

An overview of Fostering in Singapore

By the Ministry of
Social and Family
Development (MSF)

6 November 2024

History of Fostering



In the 1950s, Daisy Vaithilingam, a social worker at Singapore General Hospital, engaged attendants who were adept at caring for abandoned and neglected babies to take the children home.



In 1956, the social welfare department formalised fostering as the 'boarding out scheme'. The **Committee on Fostering** was established to safeguard the safety and welfare of children in foster care.



MSF transformed out-of-home care, prioritising family-based options for vulnerable children and increased fostering awareness and established partnerships to provide formal training and support for foster families.

Please scan the QR code for a short video on the history of fostering



What is Fostering?

1. Fostering is a **temporary care arrangement** for children who are **abused, neglected or abandoned**.
2. Length of care is dependent on the family situation and can range from **a few months to a few years**.
3. The goal is to **reunite children with their birth families** when it is safe to do so.
4. Fostering is **different from adoption**; foster children remain the legal children of their birth parents.

Support available for Foster Parents



Fostering allowance



Childcare Leave for Foster Parents



Training courses



Infant care / childcare / student care subsidies



Emergency hotline after office hours



Medical Fee Exemption Card (MFEC)



Group personal accident insurance for foster parents



Consultation with Foster Care Workers



Support from volunteers



Respite care



Support groups

2013 Out of Home Care landscape

Family-based Care



Foster Care

As MSF was sole recruiter and manager of foster parents, there was a **limit to the number** of foster parents recruited and managed.



Kinship Care

Kinship care **maintains child's connection with family**. Before OHC transformation, kinship care was largely informal.

Residential Care



Children's Homes (CHs)

Large group setting was not ideal for children & young persons (CYPs). **One-size-fits-all residential care model** was also inadequate to meet different level of needs of CYPs. CHs **expressed desire to uplift capabilities to provide more specialised services** for CYPs.


Out-of-Home Care landscape today

MSF strives to keep children & young persons (CYPs) safe in their family and removes them only when necessary. Placement decisions are guided by the best interests of the CYP.

OHC Care Options

Preserve within family as far as possible

Safe and timely reunification with birth family is a priority; otherwise, facilitate adoption, or empower for independent living



Parent's Care

Enables CYP to **stay safely** with birth family



Kinship Care

Allows CYP to **retain familial** linkages



Foster Care

Enables CYP to receive **individualised care** in a family environment



Residential Care

Provides CYP with safe care in a **residential setting**. Specialised homes provide targeted intervention to CYPs with higher needs.



Interim Placement and Assessment Centres (IPAC)
Interim care for CYPs while investigations are on-going.



Children's Homes (CH) Tier 1
Main residential care service. For CYPs with varying needs; mostly regular needs with some in trauma-informed care.



Children's Home (CH) Tier 2
Family-like environment for CYPs with higher and more challenging needs with some in trauma-informed care with on-site psychologist.



Children's Home (CH) Tier 3
Intensive treatment programme for CYPs with active trauma symptoms, with some in therapeutic milieu with onsite psychologist.

Tiering of services to address different care needs



Priorities for Out of Home Care Transformation

The Out of Home Care (OHC) sector has developed significantly over the past years. The 3 key priorities of the OHC Transformation are:



(i) Develop a continuum of OHC options to meet diverse needs of children, with focus on **growing family and community-based care** options



(ii) Restructure residential care to cater to children with **higher and complex needs**

