in which parents are not cooperative, one of the participants

responds as follows:

> *"Then we work the other way around, we find another door, the door is grandparents, uncles and aunties. Because sometimes we do have situations where the parent herself is not willing to cooperate, the mother is just not open to us. Who are you? You have no right to tell me what I should do. Then we work with someone else […] Sometimes if the mother is resistant, it is working through the other members of the family who live in the household or even a neighbour. That means you keep on finding the resources within the community itself. It could be a neighbour who is concerned, who is caring towards the child." (Participant F)*

Discussion

Four themes emerge from this research: the increased involvement of the community; doing preventive work; building relationships with parents; and utilizing community resources. The first theme shows that the general perception that social workers have of their responsibilities towards child protection cases – involvement in mainly low- and middle-risk cases – is formed in relation to the CPS. For social workers, the difference between what constitutes a high-risk case and one which is not, is the actual occurrence of harm or abuse to the child. Barring the fact that most high-risk cases are referred directly to the CPS, the perceived divide of responsibilities towards child protection cases can be attributed to the broader changes in the child protection system. There is a trend towards increasing the community's responsibility towards child protection cases. As a result, the participants from the FSCs mention that in recent years, it

is much harder to refer to CPS those cases which they deem risky enough to require the attention of CPS. Instead, they now find themselves having to manage these cases.

Implicit in social workers' perceived divide of responsibilities for child protection cases, and CPS's ostensibly reduced involvement in child protection cases, is the issue of unclear boundaries between what constitutes middle- and high-risk cases. That is, risk assessments are often highly subjective, with different individuals situated in different organizational positions making different risk assessments. For instance, one of the participants comments that:

> *"The only thing is that there is no agreed benchmark by all of us here, all of the social workers, of what constitute risk, especially medium risk. We don't have that scientific/mathematical formula to decide. So it is very subjective." (Participant D)*

As a result of relatively subjective risk assessments, the referral of cases to CPS becomes a debatable issue. This explains why social workers stress that the manner in which a case is presented to CPS is important. The strategic manner in which social workers present cases to CPS can be understood as attempts on their part to negotiate and adapt to the recent shift towards increasing the community's role in the child protection system. However, social workers also call for prudence in expediting such a move, as not all FSCs are willing and able to handle an increased intake in child protection cases.

The subsequent themes on doing preventive work, building relationships with parents, and tapping on community resources reveal

the manner in which child protection work is practiced in the community. The theme on prevention illustrates how preventive work is not so much about what is being done; rather, it is about the social worker's awareness of the child's circumstances. That is, any form of intervention adopted by the social worker can be preventive as long as he/she is conscious of the risks being posed to the child. By perceiving their role as that of abuse prevention, social workers can subsequently adopt strategies to prevent it. As such, social workers in FSCs appear to be doing more upstream, preventive, developmental work while child protection officers deal with the remedial aspects of the work.

Relationship-building with parents forms another key aspect of social workers' work. This appears to be engendered by the overarching service model of FSCs, which recognizes parents rather than children as the primary clients of a case. It is the means through which social workers can advise and influence parents on alternative ways of disciplining or caring for their children. Inevitably, this often implies having to choose between being family-focused or child-centric. Social workers mention that they often have to find a delicate balance between maintaining good rapport with parents and ensuring that children's welfare and safety are not compromised by the former.

Relationship-building is imbued with further significance in the context of child protection as a result of social workers' relative lack of legislative powers and authority, compared to child protection officers. Thus, for social workers, their role as a control agent is reduced; instead, change is effected through engaging and working with parents. Lastly, social workers' location in the community avail to them a pool of resources

which serve important functions such as the formation of networks among partners to relay critical information in a shorter period of time, and the provision of practical solutions to issues of child abuse and neglect.

All in all, the themes surfaced suggest that the knowledge of practitioners regarding their roles and responsibilities, as well as their practice strategies when dealing with child protection cases, are likely to be constructed in relation to that of the CPS. This implies that perceived knowledge and best practices adopted by practitioners when dealing with child protection cases are often derived in relation to the manner in which the larger child protection system is structured. In turn, this challenges the veracity of an absolute 'right' or 'wrong' in knowledge and best practices. That is, what appears to be currently 'right' or 'wrong' may not have always been so previously.

What constitute the 'right' or 'wrong' practices to adopt at any particular point in time are often partial rather than absolute, and they do change over time. For example, social workers mention that they now find it harder to refer to CPS what they deem to be a middle-risk child protection case. Two observations can be drawn from this statement. First, it was easier to refer such cases to CPS in the past. Second, practitioners from different organizations have different criteria to assess risk. As such, this goes to show that knowledge and practices regarding child protection do change over time, and are subjectively 'true' depending on their context. Knowledge and practices are thus partial and fluid rather than absolute and fixed across time.

Yet, while the 'ideal/right' knowledge and practices are relative to their context, there is also a need for a sense of realism. Ideals do not just

exist in the mind but are often influenced by their ontological and material realities. In particular, the varying competencies of social workers, and the understanding that relationships are the key criteria in determining whether cases can be handled by FSCs, present limitations to the extent to which the community is able to be responsible for child protection cases. This in turn shows that in their lived experiences of child protection cases, social workers often have to find a delicate balance between "what is" and "what ought to be". That is, while they may understand the impetus for an increased role of the community in child protection cases (as encouraged directly or indirectly by the larger child protection system), the very nature of working in FSCs places practical constraints on the extent to which such a vision can actually be achieved.

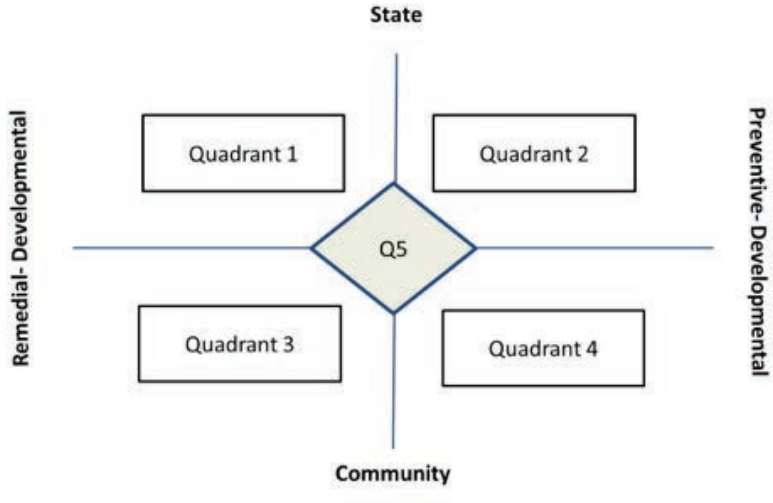

Figure 1. Different spectrums of child protection work and the movement towards Q5 (Ow & Goh, 2011)

"Child well-being is not just the responsibility of the family but also that of the state and the community" (Ow & Goh, 2011). In the above figure, the authors situate child protection work in quadrant 5, which indicates the shared roles and responsibilities of the state and the community in the different spectrums of child protection work, ranging from remedial to prevention. Given that FSCs are an important touch-point in the community for families-in-need (NCSS, 2010), the findings of this research can be interpreted as a signal that the child protection system is heading towards this vision as espoused by Ow & Goh (2011). That is, the community (and more specifically FSCs, albeit in varying degrees) increasingly recognizes its responsibilities for child protection work. Two child protection specialist centres have been set up in collaboration with social services agencies operating in the community, and training for handling child protection cases is also provided to FSC-based workers.

Implications for Practice

A direct implication for practice is the need for FSCs to structure training, supervision, and support for social workers handling cases with child protection concerns. Specifically, there is a need to have more objective risk assessment tools that can assess the overall risk and protective factors of the child within the family. In turn, this highlights the larger need for more intra-agency support for social workers handling child protection cases in the form of supervision, case conferences, and competency-training.

A second and more nuanced implication is the call for practitioners to be reflexive and communicative. That is, there is a need for awareness

of self and others within one's social context, and subsequently, a need to communicate rational viewpoints in a manner which facilitates understanding and dialogue.

D'Cruz et al. (2007) elucidate the concept of reflexivity in social work practice by suggesting three variations of its meaning. First, reflexivity can mean the ability of individuals to acquire an understanding of their social circumstances and make informed choices. Second, it can mean being self-critical and always questioning how knowledge is constructed, as well as how relations of power operate in this process. Third, it can mean a concern with how emotions affect the practice of social work. While the first concerns the client's issues, the second and third meanings are centred on the role of the practitioner, and are emphasized here.

Given the subjective nature of a practitioner's knowledge and emotions in child protection cases, reflexivity in the second and third forms allows the practitioner to recognize his/her limits, creating greater self-awareness for the practitioner. For example, a social worker who perceives his/her role in child protection cases to be one of prevention may decide to refer a case to CPS, only to be told to hold on to the case. As a result, much frustration may surface on both sides, an indirect manifestation of D'Cruz et al.'s (2007) first form of reflexivity where practitioners from different social situations attempt to make informed choices for the case. Ironically, the structuring of the child protection system begets the tension arising between the parties involved. Thus, reflexivity in the second and third forms becomes important in helping practitioners look beyond the practical constraints of the child protection cases they are handling, and focus on the larger structures of the system as well as the influence of

their emotions on their subjective understanding of the situation. In other words, practitioners need to be aware that their subjectivities are largely shaped by the interconnectedness of their roles and their partners' under the framework of the child protection system.

Finally, insofar as practitioners have the responsibility to deliberate and decide on their own views pertaining to child protection cases, they subsequently need to communicate them rationally to their partners. Given the multi-faceted nature of child protection work, communication through rational discussion, with an intention towards building consensus, is required to build a greater collaborative context between practitioners, an important step towards achieving an integrated child protection system.

Conclusion

This study sets out to examine FSC-based social workers' perceptions and practices in relation to the child protection cases they work on. The dearth of local literature on child protection work in the community means that the aim of this study is exploratory. Through semi-structured interviews, data are collected and analyzed. Subsequently, four themes emerge. The findings shed light on social workers' perceived and lived realities when handling child protection cases, as well as the challenges they face in their work. The themes collated suggest that the knowledge and practices of FSC-based social workers are often constructed in relation to the CPS at any particular point in time. This takes place in the context of the integrated direction the child protection system in Singapore is heading towards, one where there are shared roles and responsibilities amongst the various partners.

Finally, given the subjective nature of knowledge and practices, social workers often have to find a delicate balance between "what is" and "what ought to be" amidst the intricacies of handling a child protection case. As such, the main recommendation derived from this study is the need for reflexivity and communication. Specifically, one needs to enhance one's awareness of how the structure of the child protection system shapes the subjectivities of different professionals. This is followed by communication, with the aim of building a greater collaborative context in child protection work.

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"Foreign Spouses": Only Grouses: An Asset-Based Community Development Approach to Assimilating Migrant Wives

WAN CHIEN YANG ALFRED, GOH WEI LEONG

Abstract

This paper proposes adopting an asset-based community development approach to augment the government's conventional needs-based approach to assimilate migrant wives and resolve their problems. Instead of focusing on migrant wives as 'needy' people, this paper aims to show how focusing on the abilities and skills of migrant wives can empower them and allow them to contribute actively and assimilate more quickly into Singaporean society. For example, this paper recommends bottom-up initiatives to tap on the entrepreneurial potential and foreign language skills of migrant wives. Lastly, this paper also highlights how community organizations can help enhance the English and IT proficiencies of migrant wives and improve their access to legal services. Resolving these issues would allow migrant wives to tap on their potential more effectively to pursue self-empowerment.

Introduction: Migrant Spouses and Migrant Wives in Singapore

"For example, I learnt how to read and write in Mandarin by myself. I'd go to Popular Bookstore to buy Mandarin books, so that I can learn Mandarin independently. I'd consult my mother-in-law about any

> Mandarin words that I have difficulty in understanding. If I still don't get it by then, I'd go to my husband's company, to learn Mandarin from the Chinese workers there. I thought, 'If I don't learn Mandarin, how am I supposed to help my son in his Mandarin homework in future?' So I must learn, my husband didn't know [Mandarin well]".[Translated from Mandarin]

- Dinh, migrant wife of Vietnamese origin, has lived in Singapore for 14 years

> "As long as we understand each other I'm happy, I know we have differences, culture, language, and all that, but we can overcome challenges. And he's willing to support me in whatever choices I make. We're trying to support each other lah, like that. So far, I'm quite satisfied, for me, the simpler the better lah. Simple but happy life."

- Jenny, migrant wife of Filipino origin, has lived in Singapore 13 for years

Dinh and Jenny's accounts represent tenacity and their incredible will to persist despite countless barriers to assimilation, which are also faced by many other "foreign spouses" in Singapore. Given that three in ten (Lim, 2014a) Singapore marriages are 'transnational'[2], and that obvious but unique problems, such as language and cultural barriers (as evidenced in Dinh and Jenny's accounts), prevail from such unions, Singapore's

[1] "好像华语，我自己读，写字我自己学。我自己去Popular买书回来我自己学，在家里读。Then 有什么字我不懂我就问我家婆。如果再真的不懂，我就去公司里面啊，因为他们有些中国人，因为有些字很难啊。我是讲，以后，如果我没有学，以后我孩子怎么办？我要教嘛。Then我要学咯。我老公不会的，他以前不会的", Taken from interview with Dinh, in Singapore (Oct. 22, 2014) (transcript on file with authors).

[2] The mainstream media in Singapore has come to refer to the family unit involving marriages between Singaporeans and non-Singaporeans as "transnational couples". For example, see Lim (2014a, 2014b) and Saad (2014a, 2014b).

government has recently introduced a slew of measures (Ibid; Saad, 2014a) to enable the 'foreign spouses' to overcome these barriers to assimilation and address other pertinent socio-economic issues by promoting the expansion of employment opportunities for them, and pre- and post-marriage counselling services.

However, the fact that 80 percent of these marriages involve a Singaporean male and a non-resident female (Philomin, 2014, par.5), coupled with the popular phenomena of 'mail-order' brides in the late 1990s and early 2000s (AWARE, 2006; Ng, 2005, p.102-103), has attached a durable stigma to non-Singaporean brides as "maids-cum-sex partners-cum-caregiver[s]" (Tan, 2011, qtd. in Chong, 2014). Consequently, the definition of 'foreign spouses' in the mainstream narrative has been narrowed to denote mostly non-Singaporean females, as well as the social ills that seem to accompany them. Thus, the term 'foreign spouses' has assumed pejorative connotations in the popular imagination of Singaporeans. Subsequently, Singaporeans have come to assume 'foreign spouses' to mean non-resident females who are dependent on their Singaporean husbands; they are either helpless victims of domestic abuse, or scheming women leveraging their marriages to attain Singaporean citizenship and its benefits[3]. These narratives persist, even though Elizabeth (senior executive officer) in the

[3] For example, while Saaf (2014b) reports on "transnational families", all of the examples cited involve a Singaporean man and a non-Singaporean female of lower economic standing. In Tan (2014a), a carte blanche generalisation is made of the union between Singaporean men and non-Singaporean females, claiming that a deeper examination of "Singapore men's desire for foreign wives [and] the seemingly endless supply of foreign women" is required, in order to stem the problems that typically arise from a marriage between Singaporean men and their "foreign brides". In Tai & Toh (2014), the subjective pronoun "her" is frequently ascribed to "foreign spouses" to elaborate on their disenfranchised state, which neglects other kinds of "foreign spouses" (males, high income females etc) who may face a different set of problems, hence reflecting a convolution of the term, as well as the lesser attention given to this group in public discourse.

Archdiocesan Commission for the Pastoral Care of Migrant & Itinerant People (ACMI) has noted that the age gap between spouses is narrowing, and fewer marriages are made out of pure economic convenience[4]. Many also have children (Chia, 2013, par.7), hence suggesting a shift in the demographics of 'foreign spouses' — they are actually attempting to raise a family in Singapore for good.

As a result, narratives in the mainstream often excessively focus on the need for state intervention and assistance to free 'foreign spouses' of their 'helplessness', or mere grouses of a disadvantaged community, hence disregarding the wide spectrum[5] of migrants that constitute the 'foreign spouse' community, as well as the differing levels of agency that these 'foreign spouses' may possess vis-à-vis the state and legal apparatuses. The disparity between the accounts that we have received through our in-depth interviews with relevant agencies and migrant wives[6], and the state portrayal of the 'foreign spouse' issue is stark — most of the state's proposed policy initiatives portray 'foreign spouses' as victims of citizenship, and of social and economic policies in Singapore, who require state assistance, without acknowledging the ways in which 'foreign spouses' may empower themselves or contribute to Singapore on their own terms.

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[4] Interview with Elizabeth, in Singapore (Oct. 21, 2014) (transcript on file with authors).

[5] Some migrant spouses may be well-to-do, and hence economic policies may not benefit them as much as immigration policies, the latter of which affect their decisions to settle down, or even raise a family, in Singapore. On the other hand, poorer migrant spouses may require economic policies more than immigration policies. Additionally, poor migrant wives may specifically be victims of abuse, and immigration or economic policies may not directly alleviate their plight. The permutations of categories of migrant spouses and their related problems are endless.

[6] We interviewed a total of 10 migrant wives (such as Dinh and Jenny), two representatives from the social service sector, two representatives from the ACMI, and one representative from AWARE. We also participated in two group sessions with migrant wives (English lesson and picnic), which was organized by ACMI.

