

A Healthy Start

By Dr Tan Poh Kiang, Editorial Board Member

The typical story begins with a child born into a family steeped in financial deficiency and an environment devoid of the normal relational support system. The parents may only be teenagers, or one parent has been imprisoned for a criminal offence and the remaining one is overwhelmed by the responsibilities of parenting and thus neglects the normal nurturing required for his or her child. The typical story also depicts a family with more children than it can afford in every sense of the word - money, space, loving attention, parenting, and child care knowledge and skills.



"They have no chance!" was an exclamation of frustration by a social worker friend and simultaneously a clarion call to battle social ills differently.

Just as in preventive medicine, it is also the trend in social work to devote more energy and resources to preventive programmes rather than solve problems piecemeal. Many individuals in society are caught in a vicious cycle of poverty and delinquency. The statistics are unmistakable that children from dysfunctional backgrounds are largely the ones susceptible to truancy, early school drop-out, gang involvement, teenage pregnancy and substance abuse. What is even more tragic is that one generation of social struggle flows over to the next, and these families who seek welfare support from the government through VWOs (voluntary welfare organisations) are usually dependant on the hand-outs.

"So, it is time to do something different!" My friend was definitely onto something that piqued my interest. After volunteering my clinical services to Beyond Social Services, the neighbourhood family social service near my practice, and many interactions with the social workers, I have begun to understand the futility of solving social problems that have evolved out of families in crisis. Not only are their needs far more than available resources, the motivation to overcome their struggles is very often dismal.

INTERVENTION STRATEGY

Around the second half of 2002, a project named "Healthy Start" was initiated with funds from MCYS (Ministry of Community Development, Youth and Sports). The basic idea was to go "upstream" to the point where the "river was not contaminated" viz. to identify and work

with at-risk families with young children (before primary school age). It was discovered that many such families do not send their kids to pre-school because they have no financial means. By the time such children enter formal schools, it is no surprise that they are so disadvantaged from day one that they struggle uphill to learn at a pace that is beyond their ability. They start to fail examinations, flounder in their school attendance, lose interest in education, develop behavioural problems and go down the slippery slope of delinquency. With the money granted by the Ministry, the social workers interview and enroll such at-risk families and place their young children at childcare centres. The parents only need to pay a token sum each month, for example, \$15 to \$30 per child for a full-day service at NTUC Child-care Centre.

The progressive minds of the social workers I collaborate with know that placing the children in schools is only one aspect of intervention. They are fully aware that unless the parents have renewed mindsets and enhanced knowledge, it would still be difficult to overcome their many social hurdles. That was when I was invited to be part of a small group to design a series of ASK The Parents Workshops (Attitude, Skills, Knowledge) for families recruited through Healthy Start. In the first year, three modules were conducted: Basic Child and Dental Health, Child Nutrition and Home Safety.

It was not hard to figure out what kind of things we needed to teach the parents. The staff of Beyond have been bringing their clients to seek my help for a number of years. Even in twenty-first century Singapore, I have had to deal with malnutrition and diseases of poor hygiene such as extensive bacterial sores, fungal rash and scabies. A few cases



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of home accidents alarmed the social workers as they obviously could have been prevented. Very young children were given Coca-Cola in milk bottles and older ones were fed instant noodles throughout the day.

Rounding up a group of twenty-odd parents with young children on a Saturday afternoon for learning was a challenging task. First, children had to be separated from parents so that the latter could pay attention to the instructions. Fortunately, Beyond has a group of devoted volunteers who work with their staff to provide interesting activities like games, and art and craft to occupy the kids. Then came the challenge of bridging language and educational gaps so that essential health, medical and safety messages could be communicated effectively. After fumbling the first couple of times, we learned that the best way to teach in such circumstances was to combine a simple lesson plan with a few key learning points and many visual aids; Powerpoint slides were used more for depicting pictures and diagrams rather than flashing text. After a 30-minute opening talk on the overview of the subject, the group was divided into small groups according to their language abilities viz. English, Mandarin and Malay. The workshop instructors would facilitate small group discussions with the help of translators (most of us have dismal command of Mandarin and Malay!) so that through a non-threatening approach, the participants were encouraged to ask questions to clarify their doubts.

To gauge our own effectiveness, we did post-workshop surveys using simple questionnaires administered by the social workers who would explain the questions and solicit feedback. Subsequently, we even experimented with pre-workshop and post-workshop test instruments for a module on early childhood literacy and numeracy introduced in the second year. Most recently, we managed to collaborate with volunteer nurses from the SHS (School Health Service, Health Promotion Board) to conduct home-based assessments. We had been suspicious that what we had taught would remain merely "head knowledge" and have no impact on the client's family life. So, with the generous help rendered by SHS volunteer nurses, home visits were done to evaluate if our Home Safety module had been effective in changing safety practices in these at-risk families' homes.

In the second year, we organised two new modules to meet other needs. Family Planning dealt with the perennial problem of many at-risk families having more children than their resources can cope with. While we are not in a position to determine how many children each family ought to have, we believe that helping them to engage in planned parenthood will assist them to care for their children adequately with scarce finances, home space and time. Drug Safety For Children provided simple guidelines on how to handle OTC (over-the-counter) as well as prescription drugs. This module was designed with the concern that many parents have erroneous ideas about how

to administer and store medicines. Issues like when it is unsafe to continue self-treatment, correct dose for age, dosing interval, sharing of drugs among siblings, proper storage of medicines at home, and so on, were addressed in interactive sessions.

EMPOWER THE NEEDY

The social workers from Beyond were delighted to receive a favourable evaluation report from MCYS for the Healthy Start project and encouraging commendations specifically about the ASK workshops in the last quarter of 2004. The greater news is that MCYS has decided to continue the programme with more funds.

From a personal perspective, I have been grateful to be part of a preventive social medicine project that grants me the opportunity to collaborate with various professionals. A project of this scale can only succeed with the contribution of many devoted volunteers. I have witnessed the miracle of dental surgeons, nurses, nutritionists, pharmacists, social workers and doctors pooling their talents together to empower a selected cohort of families with knowledge and skills that hopefully will transform their family life. I have also discovered along the way that many of these professionals whom we have recruited are more than glad to contribute but have hitherto not known an avenue to do so.

The deepest satisfaction comes when the beneficiaries acknowledge the effectiveness of such socio-medical interventions. A *Straits Times* article by Vivi Zainol on 10 April 2004 featured this project. Zainol reported on a Madam Mala whose two-year old son was burnt badly three years ago because he had unknowingly grabbed a hot iron left unattended on the ironing board. After going through the Home Safety workshop, she is now confident in making her one-room HDB flat safe for her two sons, aged three and five. She said: "I keep my medicine away from my children. I've even thrown out a rickety chair. It's dangerous as they would often climb on it and start jumping on it. They might fall off."

"Everyone deserves the opportunity to improve their lot in life. Some people just need a little extra help."

This comment made in passing by my social worker friend has stuck indelibly with me. It is still early days in the Healthy Start project to start "counting the eggs" but there are sufficient encouraging signs that it is an endeavour with great potential, where preventive social work and medical practice can make a significant impact. It is my hope that a few years down the road, we will have favourable follow-up reports on the cohort of at-risk families we are serving. ■

