

Protection Practitioners Care Fund Likely Asked Questions

Overview

1. What is the Protection Practitioners Care Fund?

The Care Fund is set up to help social service agencies (SSAs) build more supportive work environments. SSAs can tap on the Care Fund to:

- i) implement well-being initiatives, such as psychological support for staff and structured mentoring and
- ii) make alternative manpower arrangements so that they can provide their practitioners with up to two weeks of wellness leave.

2. How much funding will SSAs receive from the Protection Practitioners Care Fund?

SSAs receive \$3,000 funding support per protection practitioner taking Wellness Leave to make the necessary alternative manpower arrangement, including compensating internal staff for additional duties outside their usual scope, but funds cannot be used as wage subsidies for protection practitioners. Protection practitioners can take up to two weeks of Wellness Leave, which is paid leave. SSAs should use the \$3,000 for alternative manpower arrangements.

SSAs can also apply to tap on up to \$15,000 annual support per centre to organise programmes that collectively enhance protection practitioners' well-being.

3. Who can apply for the Protection Practitioners Care Fund?

The Care Fund is meant to help SSAs in supporting the well-being of protection practitioners. To be eligible for the Care Fund, the social service agency (SSA) must be MSF-funded. SSAs can tap on the Fund for their practitioners who provide services supporting the safety and well-being of individuals and families affected by domestic violence. These services include intake, triage, and case management. Eligible practitioners include social workers, case workers, social work associates, care staff, and their supervisors in the following agencies:

- Protection Specialist Centres
- Integrated Services for Individual and Family Protection Specialist Centre
- Child Protection Specialist Centres
- Children's Homes
- Children Disability Homes
- Fostering Agencies
- Safe & Strong Families Programmes
- Crisis Shelters
- Family Service Centres

The Care Fund is not restricted to Singapore Citizens. Protection practitioners who meet the criteria are eligible for Wellness Leave and can participate in well-being initiatives organised by their SSAs.

All applications for Wellness Leave and Well-being initiatives must be supported by the SSA and made through the SSA, who should ensure the protection practitioners meet the criteria before applying.

For the Wellness Leave, the protection practitioner must be employed by eligible MSF-funded SSAs for at least two years, and each protection practitioner can only apply for the Wellness Leave Scheme once a year.

4. Are Social Work Associates (SWA) and Supervisors who do not directly handle cases be eligible for the Protection Practitioners Care Fund?

Yes. SWAs are eligible if they provide support to social/case workers handling protection-related cases in intake, triage, or case management. Supervisors are similarly eligible if they oversee or supervise social/case workers in protection-related cases, even if they do not directly manage those cases themselves. SWAs and Supervisors remain eligible if they support only one of the functions (e.g. intake only).

5. Why are other professions in these SSAs (e.g. psychologists, therapists) not eligible?

The intent of the Care Fund is to support protection practitioners who have frequent, intensive and extended interactions with individuals and families impacted by domestic violence, and who are more likely to experience burnout given the intensity of such interactions. Eligible roles are characterised by continuous case management responsibilities, frequent crisis interventions, and ongoing direct care provision that extends beyond structured therapeutic sessions.

6. How can SSAs identify and assess if a Care staff is eligible for the Protection Practitioners Care Fund?

Care staff will be defined as frontline personnel who observe and respond to protection concerns in real-time, making their role integral to the clients' overall safety and well-being. Their responsibilities in protection services include monitoring, implementing safety strategies, and coordinating care responses. SSAs are to assess and determine eligible staff based on the guidelines provided.

7. When will the Care Fund be available?

The Care Fund runs from FY2026 to FY2030, with applications open each financial year, from 1 April to 31 March.

Wellness Leave

8. Why is there a minimum two-year experience requirement for protection practitioners to apply for Wellness Leave? How was the up to two weeks duration derived?

The intent of the protection practitioners' Wellness Leave is to enable protection practitioners to take a break from work to recharge if they need it, given the emotionally intense nature of their work and risk of burnout. The Wellness Leave is intended for protection practitioners who have worked for some time in the sector, which is defined as at least two years. The leave duration of up to two weeks was determined based on a suitable duration for a break, and in acknowledgment that SSAs also provide their employees with leave benefits.

9. Does the minimum two-year experience requirement refer to experience in protection work or experience in the social service sector? Does experience accumulated in protection work prior to joining their existing SSA employer count towards the two years?

This requirement refers to minimum two years of experience in protection work with former and current SSA employer, subject to MSF-funded programme eligibility. Experience accumulated in protection work will count towards the two years.

