

A Publication by The National Committee on Prevention, Rehabilitation and Recidivism

Report On Youth Delinquency 2021



I'm not difficult;
I'm in a difficult situation



Acknowledgements

This report is a joint effort and collaboration by the following National Committee on Prevention, Rehabilitation and Recidivism agencies:

- Ministry of Education
- Ministry of Home Affairs
 - Central Narcotics Bureau
 - Singapore Police Force
 - Singapore Prison Service
- Ministry of Social and Family Development
 - National Council of Social Service
- State Courts

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Foreword

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Minister of State
Ministry of Home Affairs &
Ministry of National Development

Mr Eric Chua
Parliamentary Secretary
Ministry of Social and Family
Development & Ministry of
Culture, Community and Youth

The late Mr S. Rajaratnam once said, “No one people or culture has a monopoly of wisdom.” Tapping on the collective wisdom of key stakeholders — be it from the Government, the community or academia — to prevent offending and reoffending was one of the key drivers behind the set-up of the National Committee on Prevention, Rehabilitation and Recidivism (NCPR). This range of perspectives and experiences has strengthened our collective efforts to keep youth and adults away from offending and reoffending.

We took over the reins of the NCPR from the former co-chairs, Minister Desmond Lee and Minister Josephine Teo about a year ago and are excited to further the goals of this committee. Since its formation, NCPR has overseen several key initiatives. The launch of the Localised Community Network (LCN) pilot, increased post-care support for youth discharged from Government Homes, and the rollout of in-care programmes for short sentence inmates, are just some of the examples of the good work done thus far.

This latest edition of the Report on Youth Delinquency will provide an update on the youth offending situation in Singapore and summarise the range of programmes and initiatives available to prevent youth offending and reoffending. The report will also cover the many ways in which we support youth to realise their potential through education or employment. We are also happy to share with you practical resources such as the Achieving-Connecting-Thriving Singapore (ACT SG) Framework and Tools, information on common mental health conditions youth-at-risk and youth offenders may face and recent local research findings on youth offending issues. Given the current operating environment, we also wish to acknowledge the efforts made by various agencies, organisations and individuals, despite the challenges brought on by the COVID-19 pandemic, to ensure that our youth continue to be supported in their life journeys.

The NCPR does not have a monopoly of wisdom on offending issues. The challenge for all of us is to consider how we may use the resources that we have and the learning points from the pandemic to further enhance preventive and rehabilitative interventions for our youth-at-risk and youth offenders. We hope the questions bookending the report and inspirational quotes at the start of every chapter will spark your thinking on what you can do to be part of the next edition of this report.

Let us continue to work together to uplift our youth and give them the best chance of success in life.

About

National Committee on Prevention, Rehabilitation and Recidivism (NCPR)

The NCPR was set up in April 2018 to:

- Oversee national efforts to reduce offending and reoffending and enhance rehabilitation of offenders;
- Develop an integrated approach, review and coordinate prevention, early intervention and rehabilitation efforts to address issues of offending and reoffending;
- Oversee the development of capacity and capability of community organisations to support prevention, early intervention and rehabilitation efforts; and
- Facilitate collaborative research and data-sharing across agencies to address emerging trends, risks and needs.

The NCPR is co-chaired by Assoc Prof Dr Muhammad Faishal Ibrahim, Minister of State for Home Affairs & National Development, and Mr Eric Chua, Parliamentary Secretary for Social and Family Development & Culture, Community and Youth. The NCPR comprises representatives from:

- | | |
|--|---|
| <ul style="list-style-type: none">• Ministry of Culture, Community and Youth• Ministry of Education• Ministry of Health• Ministry of Home Affairs• Ministry of Social and Family Development• Attorney-General's Chambers• Family Justice Courts• State Courts• Institute of Mental Health• National Council Against Drug Abuse | <ul style="list-style-type: none">• National Council of Social Service• National Crime Prevention Council• National Youth Council• Chinese Development Assistance Council• Eurasian Association• Singapore Indian Development Association• Yayasan MENDAKI• Government Parliamentary Committee• Members of Parliament |
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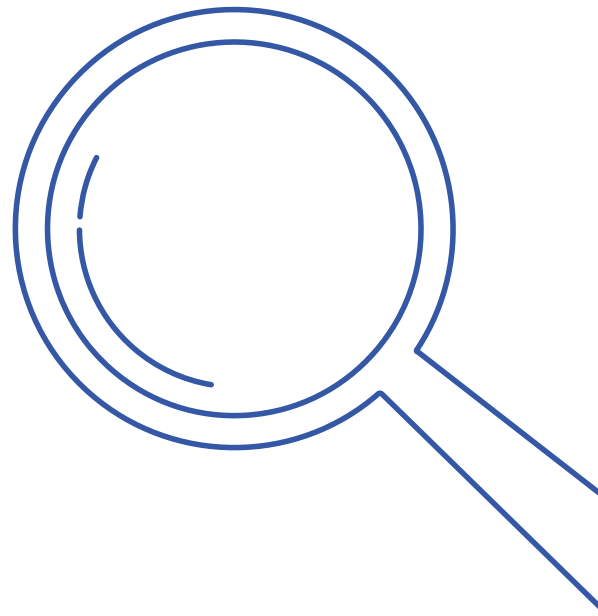
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List of Abbreviations

A3 Network	Anti-Drug Abuse Advocacy Network
ACT SG	Achieving-Connecting-Thriving Singapore
ADA Programme	Anti-Drug Advocate Programme
ADHD	Attention Deficit Hyperactivity Disorder
CARE Network	Community Action for the Rehabilitation of Ex-offenders Network
CCE	Character and Citizenship Education
CD	Conduct Disorder
CNB	Central Narcotics Bureau
COVID-19	Coronavirus Disease of 2019
CPS	Child Protective Service
CRC	Community Rehabilitation Centre
CRS	Correctional Rehabilitation Specialist
CWA	Cycling without Age
CYGO	Central Youth Guidance Office
DIH	Dadah-Itu-Haram
DRC	Drug Rehabilitation Centre
EE21	Early Engagement of Offenders Below 21
ESU	Enhanced STEP-UP
ESWP	Enhanced Streetwise Programme
FFT	Functional Family Therapy
FGO	Family Guidance Order
GEAR-UP	Guiding and Empowering Students for Affiliation and Resilience to Unlock their Potential
GFL	Game For Life
GP	Guidance Programme
HBL	Home-Based Learning
IMDA	Infocomm Media Development Authority
ISP	Integrated Service Providers

ITE	Institute of Technical Education
JRC	Juvenile Rehabilitation Centres
LCN	Localised Community Network
MHA	Ministry of Home Affairs
MOE	Ministry of Education
MSF	Ministry of Social and Family Development
Muis	Islamic Religious Council of Singapore
NAC	National Arts Council
NCADA	National Council Against Drug Abuse
NCPC	National Council of Crime Prevention
NCPR	National Committee on Prevention, Rehabilitation and Recidivism
NCSS	National Council of Social Service
ODD	Oppositional Defiant Disorder
PAST	Positive Adolescent Sexuality Treatment
PDE	Preventive Drug Education
RT	Reformatory Training
RTC	Reformatory Training Centre
SPF	Singapore Police Force
SportSG	Sport Singapore
SSA	Social Service Agency
SWP	Streetwise Programme
UADC	United Against Drugs Coalition
UPLIFT	Uplifting Pupils in Life and Inspiring Families Taskforce
VPP	Violence Prevention Programme
YES	Youth Enhanced Supervision
YGP	Youth GO! Programme
YHOL	Youth Hanging Out Late Initiative
YLS/CMI 2.0	Youth Level of Service/Case Management Inventory 2.0
YRSG	Yellow Ribbon Singapore



Executive Summary

This edition of the Report on Youth Delinquency is written primarily for the participants of the Conversations on Youth symposium held in September 2021. In addition, this report is available as a resource for everyone who works with youth-at-risk and youth offenders, and for members of the public who are interested in this area of work.

This report starts with an update to the statistics pertaining to the youth offending situation in Singapore in Chapter 1. Chapter 2 summarises the range of publicly-funded preventive, diversionary, rehabilitative and post-care measures available to youth-at-risk and youth offenders. These include initiatives undertaken by the National Committee on Prevention, Rehabilitation and Recidivism (NCPR) since April 2018.

Chapters 3 to 5 are built on the theme of this report: "I'm not difficult; I'm in a difficult situation." We seek to help readers see that many of our youth-at-risk and youth offenders are not inherently lesser than our average Singaporean youth. Chapter 3 focuses on the individual youth. It showcases the Achieving-Connecting-Thriving Singapore (ACT SG) Framework, developed by the

Ministry of Social and Family Development (MSF) and the National Council of Social Service (NCSS) to guide the youth work sector in developing core competencies among our youth. We balance this perspective by sharing information on three common mental health conditions seen in youth offenders, to suggest why some youth offenders may seem more difficult to deal with than others.

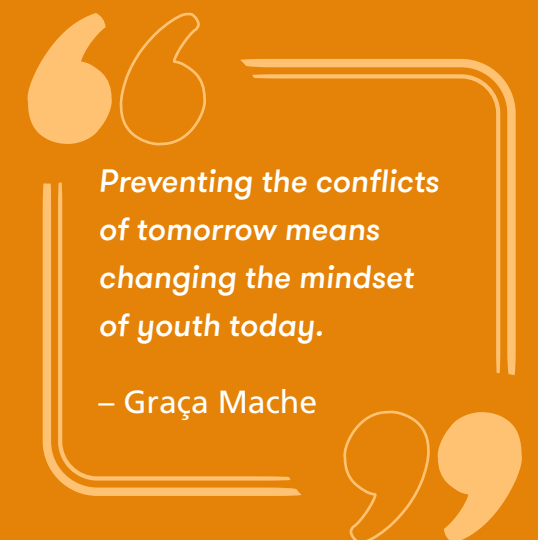
Chapter 4 broadens our perspective to the family environment. It draws together recent research findings from local and overseas studies. Broadly, the studies suggest several family characteristics (i.e., childhood maltreatment, family criminality and family disruptions) as key risk factors contributing towards youth offending. Chapter 5 zooms out further and looks at the larger societal environment. Specifically, it considers the challenges that arose because of the COVID-19 pandemic and discusses the interventions that sought to plug the resulting gaps. The report concludes with a challenge to the reader to consider how s/he can add new perspectives and further the work on preventing youth offending and reoffending.

Chapter 1

Overall Youth Offending Situation (2016–2020)

Key Insights

- There was a 43.3% fall in the number of youth offenders between 2010 and 2020.
- The top three most common offences committed by youth offenders¹ between 2016 and 2020 were shop theft, cheating and related offences, and sexual penetration offences.
- Drug abuse remained a concern amongst youths. There was a 10.1% rise in the total number of youth drug abusers between 2016 and 2020. While first-time abusers accounted for a majority of the youth drug abuse arrests, the number of repeat youth abusers more than doubled between 2016 and 2020.
- There was an upward trend in the number of youths who committed outrage of modesty and rape offences between 2016 and 2020.



Chapter at a Glance

- Overall Statistics on Youth Offenders
- Top Three Offences
- Youth Drug and Inhalant Abusers
- Outrage of Modesty and Rape Offences Committed by Youth



¹ Youth offenders referred to those arrested for criminal offences excluding drug and inhalant abuse, and aged 7 to 19 years.



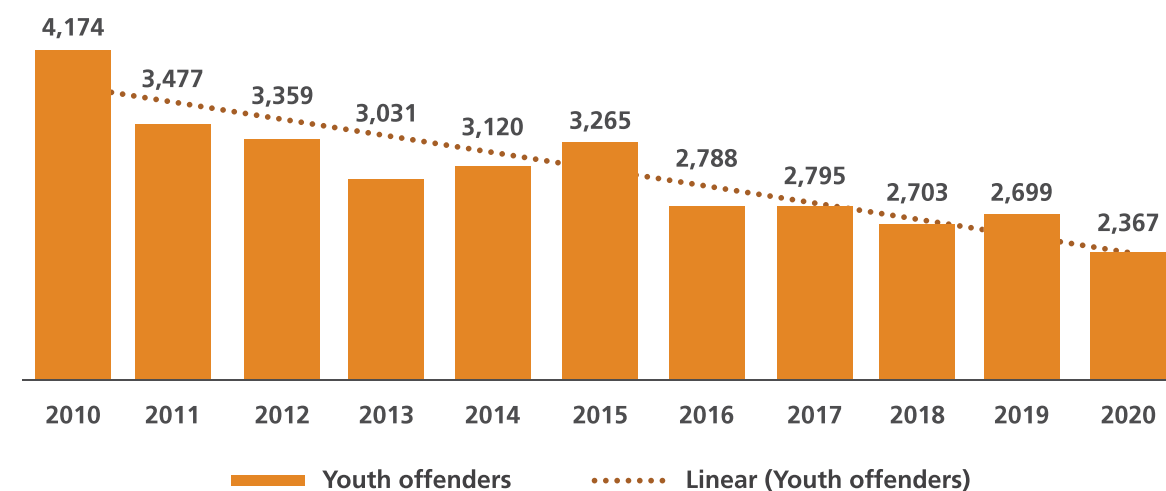
This report begins with key trends on Singapore’s youth offending situation, to present an overview of youth delinquency. As you read Chapter 1, we invite you to consider these questions:

- What would be a realistically acceptable level of youth offending for Singapore, in the longer term?
- Which are the youth profiles that are more likely to offend?
- What are the risks of recidivism for youth offenders when they enter adulthood?
- What can we do to prevent youth offending?

Number of Youth Offenders

There was a 43.3% fall in the number of youth offenders² between 2010 and 2020³ (Figure 1.1). The number of youth offenders had been on a general downward trend in the past decade. It should be noted, however that the decline in the number of youth offenders between 2019 and 2020 might be partly due to the temporal impact of the COVID-19 pandemic and the resulting movement restrictions, which might have disrupted the commission of certain crimes.

Figure 1.1: Overall number of youth offenders (2010–2020)



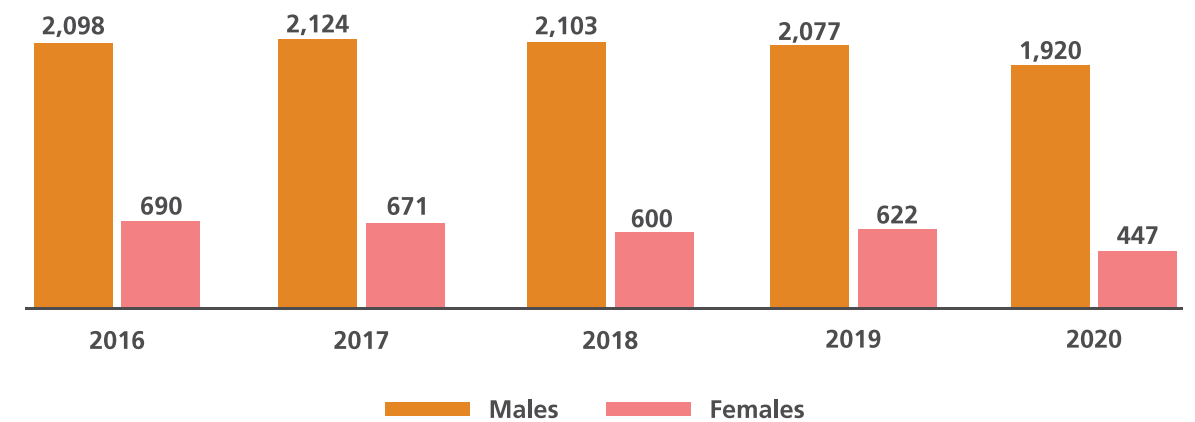
(Source: Singapore Police Force)

² Youth offenders who committed outrage of modesty and rape offences referred to those aged 7 to 19 years.

³ 2020 figures for youth arrested for outrage of modesty and rape offences were provisional at the point of publication.

The downward trend in number of youth offenders was observed across both genders (Figure 1.2). Despite the decrease, there remained more than four times the number of male youth offenders compared to female youth offenders in 2020.

Figure 1.2: Number of youth offenders by gender (2016–2020)



(Source: Singapore Police Force)

Top Three Offences

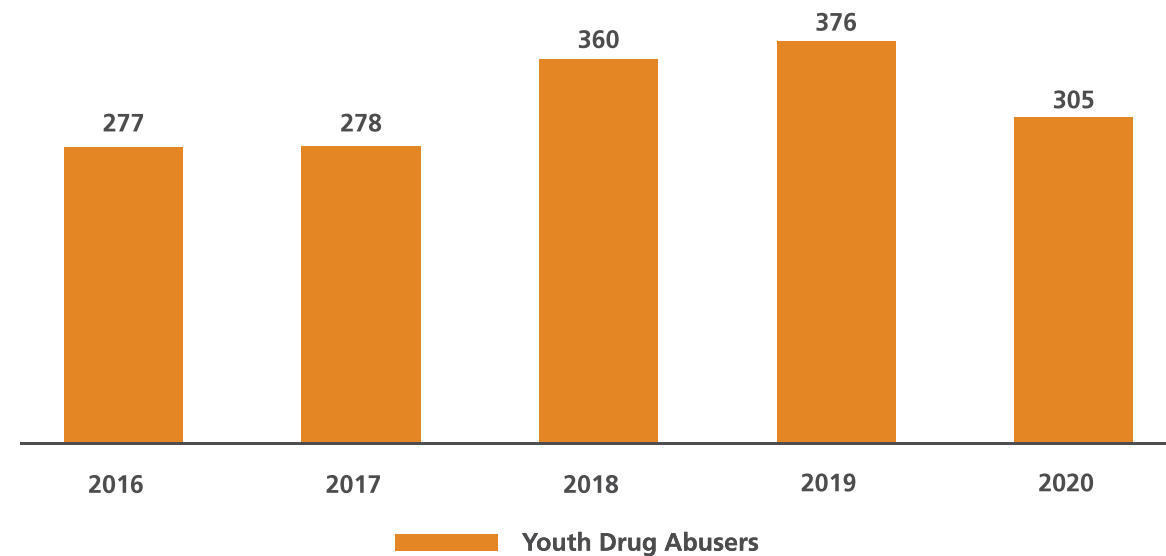
The top three most common offences committed by youth offenders between 2016 and 2020 were shop theft, cheating and related offences, and sexual penetration offences. This trend had remained consistent since 2014.

