

ANNUAL MEETING

ISSOP

KONGRESS

2018

Bonn, 27.-29. September

EARLY CHILDHOOD INTERVENTION:
SCIENCE, SYSTEMS AND POLICIES
PROMOTING HEALTHY DEVELOPMENT OF
VULNERABLE CHILDREN



GRUSSWORT

der Bundesministerin für
Familie, Senioren, Frauen und Jugend,
Dr. Franziska Giffey



Bundesministerium
für Familie, Senioren, Frauen
und Jugend



DR. FRANZISKA GIFFEY

SEHR GEEHRTE DAMEN UND HERREN,

wenn die Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin erstmalig den Internationalen Kongress für Sozialpädiatrie ausrichtet, ist dies gleichzeitig die Gelegenheit, das 40-jährige Jubiläum des Kinderneurologischen Zentrums Bonn zu feiern. Herzlichen Glückwunsch zum Jubiläum und auch im fünften Jahrzehnt weiterhin viel Erfolg zum Wohl der Kinder! Und herzlich willkommen an alle, die aus der ganzen Welt nach Bonn

gekommen sind, um über Entwicklungen in der frühen Kindheit zu diskutieren.

Damit es jedes Kind packt, braucht es die Zusammenarbeit von Menschen, die unterschiedliche Berufe ausüben, unterschiedliche Perspektiven auf Kinder und Eltern einnehmen; es braucht die Zusammenarbeit verschiedener Systeme.

Darum ist die Sozialpädiatrie so wichtig. Sie versteht sich als Querschnittsdisziplin, ihre Arbeit als Querschnittsaufgabe.

Diese Sichtweise begrüße ich. Sie leitet auch meine Politik für den Schutz von Kindern und für ihre bestmögliche Entwicklung von Anfang an. Eine Erfolgsgeschichte nach dem Querschnittsprinzip sind die Frühen Hilfen in Deutschland.

Mit der Schaffung des Nationalen Zentrums Frühe Hilfen vor gut 10 Jahren, einer bundesgesetzlichen Regelung und der Errichtung der Bundesstiftung Frühe

Hilfen ist es gelungen, ein systemübergreifendes Hilfesystem zu etablieren. Ich freue mich, dass das Nationale Zentrum auf dem Kongress seine Expertise im Bereich „Interventionen in der frühen Kindheit“ zur Verfügung stellen wird. Ich wünsche der Deutschen Gesellschaft für Sozialpädiatrie und Jugendmedizin einen guten Verlauf des Kongresses und allen Teilnehmerinnen und Teilnehmern einen schönen Aufenthalt in Bonn.

Mit freundlichen Grüßen

DR. FRANZISKA GIFFEY

Bundesministerin für Familie, Senioren,
Frauen und Jugend



ISSOP 2018 / INVITATION

DEAR COLLEAGUES, DEAR FRIENDS,

I am delighted that we are holding the 2018 Annual Congress of the International Society of Social Pediatrics and Child Health (ISSOP) in the historic city of Bonn. The meeting will explore aspects of Early Childhood Development (ECD) including early intervention, and rights and services for vulnerable children such as those with chronic conditions and migrant children. Given increasing interest in and recognition of the importance of ECD to health and well-being across the life course, it is appropriate for ISSOP to discuss how pediatricians and other child health professionals should work to ensure optimal development of all children in their early years including the most vulnerable.

I am confident that the Congress will contribute positively to promoting the rights, health, development and well-being of all children as well as offering an enjoyable social programme.



*PROF. NICK SPENCER,
ISSOP PRESIDENT*

DEAR COLLEAGUES, DEAR FRIENDS,

in September 2018 the Annual Conference of the International Society for Social Pediatrics and Child Health (ISSOP) will come to Germany for the very first time. Therefore, we are proud and excited to invite you to participate in the 12th conference.

ISSOP is an international, not-for-profit organization bringing together professionals acting locally and globally to improve the health and well being of children and young people with a focus on social pediatrics and child health. The aim of this conference is to facilitate exchange among researchers, practi-

tioners, policy makers and others on challenges faced in many countries. To that end, the conference will provide ample room for discussion both within the scientific and the social program.

The last very successful conference took place in 2017 in Budapest, Hungary and attracted almost 150 participants from more than 30 countries. The main topic was “children on the move”. This topic will certainly play an important role in this year’s conference, too. However, the main theme focuses on “early interventions”. Experts from countries all over the world will give insight into their work to provide support for children aged 0-3 years and their families in order to allow for healthy development and reduce developmental risks.

