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Parenting Education

PURPOSE

This paper reports the experience of the Family Health Service (FHS) of the Department of Health (DH) in the development and implementation of the parenting programme.

BACKGROUND

2. The FHS provides the Integrated Child Health and Development Programme (ICHDP), a population-based health promotion and disease prevention programme, for *children 0 to 5 years* and their parents. It can be accessed through 31 Maternal and Child Health Centres (MCHCs) in Hong Kong. Every year, about 90% of the local newborn population is covered. The programme comprises the 3 components of *parenting*, *immunisation* and *health & developmental surveillance*, which have been designed to meet the developmental needs of young children in the physical, cognitive and psychosocial domains in a co-ordinated way.

3. The Parenting Programme was launched as a new initiative in 2002. The aim is to equip parents/caregivers with the necessary knowledge and skills to bring up healthy and well-adjusted children through enhancing parenting skills and efficacy, promoting parent-child relationship and reducing child behavior problems.

DEVELOPMENT OF THE PARENTING PROGRAMME

Conceptual Framework

A. Life course & Bio-socio-ecological approach

4. Human development is "a systematic, organized, intra-individual change that is clearly associated with age-related progression, and is carried forward in some ways that have implications for a person's pattern or level of functioning at some later time".[1] Developmental tasks or issues are conceptualised as being broadly integrative, cutting across the physical, cognitive and psychosocial domains. Issues or tasks at one stage lay the foundation for subsequent ones.

5. The Bio-socio-ecological framework views a child's development as being shaped by the interaction of both nature and nurture, including the child's biogenetic makeup, his/her experiences and interactions with others in the family as well as in the social environment. It is therefore important that all children be provided with an enabling home and social environment in order to promote their holistic development and to safeguard their health.

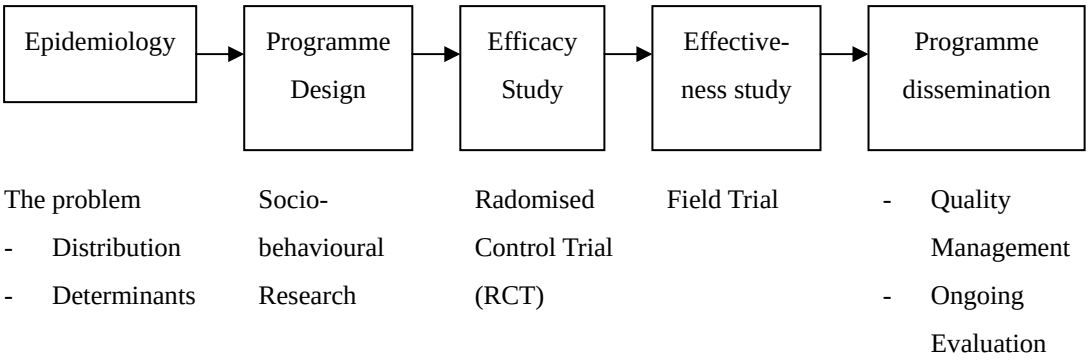
6. Parents and other major carers play a crucial role in facilitating the healthy development of a child during the early years. For example, responsive care by parents helps the development of a secure attachment relationship which forms the basis of a child's psychological well-being; a positive parenting style enables parents to instill values in their child, influence attitudes, manage behaviour and facilitate healthy life-style in a positive and effective way; and the provision of a stimulating home environment is conducive to a child's intellectual development.

B. The Evidence-based Intervention Programme Development Model

7. The Parenting Programme was developed, using the intervention

[1] Rutter M. Continuities, transitions and turning points in development. In: Rutter M & Hay DF (Eds). Development through life: A handbook for clinicians. Oxford: Blackwell Scientific, 1994:1-25.

programme development model based on the *public health* and *best evidence* approaches. The model is illustrated and described as follows -



Health Care Needs Assessment – An epidemiological approach

8. World-wide, psychosocial problems in children and adolescents are prevalent and the resulting human, social and economic costs to the individual and community are enormous. Many of these adolescent problems can be traced back to early childhood conduct problems.

