Profiles of needs of children in out-of-home care in Singapore: School performance, behavioral and emotional needs as well as risk behaviors

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ABSTRACT

Describing the needs and strengths of children residing in out-of-home care is essential to aid decision-making, to inform case planning, and to prioritize intervention in order to effectively meet the needs of these children. A cross-sectional study of 654 children between the ages of 5 and 17 years residing in Foster Care and Voluntary Children's Homes in Singapore was conducted using the Child and Adolescent Strengths and Needs (CANS) tool. Forty-one percent of children had school performance needs. The prevalence of behavioral and emotional needs was lower (0 to 12%). Children in the older age group had significantly higher overall school, behavioral and emotional, as well as risk behavior needs as compared to the younger age group. Children placed in residential care had higher overall needs than children in foster care. The presence of school performance needs was related to higher overall behavioral and emotional needs, as well as risk behavior needs. Implications of these findings are discussed in terms of appropriate intervention and service planning for children in out-of-home care.

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1. Introduction

Out-of-home care refers to any placement of children or youth away from their parents or families, due to concerns about their well-being or safety. Forty-six to sixty percent of children residing in out-of-home care placements in the United States (Conner, Doerfler, Toscano, Volungis, & Steingard, 2004) and the United Kingdom (Quinton & Murray, 2002) exhibit behavioral and emotional difficulties. In addition, studies have indicated that 62% of children in residential care in Israel (Attar-Schwartz, 2009); 23% of children in the United States residing in foster care, (Zima et al., 2000); and a majority of children in out-of-home care in the United States (Trout, Hagaman, Casey, Reid, & Epstein, 2008) have poor academic achievement. The high prevalence rate of such difficulties is not surprising, as a substantial proportion of these children have experienced abuse and neglect, making them vulnerable to adverse long-term consequences such as mental health issues, relationship difficulties, and poor general well-being (Pecora et al., 2006; Vinnerljung & Sallnäs, 2008).

Although information about the needs of strengths of children and families in out-of-home care is essential to service planning, little is known about the prevalence and profile of these needs in Singapore. Singapore is a small independent island state in South East Asia with a resident population of 3.79 million comprising 74.1% Chinese, 13.4% Malays, 9.2% Indians, and 3.3% other races (Singapore Department of Statistics, 2012). As of 2011, there were 1,030,300 young persons (43% female), or 27.2% of the resident population, between the ages of 0 to 19 years (Singapore Department of Statistics, 2012). In Singapore, the Ministry of Social and Family Development (MSF) bears statutory responsibilities to protect children from abuse and neglect under the Children and Young Persons Act (2003). When placement within kinship care or within the family is not possible, children are placed in foster care or Voluntary Children's Homes (VCH; group residential homes ranging in size and resident profile).

The only Singaporean studies investigating the needs of children and youth in care have involved institutionalized male and female youth offenders (e.g., Chu & Thomas, 2010; Chu, Thomas, & Ng, 2009). However, to the best of the authors' knowledge, no studies profiling the needs of the children and youth placed in out-of-home care for protection or welfare concerns have been conducted in Singapore. In addition, while previous studies have focused mainly on mental health concerns and abuse history (Chu et al., 2009), no studies to date have investigated

strengths or protective factors that may buffer the impact of placement in out-of-home care.

In light of the lack of research conducted in these pertinent areas within the Singaporean context, the current study adopted an exploratory, descriptive approach: (a) to investigate the profiles of needs and strengths of children in out-of-home placements; (b) to examine if there are any age, gender, and placement differences in the profiles of needs and strengths; and (c) to examine the prevalence of school performance needs and if school performance needs are positively associated with behavioral, emotional, and risk behavior needs. It is hypothesized that a high percentage of children in out-of-home care in Singapore would have behavioral and emotional needs; younger children placed in out-of-home care would have higher levels of behavioral, emotional and academic needs as compared to older children; and that children placed in VCHs will have a higher overall level of needs when compared to children in foster care. Lastly, as previous studies have indicated that children with academic needs tend to display more behavioral difficulties as compared to children without academic difficulties (e.g., Trout et al., 2008), it is hypothesized that the children with academic difficulties in our Singaporean sample would have significantly higher behavioral and emotional needs than children without academic needs.

2. Method

2.1. Participants

In 2011, the Child and Adolescent Needs and Strengths (CANS) tool was adopted in Singapore to facilitate the linkage between the assessment process, the design of individualized service plans, and the monitoring of outcomes of services. In order to aid the implementation of the CANS tool in Singapore, a research project involving children in out-of-home care in Singapore was embarked upon in order to provide policymakers and stakeholders with comprehensive information about the sector.