Alongside a hopefully inspiring scientific program it is particularly important to us that you enjoy a friendly and open atmosphere during the conference and in the city of Bonn at the river Rhine with its beautiful surroundings. The people of Bonn are famous for their zest for life (not only during carnival season) which is why we hope to get

you “infected” in a positive way and enjoy your time in Germany.

We are looking forward to seeing you in september in Bonn, Germany!



*PROF. UTE THYEN,
DGSPJ PRESIDENT*



*DR. HELMUT HOLL-
MANN, CONFERENCE
PRESIDENT*



*PD DR. THORSTEN
LANGER,
PROGRAM CHAIR*



DEAR COLLEAGUE,

Thank-you for agreeing to participate in ISSOP's annual conference.

The intent of the conference is to:

- a) accrue and disseminate global knowledge related to the science, experience and best-practices of early inclusive interventions for vulnerable children, and
- b) develop a strategic framework and plan for translating this information and experience into global action that engages social pediatricians with interdisciplinary colleagues around the world.

Toward this end, we will be generating a Bonn Declaration and comprehensive Implementation Plan after the conference as the foundation for this work. We will be using the World Health Organization's recent publication, Nurturing Care, and the Sustainable Development Goals as a framework for these plans.

Toward this end, we would like for you to familiarize yourself with the document and SDGs (links below), and to the degree possible, structure your presentations using the Nurturing Care framework and SDGs. More specifically:

- Pages 12-15 define the components of the model. If you can, please identify which components you will be addressing in your presentations.
- Table 1, pages 18 and 19 discuss laws, policies, and interventions. If you can, please identify how these relate to what you are presenting in any of the 5 domain components.
- Page 25 identifies the Sustainable Development Goals most related to nurturing care. In particular, Goal 4, Target 4.2 discusses access to quality early childhood development interventions. Please try to remark in your presentation how the information relates to this or other SDGs.

- Page 26 presents the guiding principles, that can be used to structure your presentations
- Section 4 discusses the Plan's 5 strategic actions. Please try to comment on how your work relates and contributes to these strategic actions.
- Section 5, and in particular page 37, presents recommendations for the health sector to promote nurturing care.

Please know we do not want to limit or be too prescriptive of your contributions, just to provide some overall structure to the program.

Looking forward to seeing and learning from you in Bonn.

ISSOP-DGSPJ SCIENTIFIC COMMITTEE

*JEFF GOLDHAGEN, HELMUT HOLLMANN, ROSIE KYEREMATENG, THORSTEN LANGER,
LUIS MARTIN ALVAREZ, BARBARA RUBIO, NICK SPENCER, UTE THYEN, DONALD WERTLIEB*

LINKS:

Nurturing Care:

<http://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf?ua=1>

Sustainable Development Goals:

<https://sustainabledevelopment.un.org/?menu=1300>

Sustainable Development Goal 4:

<https://sustainabledevelopment.un.org/sdg4>

ISSOP CONFERENCE

■ BMZ = Bio med. Institut;

■ SG = Seminar Building;

■ HS = Auditorium

THURSDAY, SEPTEMBER 27

08:00 - 09:00

Registration

09:00 - 10:00

Opening Remarks

- Gabriele Klingmüller in representation for Ashok-Alexander Sridharan, Lord Mayor, City of Bonn
- Rainer Ganschow, Head, Dep. of Child and Adolescent Medicine, University Hospital Bonn (UKB)
- Ute Thyen, Germany, President DGSPJ: Role of National Organizations in Promoting Social Pediatrics
- Jeffrey Goldhagen, USA, President ISSOP: Future of Social Pediatrics
 - *ISSOP POLICY STATEMENTS*
 - *ADDRESSING CLINICAL, SYSTEMS AND PUBLIC POLICY*

- *IMPLEMENTATION*

- *PARTNERSHIPS*

- *THANK-YOU ON BEHALF OF ISSOP*

- Music: Paul Rittel, Cello

10:00 - 10:30

Introduction to Program

Inclusive Early Childhood Development: Global Arenas and Collaborations for Social Pediatrics

CHAIR: NICK SPENCER, UK

SPEAKER: DONALD WERTLIEB, USA

10:30 - 11:00

Coffee break

11:00 - 12:30

Plenary 1

Recent advances in the science and communication of brain development

CHAIRS: AYESHA KADIR, DENMARK (ISSOP) AND VOLKER MALL, GERMANY (DGSPJ)

SPEAKERS:

- Giorgio Tamburlini, Italy: The Science of Brain Development
- Emilie L'Hote, USA: The Science of Communicating about Brain

