

A photograph of a family (mother, father, and young child) sitting on the floor and playing with colorful blocks. The mother is smiling and looking at the child, while the father is also smiling and looking at the blocks. The child is focused on the blocks. There are various toys around them, including a red and blue ring toy and a colorful geometric shape toy.

SPARKX Children Behavioural Intervention

Developmental Evaluation Report

TOUCH commissioned the Centre for Evidence and Implementation to conduct this evaluation from 2020 to 2021. This summarised report was drawn from the full report authored by Dr Cheryl Seah, Dr Evelyn Tan, and Jesslyn Oon, with support from Choy Mian Yee.

January 2021

Executive Summary

Context

This report presents preliminary findings from a developmental evaluation of the SPARKX programme.

This is a pilot programme developed by the TOUCH Integrated Family Group of TOUCH Community Services (TOUCH) in Singapore to prevent delinquency in adolescents. Children below 12 years of age who were referred due to emerging behavioural issues received group, individual and family therapy sessions from a team of social workers.

Key Findings

The SPARKX team had responded quickly to the restrictions brought about by COVID-19 and continued to engage with the children and families through a virtual platform. The team had been conscientious in collecting, updating and consolidating data in the midst of their busy caseload and their adjustment to the new way of working from home. Content, lesson plans and activities are well described and there have been attempts to use evidence in the design of the intervention and to identify indicators.

The intervention team has a range of complementary experience and skillset, display strong camaraderie and clearly work in a conducive organisational climate that is open to improvement and change. This is important and has frequently been lauded to be a predictor for good implementation of evidence-based practice and the creation of positive impact for beneficiaries (Ehrhart et al., 2014).

There are emerging findings indicating the potential of SPARKX programmes in creating better outcomes for the children and families.

There are also limitations brought about from the small sample, adaptations of outcome measures and the following recommendations are made to enhance the rollout and for ongoing monitoring of its effectiveness.

Recommendations

Through the review of administrative, baseline and follow-up data from the first two runs of SPARKX, observation of a sampling of the group sessions and a focus group discussion with practitioners, CEI has made the following key recommendations for TOUCH:

1. Consider outcomes for children to be more targeted.
2. Consider outcomes for improving school bonding and parent-child relationships that are specific, observable and measurable.
3. Select well-validated measures to monitor target outcomes. While adaptations of measures are sometimes necessary, it is important to consult the authors of these measures when decisions are made for subscales to be excluded or for the language to be contextualised to suit the local context, to ensure validity and reliability of the measures.
4. Monitor implementation outcomes and apply relevant implementation strategies to overcome identified challenges in the SPARKX program to achieve better outcomes.
5. Keep group sizes small and define roles for each practitioner within the group sessions.
6. Allocate adequate amount of time for skills learning and application during group and individual sessions.
7. Describe the practices and protocol for skills training well to ensure fidelity of the program. Core components of the programme (e.g., content that must be delivered and cannot be changed) should be detailed.
8. Put in place and describe plans for situations where flexible and systematic adjustment of programme focus and content are required to suit the therapy needs of the child.
9. Review collective demographic information at intake assessment to identify specific and common needs of the children and families. Where possible, create an individual therapy plan for each child.
10. Identify and trial a more systematic and concerted collaboration with schools to maintain the initial gains from the child's participation in the programme.

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