- **Shop theft** was the most common offence committed by youths. Perpetrators of this crime would leave the shop with the items or goods without making any payment. There had been a general downward trend in shop theft between 2016 and 2020.
- The second most common category of general offences committed by youths was **cheating and related offences**. Perpetrators of this crime had the fraudulent intent to deceive victims for financial gains, which might or might not cause damage or harm to the victim. For instance, cheating by impersonation, criminal breach of trust and illegally obtaining personal information of the victim were considered cheating offences. There had been a general upward trend in such offences between 2016 and 2020.
- The third most common offence committed by youths was **sexual penetration**. Sexual penetration comprised sexual penetration of a minor under 16 years of age, and exploitative sexual penetration of a minor of or above 16 but below 18 years of age in the Penal Code. There had been a general upward trend in sexual penetration offences between 2016 and 2020.

Youth Drug and Inhalant Abusers

There was a 10.1% rise in the total number of youth drug abusers⁴ between 2016 and 2020, though there was a dip in 2020 compared to its peak in 2019 (Figure 1.3). This decrease might be partly due to the temporal impact of the COVID-19 pandemic and the resulting movement and border restrictions, which could have affected drug supply and demand.

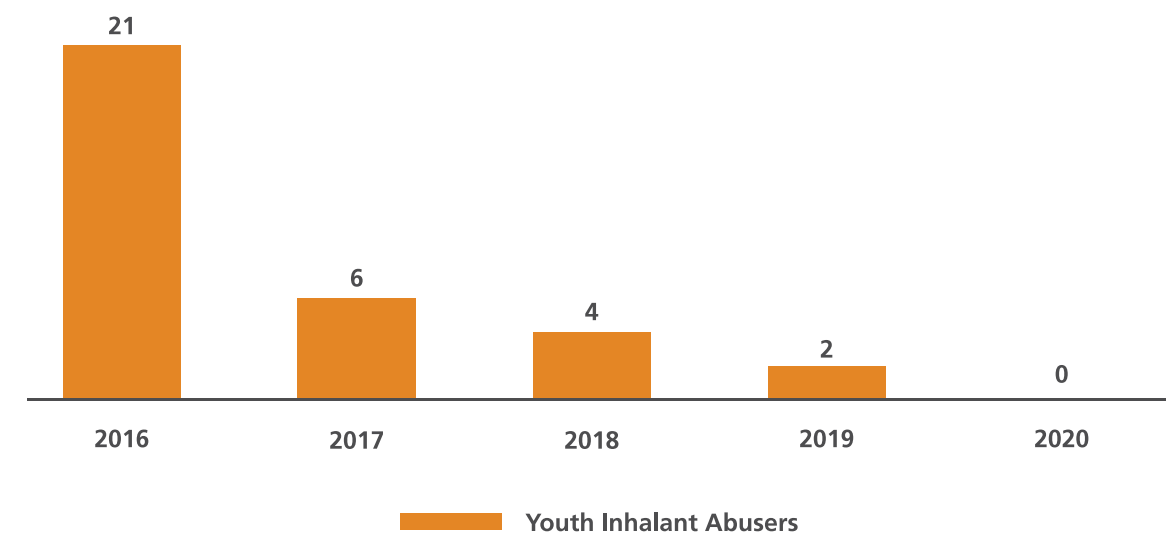
Figure 1.3: Overall number of youth drug abusers (2016–2020)



(Source: Central Narcotics Bureau)

Overall, there was a steady decrease in the number of youth inhalant abusers over the years (Figure 1.4), and the number remained small.

Figure 1.4: Overall number of youth inhalant abusers (2016–2020)

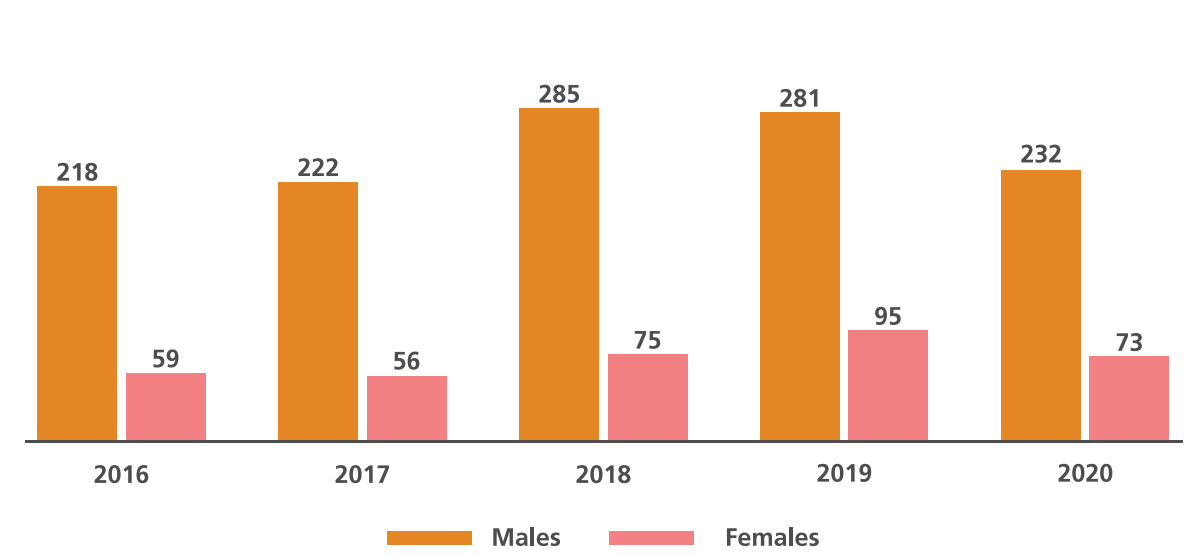


(Source: Central Narcotics Bureau)

⁴ Youth drug and inhalant abusers referred to those aged below 20 years.

There was a general upward trend for both the number of male and female youth drug abusers over the years, and there was more than three times the number of male youth drug abusers compared to female youth drug abusers in 2020 (Figure 1.5). Although the number of male youth drug abusers increased by 6.4% from 2016 to 2020, there was a considerable fall in 2020, compared to its peaks in 2018 and 2019.

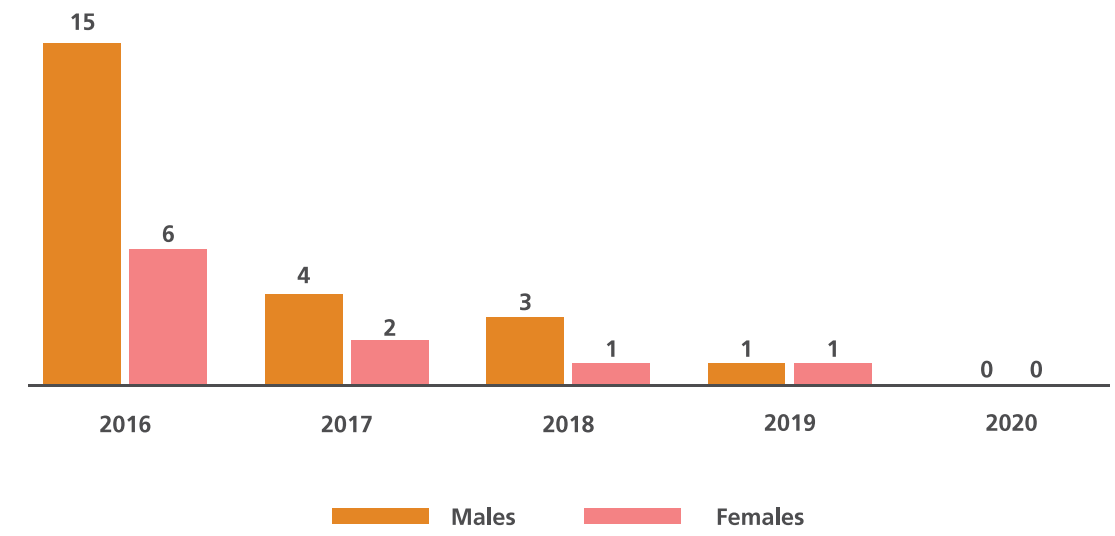
Figure 1.5: Number of youth drug abusers by gender (2016–2020)



(Source: Central Narcotics Bureau)

The numbers of both male and female youth inhalant abusers had steadily decreased over the years (Figure 1.6).

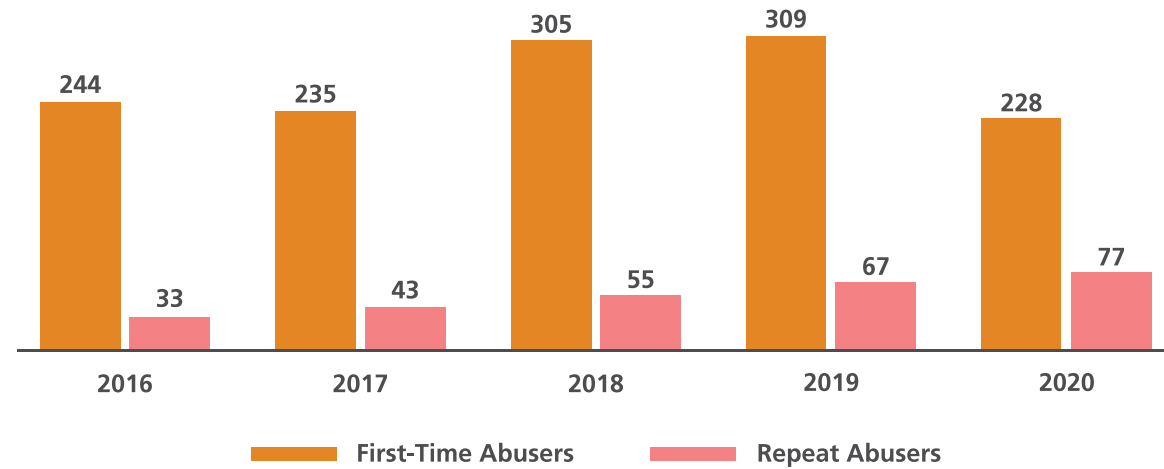
Figure 1.6: Number of youth inhalant abusers by gender (2016–2020)



(Source: Central Narcotics Bureau)

First-time abusers accounted for a majority of the youth drug abuse arrest (74.8%), though the number of youth abusers had decreased about 6.5% between 2016 and 2020. The number of repeat youth abusers, however, had more than doubled between 2016 and 2020 (Figure 1.7).

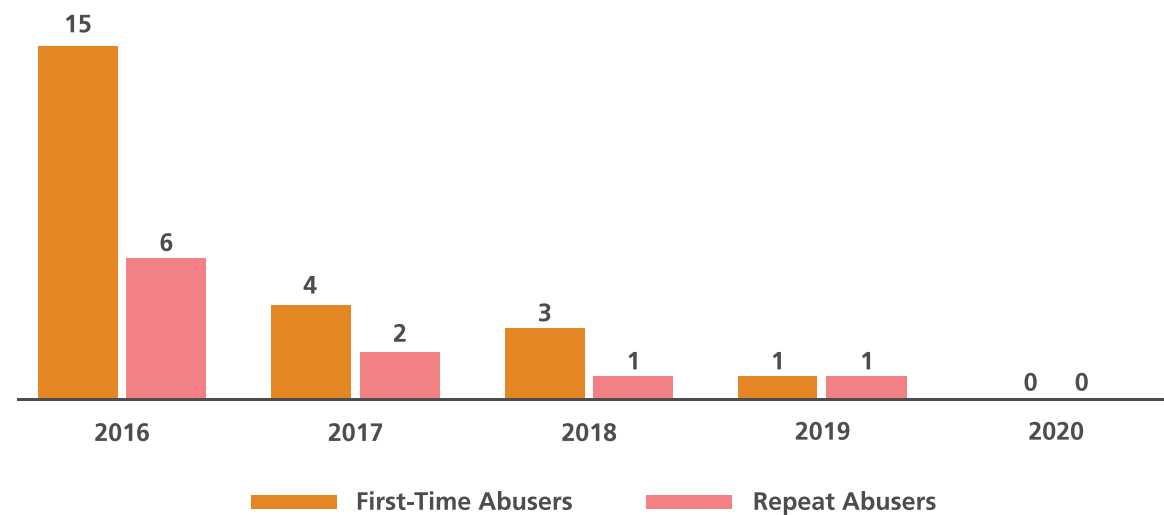
Figure 1.7: Number of youth drug abusers by offending status (2016–2020)



(Source: Central Narcotics Bureau)

The numbers of both first-time and repeat youth inhalant abusers had steadily decreased from 2016 to 2020 (Figure 1.8).

Figure 1.8: Number of youth inhalant abusers by offending status (2016–2020)

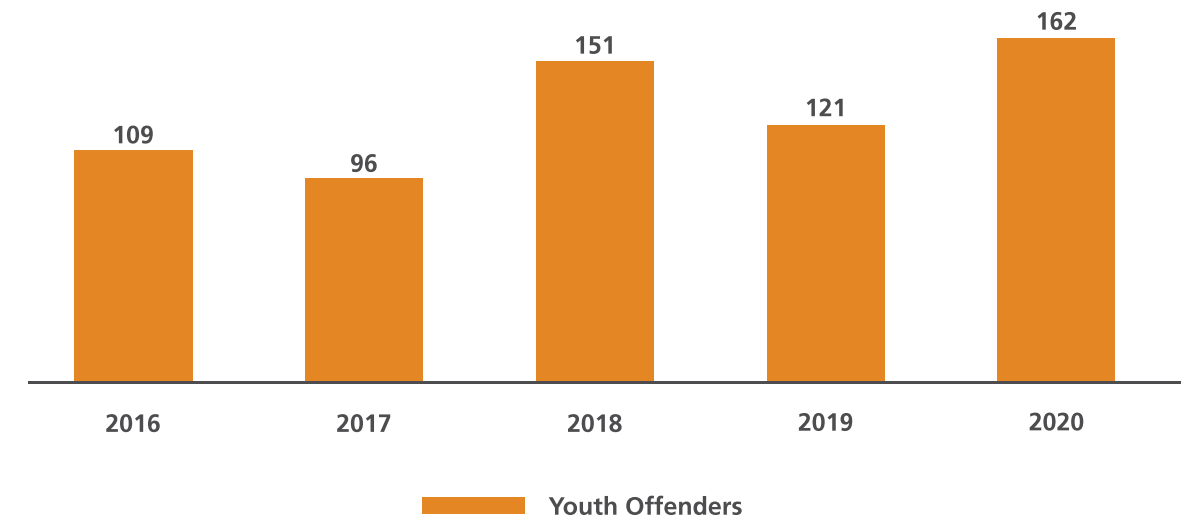


(Source: Central Narcotics Bureau)

Outrage of Modesty and Rape Offences Committed by Youth

A general upward trend in the number of youth offenders who committed outrage of modesty and rape offences⁵ was observed between 2016 to 2020⁶, with occasional dips (Figure 1.9).

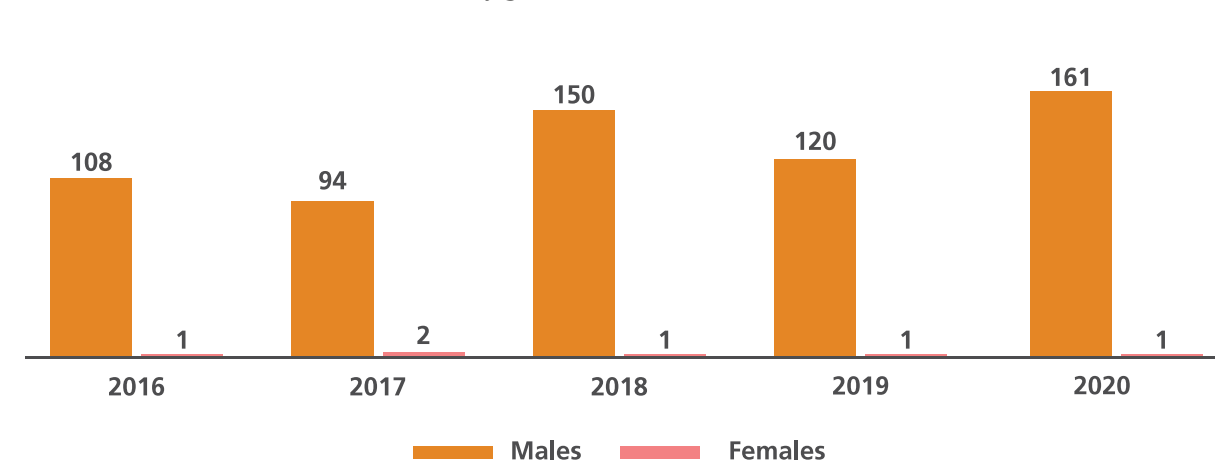
Figure 1.9: Overall number of youth offenders who committed outrage of modesty and rape offences (2016–2020)



(Source: Singapore Police Force)

A similar trend in the number of male youth offenders who committed outrage of modesty and rape offences was observed (Figure 1.10). The number of female youth offenders who committed outrage of modesty and rape offences remained small over the years.