In other words, 'foreign spouses', misconstrued as 'foreign females', form the convenient 'other' within society — targets of xenophobic antagonism[7] and recipients of state welfare. The continued use of 'foreign' to address these migrant wives ostensibly demonstrates their marginalized position in Singaporean society, even though some of them have borne children who are automatically and legally recognized as Singaporeans. We must recognize the significant contributions of these females to the future of Singapore, as mothers to Singaporeans at least, if not in terms of their unique and diverse skillsets and experiences that they bring along when they migrate to Singapore.

Our interviews, as well as two interaction sessions (picnic and English lesson) with the 'foreign spouses' in the ACMI, motivate our desire to change the lens through which policy-makers view the phenomena of 'foreign spouses'. Specifically, just as Dinh and Jenny's accounts highlight, we have witnessed the ways 'foreign spouses' can be "active agents working within the background rules to shape the distributional consequences of their marriages [and] [lives] [in] [Singapore]" (Chong, 2014, p.335). Moreover, the current needs-based approach of development adopted towards 'foreign spouses' contradicts the self-reliant ethic that the state so vehemently promotes as the quintessence of the meritocratic state (Ong, 2010), and unproductively restricts the usage of the term, 'foreign spouse', for one group — non-Singaporean women, who have little economic independence and are not proficient in English.

[7] Vasu & Cheong (2014) has argued that "With the whole world coming to Singapore to both work and live, Singaporeans appear to be awakening to a new-found commonality between each other in the face of the foreigners. This inter-communal bond generated through interaction with the foreigners hardens the "us" and "them" silos of identity [,] [causing] tensions and height[ing] the sense of Singaporeanness with their presence" (p.121).

Our paper is divided into three broad sections, in order to differentiate 'migrant wives' from 'migrant spouses', as well as address the disproportionately disadvantaged status of migrant wives within the larger migrant spouse community. In our first section, we introduce Kretzmann & McKnight (1993;1996) and Mathie & Cunningham's (2003) asset-based community development (ABCD) strategy to contrast with the government's existing needs-based approach in handling migrant spouses' issues, and show the ways the latter approach is responsible for conflating 'migrant wives' with the more generic 'migrant spouses'. In our second section, our paper focuses on migrant wives as assets capable of contributing to Singaporean society, rather than passive receivers of state benefits as the mainstream narrative would have it be. We avoid the terms 'foreign' and 'spouse', in order to highlight our belief that change needs to begin from accurately specifying the group (females) that is most misunderstood currently, and changing the alienating labels (foreign) ascribed to this community of migrants. To this, 'migrant spouse' is our choice of term to describe non-Singaporeans married to Singaporeans, with 'migrant wives' as the specific focus of our paper. In the penultimate section, our paper demonstrates the ways in which current language used in public discourse, social norms and policy continue to hinder the ability of 'migrant wives' to become self-reliant. Referring to the ABCD framework, we will suggest concrete complements to existing measures to empower 'transnational couples'.

In this paper, we also avoid treating 'migrant wives' as a homogenous, helpless entity. Instead, we recognize that their collective identity is a powerful lightning rod for social networks to form. As such, one of our key objectives is to identify avenues for 'migrant wives' to

cooperate and form strong, collective bonds, whereby power inequalities within the 'migrant wives' community are bases for mutual sharing and self-help, thereby reducing the need for state interference. In effect, while we are re-claiming 'migrant spouses' as an identity to represent not one segment of, but the general community of 'migrant spouses', we are also claiming femininity and agency for 'migrant wives', by encouraging (to borrow jargon from feminism) 'consciousness raising'[8] (Mackinnon, 1989) through the formation of social networks amongst 'migrant wives'.

The Needs-Based Community Development Approach to Conceptualizing 'Migrant Spouses'

Needs-Based Approach: Dangerous Synecdoches Abound

Contrary to the aim of assimilating migrant spouses into Singapore society, the government's approach towards using the needs of particular migrant wives to represent the needs of the migrant spouse community as a whole has been unproductive, and risks widening the identity rift between Singaporeans and the migrant spouse community. Government

[8] MacKinnon (1989) posits that "consciousness raising" occurs when informal or formal groups of women are formed, within which it becomes possible to talk in a group and "unpack the concrete moment-to-moment meaning of being a woman in society that men dominate, by looking at how women see their everyday experience in it. Women's lives are discussed in all their momentous triviality, that is, as they are lived through. The technique explores the social world each woman inhabits through her speaking of it, through comparison with other women's experiences, and through women's experiences of each other in the group itself. Metaphors of hearing and speaking commonly evoke the transformation women experience from silence to voice" (p.86). Our paper emphasizes the importance of group formation, not only for women to identify instances of ill-treatment at home, but also to make it possible for mutual sharing of information about the rights that "migrant wives" are entitled to in Singapore, so that they may better navigate their way through Singapore's legal and political apparatuses. Empowerment is thus both psychological (having a group to confide in and identify with) and real (know their rights).

efforts aimed at meeting the needs of migrant wives bear close resemblance to a needs-based approach to development, a method recognized to be ineffective in today's context. According to Mathie & Cunningham (2003):

"In the needs-based approach, well-intentioned efforts of universities, donor agencies, and governments have generated needs surveys, analysed problems, and identified solutions to meet those needs. In the process, however, they have inadvertently presented a one-sided negative view, which has often compromised, rather than contributed to, community capacity building."(pp.475-476)

In a similar vein, the government has formed an inter-agency special interest group to look into the integration challenges of migrant spouses in general in 2013 (Neo, 2013), and has preliminarily announced a marriage preparation programme (MPP) that transnational couples can voluntarily sign-up for (Philomin, 2014). Additionally, migrant spouses can also apply for a long-term visit pass (LTVP) before marriage (as opposed to after, previously) and secure a job without the company having to count these migrant spouses against the foreign worker quota of the company (Ibid). However, programmes such as the MPP have previously been conducted and have been poorly received. For example, Fei Yue Community Services had organized workshops for transnational couples in 2008, but they had to be discontinued due to poor take-up rates then (Saad, 2014b). Furthermore, the varying levels of literacy rates, work commitments, household priorities (Ibid; Neo, 2013) amongst migrant spouses, together with the limitations on the scope of projects and functions imposed on family service centres (FSCs) and other social service providers (Hayati, Interview, 2014), make both the attendance for and organization of such programmes unpredictable,

thus rendering justification for their existence in the first place difficult.

Additionally, initiatives that seek to directly remove legal obstacles to employment are effective to the extent that one believes the principal hurdle to assimilation and raising a family arises from economic or immigration barriers, or that the problems faced by migrant spouses are limited to the aforementioned. Most significantly, the debate has swung towards the needs of migrant wives, and specifically the "needy" segment of this sub-group, thus alienating the larger migrant spouse community. Nevertheless, leaders are usually not too concerned about alienating other segments of the migrant spouse community. After all, under a needs-based approach, "[l]eaders find that the best way to attract institutional resources is to play up the severity of problems. Local leadership is judged on how many resources are attracted to the community" (Mathie & Cunningham, p.476, 2003). Indeed, the concern of the government is to appear, at least, actively engaged in the community and to be seen addressing relatively more severe problems, regardless of whether the solution is sustainable in the long term, or if the community of migrant spouses is collectively participating in or benefiting from these solutions. The problem with such an approach is that the problems faced by 'needy migrant wives' is regarded by the mainstream narrative as the 'whole truth' (Kretzmann & McKnight, 1993, p.4) representing the issues faced by migrant spouses in general. At the same time, the terms 'foreign spouses' and 'migrant spouses' have also been used in the local media to represent particularly "needy" migrant wives. As a result, not only has the part been used to represent the whole, the whole (migrant spouses) has come to conveniently represent the part (needy migrant wives).

Needs-Based Approach: Fostering Reliance amidst Limited Resources

Moreover, in setting up work groups to identify the migrant spouses' (specifically migrant wives) needs and implementing corresponding policies, the government assumes the role of the leader and encourages reliance of the migrant spouses on the government's ability to forecast trends and react. Unsurprisingly, migrant spouses are treated like other citizens who approach social service providers; they are called 'clients', and are dependent on counsellors for knowledge and direction with regard to getting the required assistance from the relevant agencies. The corollary of such language and reliance is explicated by Mathie & Cunningham (2003):

> "They begin to see themselves as deficient and incapable of taking charge of their lives and of the community. Not surprisingly, community members no longer act like [they] [are] [part] [of] [the] [community]; instead they begin to act like 'clients' or consumers of services with no incentive to be producers. Yet another consequence of this approach is that local groups begin to deal more with external institutions than with groups in their own community." (p.476)

The act of being referred to various agencies for help also emphasizes the idea that "only outside experts can provide real help" (Kretzmann & McKnight, 1993, p.4). To be fair, Singaporeans who approach these social service providers are also called 'clients', and also undergo the same processes. However, unlike migrant spouses in general, Singaporeans are more acculturated to the sources of information that exist within formal spaces, such as community centres, residential committees (RCs), and informal ones that include coffee shops, void decks, and

common corridors shared with neighbours. Given that some migrant wives face significant language or cultural barriers (Elizabeth, Interview, 2014), particularly by virtue of their 'foreignness' and negative stereotypes associated with 'mail-order brides' (Tam, Interview, 2014), they may not initiate interactions in such spaces. Even if they do, they may not be well-received (Dihn, Interview, 2014).

In the end, the fact remains that the problems faced by the migrant spouses are limitless due to their *de facto* unequal status vis-à-vis Singaporean citizens, as well as the spectrum of problems faced by different categories of migrant spouses, one instance being that migrant wives have been anecdoctally perceived[9] to be victims of a greater variety of problems (such as abuse and economic disadvantage) as compared to migrant husbands. Such disadvantages are further worsened by negative stereotypes against migrant wives, which dishearten and compel migrant wives to isolate themselves from Singaporeans and the larger community. In spite of her family in Singapore being well-to-do, Tam (2014), one of our interviewees, recounts: "…Geylang and Joo Chiat got a lot of the Vietnam girls. Sometimes I went there, I go there to eat, I also don't dare to speak… I went there one time and I never go back. Don't like the feeling, because sometimes I speak Vietnamese, then they thought that I'm prostitute."; Lucia, who makes an effort to socialize with Singaporeans at the community centre, has been infuriated on several occasions by the invectives used on her by Singaporeans, such as 'Chinese doll'[10] (derogatory term for loose

[9] Our survey of news articles since 2005 and correspondence with social workers seldom depicted migrant husbands as in need of state intervention.

[10] "中国妹" Interview with Lucia Wang, in Singapore (Oct. 23, 2014) (transcript on file with authors);

women) by virtue of her relative youthfulness. A hostile environment that promotes antagonism against the 'foreign' for their neediness and cultural differences will only serve to entrench their status of the subjugated 'others/foreigners'.

Until some of these spouses attain their permanent residence (PR) status or Singaporean citizenship, and naturalize as Singaporeans, these problems will persist. For a myriad of reasons (mostly political and not publicly revealed as well [Tam, Interview, 2014]), however, some of these migrant spouses will retain their non-resident status. Inevitably, they will continue to fall through the cracks of the legal and political apparatus, because technocratic policies only deal with the quantifiable symptoms that manifest from less perceptible, sometimes insidious, and more unfathomable problems[11], especially less mutable ones such as those involving identity or culture.

Towards an ABCD Approach

Empowerment, Not Solution(s)

The ABCD framework precisely aims to buffer such slippages through the system. It neither seeks to predict the problems that may ensue, nor serve to prepare concrete contingencies. It also does not discount the good work and the real changes effected by government policies towards removing obstacles that have been preventing the migrant spouses from achieving closer parity with their Singaporean counterparts. But ABCD

[11] These problems can include, but not limited to, the following: discrimination, xenophobia, power imbalances in the family, culture shock.

takes into consideration the limited resources that Singapore possesses, and acknowledges that resources must be used efficiently and effectively, with minimal government intervention. To this, ABCD decentralizes power, and encourages people to assume responsibility for their lives and those around them. As Kretzmann & McKnight (1993) posit, ABCD:

> "starts with what is present…not with what is absent, or with what is problematic, or with what the community needs…stress[es] the primacy of local definition, investment, creativity, hope and control… [and] constantly build[s] and rebuild[s] the relationships between and among [stakeholders]" (p.8).

Through ABCD, the government can unambiguously rally the specific community (migrant wives who are poor and from less economically stable backgrounds) and avoid side-lining the others through using a term as broad as 'migrant spouse'. Resources can be summoned for the migrant wives, without claiming that these problems affect a population —all migrant spouses— that is larger than it really is. With ABCD, resources to the solution lie within the community — the people's abilities and experiences, existing institutions, and formal and informal relationships.

Additionally, emphasizing the migrant wives' strengths rather than weaknesses, while creating opportunities for the migrant wives to contribute to society, allows for the exceptional migrant wives to rise and become role models for the other migrant wives to emulate. Indeed, some of our interviewees display remarkable entrepreneurial skills, as well perseverance and humility in upgrading their skills to make themselves eligible for local jobs, despite holding university degrees from their places

of origin which are not recognised in Singapore. Before she had children, Dinh was a retailer of children's clothes and was even considered strong competition vis-à-vis local shops, having established a stable supply of affordable, quality clothes from Vietnam to Singapore; Jenny left her job as a nurse in an elder-care home to pursue a diploma in Nursing; together with another Vietnamese friend, Jessica has set up a blogshop that sells trendy female clothes; with a post-graduate certification in nursing and aspirations to become a researcher, Vidhu has applied for a junior nurse position in Singapore, and understands that she needs to slowly work her way up in Singapore (Interviews, 2014). As Chong (2014) argues, "reconceiving migrant women as agents may be a crucial corrective to the pure victimhood narrative" (p.348). But we want to go further than Chong, and argue that reconceiving migrant women as agents, and assets, is the crucial corrective to eliminating the stigma attached to migrant wives.

Hence, ABCD creates safety nets to buttress existing official measures — not every problem can be foreseen, but when they do arise, the migrant wives can quickly begin working towards solutions by leveraging assets within both their physical neighbourhood communities and the larger social network of migrant wives. This encourages the derivation of innovative solutions to address complex social issues or problems at an early stage before the situations worsen.

Social Networks for Migrant Wives, Social Networks for All

The potential for ABCD to empower the migrant wives, and bridge the relationships between locals and them cannot be underestimated. Not only are the abilities of individuals considered assets, ABCD also recognizes the importance of social capital, which forms the basis of

informal relationships and are "much less dependent upon paid staff than are formal institutions…[in] [which] [people] assemble to solve problems, or to share common interests and activities" (Kretzmann & Mcknight, 1993, p.5). Upon mapping the connections that exist in a community, connecting one informal network to another can "multiply [these] [relationships'] power and effectiveness" (Mathie & Cunningham, 2003, p.476). In emphasizing the relationships amongst the migrant wives, and the relationships that exist between locals and migrant wives, self-contained groups can be connected to local social networks, with the aim of forging greater mutual understanding. This provides the migrant spouses with opportunities to befriend people familiar with the Singaporean social landscape, thus presenting the migrant spouses with another avenue for advice in navigating the Singaporean system. Repeated encounters can also demolish the stereotypes and misconceptions of the 'other', enabling Singaporeans to accept the migrant spouses. Just like Singaporeans' ancestors, the migrant spouses are also people who have seriously decided to make Singapore their home.

In order to build up social capital amongst the migrant wives (and migrant spouses in general) and Singaporeans, we must do two things. First, we must bring the migrant wives together to forge a group identity, and multiply the strengths that every individual contributes to the collective. Second, we need to breed acceptance of these migrant wives (as well as all migrant spouses) by Singaporeans in their various local communities.

To do this, we recommend the encouragement of bottom-up formation of social networks among the migrant wives (and among the migrant spouses in general), and ultimately between the migrant spouses and

Singaporeans. Since the number of counsellors and social service providers are limited, the best alternative is to harness the collective intelligence of, at least, the migrant wives, whereby knowledge or experience of some can be diffused across many through informal gatherings, thus inspiring resolve in the migrant wives to navigate the unfamiliar legal and political terrain of Singapore as they attempt to make Singapore their home.

Our interactions with the migrant wives during their English lesson, organized by the ACMI, highlight the empowering, as well as liberating, effects of regular, mutual sharing of living experiences in Singapore amongst the migrant wives. This English lesson brings together a group of 14 migrant women ranging in age from the early 20's to the mid 40's. The majority are Vietnamese, with two others who are Thai and Indonesian, respectively. Some have degrees, while others have work experience back in their countries. The durations of their stay in Singapore range from 1 to 10 years. Approximately three-quarters of the group are on LTVPs, while the rest are PRs. One woman is in her third trimester of pregnancy. Approximately a quarter of the group are already mothers, while the rest are awaiting greater stability in their lives before having children (stable dual income, a house of their own, and/or greater familiarity with Singapore).

