



10th Child Health Priorities Conference - 28 to 30 November

ABSTRACT SUBMISSIONS

Thursday, 28/11/2019

1. EARLY CAREGIVER-CHILD COMMUNICATION INTERACTION: SETTING THE STAGE FOR OPTIMAL DEVELOPMENT

Theme: Mental Health

Oral presentation - Hanlie Degenaar, North-West University, South Africa

Increasing evidence from the fields of neuroscience, psychology, and communication pathology reveals that self-regulation, communication-interaction, and executive function is critical capabilities adults need to be resilient, perform, and contribute optimally to economic vitality. The science is directing the world's attention to the crucial period up to three years of age and the quality of early conversations as the foundation for these adult capabilities. The early conversation parents and caregivers have with young children are widely recognized as the scale tipping factor in getting the best developmental outcomes, even in the face of adversity and stresses of poverty. This knowledge is vital to the South African context.

Methods: There is scientific proof of the characteristics necessary for quality conversations. The effectiveness, potential for scaling, and low economic costs have been reiterated in programs across the globe. There seems to be a low level of knowledge among health care practitioners on the promotion of quality early conversations. A multi-disciplinary team of clinicians at the Institute of Psychology & Wellbeing is utilizing communication-interaction and video-feedback to caregivers in creating quality conversations with their children.

Results: The evidence-informed practice of communication-interaction observation and video-feedback to caregivers lead to the development of a simple observation checklist to screen the quality of caregiver-child interactions and guide the clinician in assisting caregivers in improving the conversation with young children.

Conclusion: The screening tool is available for parent training and subsequent research to determine the usefulness in other settings concerned with the development and health of young children.



2. ADVOCACY AND IMPLEMENTATION – STORIES OF COLLABORATION AND COMMITMENT TO SUPPORT 1ST 1000 DAYS AT-RISK CAREGIVER-INFANT RELATIONSHIPS, WESTERN CAPE.

Theme: Nurturing Care and Child Rights

Oral presentation – Elmarie Malek, Stellenbosch University, South Africa

Introduction: Launched in the Western Cape in February 2016 the 1st 1000 Days Initiative commenced as a transversal communications campaign within the context of the Provincial Strategic goal for “Safe and Healthy Children”, incorporating three core themes: Nurture, Relationship and Safety and Stimulation. It was aligned to the Global Strategy for Women, Children and Adolescents’ strategic framework of Survive, Thrive and Transform and to the WHO Nurturing Care Framework as well as to other sector priorities including Violence Prevention, Early Childhood Development and Child and Family Protection.

Method:

The Key Priority Interventions include:

- EARLY IDENTIFICATION of AT RISK pregnant mothers, children and caregivers at facility and household level;
- RELATIONAL SUPPORT for at risk pregnant mothers, caregivers and children through a structured home visitor package by Community Health Workers;
- COUNSELLING, MENTORING AND MENTAL HEALTH SERVICE capacity enhancement for vulnerable clients and the frontline staff working with them;
- REDESIGNING perinatal services around the MOTHER-FATHER-INFANT TRIAD through the delivery of an integrated multidisciplinary comprehensive package of care (fully integrating mental health with maternal and child health) and redressing infrastructural and attitudinal barriers to providing holistic nurturing care.

Conclusion: The 1st 1000 Days Parent-Caregiver Support Package is being implemented. Intersectoral and collaborative advocacy has led to political commitment in prioritizing support for at risk mothers and caregivers in the 1st 1000 days to foster parent-infant relationships towards preventing violence within the Western Cape Provincial Strategic Plan 2019-2024 and eventually the Western Cape Safety Plan.

3. ANALYSING FOUR YEARS OF UNINTENTIONAL CHILD INJURIES AT THE RED CROSS CHILDREN'S HOSPITAL: A CASE FOR CHILD INJURY PREVENTION

Theme: Development Origins of Health and Disease

Oral presentation – Yolande Baker, ChildSafe

Unintentional injuries—burns, drowning, falls, poisoning and road traffic—are the leading cause of injury and death among children aged 5 to 14 years in South Africa. Data indicate that once children reach 5 years their risk of injury increases dramatically. Despite high rates of injury, child injury prevention is not a child health priority, largely due to lack of data to bring visibility to the issue.

Methods: The study describes demographics, mechanisms, and severity of injuries during a 4-year time period using the only hospital-based child injury data system in South Africa from ChildSafe at Red Cross Children's Hospital(RCCH). Data studied injured children under 14 years with unintentional injuries. Analyses were performed for demographic characteristics and injury mechanisms. Regression analysis analysed age-adjusted annual incidence of injury.

Results: Between 2015 and 2018, 32 782 children, 38 883 injuries presented to RCCH, mean age was 5.4 years (standard deviation \pm 3.5 years) and 61.7% were male. Mechanism of injury included falls (39.8%), road traffic injuries (15.7%), burns (8.8%), and assault (7.4%). Most injuries occurred in and around the home. Abbreviated injury severity scoring showed 50.2% of injuries were minor, 46.6% were moderate, and 3.2% were severe. Sixty-six deaths occurred in the trauma casualty department. Thirty-one percent of patients were admitted to the hospital; children who suffered burn and head injuries were more likely to require admission.


Conclusion: This retrospective, observational study used evidence to suggest the need for targeted interventions to address risk factors and prevent child injuries.

4. TOWARDS AN EVIDENCE BASED APPROACH TO REDUCE CHILD ROAD INJURIES

Theme: Nurturing Care and Child Rights

Oral presentation – Aliasgher Janmohammed, ChildSafe

Road traffic injuries (RTIs) is the second leading cause of death for children aged 5-14 in South Africa. Every year about 1 300 children are killed on the roads, thousands more are injured. In 2018, ChildSafe South Africa, UNICEF and University of Cape Town, conducted research to determine



what factors make children vulnerable on the road and what measures can be taken to prevent these injuries.

Methodology: The project undertook to review literature, secondary data and legislation, pertaining to child road injuries, to build evidence based interventions, strengthen prevention efforts and reduce child road injuries. The reviews identified several important gaps in legislation, policy and implementation that need to be addressed if child road deaths are to be reduced. Findings helped inform the identification of key intervention and advocacy priorities for child road injury reduction.

Results: Ten strategies identified in this study were geared towards protecting child road users with navigating roads safely and ensuring the environment around them is safer. The ten strategies require a combination of Legislation change (L), Educational intervention (E), an improvement in the design of the existing Infrastructure (I), Research (R) and Enforcement of Regulations (ER).

Conclusion: Child road injuries are a public health concern. Combined the ten identified strategies, if sustainably implemented, can create safer roads for children. Evidence based interventions can help prevent child road injuries and, more importantly, prevent fatal and slight injuries that impact them.

