

The Kids United Home Prospectus

Uniting Families to Stand on their Own



Founded in 2006

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PREAMBLE

In a recent official report to the United Nations Committee on the Rights of the Child (UNCRC), it was revealed that approximately 819 children were put into foster and residential care in Singapore. Among these, 64% constituted residential home placements (MCYS, 2007). Whilst there is little indication of whether these figures are likely to climb or fall over the next few years, arguably, the numbers of children in out-of-home placements are significantly high, particularly in the context of a small-city state such as Singapore. As such, Singapore's Ministry of Community, Youth and Sports (MCYS) is gradually moving towards exploring ways in which children in residential care can be effectively reunited with stable family groups, where possible.

*The Kids United Home is based on a small-group home concept, and works towards minimising, as much as possible, the ill-effects of out of home placement. The programme adopts a three-pronged approach to healing and strengthening relationships: (1) family reintegration; (2) resilience-building (3) community-bridging. In sharing, and learning from best practices, within both the local and international context, Beyond Social Services intends to support the existing residential care system, by working collaboratively with state authorities and other community partners. This prospectus outlines the **efficacy of a small-group home with a focus on family strengthening and reunification**, and proceeds to map tangible steps that we, as a community welfare organisation, may adopt towards working in collaboration with MCYS and other significant stakeholders.*

1. What is the Kids United Home?

The Kids United Home (KU Home), run by Beyond Social Services, is a place of safety and an approved home listed in the government gazette. It is a *small group residential programme* for children aged 7—14 years who are unable to remain at home for various reasons that affect their well-being. Siblings who do not fall within the age-range are considered on a case by case basis.

The Home works towards minimising the unintended ill-effects of an out-of-home placement, primarily by ensuring that the bond between children and their families as well as natural social support networks remain in-tact.

It acts as a place of healing for young people in pain by building resilience within them. The healing approach nurtures resilience within these young people by attending to their four basic needs:

- 1. Every Child Feels the Need for Belonging ("I mean something to you.")**
- 2. The Need for Mastery ("I am good at something.")**
- 3. The Need for Independence ("I have the power to make decisions.")**
- 4. The Need for Generosity ("I have purpose in my life.")**

Hence, the programme works at facilitating

- **a sense of belonging;**
- **opportunities to be good at something;**
- **the ability to make decisions;**
- **the capacity to show consideration for others and to have a purpose.**

In keeping with the philosophy of a children's small-group care setting, the KU Home helps children who live away from their families **regain a sense of normalcy** in their daily lives.

Based on our experience of working with out-of-home children for over two decades, we have found that the foundation for stability in the life of a child is almost always influenced by his/her embeddedness in a caring, natural support network.

Therefore, whilst the Home gives children the support and the opportunity to develop their character and maximise their potential to the fullest, we work towards **reconciling children with loving and supportive caregivers within their natural communities**.

The Home is located in Sembawang on a site that is 8,450sq metres, with an overall gross floor area of 2, 011.1sq metres. It comprises three main buildings, Bungalows A and B, with a total of 10 resident rooms, 3 guest rooms, 3 family rooms, 5 staff rooms, separate girls and boys bathroom facilities, as well as a large canteen and out-door dining space, a fully-stocked library and reading room, a study area, an activity/playing area, a music room, a tree-house, and a basketball court.

1.1 Who we serve

Our children range between the ages of 7 and 14, and come from families that try hard to work through the socio-economic challenges they face daily.

Typically, the children we partner with:

- are unable to remain with their families because of safety and/or other concerns;
- display various forms of pain-based behaviour

1.2 Key milestones

2005	Held discussions with MCYS regarding the need for small group home programmes and were invited to pilot Community Beyond and Kids United Home. Community Beyond was for youths who were 'homeless' because they lacked family support while Kids United Home targeted children in need of care and protection.
May 2006	Kids United Home started , with two house-parents, one caseworker, an administrator and our Head of Home. It was a unit with 4 bedrooms within a 4 storey building resembling living conditions in a high-rise public housing.
Nov 2006	Listed in the government gazette as a Place of Safety and an Approved Home for children in need of care & protection.
Aug 2007	Admission to the " Internationale Gesellschaft für erzieherische Hilfen " (IGfH). The IGfH is the German national section of FICE (Fédération Internationale des Communautés Éducatives). The IGfH is a lobby for the rights and needs of young people in public care. It is one the biggest foundations in the area of child and youth care in Germany with approximately 1,900 members.
April 2008	Appointed as Praxis Partners by Potsdam University of Applied Sciences for the Diploma in Social Service Practice (Residential Care for

Children and Youth) which they offer in partnership with the Social Service Training Institute

- June 2008 **Moved to Admiralty Road East** premises using only one house with 12 beds. The premise was located within an environment that had the advantage of large living space, parks and serenity that were very conducive for experiential learning, family strengthening and the practice of intervention techniques within the context of a residential programme.
- July 2008 Community Beyond Funding Agreement ended
- Sept 2008 Reorganisation of KH Home and **opening of second house** supporting a total capacity of 12 children in each house. Resident children divided into small groups of a maximum of 4, and each group placed under the care of a Small Group Manager (Residential Care & Guidance Worker).
- Oct 2008 Resources from Community Beyond officially transferred to KU Home
- Jan 2009 KU Home joins MCYS pilot project on expanding family reintegration work In residential homes
- Mar 2009 Presented on the advantages of a Parent Professional Partnership at **Singapore’s first Residential Care Seminar**

1.3 A Cost Comparison

Cost effectiveness remains a legitimate and pressing concern where social services are provided. The Kids United Home aims to reintegrate each child/youth back into the community within **one year**. The staff-to-beneficiary ratio is kept relatively low at 1:4. As such, these measures may put across the question of whether or not the KU Home’s intensive programme is cost effective.

The table below provides a cost comparison between the KU Home, a similar residential facility in Singapore, and that of a small-group home in Hong Kong.

Summary

Aspects Influencing the Cost of Running a Home	Similar Residential Home in Singapore) ¹	Kids United Home (budgeted costs for 2009) ²	Similar small-group home in Hong Kong
(a) Total home capacity (a)	50	24	9
(b) No. of residents served on average	40	10	9

¹ This data was shared by a small-group home in Singapore we are currently working closely with.

² We have not included the cost of running the home in 2008 as we were located in our former premises (Alexandra) which reflected a different operating budget at that point in time.

Aspects Influencing the Cost of Running a Home	Similar Residential Home in Singapore) ¹	Kids United Home (budgeted costs for 2009) ²	Similar small-group home in Hong Kong
(c) Age range	6-18 years	5-14 years	4-18 years
(d) No. of community workers on average	15	7	1
(e) No. of House Managers/house-parents	--	3	4
(f) Average no. of years residents spend in Home	3 (minimum number of years)	1 ³	No information
(g) Actual ratio (Social Workers : residents)	1:3	1:3	1:3
(h) Expenditure per year	S\$1,000,000 ⁴	S\$880,641 ⁵	---
(i) Monthly expenditure per child (based on capacity)	S\$1,667	S\$3,059	S\$2,080 (HK\$11,000)
(j) Expenditure per child per year (based on capacity)	S\$20,054	S\$36,708	S\$24,960
(h) Cost for a child to undergo the residential program (j x f)	S\$60,012	S\$36,708	S\$24,960 (*based on 1yr programme)

Overall costs of running a small group home

When we look at *cost per child per year*, it appears that the Kids United Home is more costly than similar residential homes in Singapore. However, our operational costs are relatively similar to that of a small-group home in Hong Kong,

However, when we examine the overall cost for a child undergoing a residential program, it is clear that a *small-group home model* like the Kids United Home, can be a more cost-effective alternative (by almost double), when compared to a more traditional residential home. The reasons for this are:

- typically, most residential programmes usually tend to “age out” their residents, for example at the age of 16 or 18⁶

³ As of September 2008, a resident on average spent 327.12 days (this figure was gleaned from 25 children who have been reintegrated).

⁴ The components that have been factored into this figure have yet to be cross-checked. However, if indirect staff salaries have not been factored in, the KU Home will still be seen as the more cost effective option per child.

