

Grenada, West Indies, with a dual focus on: (1) enhancing neurodevelopment, and thereby human capital, by imparting knowledge and skills to adult caregivers that build emotional regulation and a strong social emotional connection with the child, thereby enhancing child safety, exploration, and stimulation, while (2) addressing culturally entrenched, postcolonial practices of harsh corporal punishment and related violence against children.

The Programme uses an adapted Conscious Discipline (CD) curriculum, which is a trauma-informed triune brain state model with a specific focus on adult skill-building in a context in which licks, spans, and beatings are culturally normative despite overwhelming evidence that violence is harmful for children's health and brain development. The curriculum is delivered to families through a home visiting program by community-based social workers (i.e., Roving Caregivers) to communities through a mobile unit (The Saving Brains Bus) and, more recently, to pre-primary schools through an adaptable coaching system administered both in-person and virtually. A key element is the Programme's brain-based focus on safe, connected relationships in which to maintain composure, resolve conflicts, and solve problems.

A parallel single-blind waitlist-controlled trial design was used in which children from age 0-2 and their parents were enrolled in the home visiting program and assigned to a CD Intervention group versus a Waitlist Control (WC) group. The total number of parents and children under age two years enrolled in this study was 1,043, which represented 19.8% of all children under this age in Grenada at that time. A total of 752 parents and their children were recruited by the Roving Caregiver program and served as the CD Intervention group. A total of 291 parents and their children were recruited into the WC group. A total of 333 participants (Intervention: n=165; WC: n=168) remained after the data was cleaned. Upon turning 2 years of age, children were assessed and the CD Intervention group was compared to the WC group on measures of neurodevelopmental outcomes (INTERGROWTH-21st Neurodevelopment Assessment [INTER-NDA], demographics, mother pregnancy and birth outcomes, maternal mental health indicators, home environment, food security). Mothers were also assessed for attitudes and behaviors around corporal punishment.

Results demonstrated: (1) improved neurodevelopment in children; (2) significant shifts in knowledge about developmentally appropriate child rearing practices and skills among teachers, Roving Caregivers, and parents; (3) moderate shifts in attitudes toward the use of corporal punishment in teachers and Roving Caregivers, and (4) incremental shifts in attitudes toward the use of corporal punishment among parents. Whether a reduction in attitudes and behaviors toward corporal punishment is needed for improvement (or greater improvement) in neurodevelopment remains an outstanding question.

V PROMOTING HEALTHY COMPLEMENTARY FEEDING IN THE WESTERN BRAZILIAN AMAZON

¹P de Moraes Sato*, ¹R do Manco Machado, ¹JMS Ricci, ¹I Giacomini, ²AA de Araújo Damasceno, ¹B Hatzlhofer Lourenço, ¹MA Cardoso. ¹School of Public Health, University of São Paulo, Brazil; ²Floresta Campus, Federal University of Acre, Brazil

10.1136/archdischild-2022-ichgc.9

The objective of this study was to promote healthy and adequate complementary feeding practices in Acre, a state

located in the Western Brazilian Amazon, through qualification of primary healthcare (PHC) professionals. Specific aims were to: (1) develop educational materials based on the Brazilian Food Guidelines for Young Children; and (2) conduct and evaluate an online asynchronous workshop among professionals.

Educational materials were developed by a multiprofessional team. Participants were invited through messages from Secretariats of Health in the state of Acre. During the workshop, communication with the participants took place through email, Instagram and WhatsApp. Activities were developed to track the participants' accomplishments throughout the course. Summative assessment was carried out through a final questionnaire and evaluation was performed based on reach parameters previously defined by the workshop coordinators, based on indicators for the fulfillment of the project's aims (table 1).

The workshop materials consisted of 55 videos divided in eight themes: (1) Complementary feeding: scenario and challenges, (2) Reflections on healthcare and nutrition education, (3) Food processing and conflicts of interest, (4) Importance and promotion of breastfeeding, (5) Foundations for the complementary feeding, (6) Evolution of complementary feeding: from 6 months to 2 years, (7) Child health: overcoming challenges, (8) Family meals. Contents were presented as recorded classes (interactive or not), animations (interactive or not), interviews, podcasts, movie session with synchronous discussion, and cooking videos. A total of 30 hours of learning materials were available on an online learning platform.

170 participants (67% from Acre), with a mean age of 33 years (SD 8) participated in the workshops. Most were female (90%), and nurses (45%). Other professionals included dietitians (28%), dentists (5%), and social workers (3%). Main barriers to promote adequate complementary feeding were lack of training in the subject (reported by 54% of participants) and lack of supporting materials (reported by 43%).

The Project had a high reach of PHC facilities and participants registered in the workshop, and medium reach concerning meetings with PHC coordinators and participants completing the workshop. Participants preferred contents in the format of animations and video lessons up to ten minutes long. Contents considered the most important were anthropometric evaluation of children, food processing and classification), prenatal diets and breastfeeding challenges. The Project's workshops thus addressed the main challenge to promoting complementary feeding in the Western Brazilian Amazon: the lack of training. Maintaining high levels of synchronous interaction with participants remains a challenge of future workshops.

Abstract VI Table 1 Expected reach: parameters defined by workshop coordinators in advance

	Low reach	Medium reach	High reach
Number of meetings with PHC coordinators	<2	≥2 and <4	≥4
Number of PHC facilities participating	<5	≥5 and <10	≥10
Number of healthcare professionals and community health agents registering in the workshop	<20	≥20 and <40	≥40
Number of healthcare professionals and community health agents completing the workshop	<20	≥20 and <40	≥40