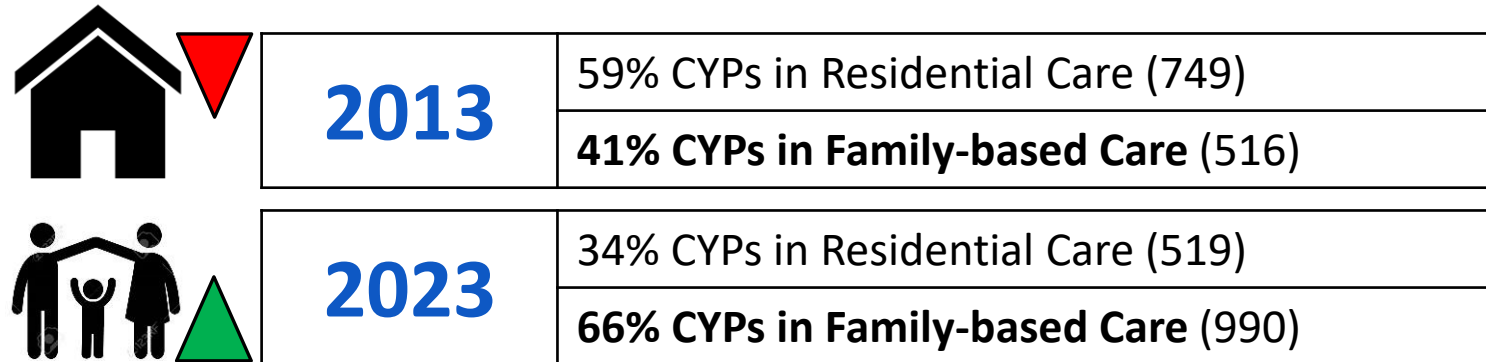


(iii) Greater emphasis on **timely permanency and reintegration** with family

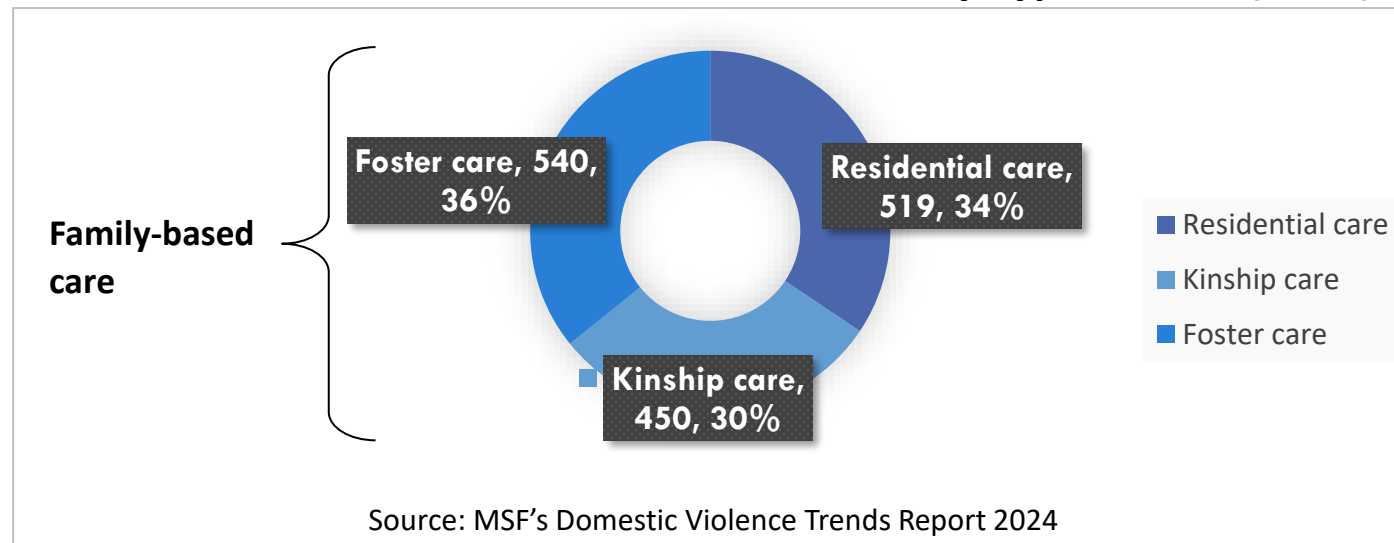
Objective: “Right Site and Right Time” care for every child

Higher proportion of CYPs in family-based care today

Proportion of children in family-based care (foster and kinship care) has gradually increased from 41% in 2013 to 66% in 2023



