

special primary schools. Compared to children in regular primary schools, children at special primary schools showed a more pronounced increase in attention and concentration over time. There were no differences across time when comparing SME and non-SME lessons.

Conclusions with key message

Our previous study revealed that in SME lessons, musical activities were often repeated, expanded and/or varied and children frequently imitated each other's (musical) actions, thereby potentially stimulating the child's developing working memory, attention and flexibility. Although our results did not reach significance comparing SME and non-SME lessons, a potential influence of SME cannot be completely ruled out. This study did also provide insights into the methodology used, providing a basis for further research on the potential of SME.

Statement or main question

Research into the potential of special music education lessons in stimulating executive functioning in children with special educational needs will contribute to a better understanding of its fundamental importance within the special primary school context.

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## O76

### **Structured interview during consult in 3-year-olds children accompanied by their parent(s): an opportunity for youth health nurses in Flanders**

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Background and aim: Since the implementation (Sept 2018) of new legislation on school health services in Flanders, parents of children in the first year of nursery school (aged 3) are invited for a preventive consultation. This consultation, which can be done by the youth health nurses, provides an opportunity for early detection of problems related to parenting and development of the child. Additionally, parents can be strengthened in their task of raising a child. Currently no (validated, standardized) instrument suitable for this task has been implemented in Flanders. The aim of the study is to develop and validate an instrument that allows a risk-assessment based on a structured interview of parent(s).

Methods: The "Structured Problem Analysis of Raising Kids" (SPARK), which is a broad – scope structured interview developed and validated in The Netherlands for 18 months and 6 years old children, was adapted to the age of 3 years and where appropriate also to common Flemish language. The feasibility of this instrument in the context of the Flemish school health services is evaluated in a cross-sectional study. After a baseline measurement of care as usual in a control group of 200 children and their parents in January 2019, 21 youth healthcare nurses were trained by the developer of the Dutch SPARK, and will be using this instrument in an intervention group (n=600) during 4 months. The feasibility will be assessed using qualitative and quantitative methods.

Results and discussion: Data will be presented and discussed regarding content validity and feasibility in the Flemish school health care context, and first outcomes related to baseline measurements in the control and intervention groups will be highlighted.

Main question: is SPARK-36 an acceptable and feasible tool for nurses and parents of 3-year-olds to detect developmental or parenting problems early onwards?

Statement: The evaluation of development and parenting of young children requires a participative approach towards parents. An age-adapted SPARK may support school nurses in Flanders to realize this through a structured dialogue with parents.

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## O77

### **Engaging parents in the process of monitoring the development of children**

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Background and aims

In the Netherlands, the Dutch Developmental Instrument (DDI; in Dutch: Van Wiechenschema) is used by the Youth Health Care to routinely monitor the development of children. Objectives of the DDI are to systematically monitor the development of young children and to actively engage parents in this process. Aim of our study was to assess the agreement between DDI-milestones scored by parents and scored by professionals. Furthermore, we investigated the experience of parents with the assessment of the development of their child.

## Methods

Parents with children aged 1 -15 months filled in a questionnaire. This questionnaire had two parts: assessment of a subset of the milestones of the DDI and questions related to the experience of this assessment. Professionals assessed the DDI milestones as usual. The scores on the milestones of the parents were compared to the scores of the professionals by using proportional percentages. Moreover, the D-score, a summary statistic calculated by the scores on the milestones, of the parent and professional were compared with the Bland-Altman plot. The experience of parents were analysed with descriptive statistics.

## Results

In our pilot study (N = 305, response 69%), 92% of the parents indicated that they enjoyed assessing the milestones. Furthermore, some parents stated that the assessment gave them a new perspective on the development of their child. Moreover, the pilot study showed a good first impression of the agreement in scores between parents and professionals. The average proportional percentage was 79% and the mean of the difference in D-score was equal to -1,48. However, the employed written instructions of the milestones appeared to be unsuitable for some parents, and more modern instructions, such as short videoclips, were suggested by parents.

## Conclusion

Our pilot study showed that parents enjoyed assessing the developmental milestones of their child. We are currently conducting a large sample follow-up study in which we are using video instructions on the DDI milestones for parents.

## Statement

We believe that the assessment of DDI-milestones can be a fruitful direction to engage parents in the process of monitoring the development of their child.

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## O78

### **Shared decision-making of parents and child health professional in preventive youth health care during routine child health assessment**

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**Background and aims:** Parents have regularly concerns or questions regarding their child. Parental concerns are however not always recognized by the child health professional (CHP). Conversely, not all parents agree with concerns identified by their CHP. Identifying and agreeing on concerns is an important step in the assessment of care needs within preventive youth health care. In 2013 a new methodology - the GIZ – has been developed that aim to support CHPs in actively engaging parents and children in assessing strengths, concerns and care needs of the child and its family. The current study compared parent-CHP agreement on concerns and follow-up actions, and parents' satisfaction about their engagement in shared decision-making between CHPs that used the GIZ and CHPs who did not.

**Methods:** During this non-randomised controlled trial, 734 parents of children aged 0-12 visiting preventive youth health care for a regular health assessment and their CHP completed a questionnaire after the assessment: 525 assessments were with the GIZ and 209 with care as usual. Outcome measures were: rate of concerns discussed when needed, parent-CHP agreement on concerns and follow-up actions, parents' satisfaction with the consultation and with shared decision-making (SDM).

**Results:** Multilevel analyses showed that in the GIZ group parental concerns, specifically regarding parenting and family context, were discussed more often when parents reported needing it. The GIZ was significantly associated with increased parent-CHP agreement on their concerns regarding the child's development (OR=1.67, 95% CI=1.06-2.63). Parent and CHP agreed twice as often on whether advice was provided or not (55% vs 25%). Parents' satisfaction was significantly higher, particularly on what has been discussed (OR=2.00, 95% CI= 1.24, 3.24).

**Conclusion:** The CHP has an important role in the early identification of care needs in children and parents, in providing advice, and in referring to appropriate support. Using the GIZ within preventive youth health care has positive effects on discussing parental concerns, on parent-CHP agreement on concerns and provided advice, and on satisfaction with shared decision-making.

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## O79

### **Problem focused and solution focused characteristics of parenting support in the Dutch Youth Health Care.**

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## Background and aims

Despite the development and implementation of solution focused parenting support as a strength based and empowering intervention, the actual change from problem focused to solution focused parenting support within professional practice is expected to be quite limited up till now. This shift can, namely, be viewed as a true transformation which implies radically changing perspectives and actions for the professionals involved. However, since research about the characteristics of actual professional support is lacking, no conclusion can be drawn about the progress of this shift.