The interaction session begins after the English lesson, where we and the group of migrant wives sit in a circle and chat for an hour. The session is light-hearted; frequent laughter fills the session amidst exchanges of experiences pertaining to a diverse range of issues, from impressions of Singapore, to perspectives on love and marriage. One of the women mentions that she is going for surgery in a week's time, and laments the cost of her surgery and the fact that her LTVP status prevents her from

getting medical subsidies. However, the other members of the group are quick to mention that her husband should have bought her health insurance, just as their own husbands have done. The woman who is going for surgery then asks, *"Non-Singaporeans…LTVP… can have health insurance in Singapore?" "Yah, my husband bought for me, immediately after we got married, no need citizenship or what…can one…,"* another member of the group replies without hesitation. Others nod in agreement. The woman who asks the question, eyes wide-opened, then says, *"After this surgery, I will ask my husband to buy me the insurance."* There is an atmosphere of satisfaction, as if the collective has experienced the same enlightenment as this woman has.

Not only does sharing allow for the diffusion of knowledge from the experienced and more resourceful to the nascent migrant, such sessions also provide social support and give affirmation to those in distress and afraid to seek help, especially the victims of sexual and domestic abuse. Lucia has suffered abuse by her husband for 13 years in silence, coping daily with the help of neighbours and friends she has made over the years. Beyond the fact that her friends in church has informed her of the existence of the Association of Women for Action and Research (AWARE), and has helped her to make an appointment with AWARE through the Internet (due to Lucia's low proficiency in Internet navigation)[12] , Lucia has also been encouraged by her doctor and friends to seek help. *"My friends at church told me, 'You cannot be weak. If you become weak, you'd have failed (continue to suffer in silence)'…If not for my doctor, I wouldn't have*

[12] "嗯13年，然后我就跟教友讲。他们讲，为什么不找妇女协会？我也不懂啊，怎样预约我也不懂。是她上网帮我预约的。就是我的邻居啦，她就帮我上网预约了这边", Interview with Lucia Wang, in Singapore (Oct. 23, 2014) (transcript on file with authors)

taken that first step. If not for my friends at church, I would not have found out about AWARE, the organisation has been here for so long, a decade, and yet I did not know about it…"[13] (translated from Mandarin). With people to confide in, Lucia has become emboldened to take action against her husband's violence by making a police report and obtaining personal protection orders for her son and herself.

In reality, government officials, social service providers, and grassroots leaders cannot provide all the answers that the migrant wives need. Instead, they should form the solution of "last resort". If the migrant wives approach the aforementioned people for every type of query and problem, the morale of these people can be severely affected. It might even entrench inaccurate impressions of the migrant wife community as a whole. In fact, through our interviews with the social service providers, we discover that the pervasiveness of the 'helpless migrant wife' stereotype extends beyond the laypersons to even social service providers. Indeed, in initially adopting a 'needs-based approach' to mapping the needs of migrant wives for this paper, we actively sought out social service providers and AWARE for brief descriptions of the cases that they had encountered, and obtained confirmation that the migrant wives are a 'needy' community. For example, Ismawati and Hayati, both from the social service sector and in two separate interviews, share that migrant wives are predominantly victims of physical abuse or prolonged blackmail by their spouses. To avoid possible deportation by their husbands, the migrant wives have to obey

[13] "因为我们的教友都讲：'一定，你不可以软弱。你软弱hor就是失败了'…因为如果那个医生，我也不敢踏出那一步。如果没有那个教友，我也不懂，你看，这边［指妇女协会成立］已经这么多年，十年了，我也不懂说妇女协会在这边。我也不知道嘛"(Ibid)

the husbands' general instructions, accept demands for sexual intercourse or to bear children (Interviews, 2014). Similarly, Sheena from AWARE shares that the migrant wives are mainly insecure in terms of property rights, entitlements to legal services, and divorce settlements (Interview, 2014). These observations may be empirically true to these social service providers, given that the organisations they serve are supposed to dispense support and assistance — the people (not just the migrant wives) who approach them are inevitably those with problems requiring assistance and intervention. However, the fact that the government derives its census on migrant spouses from mostly social service providers suggests that social service providers have a need to accurately reflect the diversity that exists within the migrant spouse (and wife) community. The bottom-up formation of social networks among the migrant wives, and between the migrant wives and Singaporeans, allows for the surfacing of the aforementioned diversity within the migrant spouse (and wife) community.

To support the formation of social networks, we propose that physical locations, especially within or around social service centres, should be leveraged for such social networking sessions among the migrant wives. Having these networking sessions near the social service providers can give these providers a different context to view the migrant wives (i.e., as people with agency rather than as passive beneficiaries of welfare). To provide the bedrock for these networks, one method is to leverage the existing regular walks that some FSCs organize to map the community assets, and identify the potential leaders amongst the migrant wife community in the area to lead such regular huddle sessions. Eventually, these sessions may evolve from sharing sessions amongst the migrant wives to include other activities such as skills workshops and family gatherings that involve

Singaporeans as well. As in feminist activism, group therapy, and even grassroots organization, group formation is a common technique used to raise 'consciousness' or awareness, by engendering a safe and inclusive space for the sharing of experiences or feelings. The group sessions can be platforms to share unresolved personal or social injustices, to fill gaps in knowledge, to air frustrations, and to feel 'heard' — a prelude to self-confidence and empowerment. Ultimately, the first step in getting rid of the stigma attached to the migrant spouse community is to level the power inequalities amongst the migrant spouses, and between the migrant wives and Singaporeans, through initiatives that allow these migrant wives to interact amongst themselves and with Singaporeans on equal, informal terms, rather than to allow the disenfranchised to accept their disadvantaged position and continue feeding the cycle of stereotyping of them as burdens to society.

Tapping on Abilities of Migrant Wives

Another suggestion is to tap on the skills of these migrant wives. Beyond the many jobs that the migrant spouse can now take up due to the recent modifications to the LTVPs to ease the existing 'labour crunch' (Lim, 2014) in Singapore, we want to recommend alternative career routes and roles that the migrant wives can undertake. Promoting career pathways where the migrant wives can achieve success can eventually eradicate existing stereotypes of them as a pool of low-skilled workers with little to contribute.

To this, we recommend that the government provide avenues for these migrant wives to utilize their relevant skills (from their previous work experiences in their countries of origin) to contribute to Singaporean

society and alleviate their relatively disenfranchised plight vis-à-vis Singaporeans. One immediate contribution that the migrant wives can make is the translation work that they can perform for various agencies and platforms, such as the FSCs and meet-the-people sessions (MPS). Given that the new LTVP allows the migrant wives to work for a wage, various government agencies can employ them for their language skills, especially in the sections that deal frequently with foreigners in general. In our correspondence with Nancy from Vietnam, and Jazz from Thailand, we discover that while they have previously not been able to work because of their LTVP status, they now agree (upon invitation by Care Corner FSC) to volunteer with the Registry of Marriages (ROM). In particular, they can assist the ROM administrative staff in explaining the marriage procedure to prospective 'transnational couples' (Interviews, 2014). Compared to the jobs that are considered 'low-skilled', translation work recognizes a different and unique skills set that these migrant wives possess, which is highly uplifting for a community that has long been considered as unequal. Through their translation work, the migrant wives can meet more people of similar cultural backgrounds, thereby increasing their network of migrant spouses, and share their knowledge of the local systems and social networks, thereby benefiting both the new migrants and themselves.

Another avenue is to encourage the migrant spouses (not just the migrant wives) to take on entrepreneurial roles in Singapore. Given the vast experiences that these migrant spouses may have of the economic structures, and the resource and information networks in their countries of origin, they can be encouraged to set up small and medium-sized enterprises (SMEs) and pursue the entrepreneurial track. The examples of Dinh and Jessica highlight the competitive advantage of connections and resources

that some of these migrant spouses have over Singaporean entrepreneurs. The key to this, however, is the promotion of the entrepreneurial track to the migrant spouses. One way is to first work towards expanding the informal networks in the social service centres before positing the idea of setting up SMEs to the migrant spouses. Once successful, these SMEs can be a source of inspiration for the migrant community to be independent and to leverage the connections from their home countries. Furthermore, these SMEs can become the incubators for new social networks to form, drawing more migrant spouses from the same cultural background. With multiple nodes of networks, the migrant spouse community, especially the migrant wives, can then have many informal relationships to fall back on, thus making assimilation a less daunting task.

Caveats: English Proficiency, IT Literacy and Legal Aid

For the social networks to form and for the migrant wives to pursue self-actualization, the wives must first possess a certain level of English proficiency (especially for translation work). This is evident from our group interview with Jessica (Vietnamese), Jazz (Thai), Nancy (Vietnamese), and Elly (Indonesian). Communication amongst these women is only possible because they speak a common language (English), which is in turn made possible by the English lessons provided by the ACMI. Given Singapore's institution of English as its first language, as well as the importance of English as a medium of communication and method of assimilation across different ethnicities (Barr & Low, 2005), it is therefore prudent to assume that possessing at least conversational proficiency in English can smoothen the process of assimilation for the migrant wives in Singapore.

One suggestion is to collaborate with the community centres to organize English lessons at a nominal fee. We postulate that the key reasons for the ACMI's success in organizing English lessons for the migrant wives, or in organizing any of its other courses, are affordability and emphasis on relationships rather than on productivity.

Erica, an English (as a foreign language[14]) teacher with the ACMI, is not only concerned with the progress of her students' English proficiency, but also mindful of her role as a confidante to the migrant wives in her class. Beyond being a professional teacher, Erica and her colleagues are personally invested in organizing activities beyond the classroom, in order to expand the migrant wives' social relationships beyond those formed in the classroom. For instance, during the picnic that we attended, and a prior barbeque session organised by the ACMI, the migrant wives have been encouraged to invite their Singaporean husbands and their friends beyond the classroom. The English lessons and other competency-based courses thus have the potential to be important contact points for the migrant wives to connect with other migrants and with Singaporeans, both within and beyond the classroom.

It is with this experience in mind that we caution the administrators of such programmes against focusing solely on the English Language curriculum and neglecting the social interactions that occur amongst the teachers (or content deliverers), volunteers, social workers, and migrant wives, during and after these classes. Additionally, we propose that such

[14] Teaching English as a Foreign Language (TEFL) is an official qualification for teachers wishing to teach English in places where English is a foreign language.Interview with Lucia Wang, in Singapore (Oct. 23, 2014) (transcript on file with authors)

courses should not be perceived as merely competency-driven; instead, we should also see these courses as sites of network formation and information exchange for all the parties involved, not just the migrant spouses. In short, we should be interested in knowing these migrant spouses as individuals and new members of our society, and not just for their linguistic competency and economic utility.

Beyond English proficiency, we believe that one often overlooked skill that Singaporeans take for granted is Information Technology (IT) literacy. Tam has got connected with other Vietnamese people in Singapore through the Facebook group, 'Chợ Việt Nam Tại Singapore'; Jessica is able to sell female clothes with the help of her Vietnamese friend who is skilled in Photoshop and blog design (Group interview, 2014). Conversely, Lucia attributes her initial ignorance of AWARE to her inability to navigate the Internet; Dinh laments the need to go online to file an appeal for leniency for a fine, as she has never needed to use the Internet up until then (Interviews, 2014). Given the increasing popularity of social media as a networking tool, coupled with the fact that most government services have migrated online, IT literacy is almost a prerequisite to get by in Singapore. Yet, some migrant spouses may have never needed to use IT as extensively in their home countries, as Dinh asserts: *"[After recounting an incident when an officer enquired why she chose to submit her application physically] If I knew how to apply using the computer, I wouldn't have to go through all this hassle. Do you think everyone knows how to do that? How about the elderly? Correct?! Now everything needs to be done on the computer. Some non-locals won't know how to, and you can't expect my (IT-literate) husband to be home all the time…This lack of understanding is a fact of*

life in Singapore"[15] (translated from Mandarin). Just as affordable English courses are available to the migrant wives, we recommend that basic IT courses be made available to the migrant wives, especially those who encounter difficulties assimilating due to poor IT literacy.

To ensure that these courses (English and IT) are taken up by the migrant spouses, they should be actively promoted in the ROM and various social service centres. Key figures within the migrant spouse community should also be notified. Currently, there exists an abundance of resources for the victims of domestic abuse; there are brochures in the ROM and social service centres detailing avenues for counselling and financial aid. However, brief checks with Tam, Anne and the migrant wives who attend the ACMI's English lessons indicate that they have never seen these brochures. Given such a situation, the value of social networks amongst the migrant wives cannot be overemphasized. As such, the most important task at hand is to nurture the informal networks of migrant wives, so that information can be efficiently and accurately disseminated throughout the migrant wife community.

Lastly, unlike Singaporeans and PRs who have access to the Legal Aid Bureau for legal advice, the migrant wives who are on LTVPs are not entitled to such services. One of the weaknesses that we have identified amongst the social service providers is their lack of access to pro-bono legal services. While the ACMI has access to the Catholic Lawyers Guild

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[15] 如果我会在电脑申请我就不用这么麻烦了。你以为每个人都会在电脑申请啊？老人家哪里会啊？你讲是不是？现在什么都电脑电脑电脑，有些外国人，有些人他不会电脑，不可能每次老公在家嘛... 叫你在电脑里面 apply apply apply。这个事实的." Interview with Dinh, in Singapore (Oct. 22, 2014) (transcript on file with authors).

of Singapore, and has extensive and efficient standard operating procedures to handle legal matters (Elizabeth, Interview, 2014), especially with regard to abuse and divorce cases, and AWARE has a free legal clinic that is held on the second and fourth Thursday of every month (AWARE, 2015), the government-funded social service centres (mostly the FSCs and the Social Service Offices) do not dispense legal advice as readily. Yet, the lack of ready access to legal advice on their rights and privileges, specifically during times of crises, is a major stumbling block to the migrant wives realizing their full potential.

Using the ABCD approach, the social service centres can identify and compile a database of legal professionals within the community, especially those who volunteer in the RCs, MPS, and community centres. Upon identification, the social service providers can request for the assistance of these legal professionals in providing legal advice to the migrant wives in need. The efforts of the ACMI and AWARE are insufficient — they only have two locations in Singapore. The social service centres, on the other hand, are situated strategically and are abundant in numbers. Hence, it is only sensible that the social service centres supplement the existing efforts of the ACMI and AWARE in assisting the migrant wives to become more legally informed.

Conclusion

It is only when we reconceptualize the migrant wives as community assets, and recognize that they are only a sub-group of all migrant spouses, that we (as a society) can advocate policies that empower a community as diverse as the migrant spouses. Moreover, treating the

migrant wives as assets, as opposed to 'foreign' or needy people, can dissociate this community from the xenophobia that currently pervades popular consciousness towards the 'foreign workers'. The fact is these migrant wives are neither entirely 'foreign' nor 'local' (yet). Caught in the intersection of gender, labour, family, and citizenship considerations, the migrant wives (like the many we have interviewed) do possess the agency to navigate these restrictions, and are only 'helpless' to the extent that the policies and narratives work against them and continue to fan flames of xenophobia and condescension towards this group. Ultimately, what may appear to be grouses actually reveal much more about the systemic and cultural forces that prevent these migrant wives from realizing their true potential.

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Singapore Youth's Perception of Mental Health Issues

ANDY TAY KAH PING

Abstract

The relatively high incidence of mental health disorders among Singapore's youth in recent years highlights the need to raise youth awareness to destigmatize mental disorders and encourage youth to make informed decisions on mental health issues. Through a literature review, focused group discussions, and surveys, this paper assesses the effectiveness of various intervention strategies in destigmatizing mental health issues. Using a new TLCE2 paradigm, recommendations are made to enhance existing programs by mental health agencies and explore new initiatives to raise mental health awareness. Some of the key recommendations in this paper include the use of phone apps and social media, as well as institution-based talks and seminars, to reach out to youth and remove stigma associated with mental disorders.

Introduction

The World Health Organization (WHO) defines mental health positively as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2009). Positive mental health is therefore more than an absence of mental disorder but also the feeling of well-being. Current

literature describes a few domains of mental well-being such as self-esteem and emotional intelligence, which are often used as the bases for mental health assessment. The National Mental Health Blueprint of Singapore 2007-2012 recognizes mental health as an integral part of overall health, and the need to raise awareness of mental disorders in order to destigmatize them (Institute of Mental Health, 2006). The Singapore Mental Health Study of 2010 has revealed that 1 in 14 young people suffer from major depressive disorders. The percentage is much higher than that for adults (i.e., 1 in 26), showing the need to address mental health issues amongst Singapore's youth.

Objectives and Methodology

This paper aims to propose improvements to existing strategies, and new intervention strategies, to reduce the stigma associated with mental depression among Singaporean youth. This paper first performs a review of existing literature to examine the effectiveness of various intervention strategies that are currently in use. Next, the paper examines the results of a survey that has been carried out on 216 youth respondents to better understand Singaporean youth's perceptions of mental disorders. The paper also looks at the findings of focus group discussions that have been carried out to gather qualitative data complementary to the quantitative survey results. Lastly, this paper recommends several intervention strategies that can help reduce the stigma associated with mental disorders and encourage youth to seek help if they have mental health issues.

Literature Review

Stigma is a social construct and has been defined as a socially discrediting situation of individuals. Goffman (1963) conceptualizes stigma as "the situation of the individual who is disqualified from full social acceptance". This prevailing view of stigma refers to an enacted, perceived, or anticipated social judgment. Crocker et al. (1998) define stigma as "taking place when an objective characteristic of the individual leads to a negatively valued social identity" (Bruce et al., 2001). The word 'stigma' has now entered the public culture to characterize a recognized component of the social impact of disorders (Weiss, Ramakrishna & Somma, 2006).