10. How is the two-year employment requirement calculated for Wellness Leave eligibility?

The two-year period is calculated from the protection practitioner's start date in eligible MSF-funded programmes. The two years of protection work experience need not be continuous, as the intent is to support practitioners who have worked in protection services over time, regardless of any gaps.

The current SSA employer has the discretion to determine the staff's wellness leave based on operational needs. Upon sample checks, the current employer shall provide supporting documentation (e.g. employment contracts from previous MSF-funded programme) if requested by NCSS.

11. How can the SSAs apply for the Wellness Leave?

SSAs can apply for Wellness Leave for eligible protection practitioners after the staff have fully taken the leave (up to 10 working days) for the financial year (1 April to 31 March). There should only be one application per protection practitioner every financial year. Upon application approval, SSAs will receive the funds around one month after accepting the Letter of Award (LOA) in OurSG Grant (OSG) portal. Please refer to the [step-by-step guide](#) on the workflow and apply for the scheme via [OSG](#).

For more information, please email People_Development@ncss.gov.sg.

12. Is there a cap on the number of protection practitioners who can take the Wellness Leave each year?

There is no cap on the number of protection practitioners each SSA can offer Wellness Leave. SSAs have the operational flexibility to plan with their Protection Practitioners how to pace out the leave within the year, subject to practitioners meeting the eligibility criteria.

Please note that OSG has a limit of 100 rows (i.e. staff) per application. SSAs may consolidate all Wellness Leave claims for the financial year into a single application and submit it by the last application window of the financial year (e.g. for FY26, this is by 31 March 2027).

13. Can SSAs apply for Wellness Leave for a new eligible protection practitioner who has partially utilised Wellness Leave under a previous SSA?

Each eligible protection practitioner is entitled to up to 10 working days of Wellness Leave per financial year (1 April – 31 March), and only one SSA may submit a Wellness Leave application in OSG on their behalf.

Before granting Wellness Leave to a new staff member, check with their previous SSA on two things: whether the staff has already utilised any Wellness Leave, and whether an application has already been submitted in OSG.

If the previous SSA has already applied for Wellness Leave, the current SSA will not be able to submit another application for the same staff within the same financial year. If no application has been submitted, the current SSA may do so, though the decision to grant Wellness Leave remains at the SSA's discretion, subject to operational needs and HR leave policies.

14. How may SSAs make alternative manpower arrangements when the protection practitioners go on wellness leave?

We recommend SSAs prioritise external arrangement (locums, temporary staff) with internal arrangements as fallback options. Where external coverage unavailable or impractical, SSAs may compensate internal staff for covering additional duties. When using internal staff, SSAs should establish clear compensation criteria (such as allowances or overtime pay, including CPF contribution arising from these) that apply specifically to covering protection practitioners on formal wellness leave.

SSAs are recommended to implement clear HR guidelines for internal compensation to ensure staff expectations are properly managed.

15. Can the SSA grant additional time-off to internal staff who cover the duties of a protection practitioner on Wellness Leave, and can this be claimed under the funding support?

Yes, SSAs may exercise discretion in granting additional time-off to covering staff, in line with their HR policies. This can be considered part of funding utilisation, and SSAs will be required to provide more information on the duration of time-off granted to covering staff during sample checks.

16. What happens if the SSA is unable to fully utilise the Wellness Leave funding based on the number of Protection Practitioners who went on Wellness Leave in the financial year?

SSAs are encouraged to submit their Wellness Leave applications at the last application window of the financial year (e.g. for FY26, this is from 1 Feb to 31 Mar 2027) so that they are able to determine the actual amount utilised for alternative manpower or covering arrangements. This way, SSAs can request the Actual Utilised Amount in the OSG application. Do note that SSAs should still list the names of all protection practitioners who went on Wellness Leave for that financial year, as this will allow us to better assess the impact of Wellness Leave on practitioners and enhance the Care Fund to better support their well-being.

Alternatively, SSAs can ringfence unutilised savings as Restricted Funds within their agency. These savings must be reserved and used solely to make alternative manpower or covering arrangements for protection practitioners taking Wellness Leave in the following financial year. SSAs should utilise these savings first before requesting additional funding from NCSS for the subsequent financial year.

17. How is the protection practitioner's Wellness Leave different from the Sabbatical Leave Scheme?

SSAs can offer the Wellness Leave to their protection practitioners with at least two years of protection-related experience in the eligible agencies on a discretionary basis, for the practitioners to take up to two weeks leave each year. The Sabbatical Leave Scheme is open to a select group of registered professionals who have at least five years of direct work experience, and provides ten weeks of sabbatical leave.