⁵ This figure includes the following components: direct and indirect staff salaries, the rental of premises, programme costs and other operating expenditures including the cost of depreciation.

⁶ From the data we have gleaned so far, we estimate that children in residential homes remain in care for a minimum period of three years, on average. In reality, the length of stay for the typical resident of a Home may be even longer (depending on the age, the resident entered the Home). We hope that

- A small group home such as the Kids United Home, works intensively towards family/community reintegration of children *within a year*

2. The Social Issues at Hand

The Ill-effects of out-of-home placement

In Singapore, whilst foster-care is considered before and above residential care, a serious dearth in the number of suitable and ready families able to take in a child at any given point in time, makes fostering less easily available solution.⁷

The unintended, ill-effects of out-of-home placement has been well researched in a number of industrialised countries. Furthermore, studies have shown that **foster-care arrangements are often not the best solution** for children in need of psycho-social healing.⁸

In current international thinking and practice, despite the high cost of running them, large group residential settings for young people, are often looked upon as an unfavourable alternative, due to some of the following reasons.

1. Residential care often undermines community-based care responses that are readily available within children's natural support networks;
2. Children who have grown up in institutions often fail to develop their own sense of social and cultural identity. Often, they may feel alienated from their community as they continue to live, less connected with their natural networks of friends and relatives
3. As residential facilities offer a protective environment, children may often grow up not being able to fully hone the life skills needed to develop their own social networks in the real world they will one day return to, as adults.

Understanding the social realities around child protection

Often, we have found that **how people's problems are framed determines the type of intervention or care plan that is necessitated**. Sometimes, these very interventions may ironically sustain the issue, or may neutralise one aspect of it, and not redress the challenge in its entirety.

Beyond Social Services estimates that each year, 1,200 children are born into families that are overstressed and under-supported. Given their multiple challenges, these families often

more details and figures become more publicly available and transparent so that we may study this issue in greater depth.

⁷ Ng, J (2007) "Government calls for more foster parents to care for disadvantaged children," Channel News Asia, [online version: <http://www.channelnewsasia.com/stories/singaporelocalnews/view/275814/1/.html>; accessed May 6 2009]

⁸ Krebs, B and Pitcoff, P (2006) *Beyond the Foster Care System: The Future for Teens*, NJ: Rutgers University Press

have difficulties caring for their children as they struggle daily with meeting their basic household expenses, and other issues such as unemployment, poor health, substance abuse, family violence or the incarceration of a breadwinner.

According to Singapore's 2nd and 3rd periodic report to the United Nations Committee on the Rights of the Child, it was reported that in 2007, there were:

- 530 new admissions to children's homes
- 289 children in foster care and 189 foster mothers
- 98 cases of child abuse known to MCYS
- 140 (69 male and 71 female) new cases for Beyond Parental Control
- 357 new admissions to MCYS's Juvenile Homes
- 1.6% of the National cohort who dropped out of school

When financial instabilities kick in and community support is not so readily available, it is not uncommon for caregivers to experience an overwhelming sense of helplessness and/or discouragement. Often, we see an inter-generational vicious cycle ensue, as children who may not receive the necessary care and guidance drop out of school, may join gangs in an effort to secure a sense of belonging, break the law, are institutionalised and subsequently released back into their communities. Having been disconnected from their natural support networks at an early age, they may remain at the fringes of society.

In our years of experience working with children, youth and their families, we have identified three broad reasons why children are turned to residential care:

- 1) **Parent-child conflict**
- 2) **Overstressed and under-supported caregivers**
- 3) **Children who hurt**

2.1 Parent-child conflict

Lisa lives with her mother. As any ordinary girl of 11, Lisa had her occasional tiffs with the adults in her life. After school, she sometimes went home to her aunt's house to play with the latest addition to their family, a new puppy. One day Lisa came home and told her mother that she wanted a dog of her own. Having had a rough day at the drinks-stall she worked at, Lisa's mother brushed her off remarking. "We can hardly feed ourselves. How are we going to afford to feed a puppy?"

Over the weeks Lisa spent more time away from home. Having been "found" once by a mini-mart worker whilst she was loitering around, the child protection authorities stepped in. Given her frequent "disappearances" the authorities wondered whether a residential home would be the best alternative for Lisa. Upon hearing this, Lisa broke into tears begging not to be sent to a residential home.

The care plan

A two-week voluntary care arrangement was proposed at the KU Home. Lisa could either go to the Home alone or at times, with her mother. This respite arrangement allowed our trained social workers to begin a restorative process to heal the hurt between child and caregiver. Meanwhile, other staff tended to Lisa's emotional needs. This arrangement was able to meaningfully circumvent the need for long-term residential care.

Reframing the scenario: what does this conflict mean?

A reasonable, every day issue escalated into a situation that de-stabilised the family. Lisa felt disconnected from her mother's daily world, as her mother struggled to bring home a wage. The mother, in turn, could not fathom her daughter's unreasonableness. **People need respite to allow the source of the conflict to ripen, before they can start to explore how they feel and talk about it. This stage was integral to the healing process.** A classic case of issue avoidance that would have resulted in Lisa living away from her mother may not have helped reconcile the thwarted relationship between mother and daughter.

2.2 Overstressed and under-supported caregivers

Due to his shifts and long working hours, Michael used to arrange for his three daughters, aged 5, 7 and 8 to have their three meals at a coffee shop near their home. A year back, he and his wife had fallen out, and the custody of their children was shared between mother and father. They were a family of six.

After their meals, the three girls were told to return straight home, but instead they found it more interesting to explore their neighbourhood. Their adventures were without issue until one day, an unknown man allegedly abused the youngest girl. Horrified, her two elder sisters reported this to a neighbour who promptly contacted the police. The girls were brought to a hospital until their father was able to get off from work. The same neighbour also altered our Family Service Centre.

The care plan

In conjunction with the family and MCYS, Beyond Social Services was able to facilitate a care plan for the three girls. When the initial plan, having the sisters live with their aunt, proved unsuccessful, the girls entered KU home under respite care, until their extended family were able to work out an alternative care arrangement. Subsequently, a child care centre which provided daily transport back and forth was found near Michael's workplace.

Reframing the scenario: seeing the situation through a family-friendly lens

Offering the girls respite care ensured that the father was able to continue his work without undue disruption. A restorative approach was able to bring the extended family group into the picture, helping Michael with his search for suitable child-care. In an attempt to support Michael in his work of fathering – caring for the three girls and maintaining his role as the only breadwinner – **a tailor-made initiative addressing the direct needs of this family, needed to be put in place.** A small-group home is able to flexibly adapt its repertoire of practices and community work techniques to creatively problem-solve together with families and find solutions within their own community groups that remain effective and sustainable in the long-run.

2.3 Children who hurt

Since he was seven, Steve had been in the care of different residential homes after his parents broke up. His mother found it difficult to cope with her daily struggles, and felt that he could be better looked after at a children's home until she got her life back together. Not having many opportunities to connect with his natural family since he left home, Steve tried to seek balance in his own way.

Seizing the opportunity

Although physically weaker than most of his peers in the KU Home, he was deemed by many as the “smartest” given his long-time experience in the residential care system. Indeed he was quite the mastermind and he was surprisingly accomplished at getting the other kids to do things for him. One night, he garnered the support of the other children and youths and organized a ‘movement’ in defiance to the “lights out” rule.

We had been working with the family intensively regarding re-integration. In turning what it seemed to be a threat into an opportunity, we immediately drove Steve home to his mother and stepfather. We acknowledged that we had been facing some challenges trying to look after Steve and were wondering if the family could step in to assist. This empowered the mother and step-father to take on the role as Steve’s natural caregivers, and to show us “how it should be done.” Steve moved back home. Our case-workers continued to support and work in partnership with Steve and his family.

Reframing the scenario: seeing the situation through a family-friendly lens

For Steve’s mother, out of sight became out of mind during his absence from home. Over the years, she became increasingly powerless to ‘win’ him back, as Steve’s pain-based behaviours in the home rendered him as a “problematic child” who needed more structure and guidance or professional intervention. Steve then forgot what it meant to live with a family and his logic and rules were those of an institution. He convinced himself that family was unimportant although he continued to yearn for family. Consequently, he grew reluctant to form attachments with family members. The stance he took created problems in relationship building between him and his family, leading to a vicious cycle of mistrust and rejection. The task at hand, was to find a good opportunity in which we could as ‘professionals,’ humbly take a one-down position, and encourage to parents to step in to their natural role as Steve’s caregivers.