Strategies to Manage Stigma Associated with Mental Disorders

Rusch, Angermeyer and Corrigan (2005) propose strategies, namely protest, education and contact, to ameliorate stigma associated with mental disorders at a collective level. Protest is a reactive strategy which aims to diminish negative attitudes towards mental disorders. One example is the regulation of mental health content through the media. Social psychological research has found that the protest strategy has led to the suppression of stereotypic thoughts and discriminating behavior. Unfortunately, there are two major problems with suppression. First, suppression is an effortful, resource demanding process that reduces attentional resources, and people are less likely to learn new information that would disconfirm the old stigmatizing stereotype (MacRae et al., 1996). Second, there seems to be a rebound effect to suppressing minority group stereotypes. Subjects, who have been asked to suppress thinking in a stereotypic way, after a while, actually have more stigmatizing thoughts than before (MacRae et al., 1994). Thus, while protest seems to be a useful

way to reduce stigmatizing public behavior, it may be less effective in promoting positive, new attitudes.

The education strategy focuses on providing information so that the public can make more informed decisions on mental disorders. Education on mental health can be done through clarifying the myths associated with mental disorders, and can be provided via channels such as exhibitions and outreaches. This approach to changing stigma has been most thoroughly examined by investigators. Research, for example, has suggested that people with better understanding of mental disorders are less likely to endorse stigma and discrimination (Corrigan & Shapiro, 2010). Nonetheless, the education strategy needs to be carefully crafted to be effective. Campaigns that describe mental disorders as a function of genetic composition often produce mixed results. While emphasizing the genetic origins of mental disorders may lead to destigmatizing outcomes, the decreased optimism for full recovery and increased risk of contracting mental disorders through hereditary means suggest an alternative form of stigma (Phelan, 2005; Cook & Wang, 2011). Hence, while the provision of information on mental disorders seems to reduce negative stereotyping, the types of information conveyed should be chosen strategically.

The contact strategy focuses on providing platforms for the public and patients with mental disorders to interact. These interactions can be physical, face-to-face meetings, and/or indirect ones such as videos and art pieces (i.e., paintings and photographs) produced by mental health patients that allow the public to 'interact' with the patients. Corrigan argues that the contact strategy provides the best form of intervention to reduce stigma associated with mental disorders. It has been found that mental disorder

stigma is diminished when members of the general public meet patients with schizophrenia who are able to hold down jobs or live as good neighbors in the community. However, it is unclear from these studies whether contact leads to diminished stigma or whether people who do not stigmatize are more likely to seek contact (Corrigan & Shapiro, 2010).

Campaigns to destigmatize mental health issues do not solely adopt any one of the three proposed strategies, as using only a single strategy may be ineffective in driving the message across. For instance, through a series of experiments conducted on university students staying in a hostel, Eisenberg, Downs and Golberstein (2012) discover that naturalistic contact alone, without a carefully planned process of disclosure and education, does not necessarily reduce stigma but may actually increase stigma in some contexts. In fact, a combination of strategies needs to be used, and researchers propose that the sequence in which the strategies are used is important to the ultimate goal of reducing stigma. The knowledge-contact strategy is the most popular approach. Pinto-Foltz, Logsdon and Myers (2011) find that the knowledge-contact method is effective in increasing awareness of mental health and stigma reduction over a longer period, compared to the contact-knowledge method. In addition, researchers, who have looked into combining the contact and education strategies for secondary school students in Hong Kong, find that the education-contact combination is more effective in reducing stigma associated with mental disorders than the contact-education combination (Chan, Mak & Law, 2009). These findings suggest that the sequence in which destigmatizing messages are delivered must be carefully planned to achieve the best outcomes.

Barriers to Help-Seeking Behaviors

Multiple studies have identified barriers to help-seeking behaviors in student populations. These include the lack of time, privacy concerns, lack of emotional openness, and financial constraints (Yap, Reavley & Jorm, 2013). Hunt and Eisenberg (2010) suggest that common barriers include lack of a perceived need for help, unawareness of services or insurance coverage, and scepticism of treatment effectiveness. The different types of barriers to help-seeking behaviors can be broadly categorized as (a) structural barriers such as confidentiality of information, high costs, and difficulty in getting appointments with professionals; (b) stigma-related barriers such as fear of labelling by peers and family members; (c) treatment/support-related barriers such as perception that treatment would be ineffective; and (d) other barriers such as religious prohibition and discouragement.

Survey Results and Discussion

To obtain a better understanding of the stigma associated with youth with mental disorders in Singapore, a survey involving 216 respondents aged 17 to 25 is conducted. The survey is preceded by two focus group discussions involving participants with and without formal exposure to mental health content, to yield a qualitative assessment. The survey instrument is administered to the respondents, and their responses are analyzed to determine the specifics of the stigma. The focus of the survey is on depression, which is one of the most prevalent mental disorders amongst Singaporean youth.

In the context of this paper, the term 'formal exposure' refers to any one of three forms of exposure. First, a person with formal exposure may have previously enrolled in psychology courses that touch on mental health issues. Second, he or she may have participated in mental health-related programs organized by non-profit or government organizations. Third, he or she may have participated as a volunteer in mental health projects run by organizations such as the Institute of Mental Health (IMH) or the Singapore Association of Mental Health (SAMH).

Knowledge of Depression: Comparison between Youth with and without Formal Exposure to Mental Health Content

There is no significant difference in knowledge of depression between youth with and without formal exposure to mental health content ($p = 0.398$)[1]. There can be two different interpretations of this data. First, this can mean that youth without formal exposure may be gaining access to mental health information through various informal platforms such as schools, health organizations' outreach efforts, and online articles or videos. The results may be a reflection of the strong efforts by mental health stakeholders in Singapore to increase public awareness of mental health. Alternatively, it can be possible that the various forms of formal exposure are ineffective in filling the information gap that youth have on depression (i.e., where youth with formal exposure are not much more knowledgeable of mental health issues as compared to youth without formal exposure). This means that organizers may need to develop better programs or outreach

[1] A two-tailed test based on the normal distribution is used to determine if there is a significant difference in knowledge of depression between youth with and without formal exposure to mental health content.

methods to transmit the missing information on depression to youth.

Stigma Associated with Depression: Comparison between Youth with and without Formal Exposure to Mental Health Content

The results show that youth who are exposed to mental health content appear to attach slightly less stigma to peers with depression. This shows that additional exposure is useful in helping youth to destigmatize depression. However, there are two caveats to this claim. First, as the youth surveyed often have overlapping forms of exposure to mental health content, it is not possible to pinpoint the single, most efficient method to destigmatize youth with depression. Second, the difference in mental health stigma between youth with and without exposure to mental health content is not statistically significant. This is further corroborated by the poor correlation between mental health knowledge and stigma associated with depression, which is discussed in detail in the next section.

Relationship between Knowledge and Stigma Associated with Depression

There is very poor or no correlation between mental health knowledge and stigma associated with depression for both youth with ($r = 0.0935$) and without ($r = 0.0150$)[2] formal mental health content exposure. This observation is aligned with observations made by other researchers (e.g., Pinto-Foltz, Logsdon & Myers (2011) argue that although initiatives

[2] The r values are the correlation measures, where r=1 suggests a very strong relationship, while r=0 suggests no relationship between mental health knowledge and stigma towards depression.

[3] The In Our Own Voice initiative is meant to boost the mental health literacy of students by exposing them to videos on mental health and presentations by speakers who have recovered from mental disorders. After the program, the students are assessed on whether they have reduced mental disorder stigma.

such as In Our Own Voice[3] are able to improve mental health literacy, there is no analogous reduction in mental disorder stigma). Wahl et al. (2007) suggests that the dose and duration of the intervention may have been insufficient and that it is essential to have sustained contact with the In Our Own Voice presenters. The research by Pinto-Foltz, Logsdon and Myers (2011) also shows that the education-contact intervention method, although superior to other forms of binary combinations, is still insufficient in creating sustainable change in stigma in youth towards depression. Therefore, a new intervention paradigm needs to be designed to create change.

Top Sources of Stigma

The top three sources of stigma, according to the respondents, are lack of knowledge, peers, and the media. However, as noted above, there is no correlation between knowledge and stigma associated with depression. This possibly means that although the respondents feel that more knowledge can help them change their views on depression, their actions and behaviors actually do not reflect what they think would happen with more knowledge on depression (Pinto-Foltz, Logsdon & Myers, 2011). This is probably also a common fallacy that campaign organizers have towards ameliorating mental health stigma. It is thus necessary to note that perceptions and actions do not always match. While knowledge can enable youth to gain a better understanding of depression, it does not guarantee behavioral change.

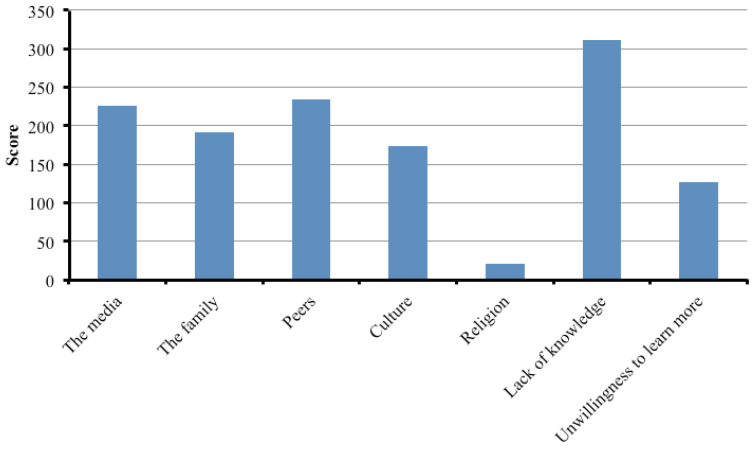

Figure 1. *Sources of stigma*

Peer stigma also comes out as one of the top sources of mental health stigma. This finding is congruent with the research by Moses (2010) which finds that stigma and discriminatory responses are most prevalent amongst patients' peers. Approximately two-thirds of the participants in his research experience at least some stigma from peers, and almost one in five report being socially isolated, unable or unmotivated to forge meaningful connections with peers (Moses, 2010). This demonstrates the need for effective strategies to reduce the stigma associated with mental health problems among youth. Reducing peer stigma is therefore essential in promoting help-seeking behaviors among youth with mental disorders.

Effectiveness of Intervention Strategies

The top three most effective intervention strategies, according to the survey results, are interactions with youth with mental disorders,

volunteering opportunities in mental health agencies, and viewing of short films showcasing successful cases of youth overcoming depression. These three strategies fall under the umbrella contact strategy articulated by Corrigan (2000). Corrigan (2000) argues that the contact strategy is the single most potent method to reduce stigma towards mental disorders, and the survey findings are aligned with his argument. This means that any intervention needs to incorporate a contact element. It is important for youth to interact with their peers who have depression, to allow the former to gain a better appreciation of mental disorders and consequently, reduce stigma associated with depression.

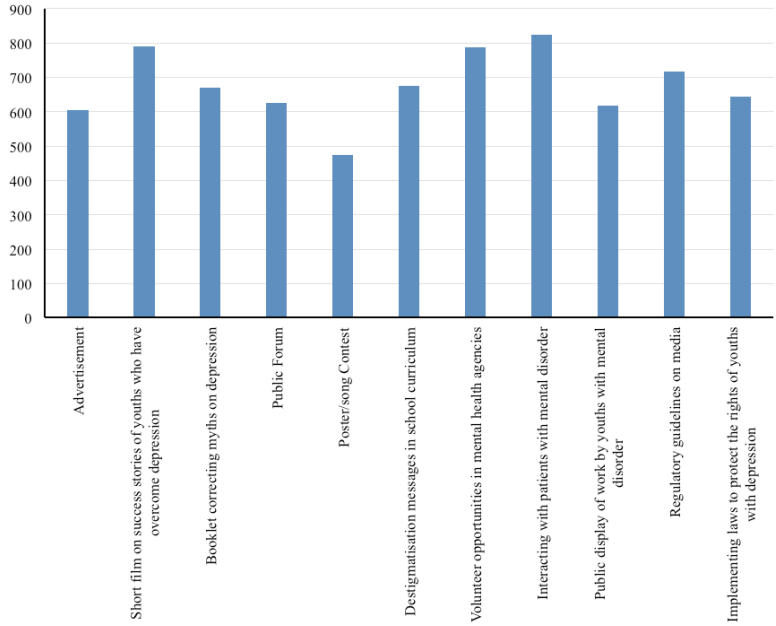

Figure 2. Perceived effectiveness of intervention strategies

Nonetheless, research has shown that naturalistic contact alone does not necessarily yield a reduction in stigma associated with mental disorders (Eisenberg, Downs & Golberstein, 2012). Previous studies also suggest that reductions in stigma are more likely when the interpersonal contact is a deliberate choice. Improving the quality of contact and the contact experience only moderately challenges existing stereotypes. It has been suggested that proposed intervention strategies should combine interpersonal contact with some form of education or guidance, to help people interpret their experiences during this contact. Such a combination is not difficult to design and implement because the educational and contact experiences can be jointly incorporated into activities such as volunteering or workshops.

Recommendation of Help

The majority (i.e., approximately 97 percent) of youth in both groups surveyed recommend help for peers showing signs of depression. This finding is positive as it shows that youth are receptive to recommending help to their peers who are showing signs of depression even if they have not received formal exposure to mental health content. It is thus important for health agencies in Singapore to ensure that youth can identify the symptoms of depression and be informed of the various forms of help that they can recommend to their friends in need. 73.1 percent of the respondents know where to seek resources on depression, but only 31.3 percent of the respondents know about the organizations that support destigmatization of mental disorders. It may be useful to find out where youth seek resources on depression from, as most of them are unaware of the support from mental health agencies. Such information can help these

agencies to improve their youth outreach programs.

As shown in Figure 3, the top four choices of help recommended for peers showing signs of depression are sharing of worries with the affected friends, meeting school counsellors, speaking to parents, and writing to peer support platforms. Of these four choices, only the option of meeting school counsellors belongs to the professional help category. This shows that youth are still averse to seeking professional help, and prefer to recommend non-professional help to their peers. These results show that it is important to equip non-professionals, including youth, with knowledge required to help their peers who are suffering from depression. The top three choices also reflect the need for strong working relations amongst peers, families, and school administrators, as they are often the most immediate and accessible form of help for youth. Building a tight network amongst them can facilitate information exchange, allowing earlier detection of depressive symptoms in youth.

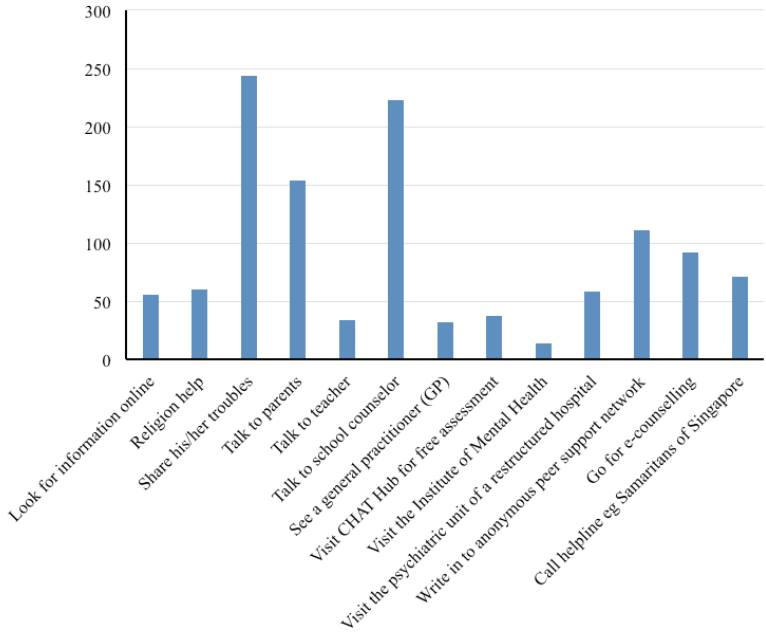

Figure 3. Recommended help for peers

As can be seen in Figure 4, the top four actions youth would take if they know that they are showing signs of depression are talking to peers, talking to parents, finding information online, and talking to school counsellors. These top choices are similar to the top choices for recommended help for peers showing signs of depression. It is, however, surprising that professional help from school counsellors is not one of the top three choices for personal help as the youth prefer to seek information online. This means that it is necessary for mental health agencies in Singapore to have strong online presence so that youth are able to locate accurate information online (Finkelstein & Lapshin, 2007). Seeking peer

support is the first action youth would take if they feel that they are showing signs of depression. This finding is consistent with existing research by Burns and Rapee (2006), who report that friends are rated by over 40 percent of their research sample as a good option for help. This finding reinforces the importance of mental health literacy for all adolescents. It is also known that peer groups are an increasingly influential source of support across adolescents, and peer mentoring and 'buddy systems' have been used successfully in several mental health programs (Burns & Rapee, 2006).