Specifically, the sample consisted of 451 children (69% of the total sample) aged five to 17, residing in 11 Voluntary Children's Homes (VCHs). The 11 VCHs (out of a total of 23 VCHs in Singapore) were selected as they expressed interest in participating in the research project. All children in foster care between the ages of five and 17 during the data collection period were included in the study, accounting for the remaining 205 children (31% of the total sample). For children who had a placement change or more than one CANS assessment conducted during the study period, only the first assessment during the study time period was included. In addition, CANS assessments with more than 16 missing items (approximately 20% of all the 82 items) were excluded from the analyses. In total, six cases were omitted from the analyses, resulting in a total of 445 children in the VCH sample and 205 children in the foster care sample (see Fig. 1).

2.2. Ethics

Ethical approval was obtained through the Ministry of Social and Family Development before the commencement of the study.

2.3. Measure

2.3.1. The Child and Adolescent Needs and Strengths (CANS) tool

The Child and Adolescent Needs and Strengths (CANS) tool is a standardized assessment instrument that incorporates a quantitative rating system within an individualized assessment process to assess the needs and strengths of children and youth in child welfare, mental health, and juvenile justice settings. It is an information-integration tool that incorporates information from multiple sources (e.g., interviews with the child and family, teacher reports, and case file information) in order to provide a comprehensive assessment of

a child and family. The CANS has also been used for decision support, treatment planning, quality improvement and outcomes management (Lyons, Weiner, & Lyons, 2004; Winters, Collett, & Myers, 2005) in more than 30 states across the United States of America. Each item in the CANS uses a four-level rating system to classify different levels of need and implying different action levels required for provision of services, with "0" indicating no evidence of a need and no need for action, "1" indicating a mild degree of need and the need for monitoring or prevention, "2" indicating a moderate need which requires action, and "3" indicating a severe need requiring immediate or intensive action. Ratings of "0" and "1" are known as non-actionable needs whereas ratings of "2" and "3" are classified as actionable needs. For the Strengths domain, a "0" indicates a centerpiece strength that can be used in strength-based planning while a "3" reflects a strength that is not identified, such that scores could be interpreted similarly to needs, with higher scores implying a higher level of concern.

The CANS items can be grouped into domains such as the Life Functioning, School, Behavioral and Emotional Needs, and Risk Behavior Needs. Domain scores can be calculated by averaging the ratings of all individual items in each domain, then multiplying the average by ten to obtain a score ranging from 0 to 30, with higher scores representing a greater degree of needs. The Life Functioning scale, which includes items such as "Family Relationships" and "Sleep", describes how children and youth are generally functioning across various contexts. The Behavioral and Emotional Needs domain encompasses items evaluating mental health needs such as "Depression" and "Adjustment to Trauma". The Risk Behavior Needs domain includes items assessing "Danger to Others", "Delinquency", and "Substance Use". Lastly, the Strengths domain encompasses protective factors such as "Community Supports" and "Resilience". For the Strengths domain, lower scores represent the presence of more identified strengths whereas higher scores correspond to a child with fewer identified strengths.

The Singapore version of the CANS was adapted for the child welfare population by a workgroup consisting of local professionals such as psychologists and social workers from child protection services, in consultation with the developer of the CANS. The Singapore version of the CANS consists of 82 items across seven domains (Life Functioning, School, Behavioral and Emotional Needs, Risk Behavior Needs, Long-term Caregiver and Strengths).

Several studies have established the measurement properties of the CANS (Chor, McClelland, Weiner, Jordan, & Lyons, 2012; Epstein, Bobo, Cull, & Gatlin, 2011; Lyons et al., 2004) and have established the CANS to be reliable at the item level, allowing individual items to be used in data analyses (Anderson, Lyons, Giles, Price, & Estes, 2003).

2.4. Procedure

Data collection took place from October 2011 to January 2012. Ratings were completed by researchers trained and certified in the CANS, who reviewed case-files and interviewed caseworkers in order to obtain the information necessary to rate the CANS. All raters were required to attend a one-day training session and rate a case vignette on the CANS as part of the certification procedure. These case vignettes are developed and scored by experienced CANS users and the developer of the tool, Dr John Lyons, and have been shown to be an effective method for establishing inter-rater reliability between users (Lyons et al., 2004). Users' scores on the vignette are compared to the "gold standard" scores, and a minimum intraclass correlation coefficient (ICC) of .70 is required in order to attain certification.

In order to establish the inter-rater reliability of the CANS, a random sample of 130 cases were selected to be coded by an independent researcher and a caseworker trained and certified in the CANS, or between the researcher and research assistants. Both CANS ratings for the inter-rater reliability checks for each child or youth were done within a month of each other to ensure that the ratings on the CANS did not