3. What is different about a small group home?

The Kids United Home is first and foremost an institution and acknowledging this, is the first step towards minimising the ill-effects of institutional care. Moreover, a small group home should be above all, **a child-serving organisation**.

We believe that when a child is not cooperative, it is because **our system is not working**, and not because we have a “problem child.”

Furthermore, given that a child no longer experiences his/her familiar, natural home environment whilst in residential care, we work on the conviction that *every day, a child should know some joy, and look forward to some joy on the next.*

When our children enter the Home, they come to us depleted. The KU Home programme intensively works with children and their families over the course of a year, becoming a transient space of:

- **healing, respite and restoration** where we work intensively with children and their families over the course of one year: we want to see these children leave and continue with their lives as young people who are cared for, and feel a sense of belonging to their natural support networks;

- **Inter-personal development** where our individual care plan/s for each child translates into a story of their lives, which is better than their current one, and the one they may imagine for themselves;

The benefits of a small group home

A small-group home is able to achieve these goals due to **the sheer smallness** of the Home.

Its size and form

We put in place **one relationship manager to every four children**, a ratio that would be at least three to four times as small as the staff-to-child ratio is most mainstream residential care settings. Low ratios that are characteristic to a small group home setting, enables us to nurture and develop relationships built on trust and mutual respect. Often, this calls for more intensive, one-on-one quality time between children and trained staff.

Creating the context for healing through successful living

Our experience has shown that healing does not come from treatment. In quoting Carl Rogers, the influential American psychologist, "*successful living is healing.*" The difference of a small group home, in part, lies in the resources it mobilises and puts in place to create an environment for continual healing, learning and restoration: **the time, space, proximity, and a team of trained staff with specific strengths and skills.**

The small-group home itself as the programme

Therefore, whilst traditional children's home were looked upon as a space that meet the basic physical needs of its residents, and programmes/activities are organised around set time-tables and schedules, we see **small group home living as the programme, in its entirety.** Every moment a resident spends in and out of the home becomes an opportunity for further healing and restoring relationships. The task at hand is then, to create the context for such opportunities to ripen.

Irfah has been at the KU Home for a couple of months. She was referred to us from another children's home in which she spent four years at, since she was orphaned. As an independent and high-spirited child, we were forewarned that Irfah was famous for throwing temper tantrums and being stubborn. She was also described as a "little schemer." We were advised to keep her busy by engaging her in as many therapeutic programmes and activities as possible throughout the day.

Now, Irfah would have trouble waking up in the morning. A strict disciplinary regime would further exacerbate the challenge with a girl like Irfah, as she would come up with her own methods of retaliation, of which breaking things and temper tantrums were two. Her caseworker knew that Irfah loved scrambled eggs and French toast. During one of the house-meetings, we decided to surprise her the night before by announcing what our breakfast menu was. Irfah, in her usual manner, feigned indifference but true enough, she was up the next day, just in time for breakfast. Over time, we were more and more successful in finding ways in which we could encourage her and give her reason enough to wake up on time. Sometimes she'd be up because she knew she had to act as an 'alarm clock' to a younger resident who had an important test in school that day. At other times she wakes up in anticipation to sample a new breakfast pancake recipe. Undeniably, there were days Irfah refuses to cooperate. Yet, in using the workings of a small-group

home environment as a programme in its entirety, we were able to take small but sure steps, on a daily basis, to keep Ifah more often than not, looking forward to her next day.

The nuts and bolts of a small-group residential programme then, are to support activities that are meaningful, and in rejoicing in the small, everyday blessings in life that give young people joy, meaning and purpose. This makes children value the act of spending time with other people, and being open to real relationships that are about mutual respect and trust.

In fully using the benefits of a small-group home, the KU Home ensures:

1) Children with a **sense of what their families could do**, through simple modelling techniques our staff adopt, such as talking over a meal;

2) **Individualised care plans** which are able to draw on a repertoire of different skills, tools and techniques with creativity and flexibility; when one method of working with a young person may not be help in the way we may have envisioned it to, staff are able to re-assess the situation and put in place more meaningful alternatives.

3) **Inclusiveness and cohesion**, which are both vitally important to the well being of a child, particularly when an out-of-home placement is an entirely new experience

4) The flexibility to initiate and harness the energy of a group in relevant appropriate ways that are beneficial to all; through close contact during the simplest of shared activities such as pie-making or a walk in the park together, we create the context where children ‘catch values’ without their knowledge, **turning every moment into a spontaneous, teachable one** thanks to the intensity and close proximity of the work

A small group-home then, has little or no purpose in “doing things for children.” Instead, ***we work at doing things with children.***

Core areas of work

The Home adopts a three-pronged approach in partnering with children, their families and other community stakeholders, which work towards:

- A) **Building resiliency in young people**
- B) **Strengthening families and reunification**
- C) **Community bridging**

3.1 Creative methods in developing youth resiliency

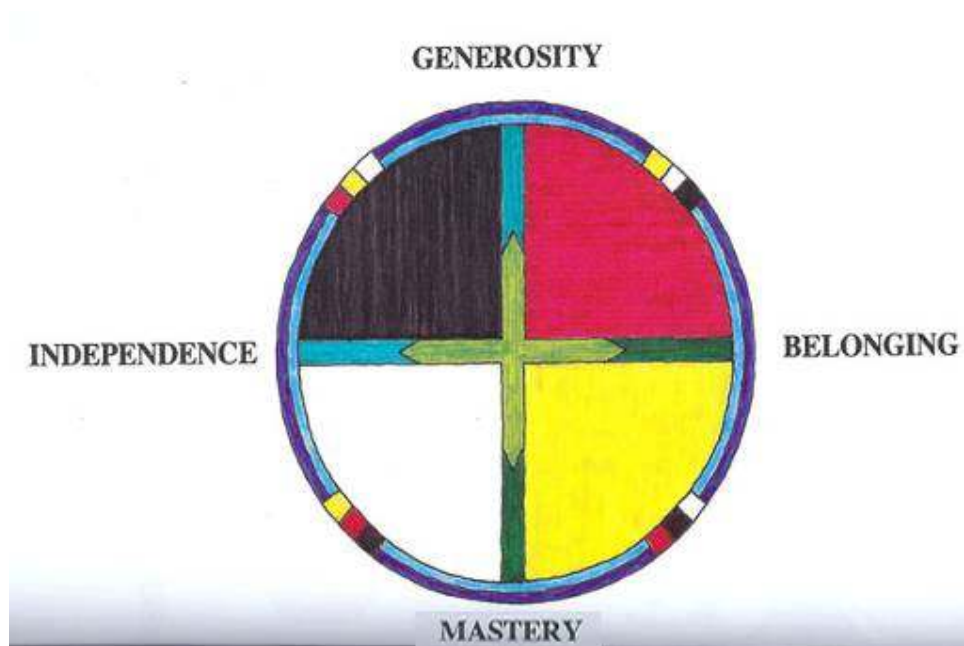
In departing from a traditional risk-centred perspective of ‘troubled’ youth, a resiliency-based approach helps children overcome their odds and challenges by becoming “caring, competent and confident young people.”⁹ By youth resiliency we mean:

- the maturity to do what you think is right;
- the capacity to feel connected within a community, and similarly being aware how your actions impact the people you live with and around;
- Knowing your strengths and deriving and satisfaction in being yourself

⁹ Werner, E & Smith, R (1992) *Overcoming the Odds: High Risk Children from Birth to Adulthood*, Ithaca: NY, Cornell University Press, pp.2

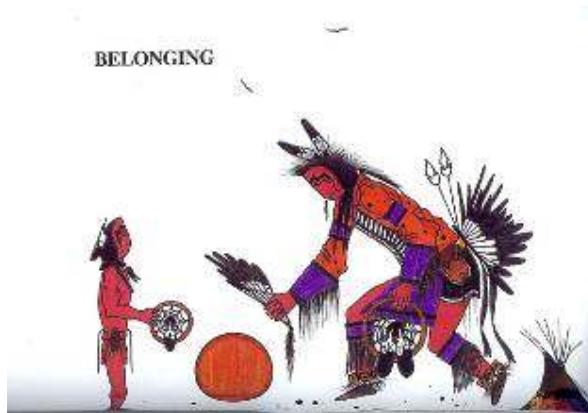
Based on current research on youth and children, The **Circle of Courage** is a resiliency-model¹⁰ that is gaining increased popularity in care facilities, schools and other youth based settings in a number of countries, including the United States, Canada and New Zealand.