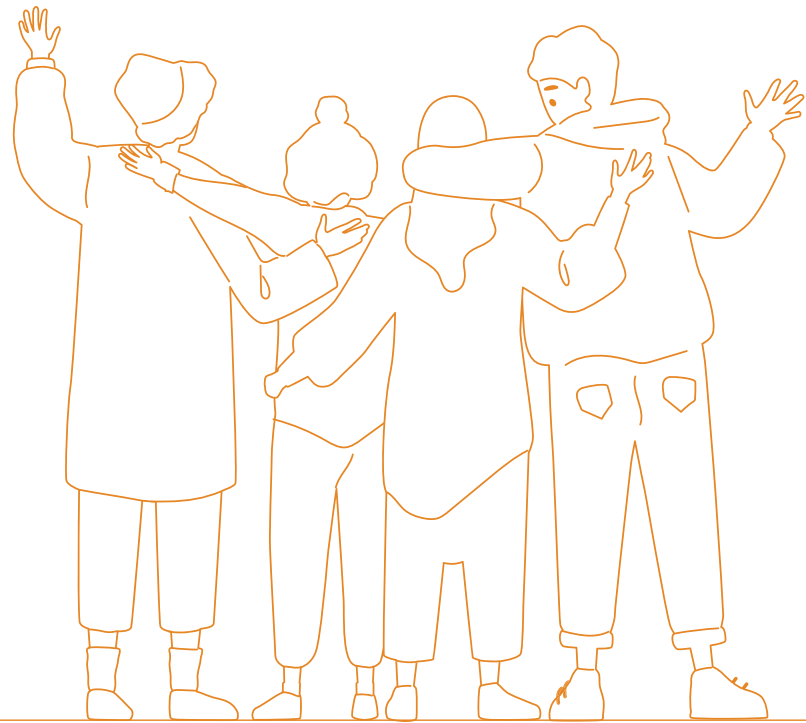
Figure 1.10: Number of youth offenders who committed outrage of modesty and rape offences by gender (2016–2020)



(Source: Singapore Police Force)

⁵ Youth offenders who committed outrage of modesty and rape offences referred to those aged 7 to 19 years.

⁶ 2020 figures for youth arrested for outrage of modesty and rape offences were provisional at the point of publication.



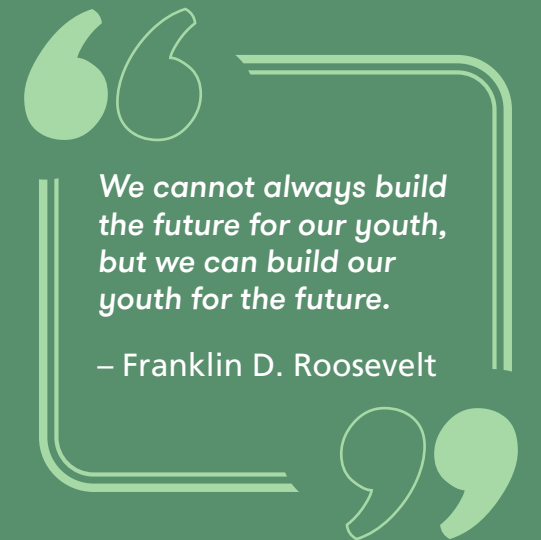
This chapter provides a sketch of the youth offending scene in Singapore. Although there had been a general decrease in the number of youth offenders over the years, drug abuse remained a concern among the youth, and specific crimes (e.g., cheating and related offences, outrage of modesty and rape offences) were on an upward trend. The next chapter takes a closer look at the programmes and initiatives in Singapore that aim to support our youth offenders to help them stay clear of crime.

Chapter 2

Support for Youth-at-Risk and Youth Offenders

Key Insights:

- There is a range of programmes and measures to support all youth, including those who do not offend.
- There are also many support measures for youth who have been arrested or sentenced with a court order to attend a programme.
- The Government works with various community and private sector agencies to provide support to youth offenders after the latter have completed their court order or programme, to help prevent them from reoffending.



Chapter at a Glance

- Support for Non-Offenders
- Support for Youth at the Point of Arrest (Including Pre-Court Diversionary Programmes)
- Support for Youth at the Point of Sentencing
- Support for Youth Offenders After Sentencing
- Support for Youth Offenders Upon Completion of their Order/Programme



Support for youth-at-risk and youth offenders

Non-Offending

Schools

- School Counsellors and Student Welfare Officers
- School-based Student Care Centres in primary schools
- GEAR-UP for secondary school students

Communities

- Preventive Drug Education
- Police Pal
- Youth Hanging Out Late initiative
- Delta League
- Localised Community Network (pilot)
- Mentoring for students who left ITE prematurely (pilot)
- Enhanced STEP-UP
- UPLIFT Community Pilot
- Youth GO! Programme

Point of Arrest and Pre-court Diversionary Programmes

- Triage System
- Guidance Programme
- Guidance Programme — Positive Adolescent Sexuality Treatment Programme
- Streetwise Programme/ Enhanced Streetwise Programme

Post-Sentencing

Overall Crime

- Probation Orders
- Positive Adolescent Sexuality Treatment Programme
- Violence Prevention Programme
- Juvenile Rehabilitation Centre Orders
- Community-Based Sentencing
- Reformatory Training
- Imprisonment

Drug and Inhalant Abuse

- Youth Enhanced Supervision Scheme
- Community Rehabilitation Centre
- Drug Rehabilitation Centre
- Inhalant Treatment Centre

Point of Sentencing

- Early Engagement of Offenders Below 21

Upon Completion of Order/Programme

- Post-care support service for youth discharged from MSF Youth Homes
- Drug Supervision Order
- Facilitation of job matching for youth inmates & ex-offenders
- CARE Network

In the previous report, we described the range of preventive and rehabilitative measures for youth-at-risk and youth offenders in detail. Chapter 2 summarises this spectrum of support available and provides updates on key initiatives undertaken by the National Committee on Prevention, Rehabilitation and Recidivism.

School Counsellors

Target Group:

- All students in mainstream schools

Objective:

- To provide counselling support to students on mental health and social emotional difficulties

Programming:

- School Counsellors provide holistic support to students as part of school's Case Management and Student Development Teams, and also offer individual and group counselling to students.
- The school counselling programme includes a system for needs analysis and early identification and referral.
- Depending on the student's needs, School Counsellors organise a range of activities, e.g., psycho-education for students on mental health issues, motivation issues and healthy coping.
- They may also refer students and their families to community resources or external professionals, where needed.

Student Welfare Officers

Target Group:

- Primary and secondary school students

Objective:

- To provide mentoring and social support to at-risk students

Programming:

- As part of schools' Case Management and Student Development Teams, Student Welfare Officers also provide holistic support for students.
- Student Welfare Officers provide student-centric casework support and consultation to students and their families with the focus on students' well-being.
- They engage students with long term absenteeism to successfully reintegrate to school, and support students with complex needs.
- They also collaborate with community partners to meet students' needs. Where needed, they may refer students and their families to community resources or external professionals.

School-based Student Care Centres

Target Group:

- Primary school students who require after-school care (including disadvantaged students)

Objective:

- To provide a safe and structured after-school environment to support students' holistic development

Programming:

- School-based Student Care Centres provide homework supervision, opportunities for students to participate in recreational activities, and snacks and meals.
- They may partner Student Care Centre operators and community partners to provide additional support programmes.

Update:

- From 2020, there is a Student Care Centre in all 186 primary schools.

Guiding and Empowering Students for Affiliation and Resilience to Unlock their Potential (GEAR-UP)

Target Group:

- Secondary school students assessed to be vulnerable and at-risk

Objectives:

- To strengthen school connectedness to foster positive educational outcomes
- To strengthen students' social-emotional competencies and social skills through early identification and customised support

Programming:

- The programme provides a safe, caring and inviting after-school environment, mentoring by significant adults and peers, and opportunities for the students to learn and serve.
- Schools engage students through meaningful activities and facilities such as dedicated rooms in school.
- Schools may also engage community partners on programmes to strengthen students' social-emotional competencies and social skills.



Preventive Drug Education (PDE)

Target Group:

- Youth (aged 35 years and below)

Objective:

- To educate youth on the dangers of drug abuse, to promote a drug-free lifestyle

Programming:

- PDE equips the community and youth with knowledge to lead a drug-free lifestyle, under a national effort led by Central Narcotics Bureau (CNB) and the National Council Against Drug Abuse (NCADA).
- The broad-based outreach efforts raise awareness through media campaigns, continuous education for students and youth (including those in Institutes of Higher Learning), and public events for general public.
- There is also targeted engagement with vulnerable youth through sharing sessions by ex-abusers and after-school engagement programmes.
- PDE also includes self-help resources such as videos and publications, including toolkits for parents, educators, counsellors, National Service commanders and Ministry of Social and Family Development (MSF) officers who work with youth-at-risk.
- It builds advocacy by forming the Anti-drug Abuse Advocacy (A3) Network, and Anti-Drug Advocate (ADA) Programme and the United Against Drugs Coalition (UADC), and through culturally nuanced campaigns such as the Dadah-Itu-Haram (DIH) campaign.



Javier

Javier was actively involved in causes that supported keeping at-risk youth away from drug abuse. Besides volunteering under the ADA Programme by CNB, Javier had also initiated anti-drug campaigns and provided useful feedback through focus group discussions on drug abuse. Javier had also participated in the Youth Mental Well-Being Network, which aimed to drive whole-of-society efforts and community partnerships to strengthen support for youth mental well-being.



Police Pal

Target Group:

- Primary school students

Objectives:

- To expand touchpoints and strengthen links between the Singapore Police Force (SPF) and primary school students through self-directed activities that are interesting and sustainable
- To raise awareness of policing work and educate primary school students on crime prevention

Programming:

- The programme is structured into three levels to convey different target messages for various levels of primary school students.
- The programme includes a list of activities (e.g., a Police papercraft collateral) for students to complete outside of the school curriculum time, to educate them on police work and crime prevention. All materials needed to complete the activities are included in the booklets given to participating students.
- The SPF awards badges and/or prizes to the students who had completed at least half of the activities.

Updates:

- The programme was renamed as “Police Pal” in 2020 (previously known as Youth Police Buddy initiative).
- It was enhanced into SPF’s flagship programme for primary school students that is in line with Ministry of Education’s (MOE) Character and Citizenship Education (CCE) syllabus, in consultation with MOE’s CCE Branch.
- In addition to MOE, SPF partnered with other government agencies such as Ministry of Home Affairs (MHA) and CNB in developing the activities.
- SPF conducted a pilot of this programme from January to June 2021 in seven primary schools island-wide (about 1050 students) and plans to roll out this programme to all primary schools in January 2022.



Youth Hanging Out Late Initiative (YHOL)

Target Group:

- Youth (aged below 18 years) hanging out late at night

Objectives:

- To prevent youth from both becoming targets of crime and committing crime
- To help parents educate and guide their children with the help of authorities

Programming:

- SPF engages youth hanging out late at night, especially those in the company of questionable characters (e.g., adults other than their family or guardians), involved in wayward activities or loitering in crime-prone places after 11pm.
- SPF also notifies parents and schools of these youth on such late-night activities.

Delta League

Target Group:

- Youth (between 13 and 17 years)

Objectives:

- To keep youth meaningfully occupied and out of trouble during the school holidays through football
- To raise crime prevention awareness and consequences of offending

Programming:

- This is a biannual event organised by SPF and the National Council of Crime Prevention (NCPC).
- The event includes organised football clinics and matches (whereby police officers assigned to each team of youth participants mentor the team members), in addition to self-improvement programmes and crime awareness activities.

Localised Community Network (LCN) (pilot)

Target Group:

- Primary and secondary school students facing challenging issues or displaying at-risk behaviours (e.g., long-term absenteeism, anti-social behaviours)

Objectives:

- To identify youth-at-risk early for preventive intervention and timely link-up to relevant services
- To provide wraparound support for youth-at-risk and their families at the community-level

Programming:

- There is systematic sharing of interagency data to identify students in need upstream for timely referrals to relevant services.
- The LCN team also tracks youth's progress regularly.

Update:

- The LCN has been piloted in Boon Lay and Jurong West to leverage on other initiatives in the region (e.g., UPLIFT).

Mentoring for students who left the ITE prematurely (pilot)

Target Group:

- Youth who left the Institute of Technical Education (ITE) prematurely

Objectives:

- To provide these youth with a positive role model and trusted adult who can instil values and life skills, share life experiences and provide career guidance and support
- To support these youth in achieving their aspirations by guiding them in exploring potential career options and facilitating internships or job placements where possible

Programming:

- Mentors from various industries contribute to the programme on a voluntary basis.
- Mentor and mentee meet regularly, at least once a month, for at least 6 months (with an option to extend up to 12 months).
- The programme includes complementary workshops for mentees such as StrengthsFinder assessment, job preparation programmes, career talks, learning journeys and career coaching.

Update:

- MSF targets to launch the pilot by end 2021.

Enhanced STEP-UP (ESU)

Target Group:

- Students (aged below 21 years) in mainstream schools or the ITE with absenteeism issues, e.g., at risk of dropping out (absenteeism rate of at least 20%) or left school prematurely

Objective:

- To support these students to remain in school with improved attendance, enrol into alternative academic institutions, or be engaged in vocational training or employment

Programming:

- Schools may refer students to ESU.
- Integrated Service Providers (ISPs) run the 12-month support programme.
- The ISPs provide casework, counselling and family intervention sessions.

UPLIFT (Uplifting Pupils in Life and Inspiring Families Taskforce) Community Pilot

Target Group:

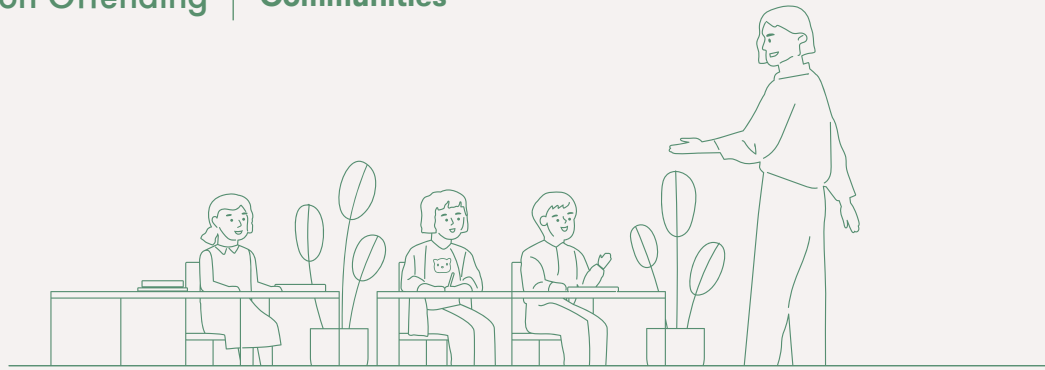
- Primary and secondary students from disadvantaged backgrounds displaying emerging absenteeism issues

Objective:

- To enhance the support for and improve the attendance of students from disadvantaged backgrounds by engaging their families

Programming:

- Identified students and their families receive coordinated wraparound upstream support, such as referral to local community support programmes, in partnership with schools and other community partners.
- UPLIFT family befrienders also provide emotional support and practical assistance to families.



Youth GO! Programme (YGP)

Target Group:

- Youth-at-risk (aged 12 to 21 years) on the streets

Objectives:

- To reach out to youth on the streets, neighbourhoods and local communities by getting to know and befriending them
- To support youth-at-risk so that they will be meaningfully engaged in their studies or work, stay crime-free, and be able to solve problems and become resilient individuals
- To work with local communities and government agencies, including the police, grassroots organisations, schools and other social service providers to strengthen network of support for youth-at-risk

Programming:

- YGP workers proactively contact and engage with youth on the streets, neighbourhoods and local communities.
- There are structured activities tailored to the youth's interest, such as fishing, cycling, sports and baking, for YGP workers to engage and build rapport with the youth as well as impart life skills.
- YGP workers deliver casework and intervention within an informal and flexible programme design.
- Where needed, they may refer youth to external services and resources.



Michael

Michael was first engaged by a Youth GO! worker during a street outreach session. Through interacting with Michael, his social worker, Zhichao from Youth GO! (Care Corner), discovered that Michael was from a lower-income family and did not receive pocket money regularly. He was underperforming in school. On top of that, he was often getting into trouble in school.



Cycling workshop conducted by Youth GO! and CWA

Through "iLearn Programme", a cycling programme developed by Youth GO! and Cycling without Age (CWA), Michael had the opportunity to be mentored by seniors. He even underwent an internship stint at a bicycle shop and received an internship allowance which helped with his family's financial situation. Michael's participation in the programme was complemented by counselling and casework support by his social worker.

The Youth GO! worker also helped Michael to seek out other forms of financial assistance through donations-in-kind, and continues to work with

Michael on his school issues. Michael has displayed more motivation to attend school and is performing better than before.

Michael had shared with his Youth GO! worker his dream of participating in overseas cycling competitions. He also hopes to sponsor bicycles for children and youths in poorer countries so that they can go to school.