Development

- Deepa Grover, WHO, Switzerland: Nurturing Care

12:30 - 13:30

Lunch

13:30 - 15:00

Plenary 2

NZFH Sponsored-Symposium:

Early integrated health and psychosocial services for vulnerable children: Clinical and systems approaches and evidence for quality care

[SIMULTANEOUS TRANSLATION AVAILABLE]

CHAIRS: GULBIN GOKCAY, TURKEY (ISSOP) AND UTE THYEN, GERMANY (DGSP)

SPEAKERS:

- Mitch Blair, UK: Well child care and preventive services in Europe – themes and insights emerging from analysis of 30 EU country approaches
- Alison Baum, UK: Baby Buddy: embracing the power of evidence, innovation and collaboration to reduce child health inequalities
- Ilona Renner, Germany: Early preventive services in Germany – new beginnings and the challenges to cooperate among youth welfare and

health services

- Helia Molina, Chile: Chile Grows with You: A National ECD Systems Model

15:15 - 16:45

Parallel Workshops: Early Intervention Services

- Translating brain science into practice: Early Intervention Programs to improve the health, well-being and long-term life prospects of the most vulnerable children in our society

SPEAKER: LANG MA, UNICEF, SIERRA LEONE AND HELIA MOLINA, CHILE

- Talking about Early Brain Development and Early Intervention Services, Framing and Delivering the Message *[SIMULTANEOUS TRANSLATION AVAILABLE]*

SPEAKER: EMILIE L'HOTE, USA

- Pioneering Early intersectoral intervention services, training, and research in Mumbai and Andalusia: Lessons learned and future prospects

SPEAKERS: VIBHA KRISHNAMURTHY, INDIA AND SARA MIGUEL-BARRENA, SPAIN

- EUSUHM-Workshop: Nurses in School Health Care

SPEAKERS: MONICA BULCKE, BELGIUM AND BETTY BAKKER, NETHERLANDS AND ANTJE TANNEN, GERMANY

SG

ROOM 6

- SECOND FLOOR -

ROOM 10

ROOM 11

ROOM 12

- How can we build sustainable systems for community-based interventions for post-traumatic stress symptoms in refugee youth?

SPEAKER: ANNA SARKADI, SWEDEN

17:00 - 17:30

Coffee break & poster walk

17:30 - 18:45

Free Papers

Parallel session 1: Interventions to support child development

CHAIRS: GONCA YILMAZ, TURKEY (ISSOP) AND ULRIKE HORACEK, GERMANY (DGSP)

SPEAKERS:

- Perran Boran: Efficacy of an educational intervention promoting positive parenting skills on parent attitudes and their relation with children
- Anneli Ivarsson: Socio-emotional problems in 3-year old children – ASQ:SE used in a population-based study
- Francis Rushton: The Well Baby Plus Program: Promoting Resilience in American At-Risk Families
- Stefan Steinebach: ICF-CY and the Importance of orthopaedic and rehab devices for disabled people

- Giorgio Tamburlini: Un villaggio per crescere (A village to thrive): a project aimed at improving parenting skills in at risk population groups
- Verena Clara Vetter: Parent Training Programs to Promote Self-Regulation in Preterm Born Toddlers
- Francesca Vezzini: Challenges in evaluating ECD-focused interventions targeting at risk population groups with a non-selective approach (Un villaggio per crescere)

17:30 - 18:45

Free Papers

Parallel session 2: General conditions for the development of children

CHAIRS: LUIS MARTIN, SPAIN (ISSOP) AND PETER BORUSIAK, GERMANY (DGSP)

SPEAKERS:

- Anna Battersby: Supporting healthy parent-child attachment relationships, child neurodevelopment and emotional wellbeing: insights from parent focus groups
- Hamadou Boiro: Is ban on begging an effective strategy to fight child trafficking?
- Jónína Einarisdóttir: Ambiguous ad-

ventures: children driving tractors in rural Iceland

- Geir Gunnlaugsson: Things are not what they seem: Review of diverse forms of child abuse in Iceland
- Karen Horridge: Impact of austerity on families with disabled children in Europe
- Junko Okumura: Ill-health of Children in the southern rural Lao PDR: A three-year longitudinal study
- Filiz Simsek Orhon: Determination of bisphenol a levels in the urine of exclusively breastfed babies and in the breast milk and urine of their respective mothers

17:30 - 19:00

Early Childhood Development Task Force (ECDtf) Meeting



EARLY CHILDHOOD DEVELOPMENT TASK

19:30 - 22:00

Reception and Dinner (social program)