Developed from traditional child rearing techniques, contemporary youth work, neuroscience, psycho-social research and contemporary thinking on early childhood development, this working model seamlessly weaves together the four universal growth needs of all children: **belonging, mastery, generosity and independence**. Based on this model, we use a series of age and culturally-appropriate tools, relationship-strengthening practices, and routines that have helped us build youth resiliency over the years.



- **BELONGING:** the universal longing for human bonds is cultivated by relationships of trust so that the child can say “I am loved.” During out-of-home placements, it is paramount that young people continue to keep in regular contact with their caregivers and their natural support networks.

¹⁰ Brendtro, L.; Brokenleg, M.; and Bockern, S (1990) *Reclaiming Youth at Risk: Our Hope for the Future*, Indiana: Solution Tree



David, a resident of KU Home, announced that he'd like to see laksa on the table for dinner one day. "But I've never made laksa in my life," said one of the house-managers in mock exasperation, "will your mother know?" "Of course," said David smugly, "she always makes the best laska in Singapore!" That afternoon, David rang his mother and religiously scribbled down her instructions. A few hours later, they were all slurping at their laksa. It was proudly announced that it was David's mother's own recipe. When one of the staff asked David whether he could share the recipe, he grinned and shook his head. It was his family's secret he said. In sharing the delectability of his family's laksa recipe, David was able to strengthen yet another sinew of belonging with his family.

- **MASTERY:** where the inborn thirst for curiosity and learning is nurtured; by learning to cope in the world, the child can say, "I can succeed." We constantly strive to give children the opportunity to be good at something.



Mastery related routines:

- **Homework completion**
- **Exercise**
- **Music practice**
- **Feedback letters** each night from house-managers or staff affirming a strength that was seen in the young person during the course of the day

Jean was a volunteer at the Home. Today she was feeling rather low as she'd just heard that one of her childhood friends was diagnosed with cancer. Shiva, being the perceptive child he was, sensed her sorrow. Jean told him about her friend. As she finished her story she remarked, "There is one thing only you can do to help me help her," Shiva perked up. Jean continued, "if you make her a card, I will tell her that you are a boy who lost his father to cancer. Only you understand what she's really going through. I've never had a close friend or family member suffer from cancer."

Shiva nodded meaningfully and set to work. Jean was able to turn what seemed to be one of Shiva's greatest losses into a strength he could use to bring light into someone else's life.

- **GENEROSITY:** a character that is cultivated by the concern for other's feelings and well-being, so the child can say, "I have a purpose for my life." Every moment at the Home is regarded a teachable opportunity to help children to develop consideration towards others around them.



Generosity-related routines:

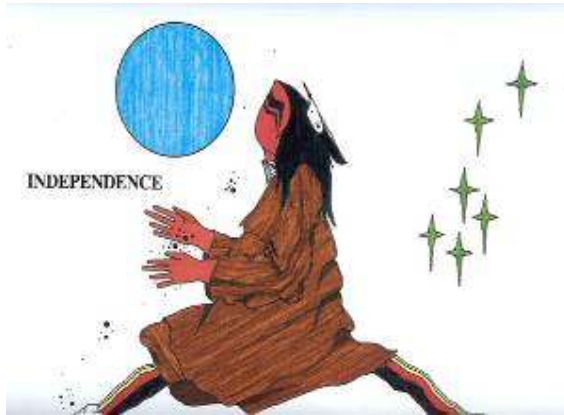
- **Pet care**
- **Cleaning and cooking duties**
- **Problem-sharing talks (United Time)** - house meetings for children and families to experience and learn shared decision making processes
- **A-Good-Deed for the Day**

One day, Rae ran back excitedly, with what seemed like two balls of fluff in her hands. She was carrying two mewling kittens that had barely opened their eyes. She told Ben, one of the staff, that she had "found" them. Later she said that she had stolen them from a female cat. Ben asked Rae how she would feel if someone stole her from her parents. It was Rae's idea to return with Ben to where she had found the kittens. The mother was nowhere to be found. Now the kittens were Rae's responsibility, and she asked Ben if she could keep them. Denying her innate will to nurture living things would not help us develop her spirit of generosity. To Rae, her pets are family, and she raises rabbits and hamsters, along with her kittens.

- **INDEPENDENCE:** Nurturing a sense of freedom that is cultivated by responsibility so that the child can say, "I have the power to make good decisions."

Independence-related routines

- **Small-group meetings**
- **Shopping list reviews**
- **Meal talks**



Irfah had a birthday party at the KU Home. It was her wish to invite the heads of her former residential home. She took great care and pride in designing her invites and posting them. At the party, she played the role of a charming and gregarious hostess. Towards the end of the party, she made an announcement: “thank you for looking after me when I was with you. This is my home now. “It was a simple yet sincere statement. More importantly, it signified the fact that Irfah, who’d spent many years in another children’s home before coming to KU Home, was taking small, but sure and steady steps towards gaining more control over her life, with maturity and courage.

In addition, the KU Home puts in place a series of **discipline, incident and conflict-resolution routines** that aim to address the root cause of a particular behaviour through restorative approaches and moral reasoning tools. Over time, our experience has shown us that **behaviour management is often beyond punishment** and should teach children accountability, responsibility and truthfulness.

Traditional forms of discipline such as punishment and positive reinforcement, often limits the level of children’s moral reasoning where they learn to adhere to rules and norms only out of expectation for their social repercussions. Hence, children are less inclined to develop the intrinsic ability to reason with maturity, and do what they feel is right.

3.2 Strengthening families and reunification

One of the primary goals of the Kids United Home is to strengthen the capacity of families and support caregivers in fostering positive youth development and in helping them sustain a nurturing, loving and safe environment for their children to grow up in. Therefore, the Home is not just a place of healing. It is also primarily about **giving parents a say in the lives of their own children.**

Out-of-home placement where children have minimal access to their families of origin weakens kin ties and often devalues the role of family in the eyes of the young person. To minimise the risks of contributing to the estrangement of family members, KU Home also acts as a **respite setting where supportive caregivers may choose to live-in with their children.** Since 1997, Beyond Social Services has been practicing live-in therapy that was piloted with the support of NCSS funding. We have incorporated many of the lessons we’ve learnt over the years into our respite care facility.

Our family strengthening and reunification techniques have been guided by the restorative tools and practices we have been using. Some of the components of our family stringing and reunification initiatives include:

- Running understanding circles for family beliefs, values and practices
- Experiential Family Life Training
- Family Group Conferencing
- The compilation of a Family Cookbook
- Family Circus Workshops
- Family Talking Circles
- Feedback processes evaluating our staff
- Collaborative Reintegration Planning

It's been five years since the Lam family had a place they could call home. We've been assisting this family in securing a rental flat and when we learnt that they were soon to be allotted one, we supported the family reunification process by housing the entire family and the kids at the KU Home. During the past weeks, we also had several conversations with mom and dad about having their children with them once again. We spoke about the concerns they had about their children, the children's characteristics, needs and ways how they could share their parenting responsibilities. One evening, when one of our case workers, Alan dropped off the youngest child at the home, she energetically jumped out of the van, ran towards the home shouting "Mummy!" For Alan, that moment was a great perk-up after a long day. It helped re-instil the fact that every mother and father, despite financial hardship, physical disability or otherwise, had a right to parent their child.

3.3 Community bridging

The community bridging aspect of our work is very much about how different forms of social capital could be mobilised in the community, in order to strengthen those protective factors around our children and their primary caregivers.

