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MEDIA RELEASE

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PARENTING SUPPORT PROGRAMME HELPS PARENTS OF CHILDREN WITH DEVELOPMENTAL NEEDS COPE BETTER

Positive outcomes from pilot programme to empower parents

5 June 2013, Singapore: A community-level education programme for parents of children with developmental needs has achieved significant positive shifts in coping abilities, as parents and caregivers report feeling less hassled, stressed, depressed and anxious after attending the programme. Interim findings from a three-year pilot programme, Temasek Cares – IMPACTT (Involving and Motivating Parents And Caregivers Through Training), showed that these parents express greater confidence and satisfaction with managing their child, and also note improvements in their child's behaviour. These findings were maintained three months after completion of the programme.

The pilot programme is led by KK Women's and Children's Hospital's Department of Child Development (KKH DCD) and supported by a grant from Temasek Cares, which allows for the training to be extended to parents and caregivers at a highly subsidised rate and for research to be carried out on its effectiveness in Singapore.

Introduced in January 2011 and reported by media a couple of months later, the programme delivers a parenting support course called "Signposts for Building Better Behaviour" (Signposts) to parents and caregivers of children with developmental needs. The course has been developed by Parenting Research Centre (PRC), Australia, and is imparted through facilitators from KKH DCD as well as community partners including EIPIC¹ Centres and Voluntary Welfare Organisations (VWO). The training of facilitators from EIPIC centres and VWOs is funded and supported by the National Council of Social Service (NCSS) with the VWO-Charities Capability Fund.

Signposts is an evidence-based course, designed to equip parents and caregivers with skills and strategies to understand their child's difficult behaviour, develop specific strategies to better manage them effectively and prevent further development of behavioural concerns.

¹ Early Intervention Programme for Infants and Children

Over the first two years of the pilot in Singapore, 108 runs of the course have been conducted, reaching over 1,500 parents/caregivers and over 1,000 families. The course is delivered in small group settings, with a ratio of one trained facilitator to parents/caregivers of five children. It spans five weekly sessions, with each session comprising up to two-and-a-half hours of parent training and discussions. The programme aims to help 1,500 families in Singapore over the complete three-year period. Parents and caregivers referred for the programme receive subsidies for the course fees through the Temasek Cares – IMPACTT programme.

In a study between January 2011 and August 2012, a total of 1,021 participants were administered three questionnaires to evaluate the programme's impact on parenting experience and children's behaviour. The measures were assessed across three time-points, i.e. before starting the course, immediately after completion, and then again three months later. 98.5 percent, 69 percent and 37.3 percent of the participants completed the pre-intervention, post-intervention and follow-up questionnaires respectively. In addition to a detailed data analysis to assess parental response to the programme in general, a repeated measures analysis was undertaken for the 330 participants who completed all three questionnaires.

The study, conducted by KKH DCD and funded under Temasek Cares – IMPACTT, revealed a broad range of positive outcomes on measures relating to both children and parents. The greatest impact was seen in increasing parents' and caregivers' sense of parenting efficacy and parenting satisfaction, reducing daily hassles in parenting, and reducing children's self-absorbed behaviours. Parents rated themselves as significantly less hassled across the three time-points, both in terms of aspects of child behaviours, as well as parent characteristics. This suggests that the skills and strategies imparted through the parenting support programme were effective in helping parents better manage their own expectations and their children's difficult behaviour, as well as various other aspects involved in parenting. *[Please refer Annex A – Repeated measures comparisons across three time-points (pre-, post-, and follow-up data)]*

When rating their child's behaviours, parents reported a drop in ratings of non-compliance and disruptiveness across time. This could possibly reflect actual improvement in the child's behaviour across time, or again relate to the parents' perception of being better able to handle their child's difficult behaviours. The disruptiveness scale measured aspects of the child's behaviour such as temper tantrums, impulsivity, aggression such as kicking or hitting others, over-activity and being attention-seeking. These are some of the behaviours typically discussed in the parenting support programme.