9. In Hong Kong, an earlier study of behaviour problems among children 36 to 48 months estimated the prevalence of mild, moderate and severe behaviour disorders at 17.9%, 4.6% and 0.8% respectively.[2] A community survey of 942 parents of 4-year-olds showed that 10.5% of these children had reported behaviour problems which warranted further clinical investigation.[3] In a territory-wide household survey involving 1 662 interviews of parents with children under 18 years, the prevalence of internalizing and externalizing behaviours were estimated at 10.3% and 18.9% respectively. It was also found that 18% of parents fulfilled research criteria of child abuse. One of the major reasons for parents to engage in child abusive behaviour was to solve child-related management problems.[4] According to statistics of the Social Welfare Department[5],

[2] Luk SL, Leung PWL, Bacon-Shone J, Chung SY., Lee PWH., Chen S, et al. Behaviour disorder in pre-school children in Hong Kong: a two-stage epidemiological study. Brit J of Psychiat 1991; 158: 213-221.

[3] Leung C, Leung S, Chan R, Tso K & Ip F. Child behaviour and parenting stress in Hong Kong families. HK Med J 2005; 11: 373-80. The full report is also available from: http://www.fhs.gov.hk/english/reports/reports.html.

[4] Social Welfare Department: Tang C. Studies on Child Abuse: Associative Factors and District Differences – Summary Report submitted to The Committee on Child Abuse. Chinese University of Hong Kong; 1999 August

among the main contributing factors of child abuse were incompetence in child rearing, lack of parenting skills of the abuser and behaviour problems of the child.

Programme Design & Efficacy Studies

10. The Parenting Programme adopts a dual approach to prevention: the *population approach*, providing universal access to the 'Happy Parenting Programme" and the *targeted approach* to parents who encounter difficulties, using the 'Positive Parenting Programme' or "Triple P".

11. The *Universal programme* provides *all parents*/caregivers and parents-to-be with *anticipatory guidance* on parenting issues appropriate to the ages of their child. This was developed by an in-house professional team consisting of a clinical psychologist, doctors and nurses. It addresses a wide range of childcare issues, e.g. newborn care, breastfeeding and nutrition, home safety, oral health, etc. as well as issues of psychosocial importance, e.g. preparation for parenthood, responsive care, promoting child development, behaviour management, etc. To meet the varied needs of parents, the programme is delivered in different formats including workshops, individual conuselling and information leaflets. Furthermore, the parenting information, in the form of leaflets and video footage, is also accessible by the general public through the FHS website.

12. The *intensive programme* targets parents with children having early signs of behaviour problem or those with parenting difficulties. In view of the high prevalence of child behaviour problems reported in local studies, a search for programmes effective in reducing child behaviour problems was conducted. Systematic reviews of randomised control trials (RCT) [6] [7] revealed that behavioural oriented parent training

[5] Social Welfare Department. Statistics on child abuse, battered spouse and sexual violence cases Jan-Jun 2008. Support for Victims of Child Abuse, Spouse Battering and Sexual Violence [Online]. 25 Sep 2008 [cited 2008 Nov 5]; Available from: URL:http://www.swd.gov.hk/vs/english/stat.html

[6] Barlow J, Parsons J. Group-based parent-training programmes for improving emotional and behavioural adjustment in 0-3 year old children (Cochrane Review). In: The Cochrane Library, Issue 1, 2003. Oxford: Update Software.

[7] Webster-Stratton C, Taylor T, Nipping early risk factors in the bud: preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 years).

programmes were as effective as programmes of other orientations in improving parental attitudes, self-esteem and emotional health, but were superior in producing behaviour change in children. The development of the "Positive Parenting Program" or "Triple P" drew on social learning models, research in child and family behaviour therapy, developmental research on parenting in everyday contexts, developmental psychopathology research and the public health perspective.[8] RCT results in Australia indicated Triple P's effectiveness in reducing child behaviour problems, dysfunctional parenting styles and parental stress, while enhancing parental confidence and marital relationship.[9] The Triple P was therefore considered a potentially promising programme to be adopted for local use.

Local Effectiveness Study

13. Before implementation of the Triple P, its effectiveness in local Chinese parents had been established in a pilot project conducted in 2001-02.[10] A randomised control trial conducted in 69 parents with children aged between 3 and 7 showed lower prevalence of reported child behaviour problems and dysfunctional discipline styles, higher parenting sense of competence and better marital relationship after intervention, compared to the control group.