Furthermore, every community is regarded a goldmine of untapped resources that are waiting to be identified. Simple tools that act as resource finders such as genograms and eco-maps help people "discover" other members in extended kin groups who may be brought in to a child's support network.

Volunteers and other pro-active members in the community who may not be directly within a child's natural support network act as important sources of social capital, and in sum, add to the effort in making children feel cared for, and their families supported.

Some of our community bridging activities include:

- Getting children to re-connect with members identified on eco-maps or genograms
- Organised events for family members and/or caregivers
- Dedicated volunteers who serve as an external 'auditor' whom the residents can trust with their feedback on how they feel about the programme
- Family bridging sessions to patch conflicting relationships between children and their families/caregivers
- Having dedicated volunteers who will help administer staff evaluation forms on how well they feel the programme is working

One day, Rachel, Melvin's caseworker took a pen and piece of paper and scrawled down a list. Handing it to Melvin she said, "When you visit the pet-store next, go in and ask the pet shop uncle for the prices of these fish." Melvin's eyes lit up. He'd visited this pet-shop a number of times, each time he'd only stood outside gazing at the fish through a glass window. True to his word, Melvin came back the next day with Rachel's piece of paper and the prices she wanted.

A few days later, Rachel went down to the pet store with Melvin. They spent almost an hour chatting with the pet store uncle who shared stories with Rachel about Melvin's curiosity over his fish. During this visit, Melvin learnt a little bit more about the pet-shop uncle; the pet shop uncle got to know Melvin and Rachel and the ice was broken. The pet shop uncle became a significant protective factor in Melvin's community as he often spent time at the shop.

4. Where are we at?

4.1 Understanding Singapore's Children and Young Persons Act

The Children and Young Persons Act (CYPA) provides the legal basis for the protection and intervention by relevant authorities if a child (below the age of 14) or a young person (between the ages of 14 and 16) is found to be abused or neglected.¹¹

Whilst Singapore lacks a dedicated ministry for children's and youth affairs, the protection of children and youth falls squarely within the jurisdiction of the Child Protection Service of Ministry of Community Development, Youth and Sports (MCYS) which aligns its operating procedures with the CPYA and plays the role of Child Protector in an independent manner.

Currently, the CYPA approaches the best interest of the child mainly from a child-centric perspective. The Act takes a strong, protective stance towards children. Official discourse in Singapore maintains that children should be cared for within formal residential settings when they come from "families who are not able to provide them with proper care and an environment conducive for their growth and development."¹²

In framing the needs of child at-risk who are expected to come under state protection, the CYPA when translated into policy, often works in the way of:

- succeeding in attending to the basic physical needs of children in need of protection;
- defining "safety" in accordance with a child's physical safety which becomes the main consideration for decision making
- putting in place a series of investigative practices that makes a judgement on the moral commitment of natural parents who are deemed to be providing inadequate care

¹¹ See MCYC website [accessed 18 December 2008, www.mcys.gov.sg]

¹² MCYS public e-consultation paper on the "Proposed Licensing Framework for Children and Youth Persons Homes in Singapore" (2003), <http://app.reach.gov.sg/olcp/asp/ocp/ocp01d1.asp?id=464> [retrieved May 6, 2009]

4.2 Recent changes in international child protection practices

Whilst protective factors have been interwoven into contemporary child protection laws in most First World, industrialised countries, most child protection frameworks have been drafted in consideration for:

- The **other aspects of a child's life that aims to preserve a holistic childhood** that is important for healthy development;
- **Supportive caregivers who are expected to play an active role** in the supervision and care arrangements of children.
- **Vastly decreasing the length of time** children who, at very last resort, are put in out-of-home placements

The United Kingdom

Singapore's laws are founded on English laws. In 1989, England revised her Children Act to safeguard and promote the welfare of children as well as to **build on the notion of parental responsibility**. At the heart of their Children Act is the belief that:

- The best place for children to be looked after is within their own homes;
- The holistic welfare and well-being of the child is the paramount consideration
- Parents should continue to be involved with their children and any legal proceedings that may concern them, and that legal proceedings should be unnecessary in most instances;
- The welfare of children should be promoted by partnership between the family and the Local Authority;
- Children should not be removed from their family, or have their contact terminated with caregivers, unless it is absolutely necessary to do so;
- The child's needs arising from race, culture, religion and language must be taken into account

Small group homes around the world

Where out-of-home placement is seen as the very last resort to child protection practice, a reported decline in residential care arrangements is to be expected.

As such, small-group homes with high staff to resident ratios, and tailor-made programmes have been established in a number of countries. The operating principles and practices of these small group homes are markedly similar in which they:

- provide a "home-like" temporary environment for children who are subsequently reunified with their families;
- Staff who have specialised skills and training in restorative approaches to positively engage with children and build relationships that are based on healing, trust, and hope;
- are managed daily by coupled foster parents who allow for more opportunities for children to observe, learn and imitate positive behaviour through affirmative role-modelling by the house-parents in countries such as the USA and the UK

Sweden

Sweden supports the family style of residential care, based on the assumption that children in residential care need to experience ordinary, everyday experiences. The daily life/routine of a child in an out-of-home placement therefore, should resemble that of an ordinary family and the “social environment should be made homelike as possible.”¹³

The United States and the United Kingdom

With small group home being very much a popular model in contemporary out-of-home care settings, these homes are led by coupled, foster parents who allow more opportunities for the children in the homes to observe, learn and imitate the positive behaviours exhibited by their foster parents. Common techniques in modelling include the Teach Family Model and Multi Treatment Foster Care.¹⁴

Australia

There has been a significant decline in residential care in Australia, as foster care and other forms of small scale out of home care have taken precedence over larger institutions. In New South Wales, the Associate of Children’s Welfare Agencies published a report stating that residential facilities should have “*staff or group home parents who have sufficient time and skills to engage positively with residents and build relationships characterised by trust and hope.*”¹⁵

5. *Quo vadis? The Road Ahead*

The ill-effects of long term institutionalisation of children can be quite damaging in the long run. Over our years of work with children and families, we have found that more often than not:

* **Caregivers become disinclined to work with the authorities** once they are deemed to be providing inadequate care and support for their children;

* Despite visitation rights in some residential care arrangements, out-home-home placement that does not simultaneously work towards family reunification whilst the child is away **weakens ties with the family**, and devalues the concern and role of family in their eyes of the child.

5.1 *The Kids United Home Promise*

In effect, our overarching promise is to ensure that children and young people, no matter how dire their situation is, will not be subjected to long-term institutionalisation.

¹³ Anderson, B. (2007). “Diversity in residential care and treatment for young people in Sweden.” p.16. Gotenborg University of Sweden, Department of Psychology.

¹⁵ Association of Children’s Welfare Agencies. (2006). “ACWA position paper: Residential care in NSW.” p.3. New South Wales: Centre for Community Welfare Training.

The kids United Home **promises to unite families to stand on their own**, by creating a special place of healing for children, and a space where natural ties and support systems of families are strengthened.

The promise rests on **strengthening the existing child protection system** in Singapore, by supporting community stakeholders foster a more enlightened and humane response to residential care.

5.2 Working collaboratively

Child protection, both in Singapore and internationally, has remained a highly complex issue.

In keeping with the State's *Many Helping Hands* approach, and in order that we work in the best interest of young people, child protection work needs to be, a collaborative effort between the state, formal and informal community stakeholders including and which families and extended kin groups, schools, welfare organisations and other community resources.

Internationally, particularly in New Zealand, the UK and the US, child protection law and policy has been moving in the direction of acknowledging the fact that children are best looked after by stable family groups that are able to give them the care and protection they need. At present, we note that MCYS is in the process of exploring the viability of implementing shorter-term residential care for young people who may be effectively reunified with their family groups. As community partners, our role is to keep pace with these new developments that are underway, and where possible, support the Ministry in its ongoing work and sharing in best practices, where appropriate.

We have mapped key areas in which we, at Beyond Social Services, would more effectively be able to complement MCYS in its ongoing child protection work. In particular, we have focused on aspects of our community work with regard to **family strengthening, reunification and preservation**.