The study also revealed some noteworthy indicators and comparisons with regard to attitudes and involvement of mothers and fathers, when it comes to children with developmental needs in Singapore. From score comparisons, it appeared that before attending the programme, mothers were more highly stressed and reported higher levels of

depression than fathers. They also reported themselves as being less satisfied with their parenting role, and rated their children higher in terms of disruptive behaviours. This might suggest that women are more prone to be affected by their child's behaviour problems.

Sharing these findings at a media briefing, Ms Dorcas Yap, lead investigator of the study and Senior Psychologist, KKH DCD said: "These findings in Singapore reflect an encouraging outcome compared to those observed in a similar study on "Signposts for Building Better Behaviour" conducted in Australia². Our data reflected relatively larger effect sizes, suggesting higher levels of effectiveness of the programme among Singapore parents."

The number of fathers involved in attending the programme was also encouraging, with 36 percent of programme attendees in Singapore being fathers – twice as many noted in Australian data. "This bodes well, especially with recent meta-analysis of outcomes of fathers' involvement in parent training programmes, which indicate that significantly more positive changes in children's behaviour and parenting practices are reported immediately following a parent training programme involving fathers³," Ms Yap added.

Associate Professor Lim Sok Bee, Head and Senior Consultant, KKH DCD, shared that "each year KKH sees over 2,300 children diagnosed with developmental difficulties. The parental stress experienced can adversely affect not only the parents, but also their children. Our primary intent in piloting this parent support programme has been to equip parents with skills to manage their child's difficult behaviours before any of them escalate to a level that may require intervention by specialists."

Assoc Prof Lim added that "parents who have attended the programme have also come together to form a support group, widening opportunities for mutual sharing and support, and furthering understanding and management of their children's developmental issues and behaviour."

"With these promising outcomes, we will be looking to expand the reach of this educational programme, and working with more agencies so that more parents can benefit from these strategies," said Professor Ho Lai Yun, Programme Director of the Child Development Programme (funded by the Ministry of Health).

Mr Richard Magnus, Chairman, Temasek Cares shared, "Children with special needs also need special support from their parents and other caregivers. So when we were approached by KKH to fund its innovative initiative of providing customised training for this group of parents, Temasek Cares saw this as an integral part of our mission to rebuild the lives of the disadvantaged. We are delighted that more than 1,500 parents and caregivers who have been trained under IMPACTT have confirmed significant improvements in their children's behaviour."

² Hudson et al. 2008

³ Lundahl, Tollefson, Risser, & Lovejoy, 2008.

“We are pleased that the pilot has successfully helped parents to better care for their children with special needs. NCSS is also happy to support the “Signposts for Building Better Behaviour Facilitator Training” through the VWO-Charities Capability Fund. This training is spearheaded by KKH and the Social Service Training Institute, and has already equipped 87 social service professionals with essential skills to facilitate the parenting support sessions for family members and caregivers through this Fund. We encourage more parents, caregivers and VWOs to attend these programmes to help their children to overcome their challenges and to excel,” said Ms Tina Hung, Deputy Chief Executive Officer, National Council of Social Service.

In all, KKH DCD has trained 181 facilitators for the programme, which include 61 social workers, psychologists, various therapists and learning support facilitators from KKH DCD, and 120 from other hospitals and community-level partners including hospitals, EIPIC Centres, family service centres, community service centres, schools and voluntary welfare organisations in Singapore.

Mr Warren Cann, CEO, Parenting Research Centre, also shared, “We are thrilled to see the success of the Signposts programme in Singapore. We would attribute much of this success to the careful attention that KKH DCD has given to the effective implementation of the programme in the Singapore context.”