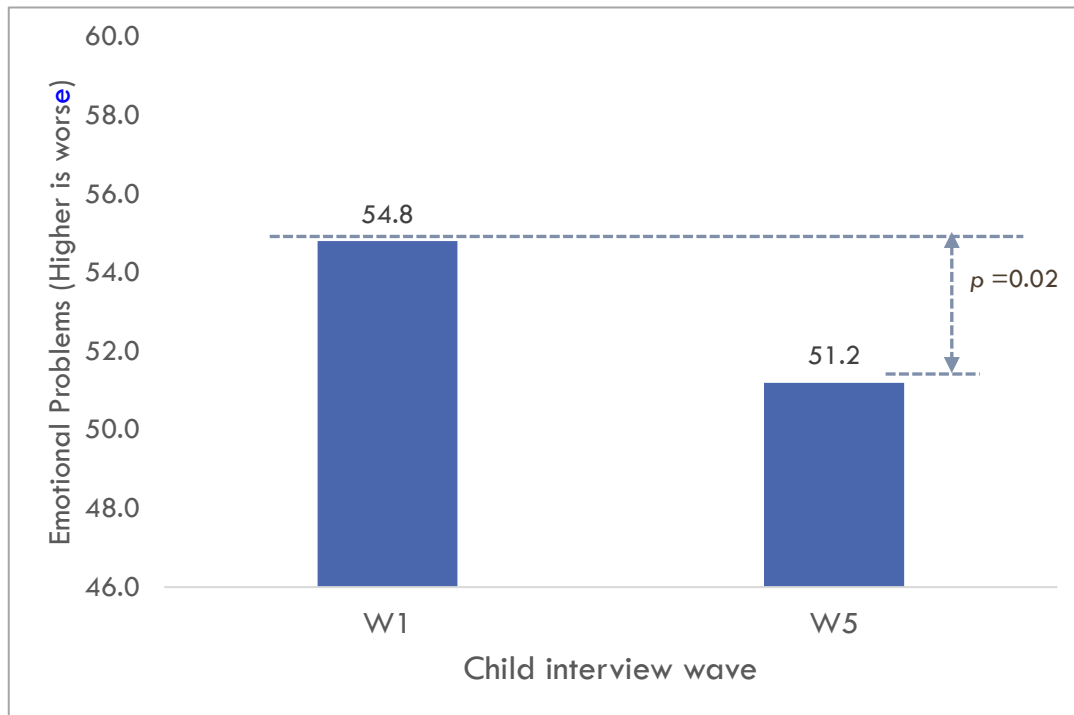
Number of Children in Out-of-Home Care by Type of Care (2023)



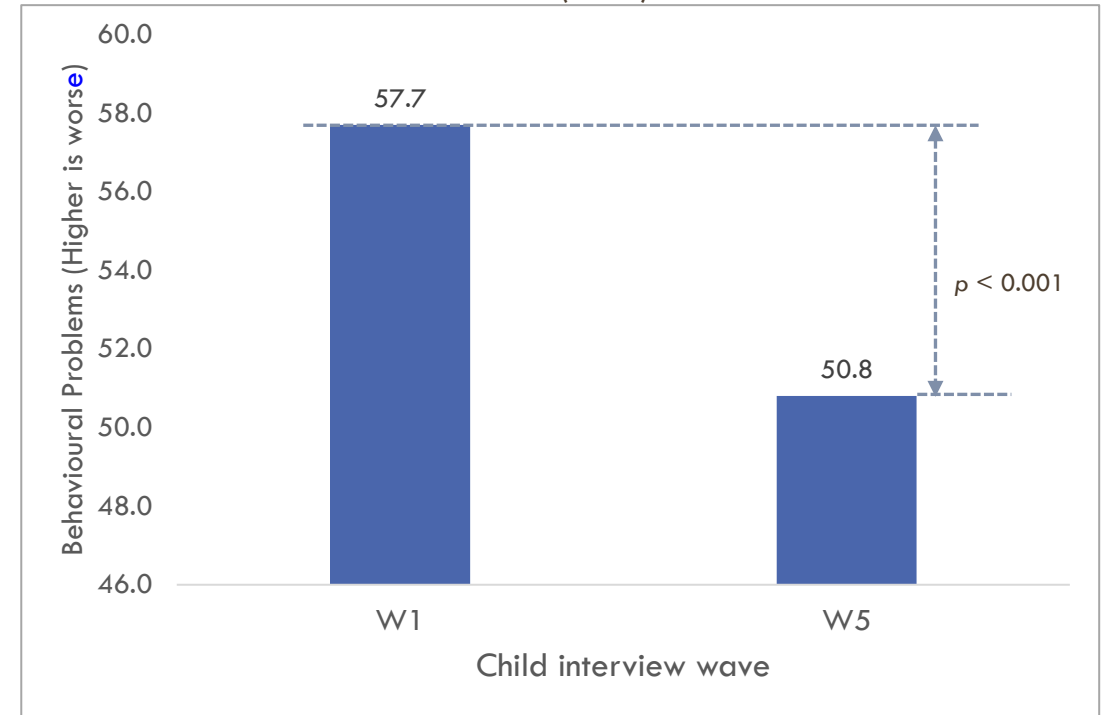
Children in family-based care showed good outcomes