5. A SAFER CANDLE PROJECT – PREVENTING CHILDHOOD BURNS

Theme: Development Origins of Health and Disease


Oral presentation – Pumla Mtambeka, ChildSafe


There are two main causes of shack fires in South Africa: Fallen candles and paraffin-related burns. These fires lead to devastating consequences and huge economic losses.

Aim/Goal: The goal of this project is to facilitate and promote safer use of candles in a glass jar, with the ultimate aim to prevent fires, burn injuries and deaths caused by fallen candles, targeting individuals and families who live in informal homes.

Material and Methods: Childsafe South Africa personnel conducted a number of trials to test the “Candle in a glass jar” concept. In 2006, the project was piloted in an informal area that exclusively uses candles as source of light. Further demonstration and educational sessions have taken place and over 100,000 jar units have been distributed to various communities to date.

Results: The Safer Candle Project is six years old, and has become one of Childsafe’s established programmes. It has been widely accepted and been approved by World Wide Fund for Nature SA (WWF) for Earth Hour 2011& 2012.





Significance: The idea of candle in the glass jar is recommended as its very simple and preventative measure to reduce fires mainly caused by candles tipping. One of its advantages is that it places no financial burden on families, as there are virtually no costs involved.

6. THE IMPACT OF BREASTFEEDING PRACTICES ON UNDER-FIVE MORTALITY IN SUB-SAHARAN AFRICA. SYSTEMATIC REVIEW, META-ANALYSIS AND EVALUATION OF ATTRIBUTABLE COST OF BREASTFEEDING PRACTICES.

Theme: Perinatal Health

Oral presentation – Cianté Pretorius, North-West University, South Africa

Sub-Saharan Africa (SSA) has lower breastfeeding rates compared to other low- and middle-income countries, and globally holds the highest under-five mortality (U5M) rate. The purpose of this study is to conduct a systematic review and meta-analysis of breastfeeding practices in relation to U5M and to determine the economic impact of U5M in SSA.

Methods: Literature was conducted on observational studies published after 2000 following the Preferred Reporting Items of Systematic reviews and Meta-Analysis. Quality assessment was conducted using the Newcastle–Ottawa Scale. Breastfeeding prevalence was estimated during the period 2000-2018 using data from the UNICEF database. The relative risk for mortality and the prevalence of population at risk were merged, resulting in the population attributable fraction (PAF). Non-Health Gross Domestic Product Loss attributable to child deaths (NHGDPL) in relation to inappropriate breastfeeding practices was calculated using data from the World Health Statistics 2015.

Results: The overall exclusive breastfeeding and early initiation of breastfeeding prevalence were 35% and 47%, respectively. The pooled relative mortality risk to any kind of infant feeding with respect to non-exclusive breastfeeding and delayed breastfeeding initiation was 3.53 and 3.33, respectively. The PAF for non-exclusive breastfeeding was 66% and for late breastfeeding initiation was 55.3%. The NHGDPL attributable to inappropriate breastfeeding practices resulted in about 19.5 United States billion dollars.


Conclusion: It is of crucial importance that specific public health interventions should aim to promote the implementation of exclusive breastfeeding and early breastfeeding initiation to decrease the U5M burden and its related costs in SSA.

7. NON-DEATH BEREAVEMENT INTERVENTIONS FOR CHILDREN IN ALTERNATIVE CARE

Theme: Nurturing Care and Child Rights

Oral presentation – Nadia Kuit, North-West University, South Africa





Every year a large number of children enter the alternative care system due to the unfortunate circumstances in the care of their biological parents, leading to their statutory removal and placement in alternative care such as temporary safe care, foster care or Child and Youth Care Centres. For a child, this is a significant life transition characterized by trauma, loss and grief. They need therapeutic services (intervention) in order to address these experiences. Literature covers non-death experiences and bereavement intervention of children in different contexts, but only to a limited degree in terms of children in alternative care. The aim of the research is thus to do a rapid review of literature about non-death bereavement interventions for children in different contexts and make a recommendation to the academic community and the child welfare system on enhancing programs and policies to address children in alternative care's experiences of non-death loss.

Methods: The study is a rapid review of 14 documents with qualitative data analysis.

Results: From the thematic analyses, the authors identified the following themes: Recommendations for practitioners, recommendations in terms of intervention methods, the need for expert knowledge and recommendations regarding policy and programmes.

Conclusion: The rapid review, in essence, articulated the importance of expert knowledge for practitioners and identified the need for a standardized intervention model to address non-death loss for children in the alternative care system.


8. CAREGIVERS PERCEPTIONS AND KNOWLEDGE IN RECOGNIZING SERIOUS ILLNESSES IN CHILDREN UNDER 5 YEARS OF AGE IN DR RUTH SEGOMOTSI MOMPATI DISTRICT


Theme: Nurturing Care and Child Rights

Oral presentation - Dr Joyce Mareverwa, Dr Ruth Segomotsi Mompoti District

Child PIP audits in Dr RSM identified caregiver modifiable factors contributing 67.5% of all responsible persons were: delayed seeking help, not recognizing danger signs, not providing adequate food to child and traditional remedy given from traditional healer with negative effect on child. We aimed to evaluate care-givers perceptions and knowledge in recognizing and responding to illnesses/danger signs in children; and their perceptions of the CHW/WBOTs role in the household so as to intervene if there are gaps. Late presentation led to poor outcomes despite the availability of Mentor mothers and CHWs who should provide health information to mothers when they visit households or at the clinic.

Methods: A structured questionnaire was administered to caregivers for children admitted to four district hospitals from February to July 2019. Focus group discussions with mothers/caregivers at well child clinics were held across the district.





Results: Children presented to health facilities around day six of illness. Only 40% of caregivers knew danger signs and 51% educated on recognition of danger signs, mostly from nurses and not CHWs/Mentor Mothers. These findings were confirmed during focus group discussions. Traditional healers were consulted first before clinic/hospital, further delaying seeking care for ill children due to cultural beliefs and health workers attitudes to communities.

Conclusion/recommendations:

- CHWs and Mentor mothers lack knowledge and need training on danger signs so they in turn communicate the same to mothers/caregivers in households.
- Nurses need to include danger signs messages as part of health education and counselling at clinics daily.
- Engage and empower traditional healers to identify and refer children with danger signs early.