We intend to expand our work with children and families who have been assessed as needing intensive family strengthening and reunification work.

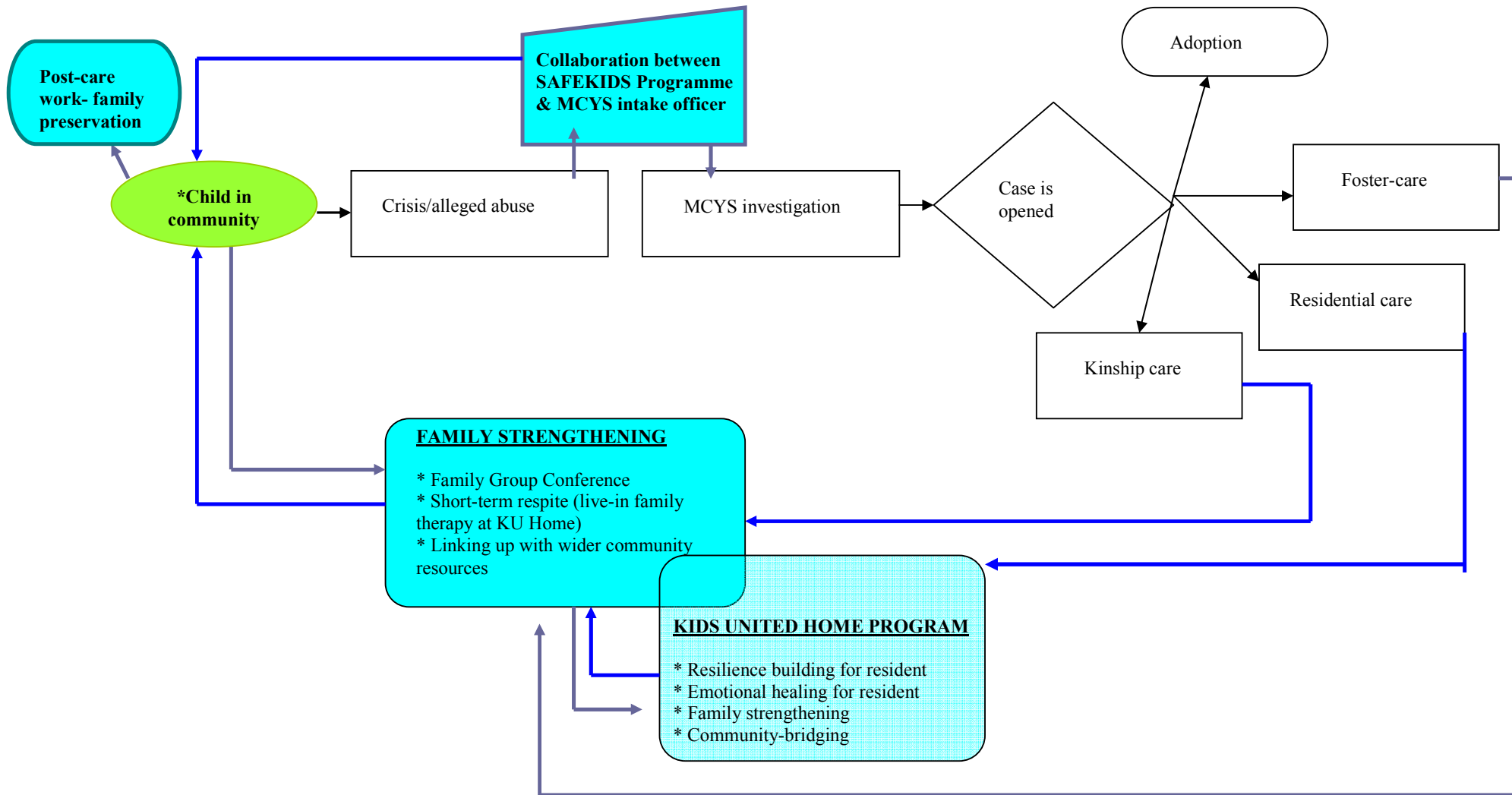
Beyond Social Services and other community partners involved in child protection work have been tailoring their initiatives with the **best interests of the child** as the first and only priority, the overarching principle that guide the work of MCYS. This common purpose lends a unifying platform to all those that work within this sphere of social work. In keeping with MCYS' philosophy of appreciating the fact that children are best looked after within their natural communities, our purpose is to **strengthen the supportive factors around families who are overstressed and under-supported**.

Indubitably, multiple stressors, be it, an illness in the family or unemployment, poses additional challenges to economically disadvantaged kin groups that struggle to make ends meet. Our role as community partners then, is to outreach, and help strengthen these families by working in partnership with them, with the end goal of ensuring long-term stability in their lives.

Given the State's interest in exploring meaningful, creative, cost-effective and sustainable alternatives to foster and residential care, our purpose then, is to support MCYS in constituting a part of their '**community of practice / praxis**' in which our evolving work and ongoing learning, feed one another.

The flowchart given in the next page illustrates our proposed *Collaborative Process of Care* in which Beyond Social Services may meaningfully complement the work of MCYS.

Figure 1: A Collaborative Process of Care



ANNEX 1: A DAY AT THE KIDS UNITED HOME

"In order for a house to be a house, it must have a window and a door. A door so we can come into ourselves, and a window to see beyond ourselves." Noah ben Shea

Successful living, is healing. We work towards ensuring a successful day, one at a time, for our children and their families.

In order to achieve this, workers need to put in a lot of thought, creativity and inter-team collaboration to make each day a healing one for each individual child.

12.50pm

Jason, a case-worker took Huiling to the doctor that afternoon, in the Home van. Huiling had a history of running away. Jason was a little concerned that at the traffic lights, she might rush out the back. He realised he'd be powerless to stop her as he also had a younger child with him.

Jokingly, he asked her to put on her seat belt, thinking this would give him more time to react in an emergency. At the traffic lights, he tried to engage her interest by asking her to show him her scrap book she'd brought along. As he was leafing through it, he noticed a rather strange addition to her collection of pictures: a photo series of construction sites Huiling had printed off the internet.

"What are these pictures" inquired Jason.

In response to his question, she broke into a fit of giggles.

On his way back to the Home, Jason pondered all the while.

3pm

Irfah was doing her very best to delay going to LIFE, an educational support programme run by Beyond Social Services. She was taking her own sweet time doing up her hair and changing in and out of clothes. Susan, our House Manager was going to drive the kids to the programme at Queenstown. Given Irfah's evident delaying tactics, Susan resolved to not to take the bait and get angry at Irfah. Instead, she decided to pick up two other residents who were returning home after school. After picking up the two children, she gave the house-managers a quick ring to see if Irfah was ready. Having spoken with one of the house-managers in an attempt to **co-ordinate their efforts**, they ensured that Irfah was ready and waiting at the gate when Susan drove the van in. Susan was successful because she was able to see the bigger picture: getting Irfah to attend the educational programme. She was able to do this because she **purposefully moved at Irfah's pace** and **did not let herself get caught up in the small, everyday conflicts** that are part-and-parcel of this work.

3.30pm

Jerry was busy organising others to go on a squirrel hunt. They spotted one on the roof. Jerry threw a stone at it, and rest of the gang gave chase as group. Being scared out of its wits, the rodent bounded away frantically and when it came to the edge of the roof, it slipped and fell into a fishing net Jerry and company had placed below. Given the rumpus that was being caused, the house-managers, Cathy and Vino came out to see. They were quick to identify that this was a form of bullying and that Jerry was acting like a gang leader. Whilst quite a bit of planning had gone in, the capture could be seen as a 'closing in' technique that is not untypical during a street fight. After the initial chastising tone, Vino softened and asked if he had been the victim of a similar situation. Jerry nodded and replied, "quite a few times. They

never said sorry.” Cathy then suggested that Jerry could say sorry to the squirrel. While he was half puzzled, we led him to the office, sat him down at a computer and googled for squirrels. We learnt about different types of squirrels and identified the species that lived in our compound. When we learnt that the squirrels liked nuts, the house-managers suggested, as a once-off apology, Jerry could leave some nuts below the trees they were known to reside in. Jerry was thrilled about the suggestion, and together Vino and Jerry went off to look for paper cups and a packet of raw peanuts. We were hardly surprised when the next day, Jerry came bounding up to Cathy breathlessly, saying that the squirrels had accepted his apology because all the nuts in the cups were gone.