Preventive programmes such as Youth GO! help to steer our youths away from risky habits and behaviours, guide them on the right path and unleash their untapped potential.



Point of Arrest and Pre-court Diversionary Programmes

Triage System

Target Group:

- Youth (aged 19 years and below) arrested for minor offences (e.g., shoplifting)

Objective:

- To assess and divert suitable youth from the court and provide timely intervention for the youth and their families

Programming:

- CNB or SPF Land Divisions refer the youth to the triage system.
- Social workers interview the youth to assess their risk of reoffending based on the youth's social background, risks and needs, as well as to assess their suitability for pre-court diversionary interventions.
- They may also refer the youth to relevant community agencies and support services for other issues faced by the youth and their families.

Guidance Programme (GP)

Target Group:

- First-time youth offenders (aged 10 to 19 years) arrested for minor offences

Objectives:

- To prevent reoffending by helping these youth develop better self-control, take responsibility for their actions and acquire important life skills
- To give youth offenders a second chance through rehabilitation, as those who complete the programme and do not commit further offences are given a warning in lieu of court prosecution

Programming:

- The programme runs from 6 to 12 months, depending on the risks, needs, and responsiveness of the youth.
- The programme actively involves the youth's families in the rehabilitation process.
- The activities include group work and individual sessions that promote pro-social mindsets and inculcate life skills such as decision-making.



Point of Arrest and Pre-court Diversionary Programmes

Guidance Programme-Positive Adolescent Sexuality Treatment Programme (GP-PAST)

Target Group:

- First-time youth offenders (aged 10 to 19 years) arrested for minor sexual offences

Objective:

- To increase awareness of participants' thinking, attitudes and feelings which led to their sexual offending behaviours, and to create positive change in these aspects

Programming:

- This is a supplementary programme built on the skills-based modules in GP.
- The programme is conducted in an individual format and comprises five modules.
- Therapists work with participants to increase their knowledge on healthy sexuality and boundaries, equip them with self-management, relationship and coping skills, and develop future life plans that support their goals.

Streetwise Programme (SWP)/ Enhanced Streetwise Programme (ESWP)

Target Groups:

- SWP: Youth (aged 13 to 19 years) with gang association
- ESWP: Youth (aged 13 to 19 years) arrested for gang-related offences

Objectives:

- To guide youth to dissociate from gangs and gang-related activities
- To give youth offenders a second chance through rehabilitation, as those who complete the programme and do not commit further offences are given a warning in lieu of court prosecution

Programming:

- The programme runs from 6 to 12 months, depending on the risks, needs, and responsiveness of the youth.
- The programme includes a series of individual, group-based and family sessions, to develop skills to dissociate from gangs and form healthy relationships with positive roles models, family and peers, and to be meaningfully engaged in school or work.
- There is mandated periodical reporting to the Secret Societies Branch for both SWP and ESWP youth, as well as mandated physical reporting to the police for the ESWP youth.
- The youth's attendance at school or work is closely monitored.
- As part of the programme, places the youth could visit or people whom they could associate with are restricted.



Point of Sentencing

Early Engagement of Offenders Below 21 (EE21)

Target Group:

- Youth offenders (aged below 21 years) who had been charged in court and were waiting for their sentence

Objective:

- To engage youth upstream between the period of the first mention and the day of sentencing, which may take up to several months

Programming:

- This voluntary programme includes pro-social and recreational activities, vocational training courses, education support, as well as counselling services to support youth's emotional needs and strengthen family relationships.
- The Centre for Specialist Services at State Courts also conduct assessment of needs and make referrals to the appropriate agencies such as New Life Community Services.



Post-Sentencing Overall Crime

Probation Orders

Target Group:

- Youth offenders (majority of whom are aged below 21 years)

Objective:

- To allow youth offenders to continue with day-to-day activities (e.g., school or work) in the community while rehabilitating under the supervision of the Probation Officer

Programming:

- The programme runs from 6 months to 3 years.
- Probation Officers enforce the youth's compliance with conditions stipulated by the Court, e.g., regular reporting sessions with the Probation Officer, community service and attendance at rehabilitation programmes.
- The programme uses evidence-based assessment tools and includes targeted intervention.
- Families are actively involved in the programme and caregivers are equipped with skills to strengthen the family relationship, support and supervision.
- Probation Officers also discuss the youth's progress with their caregivers, school or employer regularly, before updating the court.



Post-Sentencing | Overall Crime

Positive Adolescent Sexuality Treatment Programme (PAST)

Target Group:

- Youth (aged 13 to 18 years) who engaged in sexual offending behaviours

Objectives:

- To equip participants with knowledge and skills to prevent sexual reoffending
- To improve their capabilities to pursue their values and interests so that they can lead meaningful and purposeful lives

Programming:

- The programme is conducted on a weekly basis over a period of 6 to 12 months, depending on the risk, needs, and responsivity of the youth.
- The programme may be conducted in individual or group-based format.
- Therapists work with participants to enhance their motivation to change, increase their knowledge on healthy sexuality and boundaries, equip them with relationship, self-management and coping skills, as well as develop future life plans that support their personal goals.
- Parent/caregiver sessions are conducted to provide them with information to help them understand the dynamics of their child's offending behaviours and educate them on their child's risk factors, warning signs and management strategies.

Violence Prevention Programme (VPP)

Target Group:

- Youth who engaged in violent offending behaviours

Objectives:

- To provide participants with skills and knowledge to reduce and prevent future violent behaviour
- To improve participants' capabilities to pursue their values and interests so that they can lead meaningful and purposeful lives

Programming:

- The programme is conducted on a weekly basis over a period of approximately 6 months, depending on the risk, needs, and responsivity of the youth.
- The programme may be conducted in individual or group-based format.
- Therapists work with participants to enhance their motivation to change, restructure pro-violence thinking styles, equip participants with skills (e.g., emotion regulation, conflict resolution, problem solving) to prevent violent reoffending, improve their understanding and management of factors that increase their risk of reoffending, as well as develop future life plans that support their personal goals.
- Parent/caregiver sessions are conducted to provide them with information to help them understand the dynamics of their child's offending behaviours and educate them on their child's risk factors, warning signs and management strategies.



Juvenile Rehabilitation Centre (JRC) Orders

Target Group:

- Youth offenders (aged 10 to 19 years) assessed to have complex needs, unsupportive family environment and/or higher-risk behaviours

Objective:

- To provide youth offenders with a stable and safe environment for rehabilitation that will eventually help them lead meaningful lives upon reintegration into the community

Programming:

- JRCs provide residential rehabilitation in community or in MSF Youth Homes (Singapore Boys' Home and Singapore Girls' Home), with structured daily routines and programmes for holistic development (e.g., family sessions, skills-learning activities and therapeutic programmes).
- There are rigorous risk and needs assessments and individualised care plans including therapy.
- The programme also includes components to build youth offenders' daily living habits and self-management skills and strengthen youth offenders' socio-emotional development and relationships.
- MOE-trained teachers provide education for the youth offenders within the MSF Youth Homes.

Community-Based Sentencing

Target Group:

- Youth offenders (aged 16 years and above) who committed minor offences

Objective:

- To enhance rehabilitation and reintegration into society, as the youth's criminal record will be considered spent upon successful completion of the order

Programming:

- **Mandatory Treatment Order**
Psychiatric treatment for specific mental conditions, for up to 36 months.
- **Day Reporting Order**
Mandated reporting to a Day Reporting Centre for monitoring, counselling, and rehabilitation programmes, for 3 to 12 months.
- **Community Work Order**
Mandated unpaid community work associated with the offence committed under the supervision of a community work officer.
- **Community Service Order**
Mandated unpaid community service under the supervision of an authorised officer, for reformation and for the youth to make amends to the community.
- **Short Detention Order**
Imprisonment for up to 14 days, for deterrence.



Jasper

As a teenager, Jasper joined a gang and took drugs; was later caught for vehicle theft and robbery and sent to the Singapore Boys' Home in 2009.

Today, he is an entrepreneur who founded Eezee.sg, an online marketplace where businesses can buy and sell items such as electrical and hardware supplies.

As a member of the Youth Advisory Group⁷, Jasper has participated in various consultations, one of which was a focus group discussion on MSF's Post-care Initiative. As a former

resident of the Singapore Boys' Home, Jasper's life journey lends its perspectives to other youth who are in similar situations, and these are valuable insights to ensure our programmes support our youth-at-risk. Jasper is also passionate about helping youth-at-risk, and has shared his personal story with youth at the Singapore Boys' Home, as well as volunteer with Youth GO!, a programme under the MSF to reach out to at-risk youth on the streets.

⁷ The Youth Advisory Group was formed in Aug 2017. It provides youth perspectives, suggestions and feedback on policies, programmes and campaigns concerning young people.



Reformatory Training (RT)

Target Groups:

- Youth offenders (aged 16 to below 21 years) sentenced to RT in lieu of any other sentence by the High Court or a District Court
- Youth offenders (aged 14 to below 16 years) ordered to be sent to a JRC prior to their conviction

Objective:

- To provide a safe and structured environment for rehabilitation

Programming:

- The in-care phase runs for 6 months to 54 months. It includes psychology-based correctional programmes, family programmes, counselling and academic/vocational training. This is done under the guidance of a Personal Supervisor and a Correctional Rehabilitation Specialist (CRS) in the Reformatory Training Centre (RTC).
- The after-care (supervision phase) allows the youth to work or study or do community work while under the care and supervision of the Prison Reintegration Officers, CRS and After-care Case Managers, outside of the RTC.

Imprisonment

Target Group:

- Youth offenders (aged 16 to 21 years), depending on the severity of their charges, their risks of reoffending and whether they exhibit remorse over their actions

Objective:

- To deter youth offenders from reoffending while facilitating the rehabilitation process in a structured environment

Programming:

- Youth offenders participate in appropriate programmes (e.g., psychology-based correctional programmes, skills training) based on individual risks and needs of the youth.



Youth Enhanced Supervision (YES) Scheme

Target Group:

- Youth drug or inhalant abusers (aged below 21 years) arrested for the first time and assessed to have a low risk of drug reoffending

Objective:

- To detect relapses quickly and to equip youth with relapse-prevention skills via a structured programme

Programming:

- The programme runs from 6 to 12 months, depending on the risks, needs, and responsibility of the youth.
- There is a different reporting schedule for youth ex-abusers to prevent interaction with adult recalcitrant drug abusers.
- The programme includes routine/surprise urine tests and interviews.
- It also includes individual, group-based and family counselling sessions to motivate the youth to change and desist from drugs. Parents are legally mandated to be involved in the rehabilitation process.

Community Rehabilitation Centre (CRC)

Target Group:

- First-time youth male drug abusers (aged 16 to below 21 years) assessed to have a moderate risk of further drug abuse
(This option is currently not available to youth female drug abusers)

Objectives:

- To provide a step-down arrangement for first-time youth drug abusers who have completed a short detention at the DRC
- To provide drug rehabilitation and equip youth with relapse-prevention skills (e.g., dissociating from negative influences, desisting from drug abuse)

Programming:

- This one-year regime consists of two phases: residential and home leave.
- The six-month residential phase in a community facility allows youth drug abusers to continue their education or employment with minimal disruptions, and have greater interaction with society.
- Caseworkers provide casework and counselling services to support the youth in desisting from drug abuse and strengthening family ties.
- During the home leave, the youth offenders are monitored via electronic tagging.



Drug Rehabilitation Centre (DRC)

Target Group:

- Youth drug or inhalant abusers (aged below 21 years) assessed to be of high risk of relapsing

Objective:

- To provide drug rehabilitation and equip youth with relapse-prevention skills (e.g., dissociating from negative influences)

Programming:

- The programme runs from 12 to 36 months.
- There is a closely-supervised residential in-care phase, as well as a structured after-care phase which facilitates the youth's reintegration into society.
- The programme is calibrated according to individual risks and needs, including psychology-based correctional programmes, counselling programmes, employability skills training, family support and religious services.

Inhalant Treatment Centre

Target Group:

- Youth inhalant abusers

Objective:

- To provide inhalant rehabilitation and treatment for youth

Programming:

- The programme runs for up to 12 months.
- The youth inhalant abusers receive counselling services.
- Caseworkers involve the youth's family when engaging the youth in recreational and social activities.



Post-care support service for youth discharged from MSF Youth Homes

Target Group:

- Youth discharged from MSF Youth Homes (Singapore Boys' Home and Singapore Girls' Homes)

Objective:

- To facilitate youth's reintegration into the community

Programming:

- The post-care support service starts 6 months prior to the youth's discharge, during which the post-care worker builds rapport with the youth and his/her family. Upon the youth's discharge, the post-care worker continues to journey with the youth in the community for one year after the youth's discharge.
- The frequency of interactions is tiered to the individual risks and needs of youth.
- Post-care officers from appointed Social Service Agencies (SSAs) are assigned to reinforce in youth the skills learnt and habits formed while in MSF Youth Homes.
- They also provide emotional and affirmative support for the youth by smoothing their transition and strengthening their reintegration into the community.
- They may also help to link up the youth with schools, employment and pro-social groups, as well as support the families by linking them with the necessary resources in the community.

Drug Supervision Order

Target Group:

- Former youth drug abusers who completed their stint in the CRC, DRC or Prisons

Objective:

- To deter former drug abusers from abusing drugs again and to isolate the former drug abusers once they are found to have gone back to abusing drugs

Programming:

- The order may be for up to 5 years.
- There is mandated regular reporting to CNB for urine tests or hair tests (if eligible), as well as surprise urine tests and frequent interviews.
- There are also regular reviews to assess eligibility for revocation of the supervision order.



Facilitation of job matching for youth inmates & ex-offenders

Target Group:

- Youth inmates and ex-offenders

Objective:

- To help match youth inmates and ex-offenders with jobs

Programming:

- Singapore Prison Service (SPS) collaborates with partners across the private, public and people sectors to support the youth's reintegration into the community and enhance their employability.
- The youth inmates and ex-offenders receive training and job profiling to facilitate their job matching. They may also be interviewed for job placement by potential employers while in prison, if employment is assessed to be a reintegration need.
- The Yellow Ribbon Singapore (YRSG) follows up with job support upon discharge.

Community Action for the Rehabilitation of Ex-offenders Network (CARE Network)

Target Group:

- Professionals and volunteers in the after-care sector, and children of ex-offenders

Objectives:

- To enhance staff professional development and strengthen capabilities of community organisations in the aftercare sector
- To enhance coordination in systemic, community and ground interventions in support of children of ex-offenders

Programming:

- There is an after-care-contextualised competency framework for caseworkers and a training roadmap for volunteers (e.g., e-learning module and webinars), to support their capability building and development.
- Services among agencies involved in children's programmes are coordinated to facilitate early detection of children in need and provide timely support to these children.

Updates:

- The after-care-contextualised competency framework, as adapted from the Skills Framework for Social Services, was introduced in April 2021.
- Two aftercare-specific training modules on "Corrections & Aftercare Landscape" and "Aftercare Theoretical Models" were introduced in 2021.

Chapter 3

"I'm Not Difficult" as an Individual

Key Insights:

- The Achieving-Connecting-Thriving Singapore (ACT SG) is a positive youth development framework for the youth-at-risk sector in Singapore. The accompanying ACT SG Tools are tools that measure youth respondents' competencies developed based on the ACT SG framework.
- The general ACT SG Tool is a 39-item questionnaire. Besides this, there are two other versions of the Tool which incorporate a Sports component and an Arts component.
- The three mental disorders commonly diagnosed among youth offenders are Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder.



Chapter at a Glance

- ACT SG
 - Impetus & Objectives
 - The ACT SG Framework and Tools
 - Implementation
- Common Mental Health Conditions Among Youth Offenders
 - Attention Deficit Hyperactivity Disorder
 - Oppositional Defiant Disorder
 - Conduct Disorder

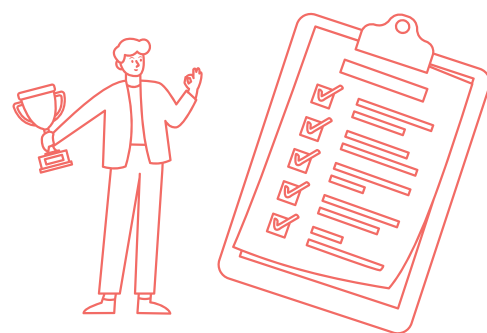




When we discuss youth offending issues, the conversations often centre on preventing or reducing the negative behaviour. Chapter 3 aims to provide readers with tools to see the good in our youth-at-risk and youth offenders. We start by sharing the ACT SG framework developed by the Central Youth Guidance Office (CYGO) and the National Council of Social Service (NCSS) in 2018. This framework is accompanied with a Tool that measures youth competencies that we hope to see in all Singaporean youth, including our youth offenders. In addition, Chapter 3 describes three common mental disorders that we see in many youth offenders, so that we can better understand why some youth offenders may seem more difficult to nurture than others.

Achieving-Connecting-Thriving Singapore (ACT SG)

The ACT SG is a positive youth development framework for the youth-at-risk sector in Singapore. The accompanying ACT SG Tools are tools that measure youth respondents' competencies developed based on the ACT SG framework.



Impetus & Objectives

The development of ACT SG stemmed from the need for and interest in a standardised way of evaluating youth-at-risk programmes in Singapore. It also arose from a dearth of programme evaluation measures that could be easily utilised across local youth programmes.

Thus, the ACT SG framework serves as a guide for agencies and organisations to conduct their programmes and services in a systematic manner. It also allows them to cohesively evaluate these programmes in terms of their effectiveness in building competencies among the programme participants. Through programme evaluation, youth workers can garner insights on the impact of the programmes and whether the programmes contribute to holistic positive youth development. This will thus enable further improvements in subsequent programme development and design.