Children in foster care in general showed significant improvement i.e. display fewer emotional and behavioural problems¹

Mean Scores of **Emotional Problems** of Foster Children
W1 vs W5 (n=77)



Mean Scores of **Behavioural Problems** of Foster Children
W1 vs W5 (n=77)



¹National Council of Social Service REACH Study, Beyond Blood Ties: The Impact of Parenting Practice of Foster Parent on Foster Children's Well-being; Based on data collected (from 2016-2022) from children in the OHC sector, their family caregivers and foster parents who were tracked over a period of 5 years

Today, CIC works with Fostering Agencies and community partners to act in the best interest of the CYPs



Persatuan Pemudi
Islam Singapura
(PPIS Oasis)



Epworth Community
Services
(Epworth Foster Care)

Fostering Agencies



Muhammadiyah
Association
(Projek Sinar Ihsan)



The Salvation Army
(Gracehaven Fostering)



Boys' Town
(Boys' Town
Fostering Services)

Community Partners



**HOME
FOR GOOD**

Home for Good



National Volunteer &
Philanthropy Centre

What's ahead for Fostering in Singapore?

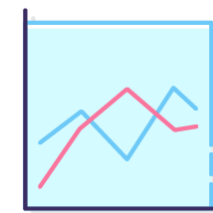
While progress has been made, upcoming and ongoing challenges faced by sector partners requires MSF to support, guide and build up our partners



Upward trend in child abuse cases with low and moderate safety and risk concerns



Need to recruit more Foster Parents



Changing demographic trends (e.g. decreasing marriage and birth rates)



CYPs with more challenging behaviours

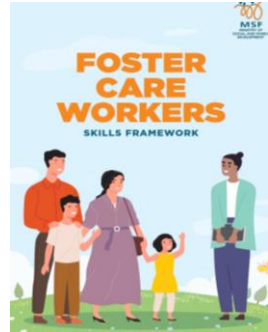


Need to strengthen reunification and permanency planning (e.g. adoption)



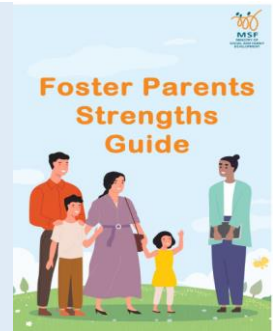
Need to grow capability and competency of fostering agencies and foster parents

MSF will continue to work closely with our partners to grow the sector and keep improving the lives of children in need



Developed the **Foster Care Worker skills framework** to empower supervisors to support foster care workers in skills development and to help foster care workers develop and sustain best practices in foster care work within the eco-system of the larger social service sector.

Developed the **Foster Parents Strengths Guide** to better identify strengths in foster parents, with the aim of supporting foster parents to develop strengths to better care and support their foster children.



Host the meetings of the **Committee on Fostering** which comprises professionals such as social workers, educators and doctors who are appointed by Minister, and who review cases to ensure that foster children have a care plan in place and advise on best case practices.



