

Technical meeting on Early Childhood Development in the WHO European Region Copenhagen, Denmark 11–12 October 2018



ABSTRACT

The WHO Regional Office for Europe convened the first meeting of an expert group on Early Childhood Development (ECD) on 11–12 October 2018. Global approaches to ECD stress the need for investment. The aims of this meeting were to identify and prioritize the specific needs in the WHO European Region for promoting ECD, including an adaptation of the global approach of the Nurturing Care Framework for the European regional context. The report outlines the recommendations made by the expert group, concluding that the European Region has additional specific needs in areas such as developing an approach to monitoring child development and responding to developmental difficulties.

Keywords

EARLY CHILDHOOD DEVELOPMENT
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The report was written by Sophia Backhaus, consultant, WHO Regional Office for Europe.

Acronyms

ADD+ECD	Addressing Developmental Difficulties and Early Childhood Development (package)
BFHI	Baby-friendly Hospital Initiative
CCD	Care for Child Development (package)
ECD	Early Childhood Development
GMCD	Guide for Monitoring Child Development
HBSC	Health Behaviour in School-aged Children (study)
HIC	high-income countries
ICF	International Classification of Functioning, Disability and Health
IMCI	Integrated Management of Childhood Illness
ISSA	International Step by Step Association
LMIC	low- and middle-income countries
MICS	Multiple Indicator Cluster Survey
MOCHA	Models of Child Health Appraised (study)
NGO	nongovernmental organization
PHC	primary health care
SDG	(United Nations) Sustainable Development Goal
SPC	social paediatric centres
UNICEF	United Nations Children's Fund

Executive summary

Early childhood is a critical period for the child in utero and from birth to school entry to receive the nutrition and care that enable optimal development, and it is the time when preventative and health promoting interventions are most effective. Investing in Early Childhood Development (ECD) is one of the best investments a country can make. Infancy and early childhood are the best time for amelioration of problems that have the potential to cause developmental difficulties. Early detection, monitoring and appropriate interventions therefore are important. Approaches to early detection of developmental difficulties and screening of ECD vary in frequency and scope across Member States of the WHO European Region.

Nurturing care for early childhood development – a framework for helping children survive and thrive to transform health and human potential (referred to in this report as the Nurturing Care Framework) is a global approach to addressing the needs of young children which needs adaptation, as every region has its own specific needs. To address the European perspectives of ECD, the WHO Regional Office for Europe convened a meeting of experts on ECD on 11–12 October 2018 in Copenhagen, Denmark.

The objectives of the meeting were to:

1. identify priority areas of promotion, prevention and interventions for ECD in the European Region, particularly through the health sector; and
2. provide recommendations for developing WHO guidance for promoting ECD and responding to developmental delays in young children in the European Region.

Presentations by expert group members provided regional feedback on the Nurturing Care Framework, with a focus on the European Region, and highlighted needs and priorities in relation to ECD-related promotion, prevention and interventions in the Region. Poster presentations provided an overview of areas of work connected to ECD in the European Region. Groupwork sessions were held to discuss the strength and limitations of the Framework for the Region and explored how the health sector should detect and respond to developmental difficulties.

Experts at the meeting agreed on the following six key recommendations for next steps:

1. develop the European Framework for ECD;
2. review early detection practices of child development and responses to developmental difficulties;
3. organize intercountry consultations on ECD;
4. develop country vignettes on home-visiting practices;
5. develop a regional approach to developmental monitoring and response; and
6. contribute a chapter on ECD to the European Pocket Book for Primary Health Care for Children and Adolescents.

Participants concluded that, as a first step, the Regional Office should develop a regional framework on ECD to aid countries in developing, implementing and monitoring ECD-related actions. The global Nurturing Care Framework sets the promotive agenda towards the formulation of the European Framework for Early Childhood Development.

Introduction

Early childhood development (ECD), including specifically the period from conception to age 3, is the most sensitive period in life, laying the foundation for physical and cognitive development, health, well-being, learning, behaviour and productivity throughout an individual's entire life. Investing in ECD is essential for the health and well-being of current and future generations and society, influencing economic growth and ending poverty. United Nations Sustainable Development Goal (SDG) target 4.2 states that by 2030, all countries should “ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”, making ECD a global priority for the 21st century.

The WHO Regional Office for Europe convened the first technical meeting on ECD with the aim of adapting the global *Nurturing care for early childhood development – a framework for helping children survive and thrive to transform health and human potential* (referred to in this report as the Nurturing Care Framework) (1) for the European Region's context. A diverse group of experts attended the meeting, representing international organizations, academia, medicine, psychology and nongovernmental organizations (NGOs).

The main objectives of the technical meeting were to:

1. identify priority areas of promotion, prevention and interventions with respect to ECD in the European Region, particularly through the health sector; and
2. provide recommendations for developing WHO Regional Office for Europe guidance for promoting ECD and responding to developmental delays in young children in the European Region.

On behalf of Bente Mikkelsen (Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course), Aigul Kuttumuratova welcomed participants to the first of a series of meetings on ECD in the WHO European Region.

Mitch Blair was appointed Chair of the meeting and Sophia Backhaus as Rapporteur. Participants were invited to declare any conflicts of interest; none were noted and the programme was adopted (see Annex 1 for the programme and Annex 2 for a list of participants).

The meeting consisted of four distinct components:

- Session 1 – the global WHO/United Nations Children's Fund (UNICEF)/World Bank Nurturing Care Framework;
- Session 2 – ECD practices in the WHO European Region;
- Session 3 – prevention, promotion and screening during the early childhood years; and
- Session 4 – recommendations and the way forward for the WHO European Region.

Background

The Lancet series on ECD (2016) (2) indicates that the WHO European Region is doing much better in terms of ECD services and minimization of stunting and wasting. However, 3% of children in the European Region live in extreme poverty, and more than 5 million are at risk of not reaching their full developmental potential.

The European Region is diverse. For instance, Tajikistan has succeeded in improving health and social services, but 36% of children have stunting and 31% of the population were living under the national poverty line in 2016. Europe is facing new and continuing challenges that affect children from refugee, migrant and Roma populations, with limited access to health services and opportunities for early learning.

ECD and nurturing care

The WHO/UNICEF/World Bank Nurturing Care Framework addresses important conditions, such as health, nutrition, security, safety, responsive caregiving and opportunities for early learning, through public policies, programmes and services that are needed for a child to survive and thrive from conception to the age of 3. The Framework was launched at the Seventy-first World Health Assembly in 2018; it provides an evidence-based roadmap for action and outlines how ECD actions can be improved by policies and interventions.

ECD is a pressing concern in the WHO European Region. Much of the morbidity and mortality among children under the age of 5 is preventable, yet young children in the Europe Region still die due to preventable causes such as infectious diseases and preventable injuries. Undernutrition, child maltreatment and other adverse childhood experiences contribute to the burden of disease and poor mental health among children. Results from a recent WHO Regional Office for Europe survey (3) found 44 countries (92%) have systems in place to support ECD, but only 39% of these 44 have systems that offer a combination of medical approaches and psychosocial interventions.

The Nurturing Care Framework is relevant to many of the needs of children in the European Region, such as parental skills, breastfeeding, child maltreatment prevention and vaccination. The monitoring of child development, early detection and response to developmental concerns, and the low availability and diversity of screening practices in the European Region, need to be addressed more prominently.

Beyond the Nurturing Care Framework in the Region: identifying the needs of European children

The diversity of approaches to early detection and monitoring of child development and responding to developmental difficulties highlights the need to understand what constitutes essential and adequate levels of response. The meeting aimed to address these issues through input from ECD experts and in the context of WHO's normative functions.

Monitoring and surveillance of ECD in the European Region – country examples

An example of a new monitoring tool for is the Guide for Monitoring Child Development (GMCD), which was designed for, and validated in, low- and middle-income countries (LMIC) (4,5). Its open-ended interview questions strengthen communication between clinicians and caregivers and help to document the child's development. However, it remains unclear if this tool is applicable for high-income countries (HIC).

