

**Legislative Council Panel on Health Services
Meeting on 9 June 2003**

**Parenting Programme in the Family Health Service
Department of Health**

This paper briefs Members on the latest developments of the Parenting Programme conducted by the Family Health Service of the Department of Health (DH).

Background

2. As pledged in the 2001 Policy Objective booklet for health services, DH commenced phased implementation of a territory-wide parenting programme since September, 2002. The aim is to equip parents of all children attending Maternal and Child Health Centres (MCHCs) with the necessary knowledge and skills to bring up healthy and well-adjusted children.

Programme Planning

3. Child development is influenced by genetic and physiological make-up, family and the wider social environment. Parents or major caregivers are the primary socializing agents of the child. A secure relationship between children and parents forms the basis of future social relationship and mental well-being. The intellectual development, as well as future attitudes, values, habits, health behaviour, lifestyle and coping styles of children are all primarily influenced by their parents since their early stages of life. Inevitably, parents play a crucial role in nurturing and facilitating the child's physical, cognitive and social-emotional development.

4. In the past decades, despite improvement in the general health status and educational level of our population, psychosocial problems in children and adolescents remain prevalent and the rising trend of domestic violence is worrying. Researches have shown that there are considerable links between conduct problems in children and anti-social behaviours in adults. There is also evidence of continuity of anxiety and depression from childhood through adolescence to adulthood. The human, economic and social costs involved are enormous. Systematic

reviews of randomized controlled trials point to the fact that parent training programmes are effective in improving behaviour problems in children.

5. Improving parenting skills and giving the family the necessary support are therefore important strategies for promoting psychological well-being and preventing emotional and behavioural problems in children. The Family Health Service (FHS), with its high coverage of the child population through a network of MCHCs, is strategically well placed to promote health and well-being of children and their families through parenting education. The FHS has revamped the “Integrated Child Health & Development Programme” by incorporating *parenting education*, which aims at equipping parents with the knowledge and skills to bring up healthy and well-adjusted children, as a major health promotion and primary prevention component.

Programme Objectives

6. The programme aims at increasing parental knowledge and competency in the following areas:

- (a.) *Preparing to be parents:* Women / couples attending antenatal clinic at the MCHCs will be helped to reflect on the role of being a parent.
- (b.) *Building positive parent-child relationship:* The importance of developing a secure and positive parent-child relationship is stressed.
- (c.) *Promoting child development:* Parents are taught how to teach new skills to their children and to encourage desirable behaviours in them.
- (d.) *Managing behaviour:* Parents of toddlers will be given training on effective and non-violent methods to manage the behaviour of their children.
- (e.) *Childcare:* Common concerns and issues arising from childcare are discussed and addressed.

Programme Components

7. The parenting programme consists of two levels of intervention: the universal Childcare & Parenting Programme and the intensive Positive Parenting Programme (Triple P).

8. The universal programme is designed for parents of *all* children

under six (with a focus on children of 0-3 years) and expectant parents attending MCHCs. Parents will receive anticipatory guidance in childcare and parenting appropriate to the age of their child through a series of workshops, comprehensive information leaflets and videos, and/or individual counselling. They will have chances to practise the childcare and parenting skills they have learnt through role-play, and to share experience through interactive workshops.

9. The Triple P programme is a structured group training programme on positive parenting skills provided for parents of children with early signs of behaviour problems or those parents who encounter difficulties in parenting.

10. Children with established behaviour problems or those parents who have complicated family issues such as maternal depression and marital conflict will be referred to specialists for further management.

Progress and Effectiveness

11. The universal programme was developed in early 2002 by a team of in-house professionals of DH, including a clinical psychologist, a doctor and health nurses. All nurses delivering the universal programme have received prior training. Parents of all newborn babies born on or after September 2002 have been receiving anticipatory guidance on parenting appropriate to the child's age. The programme covering children from 0-3 years is expected to be fully developed by the end of 2003. So far, 207 workshops have been organized, and 2,184 parents or caregivers from 1,600 families have participated in this programme. An evaluation study is being conducted and would be completed by January 2004.

12. The Triple P programme, which was developed by a group of clinical psychologists in the University of Queensland, Australia over the past 20 years, has been available in 18 MCHCs. The effectiveness of the programme in the local Chinese community was established in a pilot project in selected clinics conducted in 2001-02. At the clinical level, parents' sense of competence, parental stress and child's behaviour problems before and after receiving the programme will be routinely measured to assess the effectiveness of the intervention on individual parents. So far, 26 Triple P groups have been organized, and 225 parents or caregivers from 213 families have participated in this programme. By mid 2003, over 300 staff members in DH will have received professional training in delivering the programme. The

programme will be rolled out to all MCHCs by mid-2004.

13. Members are invited to note the contents of this paper.

Department of Health

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