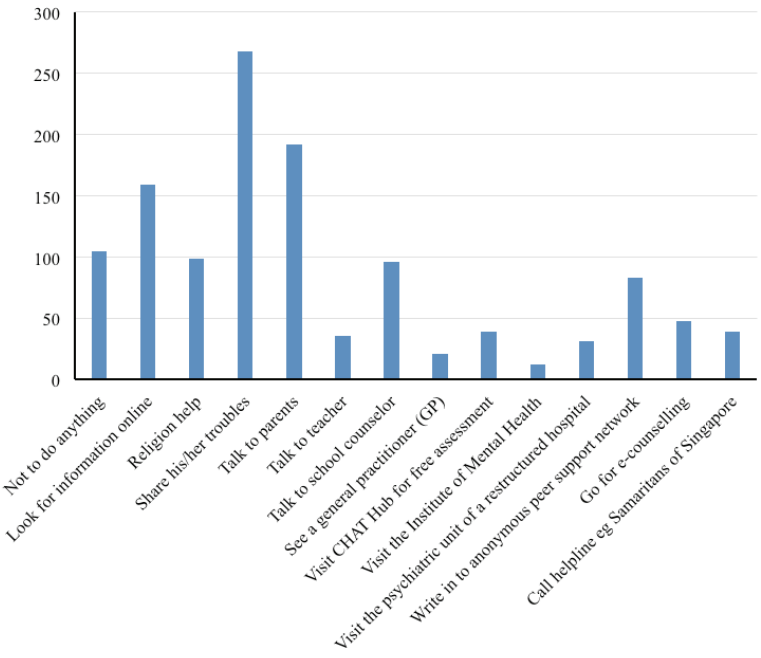

Figure 4. Recommended help for oneself

Barriers to Seeking Help

As shown in Figure 5, the top two barriers to help-seeking behaviors are peer stigma and lack of information on where to seek help. The strong influence of peer stigma is congruent with extant literature. The greatest number of respondents expect to experience stigmatization by peers (62 percent), likely leading to friendship losses and transitions. The respondents who do not expect peer stigmatization may have thoughts of socializing with others 'in the same boat', concealing problems, or avoiding potentially stigmatizing interactions (Moses, 2010). On the positive side, identifying and affiliating with similarly situated peers can be an effective strategy for coping with social stigma, as this provides options for preserving self-esteem by favorable social validation and emotional support (Crocker & Quinn, 2000). On the negative side, affiliation only with a stigmatized group limits one's social circle and mastery of skills for interacting with others. From these survey results, we can hence see the importance of youth and their peers in promoting help-seeking behaviors. Peer stigma is a strong deterrent to help-seeking behaviour, but youth still prefer to recommend peer support for themselves and for peers who show signs of depression. It is therefore necessary to address the issue of peer stigma to encourage help-seeking behaviors among youth. The findings also demonstrate the benefits of anonymous peer support platforms, such as Audible Hearts, in assisting youth to overcome depression on a friendship basis.

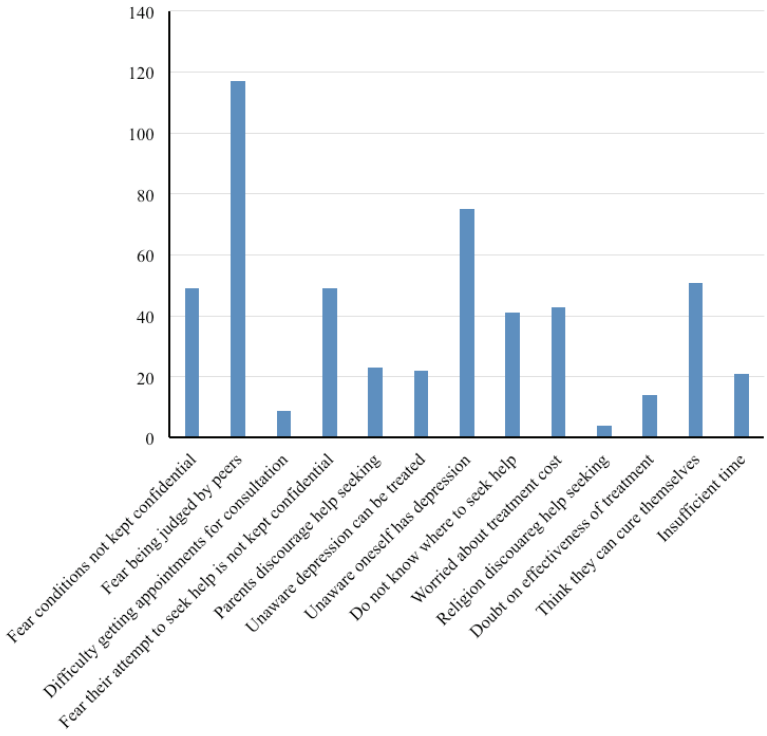

Figure 5. Barriers to seeking help

Preferred Sources of Help and Information on Mental Health Issues

Figure 6 shows the various sources of information on mental health issues preferred by the survey respondents. The top three preferred sources of information are search engines, websites of mental health agencies, and professionals. The first two choices are an indication of the technological savviness of Singaporean youth. Hence, making information more accessible through online platforms such as search engines, social media, and websites of mental health agencies can help youth to obtain

information on mental health issues more easily.

Mental health is only one of the pillars of public health, and information on it is often not easily found on the websites of health agencies. The difficulty of navigating through the different tabs and links may deter youth from accessing credible sources of information on mental health. A quick search on Google, Bing, and Yahoo shows that the search word of 'depression' yields explanations of depression by websites such as Wikipedia as the top choices. Surprisingly, none of the websites of mental health agencies in Singapore even come close to the Wikipedia website. This may be another information gap that the agencies can work on. Furthermore, the agencies need to ensure that youth spend sufficient time on their websites in order to acquire useful information on mental health issues.

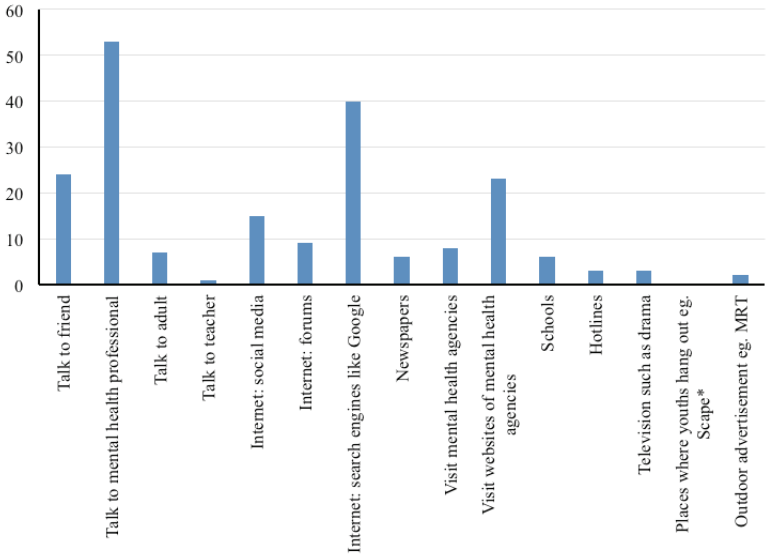

Figure 6. Preferred sources of information

Recommended Paradigm to Reduce Stigma Associated with Depression amongst Singapore Youth

TLCE2 Paradigm

The TLCE2 paradigm stands for 'Targeted', 'Local', 'Continuous' and 'Education-Contact-Education'. It can be used as a framework to evaluate strategies to ameliorate stigma associated with depression amongst Singapore's youth. This paradigm serves to guide future intervention strategies to combat mental health stigma.

Firstly, intervention strategies need to have a targeted audience and clear objectives. Two of the most salient themes arising from the survey findings are peer stigma and the importance of equipping youth with sufficient knowledge on depression, such as identifying the symptoms and the avenues to seek help. The target group to reduce mental health stigma is hence youth. The aim of the intervention strategy should also remain focused, i.e., to raise awareness and to normalize help-seeking behaviors.

Secondly, intervention strategies need to be local in scale and context. This means that attempts to reduce mental health stigma should be based on 'local' sub-populations such as educational institutions and youth groups, and not be carried out as public campaigns. Corrigan and Shapiro (2010) note that "it seems unlikely that a [population-based intervention] will provide positive benefits if the person cannot remember its essential points". Despite the possible benefits of widespread public campaigns, the low rates of awareness suggest that more targeted interventions (such as workplace interventions) might reach more people, albeit within smaller subsets of the population (Szeto & Dobson, 2010).

Thirdly, intervention strategies need to be continuous. Wahl et al. (2007) suggest that the dose and duration of the intervention might be insufficient and that it is essential to have sustained contact to make intervention work. One of the most significant challenges in having a sustained intervention strategy lies in cost. This practical consideration also means that public campaigns requiring heavy investments in advertisements are less likely to work effectively and sustainably (Reavley & Jorm, 2012). With platforms such as social media, it may, however, not be that difficult to build sustained contact with youth (Lo, Esser & Gordon, 2010). Nonetheless, social media platforms are often inundated with competing information, and administrators of these avenues need to design creative ways to capture the attention of youth.

Lastly, it is recommended that intervention strategies adopt the education-contact-education approach. A contact or an education strategy alone is not effective in reducing stigma associated with mental disorders. In addition, even though the education-contact strategy has been found to be more effective, it still does not produce sustained behavioral change. The survey results also show that there is no significant difference in knowledge between youth with and without formal exposure to mental health content. This demonstrates that education-contact can be supplemented with additional educational outreach to reinforce learning and behavioral change. Nonetheless, this proposed approach is likely the first of its kind. Therefore, verification of its effectiveness is still required.

Proposed Activities

The proposed activities consist of evaluation of existing programs and initiatives by mental health agencies, and introduction of new ideas

using the TLCE2 paradigm.

Existing mental health workshops. The Health Promotion Board (HPB) has introduced mental health workshops such as the Youth-Support-Youth (YSY) and Youth Mental Health Ambassador (YMHA) programs to equip youth with knowledge on mental health. These programs are targeted as the participants usually fall in the age range of 17 to 25. However, there are several aspects to these programs that can be improved.

Firstly, the programs are not 'local' enough. It is known that these programs aim to have participants coming from the same institutions so that the participants can then work together when they return to their respective institutions to carry out projects to benefit their respective communities. Nonetheless, this may not be easy to implement because a minimum number of participants is needed for these workshops and it may not be easy to have all participants coming from the same institution. A suggestion may hence be that HPB partners schools and conducts its YMHA initiative in these schools. However, if the YMHA program were to be conducted in the schools, then its overlap with the YSY program needs to be carefully assessed to avoid wastage of resources. Alternatively, having co-curricular activity (CCA) clubs or having class representatives (such as 'CareRep') who focus on mental health issues might help to increase awareness and encourage help-seeking behaviors in schools.

Secondly, the element of continuous engagement needs to be more strongly implemented. After the YSY workshops, the campus ambassadors would meet up to discuss their observations and cases. However, it is not clear how regular the meetings are and whether there are reports for each meeting. It is best to implement a proper documentation process to

better monitor the YSY initiative and its usefulness in school settings. Currently, the YMHA participants are added into the YMHA program's Facebook page upon graduation from the program. The administrator of the Facebook page then updates the group on mental health-related events and information. This move is laudable. However, the number of active members may be lacklustre and more creative ways are needed to engage inactive members. The YMHA program held its inaugural bonding session in June 2013. Such meet-up sessions are an effective way to engage active members and get their help to re-engage inactive members. Having these meeting sessions on a regular basis helps to ensure continuity in the program. The sessions may also be used to gather feedback on improvements to the bonding sessions in future. Additionally, it may be useful to emphasize the importance of participants staying connected to the YMHA program and HPB during the YMHA workshops. The YMHA administrators can also provide formal recognition to the YMHA members who remain active and committed. Some potential measures include selection of active members for relevant talks and seminars, nomination of active members for awards, and provision of testimonials for active members.

Lastly, the element of contact can be introduced in these educational programs. Currently, the main objectives of these educational programs are primarily to provide information on mental disorders and are thus lacking in the 'contact' element. Recently, the YMHA program organized a visit to the IMH as a form of contact intervention. This move is laudable, but it is better to have immediate contact after education intervention for the youth to reinforce their learning and manifest behavioral change. Additional educational outreach is recommended, and this can be done through various channels such as using photos and videos taken during the YMHA sessions

to remind the participants of what they have learnt. The session organizers can also include standardized messages on mental health in these photos and videos.

Videos on mental health. According to the survey findings, videos on youth who have successfully overcome depression are the third most effective method to reduce stigma associated with depression according to the survey. The videos need not feature prominent members of the youth community as argued by Corrigan (2000). This is because the destigmatizing effects of videos are larger when the videos feature ordinary youth whom the audience can relate to. The videos should adopt some criteria: (a) selection of youth whom the audience can identify with; (b) selection of youth from diverse backgrounds; (c) introduction of new videos after some time; and (d) carefully crafted messages that emphasize the importance of peer support. It would be more effective if the featured youth can come from specific institutions, and if the videos can be shown to youth in those respective institutions, so that the targeted audiences can relate to the featured stories. The videos can also be distributed through various mediums, such as CD-ROMs and online platforms like YouTube, allowing for sustained education and contact intervention.

The videos can make use of the multiple identities model[4] by having the featured youth showcase their talents. However, it should be noted that such identities should not be motivated by positive spins, such as the typical case of showcasing artistic talents in autistic children. This is

[4] The multiple identities model is used in this context to show how one's identity should not be defined by mental health disorder, but also by their talents and roles in other settings. For example, youths with mental disorder can also be talented artists, filial children or gifted students.

because not all youth with depression have the same talents, and the overt emphasis on certain specific talents may be counterproductive as youth without these talents may continue to face stigmatization and alienation.

Institution-based talks/seminars. The TLCE2 paradigm recommends targeted and local intervention strategies and schools are excellent places for mental health-related talks and seminars as the sub-populations are much more homogenous. The HPB does organize a school-based mental health-related program in the Institute of Technical Education Colleges during orientations. However, these skits are often meant to educate students on stress reduction, and have little emphasis on equipping students with knowledge to cope with depression. In future, the skits can focus more on raising awareness of mental health issues and conveying key messages to encourage and normalize help-seeking behaviors among youth. Having institution-based talks and seminars can also facilitate continuous engagement as youth in institutions such as schools do not change their institutional affiliations frequently, unlike memberships in interest groups or external organizations. This allows for more sustained interventions, and increases the possibility of inducing positive behavioral change.

The talks/seminars in institutions can also take the form of discussion panels comprising students, school counsellors, teachers, and professionals from external organizations. The panellists can make use of this opportunity to address misconceptions of school policies related to tackling mental health issues. For example, confidentiality is one of the key concerns that youth have when deciding whether to seek professional help, and panellists can assure students that their identities would be kept confidential if they seek help. Although survey results show that youth

do not perceive panel talks as an effective strategy to normalize help-seeking behavior, Corrigan (2000) argues that panel talks can be effective in encouraging people to come out and seek help. More can be done to examine how these panel talks can be conducted in a more effective manner.

Revamp of online mental health information. One of the interesting survey findings is that youth prefer to search for information online through search engines or on mental health agency websites, when they feel that they are showing signs of depression. However, only around 30 percent of the youth surveyed know about the organizations that support destigmatization of mental disorders. These findings highlight the information gaps that need to be filled. Mental health agencies can consider some pointers when they revamp their websites. Firstly, they should make the websites user-friendly. Government organizations such as the Ministry of Health (MOH) and HPB recognize mental health as only one of the components of public health. Thus, there is currently no single website devoted to mental health. Websites that can be navigated easily encourage youth to browse longer so as to obtain more accurate and useful information. For example, the Community Health Assessment Team (CHAT)[5] has a user-friendly website and information can be easily obtained from the website. Therefore, to optimize use of scarce resources, collaboration may be sought to strengthen the existing CHAT website. However, the existing CHAT website may be too wordy for some youth, and some youth may prefer video- or picture-based content to learn more

[5] The CHAT is a group of healthcare professionals dedicated to helping youth with mental health concerns in Singapore. They help to raise awareness of mental health issues, and provide mental health information and a free, confidential assessment service.

about depression. In addition, the stories shared on the CHAT website are not entirely from Singaporeans, and this aspect can be further refined to better reach out to local youth.

Secondly, the hit rates of websites of mental health agencies pale in comparison to websites like Wikipedia. This shows the need for the mental health agencies to create stronger online presence to attract the attention of youth and to direct them to proper channels for information on depression. This may be done through advertisements on popular search engines. Interestingly, there is a recent collaboration between Facebook and the Samaritans of Scotland; Facebook identifies users displaying signs of stress, such as continual posting of suicide messages, and provides Samaritans with the relevant email addresses to contact the distressed users. Although this project may be subject to the scrutiny of privacy laws, it has been compliant with data protection guidelines so far and has yielded success.

Interestingly, many Singaporean youth possess smartphones, and it may be useful to capitalize on this social phenomenon. Smartphone apps may be helpful as a direct route for youth to access information on mental health. These apps can direct youth to proper channels for help, provide stress reduction tips, or even allow school counsellors to monitor the moods of their at-risk students. In fact, these types of apps, such as Depression CBT Self-Help Guide and Depressioncheck, are already very common in the market. Apps also offer privacy for the users as the users can browse information on mental health freely, avoiding the awkwardness of gathering information from conventional advertising mediums such as posters in public areas. Nonetheless, caution must be exercised in popularizing the

use of smartphone apps. The apps should not be marketed as a substitute for professional assessment as they are not fool-proof diagnostic tools. Users should still be encouraged to seek professional help when necessary. Challenges exist in designing the content of the apps and in publicizing these apps to encourage their download and usage even if they are free. One way to publicize these apps is for schools to encourage their students to download and use these apps for lessons that touch on health-related topics.