9. DIAMOND FAMILIES STUDY: A COMMUNITY-ACADEMIC PARTNERED PROJECT TO FIELD TEST THE WORLD HEALTH ORGANISATION CAREGIVER SKILLS TRAINING INTERVENTION FOR FAMILIES RAISING CHILDREN WITH DEVELOPMENTAL DISABILITIES IN SOUTH AFRICA

Theme: Nurturing Care and Child Rights

Oral presentation - Dr Liezl Schlebusch, University of Cape Town, South Africa

It is estimated that there are close to 53 million children under the age of 5 with developmental disabilities in the world. Approximately 95% of them live in low- and middle-income countries where the majority of these children and their families do not have appropriate access to care. To address this need, the World Health Organisation developed a novel, open-access Caregiver Skills Training programme (WHO CST) for caregivers of young children with developmental disabilities. This programme is specifically designed with resource-limited settings in mind, where non-specialist facilitators from the community deliver a 12-week intervention. During the intervention, caregivers learn skills and strategies to create a nurturing environment that promotes child development. The programme is currently undergoing field testing in more than 30 countries.

In this presentation, we will discuss our innovative, community-academic partnership approach to test the WHO CST intervention in real-life settings in South Africa. Our aim is to conduct research that is contextually valid, ethically grounded, and findings that are readily translatable into action within communities. Therefore, we went beyond simply asking whether the WHO CST intervention works, but also how it works, for whom it works (and does not work), in what contexts, and how to implement it in diverse communities. Presenting our collaborative partnership approach will create awareness about the types of shared expertise that can yield productive and creative exchange of ideas, build capacity, and ultimately produce a more meaningful science that can ensure sustainable and scalable services for this vulnerable group of children and families.



10. THE SUPPORT THAT MATTERS: FIRST-TIME MOTHERS' EXPERIENCES OF EXCLUSIVE BREASTFEEDING

Theme: Food Security and Nutrition during Childhood

Oral presentation - Zukiswa T. Dasheka, University of Fort Hare, South Africa

Suboptimal Exclusive Breast Feeding (EBF) is the key contributor to the child morbidities and mortalities. Worldwide, only 40% infants are exclusively breastfed for the first six months. In Eastern Cape, SA of the 85% mothers who initiate breastfeeding only 12% maintains EBF. First-time mothers have challenges of being inexperienced in both motherhood and breastfeeding. Also, most first-time mothers are young, they often have to go back to school or work after childbirth, including having pressure from family members and friends not to breastfeed. A gap remains on the aspects of support that may be effective on maintenance of exclusive breastfeeding for first-time mothers. There is a need to explore exclusive breastfeeding practice influences and support available for first-time mothers in the BCM, South Africa.

Methods: An exploratory, descriptive contextual and qualitative research design was chosen for this study. A purposive sample of 10 participants was used. Data collected through face-to-face interviews. Data analysed according to Creswell's steps of data analysis.

Results: Findings were challenges of inability to put the knowledge received during antenatal care period into practice during initiation and maintenance of EBF. The support received from healthcare workers and family members at times clashed. EBF success was associated with positive feelings while failure to initiate and/or maintenance of EBF were associated with negative feelings.


Conclusion: Nurses need to empower community members with best breastfeeding practices to avoid mixed messages that may confuse first-time mothers. Individual-focused education and formation of support groups are needed for these mothers.

11. INFANT-FEEDING EXPERIENCES OF MOTHERS LIVING IN AN INFORMAL SETTLEMENT IN TSHWANE

Theme: Food Security and Nutrition during Childhood

Oral presentation - Betty Pilane, University of Pretoria, South Africa

Informal settlements near cities such as Tshwane are growing at a fast pace and mothers of infants' experience challenges affecting their infant-feeding.



To explore and describe the infant-feeding experiences of mothers of children between the ages of 3-24 months, who were living in two selected informal settlements in Tshwane.

An explorative and descriptive qualitative study. Sampling: Purposive sampling aided by community health workers (CHWs). Mothers of infants and young children aged 3-24 months (n=28) living in the selected informal settlements. Six focus group discussions consisting of 3-8 mothers were conducted with two main questions and probes exploring feeding experience and related support received in infancy. Ethical approval was received from the faculty of health sciences, University of Pretoria.

Three themes with six sub-themes were identified. Firstly, mothers held interpretations regarding breast-milk as an adequate sole source of nutrition in the first six months. Secondly, mothers received incorrect advice based on beliefs and to early introduce complementary foods early. Thirdly, the effect of household food insecurity affected adequate food intake by breastfeeding mothers and access to nutritious complementary foods.

Mothers were generally unable to feed their infants as recommended as they perceived breastmilk as inadequate in the first months of life. Early complementary foods were used to manage the crying infants and out of concern for available caregivers. Environmental and resource constraints were also experienced as barriers. There is a need to strengthen community-based infant-feeding education by CHWs and to increase community-based support.

12. COMMUNITY SOLUTIONS TO OPTIMIZE MATERNAL AND CHILD NUTRITION IN A TRANSITIONING SOCIETY: A QUALITATIVE STUDY IN SOWETO, SOUTH AFRICA


Theme: Food Security and Nutrition during Childhood


Oral presentation - Agnes Erzse, SAMRC – PRICELESS

'Double burden' of malnutrition in South Africa poses a threat to the realisation of sustainable development. The dual nutrition challenge is recognised within the government's health agenda and among communities alike, however synergistic strategies have been yet to be identified. With the aim of optimising nutrition for mothers and children, this research was designed to obtain a community perspective on key nutrition problems and solutions.

Methods: A qualitative study was undertaken through focus group discussions (FGDs). The study was carried out in Soweto, a rapidly transitioning urban setting with a growing prevalence of nutrition-related disease. Sixty-six individuals aged 18 and above participated in nine FGDs. Data was coded and analysed thematically.

Results: Despite participants perceiving healthy diet to be important, they felt their ability to obtain a healthy diet was limited. Inexpensive, unhealthy food is easier to access in Soweto than healthier alternatives and key factors such as hygiene, land use and basic income are key determinants of how





decisions are made about what to eat or not. Participants' recommendations encompassed four broad policy areas for action, including health systems, social protection, food system, and the food environment.

Conclusion: South Africa's current nutrition policy environment does not adequately address community-level needs that are often linked to structural factors beyond the health sector. Addressing nutrition will take a more integrated approach with policies that address upstream factors, including poverty. Further, there is need for public engagement and the integration of community perspectives in developing and adapting appropriate nutrition policy.

13. LESSONS LEARNT DURING PMTCT OPTION B + PROCESS EVALUATION – VIEWS OF NATIONAL, PROVINCIAL, DISTRICT AND FACILITY-LEVEL MANAGERS AND IMPLEMENTING PARTNERS

Theme: Perinatal Health


Oral presentation - Vuyolwethu Magasana, SAMRC

All 21 priority countries adopted PMTCT Option B+ following WHO recommendations in 2012. Option B+ provides health benefit with continuing prevention benefit for babies and sero-discordant couples. South African Department of Health launched Option B+ in December 2014. During scale up and implementation, several lessons were learnt.