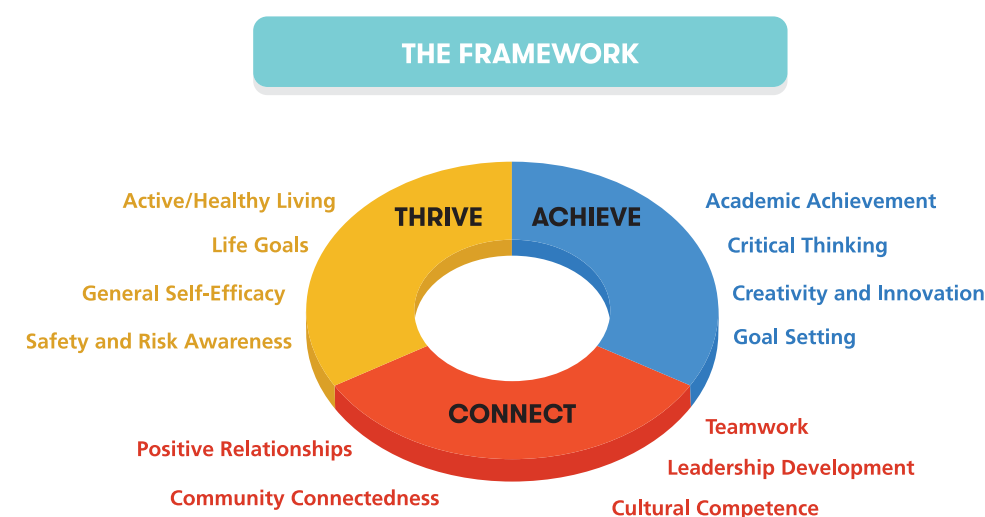
The framework also establishes an understanding among youth agencies and organisations on positive youth development through a common set of skills and desired outcomes. The standardisation of the tools allows for easy comparisons of youth programmes across the sector, as well as provides future opportunities for alignment and collaborations among agencies that run youth programmes.

The ACT SG Framework and Tools

The ACT SG Framework

The ACT SG framework was adapted from the Boston After School and Beyond "Achieve-Connect-Thrive" framework. It has been contextualised to the youth-at-risk sector in Singapore through literature reviews and consultations with multiple youth agencies. According to the framework, youth are best positioned to succeed in school and life when they have mastery of 13 core skills to (i) **Achieve** tasks and complete work; (ii) **Connect** to others; (iii) **Thrive** as a person.

The domains of Achieve, Connect and Thrive are also interlinked. A youth with high competencies in one domain tends to have similarly higher competencies in another domain. These three domains contribute to an overall positive youth development, which can be measured to summarise the impact of a programme on a youth-at-risk



The ACT SG Tool

The 13 skills were quantified into the ACT SG Tool as self-reported questionnaires. The questionnaires were validated by a sample of 817 youth participants enrolled in youth programmes and refined based on an analysis of their responses.

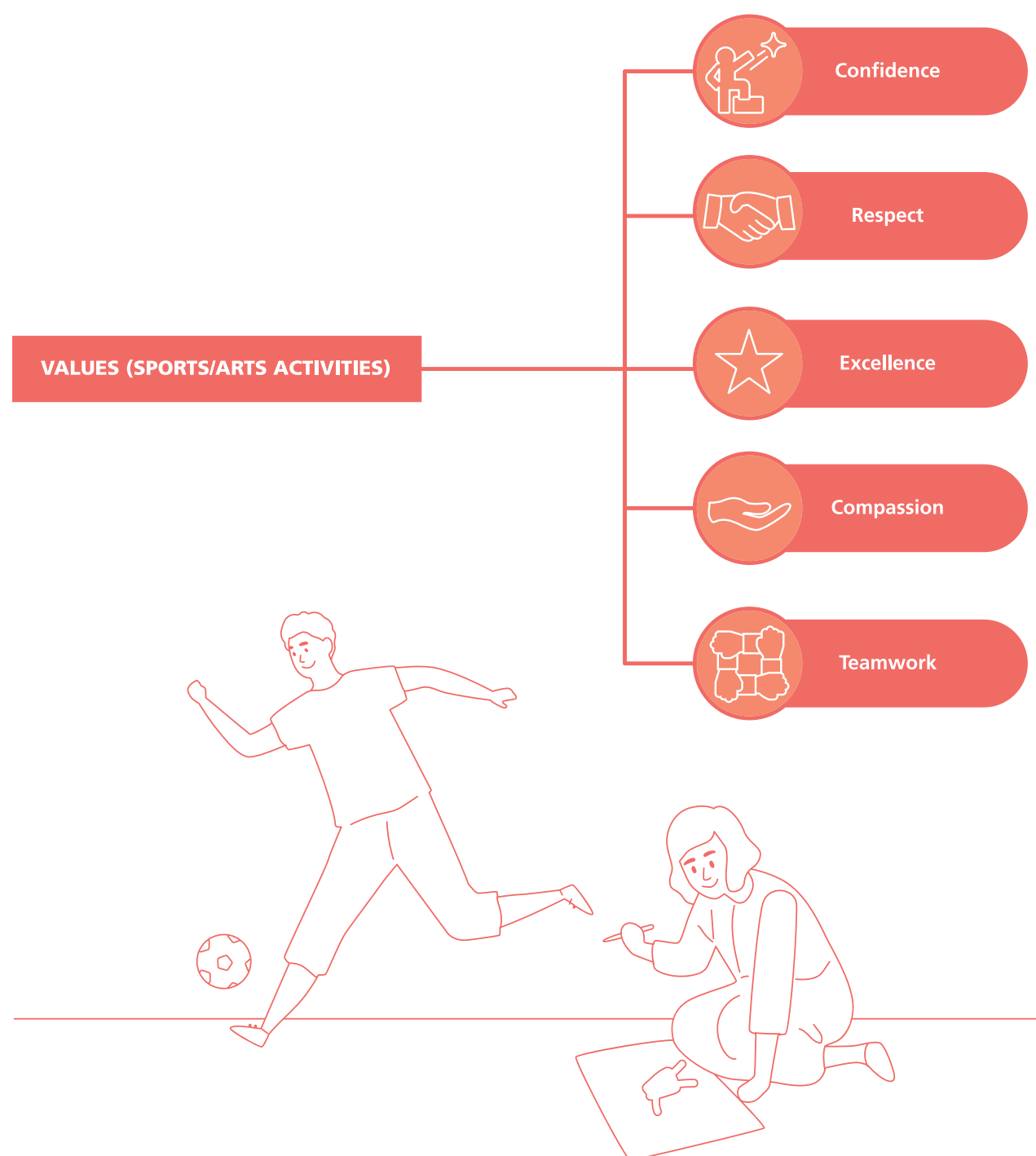
There are two versions of the Tool — a 39-item short-form measure, and a 75-item full-form measure. Both versions are suitable for use in all youth programmes in Singapore.

- The short-form measure can be completed by a youth in a short amount of time and is useful to measure the effectiveness of a youth programme in improving youth outcomes at an **aggregated** level.
- The full-form measure can be used at an individual level to track the progress of a youth client before and after attending a programme. While this longer version takes more time to complete, it is useful when tracking **specific outcomes** of the individual youth is important.

The ACT SG (Sports) Tool and ACT SG (Arts) Tool

Besides the general ACT SG Tool, there are two other versions of the Tool which incorporate a Sports component and an Arts component. These were developed in partnership with Sport Singapore (SportSG) and National Arts Council (NAC), respectively. They are suitable for use in youth programmes with regular sports or arts components.

Through focused group discussions with coaches and youth workers, five skills were identified and adapted from SportSG's Game For Life (GFL) framework for inclusion in the Sports and Arts tools. Therefore, in addition to the questions in the general ACT SG Tool, the Sports and Arts tools have additional questions to measure (a) the five skills related to sports/arts activities; and (b) how well the trainer taught these skills during sports/arts activities.



Implementation

The ACT SG Framework and Tools have since been implemented in various local agencies and organisations with programmes that target at-risk youth. Agencies that have used the Tools to evaluate their programmes include the Youth Guidance Outreach Services, Touch Community Services and CARE Singapore.

Resources are available for use and download on the MSF CYGO website, including the ACT SG Tools, comprehensive user guides, as well as analysis templates.



Upcoming Norms

CYGO is continually improving the ACT SG Tools so that these tools may be useful to the youth-at-risk sector. CYGO is currently conducting a norming study for the ACT SG Tool. The study involves a representative sample of 3,500 Singaporean students aged 10 to 21 years old from local primary schools, secondary schools and post-secondary education institutions.

This study collects the scores that the general youth population in Singapore obtain with the ACT SG Tool, which then allows us to establish benchmarks (i.e., norms). These benchmarks will allow local agencies to gauge how well their youth clients are doing compared to their peers in the general population, so that they can be more purposeful in designing their programmes and supporting their youth clients in building competencies. The norms will likely be ready by mid-2022.

In addition to obtaining the norms, CYGO is also using the norming study to further refine the ACT SG Tool, such as clarifying some of the words that younger students may not comprehend.



Common Mental Health Conditions Among Youth Offenders

Some frontline officers working with youth offenders may have observed that particular youth offenders seem more difficult to work with or nurture than others. In some of these cases, the youth offenders may have certain personality traits or mental health issues that increase their propensity to display at-risk or offending behaviours. The rest of this chapter highlights three mental disorders commonly diagnosed among youth offenders, and sheds light on how these disorders may look like in their daily lives.



Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a neurodevelopmental disorder that is often diagnosed in childhood and can last until adulthood. It is characterised by persistent inattention and hyperactive-impulsive behaviour.

There are three subtypes to ADHD: (a) predominantly inattentive; (b) predominantly hyperactive/impulsive; and (c) a combination of (a) and (b).

Symptoms

- Trouble focusing and easily distracted by unrelated thoughts or stimuli
- Difficulty in paying attention and in organising tasks/activities
- Making careless mistakes
- Often forgetful in daily activities and losing things necessary for tasks/activities
- Reluctance to engage in tasks that require sustained mental effort (e.g., homework)
- Hyperactivity and impulsivity
 - Often fidgeting with or tapping hands or feet, squirming in seat, talking excessively, having difficulty waiting for his/her turn, often interrupting others (e.g., in activities or conversations), or being unable to remain seated when required

Aetiology

The aetiology of ADHD is complex and involves an interaction of various factors, including the following:

- Neurological
 - Factors that affect brain development or cause brain injury
- Genetic
 - Family history of ADHD
- Environmental
 - Exposure to environmental toxins such as lead
 - Maternal drug abuse
 - Alcohol use
 - Tobacco use

Oppositional Defiant Disorder (ODD)

ODD is characterised by persistence in defiant and disobedient behaviours.

Symptoms

- Angry and irritable mood
 - Often losing temper
 - Often touchy or easily annoyed
 - Often angry and resentful
- Argumentative/Defiant behaviour
 - Often arguing
 - Actively defying or refusing to comply with authority figures
 - Deliberately annoying others
 - Often blaming others for his/her mistakes or misbehaviours
- Being spiteful or vindictive

Aetiology

The aetiology of ODD is complex and involves an interaction of various factors, including the following:

- Genetic
 - Family history of mental disorders such as ADHD, mood disorders or substance use disorders
- Environmental
 - Inadequate supervision at home
 - Harsh or inconsistent discipline
 - Childhood abuse
 - Neglect
- Psychosocial
 - Temperamental factors such as irritability, impulsivity, tolerance, poor frustration and high levels of emotional reactivity
 - Peer rejection
 - Involvement in deviant peer groups

Conduct Disorder (CD)

CD is characterised by repetitive and persistent behaviours that violate age-appropriate social norms and rules and can occur in children and adolescents. Children and adolescents diagnosed with CD tend to be physically hostile, prone to lying and stealing and show disregard for others.

Symptoms

- Aggression to people and animals, such as
 - Bullying and threatening others
 - Initiating physical fights
 - Causing physical harm to others using a weapon
- Destruction of people's property
- Deceitfulness or theft, such as
 - Breaking into someone else's house, building or car
 - Conning people
 - Stealing non-trivial items (e.g., shoplifting, forgery)
- Serious violations of rules, such as
 - Staying late outside at night despite parental prohibitions
 - Often playing truant from school that starts from before 13 years old
 - Running away from home overnight

Aetiology

The aetiology of CD is complex and involves an interaction of various factors, including the following:

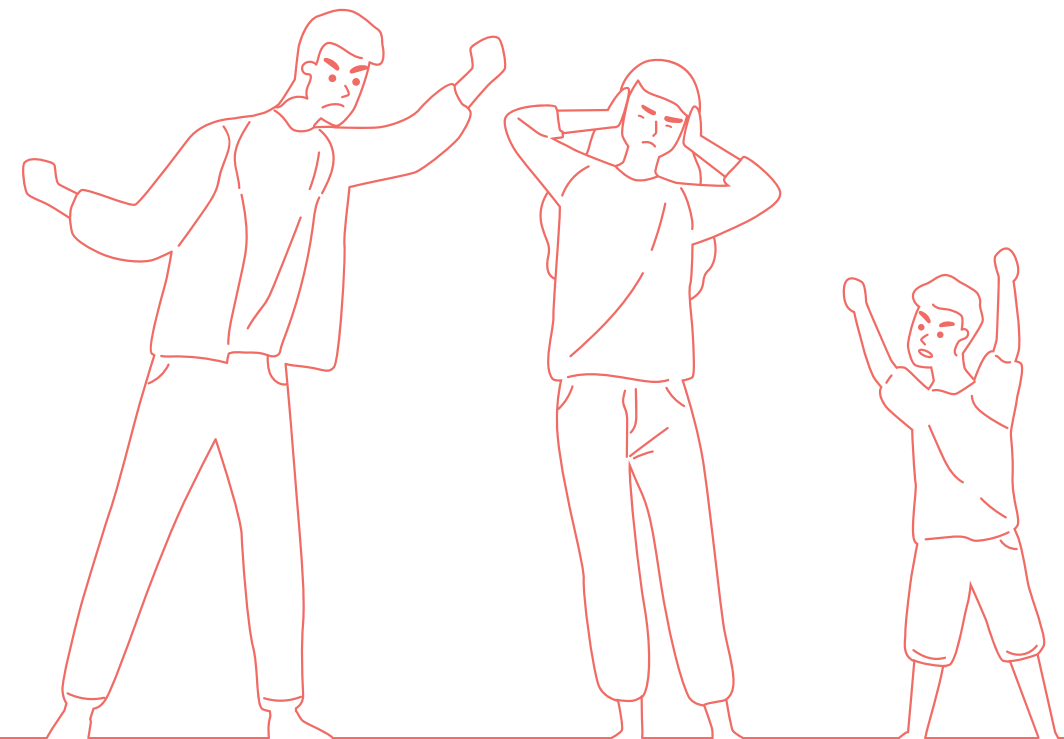
- Neurological
 - Damage to the frontal lobe of the brain that regulates cognitive skills and executive functioning, causing a lack of impulse control, reduced ability to plan future actions and solve problems, as well as poor judgement
- Genetic
 - Family history of mental disorders
- Environmental
 - Inadequate supervision and lack of consistency in discipline in home environment
 - Frequent parent-marital conflicts
 - Domestic violence
 - Family history of substance abuse
 - Lack of family and school support

The “out-of-control” kid: Living with ADHD and its impact on a youth’s functioning

“I could not control myself. I did not think I would be caught...”. Danny* shared his thoughts during the incident as he recounted his sexual offence to the psychologist. He was 14 years old when he was issued with a conditional warning for three counts of sexual exploitation of a minor and two counts of sexual penetration of a minor. As Danny disclosed more about his life, the difficulties he faced growing up with an atypical childhood became evident.

Life as a Child

Danny was diagnosed with ADHD with conduct issues at the age of seven. He was described as an active and difficult child, often getting into trouble for not following the school rules, performing poorly in his studies, running away from home and reacting aggressively when he was angry. His parents felt helpless and struggled to care for him due to competing caregiving, marital and financial needs, and this was made worse by Danny’s poor response to his parents’ attempts to discipline him. Given the deteriorating relationship with his parents, Danny decided to seek companionship and fun with delinquent peers. Soon after, Danny’s behaviours escalated to engaging in group fights and stealing, which further strained his relationship with his family.



* Name and identifiable details have been changed for confidentiality.



Pathway to Sexual Offending

When reports of his parents' use of harsh physical punishment came to light, Danny was placed in a children's home for his safety and rehabilitation. At the young age of 13, Danny had to learn to live apart from his family and adjust to the environment and rules in the various children's homes he was placed in. "I hated my life in the homes. I didn't know what the adults wanted from me," said Danny as he shared about his difficulties complying with the rules. He became defiant against the staff of the homes and often found it difficult to control his anger, reacting in both verbally (e.g. arguing or insulting others) and physically (e.g. throwing objects, punching the wall) aggressive ways. Given the numerous adults that were involved in Danny's childhood, he struggled to form stable and secure emotional bonds with the adults, leaving him feeling lonely and unloved at times. Despite receiving help to manage his emotions and behaviour, Danny's progress was slow due to the amount of support he needed to manage his deficits in attention and his hyperactivity.