Conclusion

In conclusion, mental health is an important aspect of overall health, and stigma associated with mental disorders often discourages help-seeking behaviors and adherence to treatments. The survey findings emphasize the importance of peer support in overcoming peer stigma, and the need for mental health agencies to create stronger online presence. Having a strong network amongst peers, families, and school administrators helps in early detection and treatment of mental disorders. The survey also shows that it is helpful to make use of the technological savviness of Singapore youth to engage the youth online through social media, user-friendly websites, and smartphone apps. The TLCE2 paradigm is a strategic model similar to the one used by Corrigan for the Coming Out Proud program[6], with some minor modifications included to reflect

[6] Patrick Corrigan is distinguished professor of psychology at the Illinois Institute of Technology. He piloted the Coming Out Proud program, which entails three two-hour discussion sessions conducted by two trained facilitators with lived experience, typically for groups of five to ten peers. The program was created with the purpose of eliminating mental disorder stigma.

the characteristics of the youth population in Singapore. More needs to be done to evaluate the effectiveness of intervention strategies adopting this paradigm.

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Detailing the Experiences of Licensed Moneylenders and Borrowers since the Moneylenders Act 2008

TANG WAI HONG

Abstract

The Moneylenders Act (MLA) 2008 liberalized moneylending operations in Singapore by providing moneylenders with greater flexibility in advertising, modes of loan disbursements and repayments, and operation locations. Through a literature review and a series of qualitative interviews with both moneylenders and borrowers, this paper aims to characterize the relationship dynamics between both parties and evaluate the social effects of the new regulations in the gambling financing context. This paper argues that the social harms caused by increased moneylending are not just a result of seemingly unscrupulous moneylending practices, but are also a direct consequence of the legislative changes in the MLA.

Introduction

Licensed moneylending as an industry has been gaining public visibility in Singapore over the past few years. As a result, there have been more debates raised regarding the methods of operations conducted by licensed moneylenders (MLs). One issue the public is concerned about is the proliferation of such businesses in the heartlands. They are now concentrated in some Housing Development Board (HDB) areas such as Toa Payoh, Ang Mo Kio and Tampines (Zaccheus & Tai, 2014). Often,

residents appeal to a certain moral standard when they assert that the presence of these businesses in the heartlands damages the moral interests of the townships. For example, an interviewee claimed that, "it is only healthy to ensure better distribution of such businesses [MLs] to safeguard the interest of residents" (Zaccheus & Tai, 2014). Clearly, there are inherent negative connotations attached to this industry and their presence in the vicinity is perceived as a threat to the safety of the residents. However, are these 'perceived social harms' justified? To answer this question, it must be addressed in the context of the recent liberalization of the industry through the MLA. This paper provides insights into the realities of the moneylending industry by focusing on the impact of the legislative changes on the relevant stakeholders and their mutual relationship.

This paper examines the effects of the change in legislation according to the MLA 2008 by using gambling financing as a window of access into the debt situations for borrowers. Using a combination of methods, this paper aims to understand the perspectives that borrowers and moneylenders hold towards the new legislative changes. First, a literature review is conducted to give a theoretical framework about MLs regarding their function, collection strategies, challenges, and their relationship with the borrowers. Secondly, the MLA is examined in closer detail to highlight the detailed changes that have reshaped the moneylending landscape in the past five years. Then, to bridge the gap between legislative provisions and implications on the ground, qualitative research is conducted in two forms: qualitative interviews with different stakeholders and ethnographic fieldwork. The interview findings are then integrated with the theoretical findings to evaluate the effects of the legislative changes.

Literature Review

There exists an intrinsic societal abhorrence of moneylending. Historically, Aristotle, who bore similar sentiments as other religious traditions, condemned usury by saying that "usury is most reasonably detested, as it is increasing our fortune by money itself, and not employing it for the purpose it was originally intended, namely exchange" (Booysen, 2009). Additionally, society detests MLs for their perceived association with loan sharks, who are known for their unscrupulous methods.

The United Kingdom (UK) Context

In order to look at their operations objectively, moneylending has to be understood as a business that performs a necessary function in society, that is, to provide loans for people who cannot get them through other financial institutions. According to Jones (2001), while society has more sophisticated options for immediate access to credit, millions in the UK are marginalized, or excluded, from mainstream financial services. This kind of discrimination, or financial exclusion, "affects mostly lone parents, low-wage workers, ethnic minority groups and disabled and unemployed people living in housing estates and inner-city areas" (Financial Service Authority [FSA], 2000). Thus, many people with low incomes turn to alternative lenders such as mail order catalogues, doorstep credit companies, retail purchase shops, pawn shops, sell and buy back shops, and unlicensed lenders in order to meet their credit needs (Jones, 2001, p. 4).

Out of those alternative lending options, the function of doorstep credit, or home credit, is closest to that of MLs in Singapore in providing "small, short-term, unsecured loans" that carry high interests (Provident

Financial Group, 2014). However, they differ in two distinct ways. Firstly, home credit projects all the costs upfront without extra charges, even if the customer misses a payment. Secondly, clients do not have to travel to the moneylenders' offices for any transactions. Instead, home credit firms send agents to collect debts at the clients' houses.

Leyshon et al. (2006) have attempted to describe the ecology of the UK home credit industry. They use the metaphors of symbiotic mutualism and parasitism to describe the relationship between borrowers and moneylenders. Symbiotic mutualism supposes that not only do parties, agents, and customers benefit from the interaction, but they also often live and interact within the same locality (Leyshon et al., 2006, p. 162). The metaphor of symbolic mutualism even goes as far as to say that "friendship rather than fear characterizes the relationship between agent and their clients", even if that 'friendship' is used to "manipulate people into borrowing and repaying better" (Leyshon et al., 2006, p. 165; Rowlingson, 1994, p.147). To that effect, symbiotic mutualism suggests that coercive strategies of repayment may not be the most effective. At the same time, parasitism, as a metaphor, can be used to describe the relationship. Parasitism paints a picture of a small parasite leeching, unseen by its host. This can translate to subtle tactics employed by moneylenders to ensnare their borrowers in their debt situations.

Another key point in Leyshon et al.'s (2006) study is that information asymmetry in this industry is reversed compared to other businesses. Usually, sellers would have a more comprehensive knowledge of the product they are selling, compared to the consumers. However, for moneylending, the "borrowers will always have a better understanding of

their true financial standing and their ability to pay back the debt, than will the lender" (Leyshon et al, 2006, p. 171). This suggests that the borrowers, who are the recipients of the moneylending services, have a higher inclination to cheat. In order to minimize the risk when taking on a potential client, the lenders limit their information deficit by building data profiles on the borrowers. Hence, the home visiting component of home credit firms serves a dual function. Other than being a place for transactions, it also enables lenders to better evaluate the borrowers' financial situation through face-to-face contact. In light of the information asymmetry that skews in favor of the borrowers, it makes the Singapore situation even more unique because the transactions take place in the offices of the moneylenders. That puts moneylenders at higher levels of information deficit on the borrowers' conditions. Thus, compared to their UK counterparts, Singaporean MLs slap higher interest rates and apply more penalty charges on borrowers to insure the additional risks they undertake.

The Singapore Context

There is a dearth of literature on licensed moneylending in Singapore. Since the amendment to the MLA in 2008, there has not been any in-depth study on the phenomenon of licensed moneylending in Singapore. There are studies that address the issue of licensed moneylending as a footnote to another social issue, i.e., gambling (Ng, 2013; Zain 2010; Mathews & Volberg, 2012). They often mention licensed moneylending as part of a repertoire of financial options for the poor without delving further into their operations. In Mathews & Volberg's (2012) study, they do not differentiate between the licensed and illegal moneylenders, and assert that the emotional distraught faced by borrowers is caused by harassments

from a catch-all term of moneylenders. Inevitably, as these studies fail to make such distinctions, MLs' practices would often be muddled with the practices of the 'Ah Longs' (the colloquial term for loan sharks). Thus, this study, in examining the legislation and the operations of licensed moneylending, aims to give a preliminary academic understanding of the operations of MLs in Singapore.

Reviewing the MLA 2008

The liberalization of licensed moneylending operations under the MLA, Act 31 of 2008, was carried out as a response to two issues. Firstly, it was a response to the "biggest financial crisis since the Great Depression, a crisis characterized by a shortage of much needed credit" (Booysen, 2009). Secondly, it was meant to address a problem where debtors avoid repayment when they accuse moneylenders of being illegal. The timing of the MLA amendment coincided with the opening of the casinos in the integrated resorts (IR), and these two developments were believed to have contributed significantly to the increased incidence of problem gambling in Singapore.

This study will not discuss the rationale behind these legislative changes, but will instead focus primarily on their social impact. According to Booysen (2009), the MLA 2008 has the following new features. They include (a) allowing MLs to apply for multiple places of business, (b) removing the archaic need for moneylenders to keep their accounts in a bound book with numbered pages, supposedly to prevent underhanded manipulation of accounts, (c) doing away with the restriction on compound interest, and (d) relaxing provisions relating to moneylender's

advertisements, such that more details can be made available on their advertisements. There are other changes that differentiate the old and new MLA, but the general sense is that the amendment seeks to increase the respectability and legitimacy of MLs by aligning their operational processes to those of banks. The trade-off for this liberalization is that MLs have to adhere to more stringent administrative procedures such as issuing receipts for every transaction and providing the borrowers with half yearly statements of account (Booysen, 2009). However, the supposed trade-off does help to enhance the image of licensed moneylending in the eyes of the public because these administrative processes mimic bank procedures.

Booysen's detailed analysis of the changes to the MLA in 2008 has been done at a theoretical level. Logically, these changes are to be welcomed, and the well-meaning intentions of the legislation are explained in her analysis. However, complications occur when the implementation does not match the intentions of the legislation. For example, after the amendment to the MLA, there was a surge in the number of moneylending advertisements in newspapers and fliers. That not only caused a slew of public outrage, but also led to excessive borrowing as borrowers became more aware of the moneylending services available to them. While the advertisements in newspapers and fliers are now prohibited since curbs were implemented in November 2011, advertising through newspaper channels did have a lifespan of almost three years, during which MLs likely used that access to generate a sizeable client base (Lin, 2011a; Lin, 2011b). In doing so, they might have already trapped many people into the vicious debt cycle. It has also been mentioned that the liberalization has resulted in "more aggressive debt collection techniques" that are undifferentiated from harassment tactics used by 'Ah Longs' (Chan, 2011).

Another implication in terms of accessibility is that the relaxation of the law for MLs has resulted in an unprecedented growth in the industry over the past few years. The change in legislation, coupled with the police crackdown on loan sharks in recent years, has caused the industry to grow from 169 licenses in 2007 to 267 licenses in 2011 (Tham, 2011). While it used to be that MLs were 'out of sight, out of mind', the new legislation now allows MLs to operate at multiple places. The boom in the moneylending industry is physically manifested in public areas such as the HDB heartlands in the form of increased presence of moneylending shops and advertisements (Zaccheus & Tai, 2014).

Availability of moneylending is another factor that increases financial options for problem gamblers. In this paper, availability refers to the total volume of credit that borrowers can access and the ease of obtaining credit. While the MLA amendment has sought to limit the availability of loans to borrowers by imposing an income-specific cap, borrowers can easily contravene this restriction by borrowing from multiple MLs. Currently, there is no centralized system which monitors the total outstanding debts of borrowers, so borrowers are not restricted by law from taking loans from one licensed ML to repay other outstanding loans. Debtors end up being trapped in a debt spiral as they roll over debt from one moneylender to another.

As mentioned in the introduction of this paper, the preceding literature review and close-reading of the MLA amendment cannot fully convey the impact on the ground. In order to bridge the knowledge gap between legislative intentions and ground implementation, qualitative research methods are employed on the two major stakeholders of the

industry, namely the moneylenders and the borrowers. The following sections put together a picture of the tripartite relationship between the government (legislation), moneylenders, and borrowers, first by gaining a better understanding of their respective individual functions and subsequently piecing all the information together.

Method

This study uses both ethnographic fieldwork and qualitative interviews to gather data. The process of data collection lasted three months from January 2014 to March 2014.

Ethnographic Fieldwork

The ethnographic fieldwork was done in two parts. First, the author attended support group meetings in both Adullum and One Hope Centre. These organizations help borrowers with debt issues by negotiating with moneylenders directly or through equipping borrowers with necessary skills to negotiate with the moneylenders themselves. In these visits, the author acted as a volunteer and/or observer and recorded observations on the processes of these support groups, and the relationships between the moneylenders, borrowers, and negotiators/volunteers. Second, two visits were made to 'Ah Long Street', a term coined by one of the interviewed moneylenders, in Toa Payoh. Both of these visits were conducted on weekdays, one at 12 noon and the other at 7 p.m. Each of these visits lasted an hour.

Qualitative Interviews

The qualitative research method was chosen for this study for several reasons: (a) it was difficult to gain access to sizeable populations of borrowers and moneylenders to perform quantitative research, (b) a lack of literature on the Singapore context meant that an inductive approach had to be taken, and that was done by conducting open-ended interviews with the relevant stakeholders, and (c) the qualitative approach was likely to generate a richer and more in-depth narrative of the stakeholders' experiences, attitudes, and behaviors.

Interview Profile

A total of two MLs and three borrowers were interviewed. The interviews were all conducted in the premises of the support groups. Both MLs were engaged during the author's visits to Adullum, where they were helping out as volunteers. As for the borrowers, one of them was found through the author's volunteering experience in Adullum. Another one was found through a personal contact, and the last one was a friend of the second contact. They were both attending recovery group sessions at One Hope Centre and interviews were held in the premises before the sessions started.

Content of Interview Guide

The interview guides for the borrowers and moneylenders differed in that borrowers were asked mostly experiential questions about their borrowing habits while MLs were asked questions that were operational in nature. It was necessary that different approaches were taken for both groups after considering their relative positions in the borrowing relationship.

However, the questions converged on the topics of accessibility and availability of licensed moneylending.

Supplementary Interview

As the research progressed, a second set of questions was given to one of the moneylenders to help the author clear up doubts regarding the business strategies of moneylenders. The supplementary interview was also conducted to better understand the changes that have taken place in 'Ah Long Street' after the implementation of the MLA 2008.

Findings

Observations in 'Ah Long Street' (Blocks 177 – 186, Toa Payoh Central)

There were six MLs that were tenants of shop spaces on the ground level, and two others were located on higher floors. In total, there were eight MLs along the street, excluding those that were located on the higher floors and that did not use physical forms of advertisements.

The human traffic flow for both observation windows was low. Even though peak periods of lunch time and after work hours were selected, there were few customers that patronized the shops during the observation periods. During the second observation window, the author identified one licensed moneylender that had an unplastered shop front and sat outside for the entire duration. Only one person entered the shop premises to make payment.

Common features. It was not difficult to differentiate MLs

from the other shops. The design of the establishments had followed a certain pattern that consisted of the following features. Firstly, most hung electronic signboards with running texts that contained simple and blatant messages such as "PERSONAL LOANS FOREIGNER LOANS BUSINESS LOANS". Some even had their telephone numbers, web addresses, and email addresses on the signboards. Secondly, the shop fronts were plastered with advertisements and the small portions of window space left were tinted to prevent people from looking in. Lastly, regarding the wording on the advertisements, there were commonly used phrases such as "all income", "approval within minutes", "flexible repayment", and most interestingly, "low interest rates". The general feel was that while these advertisements were loud and attention-grabbing, they were also tastefully done and inviting to those who were in need of cash (see Figure 1.1).

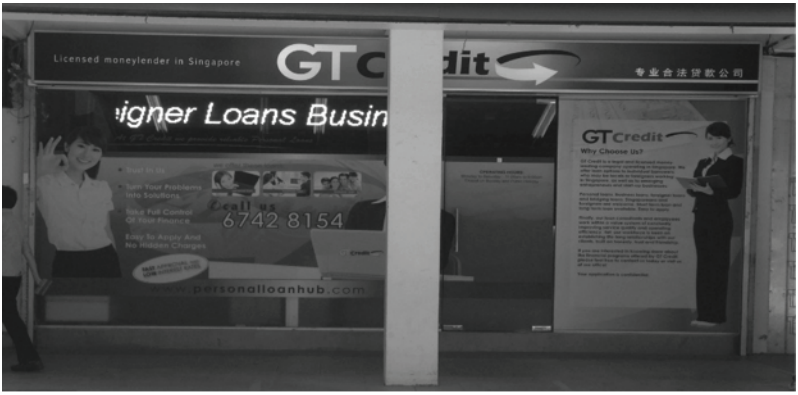

Figure 1.1. Shop front of GT Credit, a ML

Retail operation. Collusion between MLs was inferred through certain advertising methods. In one example, two MLs shared an advertising

space on an upper-level window pane (see Figure 1.2), signaling a joint advertising effort, or suggesting the possibility that the two companies were operated by the same group of people.

Figure 1.2. Possible collusion between two MLs, United Credit and Bliss Credit

Another interesting phenomenon was that there were MLs located next to one another (see Figure 1.3). Intuitively, retailers offering the same services / goods should not locate themselves next to each other due to market competition. However, the existence of moneylenders that were located side-by-side suggested that they continued to thrive in spite of supposed competition for the same consumer base.