Partnered with **National Volunteer & Philanthropy Centre** to conduct the “Colabs on Fostering”, with engagement sessions with foster care workers, foster parents and community partners to brainstorm how to **improve the fostering space and better recruit, support and retain foster parents.**

Developed **Enhanced Aftercare Support** to better support independent living youths leaving foster or residential care which was announced on 13 July 2024 at the annual **Fostering Open House**



Thank you

CREATIVE THERAPIES IN SUPPORTING FOSTER CHILDREN

Nur Syafiqah Sulaiman

Aquila Deanna Zulkifli

PPIS Oasis Centre for Fostering



EXPLORING THE USE OF ART, PLAY AND APPLIED DRAMA WITH FOSTER CHILDREN IN SINGAPORE

- Since 2021, PPIS Oasis has used creative therapies such as art, therapeutic play (TP) and applied drama, in addition to verbal counselling, to provide intervention support to foster children (FCs)
- PPIS Oasis has provided 30 FCs with art, play and drama therapy till date
- Sessions are conducted by trained art therapist, TP practitioner and theatre practitioner

LITERATURE REVIEW: CHALLENGES OF CARING FOR FOSTER CHILDREN

- Foster Parents (FPs) undergo multiple stressors when caring for foster children (Orme et.al., 2007; MacGregor et.al., 2006)
- Managing behaviors and trauma symptoms are challenging for FPs (Miller et al., 2020)
- Children in fostering do have trauma symptoms. Art and play therapy have been shown to be effective interventions (Pliske et al., 2013)

LITERATURE REVIEW: PLAY AND ART THERAPY

- Both play therapy and art therapy are effective in improving the emotional well-being of children who had experienced domestic violence (Ray & Bratton, 2015)
- Studies show that therapeutic art activities could contribute to positive mental well-being (Zarobe & Bungay, 2017; Malchiodi, 2020; Pliske et.al., 2021).
- Overall, studies suggest that art and play therapy can be valuable interventions for foster children, helping to improve their emotional well-being, ability to express themselves, attachment, and behavior.

ART THERAPY

- FCs who are identified for art therapy are those who display difficult behaviours or deemed by foster care workers to benefit from other modes of therapy apart from verbal counselling
- Participants: 12 FCs (aged 6-13 years) to date
- Framework: child-centred and non-directional. 10-12 sessions
- Evaluation
 - Verbal interview with the foster children at end-point
 - Mid-point and end-point feedback from the art therapist and foster parents

FINDINGS

- Feedback from foster parents were positive, as they reported that the foster children were generally more confident and open to make friends after undergoing art therapy
- Qualitative responses from children who had gone through art therapy:
 - *"I was shy before attending art therapy, I am not shy now. Because now I know Ms Wan Ting, she asked me to talk about myself" - FC, 8 yo*
 - *"I enjoy art and I get to meet other officers, and I get to play in the art therapy and I get to see Ms Dewi. And I get to talk to Ms Nadiah, I enjoy talking to her about my feelings and my life." - FC, 8yo*

