Mission I'mPossible 2 Factsheet

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1. Background of Mission I'mPossible 1

In July 2009, the Lien Foundation (LF), KK Women's and Children's Hospital's Department of Child Development (KKH-DCD) and PCF Sparkletots Preschool (PCFSP) spearheaded the Mission: I'mPossible (MIP1) programme to address the need for greater early childhood support for preschoolers with developmental needs in mainstream preschools.

With a commitment of $2.5 million by Lien Foundation, MIP1 was the first proactive early detection and intervention programme to screen, diagnose and help preschoolers with mild developmental needs. The MIP programme used an integrated, community-based and family-focused approach to provide crucial support for these children.

The pilot saw the formation of a multi-disciplinary clinical team that comprised a paediatrician, psychologist, speech language therapist, occupational therapist and learning support facilitator. The team supported, trained and equipped early childhood educators with the right skills to support the children and their parents.

25 preschools benefited from the pilot and upon its completion, MIP1 was adapted by the government and renamed the Development Support and Learning Support Programme (DS-LS Programme). The DS-LS Programme is now government funded and implemented at over 800 preschools by different operators, covering about 60% of preschoolers and is expected to serve 80% of preschool children at steady state.

2. How does Mission I'mPossible 2 work?

In MIP2 service model, the Child Development Unit (CDU) belongs to the same parent organisation as the preschools it supports, ie. PCF.

MIP2 seeks to implement identification and support strategies for development, growth and oral health needs, beginning as early as 2 months old. Between 2022 - 2025, with a School Child Development Unit (SCDU) at its core, early childhood educators across 16 PCF Sparkletots Preschools were trained and supported to conduct universal surveillance, screening and in-classroom support for the preschool children.

This change led to significant differences in how impact was sustained. When the specialists and educators belonged to the same organisation, workflows, tools, and data were more tightly embedded within the organisation. Buy-in on the ground became easier when classroom-wide strategies were implemented intentionally, factoring in culture, competing

organisational priorities, and other barriers. For example, in the pilot with PCFSP, efforts were streamlined by introducing support that built on existing processes within the PCF system and leveraged training methods readily accessible to educators.

Over 250 (over 75%) educators from the 16 preschools were trained as part of MIP2, through a blend of asynchronous online sessions, in-person group sessions, hands-on practice, and classroom-based support. Case studies, videos, and bilingual formats were used.

The PCFSP School Child Development Unit (SCDU) is supported by KKH-MIP2. The SCDU comprises an inter-disciplinary team of healthcare and early childhood education specialists working together — nurse, nutritionist, speech and language therapist, occupational therapist, educational psychologist, curriculum specialist and early interventionists. The KKH-MIP2 team comprises paediatrician, nurses, psychologists, speech therapist, physiotherapist, educational therapist, occupational therapist, research and administrative staff. They provide professional advice and guidance to SCDU on the validation and oversight of developmental, growth, and oral health surveillance and screenings. Clinical pathways were developed for tiered intervention approaches at the universal level, for low-level and medium to high-level needs. Support was provided in the form of professional training and a collaboration consultation framework based on evidence-based practices. Over the last three years, the team conceptualised and implemented the MIP2 service model.

To support the early identification of developmental needs and in a bid to empower educators to do so, the MIP2 team developed a developmental surveillance checklist that was built on existing PCFSP developmental checklists as well as the national Health Booklet. This surveillance checklist was finetuned over the last three years for improved accuracy and sensitivity. Beyond developmental surveillance, health surveillance included adaptations from Australia's "Lift the Lip" screening tool and height and weight measurements for growth. Educators were also trained on standardised processes for growth and oral health surveillance. Over 75% early childhood educators were trained under the guidance of the SCDU to to surveil and monitor children based on MIP2's developmental and health surveillance and screening tools.

Children who were identified to require more support, underwent further screening in consultation with the SCDU and KKH MIP2 team and tiered according to the level of support required (refer to Table 1 on page 3).