* * *

Meanwhile, Susan was driving Irfah and the gang to the LIFE programme. She smiled to herself, as she listened to their lively banter about their day, peppered with bits of juicy gossip. She always marvelled at how something as unremarkable as a van ride would transform the most passive of kids into the most animated and amiable group of children. Susan always liked these long drives because she was able to catch snippets of their daily happenings at the Home. The van, in this context, could be seen as a useful and creative therapeutic tool, one as important as any counselling room.

6.00pm

During a late-evening house meeting, when all the respective caseworkers, house managers and the Head of the Home were gathered, Jason mentioned the strange and curious story of finding photos of construction sites in Huiling’s scrap book. His story elicited a few knowing guffaws from the staff. The house-managers explained that it was recently discovered that she had fascination with well-muscled Thai construction workers. Given her age, she was maturing into a young woman. The task at hand then, was to ensure that we continued to engage her, win her trust and talk about her needs. We were able to discover something very important in the development of Huiling’s life, thanks to the open nature of our frequent inter-team meetings.

ANNEX 2: CORRESPONDENCE TO MCYS – THE KIDS UNITED HOME BEHAVIOUR MANAGEMENT GUIDELINES

From: [TAY Lai Fong@mcys.gov.sg](mailto:TAY_Lai_Fong@mcys.gov.sg)
To: vincent@beyond.org.sg
Sent: 19/07/2008
Subject: Information on Behaviour Management

Dear Vincent,

Attached is the information I have gathered from Community Beyond's Behaviour Management SOPs, please provide the information on type of infringement.

Best regards and thank you,

Tay-See Lai Fong (Mrs)
Senior Staff Officer/ Rehabilitation and Aftercare
Services Branch (RASB), Ministry of Community Development, Youth and Sports
DID: (65) 6355 8578 | Fax: (65) 6352 7311
Website: www.mcys.gov.sg

From: vincent@beyond.org.sg
To: [TAY Lai Fong@mcys.gov.sg](mailto:TAY_Lai_Fong@mcys.gov.sg)
Sent: 29/07/2008
Subject: Re: Information on Behaviour Management

Dear Lai Fong,

Community Beyond uses the same Behaviour Management Guidelines as Kids United Home. This was provided to MCYS previously, and we intend to review these guidelines in due course.

Our approach to behaviour management for both Kids United Home and Community Beyond is not that of rule-book lists of infringements and consequent punishments. We are hence unable to provide you the information requested. This would be our short answer to your request, but behaviour management certainly is not so simple, and we appreciate this opportunity to try to describe our restorative philosophy and practice.

In our restorative approach to behaviour management, we seek to recognise the purposes of misbehaviour, address the needs of those harmed, work to put things right, and heal injured relationships through collaborative and participative processes.

A. At the point of admission, residents are informed of our behavioural expectations and boundaries. Essentially we insist on our residents promising to make a commitment to getting the most out of their stay. This "full-value contract" is for each resident to pledge to:

1. Safety First (be safe and self-care);

2. Look Out for One Another (empathy and concern for others in the achievement of shared goals);
3. Honest and Truthful Communication (sincerely listening and speaking up for effective teamwork and cooperation in harmonious community-living; working together for a common objective; winning does not presuppose a loser).

Each resident thus has an important individual and communal part to play in the life of the Home, and we impress upon them the significance of their participating actively in the life of the community, which includes having a say in and contributing to behaviour management within the Home.

B. The guidance that we provide is to facilitate the residents' learning to gain the respect and trust of others, mending and improving their relationships with others. This is the art of Accountability, Responsibility and Truthfulness which they learn through real life experiences with our guidance in evaluating the behavioural choices they make, and practising the art of good choice-making. The importance of having good relations with others is stressed, and we build upon the residents' natural human potential and capacity for empathy and altruism, guiding them in appropriate responsible and respectful pro-social behaviours.

C. Rather than having rules against say, bullying, residents are encouraged to practise positive values like cooperation and caring for each member of the community (both residents and staff). Rather than managing and controlling behaviour by fear of punishment, we much prefer to encourage positive, responsible and pro-social behaviour in terms of common goals and the common good within a safe and nurturing environment where residents can make mistakes without fear of judgmental condemnation or denigration.

We are clear that in managing the behaviour of residents, we are not like policemen or auditors looking out for criminals or mistakes. Like good sports coaches, we do not dwell on mistakes or poor performance and instead choose to encourage the blooming of the potential of our young residents for respectful and responsible pro-social behaviour; our focus is not on the misbehaviour but on "good" behaviour - the capacity for responsible pro-social behaviours to get on successfully in life.

D. When a resident does something "wrong", we see this first and foremost as an offence against people and relationships, not just "rule-breaking". In wrong-doing, the resident is in fact injuring his/her relationship with the person wronged; it would then follow that that relationship needs to be restored and healed, and our response would be in that direction.

Mere punishment (especially where there is little or no meaningful connection between the misbehaviour and the punishment), taken to be a sufficient and appropriate resolution or deterrent to the "wrong" behaviour, risks ignoring or neglecting the harm done to relationships, and perhaps unintentionally overlooking the needs and hurts of the persons wronged.

We do not, however, forswear punishment in behaviour management. Our restorative approach to wrong-doing and behaviour management is to have a continuum of responses, with punishment being the end of the spectrum, moving first from "restoration" to "problem-solving" to "consequences" and lastly to "punishment".

Our approach is not to use punishment as the first response; rather, we prefer to respond to wrong-doing in the following manner:

1. Restoration of affected relationships. This involves engaging and clarifying with the resident what has happened, helping the resident to appreciate the consequences and harm done by the wrong-doing, encouraging the resident to take responsibility for his/her actions, make amends by putting right the harm and commit to positive change for the future. Reconciliation is facilitated.

Where the resident denies, refuses to be accountable, or there are other systemic or structural concerns that contributed significantly to the resident's behaviour, we would explore:

2. Problem-solving. Here, we view the misbehaviour as a problem to be solved rather than punished. To understand human behaviour, it is not sufficient to look only into the mind of the actor; the context of the behaviour - the structure of the physical and social environment - is also pertinent.

In problem-solving, we seek to find the purpose of the misbehaviour and then help the resident to develop a plan to replace the misbehaviour with a positive behaviour which meets the needs of the resident without his/her getting into trouble. This involves looking at the other systems and structures that significantly contributed to the resident's wrong-doing (for example, the wrong-doing may have been the resident's reaction to a perceived injustice to him/her by staff) and making the necessary changes.

This does not excuse the resident's behaviour, and he/she is more likely to take responsibility for his/her actions knowing that the injustice is being addressed.

Where there continues to be denial or lack of accountability on the part of the resident, we would then consider:

3. Consequences. We first look for the natural consequences of the resident's behaviour, and allow it to happen, in the belief that people learn from experiencing the unpleasant consequences of such wrong-doing that can be avoided in the future. If a natural consequence is not so apparent, an imposed consequence (with some meaningful connection that fits the wrong-doing) is proposed to the resident, or the resident may suggest a consequence for him or herself, or where appropriate (in matters affecting the whole household), the entire community (residents and staff) may decide on a consequence. Such consequences may include the suspension or reduction of privileges or involve extra chores.

Where the resident refuses to accept the consequence, then we would make it clear that that would be the resident making a choice for:

4. Punishment. This then would be imposed upon the resident whether accepted or not. The imposed punishment could be similar in nature to imposed consequences, except for the lack of mutual acceptance by the resident.

We hope this admittedly simplistic write-up helps in the understanding of the basic principles of our restorative approach to behaviour management in Kids United Home and Community Beyond. Life is often more complex, and the particular responses to individual

residents' misbehaviours or wrong-doing are worked out based on the above principles rather than from a rule-book.