FRIDAY, SEPTEMBER 28

08:30 - 10:00

Plenary 3

Global Child Development: Systems and Policy to address ECD of Vulnerable Children

CHAIRS: FOUAD M. FOUAD, LEBANON (ISSOP) AND FREIA DE BOCK, GERMANY (DGSPJ)

SPEAKERS:

- Giorgio Tamburlini, Italy: Working with parents to promote child development
- Ramzi Nasir, UK: Promoting health, development and wellbeing of children on the move within and across borders
- Aaron Merchen, USA: National and Global Strategies in pursuit of ECD Advocacy
- Elvira Thissen, Netherlands/UK: Addressing the needs of childhood victims of armed conflict: Lessons learned in Lebanon, Jordan and the Netherlands

10:00 - 10:30

Coffee break & poster walk

10:00 - 13:00**EUSUHM Executive Committee Meeting****10:30 - 12:00****Plenary 4****A Child Rights and Equity-based Approach to Early Child Development: Systems and Policy***CHAIRS: RAUL MERCER, ARGENTINA (ISSOP) AND ELKE JÄGER-ROMAN, GERMANY (DGSP)**SPEAKERS:*

- Gerison Lansdown, UK: Child Rights (CRC) and Rights of Children with Disabilities (CRPD)
- Ziba Vaghri, Canada: The science of early child development and child right: where do they cross paths?
- Adem Arkadas, France: ECD-GC7 and global monitoring of child development measurements
- Bolajoko Olusanya, Nigeria: Child development, disability and the sustainable development goals. Global Burden of Disease

12:00 - 13:00**Lunch****13:00 - 14:00****Special lecture: Peace Policy and Child Health**

- Healthy development through a peaceful environment - the next generation's need for peace policies

*SPEAKER: FRANCA BRÜGGEN, GERMANY, INTERNATIONAL CAMPAIGN TO ABOLISH NUCLEAR WEAPONS (ICAN) AND RECIPIENT OF THE NOBEL PEACE PRIZE 2017**CHAIRS: TONY WATERSTON, UK (ISSOP) AND UTE THYEN, GERMANY (DGSP)***14:00 - 15:30****Parallel Workshops: Systems and Policy**

- Drawing on NGO experience in camps to inform social pediatric practice

*SPEAKERS: RAMZI NASIR, UK AND FOUAD M. FOUAD, LEBANON AND ELVIRA THISSEN, NETHERLANDS/UK***Trainee Workshop***SPEAKER: RITA NATHAWAD, USA & ANNA BATTERSBY, UK*

- Applying a Child Rights-based Approach to ECD programs and interventions

SPEAKERS: GERISON LANSDOWN, UK AND BOLAJOKO OLUSANYA, NIGERIA AND ZIBA VAGHRI, CANADA

ROOM
12

- Neurocognitive Development in chronic disease of Childhood and Adolescence: Perspectives for Counseling

SPEAKER: FRITZ HAVERKAMP, GERMANY

- Advocacy principles and Nurturing Care

SPEAKERS: AARON MERCHEN, USA AND DEEPA GROVER, SWITZERLAND AND BETTINA SCHWETHELM, SWITZERLAND

15:30 - 16:00

Coffee Break

16:00 - 17:30

Plenary 5a

Promoting development of children with chronic complex conditions – challenges and solutions

Sponsored by Wagener Foundation

CHAIRS: BARBARA RUBIO, SPAIN (ISSOP) AND THORSTEN LANGER, GERMANY (DGSP)

SPEAKERS:

- Rich Antonelli, USA: Implementing Effective Integrated Care Management for Children and Youth with Special Health Care Needs
- Peter Borsiak, Germany: Social Pediatric Centers (SPZ) in Germany
- Glenn Flores, USA: Eliminating Racial/Ethnic Disparities in Health and Healthcare for Children with Special Healthcare Needs and their Families

16:00 - 17:30

Plenary 5b

The role of schools in integration

CHAIRS: GEIR GUNNLAUGSSON, ICELAND (ISSOP) AND HARALD BODE, GERMANY (DGSP)

SPEAKERS:

- Inge Van Trimpont, Belgium, EUSUHM: The application of ICF in the context of the integration of chronic ill schoolchildren in mainstream education in Flemish school health care
- Vera Musil, Croatia, EUSUHM: Education of children with special needs in Croatia
- Olivier Duperrex, Switzerland: Preschool medical examination: what for?

