

healthcare, as it supports evidence-based practice.

Statement or main question

Preventing posture problems and lack of physical activity requires active monitoring of YHC professionals.

S19 - Session 19 - Guidelines in youth health care

O95

A promising method for screening children for health checks by school physician

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Background and aims: In addition to school nurses' annual health checks, physicians assess the well-being of all children aged 7 and 11 in primary schools in Finland. This double procedure has been questioned but no validated method exists for screening children for physicians' assessments. We developed and tested questionnaires that could be used as a screening method.

Methods: We conducted a prospective, multicenter observational study in four towns in Finland. We recruited a random sample of 1013 children aged 7 and 11 from 21 primary schools in 2017–2018. Parents, nurses and teachers filled study questionnaires to identify any concerns regarding each child. Physicians, blinded to the questionnaires, checked all children according to mandated routine and completed an electronic report including advice given, referrals and recalls. The physicians, parents and children assessed the benefit of the appointments. We determined the need for a physician's evaluation and compared the need to the benefit gained.

Results: The participation rate of children was 75% (1013/1343). In total, 21% (210/1013) of the children had no determined need for an appointment when analyzing all parents', nurses' and teachers' questionnaires according to predetermined criteria. Consulting the nurse or physician without an actual appointment may suffice for 10% (100/1013) of the children. The physicians considered 41% and the parents 83% of the health checks beneficial. Of those children, who had no need for an appointment, 42 children got benefit according to the physicians' view. However, only two of them had problems that actually require physician's expertise to be recognized.

Conclusion and statement: These findings indicate that at least one fifth of school physicians' routine health checks may be omitted using the developed questionnaires. Focusing school physicians' health checks may enable the physicians to have more time for children with special needs and for multidisciplinary work.

WS09 - Workshop 9

W09

How are EU primary child health care systems valued and how can they be changed; the MOCHA project

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Background

The Models of Child Health Appraised (MOCHA) project – www.childhealthservicemodels.eu – is a Horizon 2020 Research Project which aims to describe and appraise various models of primary child health care in Europe – including well child clinics and school and adolescent health services - and make recommendations as to optimal features of provision of child health care.

Aims

To provide insight in the structure, process and outcomes of systems of primary child health care in EU countries
To review the primary child health care systems from the perspective of children, adults (parents) and expert stakeholders.

Program

Four short presentation (about 40 minutes)

Young people: children's experiences with primary child health care collected through narrative in-depth interviews (Manna Alma). Communication and relationships with health care professionals play a pivotal role for children in terms of what is good about primary care and what they felt needs to be improved.

Adults: a survey of public experiences and priorities with regard to primary care for children (Magda Boere-Boonekamp/Janine van Til/Karin Groothuis-Oudshoorn). Between countries, significant differences exist in the citizens' perceived quality of primary care and priorities.

Country experts: data provided by country agents on school and adolescent health services (Danielle Jansen). This presentation will address the challenges experienced by the country experts in answering questions about national policies regarding primary care.

Stakeholders: views of policy makers, health care professionals, scientist and end-users (Eline Vlasblom/Paul Kocken/Menno Reijneveld). Improvements to the child primary healthcare system can be made, but perceived barriers are the current healthcare system and service provision in the EU countries.

Plenary discussion (about 50 minutes)

Statements that exemplify the conditions for good system components of child primary care will be the center of the plenary discussion. The audience will be asked to form an opinion on the following questions: What is your opinion on changing the primary child healthcare system in your country? What has to be changed in order to optimize the

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'

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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

W11

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

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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