In February 2018 SAMRC undertook Option B+ process evaluation to document processes, during scale up and implementation to strengthen implementation and inform planning and implementation of new health policies. Forty-six in-depth interviews exploring views on health system readiness for B+ implementation, and effectiveness of scale-up were conducted in 6 South African districts with (2 National managers, 8 provincial managers, 13 district managers, 11 implementing partners and 12 facility managers).

National, provincial, district health teams worked together with the implementing partners in facilitating rapid progress to scale up Option B+. Monitoring and evaluation (M&E) tools were not aligned to the policy changes. Training was not received by all categories of healthcare workers, there was shortage of "easy to follow" job aids and non-standardized M&E tools. All these lead to inconsistencies, poor data quality and poor policy guideline adherence. Stockouts of drugs, test kits, blood specimen tubes were reported, and these remain a major concern for eliminating mother-to-child transmission (EMTCT). Similarly, staff shortages were reported to be a major problem across all six districts.

Strengthening effective communication, planning, stakeholder consultation and involvement is crucial prior implementation of new policies. New policies should be well aligned with the M& E tools and human resource skills needed.



14. SOUTH AFRICAN PMTCT OPTION B + DELIVERY: SERVICE USERS' PERSPECTIVE AND EXPERIENCES

Theme: Perinatal Health

Oral presentation - Vuyolwethu Magasana, SAMRC

The Option B+ approach of lifelong antiretroviral (ART) entails a simplified, fixed-dose combination ARV regimen which can be used throughout the prevention of mother-to-child (PMTCT) intervention and for first-line ART. This considerably simplifies drug forecasting, procurement, supply and stock monitoring.

Between 19 April and 13 November 2018 nineteen focus group discussions were conducted in 12 public health facilities with adult mothers, adolescent mothers, male partners to explore knowledge and experiences of PMTCT services. An inductive thematic approach was used for data analysis. Participants had good knowledge about PMTCT program, although there were gaps on counselling. ART is seen beneficial in reducing transmissions, improving health and prolonging life when adhering to treatment. PMTCT clients reported improved well-being since they started taking treatment, few reported side effects that lasted less than a month. Majority of women involved in PMTCT disclosed their HIV positive status to their partners and families. In contrast, male partners fear getting tested and they are still experiencing difficulties in disclosing their HIV status to female partners. Few women reported HIV testing prior pregnancy. Views on the quality of MCH/HIV services were also shared. Privacy was not always maintained especially where HAART clients were separated from other clients and this is seen as discrimination that impacts on defaulter rate as people feel uncomfortable being seen fetching HAART from the clinic.


Quality and orientation of services impacts on accessing care and retention. Lack of male involvement remain challenges that undermine efforts to strengthen family-oriented care and support for EMTCT.

15. BULLYING AND SELF-PERCEIVED PSYCHOSOMATIC SYMPTOMS AMONG SCHOOL-AGED GIRLS AND BOYS

Theme: Adolescent Health

Oral presentation - Prof Katja Joronen, Tampere University, Finland

Globally, 10% to 20% of youth have been bullied during their school years. Being bullied during childhood is a risk factor for people's well-being and adjustment. The aim of this study was to describe the prevalence of the bullying and psychosomatic symptoms among pupils in Finland, and to explore how the bullying and the background variables are associated with the symptoms.



Methods: School Wellbeing Profile survey is based on the School Well-being Model combining sociological, educational and health science theories. Data used in this study was composed of School Wellbeing Profile survey (n=16 232) conducted during the school year 2012–2013 among 4th, 5th and 6th grade (10-12-year olds) pupils in Finland. Data were analyzed by logistic regression.

Results: Of all the pupils 1.4 % were school bullies, 5.8 % were being bullied, and 0.7 % were classified as both bullies and bullied. Boys were bullies and bullied more often. Girls reported more often symptoms than boys. 27 % of the girls and 21 % of the boys experienced at least two symptoms often during the semester. The bullied pupils and the pupils who were bullied and bullies themselves, had most symptoms compared to the pupils who did not participate in the bullying. Being bullied, poor self-rated health and parents' low participation in school life explained the symptoms in both genders.


Conclusion: Pupils who have several symptoms should be paid special attention by school services. School Wellbeing Profile-survey is a valuable tool to present results through an online service.

16. A HEART-BUDDY EMOTIONAL REGULATION TECHNIQUE FOR MENTAL HEALTH PROFESSIONALS IN ASSISTING PARENTS AND TEACHERS OF MINOR CHILDREN [AGES 4 - 12 YEARS] WITH EMOTIONAL REGULATION

Theme: Mental Health

Oral presentation - Dr Yolinda Steyn, Private Practice

Globally mental health professionals working with minor children are often requested to intervene when teachers; parents or caregivers of minor children have difficulty supporting the developing child (age 4 – 12) with emotional regulation (ER). The rationale for developing this Heart-Buddy ER technique was to teach and support professionals (social workers; therapists and counsellors), to assist parents or caregivers of minor children to understand and regulate their own emotions in order to remain wholesome and balanced. Throughout testing and piloting this technique, a mainly qualitative approach was followed. By including a diverse group of participants [8 parents and their minor children; counting two registered Social Workers by profession (whereby the latter are also parents of their own minor children)]; the practitioner tested and piloted this technique [over a period of 12 months]. Feedback was focused on the content, effectiveness and feasibility of the formulated Heart-Buddy ER technique. Through thematic content analysis the participants' feedback was analysed and extracted. The researcher then accredited this technique at the South African Council for Social Work Professions (SACSSP) and Association of Christian Religious Practitioners (CPSC), for continuing professional developmental points (CPD points) in order to assist mental health professionals, through 6 hour workshops; with an well developed and pilot tested ER technique [which includes a complete DVD & equipment-package]. The latter CPD-accreditation is valid from January 2019 to January 2020.





