

primary child healthcare system? What are quick wins? We will conclude with recommendations for future models of primary child health care.

WS10 - Workshop 10

W10

'Monitoring child development: promising new approaches'

M.L.A. de Kroon¹, I. Staal², S van Buuren³, S.A. Reijneveld¹

¹UMCG, GRONINGEN, The Netherlands

²GGD Zeeland, GOES, The Netherlands

³TNO, LEIDEN, The Netherlands

Background

Childhood development is a maturational and interactive process, resulting in progression of perceptual, motor, cognitive, language, socio-emotional, and self-regulation skills, which can be assessed by the attainment ages of various milestones. The developments of these various domains are inextricably intertwined. Together with growth a child's development determines (future) physical, intellectual, emotional and social wellbeing, and its possibility to fully integrate into society.

Early intervention is vital because a child learns and develops at the fastest rate during the first few years. Therefore, early detection is needed. Early detection requires tools with excellent test characteristics. It has been recommended to realize this through periodic screening, which offers, unlike a single assessment, the opportunity to detect problems within the dynamic process of child development.

In the Netherlands, preventive child healthcare professionals (physicians and nurses) provide periodic developmental screening between ages 0 and 4 years using the Dutch Developmental Screening test (DDST, 'Van Wiechen scheme'). However, developmental screening is often considered time-consuming and the basis for medical decision making is often motivated by professional's judgment rather than scientific insights.

Several initiatives have been undertaken to optimize developmental screening. Examples regard using additional parental information (e.g. via the ASQ), and improving the predictive value of risk factors and the milestones themselves. Specifically, for the DDST, computing a continuous composite score at each visit, the Developmental Score (D-score), could add.

Aims of the workshop

The aim of the workshop is to present and discuss innovative approaches in the monitoring of the development in children with a focus on (a) cost-effectiveness of longitudinal monitoring e.g. by including the involvement of parents in monitoring a child's development; (b) identifying children at risk on the basis of risk factors and the developed D-score.

Program of the workshop

The workshop consists of several short presentations and an interactive session:

Opening (Menno Reijneveld)

Short overview of existing screening instruments, known risk factors of developmental problems and the possibility to intervene early (Marlou de Kroon)

Study on the comparison of the DDST and the ASQ, an instrument which is filled in by parents (Ingrid Staal)

Study on the improved communication with parents by eHealth-applications in preterm children, a high risk group of developmental problems (Marlou de Kroon)

Innovative approaches in the identification of children at risk, and the demonstration of the D-score, including an interactive session in practicing and discussing the D-score (Stef van Buuren)

Overall discussion; summary and conclusions of the workshop (Menno Reijneveld)

WS11 - Workshop 11

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Toxic Stress, how childhood trauma affects health across a life time

L.K.M. Walbeehm-Hol¹, M. Brunekreef²

¹Zuyderland Hospital, HEERLEN, The Netherlands

²Isala Hospital, ZWOLLE, The Netherlands

Inspired by the ACE study of dr. Felitti ea. and inspired by the movement dr. Nadine Burke Harris started we believe the world has a mission on a public health level. We will share insights from the Netherlands and our lessons learned.

Screening for Adverse Childhood Experiences (ACEs) is such a powerful way to look at every child and their family, to look behind closed doors, to open up a conversation and be able to really help a family break the cycle.

We want to implement this screening in our Health Care System, make not only physicians aware of toxic stress and its long term health effects but everyone who works with children. We will show our film about Toxic Stress (just released januari 2019)

We will work based on the results of a national survey among pediatricians and youth health care physicians in the Netherlands 2018/2019 (an article is now in preparation). And we will implement worldwide experiences on screening ACEs and resilience, an important factor to take into account while addressing children and their families.

Are you familiar with ACEs, toxic stress and do you screen the children? Can you screen the parents? What can you say according to the outcome of this screening? How to take resilience into account as well? And then, what can you