For further country examples, see Annex 3.

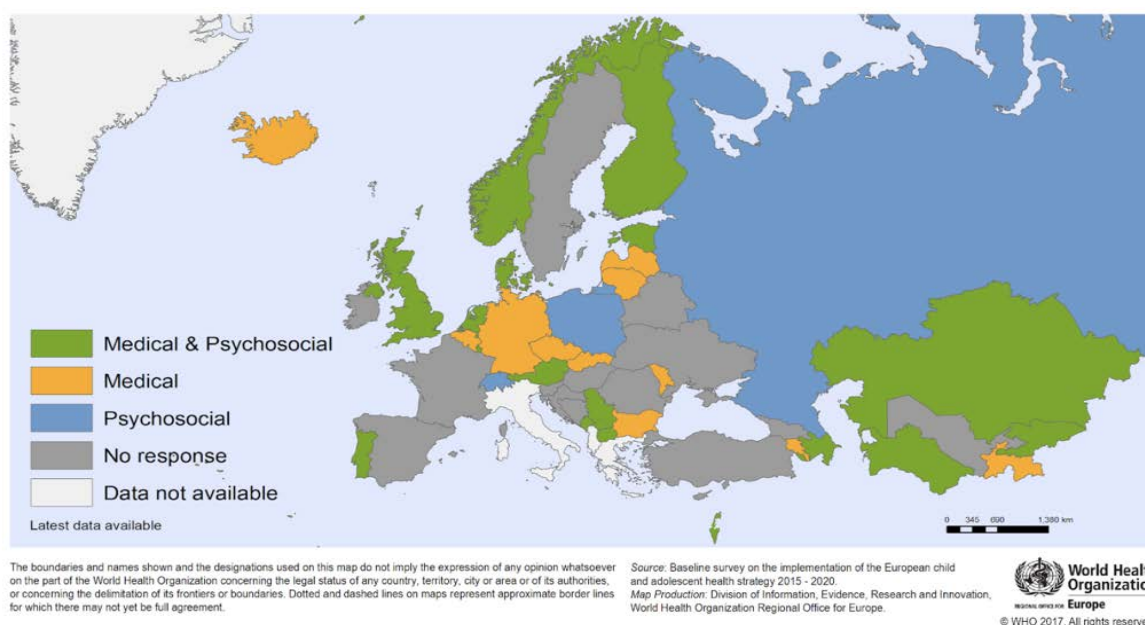
Interventions in ECD in the European Region

The health sector plays an important role in the development of a child's neurological capacities and socioemotional skills by helping parents and families to create a safe and stimulating development environment and providing care that improves children's health, nutritional status, development and well-being.

Findings from the WHO European child and adolescent health survey (3) indicate that the range of elements reported by countries on ECD support systems is broad (Fig. 1):

- 17 countries (36%) reported having a system in place offering both health care and psychosocial interventions;
- 12 countries (27%) reported having a system in place that offers health care; and
- three countries (6%) reported having a system in place that offers only psychosocial interventions.

Fig. 1. Types of systems in place to support ECD in the European Region



Session 1 – the Nurturing Care Framework

Objective: to provide regional feedback on the Nurturing Care Framework with a focus on the recommendations for ECD in the European Region.

The Nurturing Care Framework

Bernadette Daelmans from WHO headquarters presented the global Nurturing Care Framework (1). It encompasses what the child's brain needs and expects for optimal development:

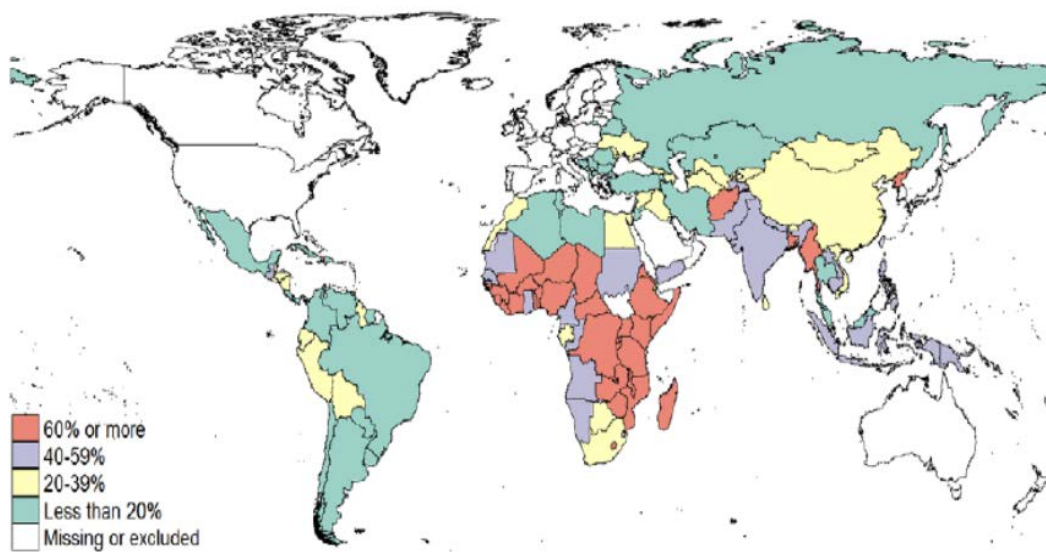
- good health
- adequate nutrition
- responsive caregiving
- opportunities for early learning
- security and safety.

The Framework outlines why efforts must begin in the earliest years, how nurturing care protects children from the worst effects of adversity, and what caregivers need to be able to provide nurturing care. It aims to enable childhood environments that promote nurturing care: enhanced caregiver capacities, empowered communities, supportive services and enabling policies. Policies can ensure time and resources such as maternity protection, cash transfers and health insurances. Risk factors such as poverty, nutritional deficiencies, maternal depression and child maltreatment prevent children from achieving their full potential.

Child maltreatment is a common and leading public health problem in the European Region. Worldwide, at least 250 million children are at risk of suboptimal development due to poverty and stunting (Fig. 2); a risk estimation for Europe is difficult due to lack of information and data.

Fig. 2. Prevalence of poverty and stunting in 2010

At least 250 million children, or 43% in LMICs, are at risk of sub-optimal development due to poverty and stunting



Source: Lu et al. (6). Reprinted from The Lancet, 4(12), Chunling Lu, Maureen M Black, Linda M Richter, Risk of poor development in young children in low income and middle income countries: an estimation and analysis at the global, regional, and country level, e916–e922, © 2016, with permission from Elsevier.

The Framework aims to promote nurturing care for all children via three steps: decrease risk factors, strengthen developmental trajectories, and increase protective factors and promotion of resilience. Attention needs to be focused on both the parental or family caregiver and the child, as well as social determinants and the policy environment. WHO documents such as mhGAP (7) can help address parental mental health, and the Care for Child Development package (CCD) (8) can help address responsive caregiving and early learning. Interventions targeting both child and caregiver can have a variety of aspects and benefits.

Children at greatest risk of not developing their full potential get the greatest benefit of early interventions. Detection of need in children who particularly require early interventions is often compromised because of lack of awareness, stigma, lack of trained staff and expertise in diagnosis, and lack of culturally appropriate open access tools. A systematic review by Marlos et al. reviewed 99 instruments for identifying developmental delays or autism spectrum disorder (9). The review recognized the urgent need to improve approaches for early detection and care of children with developmental difficulties. It recommends a two-staged process of routine assessment followed by an in-depth specialist assessment for those at risk, and a strengths-based approach through which assets and risks in the family and wider environment are considered. As an example, the International Guide for Monitoring Child Development was mentioned.

The main challenges in implementing ECD services in the European Region are the following.

- *Universal support for nurturing care*: what can be delivered through primary health care (PHC), and what additional mechanisms are needed?
- *Targeted support for children at risk*: what level of support is effective in terms of, for instance, frequency, intensity and duration of contacts?
- *Monitoring children's development*: what measures have validity across different settings, and can they be applied in a feasible way?
- *Indicated support*: how can systems be built for a seamless continuum of care, with referral and adequate specialized services that prevent problems arising and address identified needs?
- *Quality and fidelity of services*: how can quality and fidelity in programme delivery be sustained?
- *Population-based assessment*: what are valid and reliable indicators for assessing development of children aged 0–59 months?