17. THE DEVELOPMENT AND DESCRIPTION OF AN ADOLESCENT RISK-BEHAVIOUR MANAGEMENT PROGRAMME FOR FOSTER PARENTS

Theme: Adolescent Health

Oral presentation - Fatima Mmusi, North-West University, South Africa


Despite extensive literature and knowledge in parenting programmes, a gap still exists in literature on parenting programmes specifically those that targets the needs of parents fostering adolescents presenting with risk behaviours. This article reports on the results of one part of a larger study that aims to develop an adolescent risk-behaviour management programme for foster parents. This study focused on reviewing the existing literature on parenting programmes in an attempt to obtain guidance and insight into what is already available as well as to identify the gap this study attempt to fill. A critical review of literature was conducted whereby a range of database was searched on parenting programmes that target addressing behavioural problems, more so on adolescents. The ultimate goal of this literature review was to analyse available studies on adolescents parenting programmes and compare findings with regards to their effectiveness in addressing adolescents risk behaviours. The objective of this article is to develop and describe adolescents risk-behaviour management programme for parents fostering adolescents presenting with risk behaviours. The purpose thereof is to assist parents improve their parental skills to help meet the psycho-social developmental needs of adolescents and promote their positive adjustment in foster care placement. Promoting positive relationships and interactions between foster parents and their adolescents is crucial in an attempt to help them develop effective ways in managing risk-behaviours and developing healthy parent-child relationships. The findings of this literature review shows that enhancing parents' parenting knowledge, self-awareness, parenting styles, understanding of risk and protective factors as well as risk behaviours in adolescents can be of utmost benefit for both the adolescent and parents.


18. EXPLORING FACTORS THAT CAN POTENTIALLY AFFECT THE FIRST THOUSAND DAYS OF ABSENT LEARNERS IN THE FOUNDATION PHASE

Theme: Nurturing Care and Child Rights

Oral presentation - Dr Carlien van Wyk, North-West University, South Africa

The first thousand days, from conception to age two is considered the most important development phase of a child's life where physical, cognitive and socio-emotional development could have lifelong consequences on a child's health and well-being later in life. The aim of this study was to qualitatively explore and describe factors that can potentially affect the first thousand days of absent learners within the Paarl-East area in the Western Cape. This study utilized a qualitative descriptive design and a random purposive sampling method. Semi-structured interviews were conducted with 18 biological mothers of absent learners. Data was analysed by using thematic data analysis. The findings of this qualitative study are presented as six main themes, namely: (1) Health of the mother, (2) Health of





the child, (3) Availability of support to the mother and child, (4) Circumstances of the mother and child, (5) Attachment and relationship between the mother and the child, and (6) Development and care of the child during the first thousand days of life. The findings of the study provide in-depth insight into the multitude of factors that plays a role during this crucial time period from pregnancy to two years. As confirmed by literature, the first thousand days of a child's life could have long-lasting impact on development, as well as their schooling.

19. HEALTHY PREGNANCY HEALTHY BABY: FATHERS EXPERIENCES OF EARLY PREGNANCY ULTRASOUNDS IN SOWETO, SOUTH AFRICA

Theme: Nurturing Care and Child Rights

Oral presentation - Roisin Drysdale, University of the Witwatersrand, South Africa

The 2015 South African Maternity Care Guidelines recommends a routine ultrasound <24 weeks gestation. Despite evidence highlighting the benefits of fathers attending pregnancy ultrasounds, men in South Africa do not usually attend and little is known about their experiences if they do. Within a larger study (HPHB), we explore the experiences of fathers attending pregnancy ultrasounds in Soweto, South Africa.

Methods: The study is a randomised control trial assessing the impact of early childhood development messages delivered during sonography. Mothers attending pregnancy ultrasounds were invited to bring their partners, following which, both completed individual ultrasound experience questionnaires. The results presented are based on a preliminary descriptive analysis of 76 mother-partner pairs.

Results: The mean age of the partners was 36 years. Forty-two percent of the pairs were in a committed relationship but not living together. This was the first pregnancy for 21% of the men, with a third having experienced two or more. Before the ultrasound, 63% of men reported feeling very anxious, whilst 38% also felt anxious after. Nearly half of fathers (41%) stated they were now ready or looking forward to being a father and over 25% believed their relationship with the mother was stronger.

Conclusions: Prenatal ultrasounds have a positive effect on fathers and their thoughts towards the pregnancy, child and relationship with the mother. Services in South Africa should accommodate partners/fathers who should be encouraged to attend pregnancy ultrasounds. Further research should assess whether their attendance and early involvement positively contributes to child development.

20. PATERNAL DEPRESSION: RESULTS FROM THE BASELINE OF AN ANTENATAL ECD INTERVENTION TRIAL IN SOWETO, SOUTH AFRICA

Theme: Mental Health



Oral presentation - Siphumelele Nene, University of the Witwatersrand, South Africa

Compared to pregnant women, depression among partners of pregnant women has been understudied. Little is known about the prevalence or potential effects of paternal depression during pregnancy on child development and the family, particularly in low and middle-income settings.

Methods: This paper draws on the baseline results from the Healthy Pregnancy, Healthy Baby (HPHB) trial, which tests the added benefits of an amplified pregnancy ultrasound for early child development in resource-limited settings. The data comes from 102 male partners who completed the Edinburgh Postnatal Depression Scale (EPDS) when they accompanied their partners for the ultrasound. The EPDS is widely used in screening for maternal depression and has been used to assess paternal depression. Data were analyzed using SPSS.

Results: Analysis of data showed that the mean age of partners was 35 years. The mean EPDS score was 6 and the maximum score was 19. Using a cut-off point of ≥ 10 , 17% of the partners presented with depressive symptoms. Symptoms were most common among partners between the ages 30-39 years.

Conclusion: Our findings indicate a notable percentage of partners meet the cut-off for depressive symptoms, suggesting the need for further in-depth evaluation. A more in-depth assessment of depression among male partners of pregnant women would contribute significantly to the growing body of literature on paternal depression during pregnancy and postpartum.


21. CONTENT DEVELOPMENT FOR AN OPERATIONAL MANUAL FOR INTERCOUNTRY ADOPTION SOCIAL WORKERS IN SOUTH AFRICA

Theme: Nurturing Care and Child Rights

Oral presentation - Rene Ferreira, Abba Specialist

Intercountry adoption has become a well-known legal placement option for adoptable children that could not be placed in permanent family care in their country of birth. Although the process is protected by legislation, policies and practices, it's characterised by ethical dilemmas and illicit practices. South African child protection organisations accredited to facilitate intercountry adoption experience challenges in practice due to limited operative manuals and procedures. This study aims to develop content for an operative manual for intercountry adoption for social workers in South Africa.

The researcher utilised an explorative descriptive design. Due to limited research on South African specific programmes, critical literature review on national, international practice guidelines and manuals was done. Findings indicated operational gaps in existing South African practice guidelines,



(and) confirmed the need for an operative manual that addresses the unique child protection environment in South Africa as a Sending country.

Focus groups were also used to provide insight using social workers employed by accredited child protection organisations, as sample, to identify operational challenges when facilitating an intercountry adoption. A focus group interview schedule focussed on changing profile of adoptable children and prospective adoptive parents, roles and responsibilities before, during and after the adoption process, costing professional fees, legal compliance and therapeutic support. The transcribed data of four focus groups were analysed to identify themes.