Tiers	Development	Growth	Oral Health
1	No additional support required	Healthy BMI	Healthy teeth
2	At risk or requires low levels of support	BMI ≥ 90th percentile (without red flags)	Teeth with white spots lesions or small holes
3	Requires medium to high levels of support	BMI ≥ 90th percentile (with red flags) or persistent BMI ≥ 90th percentile at 6 months review.	Broken/chipped teeth or tooth decay with infection

Table 1: Tiers based on required level of support for child's development, growth, and oral health

Through this service model, needs are detected earlier, and the appropriate support is recommended earlier (refer Table 2 below), thereby affording the children and their families a longer runway to benefit from appropriate intervention programmes such as EIPIC intervention programme before graduating from preschool.

Tiers	Support for Development	Support for Growth	Support for Oral Health
1	● Classroom wide strategies ● Parent engagement programmes such as centre-wide workshops and quarterly newsletters	● Growth and oral health education for parents via webinars, talks and leaflets.	
2	● Classroom-based support with SCDU ● Transition support and bridging ● Parent engagement programmes such as centre-wide workshops and quarterly newsletters	● Nurse-led parent engagement session ● Referral to primary care dentists ● 6-months review	
3	● Classroom-based with SCDU ● Transition support and bridging ● Referral to specialist support ● Parent engagement programmes such as centre-wide workshops and quarterly newsletters ● Circles of Support (CoS) for parents	● Nurse-led parent engagement session ● Referral to National Dental Centre Singapore for oral health support or KK Women's and Children's Hospital Paediatric clinic for growth related support ● 6-months review	

Table 2: Workflow and pathways for support according to tiers

Another element to this new service model was the implementation of classroom-based support via collaborative consultation for children at risk or with developmental support needs. These strategies included (but not limited to):

- Using visual supports to enhance children's understanding of classroom expectations
- Setting behaviour expectations to promote independence
- Creating sensory friendly classrooms that promotes children's engagement

In addition, parents were also engaged via a Circles of Support (CoS) programme that equipped parents with strategies that they could use at home to support their child's development.

A. Development

Universal surveillance was conducted for all preschool children enrolled in the participating preschools to ensure that children were achieving their developmental milestones.

Any child flagged by the surveillance process using educators' observations were further screened. Additional screening information was also collated by the SCDU team. The child was then assigned to one of three tiers based on the screening information gathered (refer to Table 1 on page 3).

Guided by the tiering information, the children will then receive the appropriate support services (refer to Table 2 on page 3).

SCDU worked closely with the leaders and educators of each centre in rendering support to the children and families.

Through the MIP2 system of surveillance and screening, children who may need additional support were effectively identified. Of the children identified to need further screening for development, 90% were found to have at least a mild level of support needs using standardised tools.

B. Health

Besides developmental needs, MIP2 also addressed key health concerns in a child's early years, particularly growth and oral health.

Growth (18 months)

In Singapore, the prevalence of overweight among school children increased from 13% to 16% between 2017 and 2021[1].

Through MIP2, educators received training from SCDU on standardised tools and processes, enhancing the accuracy and monitoring of the children's growth. For example, how much educators stretch and straighten an infant for height measurements will impact their BMI status.

Based on the MIP2 process, children who are overweight from 18 months will be tiered (refer to Table 1 on page 3) and appropriate support will be provided to the child and their parents (refer to Table 2 on page 3).

C. Oral Health (12 months)

[1] Ministry of Health. (2022, Feb 14). Obesity trend and programmes. Ministry of Health. July 28, 2025, https://www.moh.gov.sg/newsroom/obesity-trend-and-programmes

In 2019, 41.7% of Singaporean children aged 1 to 9 have untreated caries in deciduous teeth[2], close to the global average of 43%[3].

In the domain of oral health, MIP2 is similarly breaking new ground. In MIP2, early childhood educators are trained to conduct basic dental checks twice yearly, which extends surveillance to children as young as 12 months old.

Oral health surveillance in MIP2 is carried out using a practical technique known as "Lift-the-Lip", adapted from Australia. Educators observe the child's upper four front teeth. On-site support is offered by a preschool nurse from the SCDU as part of the MIP2 process who verifies suspected dental decay flagged by educators. Children and families then receive tailored support according to the surveillance outcomes (refer to Table 2.).