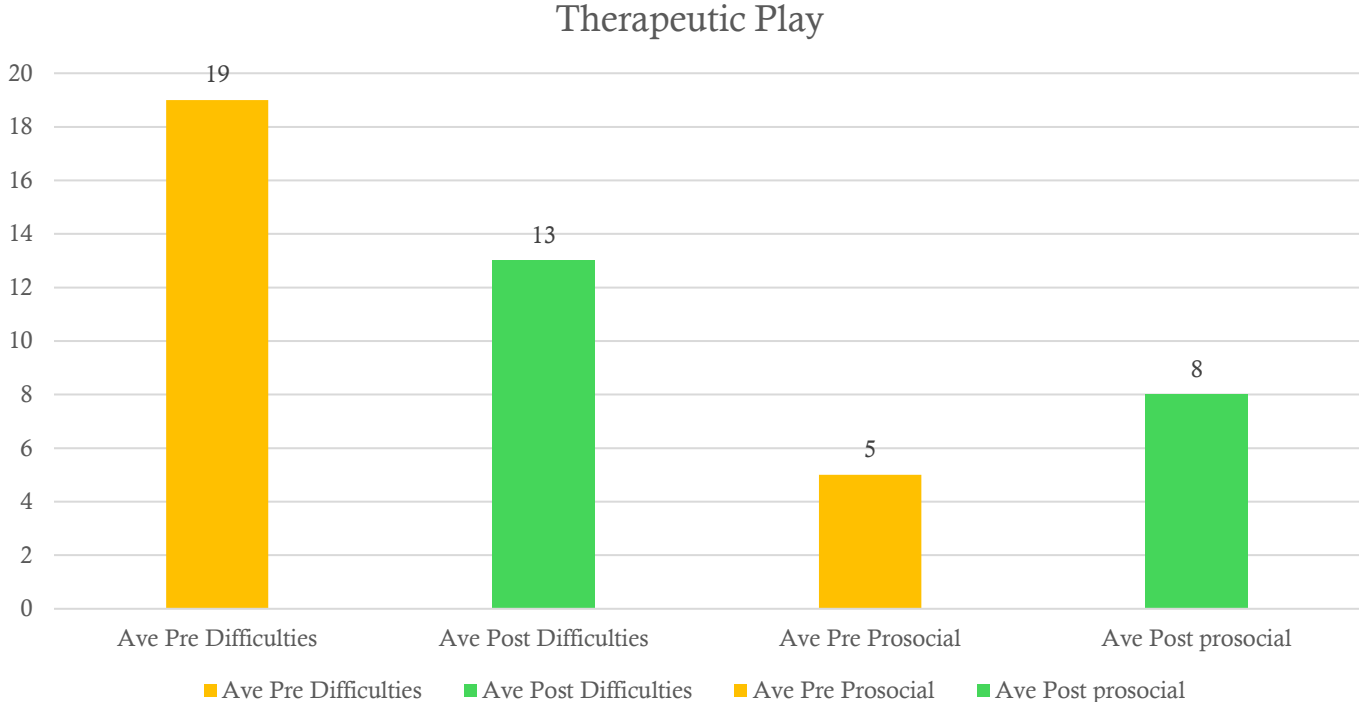


Child (9 years old), made a completed house after 11 sessions. This process allowed him to share his wishes for a family and how he wishes his house could be.

THERAPEUTIC PLAY

- Participants: 8 FCs (aged 4-9 years) to date
- Framework: Virginia Axline Principles. Non-directive and child centred. 10-14 sessions
- Evaluation
 - Goodman's Strength and Difficulties Questionnaire (SDQ) was administered to the foster parents, pre and post programme
 - Foster parents were also interviewed on their foster children's challenging behaviour

FINDINGS



The findings showed that *Difficulties* score decreased and *Prosocial* scores increased, when comparing pre and post SDQ responses

APPLIED DRAMA FOR TEENS

- PPIS Oasis collaborated with Theatre Practitioner Mr Adib Kosnan and University of the Arts Singapore Academic, Dr Edmond Chow to plan the sessions and devise a custom matrix for programme evaluation
- In June 2023, 4 sessions of group applied theatre focusing on resilience and self-esteem and 1 bonding activity were implemented
- Participants: 10 foster teens (FTs) (aged 13-17 years old). Duration in foster care between 4-10 years
- Evaluation:
 - Resilience Indicator
 - Focus Group Discussion (FGD) on FTs' experiences, emotions, coping mechanisms, and the effectiveness of the programme
 - Pre/post survey with FTs to understand how FTs understood their own sense of self-esteem and resilience

FINDINGS

Group Discussion Core Themes

1. Emotional Expression To Build Resilience

- a. FT Female (13 yrs)- "Find it easier to share my feelings with people here as opposed to friends."
- b. 2 FT (M-14 and F-16) shared that the programme helped them to reflect about their experiences of being bullied and they could identify with the participants

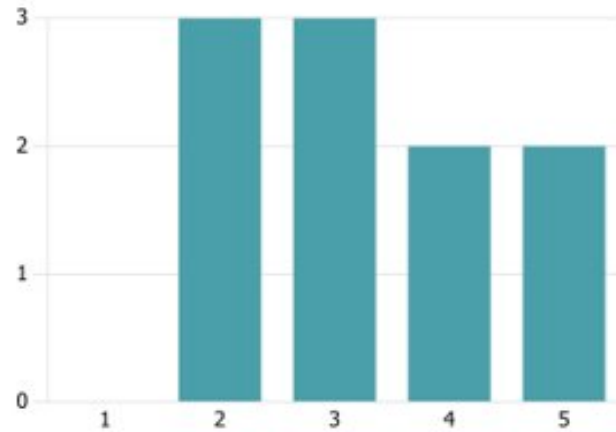
2. Relearning Healthy Boundaries Through “Dramatic Playspace”