This study contributes insight and knowledge to facilitate intercountry adoption and made recommendations to the content of an operative manual with ethical best practices unique to South Africa as a Sending country.

22. DDT AND OTHER CONTAMINANTS IN BREAST MILK AND CHICKEN EGGS - INFANT AND CHILD EXPOSURES IN MALARIA-ENDEMIC AREAS.

Theme: Food Security and Nutrition during Childhood


Oral presentation - Prof Henk Bouwman, North-West University, South Africa

Infant and child health in rural areas of South Africa is crucially dependant on clean and healthy breast milk. The issues of breastmilk and food potentially contaminated by pollutants such as DDT is a well-known and controversial topic throughout the world. In South Africa, as in many other countries in the world, malaria mortality is inter alia combatted using DDT, pyrethroids, and other pesticides, as indoor residual spray (IRS) to prevent transmission by mosquitos. To this day, many lives are saved in this way. As with many other such apparent benefit issues, there is a cost.

1) Residents in IRS-treated dwellings are exposed to these pesticides through contact, inhalation, and ingestion of contaminated food. In the case of breast-feeding infants, the mother further pre-concentrates bio-cumulative and lipophilic compounds such as DDT through bio-concentration. The DDT and other such compounds then is transferred to the infants already exposed to compounds in the ambient. The concentrations in many cases exceed safety thresholds set for adults.

2) Not only are humans exposed, animals such as chickens around homesteads ingest contaminated soil and food scraps, accumulating the DDT and such. Chickens and chicken eggs are consumed, adding to intake from the ambient that already contains these compounds.

I will summarise what is known about compounds in breast milk and chicken eggs from malaria IRS areas in South Africa, and discuss the associated health and ethical implications.



23. A TEACHER'S PRACTICAL GUIDE TO REPORTING CHILD ABUSE

Theme: Nurturing Care and Child Rights

Poster presentation - Dr Lynn Preston, North-West University, South Africa

The aim of the study is to practically inform the teacher, whether they, in-service or pre-service teachers, on the processes and procedures of reporting abuse within a school context.

Methods: The method which was used was a rapid review, which facilitated the overview of the literature which was used as a base for the research. Presently the procedure has been presented to a school at Stilfontein and in Ikageng. Thus the setting of this endeavour has been teachers at these two schools. Furthermore, this protocol has also been part of the Professional Orientation Programme (POP) programme for first year teachers and also part of the Donkerhoek discussions, a forum for fourth year student teachers in preparation for their first year in service.

Results: The results of these initiatives of this protocol has been positive as it had covered the necessary knowledge that is vital for pre and in service teachers regarding the reporting of child abuse, facilitating the present legal requirement for teachers of needing a police clearance prior to being registered with the South African Council of Educators as a practicing teacher.

Conclusion: Research has indicated that many of the in-service teachers do not have adequate knowledge of the reporting of abuse. Secondly, it is also indicated that most of the pre-service teachers (Student teachers) do not have the necessary knowledge and are not fully prepared to cope or handle a child abuse cases.


24. PREVENTING CHILDHOOD INJURIES THROUGH EDUCATIONAL POSTERS

Theme: Development Origins of Health and Disease

Poster presentation - Pumla Mtambeka, ChildSafe

Childsafe gathered statistics on childhood injuries and deaths presenting at Red Cross Children's Hospital in Cape Town. This database serves as surveillance system on childhood injuries and considered to be one of the biggest paediatric injury databases. The database is systematically analysed for clinical and epidemiological studies as they relate to childhood injuries.

ChildSafe developed educational posters convey universal safety information and recommendations for families and care givers.



Methods: Educational posters “Growing Safely”, “Living Safely” and “Travelling Safely” were developed encompassing various characteristics of children throughout their development and providing corresponding harm reduction principles.

These posters recognize typical injuries within age groups; illustrate best practice and prevention scenarios, organized by age, with pictures of accident precautions and suggestions.

Results: “Growing Safely” poster depicts child from birth until age six, raises awareness by providing safety recommendations, by age, for fall prevention, drowning risks, car safety, and dangers of common household items.

“Living Safely” poster responds hot water and flame burns. It addresses burn risks and fire safety. Topics include; sunburn protection, hot water burn prevention, electrical cord/outlet recommendations, and proper fire extinguishing directions.

“Traveling Safely” illustrates age appropriate vehicle restraints and helmet suggestions, street crossing advisory, and tips for proper bicycling. To provide such imperative information, the three posters have been translated into local languages.

Conclusion: The posters are regarded as best educational tool around the world. People connect with messages extracted from simple, daily situations. Images of real people (children) are used and pictorial depictions.


25. A TRANSDISCIPLINARY APPROACH TO REALIZING LEARNERS WITH SEVERE TO PROFOUND INTELLECTUAL DISABILITIES' (LSPID) RIGHT TO CARE AND EDUCATION.


Theme: Nurturing Care and Child Rights

Poster presentation - Trohandi de Klerk, North-West University, South Africa

In South Africa, all children have the constitutional right to equitable care and education. This decree applies to children with severe to profound intellectual disabilities (SPID) as well. However, as a result of compounded circumstances, the majority of these children have not had access to government funded education and support services.

Methods: Subsequent to a ruling by the Western Cape High Court, the Department of Education is endeavouring to right these wrongs by means of short and long term interventions. A CAPS aligned learning program has been developed for learners with SPID and multidisciplinary specialist education outreach teams in all nine provinces have been appointed. These teams function on the premise of a transdisciplinary service delivery model, aimed at integrated programme planning and service delivery. In order to provide learners with SPID in and out of schools with equitable learning





opportunities, as well as create a pathway for out of school learners to enter the school system in a timely manner, a six phased plan has been implemented.

Results: In the North West province these transversal LSPID outreach teams work to ensure holistic support and integrative service delivery not only to learners, but also to their teachers, caregivers and families.

Conclusion: Provincial contexts differ significantly and the North West teams have been faced with unique barriers and opportunities whilst implementing the phased plan.

26. THE NATURE AND EXTENT OF CHILD CARE PROBLEMS AT THE DEPARTMENT OF DEFENCE: AREA MILITARY HEALTH UNIT NORTH WEST

Theme: Nurturing Care and Child Rights

Poster presentation - Motlatsing Moreki, SA National Defence Force


Military Social Work is occupational in nature and is aimed at providing services to military families. However, the increase in child care issues and their complexities has left Military Social Work Officers overwhelmed with how best to address them as they seek to define their role in the field of child protection.

The study aimed at exploring the nature and extent of child care problems at the South African National Defence Force (SANDF) at Area Military Health Unit North West (AMHU NW) – intending to lay a foundation for a Child Protection policy for the organisation.