Since MIP2 started, the system detected risk for early childhood caries in children PG and below, including those under 18 months old. To date, 22% of children have been identified with early childhood caries. The oral health conditions of most of these children remained stable, avoiding the worsening of their caries.

3. Quotable Quotes

"Preschool educators are capable," said **Mr Tang Hui Nee, Educational Psychologist, KKH.** "With a strong foundation in early childhood development, they have a good professional insight that when augmented with appropriate training, tools and resources, enables them to undertake some tasks previously done by other professionals. Ultimately, this benefits everyone — children, parents, and the educators themselves."

Educators' quotes:

"It's important to start surveillance as early as possible so that if concerns surface, everyone involved in the child's life is on the same page from day one," said **Ms Tan Guat Keng, Centre Principal of a PCF Sparkletots preschool in Punggol.**

"Centralising the support for the child at the preschool makes it easier for families to navigate the landscape of early intervention services, as we serve as their main point of contact. It's less confusing and tiring for families, who are already going through a lot," said **Ms Tan Li Gueh, Centre Principal of a PCF Sparkletots Preschool in Sengkang Central.**

"In MIP2, we screen the children earlier, but we also make sure we follow through and support them and their families, " said **Ms Hamimah Binte Ismail, Centre Principal of PCF Sparkletots Preschool in Punggol.**

"Through the MIP2 programme, we recognise that every family's journey towards seeking support is unique. While some parents may take more time to come onboard and that's

[2] World Health Organization. (2022, November 18). Oral Health Singapore 2022 country profile. World Health Organization. https://www.who.int/publications/m/item/oral-health-sgp-2022-country-profile
[3] Global Oral Health Status Report: Towards universal health coverage for oral health by 2030. (2022). World Health Organization. July 28, 2025, https://www.who.int/publications/i/item/9789240061484

okay, the MIP2 team together with the teachers remain committed to walking alongside offering guidance and encouragement along the way. This continued partnership ensures that children receive the right support at the right time, in a manner that is respectful and responsive to each family's pace. This programme is not just about referrals it's about empowering parents with clarity, confidence, and hope. I believe that every small step forward is a shared achievement," said **Meraflor Sheena Marie Carvellida, Educator and ICO in Sparkletots Preschool in Punggol.**

Parent Quote:

"MIP2 was helpful, especially in giving us practical tips to support our child's emotional development. Overall, it helped us feel more confident as parents," **David and Yvonne, parents of a K1 boy in PCF Sparkletots Preschool who received classroom-based support in 2024.**

4. Glossary of Terms in Chinese

Organisation	
Lien Foundation	连氏基金
PCF Sparkletots Preschool	Sparkletots 学前教育中心
PAP Community Foundation (PCF)	人民行动党社区基金会
KK Women's and Children's Hospital	竹脚妇幼医院
'Mission I'mPossible 2'	'任务我行 2'
Inclusion Coordinator (ICO)	包容性协调员
School Child Development Unit	校内儿童培育组

Spokespersons		
Lien Foundation	Mr Lee Poh Wah Chief Executive Officer	李宝华 连氏基金 总裁
PCF Sparkletots Preschool	Dr Honey Ng Director of Inclusive Education Division, PCF Sparkletots	总监黄丽芳博士 人民行动党社区基金会， Sparkletots 全纳教育团队
KK Women's and Children's Hospital	Associate Professor Chan Yoke Hwee Chairman, Medical Board, KK Women's and Children's Hospital and Programme Director of MIP2	田玉慧副教授 医药委员会主席， 竹脚妇幼医院 兼 '任务我行 2' 项目总监

KK Women's and Children's Hospital	Dr Sylvia Choo Henn Tean, Senior Consultant, Department of Child Development, KK Women's and Children's Hospital and Programme Lead of MIP2	朱亨婷资深顾问医生, 儿童发展部门, 竹脚妇幼医院 兼 '任务我行 2' 项目负责人
KK Women's and Children's Hospital	Mr Tang Hui Nee Educational Psychologist, Department of Child Development, KK Women's and Children's Hospital	陈惠義 教育心理学家, 儿童发展部门, 竹脚妇幼医院