- a. FT female (16 yrs) shared that praying helped her to cope
 - b. Several participants mentioned that drama helped them to safely explore how they build trust with those around them
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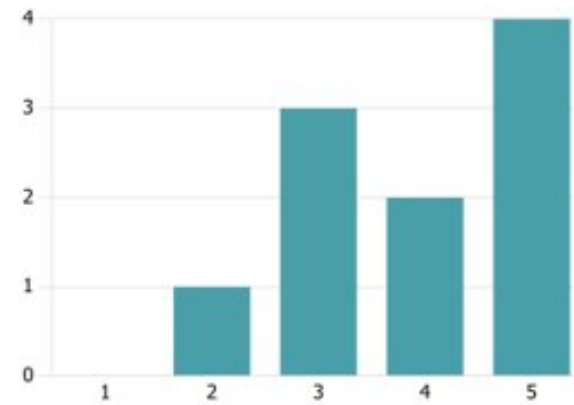
FINDINGS

25. I am able to recover emotionally from losses and setbacks.

(1: Fully Disagree - 2: Somewhat Disagree - 3: Not Sure - 4: Somewhat Agree - 5: Fully Agree)



Pre-Programme Average Score: 3.30



Post-Programme Average Score: 3.90

Survey findings shows an improved sense of resilience in FTs

CONCLUSION

- Creative therapies offer a safe space for children & teens in foster care to express themselves.
- Children & teens in foster care become more aware of their emotions and develop coping mechanisms that can improve their sense of resilience.

REFERENCES

- Carnochan, S., Moore, M. & Austin, M. J. (2013). Achieving Placement Stability, *Journal of Evidence-Based Social Work*, 10(3), 235-253, DOI: 10.1080/15433714.2013.788953
- MacGregor, T., Rodger, S., Cummings, A., & Leschied, A. (2006). The Needs of Foster Parents: A Qualitative Study of Motivation, Support, and Retention. *Qualitative Social Work*, 5(3), 351-368.
- Goodman, R. (1997). "The Strengths and Difficulties Questionnaire: a research note," *Journal of child psychology and psychiatry*, 38(5), 581–586.
- Goodman, R. , "Psychometric properties of the strengths and difficulties questionnaire," *Journal of the American Academy of Child & Adolescent Psychiatry*, 40,(11), 2001,1337–1345.
- Malchiodi, C. A. (2020). *Trauma and expressive arts therapy: Mind, body, and imagination in the healing process*. The Guildford Press
- Miller, J.J.; Cooley, M.E.; Mihalec-Adkins, B.P.(2020) Examining the Impact of COVID-19 on Parental Stress: A Study of Foster Parents. *Child Adolesc. Soc. Work J.* , 1–10.
- Orme, J., Cuddeback, G., Buehler, C., Cox, M., & Le Prohn, N. (2007). Measuring foster parent potential: Casey foster parent inventory-applicant version. *Research on Social Work Practice*, 17, 76–92
- Pliske, M. M., Stauffer, S. D., & Werner-Lin, A. (2021). Healing from adverse childhood experiences through therapeutic powers of play: "I can do it with my hands." *International Journal of Play Therapy*, 30(4), 244-258. <http://dx.doi.org.ezproxyles.flo.org/10.1037/pla0000166>
- Webb, N. B., & Jones, L. (2010). Art therapy with children in foster care. *Journal of Child and Adolescent Psychiatric Nursing*, 23(2), 77-84.
- Zarobe L, Bungay H. The role of arts activities in developing resilience and mental wellbeing in children and young people: A rapid review of the literature. *Perspectives in Public Health*. 2017;137(6):337-347. doi:10.1177/1757913917712283