For Mrs Shaikh, mother of four-year-old Manoah, the Signposts parenting course has definitely brought the family closer. “The tools and strategies shared gave us a deeper insight into Manoah’s world. We are now able to better connect with each other and love him even more,” said Mrs Shaikh. Manoah has become more spontaneous and is better able to express his love for his parents through warm gestures and loving words, Mrs Shaikh noted.

About the “Signposts for Building Better Behaviour” programme

Children with developmental difficulties are prone to displaying difficult behaviour such as aggression, non-compliance, or engaging in activities that may cause self-injury or destruction to property⁴. Such behaviour can be a major source of stress for parents and family members and can also impact the mental health of parents⁵. They may also impede the child’s learning of skills.

The “Signposts for Building Better Behaviour” programme was originally developed and instituted as a statewide programme by PRC in the Australian state of Victoria. It has demonstrated effectiveness in reducing children’s challenging behaviours and decreasing parents’ stress⁶. KKH DCD adapted the programme content to local needs and leads its

⁴ *Einfeld and Tonge 1996; Quine 1986; Dunlap et al 1994*

⁵ *Quine & Pahl 1985; Dyson 1997; Herring et al, 2006*

⁶ *Hudson et al.2003*

administration across Singapore. This effort is in keeping with KKH's focus on research, education and training to continually better outcomes and quality of life for patients.

The special grant, Temasek Cares – IMPACTT, allows the course to be extended to parents and caregivers referred for the programme at a highly subsidised and affordable fee. The grant also enabled research to be carried out on the effectiveness of the programme in Singapore. The training of facilitators from EIPIC centres and VWOs is funded and supported by NCSS with the VWO-Charities Capability Fund.

About KK Women's and Children's Hospital

KK Women's and Children's Hospital (KKH) is a leading healthcare centre for Obstetrics, Gynaecology, Paediatrics and Neonatology. Founded in 1858, the 830-bed JCI accredited hospital is a referral centre providing tertiary services to manage complex conditions in women and children. More than 400 specialists adopt a multi-disciplinary and holistic approach to treatment, and harness the latest innovations and technology for the best medical care possible.

As an academic healthcare institution, the Hospital is a major teaching hospital for the Duke-NUS Graduate Medical School and the Yong Loo Lin School of Medicine. The Hospital runs the largest specialist training programmes for Paediatrics and Obstetrics & Gynaecology in Singapore. Both programmes are accredited by the Accreditation Council for Graduate Medical Education International (ACGME-I), and are highly rated for the high quality of clinical teaching and the commitment to translational research.

The KKH Department of Child Development (DCD) with its multi-disciplinary team of paediatricians, psychologists and therapists seeks to deliver integrated holistic services with compassion, to children with developmental needs, supported by clinical excellence, education and innovation. DCD cares for about 80 percent of these children through Ministry of Health's Child Development Programme. (www.kkh.com.sg)

About Parenting Research Centre, Victoria, Australia:

The Parenting Research Centre is an independent non-profit organisation that conducts research into parenting. An important part of its role is supporting frontline child and family services to provide evidence based parenting support. (www.parentingrc.org.au)

About National Council of Social Service

The National Council of Social Service is the umbrella body for about 400 member Voluntary Welfare Organisations in Singapore. Its mission is to provide leadership and direction in social services, to enhance the capabilities of social service organisations, and to promote strategic partnerships for social services. (<http://www.ncss.gov.sg>)

About Temasek Cares

Temasek Cares CLG Ltd is an Institution of a Public Character set up in 2009 to commemorate the 35th anniversary of Temasek Holdings. The purpose and mission of Temasek Cares is to contribute to the well-being, dignity and livelihoods for underprivileged individuals, families and communities in Singapore. It aims to do so through the following thrusts:

Building People through support with dignity for individuals and families in times of need;

Building Capability through education, training and other initiatives to improve opportunities for livelihood;

Building Community through fostering racial and religious harmony and promoting understanding across cultures and languages for the underprivileged, poor and needy;

Rebuilding Lives through a helping hand for another chance for the disadvantaged individuals, families or communities.