WHO is attempting to work on the following needs: WHO guidelines on ECD, new indicators for population-based assessment, guidance on monitoring individual child development, operational guidance to support programming, a web-based platform for knowledge exchange, update of CCD, guidance for addressing developmental difficulties and disabilities, update of mhGAP and maternal mental health training materials.

ECD in the WHO European Region (key indicators)

Sophia Backhaus presented on indicators of nurturing care in the European Region. As a starting point, she presented the proposed indicators from the Nurturing Care Framework that stem from the SDGs, the global strategy for women's, children's and adolescents' health, and the Multiple Indicator Cluster Survey (MICS) (see the Nurturing Care Framework, pp. 48–9).

Child mortality remains a pressing issue in the European Region, with mortality rates ranging from two deaths per 1000 live births to over 50. Mortality rates have declined over

the past decades and the infant mortality rate has flattened. This stresses that not only is the “survive” agenda a high priority in the European Region, but so too is the “thrive” agenda. To identify the proportion of children that need more support to thrive and reach their full potential, an assessment of developmental status is essential. SDG indicator 4.2.1 aims to display the percentage of children who developmentally are on track.

Due to differences in methodology of assessment, large data gaps exist in the European Region. Globally, the European Region has the lowest breastfeeding rates of all regions. Proposed indicators of the Nurturing Care Framework can capture this. Complementary feeding and data on complementary feeding practices for children aged 6–24 months are not systematically collected in the European Region. Further, information on responsive caregiving and opportunities for early learning is rarely available. More information can be found on the European Health Information Gateway (10).

In summary, child mortality has decreased considerably in the European Region within the past decades and has flattened, but disparities between countries remain. There may be a need for more indicators specific to the European Region, and countries need to be encouraged to collect more data.

Nurturing care in the picture of child health redesign – update on progress

Susanne Carai gave an update on the process of the child health guidelines redesign based on global and European reviews of Integrated Management of Childhood Illness (IMCI). The European IMCI review (11) included 16 countries in the European Region that had (or have) IMCI activities in place. Findings of the regional IMCI review showed that while child mortality has declined in the WHO European Region, important inequities persist, including:

- non-evidence-based and evidence-conflicting practices, particularly in the indiscriminate use of antibiotics
- inappropriate medicalization
- unnecessary treatment and hospitalization.

Even though the principles of IMCI remain valid and valuable, lack of recognition of health system realities may render IMCI irrelevant. Privatization, commercialization/for-profit mentality and corruption threaten to undermine evidence-based approaches.

The WHO European Region Meeting on Child Health Redesign (31 October–2 November 2017) stressed the following recommendations:

- standards and competencies for primary care providers for children and adolescents should be defined
- a compilation of guidance should be developed in a user-friendly format for PHC providers (pocket book).

This pocket book should cover additional topics beyond the original IMCI guidelines, including ECD.

Discussion

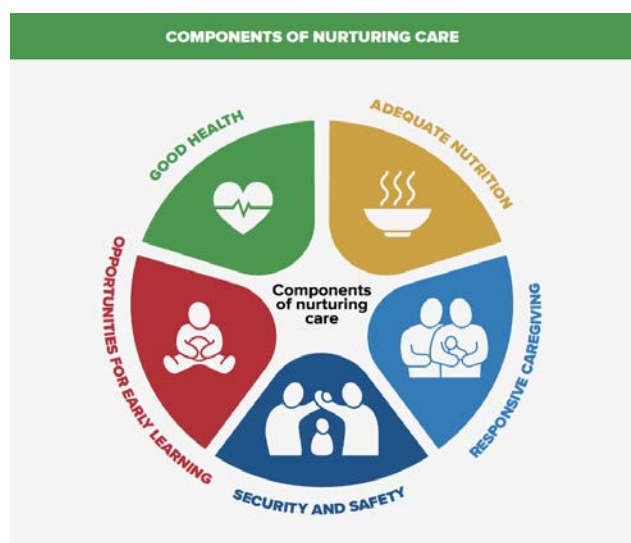
There was some discussion among participants around an ECD component of IMCI and indicators for ECD, specifically the assessment of child development and responsive caregiving. A new WHO survey on maternal and child health is expected to start at the beginning of 2019. The UNICEF/MICS indicator on children developmentally on track refers to age 3 and requires more work, which currently is ongoing. Some indicators start at age 1

but the most vulnerable group of being at-risk for developmental difficulties are infants. Data need to stem from the same methodology – a periodic European survey such as the Health Behaviour in School-aged Children (HBSC) study – but similar attempts for early childhood might help overcome the issue of insufficient data. A consortium involving WHO, UNICEF and the World Bank is leading work on ECD indicator development.

Five focus areas of the NCF in relation to the European Region context

The five components of the Nurturing Care Framework are shown in Fig. 3.

Fig. 3. The five components of the Nurturing Care Framework



Good health

Ilgi Ertem gave a presentation on the first component of the NFC: good health. ECD is a spectrum that ranges from developmental difficulties to optimal development. The framework recognizes the importance of health monitoring. One in six children has a developmental difficulty. Families of children with additional needs require highest-intensity interventions through indicated support. To address the SDG goal of ECD, capacity-building needs to be improved. All health-care providers should have knowledge, skills and attitudes to optimize the development of all children to reach their full potential, monitor their development, and identify and address risk factors and developmental difficulties early. One proposed resource is the Addressing Developmental Difficulties and Early Childhood Development (ADD+ECD) package, which includes the GMCD (5) and respective training modules; it soon will be available as an app.

Security and safety

Yongji Yon, on behalf of Jonathon Passmore, presented the second component of the Nurturing Care Framework: security and safety. Injuries are the leading cause of death in the European Region. For children under 5, these include drowning, road injuries, fire and burns, falls and exposure to mechanical forces. There are many effective injury prevention interventions that can be used for children aged 1–4 years. Several of these can be applied across all child age categories. Injury risks that are critical to address in children of 1–4 years of age are their high risk of burns, scalds, car accidents, falls and drowning.

Examples of drowning prevention include barriers to open water sources, or separating the hazard – the water – from the child (12). For all locations, fencing of open-water sources is critical. In HIC, surrounding swimming pools and spas with fences on all four sides prevents the risk of drowning. In LMIC, barriers can include fencing open-water sources, covering open wells and underground cisterns, and emptying and turning over water basins. The SDGs provide a roadmap to achieving safe and equitable communities for young children by:

1. working together across sectors
2. investing early to ensure safe physical spaces and nurturing social environments
3. improving risk behaviours and environments
4. achieving sustainable health and social benefits.

Further initiatives in Europe include TACTICS (13) and the European child safety action plan (14), led by the European Child Safety Alliance.

Adequate nutrition

Jo Jewell presented on behalf of João Breda on the nutrition component. Stunting data are missing from many countries in the European Region, and data on overweight and obesity in children under 5 are not of high quality. The European Region has the lowest breastfeeding rates in the world, with a median of 13%, despite the Baby-friendly Hospital Initiative (BFHI) (15). New guidelines have been published with updated BFHI guidance (see WHO (16)). Complementary feeding data are sparse. Countries need support in relation to maternal nutrition; there seems to be a gap between the latest research guidelines and programmes in place in countries. Components of growth monitoring and promotion for children under 5 years of age vary across the Region (see WHO (17)).

Responsive caregiving

Deepa Grover presented on the responsive caregiving component. Responsive caregiving is linked to the other four components and includes observing and responding to babies' sounds and movements, reading cues, interpreting children's needs and wants, and responding affectionately and predictably. Examples of activities that support responsive caregiving include skin-to-skin contact (such as kangaroo care), cuddling, baby massage, eye contact, reading aloud and more. The focus is on "serve and return", a process of exchange and interaction with the baby that should involve fathers and other caregivers.