Method: A qualitative research approach (explorative and descriptive in nature) was employed. Focus groups with a semi-structured interview schedule were conducted. Participants from Social Work and Psychology Departments took part as professionals working closely with child care problems. A thematic analysis method was applied to analyse data.

Results: The study revealed Child Protection problems such as family fragmentation, abandonment, maintenance, insufficient provision of basic needs, domestic violence, child maltreatment, substance abuse, conflicts between maternal and paternal families, delayed payments of pension and funeral policies for a deceased parent, behavioural problems, low academic performance, and mental health issues to mention a few .

Conclusion: Although these problems are diverse; having a policy aimed at upholding children's needs and rights within the Department of Defence will have a positive impact in the organisation. Policy will guide health related services including Standard Operating Procedures for professionals and relevant interventions aimed at championing change for military children.





27. OUTCOMES OF FAMILY-CENTERED CARE IN THE SOUTH AFRICAN CONTEXT: A CASE STUDY

Theme: Nurturing Care and Child Rights

Poster presentation - Ntsako Maluleke

Through early hearing detection and intervention (EHDI), the negative effects of hearing impairment can be reduced or reversed, allowing children with hearing impairment the opportunity to develop to their full potential. Yet, children with hearing impairment are still late-identified within the South African context due to poor access hearing health care due to a) lack of systematic implementation of these services; b) the country's financial constraints; and c) over-burdened health care system. However, through family-centred care, this cycle of poor access to services can be eliminated as the family role and responsibility is strengthened; allowing families their rightful position as advocates, decision makers and partners with professionals. Hence, ensuring services provide optimal benefit for children and their families.

Methods: Within a descriptive research study design, a retrospective record review was conducted on the participant's early intervention preschool file. Descriptive statistics were used to analyse the data.

Results: The participant was late-identified with subsequent suboptimal provision of amplification devices and enrolment in early intervention services. However, she presented with above-age appropriate communication abilities and age-appropriate school readiness abilities. The most significant finding for this patient that accounts for the results obtained was the level of family involvement. This finding counter the well-established notion that late-identified hearing loss results in delayed communication abilities and inappropriate school readiness abilities.


Conclusion: FCC may be a vehicle to eliminate the cycle of poor access to healthcare and is the most effective and economical system for fostering and sustaining the child's development.


28. FAMILY-CENTERED CARE FOR CHILDREN WITH HEARING LOSS: A SYSTEMATIC REVIEW

Theme: Nurturing Care and Child Rights

Poster presentation - Ntsako Maluleke

Over the past few decades, there has been an increasing shift towards emphasizing the importance of the child's family taking an active role in their child's healthcare, through Family-Centered Care (FCC). Family-Centred Care is viewed as a way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the child. Accordingly, the Health Professions Council of South Africa (2018) recommends that early intervention services





for children with hearing loss must be family-centered within a community-based model of service delivery that is culturally congruent. Thus, the aim of this study was to explore and document current evidence reflecting trends in FCC for children with hearing loss by identifying and describing current practice models or processes of FCC for these children.

Methods: A systematic literature review was conducted for studies published in English between January 2009 and January 2019, reporting on FCC for children with hearing loss. Sixteen studies were included in the review.

Results: Findings are discussed under four themes: caregiver involvement, caregiver coaching/information sharing, caregiver satisfaction, and challenges with FCC. Methods of involving caregivers, caregiver coaching/information sharing need to be culturally and linguistically appropriate; this increases caregiver satisfaction and improves outcomes. Identified challenges such as logistical challenges; professional related challenges; and caregiver related challenges raise implications for healthcare service delivery.

Conclusion: Findings of this review have significant implications on establishing linguistically and culturally appropriate FCC for all children and their families, within the South African context.

29. NURTURING CARE DURING THE FIRST 1000 DAYS OF LIFE: A SYSTEMATIC REVIEW


Theme: Nurturing Care and Child Rights


Poster presentation – Lizzia Mputle, North-West University, South Africa

The purpose of this systematic review was to outline the most important factors that enrich nurturing care during the first 1000 days of life in order to highlight favourable developmental outcomes during this time and later in life. This study followed the elements of the nurturing care framework which included health, nutrition, safety and security, responsive care and early learning; which are essential in the promotion of favourable outcomes.

Methods: This systematic review followed a rigorous nine-step methodology by two independent researchers which strengthened inter-rater reliability. The researchers made use of the SPICE acronym for the inclusion and exclusion criteria. Studies that included pregnant mothers, mothers of children up to the age of two and infants during the first 1000 days were considered for this review. Thematic synthesis was done for both quantitative and qualitative articles. A total of 16 articles were identified and included in the review after critical appraisal.

Results: The elements of health, nutrition, safety, and security, responsive care and early learning were identified as role players in the development of children in the first 1000 days of life. In addition,





supportive intervention was found as an additional element supporting nurturing care to ensure favourable developmental outcomes.

Conclusion: Evidence has indicated that without the provision of nurturing care in the first 1000 days, children may experience physical, cognitive, emotional and social challenges later in life. The provision of nurturing care not only ensures the wellbeing of children but encourages the integration of services for effective child protection systems.

30. NON-GOVERNMENTAL ORGANIZATIONS (NGOS) CAN PLAY A ROLE IN IMPROVING PRENATAL NUTRITION SUPPLEMENTATION COVERAGE AT COMMUNITY AND HOUSEHOLD LEVEL

Theme: Perinatal Health; Food Security and Nutrition during Childhood

Poster presentation - Pumla Dlamini, Vitamin Angels


NGOs have experience in primary healthcare service delivery. Their advantages include having motivated staff, sensitivity to community needs, the ability to reach peripheral areas and efficiency. In South Africa, NGOs such as World Vision have been instrumental in filling the gaps caused by poor governance. NGOs have improved state capacity to support people living with HIV/AIDS in Uganda. NGOs have also made significant strides to alleviate nutrition insecurity. The Food Bank South Africa reaches the most vulnerable with nutritious foods. NGOs play a role in nutrition policy. In KwaZulu-Natal, South Africa, GAIN provided support to a trial testing the acceptability of micronutrient powders, which may influence policy on micronutrient support in the first 1000 days.

Methods: The problem - in South Africa, anaemia and iron deficiency in women and children is concerning. Despite national policy and programmes, coverage is an issue. 30% of women did not receive an iron supplement during pregnancy.

Vitamin Angels works with local NGOs to reach pregnant women in hard-to-reach areas with poor service delivery by donating prenatal multivitamins.

Results: 85% of the local NGO partners that Vitamin Angels works with reported that iron and folic acid supplements were not provided. 24,131 pregnant women who did not have access to iron and folic acid/multivitamin supplements have been reached.