Find out more about the Sabbatical Leave Scheme at <https://go.gov.sg/sabbaticalleaveScheme>.

18. Can the protection practitioner apply to take the Wellness Leave and the Sabbatical Leave Scheme?

The protection practitioners can apply for either the Wellness Leave or the Sabbatical Leave Scheme, subject to eligibility. They cannot take both in the same year. If the protection practitioner has been granted the Sabbatical Leave Scheme in the current year, they can apply for the Wellness Leave in the next year.

19. Can the protection practitioner choose to combine the Wellness Leave with their annual leave to extend their time away?

This will be left to the practitioner's SSA to decide, as SSAs will have operational flexibility to plan Wellness Leave timing with their protection practitioners.

20. How does Wellness Leave work in relation to other leave types (e.g. annual leave, no pay leave etc.)?

Wellness leave is on top of the existing leave entitlements provided by the SSA. You are encouraged to create it as a separate leave type in your leave management system.

21. Will the protection practitioners be allowed to accumulate Wellness Leave across years to take a longer break?

Wellness Leave of up to two weeks cannot be accumulated and must be taken within the financial year (1 April to 31 March). The intent is to enable protection practitioners to take breaks from emotionally intense work and prevent burnout.

22. Will the protection practitioners be allowed to break up the two weeks (or 10 working days) of Wellness Leave?

SSAs have operational flexibility to plan the Wellness Leave timing with their protection practitioners.

SSAs must submit the OSG application only after the practitioner has fully taken the wellness leave for the financial year (i.e. up to 10 working days), as there should only be one application per staff every year (e.g. for FY26, it is 1 Feb 2026 to 31 Mar 2027).

23. Must protection practitioners take the full 10 working days of Wellness Leave? Will funding be pro-rated if fewer days are taken?

SSAs have the discretion to determine the eligible staff that could take up to 10 working days of wellness leave, depending on their operational needs. Protection practitioners are encouraged to take the full 10 days of wellness leave to rejuvenate. If the eligible staff is unable to take 10 days due to operational needs, the funding support remains at the \$3,000 per eligible practitioner, regardless of numbers of Wellness Leave days taken. There is no pro-ration.

SSAs must submit the OSG application only after the practitioner has fully taken the wellness leave (i.e. up to 10 working days) for the financial year as there should only be one application per staff permitted per financial year (e.g. for FY26, it is 1 Feb 2026 to 31 Mar 2027).

24. For protection practitioners on part-time working arrangements or on a long period of leave (e.g. no-pay leave, maternity leave, etc.), should the Wellness Leave entitlement be pro-rated?

There is no pro-ration so long as the eligible staff meets the eligibility criteria. Wellness Leave is additional on top of the existing leave entitlements provided by the SSA, and your SSA has the discretion to determine the staff's Wellness Leave based on operational needs and HR policies. The funding support remains at the full amount of \$3,000 per eligible practitioner.

25. Can protection practitioners who are serving their notice period apply for Wellness Leave?

No. Wellness Leave is intended to allow protection practitioners to recharge so they can return ready to continue their responsibilities. As such, protection practitioners who are serving their notice period, should not apply for Wellness Leave.

26. Can protection practitioners encash the two weeks of Wellness Leave if they resign?

The funding support of \$3,000 is meant to support the SSAs in making arrangement for the protection practitioner to go on leave, such as hiring alternative manpower and is not subject to encashment.

27. Can SSAs impose additional eligibility criteria beyond those stipulated in the Care Fund, such as work performance, conduct requirements, or a minimum service period after taking Wellness Leave?

SSAs have the discretion to determine your own HR policies to implement the Wellness Leave within your SSAs, including any additional eligibility criteria based on operational needs and HR leave policies. Please note that for the Protection Practitioners Care Fund, there is no minimum service period imposed after taking Wellness Leave.