Responsive caregiving is important because it is the basis of responding to illness, responsive feeding, protecting against injury, establishing a relationship of trust and providing opportunities for play and early learning. Responsive caregiving can be supported through home visiting. UNICEF has developed training resource modules for responsive caregiving and other components of nurturing care (18).

Opportunities for early learning

Liana Ghent presented on the component on early learning. Countries vary on their definition of early learning and the age at which programmes for early learning are provided. In Romania, for example, the education law provides for education for children under 3, which represents a progressive approach compared to other countries in the Region. To achieve high quality in early learning practices, professionals should be prepared and supported to provide high-quality practices in services. The International Step by Step Association (ISSA) partnered with UNICEF to develop a resource package that strengthens the professional development of home visitors to support caregivers in providing learning opportunities and play to their young children from birth on (18). ISSA also published a *Quality framework for early childhood practices in services for children under three years of age* (19) which encompasses nine focus areas (from relationships to intersectoral

cooperation) and can be taken up by professionals working with children, parents and families, and national or local stakeholders. The quality framework was piloted in Bulgaria, Lithuania and Slovenia. Roundtable meetings with representatives from ministries and sectors and workshops with professionals led to different outcomes, such as a national communication framework in Bulgaria, a university-level course for preschool teachers in Lithuania and an evaluation of current practices in medical services in Slovenia. Increasing professionalism is an important goal of the framework.

Discussion

Some of the main issues discussed by the group included the following:

- **updated data and evidence:** the lack of sufficient data (for example, in the area of stunting) and strong evidence (on the effectiveness of home-visiting practices, for instance);
- **strengthening of workforce:** gender (mainly female workforces), low-salary issues, lack of skills (promotional interviewing), diversity, ageing of the workforce, listening to their voices and the need for new competencies addressing ECD; and
- **interrelationship between components:** the need for a comprehensive approach between programmes and topic areas was raised; all components of nurturing care are interconnected and need joint work by programmes and organizations.

Session 2 – ECD practices in the WHO European Region

Objective: to identify priority areas of ECD-related promotion, prevention and interventions in the European Region.

Addressing the needs of children with developmental difficulties and their families

Manfred Pretis presented on the gaps identified regarding the fulfilment of needs of children with developmental difficulties. Assessment and understanding of prevalence rates of children diagnosed with disability and in need of services vary across the Region (from 2–12% of children). Disability measurement is based mainly on categorization, but the focus should lie on whether services are needed. Parents are often the ones who request services.

Early detection of developmental difficulties, which requires that PHC professionals are aware of, and empowered to deliver, family-related services, is essential. Sectorizing (PHC, secondary health care, tertiary health care) tends to impair efficient service delivery. Parents should be put into focus and empowered to be able to intervene. A common language in monitoring and detecting developmental difficulties is lacking. The International Classification of Functioning, Disability and Health (ICF) might help to overcome this problem if introduced widely.

Discussion

There was discussion around the issue of overdiagnosis and its relationship to vulnerable child syndrome (repetition of ECD testing potentially producing a trajectory in which parents think their child is vulnerable and therefore overprotect, which might lead to serious health implications for the child). Participants recommended a shift solely from screening and labelling to an environment that promotes a protective approach to detecting developmental difficulties and supporting the child and family with services provided within a multidisciplinary team. Early identification and intervention need to be evidence-based and require country adaptation (language and system). Respective services should be sufficiently sensitive to reach the most vulnerable without increasing incentives for treatment and privatization of services, as seen in the IMCI review (11). Evaluation and high-quality data can help to identify best practices and approaches.

Participants concurred on the following statement:

Detect as early as possible, label as little as possible, provide the services that are needed, and provide an algorithm of eligibility.

Groupwork

Following the presentations, meeting participants split into three working groups to discuss the following questions for each component of the Nurturing Care Framework, respective to their groupwork area (promotion, prevention, monitoring and response).

1. What are the elements we need to keep for the European context?
2. What are the elements we need to cut out (if any) for the European context?
3. What are the elements we need to add for the European context?

4. What is actually in place for promotion/prevention/monitoring and response?

The results of the group work were presented and discussed in plenary session.

Component 1. Good health

To be added:

- promote physical activity and exercise
- promote play
- promote attainment of continence/toilet training
- link vaccination uptake to hygiene practices to stress the importance of universal access
- add use of fluoride in toothpaste for relevant age group
- attention to sleep
- attention to relationships, friendships and love
- address the physical and mental health and well-being of caregivers, not only children.

Component 2. Adequate nutrition

To be added:

- complementary food and drinks (sugary drinks) that should not be part of nutrition in ECD
- monitoring of child growth and nutrition
- monitoring environments for children (education, marketing, breastfeeding)
- monitoring and provision of state provision (education, supplementation, welfare support, promotion of breakfast and family meals, BFHI)
- feeding in a health promoting way
- supplementation during pregnancy
- sensitivity to contextual factors (such as refugee families in the Region)
- role of the food industry.

To be cut out:

- “and when children’s daily diet fails to support healthy growth, they need micronutrient supplements of treatment for malnutrition (including obesity)”.

Component 3. Responsive caregiving

To be added:

- on top: building trust and social relationships
- suggest practical activities
- caregivers’ parenting education
- address the positive and negative impact of smartphones and electronic devices on responsive caregiving and communication

- caregiving by other than mothers: a. fathers: strengthen role of fathers; b. parenting in difficult situations: adolescent parents, single parenting, parents in hospitals, parents in prisons, homelessness, migrant/refugee status
- ability of caregivers to seek (additional) support from external professionals (such as doctors).

Component 4. Early learning

To be added:

- early learning does not always come from parents: increase relevance to other forms of care
- highlight what learning entails
- emphasize the importance of play as intervention
- rephrase to “stimulation” and “play” rather than “learning”
- emphasize caregiver–child activity centres, reading, language, mother tongue
- address early learning needs of children with developmental difficulties
- address screen time (choose content and limit watching time)
- address reading.

Component 5. Security and safety

To be added:

- prioritize caregivers’ health including mental health
- educate parents on risks for young children
- support children to develop an understanding of risks
- provision of home safety equipment
- legislation and enforcement (speed limits, car seats)
- highlight areas that are the main causes of injury in Europe and emphasize monitoring and intervention
- address adverse childhood experiences and access to protection services
- indoor air pollution (closing off ventilation)
- hazards in the household.

General discussion points

The main discussion points were the following.

- An introductory chapter on basic principles/foundations for good ECD, including statements such as “All children need good sleep”, might be useful.
- Responsive caregiving is crucial and should be the first component.
- Nurturing care should be addressed in the context of the system (government), highlighting support from the broader system. Monitoring is not only the responsibility of parents, but also of the system. There are preconditions for good-enough parenting and these need to be understood and addressed by health workers.
- Parents might not be able to fulfil the requirements of the Nurturing Care Framework. Policies addressing parenthood are needed (maternal and parental leave policies,

structural support, childcare connected to workplace, breastfeeding facilities and enabling policies, etc.).

- Professionals working with children and families should model all suggested behaviours (including responsive caregiving).
- Concepts need to be unpacked and practical activities/examples of suggested actions added.
- There is a need for a component of “Play”. This might be reflected in a change or addition of the words “early learning” to “play” or “stimulation”.
- Elements need to be reprioritized in relation to the needs of the European Region.
- The need for child-friendly cities should be added.
- Challenges linked to children in migrant/refugee populations are important issues in Europe.
- The availability and quality of the trained health workforce was discussed.

Session 3 – ECD prevention, promotion and screening: identifying priorities for actions and methods of service delivery

Objective: to discuss priority actions and ways of delivery of prevention, promotion and detection of developmental delays during the early childhood years in the European Region, particularly through the health sector.

Groupwork

Objective of the group work: to discuss priority actions in the delivery of monitoring and response to developmental difficulties/concerns in the European Region.

The participants split into three working groups to discuss the following questions.

1. How should the health sector in the European Region detect developmental delays?
2. How should response to developmental delays be organized to ensure best outcomes?