Recommendations: NGOs can be regarded as an essential part of nutrition service delivery, extending the arm of primary health services to communities. The national scale-up of this delivery will guarantee that all pregnant women will receive nutrition support.



31. STRENGTHENING RESPONSIVE CARE IN THE HEALTH SYSTEM – THE 1ST 1000 DAYS IBHAYI LENGANE BLANKET SYMBOL PROJECT - A HOME VISITING PROGRAM FOR HIGH RISK MOTHERS, WESTERN CAPE.

Theme: Perinatal Health; Mental Health; Nurturing Care and Child Rights

Oral presentation - Dr Elmarie Malek, Stellenbosch University, South Africa

The Western Cape Province (South Africa) has prioritized the 1st 000 Days Initiative with the aim of supporting vulnerable pregnant women and caregivers. To this end, the Provincial Health Department, in partnership with Dlananathi, is incorporating Ibhayi Lengane within its Parent and Caregiver Support package to provide psychosocial emotional support to high risk mothers in the 1st 1000 days through home visits by CHW's.

Ibhayi Lengane (meaning baby's blanket) is designed as an 'add-on' intervention, augmenting health care and nutritional interventions delivered by Community Health Workers (CHW's) in South Africa. The central guiding principle is that the home visitor should role model the same sensitive and caring approach towards the mother that they expect a mother to provide to her child.

Methods: Designed to enhance parenting skills, reduce mental health symptoms and increase family support, it targets change in both the CHW's and in the mother through experiential learning and activity through (i) training and appropriate supervision for CHW's, and (ii) providing structured curriculum for 12 home-based sessions with activities and materials to support the CHW's to deliver content in a community setting context - including the symbolic use of a blanket as a metaphor for care.

Results: Experience to date of implementing the package will be shared

Conclusions: This collaborative learning implementation partnership has provided a platform for exploring the fit and feasibility of Ibhayi Lengane for the Western Cape setting. Its integration into the health system is feasible and acceptable.

32. CAN WEIGHT-FOR-AGE (WFA) GROWTH PATTERNS PREDICT SEVERE ACUTE MALNUTRITION (SAM)? SOUTH AFRICAN EXPERTS DISAGREE...

Theme: Food Security and Nutrition during Childhood

Oral presentation - Sanja Nel, University of Pretoria, South Africa

Weight gain is routinely assessed in paediatric primary health care as indicator of undernutrition and assumed risk of SAM. Interpretation of growth is challenging, since growth faltering is poorly defined.

Aim: To determine experts' judgement of the risk of SAM from a variety of WFA growth charts.

Methods: Two online questionnaires (50 WFA growth charts each) were sent to 69 clinicians/researchers working with child growth and nutrition. Respondents rated each chart as low, moderate or high risk of SAM. Intra-rater test-retest reproducibility was assessed on three charts per survey.

Results: Thirty experts (43%) responded (21 dietitians; 9 doctors). Most worked at public health facilities (n=17;57%) or universities (n=12;40%), had qualifications beyond a bachelor's degree (n=28;93%) and had worked with child health and nutrition for ≥ 8 years (n=21;70%).

Full agreement was reached on the rating of only 10/100 charts. For the remaining 90 charts, agreement was 75-100% for 30/100 charts, 50-74% for 45/100 charts and <50% for 15/100 charts. Cohen's Kappa for inter-rater agreement ranged from 0.163 (poor) to 0.594 (fair-good). Additionally, 41/100 charts were simultaneously rated as low, moderate and high risk by different respondents. Agreement varied based on growth patterns. Pooled intra-rater reproducibility was 83% (range 69-100%).


Conclusion and recommendations: Experts do not agree on WFA growth patterns representing a risk of SAM. The usefulness of WFA growth assessment by clinicians as predictor of SAM requires clarification. Furthermore, validation of real-life agreement between WFA growth faltering and SAM is needed. Applying technology in the assessment should be investigated.

33. MANAGING CHILDREN WITH MENTAL HEALTH DISORDERS IN ALTERNATIVE CARE FACILITIES

Theme: Mental Health

Oral presentation - Prof Wim Roestenburg, North-West University, South Africa

A gap in service delivery was identified when specific programmes addressing the needs of children with confirmed mental health disorders in child and youth care facilities couldn't be found. Based on a need for a specific programme with guidelines and protocols to streamline management and promote the mental health of the said children, research was conducted to develop such programme. Design and development methods and specifically qualitative focus groups were utilised, whilst the results of the empirical study were triangulated with literature. The study produced a practical, useful protocol to an otherwise unstructured, random approach to child mental health care. The protocol contains various characteristics and consequent needs of the five most common mental health disorders participants identified children in child and youth care centres to have. It also contains guidelines and specifically a protocol for assessing and managing children with confirmed mental health disorders.



This protocol paves the way for more efficient assessment practices in the alternative child care setting. Aside from empowering and better equipping practitioners, it should also indirectly contribute to the enhancement of the mental health of children in alternative care facilities.

A practical, user-friendly book (which was published early 2015), serves as a training manual (Heyns, 2015).

The article “The ECO-MACH framework and protocol for managing children with mental health issues in alternative care facilities” were also published in *Child Abuse Research: A South African Journal* 2017, 18(1)1-12 (Allers & Roestenburg).

34. EFFECTIVE INTERVENTIONS TO IMPROVE QUALITY OF LIFE FOR PARENTS OF YOUNG CHILDREN LIVING WITH TYPE 1 DIABETES

Theme: Mental Health

Oral presentation - Prof Elmarí Deacon, North-West University, South Africa

Many studies have shown a link between parental distress, adherence to the diabetes care plan and the impact thereof on the quality of life for all family members. The aim of this study was to systematically review literature pertaining to effective interventions that improve the quality of life for parents of young children (age defined between 3 – 11 years) living with type 1 diabetes.

Method: A comprehensive electronic search from 2000 to 2018 using electronic databases and citation tracking were used. Seven articles were identified for inclusion in this review and data extraction was captured in a table format.

Results: The most effective methods of delivery are interventions that are based on group work or telephone-based programmes that strongly emphasise the component of support regardless of content as parents often feel isolated dealing with this life-threatening disease. Psycho-education, cognitive behaviour therapy and coping skills training programmes tailored to child developmental phases were found to be effective interventions in this review. Parents reported diabetes-specific and development-specific information as informative and relevant to their circumstances as they feel incompetent and anxious at times.

Conclusion: This systematic review yielded valuable findings of interventions that do increase the quality of life for parents of children living with type 1 diabetes. Despite these promising ideas that can contribute to future research, the limitations found in this review, should be considered when planning future research in order to promote healthy outcomes and improve the quality of life for the whole family, especially in South Africa.