As a teenager, Danny experienced increasing sexual urges and did not know how to cope with them using healthy means. After watching a pornographic video with his friends, Danny turned to watching pornography and masturbating daily to cope with his sexual urges. The pleasure derived from the sexual acts provided Danny with a sense of comfort from his troubles and his negative emotions such as stress and loneliness. Eventually, without thinking much about the consequences, Danny engaged in underage sex, thinking he would not be caught.

With all that was happening, Danny's mother felt even less confident to manage her son, and she filed for a Family Guidance Order (FGO) when he turned 15. Danny was subsequently sent to a residential Youth Home, where he had to readjust to another new environment with stricter rules. He continued to break the rules and had problems managing his emotions in the Youth Home. In his dormitory, he was unable to sit still and tended to engage in prohibited activities with his dormmates to keep himself occupied. He often got into verbal arguments with peers and staff due to his tendency to blurt out his thoughts without thinking.



Rehabilitation Journey

Over the next 14 months, various parties came on board to work together to help Danny and his family. Multi-disciplinary team discussions were held regularly to align the team's understanding of Danny's presenting challenges and clarify his rehabilitation goals. This helped provide consistent information to Danny and his family. Taking into consideration his ADHD symptoms, the team also ensured that interventions were given to Danny in a manner that suited his abilities (e.g. breaking tasks into smaller segments to aid his understanding and retention, interchanging activities to sustain his interest, and providing frequent encouragement and rewards). A behavioural management plan for Danny was developed by the team, which included having a consistent routine, consistent enforcement of rules and consequences, as well as rewards for good behaviour. A key factor in shifting Danny's attitudes towards the staff was the staff's persistent efforts to engage him in a nurturing manner, a quality that Danny had not observed in his early caregivers. They provided prosocial modelling (e.g. having respectful conversations with Danny, maintaining calm behaviours during conflicts) and positive encouragements (e.g. praising and rewarding good behaviours) for him to work towards his goals within the Youth Home. Danny recognised and appreciated these efforts and began to respond to them.

Through the Positive Adolescent Sexuality Treatment (PAST) programme, Danny was equipped with a better understanding of healthy sexuality and appropriate boundaries within each type of relationship, as well as the cognitive and behavioural skills to manage his negative emotions, sexual urges, interpersonal conflicts and impulsivity. Guidance was also provided for Danny to make step-by-step plans towards his life goals such as improving his relationship with his family, furthering his education and eventually obtaining employment. This was complemented by the caseworker's efforts to equip his parents with effective parenting skills to enhance their supervision over Danny, enhance the parent-child relationship, and ensure a safe aftercare plan upon his discharge from the Youth Home. Danny went back to his studies in the home, and this gave him hope that he was on the path to achieving his goals. As he progressed, he was also more compliant with his psychiatric medication.

Achievements and Progress

Over time, the collective efforts by the various parties, including Danny himself, paid off and led to positive outcomes. He showed significant improvements in his ability to engage in consequential thinking before acting and manage his anger and frustrations using adaptive means (e.g., cool-off time, deep breathing, positive reframing of his thoughts, use of humour). These resulted in fewer arguments with his peers, reduced incidents of defiance towards staff, and better compliance within the Youth Home. Danny also reported being less fixated on sexual-related matters and was able to replace his offence-supportive thoughts with prosocial thoughts. Notably, the opportunities to set realistic goals for himself and the support rendered to him to achieve small successes increased his overall motivation to work towards his life goals and desist from offending. Currently, Danny has returned to stay with his family and is continuing his education in a local school. He enjoys learning in school, maintains regular attendance and is motivated to do well in his studies. Danny also spends his leisure time after school at a youth engagement facility where he plays games with other peers. Though Danny and his family still face ongoing stressors at home and the journey continues to be challenging, Danny feels more confident in managing himself with the skills learnt, and the family continues to receive support from professionals working with them.



From rejection to reconciliation: The story of a family who learnt to love again

Fourteen-year-old Jerry* started showing aggressive behaviours when he was nine years old. When his requests were not met, he hit tables, shouted vulgarities, and even threatened to hurt his mother with a knife on two occasions. The behaviours deteriorated as Jerry got older to the point where his caregivers could no longer manage him and feared for their safety. He was eventually placed on a protection order when he was 12 years old as there was no one who could take care of him. What followed was a difficult journey from broken relationships to multiple institutionalisations and eventually to reconciliation, but not without Jerry and his family overcoming numerous roadblocks along the way.



* Name and identifiable details have been changed for confidentiality.

Difficult Beginnings

Jerry's parents divorced before he turned one year old. He was mainly raised by his aunt for the first six years of his life while his mother worked and visited several days a week. Jerry was described as an active and impulsive child growing up. His aunt was permissive and usually left Jerry to his own devices. This meant that things like staying up late to watch television shows were a regular occurrence. Seven-year-old Jerry went to live with his mother and stepfather when she remarried. When his mother tried to impose rules and structure, Jerry retaliated even more. His mother and stepfather used physical punishment to discipline him with little effect. Tensions were high in the household, and Jerry resented living with his mother and stepfather. When this happened, Jerry usually went back to his aunt's house, where she would agree to his demands.

The family environment that Jerry grew up in exposed him to permissive and inconsistent parenting when he lived with various family members. This contributed to his thinking that he could get away with anything, even more so when he displayed unruly behaviour. His mother and aunt also shared a volatile relationship due to differences in opinions which resulted in frequent arguments. From early on, Jerry learnt that violence was a normal way to resolve conflicts and get his needs met.

During this time, Jerry was referred to mental health services for his challenging behaviours. He was diagnosed with ADHD and prescribed medication. His ADHD condition contributed to many problems, such as difficulties in paying attention and being disruptive in class, difficulties with relating to peers, and being quick to anger. However, he was not very compliant with taking his medication as he did not like the side effects. At nine years old, he was diagnosed with CD, a behavioural disorder characterised by aggression and law-breaking tendencies. Jerry had a difficult time following rules and behaving in a socially acceptable manner, which was exacerbated when his ADHD symptoms were also not managed with medication.

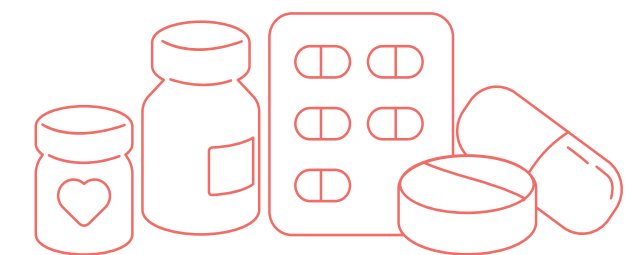
At the age of 12, Jerry went back to live with his aunt as his mother had difficulties looking after him due to stress from her work and marital issues. Approaching adolescence, Jerry's need for independence became more apparent as he tested his boundaries by making greater demands. He also soon used violence against his aunt and once tried to strangle her when he did not get his way. Jerry was eventually admitted to a children's home due to concerns over his care arrangements, following an incident at his aunt's house where he was locked alone in the house.

Behavioural Problems Intensified

Being in a structured environment with clear consequences for misbehaviour was unsettling and unfamiliar for Jerry. Over the next eight months, Jerry was involved in multiple incidents at school, home, and the institution, where he bullied and fought others, committed theft, and absconded from the institution. In an environment where reputation was valued, it appeared that Jerry wanted recognition from his peers but achieved them in unhealthy ways. Since he could not get approval from his family, he sought it out from his peers instead. It also did not help that he had difficulties managing his impulsivity and tended to act without thinking about the consequences.

Subsequently, Jerry was discharged back to his family to attend Functional Family Therapy (FFT), a family-based intervention to support and assist with relationship building and communication. FFT is a short-term intensive programme that addresses the impact of the family's dynamics on individuals' behavioural problems. The programme aims to increase each family members' strengths, impart skills such as managing emotions and communication skills, as well as address relational problems. However, Jerry was not ready to receive help yet. Instead, he involved himself in more challenging behaviours, such as property damage, taking drugs, and stealing, which landed him in trouble with the law. His mother felt that it was no longer safe to have him at home and tried to lock him out of the house. After three months of being out in the community, he was then placed in a more secure institution.

Jerry's initial progress in the institution was poor. He frequently got into fights and arguments with staff and residents. He refused to attend programmes to work on his aggression and found them useless. While things appeared somewhat bleak for Jerry inside the institution, his mother's situation, however, was improving on the outside. She had a supportive partner, stable income and employment, and attended family sessions regularly. She worked closely with the institution's caseworker to keep in close contact with Jerry. She gained greater insight into the impact of her own actions on Jerry and recognised that she was an absent mother figure in his life which likely resulted in Jerry's resentment towards her.



Seeing the Light at the End of the Tunnel

Little by little, Jerry recognised his mother's efforts in reconnecting with him and started to open up more to her. As his relationship with his mother improved, he also slowly connected with the institution's staff members, who fostered his culinary interest. Almost 18 months after Jerry was placed in an institution, his mother finally felt that she was ready to take him back with support. His caseworker worked hard to prepare him to be reunited with his family in the community, such as getting him enrolled into a secondary school, supporting him in finding a part-time job, and further exploring his interest in baking and cooking. Jerry also had support in the form of a befriender from his church who kept in close contact with him and the caseworker.

With all these in place, Jerry was in a position to continue his rehabilitation journey, working closely with his family in the community. FFT also resumed for Jerry and his family, and this time they successfully completed it. The family made significant improvements in managing their emotions, resolving conflicts, communicating and negotiating with each other. There was a drastic change in the way Jerry and his mother communicated; instead of harsh words and vulgarities, they used more caring language with each other. His mother found more opportunities to praise him for positive behaviours, while Jerry shared more personal matters with her and was receptive to her instructions. He also actively informed his mother about his whereabouts and kept to his curfews. It was no small feat that the use of physical aggression within the family had significantly reduced, but perhaps more notably, Jerry's relationship with his mother was now stronger than ever.

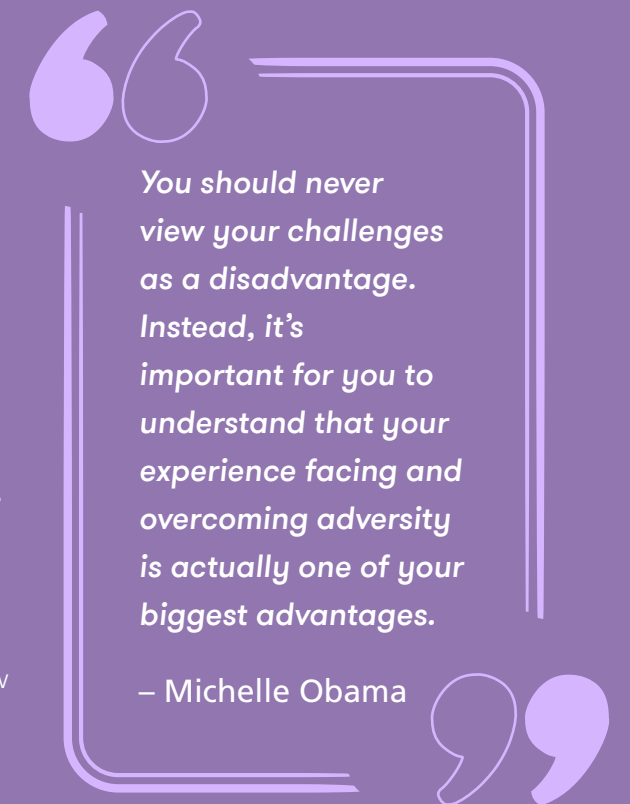
The environment, especially family support, and efforts from each individual played a huge role in Jerry's progress. The environmental changes helped reduced the behavioural challenges typical of CD and ADHD. His mother could now mete out consistent consequences, set clear expectations, and communicate in a calmer and more effective way. Jerry also learnt strategies to manage his impulsivity which helped him to work towards his life goal of becoming a chef. He and his family would still need to work hard to ensure that he abides by all the conditions of his recent probation order for the offences committed prior to and during his institutionalisation. Although Jerry's family still faced challenges along the way – after all, adolescence is never an easy period for any family – they were now equipped with the skills to tackle the challenges head-on.

Chapter 4

“I’m in a Difficult Situation” in My Immediate Environment

Key Insights:

- Maltreatment during childhood increased the likelihood of youth offending and predicted chronic youth offending.
- Youth offenders from families with criminality and poorly managed families were more likely to offend at a younger age and reoffend at a higher and quicker rate.
- Adverse family background, such as non-intact family structure and family criminality, was associated with a higher risk of youth probationers continuing to show moderate-to-high risk.
- On the other hand, youth probationers with high family supervision were 4.47 times as likely to complete probation as compared to those with low family supervision.
- Adverse childhood experiences were a risk factor for substance abuse among youth offenders.



– Michelle Obama

Chapter at a Glance

- Childhood Maltreatment
- Family Criminality
- Family Disruptions





Chapter 4 widens our focus from the individual youth offender to his/her family environment. The previous chapter showcased some mental health conditions commonly seen in youth offenders, suggesting that youth offending may be in part due to one's personality traits (West & Farrington, 1973) and neurobiology (Blair, 2013). Notwithstanding these individual factors, numerous studies also emphasised the significance of environmental factors in affecting the likelihood of youth offending (Beyers, Bates, Pettit & Dodge, 2003). In particular, family background and environment were shown to be strong predictors of youth offending and recidivism (Cottle, Lee & Heilbrun, 2001; Farrington, 2015; Chu et al., 2015). This chapter outlines the key familial contributors to youth offending behaviour based on recent studies conducted by the Ministry of Social and Family Development (MSF) and the National Council of Social Service (NCSS). As you read this chapter, we invite you to consider how existing preventive and rehabilitative measures involve the family of youth offenders.

Childhood Maltreatment

Research showed that maltreatment⁸ during childhood increased the likelihood of youth offending and predicted chronic youth offending (Ryan & Testa, 2005; Lansford et al., 2007).

- Recent studies suggested that **neglect** had the greatest effect on youth offending and delinquency (Jonson-Reid & Barth, 2000; Smith et al., 2005). Neglect in infancy or early childhood was thought to affect children's ability to form secure and healthy attachments, which then led to cognitive impairments that might potentially culminate in behavioural problems and offending (Heide & Solomon, 2004).
- Children who suffered from **physical abuse** were also more likely to engage in delinquency (Grogan-Kaylor et al., 2008) and particularly violent offences (Dutton & Hart, 1992). This might be due to social modelling of violent behaviour from the physical abuse (Bandura, 1986).
- In addition, children suffering from maltreatment often faced **more than one form of maltreatment** at the same time, worsening their disadvantage and increasing their overall likelihood of youth offending.



Key Types of Childhood Maltreatment

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

⁸ World Health Organisation defines child maltreatment as the abuse and neglect of children under the age of 18. This includes all forms of abuse and exploitation that would lead to actual or potential harm to the child, by individuals in the position of power, trust or responsibility in relation to the child.

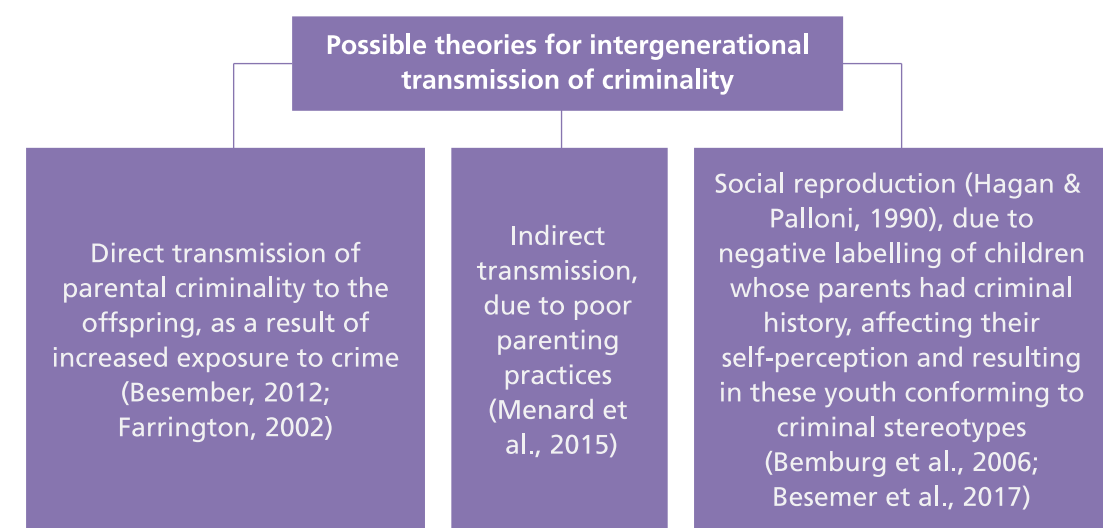
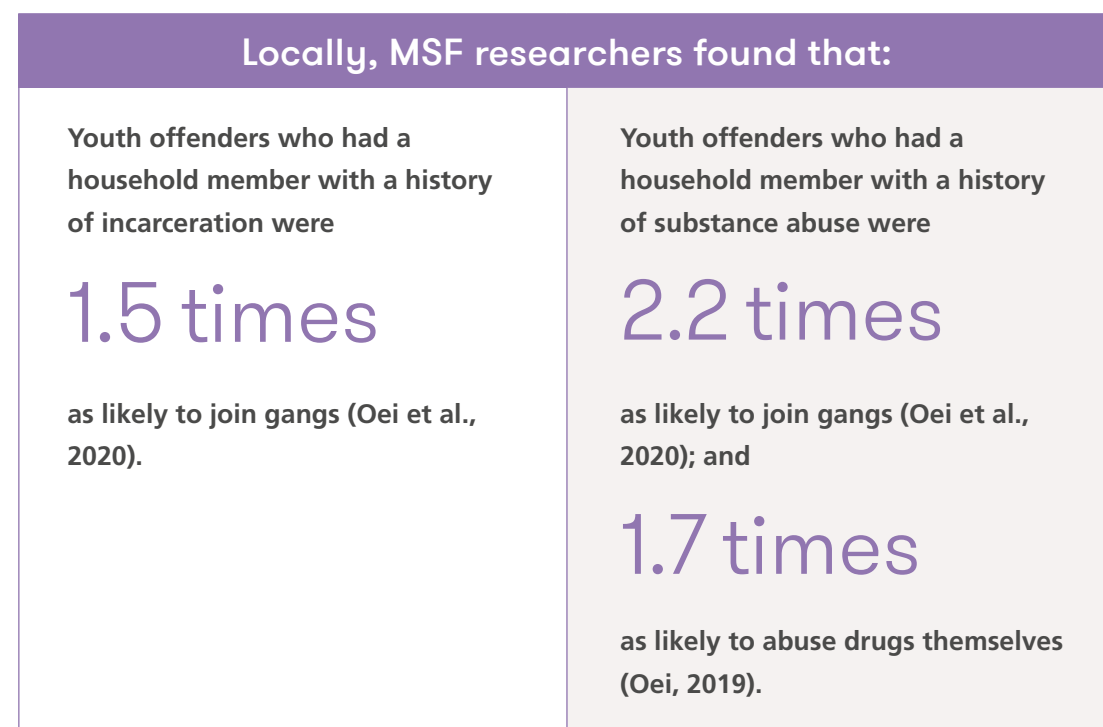
In a study conducted by MSF (Li et al., 2015), researchers examined a sample that comprised mostly youth offenders on community supervision and in youth correctional institutions from 2004 to 2008 (n=3,744). The key research questions and findings of the study are summarised in the table below.