Figure 1.3. Two MLs, Gold Allianze and Avis Credit, located next to each other

Interviews with Borrowers

Accessibility of money. All three borrowers interviewed concurred that moneylending in Singapore had become too accessible. According to one borrower, it was much more difficult to locate a moneylender before the amended MLA 2008 was introduced as their physical premises were not easily located; one could only find them by word of mouth. Advertisements thus played a huge role in making licensed moneylending more accessible to the public after licensed moneylending was liberalized. An experience of one borrower showed the extent of the penetration of these advertisements. According to him, "you just go and flip through the newspapers, you can find their [MLs] information […] you want to find old newspapers, you can just go to the library".

One borrower also explained that searching the Web by keywords, 'loans' or 'need loans', would give a potential borrower many contacts to choose from. Other innovative advertisement methods included referrals

from friends and recommendations between MLs. Some MLs offered a $50 commission that could be used to offset current loans when one referred a friend to the MLs. Other MLs collaborated with their counterparts to recommend "good" customers to one another. The borrowers pointed out cynically that these tactics were not limited to MLs but were used by 'Ah Longs' (ALs) as well, and alleged that the MLs and ALs could even be in cahoots. "The front door is the ML, the backdoor is the AL. It is very coincidental".

'Rolling'. One term that was consistently used in all three borrowers' interviews was the term 'rolling'. 'Rolling', by definition, describes the idea of accumulating returns and dividends with an initial investment, indicating profit. Ironically, the borrowers viewed their situations where they borrowed from one ML to return another ML as 'rolling' too. However, one informant expounded on this word and explained the irony as follows: "the MLs coin it as 'rolling' as they are rolling their money but we are rolling our debts. To them it is rolling but not [to] us".

To survey the extent of their 'rolling' behavior, one of the borrowers estimated that the amount he borrowed over the years had only been about $10,000 in total, "but in the end, it racks up to $60,000". While there was no common database for the MLs to reference one's outstanding arrears, one borrower asserted that "you cannot lie to them". MLs were able to check if an individual had outstanding loans with other MLs, through their own networks. However, according to the borrower, in spite of the MLs' full knowledge of an individual's debt situation, "they [the MLs] will still lend you", suggesting that the MLs collectively benefited from the 'rolling'

of borrowers, because one ML's loan could be used to pay off another ML's loan and so on and so forth.

Gambling. All three borrowers had dabbled in gambling in the past, more so when their stress levels were higher. None of them claimed to be problem gamblers, and indicated that it was their mounting debt situations that turned them to gambling. One borrower even suggested that the definition of gambling should be made clear, because 4D and Toto were commonplace and should not be treated with contempt. However, further probing of the borrowers showed that gambling expenses and impulsivity increased after they began to accrue their debts. Two out of the three borrowers had even tried their hands in the casinos. One of them went once, and the other twice. Both lost sums in the thousands of dollars on each visit.

The borrowers gambled in the hope that they could win to pay off their debts. When the borrowers were asked if they thought about gambling often, one of them claimed that he thought about how to settle his debts more so than about the act of gambling. The other two borrowers expressed the same sentiments. One borrower put it this way, "Like I told you before, wherever you tell me there's an opportunity to get money, I will go and try it. It's very normal."

Interviews with MLs

Function of moneylending. Both MLs acknowledged that their line of work had often been met with contempt. One of them expressed his frustration as such, "People have the perception that we are unscrupulous. I think that stems from the high risk that we take and the interest that we

then impose on people." In response, they both alluded to their necessary function in society to refute those accusations, and asserted that they were "providers of quick, efficient non-secured loans". One ML asked rhetorically, "How else do you expect people to get money?" To bolster his claim on legitimacy, he gave an example of a pasar malam tenant who needed an inflow of cash over a short period of time. These small-time business people had no access to banks to finance their business ventures. The MLs thus filled this market gap by providing unsecured loans to the small-time business people. In short, for the above scenario, it was a win-win situation because the pasar malam tenant got to operate his business at a 'minimal' interest fee. The word 'minimal' was used cautiously because the interests paid depended on how fast the loans were cleared.

During the interviews, it was not uncommon for the ALs to be mentioned. The MLs often painted a picture of ALs as detrimental to society, and one of the MLs' functions was to move people away from borrowing from ALs. One of the MLs' sentiments about ALs was that the police should clamp down harder on them. He even went so far as to suggest that borrowers who had borrowed from ALs should be taken to task as well. In his opinion, doing that could help MLs fulfill their function even more effectively because interest rates could then become more competitive. He argued that in a free-market environment, the MLs were at the losing end compared to the ALs because the MLs had to operate at a higher cost with paperwork, administrative costs, taxes, and office space rentals.

Another function of licensed moneylending, as asserted by one of the MLs interviewed, was that the MLs were 'helping' the government to keep the pool of money within Singapore. According to him, if the MLs

were not accessible enough to the public, then people would start turning to overseas ALs and MLs, and the government would suffer losses as a result.

Profitability. When asked if they would be working in the industry in the long run, one ML gave a stoic "yes". The other ML was more generous in sharing his opinions on the profitability of the industry. This other ML broke down the 'pie' of moneylending licenses into three portions. Out of the roughly 200 licenses that were currently distributed, he estimated that half were given to ethnic Indian moneylenders who provided small loans to their borrowers within the ethnic Indian population. He then claimed that 30 to 40 licenses were actually 'inactive' licenses. These were inactive because the holders of these licenses were either still preparing to enter the market, or were already pre-existing operators who held extra permits in case their current licenses got suspended. Thus, according to the ML's estimation, there were only around 60 active licensed MLs servicing a large pool of borrowers, which made it a very profitable business.

Operating conditions. The MLs interviewed balanced their opinions by detailing some of their challenges as well. For one, the close scrutiny and tight regulation by the government meant that their businesses were more susceptible to regulatory changes, creating a degree of uncertainty. For example, one of the MLs interviewed expressed his dissatisfaction with the government curbing newspaper advertisements by the MLs. While he did not explicitly say that the change in regulation affected his business, he pointed out that newspaper advertisements were helpful so that people did not turn to loan sharks. The two MLs interviewed also asserted that the future implementation of a centralized database providing information on borrowers' aggregate debt levels might pose a

threat to their businesses.

Another difficulty in operating as a ML is what the author terms as the 'my hands are tied' phenomenon. Replying to questions on collection methods, the MLs interviewed claimed that they had little power to press their borrowers to repay their debts. Legal action was often not considered because the cost of pursuing legal action would have been much higher compared to the amount owed. Also, their coercive tactics were limited to making incessant calls and using threatening language. One of the MLs interviewed even said that "there is no strategy at all, both [are] willing parties", indicating what seemed like an equal share of power in the borrowing relationship. In other words, if the borrowers did not want to return the debts, then the moneylenders' hands were effectively tied. When asked about the severity of borrowers defaulting on their debts, the ML interviewed said that the default rate ranged between 30 and 40 percent.

Discussion

This discussion section integrates the experiences of the borrowers and moneylenders with the theoretical findings from the literature review, to yield a holistic understanding of the implications of the MLA 2008 on the moneylending industry in recent years.

Borrowers

There is no doubt that the changes introduced by the MLA 2008 increases both accessibility and availability of moneylending to the public. The data collected attests to the effects of those changes. Also, it can be seen that advertising methods have evolved over the years in response

to the changes in legislation. The changes can be categorized into three phases; (a) before the introduction of the MLA 2008, when borrowers had restricted access to the moneylending industry, (b) after the introduction of the MLA 2008, when borrowers had unprecedented levels of access, and (c) after November 2011, when as a result of limitations placed on easy access, advertising shifted to physical shop spaces in the heartlands. Over the years, there has been a shift of licensed moneylending operations from hiddenness to openness.

The implications to borrowers are obvious. A moneylending industry that now physically manifests itself in the heartlands provides opportunities and, as some interviewees put it, 'temptations' to borrow excessively. The author believes that many of the borrowers are caught in a 'chasing' behavior that is often associated with pathological gambling. Chasing can be succinctly described as persistent gambling in the face of 'urgent debts', often through the continuation of gambling in a progressively increasing manner after a series of losses (Corless & Dickerson, 1989; Dickerson, 1993). The author argues that while the borrowers interviwed do not categorically identify themselves as gamblers, they still exhibit elements of the chasing behavior.

According to Lesieur (1984), in order to eliminate chasing from the gambler's psyche, she/he can do so by either getting "winnings that will free him from debt, pay off everyone owed, and have some left over to fulfil fantasies" (p. 49) or by exhausting all other options for financing the chase. In short, the almost unceasing availability of money through the MLs facilitates and encourages such chasing behavior. If moneylending had remained obscured, borrowers would have run out of ways to continue

their chasing or 'rolling' much earlier.

MLs

On the implications of the legislative changes for the MLs, it must first be recognized that the MLs are not a homogeneous group. Many of them adopt different marketing strategies to attract customers. While this study has identified a group of MLs whose marketing strategy involves advertising in crowded places, there are others located in obscurity, depending solely on an online clientele. The author posits that the current business strategy, where a group of independent MLs are located in close proximity, poses a significant threat to the public.

As mentioned previously, when businesses which provide the same services congregate, market competition is overshadowed by another economic concept known as retail agglomeration. Based on Nelson's (1958) 'theory of cumulative attraction', benefits for each individual business can be found in the agglomeration. According to Brown (1987), "retailers with similar neighbors are cognizant of the benefits that clustering can bring". For instance, by establishing 'Ah Long Street' as a moneylending hub, the MLs generate a clout that draws customers from beyond the neighborhood. This is especially so as Toa Payoh Central enjoys a centralized location and has a bus terminal and an MRT station nearby. According to one of the MLs interviewed, people can borrow money while in transit to and from work, as well as during lunch breaks. Another benefit of having MLs located close to one another is that advertising costs paid by each individual ML collectively raise the level of public awareness regarding their services. Additionally, the newspaper reports on 'Ah Long Street' also generate much buzz and publicity to the MLs' benefit. Lastly, 'Ah Long

Street' provides convenience for borrowers who are keen to borrow from several lenders.

In short, the amended MLA provides more leeway for MLs, and allows for increased agglomeration of these businesses in the heartlands. Although some of the changes to the MLA do impose additional compliance costs on MLs, the liberalization of moneylending operations generally allows moneylenders to thrive and become more profitable than before. In fact, neither of the two MLs interviewed is considering a different career path because moneylending has become an increasingly lucrative business.

Relationship between Borrowers and MLs

Symbiotic mutualism suggests that friendliness rather than fear permeates the relationship between borrowers and MLs (Leyshon et al., 2006). This hypothesis is not far removed from the Singapore context, based on the interviews conducted in this research. The amended MLA seeks to make MLs more respectable, and as a result, restrict and constrain their coercive methods of debt collections. Thus, a soft approach is now adopted by some moneylenders (for instance, the two MLs interviewed in this research), where they refer clients in serious financial troubles to self-help groups. Some even provide grocery vouchers for their clients. This is indicative of an amicable relationship between the borrower and the lender. However, behind this friendliness is an ulterior motive to get back the money with interest. As one of the MLs interviewed puts it, "If they don't come here [Adullum], they disappear and I can't get back a single cent."

Such a soft approach is effective because by asking clients to seek help, the MLs not only show empathy towards their borrowers' plights, but

also reinforce the concept of loyalty that is highly regarded in the Asian tradition. Also, the self-help groups ensure that the borrowers honor their contracts, which is to the moneylenders' benefit.

Again, the MLs are not homogeneous. Some of them build alliances with borrowers that are not only manipulative, but detrimental to other borrowers. Some MLs ask their clients to refer their friends for discounts on their current debts, while others recommend their other ML counterparts to 'help' struggling debtors. These are all tactics designed to generate more business and profits at the cost of the borrowers' social and financial well-being. Thus, such irresponsible tactics can be labeled as parasitic because they give borrowers a false respite from their situations.

To sum up, the distinction between symbolic mutualism and parasitism in characterizing the relationships between the MLs and their borrowers in Singapore is a false dichotomy. Rather, the MLs here primarily operate on the basis of pragmatism. Given the legislative constraints, they employ what is best in the situation, be it friendliness or hostility or a combination of both, to get their money back.

Limitations

The findings of this study may be biased and favorably disposed towards the moneylending industry because of the sample selection process. The borrowers and the MLs interviewed were found in Adullum and One Hope Centre; specifically, the borrowers were willing to seek help to repay their debts and the MLs were committed to friendliness towards their borrowers. As such, the interviewees' subjective reality could be

different from other groups of people.

Furthermore, the number of individuals interviewed for this research was small. Certain subpopulations, such as pathological gamblers and borrowers who had defaulted on their loan payments, were not interviewed in this study. It will be good if future research can examine the experiences of different segments of the borrower population.

Conclusion

This paper has described the debt experience from the perspectives of the borrowers and the MLs, with reference to the amendment in the MLA. The relationship between borrowers and MLs is generally marked by pragmatism, where MLs employ the most effective and legally permissible business strategies to increase their profits and recover debts from the borrowers. While both the borrowers and MLs acknowledge the social harms associated with moneylending, they generally do not blame the MLA for their circumstances. Both parties recognize the roles and responsibilities that they play in any borrower-lender relationship.

Nevertheless, this research shows how the relationship between the MLs and their borrowers is necessarily mediated by legislation. The legislative changes in the MLA 2008 have substantially reshaped the moneylending landscape, where the various stakeholders have to adapt to the new regulations to maintain their best interests. In this context, the MLs proactively take advantage of the wave of liberalization to expand their operations and increase their profits. At the same time, the borrowers take advantage of the increased accessibility of moneylending shops to address

their financial needs. From this perspective, the perceived social harms caused by increased moneylending are not entirely due to the supposed conniving nature of the MLs, but also a direct consequence of the amended MLA.

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Recognizing Staffing Needs for Chronic Sick Patients in Long-Term Care Settings: A Study of Ren Ci Hospital

TAN MEI FEN

Abstract

This paper discusses an observational study of the workflow and work practices of nurses in a long-term care (LTC) ward in Ren Ci Hospital in Buangkok, to determine an appropriate staffing system that strikes a good balance between cost effectiveness, quality care, and nursing workload. This paper proposes a more holistic review of the skills mix and job designations of the nurses and nursing aides, as well as more flexible and accurate quantitative measures to better gauge the intensity of the nursing workload and the resource demands of the LTC facility. Additionally, there is a need to reduce the nursing workload to allow more time for nurses to foster strong patient-nurse relationships and improve the patients' psychosocial well-being. There is also a need to develop effective workplace strategies to foster better professional relationships and communications to enhance efficiency and productivity.

Introduction: A Brief Review of Intermediate and Long-Term Care in Singapore and Ren Ci Hospital

Based on the guidelines established by the Ministry of Health (MOH), intermediate and long-term care (ILTC) services are divided into three main categories, namely home-based services, centre-based services,

and residential ILTC services. Community hospitals, nursing homes and chronic sick hospitals are all categorized as residential ILTC services (MOH, 2013). Community hospitals are intermediate care facilities that cater to patients who are fit for discharge from acute hospitals, but require inpatient rehabilitative care. Nursing homes provide long-term skilled nursing care for older patients. These patients may not have family members or caregivers to look after them, or may have caregivers who are unable to give them the level of nursing care required. Lastly, chronic sick (CS) hospitals provide skilled medical care on a long-term basis to older patients with advanced complicated medical conditions and poor functional ability (i.e., being highly dependent or unable to perform activities of daily living). These CS patients require a greater level of supervision from healthcare professionals (MOH, 2012).

Established in 1994, Ren Ci Hospital remains as one of two healthcare institutions in Singapore that provide LTC services to chronic sick (CS) patients. Ren Ci Hospital currently comprises three facilities, namely, Ren Ci Community Hospital (Irrawaddy Road), Ren Ci Nursing Home (Moulmein), and Ren Ci Chronic Sick Unit (Irrawaddy Road). The hospital started its operations in Buangkok Green in 1994, where it provided healthcare services for nursing home residents and CS patients. By the end of 2014, all nursing home residents have been relocated to the Ren Ci Nursing Home in Moulmein and its extended nursing home facilities in Bukit Batok, while CS patients in the Ren Ci Chronic Sick Unit (previously Ren Ci LTC) have been relocated to the Ren Ci Community Hospital, where several wards have been converted into LTC facilities for CS patients. This study focuses primarily on the staffing needs of the Ren Ci LTC facility, prior to its shift from Buangkok Green to Irawaddy Road and its renaming

as the Ren Ci Chronic Sick Unit. The LTC patient population in the Ren Ci Chronic Sick Unit generally consists of chronically ill elderly patients who suffer from multiple illnesses, have severe physical disabilities, and are highly dependent on nursing care. They are also usually of low socio-economic status (Mehta & Vasoo, 2002; Ren Ci Hospital, 2013).

The nurses in the Ren Ci Chronic Sick Unit operate under three different designations, namely the registered nurse, enrolled nurse, and nursing aide. The registered nurse (RN) has either a diploma or a degree in Nursing, while the enrolled nurse (EN) has a certificate in Nursing from the Institute of Technical Education (ITE). Nurses belonging to these two designations are registered with the Singapore Nursing Board (SNB). The nursing aide (NA) is not a formal nursing designation, and no corresponding professional nursing qualification is required. NAs usually perform simple administrative and logistical tasks, and provide basic nursing care to patients. The patients are usually placed under the direct charge of RNs, who are accountable to the doctors and are involved in discussions of the healthcare plans for the patients with the doctors. The RN is assisted by the ENs and NAs when performing these nursing duties.