Feedback from working groups

Detection of developmental delays

Meeting participants saw the health sector as the first entry point for the detection of developmental delays, but all related sectors (such as education, social and welfare) also carry a responsibility. Replacing the word “delays” with “concerns” was proposed. The following principles of detection were identified:

1. engaging with families, including information provided by parents, and establishing long-term relationships;
2. making every contact count;
3. ensuring detection starts no later than five months after birth and continues through the early childhood years;
4. using a common framework and language (glossary of technical terms);
5. using approved tools; some form of screening is important to detect children in need of support;
6. seeing developmental needs on a spectrum;
7. ensuring the response to detection is proportionate and timely for those children;
8. strengthening the evidence-base for common issues, such as addressing developmental concerns;
9. shifting from universal to local platforms; government actions need to be proportionate to needs in relation to detection and response to developmental concerns; and
10. adapting detection principles to the specificities of each country’s health system.

Response to developmental difficulties

The following principles of the response to developmental difficulties were identified.

- Immediate response:

- respectful communication and sharing of concerns with parents
- responding to parents' emotional reactions and providing support
- offering links to peer support
- professionals should seek help and advice where needed.
- Triage:
 - urgency versus severity
 - potential for change of outcome
 - balance level of intervention with the potential outcome.
- Delivery of services:
 - should take place in natural (such as home) settings and with caregivers
 - identification of a key person responsible for coordination and organization of early interventions
 - addressing children's right to inclusion
 - specialist health services should conduct outreach and work in collaboration with other sectors and networks (including social, education and community).

Overall discussion points

With regard to monitoring and response, the following specific actions and services were proposed by participants.

- Across all ages:
 - responsive care from birth
 - universal health coverage
 - continuum of care
 - trained and skilled staff
 - teamwork in PHC
 - partnership
 - easy access to services
 - evidence-based tools
 - referrals to adequate services
 - mechanisms for notification of check-ups
 - cross-sectoral collaboration
 - promotion of a strength-based approach across sectors
 - clear pathways of referral (flow chart).
- Preconception:
 - cooperation between the health and education sector.
- Antenatal:
 - regular preventive check-ups and screening
 - antenatal classes, including advice on health behaviours for parents
 - home visits

- prevention of premature birth.
- *At birth:*
 - ensuring safe delivery
 - screening at birth
 - trained staff for counselling families of children with disabilities at birth.
- *Neonatal, infancy, young childhood:*
 - detecting, supporting, monitoring, diagnosing and referring appropriately
 - home visits by nurses or midwives
 - developmental check-ups
 - evidence-based tools.

Session 4 – recommendations and the way forward

Objective: to provide recommendations for developing WHO and partners’ guidance for promoting ECD and responding to developmental concerns in young children in the European Region.

Discussion on the way forward

Mitch Blair proposed shifts at different levels to address ECD in the Region. He stressed the importance of intersectoral working and proportionate universalism (“All families need some support, but some families need all the support they can get” (Deepa Grover)).

Meeting participants agreed on 11 principles for ECD in the European Region shown in Table 1.

Table 1. Eleven principles for ECD in the European Region

Principle	Moving FROM ...	Moving TO ...
1	ECD as only relevant in education	health as the gateway to ECD
2	a lack of resources	an approach that recognizes caregivers as a resource
3	an organisation-centric approach	a family-centric approach
4	a deficit approach	a strength-based approach
5	detection and referral	help and support
6	developmental disorder detection	a perspective of ECD as a spectrum
7	disability	prevention
8	a variety of terminologies and codes	a common vocabulary used by all professionals
9	health service only	health in collaboration with other sectors, while reminding sectors of their responsibilities
10	only NGO and community support	joint governance and accountability
11	a variety of practices	defined standards for ECD

Plenary discussion: does the Nurturing Care Framework adequately serve the WHO European Region?

The final discussion centred on the Nurturing Care Framework and how well suited it is to the European Region. The Nurturing Care Framework was seen as an entry point to stress the importance of ECD to governments and can guide the development of a European framework. The Framework can help to move things in countries in which efforts from outside are sensitive issues, can be seen as an opportunity for change, and is needed in the European Region.

Participants recommended the development of a WHO European ECD framework for the following reasons:

- the term “nurturing care” has difficulties in translation to European languages;
- there are Europe-specific needs for ECD, such as refugee and migrant children, lack of properly trained health-care workers, digitalization and modern family households; and

- issues around monitoring, assessment of and response to developmental difficulties are not clearly articulated in the global Nurturing Care Framework, and this pillar should be designed in the regional ECD framework.

Next steps, closing and recommendation

Participants of the technical meeting on ECD recommended the development of a WHO European Region ECD framework. This framework would include areas of promotion, prevention and a European Region adaptation of the five key components of the global Nurturing Care Framework. In addition, the importance of a chapter on identification and response to developmental difficulties in the European Region framework was highlighted.

Further areas of work were also identified. The Models of Child Health Appraised (MOCHA) project can demonstrate monitoring practices for developmental delays and response to developmental difficulties in the European Region. There is a need for a broader regional intercountry consultation with countries on ECD in the European Region. Selected Member States' experiences of home-visiting practices in relation to ECD will be presented in the form of vignettes from a wide range of countries.

In addition to the recommendations, participants proposed that the European Pocket Book for Primary Health Care for Children and Adolescents should include a chapter on ECD and on developmental monitoring and response to developmental concerns.

Participants discussed future work, such as: the identification of the role of health workforces in ECD, including availability, qualifications and training; incentives for the health workforce; health literacy in relation to the role of parenting; and addressing ECD in the context of the WHO European Healthy Cities Network.



Meeting participants

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Annex 1. Programme

Thursday 11 October 2018 (Day 1)

Opening

- Welcome by WHO Secretariat
- Appointment of Chair and Rapporteur
- Briefing on objectives, expected outcomes and adoption of meeting programme
- Introduction of participants

Session 1 – The Nurturing Care Framework

- The Nurturing Care Framework (Bernadette Daelmans)
- ECD in the WHO European Region – key indicators (Sophia Backhaus)
- Nurturing Care in the picture of child health re-design – update on progress (Aigul Kuttumuratova, Susanne Carai)

Discussion on the five focus areas of the Nurturing Care Framework in relation to the European context

- Good health (Ilgi Ertem)
- Security and safety (Jonathon Passmore)
- Adequate nutrition (Jo Jewell)
- Responsive caregiving (Deepa Grover)
- Opportunities for early learning (Liana Ghent)
- Discussion (Martin Weber)

Session 2 – ECD practices in the WHO European Region

- Overview of ECD in the WHO European Region (Sophia Backhaus)

Poster presentations²

1. From early childhood education to interdisciplinary family-focused early childhood intervention in Hungary (Barbara Czeizel)
2. Primary health care (PHC) and home visiting services to support families for nurturing care (Deepa Grover, Bettina Schwethelm)
3. Stepwise developmental diagnostics and care in Germany (Gottfried Huss)
4. Maternal depression (Ilaria Lega)
5. Monitoring child development as a component of the Nurturing Care Framework (Revan Mustafayev, Ilgi Ertem)
6. Scotland's approach to ECD (John Froggatt)
7. Diagnostics and treatment of early childhood mental development delays and disorders in the Russian Federation (Georgii Karkashadze, Leyla Namazova-Baranova)

² Summaries of the poster presentations are given in Annex 4.

8. Transsectorality as a key principle for addressing children with developmental difficulties (Manfred Pretis)
9. Systemic approach for preventive early childhood interventions: learning from Austria (Marion Weigl)
10. Primary care systems – ECD focus from the MOCHA Project (Mitch Blair, Michael Rigby, Denise Alexander)
11. Early childhood prevention services in Germany (Nathalie Bélorgey)
12. Care for Child Development – past, present and future (Nurper Ulkuer)
13. Healthy start for Roma children (Sarah Klaus)
14. ECD models and referral pathways in Armenia (Sergey Sargsyan)
15. ECD prevention in primary health care in Serbia (Svetlana Janković)
16. Addressing Developmental Difficulties and ECD package (ADD+ECD) (Ilgi Ertem, Revan Mustafayev)

Group work

Strengths and limitations of the Nurturing Care Framework for the WHO European Region in relation to:

1. Promotion of ECD (Group 1)
2. Provision of preventative ECD services (Group 2)
3. Provision of monitoring development and interventions for developmental delay (Group 3)

Feedback from groupwork and plenary discussion (Bernadette Daelmans)

- Does the Nurturing Care Framework adequately serve the WHO European Region?
- What else might be needed?