Yours sincerely,

Vincent Lim

Head of Home/Assistant Director
Kids United Home/Community Beyond
Beyond Social Services

ANNEX 3: CORRESPONDENCE TO MCYS – THE KIDS UNITED HOME REINTEGRATION WORK

From: [TAY Lai Fong@mcys.gov.sg](mailto:TAY_Lai_Fong@mcys.gov.sg)
To: Vincent@beyond.org.sg
Sent: 26/05/2008
Subject: Inputs required from Voluntary Children and Young Person Homes on community reintegration and post-care (by 29 May 08)

Please assist to share with us your Home's input on the following. This will help us better in doing better resource planning for the future.

1) Community Reintegration

Across your cases, does your Home work with the child's family or other venues of community support to ensure that the child can be well reintegrated into the community with a view towards his longer-term well-being and safety. If yes, please describe the extent, frequency, type of work done with families, and point at which you begin such working the child's family/community towards reintegration.

What would help your Home to perform more intervention with families and other members of the community that is focused on the reintegration of the child?

2) Post-care

Does your Home currently follow-up with cases after discharge? If yes, please describe how this follow-up is carried out, by whom, and for how long after the child's discharge from the Home.

3) Does your home currently follow-up with cases after discharge? If yes, please describe how this follow-up is carried out, by whom, and for how long after the child's discharge;

4) What would help your home to perform such follow-up with cases after discharge?

We look forward to your responses by Thursday, 29 May 08.

Thank you and best regards,

Tay-See Lai Fong (Mrs)
Senior Staff Officer/ Rehabilitation and Aftercare
Services Branch (RASB), Ministry of Community Development, Youth and Sports
DID: (65) 6355 8578 | Fax: (65) 6352 7311
Website: www.mcys.gov.sg

From: vincent@beyond.org.sg
To: [TAY Lai Fong@mcys.gov.sg](mailto:TAY_Lai_Fong@mcys.gov.sg)
Sent: 28/05/2008
Subject: Re: Inputs required from Voluntary Children and Young Person Homes on community reintegration and post-care (by 29 May 08)

Dear Lai Fong,

Thank you for giving us the opportunity to share our initial inputs on reintegration work in children's homes. This is rather sketchy and tentative, considering the limited time for putting our thoughts together. Our comments cover the experience of both Kids United Home and Community Beyond.

Community Reintegration

1) Across your cases, does your Home work with the child's family or other avenues of community support to ensure that the child can be well reintegrated into the community with a view towards his longer-term well-being and safety. If yes, please describe the extent, frequency, type of work done with families, and point at which you begin such, working the child's family/community towards reintegration.

Yes. Our mission is for children to be reintegrated with their families/communities safely and expeditiously, as we believe that as far as possible, it is best for children to be raised in their immediate or extended families and communities of care (their family group). With safety and the child's best interest forefront in our minds, we work towards strengthening families to keep their children safe and well cared for.

Reintegration work with the family begins on Day One of the child's stay in the Home wherever possible (and preferably even prior to the child's admission where possible). For instance, when parents/caregivers accompany their children who are being admitted to the Home, we engage them in the reintegration process right from the start, stressing our desire for the children to be reunited with their family group and community, regarding them as partners and even colleagues in the process and strive to build a relationship of trust with the family.

From then on, we keep in touch with the family (generally at least once a week, whether on the phone, when they visit or when we visit the family in their home), and from the family, we gain the best information about the family, their lives, strengths, experiences and challenges, that provides for a better understanding of the safety and welfare concerns that need to be addressed before the family can be safely reunited.

Family strengthening work then covers a whole range of interventions to build on the strengths of the family, and increase protective factors within their community, including:

- visiting the family's home to help them provide their child a safe and nurturing home environment;
- facilitating supervised interaction between the family and their child to address possible issues of ambivalence about and readiness for the child's return;
- parenting advice;
- teaching and modelling family communication skills;
- teaching behaviour management;

- addressing marital issues that may affect the reintegration process;
- emotional support and advice on self-management of moods/behaviour;
- advocacy, financial assistance, help in finding jobs, assisting in seeking accommodation, food rations, budgeting and other concrete assistance;
- school interventions, and linking them with school teachers and counsellors;
- linking them to other community resources such as Family Service Centres, child care centres and student care centres;
- referring family members or the child to other professional services where needed, such as for counselling, psychological assessments and therapy, and medical services;
- widening the family's informal support network, including the extended family, neighbours, friends and other support groups.

We also work closely with all professionals involved with the family, such as Child Protection Officers, psychologists, counsellors, medical professionals, and so on, keeping them updated of developments and dialoguing with them on interventions and case-management plans with respect to the child's identified safety and welfare concerns.

Apart from family strengthening work is the complementary work with the child within the Home. To prevent undue delay in the reintegration of the children with their families and communities, residential child care work is a whole lot more than simple custodial care. The Home works purposefully with the children, providing a safe and nurturing environment; help in the healing process, responding to the children's pain-based behaviours and seeing to their healthy development and maximising of their potential; and giving the children a sense of normalcy, building up their readiness to return to their family life in the community.

A few activities or interventions we have within this complementary area of residential care work include music therapy sessions, Pony Club, Project DanceEdge, house meetings, sports and learning support.

2) What would help your Home to perform more intervention with families and other members of the community that is focused on the reintegration of the child?

An enhanced awareness within Society and governmental arms of the importance for children to grow up within their families and communities rather than in residential institutions, that time is of essence in reuniting families, and a recognition of the needs of children and families dealing with child protection and welfare concerns. Apart from Ministry of Community Development, Youth and Sports, the statutory and other official bodies often involved in child protection cases include Housing and Development Board (eg for rental flats), schools and Ministry of Education, Family and Juvenile Court, and the police.

Often in child protection cases, there is a dynamic tension between the need to punish offenders, and provide support to the affected family and children. It would help the process of reintegration if the police, schools, the HDB and other enforcement or official agencies bear in mind the overarching best interest and welfare of

the child and expedite cases affecting children who have been taken out of their homes, and provide families more information on the progress of cases, seeing that it is only right that families be kept fully updated on issues concerning their children.

Ways must be encouraged that give children and families within the Child Protection system greater participation and voice in government or court actions. Families have the duty and responsibility to raise their children and it would be helpful if families have more say in the important decisions affecting their children. This would reduce feelings of helplessness and frustration or dissatisfaction we have observed, and empower families to take responsibility for the safety and welfare of their children. Perhaps families and children can be invited to the CAPT and CRT meetings?

Post-care

3) Does your Home currently follow-up with cases after discharge? If yes, please describe how this follow-up is carried out, by whom, and for how long after the child's discharge from the Home.

Yes. It greatly concerns us that families that are reunited remain stable and able to provide their children continuing safe and nurturing homes.

Some families are linked to Family Services Centres or other Community Agencies that are able to provide case management. For these families, we would maintain contact for at least three months, to ensure the proper handing over of all the information to the agency, and also to continue supporting family stability and coping. Thereafter we depend on the agency to continue working with the family as necessary.

Where there is no community agency involved with case management capacity, we maintain contact with the family for between six months and a year through phone calls and home visits. We start off with weekly contacts and taper off to monthly contacts.

4) What would help your Home to perform such follow-up with cases after discharge?

We have a vision of being able to find every family who has a child in our Home, a volunteer "family-mentor" or "family-friend" who would continue to support the family after reintegration. Finding such volunteers is a challenge, and providing them the training and necessary support to take on this role are crucial as well.

Funding for the Home ends upon discharge. Perhaps some consideration could be given to funding this aspect of following through work.

Vincent Lim

Head of Home/Assistant Director
Kids United Home/Community Beyond
Beyond Social Services

From: TAY_Lai_Fong@mcys.gov.sg
To: vincent@beyond.org.sg
Sent: 29/05/2008
Subject: Re: Inputs required from Voluntary Children and Young Person Homes on community reintegration and post-care (by 29 May 08)

Dear Vincent,

Thanks for your inputs.

We will contact you to arrange for a visit to your new premises at Sembawang after you have shifted.

Best Regards,

Tay-See Lai Fong (Mrs)
Senior Staff Officer/ Rehabilitation and Aftercare
Services Branch (RASB), Ministry of Community Development, Youth and
Sports
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