Research Objectives and Definitions

The aim of this study is to determine the appropriate staffing system required for the Ren Ci Chronic Sick Unit to operate more effectively in providing quality medical and nursing care to CS patients. This report focuses only on the staffing needs of the Ren Ci Chronic Sick Unit, which functions primarily as a CS hospital. The staffing needs and functions of the community hospital and nursing care facilities are not discussed in this

report. It is hoped that the findings obtained can serve as a preliminary evaluation of the work environment in Ren Ci Hospital's LTC settings. The findings have been presented to the management of Ren Ci Hospital, and may be presented to the MOH to assist them in evaluating and revising existing staffing norms in chronic sick hospitals.

This study has been motivated by feedback from the Ren Ci Chronic Sick Unit regarding staffing shortage. Such feedback is inconsistent with the official staffing ratio in the facility, where the nurse-to-patient ratio of 1:2 is maintained to adhere to the MOH guidelines. This ratio is computed on the basis of the total number of registered nurses, enrolled nurses, and nursing aides assigned to the Ren Ci Chronic Sick Unit.[1] This research thus aims to examine the staffing shortage problem more rigorously by studying the nursing workflow and practices in the LTC facility.

For the purpose of this study, the term 'Chronic Sick Unit' is used interchangeably with the term 'LTC facility' to refer to the Ren Ci Chronic Sick Unit, which serves only CS patients. The terms 'LTC' or 'LTC facility' do not refer to the Ren Ci Nursing Home and its residents, even though the nursing home is technically a long-term care facility as well. The terms 'RN', 'EN' and 'NA' are used to refer to registered nurses, enrolled nurses, and nurse aides respectively, while the term 'nurse' can refer to any of the three different nursing designations.

[1] The Ren Ci Nursing Home and Chronic Sick Unit staff allocations are separate even though the two facilities are situated next to each other. The Ren Ci Nursing Home nurses do not work in the Chronic Sick Unit wards and vice-versa.

Methods

Study Design and Setting

This is a pilot observational and work sampling study, where the motion patterns and workflow practices of the nurses' jobs are recorded and observed. Work sampling is a cost-effective and helpful methodology that can help enhance the understanding of nursing work performed under clinical settings (Pelletier & Duffield, 2003). The data collected using such a methodology can also help the management to make informed decisions on workflow planning within the nursing unit.

The study was conducted in the Compassion ward, one of the four wards designated for CS patients in the former Ren Ci LTC facility in Buangkok. At the point of the study, there were 42 patients staying in the ward, and one additional bed was reserved for a patient who was hospitalized in National University Hospital for a temporary period. 19 patients required tracheostomy tube care and frequent suctioning treatment, while four patients were on in-dwelling urinary catheters.

A sample of observations of nursing activities was collected over six days to ensure more generalizable data of the nursing workflow practices for a typical workday in that particular ward (Pelletier & Duffield, 2003). As there are three different nurse designations within the facility, namely the RN, EN, and NA designations, the author chose two RNs, two ENs, and two NAs as participants for the study to better understand the different job scopes and workflows for each nursing designation. The author shadowed a different study participant for each day.

Methods of Measurement

The activities nurses engage in are classified into five major categories. These categories are adapted from the existing literature by Qian et al. (2012), Pelletier and Duffield (2003), and Hall and O'Brien-Pallas (2000). The categories are:

1. Direct care activities: These are activities that require direct contact with the patients. These activities directly affect the well-being of the patients. They include showering, wound dressing and giving of medication.

2. Indirect care activities: These are activities that do not require contact with the patients. These activities include communication of information within the multidisciplinary team of healthcare professionals, shift handovers, and proper coordination of care. Other indirect care activities include charting and transcription of a collated list of medical issues for the doctor's review.

3. Documentation: This refers to time spent reviewing and/or writing a patient's clinical record.

4. Transit time: This refers to time spent either standing or walking along the corridor between activities, from the end of one activity to the start of another. It includes time spent on purposive and non-purposive standing or walking as well.

5. Rest breaks: This category includes meal breaks, breaks for drinking water, and time spent to change clothes. Rest breaks are recorded whenever a nurse leaves the clinical setting to go

to the changing room, the staff pantry or the canteen.

Data Collection Procedure

During the first phase of the research, three days of orientation were spent at Ren Ci Community Hospital (Irrawaddy Road), Ren Ci Nursing Home (Moulmein), and Ren Ci LTC facility (Buangkok Green) to gain insights into the organizational system of Ren Ci Hospital. The orientation also helped in the planning for the data collection sampling phase that followed thereafter. The most critical day of the orientation was spent in the four wards (Aspiration, Benevolence, Compassion, and Dana) in the Ren Ci LTC facility (Buangkok Green), where the researcher familiarized herself with the work environment and the staff whom she would be observing. Information was gathered from the nursing director, nurse clinician, and the nurses from the various wards, with regard to the organizational structure, patient demographics, and unique characteristics of the LTC wards.

During the second phase of the research, a total sampling of three day shifts and three afternoon shifts were performed. The sample included work shifts on both weekdays and weekends. This maximized the diversity of work motion patterns observed. This sampling was subject to the time constraints of the study, manpower limitations, and time-taxing nature of the research methodology.

On each day of observation, one of the RNs, ENs and NAs was selected for the day's data collection. The observation sessions for morning shifts were conducted from 0715h to 1400h, while the observation sessions for afternoon shifts were conducted from 1400h to 2045h. Observation

timing was extended whenever there were significant observations to be made after the shifts ended. The selected nursing staff member on duty was shadowed by the researcher throughout the shift, and all nursing activities observed were documented in the data collection sheet (Hattori & Ishida, 2012).

Data collected took the form of 41 hours and 20 minutes of observations, continuous time recordings, and memo-taking. An informal field interview was conducted with the nurse under observation, where she was asked for opinions on her line of care, workplace and workflow improvement. The field interviews were usually conducted during transit time, and the durations were dependent on the nurses' workload for that day. This was done in order not to affect the accuracy of the work sampling, as the nurse might need to speed up on her remaining tasks after the interview to make up for lost time. To capture information on the nursing care activities in a simple and quick format, codes rather than lengthy texts were used in the field data collection sheets.

All of the observed nurses were given a brief overview of the study. The ward was notified in advance, before the researcher arrived in the ward on each of day of observation. The nurses were assured by the management that the observations were not made with the intention of assessing their work performance. They were encouraged to keep to their usual work speed to allow the researcher to obtain accurate findings and propose potential solutions to relieve their workloads. This aimed to minimize the Hawthorne effect (where the research participants under observation alter their behaviours significantly and try to present good work performance to management).

Table 1 in the Appendix summarizes the distribution of the 6 observed nurses' time across the various direct care activities. And Table 2 summarizes the distribution of the observed nurses' time across the various indirect care activities.

Discussion

The researcher observes that the Ren Ci LTC facility has a disproportionately high number of patients on tracheostomy and/or nasogastric tube care in the ward under observation. These patients typically require extensive care and attention from the nurses. For the tracheostomy patients, the nurses perform suctioning to clear the phlegm from the tracheostomy tube every two hours, so as to ensure proper breathing and avoid contamination or chest infections. For the nasogastric patients, the nurses provide them with milk feed every four hours. Both of these procedures can take about 10 to 20 minutes of the nurse's time per patient; these procedures can collectively take up large amounts of the nurses' time. Fortunately, all ENs, RNs and NAs in the Ren Ci LTC facility are trained to carry out these procedures, thus allowing for a more even distribution of the nursing workload.

There is no official guideline for general hospitals and community hospitals on the capping ratio for tracheostomy and nasogastric tube patients. However, various LTC facilities, including Ren Ci Hospital's, do try to ensure that they have sufficient manpower and capacity before they choose to take in patients that require time-intensive care. Admission decisions are usually a result of joint decision-making between MOH and the Ren Ci Hospital management. Based on the researcher's clinical experience and

the information gathered from nurses working in various general hospital settings, the unofficial ratios of tracheostomy/nasogastric tube patients to total patients within a ward in other healthcare facilities are usually much lower than that of the Ren Ci LTC facility. This is probably due to the fact that the Ren Ci Hospital management is generally more inclined to accept those tracheostomy and nasogastric tube patients who cannot be admitted to other LTC facilities due to capacity and manpower constraints. Nevertheless, maintaining such a high proportion of tracheostomy/nasogastric tube patients in the Ren Ci LTC facility is unsustainable in the long run, given the higher level of patient acuity required for such patients. The need to take care of a large number of tracheostomy/nasogastric tube patients imposes a strenuous workload on the nurses, and may result in reduced quality of care.

The researcher notes that the nurse-to-patient ratio does not fully reflect the intensity of the daily direct care workload of the nurses working in the Ren Ci LTC facility. While the medical conditions of LTC patients may be less acute, compared to the patients in the general hospital wards, this does not necessarily mean that less effort or time is required to take care of the LTC patients' daily needs. For example, in the acute general ward setting, it may be permissible to not provide the patients with daily showers due to the instability of the patients' medical conditions and the transient nature of their hospitalizations. By contrast, in the Ren Ci LTC facility, daily showers are required as the patients are going to be hospitalized for a long, permanent period of time. The LTC patients are also likely to be in more stable conditions, allowing them to participate in such energy-intensive activities. The need to assist LTC patients with their daily showers adds considerably to the nursing workload. Another

example is the relatively high number of bedridden patients in the Ren Ci LTC facility, compared to the number of bedridden patients in the acute general ward setting. Nurses in the Ren Ci LTC facility need to spend more time and energy assisting the patients in routine positioning, and thus have less time left to perform other important nursing duties.

Owing to the high patient workload, four of the six nurses interviewed indicate that they do not have much time left for communication with the patients. Such a situation is not sustainable, as time is needed for the nurses to foster strong patient-nurse relationships in order to improve the patients' psychosocial well-being. Interactions between the nurses and the patients are especially important, as the patients are likely to stay in the hospital over a prolonged period of time, and usually have little family support and presence during the period of stay.

In view of the observations and findings stated above, there is a need for the Ren Ci Hospital management to review the current informal tracheostomy/nasogastric tube patients to total patients ratio within each LTC ward, and study the impact it has on the nurses' workload and well-being.

Recommendations

Based on the research observations and findings, the researcher proposes several recommendations to improve the workflows for the nurses in the Ren Ci LTC wards.

First, there is a need to take qualitative staff feedback into serious consideration, to complement the quantitative measures or data used to

assess the effectiveness of the nurses' work practices and procedures. This is especially essential in addressing the issues of staff welfare and nursing workload. Acting on staff feedback can help to reduce the stress level of nurses and increase the staff retention rate.

Second, the Ren Ci Hospital management may need to review the guidelines for nurse-to-patient ratio in LTC settings and consider using other quantitative measures to gauge the nursing workload. For example, management may need to also consider the RN-to-patient ratio as well. Management may also need to holistically review the skills mix and job designations of the RNs, ENs and NAs, to ensure that the nurses are not overworked. As the ENs and NAs are not qualified to perform some of the more complex nursing duties required in the LTC wards, the RNs may be required to shoulder a much heavier workload than what is reflected in the simple nurse-to-patient ratio. As such, there may be a need to develop and formalize more detailed and flexible nurse-to-patient ratio guidelines that fit the resource demands in the LTC ward setting. A one-size-fits-all approach is not advisable.

Third, there may be a need to increase the nurse-to-patient ratio as the current nursing workload contributes to high stress levels among the nurses, which may affect the quality of direct patient care in the long run. Additionally, the heavy workload of the nurses leads to overly short transit periods between nursing activities, thus resulting in excessive fatigue among nurses. For instance, the nurses may not be able to go for uninterrupted meal breaks or leave work on time. While such incidents are unavoidable occasionally, frequent occurrence may lead to reduced morale among the nursing staff. This observation is also consistent with the findings of a local

study, which highlights how time pressures in workflows and heavy patient loads contribute substantially to nurses' experience of daily stress (Lim, Hepworth & Bogossian, 2010). Additionally, the data collected in this study show that the nurses spend a substantial amount of time performing indirect care activities that are non-nursing responsibilities. These activities distract the nurses from their main responsibility of providing quality direct care to the patients.

To resolve these issues, management can consider adding one or two more RNs. The RNs have the capacity to perform the work of all three nursing work designations and can thus help to relieve the staff workload considerably. Alternatively, one to three agency nurses (i.e., freelance nurses with prior experience) can be hired to work during the hours of the daily morning shower activity or the entire morning shift, on a minimal contractual basis of 1 to 2 months. Such actions can help ensure patient care continuity and maximize the productivity of the existing nursing staff.

Conclusion

In conclusion, this observational and work sampling study of the nursing workflow practices in the Ren Ci LTC facility highlights several important issues that need to be addressed, to improve the quality of nursing care as well as staff welfare. First, there is a need to modify existing nursing manpower guidelines to better meet the resource demands of the LTC wards. The conventional nurse-to-patient ratio does not adequately reflect the workload of the nurses working in an LTC ward setting. In the case of the Ren Ci LTC facility, the high proportion of admitted patients requiring tracheostomy or nasogastric tube care contributes considerably

to the nursing staff's workload. Second, there is a need to increase the number of nursing staff to reduce the workload of the existing staff and free up time for the nurses to increase their interactions with the patients. This would have a direct positive impact on the psychosocial well-being of CS patients. Third, the revision of staffing norms should take into account the qualitative feedback from the nursing staff, as this would have a direct effect on the morale and performance of the nursing staff. One possible area for future research is the development of workplace strategies that can foster better professional relationships, teamwork and communications, so as to improve productivity and the quality of nursing care.

Appendix: Tables Showing Distribution of Time Across Various Types of Activities

Distribution of Time in All Indirect Care Activities						
	RN 1	RN 2	EN 1	EN 2	NA 1	NA 2
	AM	PM	PM	AM	PM	AM
Patient & care environment assessment	4 min	17 min	4 min	NIL	NIL	4 min
Dressing trolley setup	5 min	NIL	NIL	NIL	NIL	NIL
Feeding trolley setup	NIL	NIL	NIL	NIL	NIL	3 min
Shower trolley setup	NIL	NIL	2 min	NIL	NIL	NIL
Shower room cleaning & tidying	NIL	NIL	2 min	NIL	NIL	8 min
Draining, cleaning &/or placing back of suction bottles at bedside	NIL	NIL	4 min	3 min	6 min	2 min
Draining of urine bags	NIL	NIL	6 min	NIL	NIL	NIL
Answering a patient's call for assistance	NIL	NIL	NIL	NIL	NIL	NIL
Communication with nursing management	6 min	NIL	NIL	NIL	NIL	NIL
Communication of patient information to other nurses and/or shift handover	23 min	48 min	25 min	21 min	8 min	1 min
Communication with patient(s)	9 min	1 min	3 min	3 min	5 min	5 min

Communication with patient(s)	9 min	1 min	3 min	3 min	5 min	5 min
Communication with a patient's family	NIL	NIL	1 min	NIL	NIL	NIL
Cleaning of medication cups	1 min	1 min	NIL	NIL	NIL	NIL

Table 1. Distribution of time across all direct care activities.

Distribution of Time in All Indirect Care Activities						
	RN 1	RN 2	EN 1	EN 2	NA 1	NA 2
	AM	PM	PM	AM	PM	AM
Patient & care environment assessment	4 min	17 min	4 min	NIL	NIL	4 min
Dressing trolley setup	5 min	NIL	NIL	NIL	NIL	NIL
Feeding trolley setup	NIL	NIL	NIL	NIL	NIL	3 min
Shower trolley setup	NIL	NIL	2 min	NIL	NIL	NIL
Shower room cleaning & tidying	NIL	NIL	2 min	NIL	NIL	8 min
Draining, cleaning &/or placing back of suction bottles at bedside	NIL	NIL	4 min	3 min	6 min	2 min
Draining of urine bags	NIL	NIL	6 min	NIL	NIL	NIL
Answering a patient's call for assistance	NIL	NIL	NIL	NIL	NIL	NIL
Communication with nursing management	6 min	NIL	NIL	NIL	NIL	NIL

Communication of patient information to other nurses and/or shift handover	23 min	48 min	25 min	21 min	8 min	1 min
Communication with patient(s)	9 min	1 min	3 min	3 min	5 min	5 min
Communication with a patient's family	NIL	NIL	1 min	NIL	NIL	NIL
Cleaning of medication cups	1 min	1 min	NIL	NIL	NIL	NIL
Routine cleaning & drying of the Mackintosh, drawsheet and/or drinking cups	5 min	NIL	NIL	4 min	1 min	NIL
Draining, cleaning and/or placing back of suction bottles at bedside	NIL	NIL	4 min	3 min	NIL	9 min
Cleaning cardiac table	NIL	NIL	NIL	1 min	NIL	NIL
Draining of urine bags	NIL	NIL	6 min	NIL	NIL	NIL
Restocking supplies in the treatment room	NIL	NIL	NIL	NIL	37 min	NIL
Topping up of tracheostomy related supplies at bedside	NIL	NIL	3 min	NIL	NIL	NIL
Total	53 min	67 min	60 min	35 min	57 min	32 min

Table 2. Distribution of time across all indirect care activities.

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