Reflections from day 1 (Aigul Kuttumuratova)

Friday 12 October 2018 (Day 2)

Recap of day 1

Session 2 – ECD practices in the WHO European Region (contd)

- Addressing the needs of children with developmental difficulties and of their families (Manfred Pretis)

*Session 3 – ECD prevention, promotion and screening: how much is too much?
Identifying priorities for actions and methods of service delivery*

Group work

1. How should the health sector in the European Region detect developmental delays?
2. How should response to developmental delays be organized to ensure best outcomes?

Session 4 – Recommendations and the way forward

- Presentations of group work and discussion on the way forward (Mitch Blair)
- Next steps and closing (Martin Weber)

Annex 2. Participants³

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³ An asterisk beside a participant's name indicates that he/she did not attend the meeting but provided input.

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Annex 3. ECD country monitoring examples

Armenia

Who? Paediatrician, family doctor, and paediatric nurse

How? Child Developmental Inventory for children aged 0–5 by Ireton

How often? 12 visits

When? 12 well-child visits at ages of 1.5, 3, 4.5, 6, 9, 12, 15, 18 months, 2, 3, 4, 5 years

What? It includes: clinical examination, child developmental chart (health worker, parents) and Child Development Review form; screening to identify children of risk group for future reassessment and referral to other levels of care

Prenatal services provided? Yes

Reference: Experience of Armenia in improving care for the children with developmental disorders and disabilities – case study. Yerevan: Arabkir Medical Centre–Institute of Child and Adolescent Health, Yerevan; unpublished.

Austria

Who? General practitioners and respective specialists

How? APGAR-Test, Newborn-Screening, and others

How often? 9 visits

When? 1. in the first week of baby's life (health-care provider in the hospital); 2. at the age of 4–7 weeks (including orthopaedic examination); 3. at 3–5 months; 4. at 7–9 months; 5. at 10–14 months (including an eye examination); 6. at 22–26 months (including examination by ophthalmologist); 7. at 34–38 months; 8. at 46–50 months; 9. at 58–62 months

What? Clinical examination, child development charts, orthopaedic examination, HNO examination, eye examination, screening for congenital diseases, etc.

Prenatal services provided? Yes

Reference: Mother–child pass. In: Federal Ministry of Labour, Social Affairs, Health and Consumer Protection [website]. Vienna: Federal Ministry of Labour, Social Affairs, Health and Consumer Protection; 2019

(https://www.sozialministerium.at/siteEN/Health/Health_care_services/Mother_child_pass/).

Germany

Who? Paediatrician

How? APGAR-Test, Newborn-Screening, and others

How often? 12 visits

When? 1. U1: after birth; 2. newborn screening: 2–3 days; 3. newborn hearing screening: 1–3 days; 4. U2: 3–10 days; 5. U3: 4–5 weeks; 6. U4: 3–4 months; 7. U5: 6–7 months; 8. U6: 10–12 months; 9. U7: 21–24 months; 10. U7a: 34–36 months; 11. U8: 46–48 months; 12. U9: 60–64 months

What? Clinical examination, child development charts, examination by specialists

Prenatal services provided? Yes

Reference: U1 bis U9 – zehn Chancen für Ihr Kind. 0-6 JAHRE [U1 to U9 – ten chances for your child. 0–6 years]. In: Federal Centre for Health Education (Bundeszentrale für Gesundheitliche Aufklärung, BZgA) [website]. Cologne: Federal Centre for Health Education (Bundeszentrale für Gesundheitliche Aufklärung, BZgA); 2019 (<https://www.kindergesundheit-info.de/themen/entwicklung/frueherkennung-u1-u9-und-ji/untersuchungen-u1-bis-u9/>).

Hungary

Who? First-level: health visitors; second-level: general practitioner or paediatrician

How? Parental questionnaire for early child development screening

How often? 15 visits

When? The 15 threshold 1, 2, 4, 6, 9, 12, 15, 18, 24, 30 months; 3, 4, 5, 6, 7 years

What? Parental and health visitor's findings or examination may warrant attention from a paediatrician/general practitioner

Prenatal services provided? Yes

Reference: Angol nyelvű szülői kérdőívek [Parental questionnaire]. In: Koragyermekkorai program [Early Childhood Programme] [website]. Budapest: Koragyermekkorai program; undated

(http://www.koragyermekkor.hu/szuloi_kerdoiv/idegen_nyelvu_letoltheto_szuloi_kerdoivek/angol_nyelvu_szuloi_kerdoivek.html?query=Angol).

Annex 4. Poster presentations

Original posters can be found in the online appendix.

1. From early childhood education to interdisciplinary family-focused early childhood intervention in Hungary

Presenter: Barbary Czeizel

Background: Legislation from 1993, “The duty of special educational counselling, early development, education and care under Section 18(2) a) of the Act on National Public Education (hereinafter referred to as “early development, education and care”), is a complex early childhood prevention, counselling and development measure from the time of determination of eligibility for care for the purposes of:

- promoting the development of the child,
- strengthening the competences of the family
- supporting the social inclusion of the child and family.

The tasks of early development, education and care shall include complex special educational, conductive pedagogical counselling, the development of cognitive, social, communication and language skills, and the development of movement and psychological support.”

Highlights: families are at the centre, surrounded by a variety of professionals. The Childhood Programme 2012–2015 aims to provide complex support for healthy development and early recognition of developmental delays in children aged 0–7 years and is focused on health visitors, primary care physicians and parents. The Intersectoral Development of Early Childhood Intervention 2017–2021 aims to ensure the earliest possible recognition, screening and diagnosis of infants and toddlers with developmental risks and disorders, and provision of professional and other types of support for families.

2. Primary health care (PHC) and home-visiting services to support families for nurturing care

Presenters: Deepa Grover, Bettina Schwethelm

Highlights: multi- and single-country assessment of needs, equity gaps, and opportunities in the health sector to improve young child well-being have been conducted in around 20 countries in Europe and Central Asia (ECA). A regional UNICEF conference in 2012 agreed on the universal progressive home-visiting model. A technical advisory group supported the guidance and development of a training resource package, in partnership with the International Step by Step Association. The guidance includes a strong equity focus, encompasses all five nurturing care components, and is a new approach to working in partnership with families.

Countries have translated the home-visitor modules and adapted them for in-service and, in some cases, pre-service training. In 2017, 17 of 21 countries were engaged in reform of home-visiting services. By mid-2017, nearly 240 trainers and 1500 home visitors had been trained. Ten countries were also engaged in building capacity at PHC level in developmental monitoring/early intervention.

Evaluation: programmes mainly follow Ministry of Health timelines and priorities. Implementation and evaluation activities are often underfunded and limited, but some countries planned evaluation of effectiveness.

Gaps and needs in Europe:

- increase understanding that universal platforms can be maximized to prevent, promote and identify the need for additional services early on;
- nurturing care services need to be covered and reimbursed by national insurance funds;
- agreement on key indicators; and
- implementation research and formative/summative evaluation.

Priorities and scaling-up: maximize outcomes of sustained, high-quality home-visiting programmes, vertical and horizontal coordination of nurturing care services, and inclusion of nurturing care services as a part of universal health coverage.

3. Stepwise developmental diagnostics and care in Germany

Presenter: Gottfried Huss

Background: abnormalities in child development are often observed by parents, kindergartens, public health offices or therapists. Children are referred to paediatricians and screened during well-child visits.