Temasek Holdings has provided more than \$170 million in endowments to the Temasek Trust. In turn, the Trustees of Temasek Trust act as stewards of the endowments and decide on the sums to be granted to Temasek Cares. (www.temasekcares.org.sg)

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Annex A : Repeated measures comparisons across three time-points (pre-, post-, and follow-up data)

Measure	Pre-programme Mean	Post-programme Mean	Follow-up Mean
DEPRESSION, ANXIETY, STRESS SCALE (DASS)			
Depression	6.9 (<i>n</i> = 330)	5.3	5.3
Anxiety	5.3 (<i>n</i> = 331)	4.1	3.7
Stress	11.6 (<i>n</i> = 331)	9.3	8.8
PARENTING SENSE OF COMPETENCE SCALE (PSOC)			
Efficacy	27.2 (<i>n</i> = 332)	29.7	29.2
Satisfaction	32.3 (<i>n</i> = 332)	34.4	34.9
PARENTING HASSLES SCALE (PHS)			
Child Behaviour	78.4 (<i>n</i> = 332)	72.1	67.4
Parent Needs	51.4 (<i>n</i> = 331)	45.7	43.3
DEVELOPMENTAL BEHAVIOUR CHECKLIST (DBC)			
Disruptive	13.6 (<i>n</i> = 325)	10.9	10.0
Self-Absorbed	13.4 (<i>n</i> = 325)	10.6	9.8
Communication Disturbance	5.6 (<i>n</i> = 323)	4.3	4.2
Anxiety	5.1 (<i>n</i> = 323)	4.0	3.7
Autistic	4.1 (<i>n</i> = 325)	3.2	2.9
DISRUPTIVE BEHAVIOUR ASSESSMENT FORM (DBAF)			
Non-compliance	5.9 (<i>n</i> = 312)	5.3	5.1
Aggressive	3.9 (<i>n</i> = 300)	3.7	3.3

Note:

1. **Depression Anxiety and Stress Scale** (DASS; Lovibond, & Lovibond, 1995). This is a 42-item screening instrument that consists of three subscales: Depression, Anxiety and Stress. Higher scores indicate more feelings of depression, anxiety, and stress.
2. **Parenting Sense of Competence Scale** (PSOC; Johnston & Mash, 1989). This is a 16-item scale consisting of two subscales: Satisfaction and Efficacy. Higher scores indicate greater satisfaction and greater efficacy with the parenting role.
3. **Parenting Hassles Scale** (PHS; Gavidia-Payne, Richdale, Francis, & Cotton, 1997). This is an 87-item scale designed to assess daily hassles experienced by families of children with disabilities. Two of the subscales: the Child Behaviour and Parent Needs were included in the questionnaire. Higher scores indicate that parents feel more hassled by the respective behaviours described in the scale. The first part of the questionnaire concentrates on child behaviour needs for example how hassled the caregiver feels when the child seeks constant attention or throws a tantrum. The second scale rates the caregivers' response regarding their own needs (e.g., having no time for him/herself and feeling guilty about not having more time to spend with the child).

4. **Developmental Behaviour Checklist** (DBC; Einfield & Tonge, 2002). This is a 96-item scale that assesses difficult behaviour of children with disabilities. It has six subscales: Disruptive, Self-Absorbed, Communication Disturbance, Anxiety, Autistic, and Antisocial. The KKH study included only the first five subscales in our analysis, and excluded Antisocial behaviour.
5. **The Difficult Behaviour Assessment Form** (DBAF). This was developed specifically for the Hudson et al. (2008) evaluation, enabling parents to rate on a 5-point Likert scale the severity of their child's aggression, and compliance with requests. Parents rated their children's behaviour on two main scales: non-compliance to requests, and aggression towards others. Higher scores indicate more serious behaviour problems.