Research Question	Finding
Did youth offenders who experienced childhood maltreatment differ from those who did not in terms of their background characteristics?	<ul style="list-style-type: none"> • Youth offenders with childhood maltreatment history were more likely to come from families with familial or parental problems.
Did childhood maltreatment contribute uniquely to recidivism?	<ul style="list-style-type: none"> • Youth offenders with a history of childhood maltreatment were <h1>1.38 times</h1> <p>as likely as those without to reoffend within 7.4 years, after controlling for other familial and parental issues.</p>
Was the Youth Level of Service/ Case Management Inventory 2.0 (YLS/CMI 2.0) effective for calculating the youth offenders' risk of recidivism?	<ul style="list-style-type: none"> • YLS/CMI 2.0 was insufficient for assessing the risk of recidivism among youth offenders who experienced childhood maltreatment. • Specifically, the recidivism rates of maltreated youth offenders with low or moderate risks of reoffending, were comparable to that of non-maltreated youth offenders with high risk of reoffending. • Therefore, case workers should also take into consideration other information when assessing the overall risk for youth offenders with a history of childhood maltreatment.

These findings suggested that children who experienced abuse or neglect should be supported with preventive intervention for at-risk behaviours, and youth offenders who had a history of childhood maltreatment should be given more attention during their rehabilitative process (Li et al., 2015).

Family Criminality

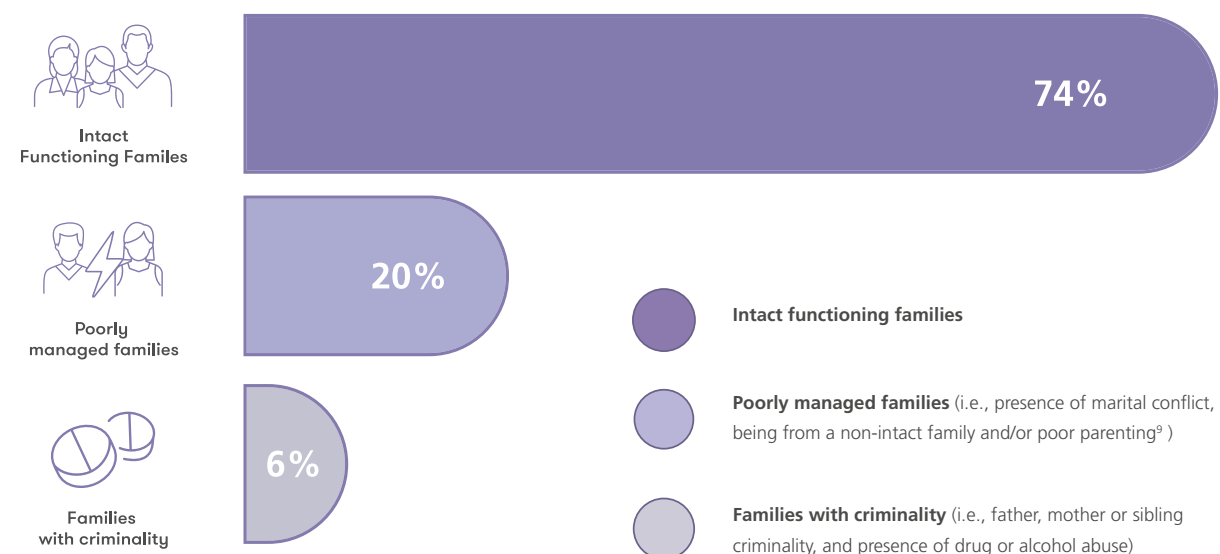
The criminality of family members (e.g., father, mother, sibling) was another major familial risk factor in youth offending. Children of convicted parents were found to be at a higher risk of offending themselves (Thornberry, 2009; Bijlaved & Wijkman, 2009; MSF & NCSS, 2020).



Criminality of other family members was also often associated with a youth's likelihood of offending. For instance, criminal behaviour of siblings was found to be a strong influence on youth's likelihood of falling into delinquency. As with parental criminality, this might be due to social learning such that these youth learnt from or even co-offended with their siblings, and eventually committed offences themselves (Beijers et al., 2017). Especially with siblings who were close in age, this presented a potential problem of mutually reinforcing relationships as they took turns to set examples for each other in terms of criminal behaviour. Other family members whose criminality had shown to have significant influences on the likelihood of youth offending included uncles, aunts, and grandparents (Farrington et al., 2001).

MSF used the same sample of 3,744 youth offenders on community supervision and in youth correctional institutions to explore the relationship between family criminality/functioning and youth offending (Chng et al., 2016). Using the YLS/CMI 2.0 and family factors coded from case file reviews, the analyses revealed three groups based on their family characteristics:

Family Type



Among these youths, those from intact functioning families had the latest onset of offending behaviour and lowest rate of recidivism. It is heartening to note that most youth offenders fall into this category. However, youth offenders from families with criminality and poorly managed families were more likely to offend at a younger age and reoffend at a higher and quicker rate.

Youth offenders from families with criminality and poorly managed families were more likely to offend at a younger age, and reoffend at a higher and quicker rate.

⁹ Poor parenting was assessed by six measures: adequacy of supervision, difficulty of parent to control child's behavior, appropriateness of discipline, consistency of parenting, hostility of parent-child relations, and distance of parent-child relations.

Family Disruptions

Another study conducted by MSF showed similar findings (Xu et al., 2020). This study used a sample of 935 youth probationers who were discharged between 2014 and 2015. Based on their risk profiles at the start and the end of the probation period, the youth were categorised into three groups:

Risk Profile Changes	Percentage of Sample
De-escalators who showed reduced risk in at least one domain of the YLS/CMI 2.0 over time	59%
Persistors who continued to show moderate-to-high risk in most domains	37%
Escalators who showed increased risk in at least one domain over time	4%

The findings showed that adverse family background, such as non-intact family structure and family criminality, was associated with higher risk of being persistors. While important, this study did not have sufficient data to explore how these family characteristics influence the risk profiles of these youth probationers, which warrants further research.

In another study involving a sample of 701 youth offenders, MSF researchers found that family supervision was the strongest protective factor that encouraged probation completion, among all the risk and protective factors recorded and tracked by MSF (Li et al., 2019). Youth probationers with high family supervision were 4.47 times as likely to complete probation as compared to those with low family supervision. Additionally, positive relationship with parents may boost the effect of family supervision. Among youth probationers with high family supervision, those who had a positive relationship with their parents were 3.06 times as likely to complete probation as compared to those who had a poor relationship with their parents.



Jervin (former youth offender) (middle) completed his rehabilitation programme at the Singapore Boys' Home with support from his family (left) and caseworker (right)

The findings showed that adverse family background, such as non-intact family structure and family criminality, was associated with higher risk of being persistors.

Youth probationers with high family supervision were 4.47 times as likely to complete probation as compared to those with low family supervision.

Adam

Adam was 18 years old when he started to associate with bad company, getting into fights and experimenting with drugs. At 19, he entered into a relationship with a girl. His parents disapproved of the relationship. Adam felt his parents were too controlling. He kept them in the dark and continued with the relationship. He even stayed away from home for almost five months to be with his girlfriend. His relationship fell apart after he threatened and assaulted his girlfriend for money. He was charged in court for the assault of his girlfriend and placed on 18 months of probation.

Adam thought he was ready for a fresh start when he was placed on probation. However, the challenges of complying with his probation conditions, compounded by the discovery of his ex-girlfriend's pregnancy and being denied access to his child upon the child's birth, took a toll on Adam. He returned to drugs to cope. As a result, action was taken against Adam in court and he had additional probation conditions imposed on him, such as weekly urine tests, drug counselling and a court-ordered review.

Adam's parents recognised the importance of their involvement in supporting Adam in his rehabilitation journey so that he could make and sustain positive changes. With guidance from Adam's Probation Officer, Adam's parents stepped up their involvement to provide a supportive

and conducive home environment for him to manage his stressors and responsibilities. While they reminded and supervised his compliance with probation conditions, they also supported him emotionally. Adam's parents actively looked for faith-based counselling centres for him to receive help to prevent him from reverting to drug abuse and planned weekly family activities with their extended family to keep Adam engaged.

Largely because of his family's efforts, Adam became motivated to turn his life around and took his probation seriously. He cut contact with his negative peers and focused on doing well in National Service. Adam went on to secure a full-time job and received strong support from his supervisors and colleagues. The stability at home and support from his family and the community helped Adam complete his probation successfully.

He shared that his experience on probation and the support he received gave him the courage to leave his past behind and build a new life for himself. Even though Adam was still denied access to his child, he did not give up hope. He also realised the importance of a healthy family environment and endeavours to provide the same for his future family.



Recently, MSF and NCSS found a positive relationship between adverse childhood experiences and drug abuse among youth (Oei et al., 2021). Specifically, researchers looked at 790 youth offenders from an ongoing local longitudinal study on youth offenders. The findings revealed that youth offenders who had more and frequent adverse childhood experiences were more likely to have consumed alcohol or illicit drugs and to consume these substances frequently, and more likely to have started taking these substances at a younger age and have a stronger dependency on drugs. In all, it appeared that adverse childhood experiences were a risk factor for substance abuse among youth offenders, so it was important to identify children and youth who had experienced childhood adversity early, to provide preventive interventions upstream.



The findings revealed that youth offenders who had more and frequent adverse childhood experiences were more likely to have consumed alcohol or illicit drugs and to consume these substances frequently, and more likely to have started taking these substances at a younger age and have a stronger dependency on drugs.

- Adverse Childhood Experiences**
- Presence of substance abuse, mental disorders, incarceration and/or violence within the family
 - Parental separation
 - Childhood maltreatment (i.e., emotional abuse, physical abuse, sexual abuse, neglect)
 - Community violence
 - Bullying



- Examples of Family Disruptions**
- Absence of both parents due to either death or separation
 - Absence of a loving mother
 - Parental conflict
 - Arrival of stepparents

These studies conducted by MSF and NCSS aligned with overseas research on delinquency and youth offending, which identified family disruptions as a significant familial risk factor. Children from disrupted families might have a higher risk of delinquency and offending because separation from their parents had affected their ability to form healthy and secure attachments with their parents. The insecure attachments hindered social and emotional development, which then increased the risk of offending (Ward, 2002).

Even when the attachment to parents stayed secure, family disruptions might still affect how the family communicated, resolved conflicts and stayed connected. Affected children might exhibit increased behavioural problems as they externalised their negative feelings towards others, such as through offending behaviour (Suarez-Orozco et al., 2011; Small & Covalt, 2006; Buehler et al., 2007).

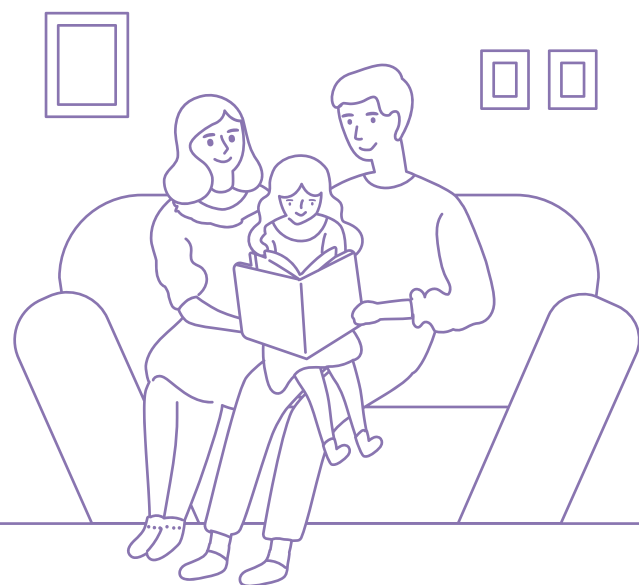
Sherry

Sherry first came to know about Fei Yue's Youth GO! programme in 2016 when she was a Secondary 3 student. She was hanging out with her friends at a void deck at Teck Whye, when Youth GO! workers approached them. The Youth GO! workers discovered that Sherry had some domestic issues which pushed her to spend more time on the streets with her friends. On top of that, Sherry also had poor school attendance. At one point, she ran away from home and stayed at her friend's place. Sherry's mother could not persuade her to return home and felt at a loss. She sought help from the Youth GO! worker whose name card Sherry had provided her previously.

The Youth GO! worker above provided casework and counselling service for Sherry and her parents during this period. Sherry returned home eventually, and the father-

daughter relationship was reconciled, after various sessions of individual and family counselling.

Sherry and her father began making efforts to communicate and understand each other. From being someone who refused to go home and attend school, Sherry gradually changed and learnt to follow the curfew set by her parents and attended school regularly. She even took on a part-time job to become self-sufficient financially and lessen her family's financial burden. Sherry reported having positive experiences with the Youth GO! workers, and continues to take part in Youth GO! events till this day. As she enjoys cooking, she would occasionally visit the Youth GO! office with her friends to cook and bake. Sherry hopes to further her studies after the Institute of Technical Education and to work in the hospitality sector in future.



Importance of Family Environment

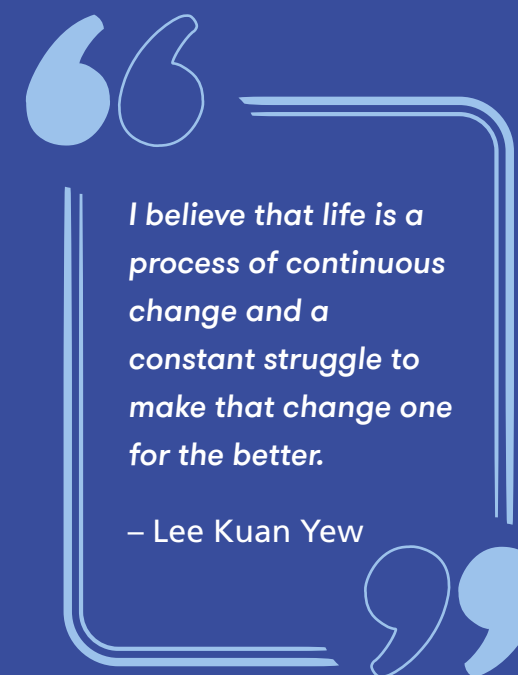
The studies mentioned above point towards the crucial contribution of the family environment to youth offending. Specifically, childhood maltreatment, family criminality and family disruptions had shown to be major risk factors. We should also bear in mind that in reality, usually more than one risk factor is present, as found in the study conducted by Chng and colleagues (2016). These risk factors might even interact with one another such that it is difficult to pinpoint a sole factor that contributed to the increased likelihood of youth offending (Farrington et al. 2016). To effectively tackle the issue of youth offending, we need to look beyond the individual youth and consider family-involved interventions during the prevention and rehabilitation processes. Some existing local programmes (e.g., probation, Youth Enhanced Supervision [YES] scheme) required parents to be involved in the therapy sessions. We should consider whether other programmes could similarly require the partnership of the family to reduce youth offenders' risky behaviours and strengthen their competencies.

Chapter 5

“I’m in a Difficult Situation” in My Larger Environment

Key Insights:

- The key challenges arising from the Circuit Breaker period in 2020 due to the COVID-19 pandemic included: the switch to online learning and support services for youth; financial difficulties for many Singaporeans; and increased risk of family violence for some.
- In response, the government worked with agencies and individuals to roll out a suite of support measures for youth’s educational, mental health and well-being, financial and family needs.



I believe that life is a process of continuous change and a constant struggle to make that change one for the better.