Well-Being Initiatives

28. What are the well-being initiatives that the SSA can apply for?

The well-being initiatives include, but not limited to, the following uses:

- Mental health and stress management, e.g. mindfulness and meditation workshops, therapy (art, music, creative expression), counselling, reflective practice sessions, trauma-informed care
- Coaching and mentorship
- Physical wellness, e.g. wellness checks, team activities
- Retreat programmes
- Employee Assistance Programme (EAP)
- Any other well-being initiatives endorsed by Head of Agency (subject to assessment by NCSS). These initiatives should address at least one of the following domains:
 - a) Social: Relationship building, engagement and inclusion efforts
 - b) Mental and emotional: Stress management, resilience building, psychological safety measures and mental health support
 - c) Professional: Supportive work environment, workload management, mentorship.
 - d) Physical: Health promotion, fitness programmes, ergonomic improvement and preventive care

29. Can SSA apply for training, conference or mental wellness apps under the Well-being Initiatives?

SSAs can consider other Grants under the Professional Capability Grant (PCG) that support training and courses; as well as the Transformation Sustainability Scheme (TSS) for digital and technology solutions.

Visit the following links for more information on PCG and TSS:

- <https://www.ncss.gov.sg/grants/people-development/professional-capability-grant/>
- <https://www.ncss.gov.sg/grants/organisation-development/transformation-sustainability-scheme/>

30. How can the SSAs apply for the Well-being Initiatives?

SSAs are encouraged to apply for Well-being Initiatives per centre before implementing the initiatives. The well-being initiatives can only commence after the application outcome is confirmed and the programme addendum is accepted via the OSG portal, based on the Commencement Date specified in the Letter of Award (LOA), as expenses or invoices incurred before this date will not be reimbursed. Please refer to the [step-by-step guide](#) on the workflow and apply for the scheme via [OSG](#).

Please note that SSAs can combine multiple centres into a single Well-being Initiatives application; however, the \$15,000 funding cap per centre applies.

For more information, please email People_Development@ncss.gov.sg.

31. What are the key guidelines and requirements for planning, implementing, and claiming Well-being Initiatives funding?

Purpose and Scope

SSAs may tap on the Well-being Initiatives funding to organise activities that enhance the well-being of their protection practitioners, strengthen their sense of belonging and purpose, and build confidence in their colleagues — contributing to overall centre-wide well-being. For participation tracking purposes, SSAs are to capture information on the protection practitioners who have attended and benefited from these activities.

Programme Requirements

Initiatives must have scheduled programme outline with the clear focus on enhancing the well-being of your protection practitioners and improving team bonding.

Supportable Expenses

Expenses must be directly linked to the well-being initiative. For example, if an activity such as meals or engaging speakers takes place during the initiative, it can be supported under the grant. Transport, accommodation, hardware items (e.g. ergonomic chairs) and digital & technology solutions are not claimable.

Vendor Engagement

When engaging external vendors, ensure that the selection process is fair, transparent, properly approved and well-documented with no conflict of interest. Selection should be justified based on quality, cost-effectiveness, track record, and compliance with requirements. All vendor information and quotations must be verified and legitimate.

Commencement of Activities

SSAs may only proceed with well-being initiatives after the application outcome is confirmed and the project addendum is accepted via OSG. Initiatives must only commence from the Commencement Date specified in the Letter of Award (LOA) in OSG, as expenses or invoices incurred before this date will not be reimbursed.

Claim Submission and Disbursement

SSAs should submit a single Claim in OSG after all approved well-being initiatives have been completed, by the last application window of the financial year (e.g. by 31 March 2027 for FY26). Disbursement will be based on the approved amount or actual cost expended, whichever is lower. Please ensure that actual expenses are capped at \$15,000 per centre, even when multiple centres are combined in a single Well-being Initiatives application. For more information, refer to the OSG step-by-step guide (pages 20–29).

Please note that supporting documents are not required to be submitted during claims, but NCSS may perform sample checks on disbursed applications, so SSAs should retain copies of relevant documents (e.g., invoices).

32. Can SSAs submit more than one application per centre for Well-being Initiatives in a year?

SSAs are encouraged to submit one application per centre per financial year for ease of tracking, as the funding is capped at \$15,000 per centre. Please ensure that your Total Estimated Expenses are adequately budgeted for, as the total actual utilisation amount cannot exceed the Approved Amount for each application.

If your Approved Amount is less than the funding cap of \$15,000, please ensure you submit the second Well-being Initiatives application latest by the second application window as you need to submit your claims in OSG after all approved well-being initiatives have been completed for the application, by the last window of the financial year (e.g. by 31 March 2027 for FY26).

For example, for FY26:

Application/ Claim submission	Processing by NCSS	SSA Submission Deadlines	Notification of Outcome
1 st Window	1 Feb - 31 Mar 2026	31 Mar 2026	Applications approved by 30 Apr 2026
2 nd Window	1 Aug - 30 Sep 2026	30 Sep 2026	Applications approved by 31 Oct 2026
3 rd Window	1 Feb - 31 Mar 2027	31 Mar 2027	FY26 Claims approved by 30 Apr 2027 & FY27 Applications approved by 30 Apr 2027

33. Is there flexibility in the number of participants and budget at the point of application or if there are staff movements after the application has been submitted?