Programme Diffusion

14. The Parenting Programme has been rolled out to all MCHCs in phases since September, 2002. Up till September 2008, over 140,000 and 8,000 parents/caregivers have attended the Happy Parenting Workshops and completed the Triple P group programme respectively.

Prevention Science 2001; 2; 165-192.

[8] Sanders MR. Triple P – Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviour and emotional problems in children. Clin Child Fam Psychol Rev 1999; 2:71-90.

[9] Sanders MR, Markie-Dadds C, Turner K. Theoretical, scientific and clinical foundations of the Triple P-Positive Parenting Program: A population approach to the promotion of parenting competence. Parenting Res Pract Monogr 2003; 1:1-24.

10 Leung C, Sanders MR, Leung S, Mak R, Lau J. An outcome evaluation of the implementation of the Triple P – Positive Parenting Program in Hong Kong. Fam Process 2003; 42:531-44.

Quality Management

15. To ensure that the programmes are delivered to parents as designed, a number of *quality assurance measures* have been put in place during programme implementation. Since 2001, over 300 staff members in the Department of Health have received professional training and accredited to deliver the Triple P. All nurses delivering the universal programme have also received prior training. A peer support network is set up to further develop the nurses' skills and to foster team work and collaboration. A coaching system is also established where professional support is provided by a central professional team led by a clinical psychologist. The Triple P website is an additional source of information for new developments in the field.

Ongoing Evaluation

16. A database on the pre- and post- Triple P measures of parenting stress / efficacy and child behaviour for participants is kept to monitor ongoing programme effectiveness. Updated data analysis revealed the rate of non-completion of the Triple P group programme stood at 10%. Parents from extended and lone-parent families as well as new immigrant families were more likely to drop out. The main reasons reported for non-completion were competing work hours, existing family problems, personal stress and lack of childcare facilities. Predictors of better programme outcome in terms of the extent of behaviour change were lower level of family income, new immigrant status and higher pre-intervention level of parenting stress, suggesting a profile of parents who are most likely to benefit from the Triple P.[11]

17. To increase access and reduce non-completion of Triple P group programme, a number of measures have been introduced. These include increasing the number of groups conducted outside office hours, introducing the occasional and mutual help child care services to parents and referring parents with psychosocial stresses to Integrated Family Service Centres. More flexible programme attendance arrangements are also made for new immigrant parents who might need to return to mainland China frequently.

[11] Leung C, Sanders MR, Ip F, Lau J. Implementation of Triple P-Positive Parenting Program in Hong Kong: Predictors of programme completion and clinical outcomes. J Child Serv 2006:1(2); 4-17.

WIDER PROMOTION OF POSITIVE PARENTING IN THE COMMUNITY

18. To further publicise the concept of positive parenting and our parenting programmes to the wider community, in the past few years, the FHS has embarked on the organisation of roving exhibitions, publication of articles in newspapers and magazines, production of television documentary series 《父母學堂》and the publication of a book "Happy Parenting!" (《共享育兒樂》).

19. Involvement of community partners is another step forward to disseminate more widely "positive parenting" as an evidence-based strategy to reducing parenting stress and preventing child behaviour problems, thereby promoting the mental health of parents and children. Medical practitioners and social workers working with families and children as well as preschool educators are in the best position to facilitate the adoption of positive parenting practices. The FHS has organised training for these community partners, enabling them to use the positive parenting approach in advising and guiding parents or to refer parents to access the programmes in the MCHCs.

SUGGESTION FOR ENHANCEMENT OF SERVICE PROVISION

20. Parents of children 0-5 years can have free access to the universal and targeted parenting programmes provided in MCHCs. Parenting information under the Universal programme is also accessible by the public through the FHS website. There is a need to step up programmes for parents of school-aged children who encounter difficulties in managing child behaviour. Parents of teenagers are facing even greater challenges in dealing with various other issues like sex and relationship problems, the use of drugs and alcohol, etc. In the light of the above, concerted action by the education, health and welfare sectors is needed to provide both universal programmes for parents of children of all ages and effective targeted programmes for parents who encounter

specific difficulties or problems.

Family Health Service, Department of Health
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