Highlights: actions at well-child visits include tracking of neonatal screening, periodic measurements, sensory screening, developmental and behavioural health, physical examination, anticipatory guidance and immunizations. With suspected developmental abnormality, children receive basic diagnostics through social paediatric centres (SPC) or paediatricians, followed by support or therapy and evaluation diagnostics. Red-flag diagnostics are referred to specialists/SPC immediately.

Germany has 160 multidisciplinary SPCs in addition to primary paediatric care. All SPCs adopt a systematic approach, taking the family and social situation into account.

Evaluation: heterogeneity of tests and care of developmental abnormalities in Europe.

Gaps and needs in Europe:

- better networks for nurturing care
- variation and lack of standards in Europe
- effectiveness and quality improvement should be investigated before recommendations are published
- identification of, and decision on, best practices
- need for professional training and training standards in nurturing care
- cooperation between European paediatric societies and WHO.

Priorities and scaling-up: ECD is a priority for social paediatrics.

4. Maternal depression

Presenter: Ilaria Lega

Background: major depressive disorder has a point prevalence of 3–5% during pregnancy and 5% in the first three months postpartum in high-income countries, with higher prevalence rates of minor depression (11%, 13%). Mental health problems of mothers are associated with adverse outcomes for fetus, baby and mother, including lower birthweight, prematurity and suicide, and have poorer long-term outcomes for children, such as

behavioural problems. The Italian Obstetric Surveillance System collects and disseminates information on maternal/perinatal mortality and morbidity.

Highlights: a retrospective study on women who died by suicide within one year of the end of pregnancy revealed that maternal suicide is a relevant cause of maternal death in Italy, with an increased risk for women with previous mental health issues. The evaluation of an intervention for the early recognition and treatment of maternal depression and psychosocial needs during pregnancy and after birth in the primary care setting showed the sustainability and feasibility of the intervention, but insufficient general practitioner involvement and lack of perinatal mental health staff.

Evaluation: the Italian Ministry of Health recognized the importance of the issue and provided grants for projects. The intervention will be implemented on a larger scale and its effectiveness assessed.

Gaps and needs in Europe: good communication between primary care, mental health and maternity services is critical for good-quality care for women with mental ill health and need to be improved in several European countries. Mental health of mothers needs to be the subject of routine enquiry.

Priorities and scaling-up: communication between professionals, expert perinatal mental health care is needed.

5. Monitoring child development as a component of the Nurturing Care Framework

Presenters: Revan Mustafayev, Ilgi Ertem

Background: the Nurturing Care Framework recognized the importance of monitoring individual children's development and calls on primary health systems to strengthen capacities for including developmental monitoring within their services. Developmental monitoring aims to keep track of, and support, each child's development. It differs from screening, which has a predetermined timeframe, and which aims to detect any aberrations.

Highlights: core principles of monitoring child development have been identified. Monitoring child development:

1. is informed by and incorporates theory;
2. is longitudinal;
3. is informed by risks and protective factors;
4. builds rapport and partnership;
5. recognizes what to screen for and when, and the limitations of a screening approach in early identification of developmental difficulties and early intervention;
6. applies evidence-based, standardized, validated tools that can readily be used;
7. equips PHC providers with seamless transitions between developmental monitoring, support and early intervention;
8. is comprehensive;
9. does not create inequalities or stigmatization
10. is brief, practical and, like all components of primary care, free of cost to children and families.

The ADD+ECD package aims to provide service providers with knowledge, skills and attitudes in optimizing ECD, prevention of developmental difficulties, monitoring and supporting ECD, and early identification and early intervention for developmental difficulties.

Gaps and needs in Europe: there is a great need for improvement and scaling-up of health providers' knowledge, skills and attitudes related to promoting ECD and addressing developmental difficulties in many countries in the European Region.

Priorities and scaling-up: strengthen capacities for monitoring individual children's development and facilitate timely referrals to specialized care for children and families who need it.

6. Scotland's approach to ECD

Presenter: John Froggatt

Background: the Scottish Government sees Scotland as a society that treats all of its people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way. Young children and their futures are a key part of this society. In Scotland's National Performance Framework, the outcome for children and young people is that they "grow up loved, safe and respected so that they realize their full potential".

Highlights: the Scottish Government has the following actions in place:

1. pre-conception: public health messages and pre-conception advice/provision (includes advice on smoking, drinking alcohol, healthy diet and vaccinations, and provision of free vitamins to all pregnant women);
2. pre-birth to 6–8 weeks: at the first visit any risks will be assessed (up to 10 contacts take place in this period; a baby box is provided between 28 and 32 weeks of pregnancy and home visits take place at 32–34 weeks);
3. postnatal: eight home visits take place within the first year of life;
4. infancy: when the child is 13–15 months and 27–30 months, formal home review of the family and child's health take place using a consistent, validated tool;
5. toddlerhood to pre-primary: an additional formal home review of the family's and child's health transpire when the child is about to start school.

A variety of policies, strategies, action plans, packages and actions target all components of the Nurturing Care Framework. Examples are free vitamins, a free milk in nurseries scheme, a child protection improvement plan, a mental health strategy, and a child and adolescent health and well-being action plan.

7. Diagnostics and treatment of early childhood mental development delays and disorders in the Russian Federation

Presenters: Georgy Karkashadze, Leyla Namazova-Baranova

Background: poor mental health in ECD is an urgent problem for the Russian Federation state and society. Deriving from early childhood, mental development disorders cause various significant problems in adulthood: disability, low labour efficiency, failure in marriage, antisocial behaviour or law violation.

Highlights: early detection of developmental disorders is highly relevant, especially in children who have not sustained perinatal brain damage or been born premature. Early detection of mental developmental abnormalities in the Russian Federation is based on compulsory examination of children under 3, which is included in mandatory health insurance. Russian parents often signal problems with their children. Children with developmental difficulties receive multisectoral and multidisciplinary assistance.

Evaluation: the scheme for diagnosing and assisting children with mental developmental delays and disorders in the Russian Federation has been evaluated. In regions that fully

applied the scheme, the detection of severe cognitive impairment in the form of intellectual disability and autism up to 3 years was close to 100%, and that for mild cognitive impairment reached more than 50%. The lack of specialized diagnostic and treatment outpatient centres and hospitals to provide full assistance is problematic. Small towns and rural areas do not cover the range of services. The mandatory health insurance system is effective in problem identification, but further in-depth diagnosis and comprehensive care requires private funding.

Gaps and needs in Europe: Europe has diverse child health systems, with three different systems in place. Recommendations for Europe should take into account the specifics of each system and should be tailored to the needs of countries.

Priorities and scaling-up:

1. more effective interaction between different sectors under the control of the health system
2. a new proposed paradigm: “Manage treatment”
3. development of distant online video systems for assessing the mental development of children living in remote regions of the Russian Federation and other large countries.

8. Transsectorality as a key principle for addressing children with developmental difficulties

Presenter: Manfred Pretis

Background: early childhood is facing a huge plasticity of individual pathways and a huge heterogeneity of players. We need to identify who these key players are and how they can work together in a coordinated family-centred way, how other countries address this challenge and what their good practices are, and which lessons can be learnt from other countries.

Highlights: the best and only way to address developmental needs is through primary caregivers, but not every family needs the same, depending on their needs and provided services.

Evaluation: the European Region has a variety of models: northern European – community-based; central European – service-based; southern European – mixed; and eastern European – emerging models. The gateway can be the health sector, from which the social and education sector is coordinated, and parents should remain in focus. For this, systems need to invest in the first 18 months to 2 years in parenting, then in long-term education-based interventions and training.

Gaps and needs in Europe: family-centred systems.

Priorities and scaling-up: necessary steps in Europe are implementation of transsectoral steering entities at all levels, dynamization of existing PHC structures towards the concept of nurturing care, use of synergies, consideration of the contributions of communities and families, creation of sustainable systems, and consideration of prevention-incentive systems instead of treatment-incentive systems.