– Lee Kuan Yew

Chapter at a Glance

- Challenges from the Circuit Breaker Period During the COVID-19 Pandemic
- Support Made Available
- Moving Forward, Emerging Stronger





Chapter 5 takes a broader view by considering the larger societal environment that our youth offenders live in. In particular, this chapter discusses the challenges that our youth faced during the Circuit Breaker period in 2020 because of the COVID-19 pandemic, and the support that was made available in response to these new challenges. These challenges had persisted, albeit in a less pronounced way, when there were tight safe management measures in place later, to minimise the spread of COVID-19. We close this chapter by inviting readers to consider how we can make use of the learning points from this pandemic, to strengthen support for and outreach to youth-at-risk and youth offenders.

Challenges from the Circuit Breaker Period During the COVID-19 Pandemic

COVID-19 was re-categorised from an epidemic to a pandemic by the World Health Organization in March 2020, and Singapore entered a two-month Circuit Breaker period in April and May 2020. During this period, Singapore residents were not allowed to leave their homes unless it was absolutely necessary. Even when Singapore transitioned to Phase 1 and then Phase 2 in June 2020, social activities were limited and many continued to stay at home.

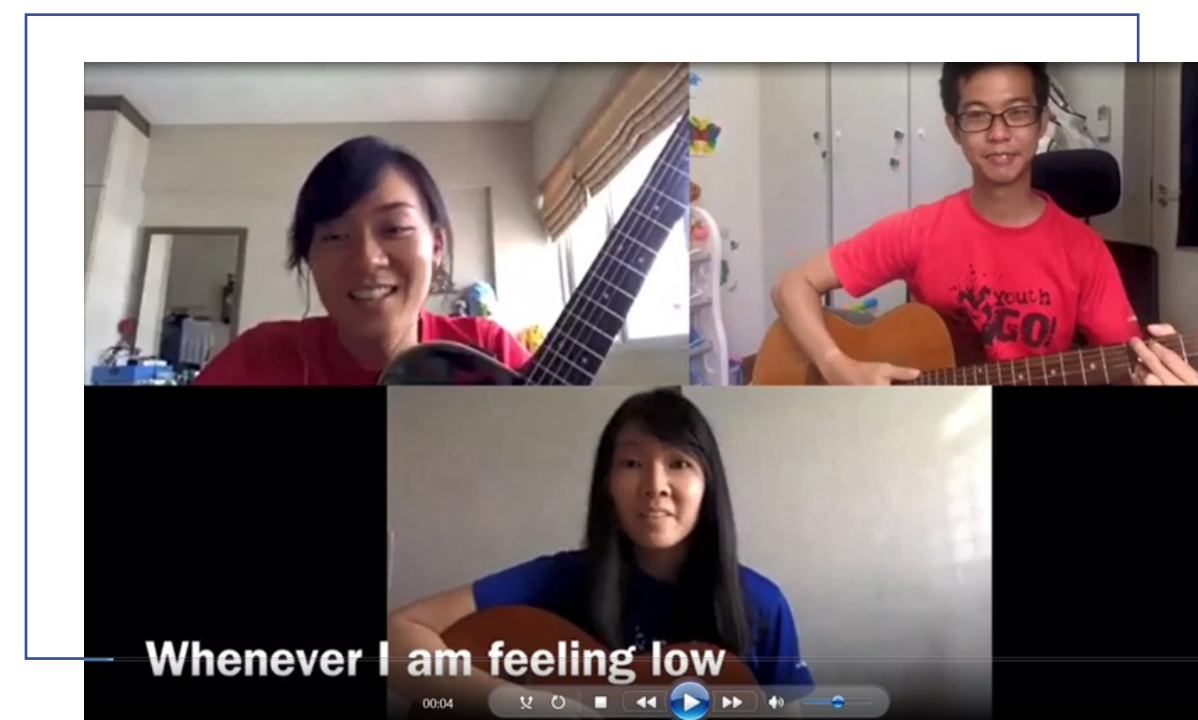
Online Learning and Support Services for Youth

During the Circuit Breaker period, physical lessons in schools were transitioned to online learning, and co-curricular activities and other milestone events (e.g., orientation programmes and graduation ceremonies) were suspended and moved online where feasible. In Institutes of Higher Learning, internships and overseas exchange programmes were also disrupted. Teachers and students adjusted to the new routines and picked up new skills and tools to navigate this new virtual learning environment. However, students' disengagement from peers and school remained an area of concern.

The increased use of technology during the pandemic also meant that there was greater exposure to cybercrimes. In fact, the Cyber Security Agency of Singapore reported that more than twice as many malicious phishing URLs targeting Singapore took place then (Tham, 2020). When Home-Based Learning (HBL) was first rolled out during the Circuit Breaker period, an online lesson conducted by a Secondary One teacher locally was hijacked by perpetrators to show obscene pictures and make sexual remarks to the attending students (Baharudin, 2020). The Ministry of Education (MOE) then acted swiftly, temporarily suspending the use of the teleconferencing platform Zoom, and reiterated the security protocols that needed to be strictly followed at all times to ensure a safe learning environment for students.



During this period, face-to-face preventive and rehabilitative programmes for children and youth, such as home visits and physical therapy sessions, were also suspended, except for those with moderate to high needs. Most of the other community-based preventive and rehabilitative programmes, including outreach to youth-at-risk, conducted by public agencies and Social Service Agencies (SSAs) were similarly migrated to remote means. Group sessions only resumed in Phase 2, albeit with safe management measures in place. This meant that for youth with mild needs, their rehabilitation process was disrupted during the most severe phase of the pandemic situation in Singapore.



Virtual Engagement by Youth GO!

Financial Difficulties

The pandemic triggered a sharp drop in tourism-specific and domestic consumption in our economy, decreased overseas demand for our exports, and a slowing down of other industries such as construction due to the economic downturn. As a result, many Singaporeans lost their jobs or were asked to go on no-pay leave or switch to part-time work arrangements. Approximately one-third more families in Singapore experienced the stresses of financial difficulties in 2020, compared to 2019 (Tham, 2020). Yet, it was also during this difficult period when Singaporeans pitched in to help one another and gave about \$100 million to COVID-19-related causes through the Community Chest, the Sayang Sayang Fund and Giving.sg from January to August 2020 (Tan, 2021).

Increased Risk of Family Violence

The resulting social isolation brought about greater family bonding for some, as the family spent more time together. For others, this social isolation might have created new tensions or intensified tensions they were already experiencing before the Circuit Breaker period. The Singapore Police Force (SPF) and the Ministry of Social and Family Development (MSF) reported an increase in police reports filed for offences commonly associated with family violence (Iau, 2020) and enquiries in domestic violence (Channel News Asia, 2020), respectively, during the Circuit Breaker period.

Specific to children, MSF's Child Protective Service (CPS) received about one-third more enquiries in 2020 compared to 2019. These calls included general enquiries that may not involve actual incidences of violence. The number of cases investigated by CPS increased by about 20 per cent in 2020, in line with the increase in enquiries. This was mainly due to an increased number of referrals from CPS' partners in the community. It appeared that during the pandemic, more children potentially needed help and support from social services.

Support Made Available



Educational Support

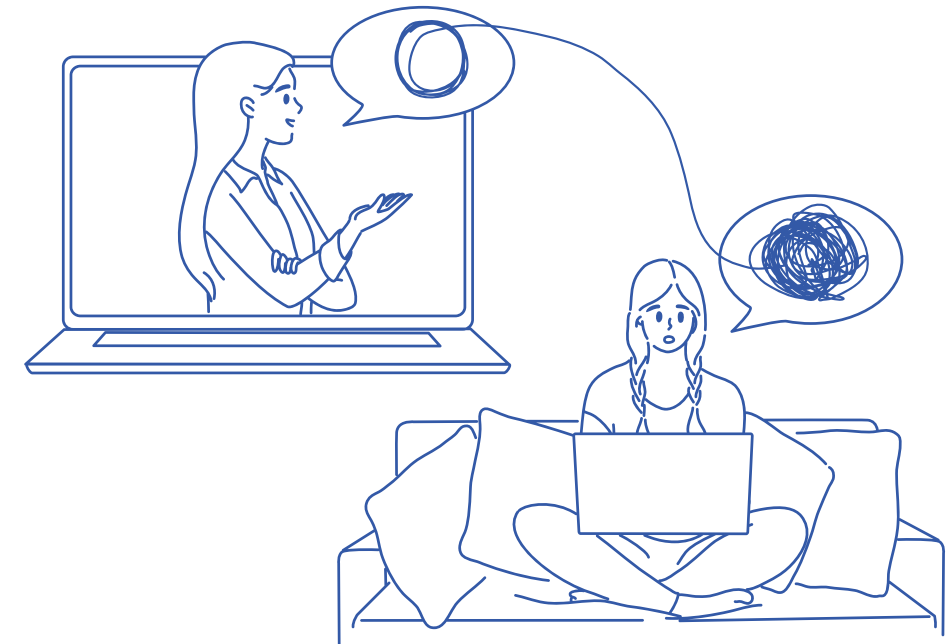
One of the greatest worries of educators when the Circuit Breaker period started was students' potential disengagement from learning when lessons were conducted online – especially for those who did not have learning devices and/or Internet access at home. To support full HBL for students with device and internet accessibility issues, MOE implemented these measures:

- Loaned more than 20,000 computing devices and 1,600 internet-enabling devices for students who needed them for HBL;
- Worked with Infocomm Media Development Authority (IMDA) on facilitating students' applications for the NEU PC Plus programme, which provided students from low-income households the opportunity to own a new computer, and
- Helped connect students needing digital access to donations and support from community partners and external organisations.

To support students who required supervision (e.g., lack of care arrangements because both parents were essential workers), lacked a conducive home environment and/or required closer monitoring, schools and Student Care Centres were kept open with limited services.

Mental Health and Well-Being Support

Teachers proactively looked out for their students' well-being and learning needs during the HBL period and worked with parents to understand their students' progress at home. Students were also encouraged to be peer supporters and watch out for the well-being of their friends. Lessons were also conducted using resources provided by MOE, to address students' immediate concerns (e.g., strengthening peer support, transitioning back to school, addressing test anxiety, managing negative thoughts and finding personal sense of hope and optimism).



Special attention was paid to vulnerable students. Teachers, school counsellors and student welfare officers actively engaged this group of students through text messages, phone calls, and video calls, in addition to contact time in school for those who returned to school during this period. Schools also tapped on community resources to enhance the engagement of students during the HBL period. For instance, community partners and volunteers provided tele-befriending programmes, online tuition sessions and online reading programmes to students who needed them. These helped ensure that students, including those at greater risk of dropping out or disengagement, continued to receive support and intervention during this period. There was anecdotal feedback that the regular check-ins by school staff facilitated a better understanding of the students' needs, and some students with absenteeism issues responded positively when contacted via remote channels. It was also encouraging to see that some vulnerable students were keen to return to school after the Circuit Breaker period, because they missed their friends and the co-curricular activities.

In addition to the suite of support available in schools, MSF set up the National CARE hotline to provide psychological and emotional support to all Singaporeans affected by COVID-19-related stress. This was supported by 500 psychologists, counsellors, social workers and other public servants from more than 50 public agencies, who stepped up to support this national effort in addition to their usual workloads. In less than three weeks, the hotline had received more than 6,500 calls. The top issues that surfaced were anxiety, the need for emotional support, concerns over finances and marital disputes. These resources provided much needed mental health support for our children and youth and their families as they navigated the challenges brought on by the pandemic.

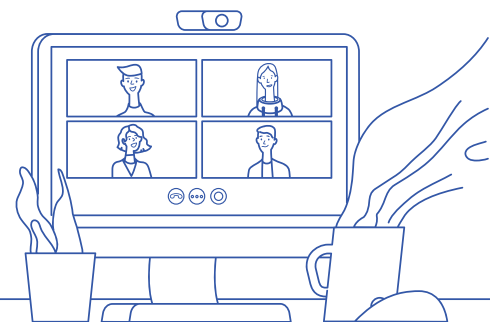
Financial Support

In response to the financial difficulties faced by many Singaporeans during the pandemic, the Government rolled out a suite of financial support measures¹⁰. Over the full HBL period and May holidays, MOE also worked with The Straits Times School Pocket Money Fund and the Community Foundation of Singapore's Recess@Home programme to continue providing meal subsidies to students from low-income families. These measures helped to reduce the financial stress on low-income families.



Family Support

To promote family bonding during this pandemic, Families for Life, a people-sector Council that aimed to build strong and resilient families, rolled out virtual programmes to provide tips on parenting, engaging with children and family bonding during the Circuit Breaker period. The public service also worked with community partners to step up public awareness of family violence through various media, so that families were more aware of prevention and reporting of family violence issues. For instance, MSF partnered with religious organisations such as the Islamic Religious Council of Singapore (Muis) and the Presbyterian Church in Singapore to conduct training on family violence awareness (Goh, 2020). MSF also partnered with Unity pharmacies to train their pharmacists to detect signs and symptoms of family violence during consultations.



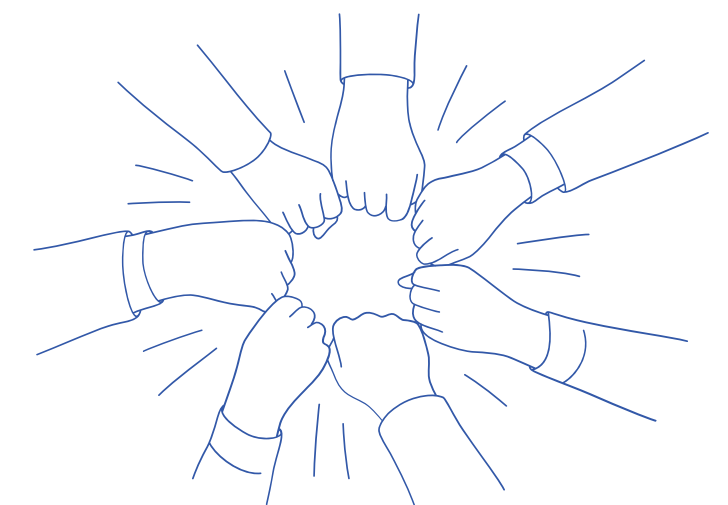
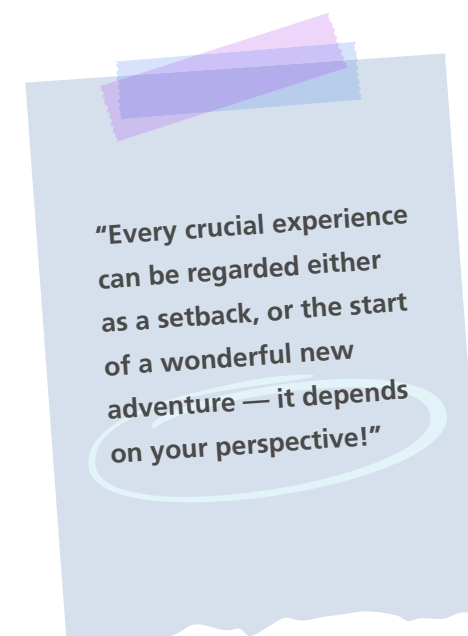
¹⁰ These included the Temporary Relief Fund, the COVID-19 Support Grant, the Courage Fund scheme for lower-income households affected by COVID-19, Self-Employed Person Income Relief Scheme, COVID-19 Recovery Grant, and greater flexibility in ComCare and preschool subsidies.

Moving Forward, Emerging Stronger

The COVID-19 pandemic might have brought about new challenges, but it also surfaced opportunities: opportunities to improve our youth's digital informational skills; opportunities for agencies to broaden their service delivery models; and opportunities for the public sector to partner organisations and individuals in new ground-up community support and partnerships to meet emerging needs from our youth-at-risk and youth offender groups. Through the knowledge we have acquired from this experience, we can leverage these opportunities and our learning points to emerge stronger than before. Below are some questions we can specifically ask ourselves as we move forward in our fight against COVID-19 or even other disruptions:

- How can we strengthen the social-emotional resilience of our youth, so that they are better equipped and ready to face the challenges of a dynamic future?
- How should we tap on the potential of remote means of engagement to reach out to at-risk youth profiles that might be traditionally harder to engage, such as out-of-school youth and hidden youth?
- How should we redesign interventions for children whose parents were not available to send them to programmes, such as children of incarcerated parents?
- How can we harness the increased use of online learning platforms among our children and youth, to forge positive virtual communities and friendships that could reduce negative influences in the lives of youth-at-risk and youth offenders?
- How should we encourage public-private-people collaborations to continue, such that the community as a whole takes ownership of societal issues, including youth presenting at-risk or offending behaviours?

We close this chapter with a quote by American author Mary Roberts Rinehart: "Every crucial experience can be regarded either as a setback, or the start of a wonderful new adventure — it depends on your perspective!" Our society can collectively make this setback of a pandemic the best comeback for our children and youth.



Conclusion

It is heartening that the number of youth offenders had fallen by 43.3% in the past decade. However, we should be concerned that there continued to be a large number of youth drug abusers and that youth sexual offences appeared to be on a rising trend. Public agencies will continue working together with their community partners to offer a range of interventions from prevention to diversionary, to rehabilitation, to post-care, in the hope of stemming youth offending and reoffending.

In addition to reducing these negative risky behaviours, we should collectively expand our perspectives to consider how we can encourage positive behaviours among our youth-at-risk and youth offenders, and how we can equip them to navigate the challenges they may face at home or in society. When we view our youth-at-risk and youth offenders as valuable and valued members of our society with the ability to contribute to our greater good, we are better positioned to support the positive diversion of our youth-at-risk and the rehabilitation of our youth offenders, thereby boosting the downward trend of youth offending.



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¹¹ All hyperlinks were intentionally removed from the report.

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