SSAs can provide an estimation on the number of eligible protection practitioners at the point of application. Upon Claim submission in OSG, SSAs should submit the Actual Expenses based on the actual number of eligible protection practitioners who have participated in or utilised the initiatives. This also applies where there are staff movements such as exits and transfers after the application has been approved.

34. What happens if there are changes to the scope of well-being initiatives after approval?

This depends on the type of initiative:

- For pre-approved initiatives — which include mental health and stress management, coaching and mentorship, physical wellness, retreat programmes, and Employee Assistance Programme (EAP) — no further approval is required. SSAs should indicate the updated initiative and actual expenses in the OSG Claim Form when submitting claims.
- For any other well-being initiatives endorsed by the Head of Agency, SSAs will need to submit a Change Request in OSG for NCSS approval before proceeding.

Sample Check and Survey

35. When will NCSS notify SSAs if they have been selected for sample checks?

Sample checks are conducted once a year for all applications in the financial year. Selected SSAs will be notified by NCSS via email and OSG around mid-June, after the final disbursement of the financial year (refer to the timeline table below for details). For information on the documents required for submission, SSAs can refer to the [Sample Check Documents](#).

Application/Claim Processing	Notification of Outcome to SSAs	Estimated Disbursement to SSAs	Notify SSAs on Sample Checks	SSAs update Templates and upload Documents in OSG	SSAs upload Sampled Documents in OSG
1 Feb – 31 Mar	By 30 Apr	By 31 May	By 15 Jun	By 31 Jul	1 Aug – 30 Sep
1 Aug – 30 Sep	By 31 Oct	By 30 Nov	Combined with the above sample checks after the financial year-end		

36. What supporting documents do SSAs need to submit for sample checks?

There are two submissions:

- For the first submission by 31 July, SSAs need to submit the [Protection Practitioners List](#) (with the yellow-highlighted cells updated) and the [Fund Utilisation Statement](#) certified by the Head of Agency, along with the relevant supporting documents for the highest cost item (for Wellness Leave) and the top 3 cost items (for Well-being Initiatives).

Funding	Supporting Documents for cost incurred
Wellness Leave	- Internal covering arrangements [e.g. payroll records including CPF contributions; time-off granted to covering staff with additional information on the duration of time-off granted to covering staff; where applicable, supporting documents showing that staff (e.g. HQ-deployed staff) are performing covering duties for protection practitioners in the Centres; etc.] - External covering arrangements [e.g. locum or external temporary staff fees; invoices from external agencies; supporting documents showing these external staff are performing covering duties for protection practitioners in the Centres; etc.]
Well-Being Initiatives	Invoices or payment records

- For the second submission by 30 September, SSAs need to submit any additional documents specified in the [Sample Check Documents](#), as selected by NCSS.

37. What happens if irregularities are found during sample checks?

If irregularities are found during sample checks, NCSS will conduct a full review of all the SSA/Centre's Care Fund applications, including all invoices and supporting documents on costs and expenses, and will perform 100% checks on the affected SSA/Centre's applications in the following year. If irregularities persist, NCSS may escalate the matter for a full audit review, recover the funding disbursed, or suspend the SSA/Centre's eligibility for future funding.

38. What procurement and governance documents are required if the SSA engaged external vendors for Well-being Initiatives?

SSAs should provide masked procurement documents or system screenshots showing that there was no conflict of interest, that vendor legitimacy was verified, and that the vendor selection process was fair, properly approved and well-documented.

39. Are there any other requirements that SSAs must fulfil after they receive funding from the Protection Practitioners Care Fund?

To support MSF and NCSS's review on the effectiveness of the Care Fund, we will invite SSAs and protection practitioners who have tapped on the fund to provide feedback on the Care Fund's impact.

Others

40. What support is available for the non-protection practitioners in the SSA?

There is existing support available to social service professionals in the SSAs, including:

- Sabbatical Leave Scheme, which provides ten weeks of paid leave including salary support of up to \$15,000, for select registered social service professionals.
- Professional Capability Grant (PCG) and Community Capability Trust (CCT) to implement capability development and building programmes. SSAs may tap on the PCG for funding support for conference participation, which will enable the social service professionals to bring back fresh insights back to the sector.