9. Systemic approach for preventive early childhood interventions: learning from Austria

Presenter: Marion Weigl

Background: the Austrian early childhood intervention programme “Frühe Hilfen” is generally aimed at supporting families during pregnancy or early childhood (ages 0–3) who find themselves in burdened life situations. The underlying model entails a combination of

indicated and universal prevention, although implementation of the latter still needs to be clarified. Indicated prevention has been implemented throughout Austria.

Highlights: the main objectives are: a. raising awareness among those who can identify and reach families; b. providing continuous and comprehensive family support; and c. ensuring network-management for the establishment and continuous maintenance of regional networks. The overall objective is to contribute to the long-term empowerment of families.

Evaluation: an evaluation was carried out to assess the influence of regional differences and evaluate whether achieved results are in line with the theoretical model. Results show that families at risk are identified, reached and provided with required services and interventions, with a reduction of burden in families. Funding and cooperation remain obstacles, as do activities of stakeholders that are not in line with the theoretical foundation.

Gaps and needs in Europe: there is a need for knowledge exchange on different models and best practices between countries, and broad implementation of comprehensive models of early childhood intervention is lacking in the European Region.

Priorities and scaling-up: access for socially disadvantaged groups and advocacy and awareness-raising on the importance of ECD within society and professions were identified as priorities for Europe.

10. Primary care systems – ECD focus from the MOCHA project

Presenters: Mitch Blair, Michael Rigby, Denise Alexander

Background: the Models of Child Health Appraised (MOCHA) project is a study of PHC in 30 countries in the European Union and European Economic Area.

Highlights: a variety of survey questions have been asked of country agents. These include questions on developmental checks and immunization in primary care (such as, “Who conducts the screening?”), diagnosis and treatment (“Is medication delivered in primary or secondary care?”), recording and communication in primary care (“Are home-based records issued at birth?”), and identification and treatment of long-term conditions (“Who provides normal preventive care and screening?”).

Evaluation: a final report will be published with the findings of the survey.

11. Early childhood prevention services in Germany

Presenter: Nathalie Bélorgey

Background: In 2007, the National Centre for Early Prevention was established and tasked with the coordination of the Federal Initiative for Early Childhood Intervention from 2013 to 2017. The initiative aimed to set up and strengthen preventive care services for families in difficult life situations. Since 2018, ECD in Germany has a permanent foundation with mandatory federal funding and cooperation among government levels (federal, state and municipal).

Highlights: the focus lies on the establishment and strengthening of local integrated cross-sectoral networks of cooperation for early childhood prevention by providing home-visiting measures. The National Centre for Early Prevention provides support as a nationwide competence and resource centre.

Evaluation: achievements include nationwide structures of early childhood intervention, positive assessment and acceptance of services by families in need, and the positive impact of support by home-visiting professionals. Challenges such as the further development of networks for early childhood intervention, lack of qualified specialized staff, social gradients

in the use of services, the limited impact of home-visiting care for some highly burdened families, and insufficient transition to intensive follow-up support remain.

Gaps, needs, priorities and scaling-up in Europe: there is a need for exchange on best practices between countries and development of indicators to ensure accessibility of families with high or multiple psychosocial burdens, counteractions against increasing needs due to rising income inequalities, targeted support for families with a refugee or migration background, secured funding, and an approach to the issue of shortage of specialized staff.

12. Care for Child Development – past, present and future

Presenter: Nurper Ulkuer

Background: Care for Child Development (CCD) is based on Integrated Management of Childhood Illness (IMCI) and linked to feeding. The first draft was prepared by WHO in 1998 and was taken up by countries around the world.

Highlights: Health workers have been trained in CCD in a variety of settings and countries. CCD was included in basic medical and nursing training.

Evaluation: an evaluation of the implementation of CCD in Jamaica showed promising results, with better outcomes regarding nutrition, cognition and language development.

Gaps and needs in Europe: there is a need for professionalization (workforce profile and competencies), institutionalization (multisectorality and clear responsibilities for ECD) and operationalization (framing of nurturing care, and age range).

Priorities and scaling-up: how can we sustain capacity development?

Workforce:

- policy- and programme-level dialogue on prioritization of tasks for health workers
- minimum inputs to ensure effective integration (skilled master trainers in ECD)
- need for a skill-based curriculum and development of supervisory skills.

13. Healthy start for Roma Children

Presenter: Sarah Klaus

Background: 10–12 million Roma people live in Europe. Roma children are at increased risk of developmental difficulties, with an infant mortality rate that is six times higher than the average, and also higher prevalence of underweight, stunting and illness, and less vaccination coverage. Roma often have restricted access to health care and more than 80% of the Roma population live in households that fall below national poverty lines. To address these health issues and increased risks, the Roma population needs to be listened to and involved in the design and implementation of programmes that suit their needs.

Highlights: a variety of programmes have been implemented. The “Strong from the start” project in Serbia aims to improve parental competencies and capacities and targets Roma parents and Roma children aged 0–7. It was implemented in 15 communities in Serbia. The “Healthy start” programme in Bulgaria aims to improve maternal and infant health outcomes in the Roma population.

Evaluation: the Serbian project has been tested rigorously in a sample of 900 families. Children benefited from the programme in terms of higher school readiness, socioemotional development, numeracy, early literacy and persistence.

Gaps and needs in Europe: there is a need for early interventions in the Roma population in Europe.

14. ECD models and referral pathways in Armenia

Presenter: Sergey Sargsyan

Background: Young children receive screening at primary level. Children who are classified as being in a risk group or having developmental delays are referred to assessment and rehabilitation at regional or community level, then to multidisciplinary specialized assessment and rehabilitation.

Highlights: the Armenia model is categorized by intersectorality and community foundation.

Evaluation: achievements include the introduction of multidisciplinary team approaches, establishment of child development and rehabilitation centres at national, regional and community levels, neonatal screening, and the introduction of the International Classification of Functioning, Disability and Health (ICF) as a tool. Problems still exist and might be relevant for the whole European Region.

Gaps and needs in Europe: these include gaps between increasing needs and available resources, lack of staff, difficulties in geographical access, lack of evidence-based approaches, and questions about quality assurance mechanisms in ECD.

15. ECD prevention in primary health care in Serbia

Presenter: Svetlana Mladenovic Jankovic

Background: infant and under-5 mortality rates have decreased considerably in Serbia within the past decade, while child birth rates have decreased. Children in infancy receive six preventive check-ups, with six well-child visits over the next four years.

Highlights: all children and women in Serbia receive compulsory health insurance in relation to family planning, pregnancy and delivery, and for 12 months after delivery. A variety of policy frameworks support ECD.

Evaluation: an evaluation of PHC in Serbia found that on average, one doctor is responsible for 674 children and has 26 visits a day. Infants visit the doctor six times a year and 80% of children are covered by preventive check-ups. In Serbia, 12.8% of children are diagnosed with developmental difficulties. Sixty per cent of children assessed with developmental difficulties showed some improvement after paediatric interventions.

Gaps and needs in Europe: ECD needs to be on the political agenda. Further needs include coordination among different sectors, system reforms, human resources, actions against social exclusion and deprivation, parental awareness of nurturing care, community participation and an approach in service delivery.

16. Addressing Developmental Difficulties and ECD package (ADD+ECD)

Presenters: Revan Mustafayev, Ilgi Ertem

Background: child mortality has fallen globally, and attention is now being turned to the vast numbers of children not receiving adequate support to reach their full developmental potential.

Highlights: the ADD+ECD Package aims to provide service providers with knowledge, skills and attitudes in: a. optimizing ECD and preventing developmental difficulties; b.

monitoring and supporting ECD; c. early identification; and d. seamless early intervention for developmental difficulties.

Evaluation: various linked components of the ADD+ECD International Training Package are being applied in seven countries in the Who European Region. The International Guide for Monitoring Child Development has been internationally constructed, standardized and validated. Core ADD+ECD components are being integrated into pre- and postgraduate training in medical schools, paediatric residency programmes and nursing schools.

Gaps and needs in Europe: implementation of the ADD+ECD package in Europe faces the following barriers: time limitations, resource problems, insufficient planning time due to high demand, language barriers and sustainable funding.

The WHO Regional Office for Europe

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