17:30 - 18:30

ISSOP Annual General Meeting

17:30 - 19:00

EUSUHM Annual General Meeting

19:15 - 23:00

Conference Dinner (social program)

BMZ

HS

SG

HS

SATURDAY, SEPTEMBER 29

09:00 - 10:00

Free Papers

Parallel session 3: Children on the move

CHAIRS: MARIE KÖHLER, SWEDEN (ISSOP) AND ERIKA SIEVERS, GERMANY (DGSP)

SPEAKERS:

- Geert Tom Heikens: Community engagement as early intervention supported the integration of asylum seeking Syrian families: the role of child health practitioners in the Netherlands
- Elisabeth Mangrio: Recently arrived refugee families and the experience of having an introduction plan and being in the resettlement process in Sweden: A qualitative study
- Elif N. Özmert: Turkish National Pediatric Society Action Model for Refugee Children
- Stella Tsitoura: Fostering Integration of Children and Youth on the Move through the Creation of an Urban Youth Center in Athens, Greece

10:00 - 10:10

Coffee Break

Parallel session 4: Children's rights

CHAIRS: MITCH BLAIR, UK, (ISSOP) AND CHRISTIAN FRICKE, GERMANY (DGSP)

SPEAKERS:

- Nusheen Ameenuddin: Successful Advocacy for Children's Health Policy by Pediatricians Using Social Media
- Mitch Blair: Stakeholders' views on scenarios on European child healthcare systems and how potential changes might be achieved
- Fernando Gonzalez: Exequiel González Cortés Hospital experience on integrating the rights approach into health care
- Kyriakos Martakis: Developing autonomy in pediatric healthcare: towards an ethical model
- Hajime Takeuchi: The Budapest Declaration of ISSOP 2017 - efforts to increase awareness in Japan
- Natalia Ustinova: The evaluation of knowledge of primary care paediatricians (PCP) into social paediatrics (SP)

10:15 - 12:45

**Expert Panel - A strategic response
to promoting healthy development of
vulnerable children**

*CHAIRS: DONALD WERTLIEB, USA (ISSOP) AND
HELMUT HOLLMANN, GERMANY (DGSPJ)*

- Colleen Kraft, President American Academy of Pediatrics, USA
- Vibha Krishnamurthy, President, International Association of Developmental Pediatrics; Medical Director – Ummeed Child Development Center, Mumbai, India
- Helia Molina, Dean of the School of Medicine, University of Santiago, Chile
- Bolajoko Olusanya, Center for Healthy Start Initiative. Ikoyi, Nigeria
- Elvira Thissen, Refugee Response - Bernard van Leer Foundation, Netherlands/UK
- Deepa Grover, Senior Adviser - Early Childhood Development, UNICEF Europe and Central Asia Regional Office, Switzerland
- Bettina Schwethelm, WHO HQ consultant, Switzerland

12:45 - 13:00

Closing Remarks

- Ute Thyen, Germany, President DGSPJ

- Jeffrey Goldhagen, USA, President ISSOP

13:00 - 14:00

Lunch

14:00 - 17:00

**Sightseeing Citytour Bonn
(social program > PAGE 124)**

THE CONFERENCE IS SPONSORED BY DFG (DEUTSCHE FORSCHUNGS-GEMEINSCHAFT), NZFH (NATIONALES ZENTRUM FRÜHE HILFEN) AND WAGENER FOUNDATION IN FORM OF PARTIALLY REFINANCING THE TRAVELING EXPENSES OF SPEAKERS. THERE IS NO PHARMA SPONSORING. WE THANK RAHM ORTHOPÄDIETECHNIK AND DIMENSIONEN-QUERDENKEN FOR SPONSORING THIS BOOKLET AND CONFERENCE EQUIPMENT. DEUTSCHE TELEKOM HAS SPONSORED THE TECHNICAL EQUIPMENT OF THE MEDIAS.

ABSTRACTS

■ PLENARY 1: RECENT ADVANCES IN THE SCIENCE AND COMMUNICATION OF BRAIN DEVELOPMENT

TITLE: Dr.
FIRST NAME: Deepa
LAST NAME: Grover
INSTITUTION: UNICEF
COUNTRY: Switzerland
CITY: Geneva
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ABSTRACT TITLE

Nurturing Care

DISCUSSION

The Nurturing Care Framework was created in response to strong evidence (see the Lancet Series) and growing recognition that the early years are critical for human development.

Commitments to the Sustainable Development Goals and the Global Strategy provide the impetus for countries and stakeholders to act. More than 1000 individuals and organizations from 111 countries informed the drafting process of this framework.

The Framework was developed by WHO, UNICEF and the World Bank, in collaboration with the Partnership for Maternal, Newborn & Child Health, the Early Childhood Development Action Network and many other partners.

Investing in early childhood development is one of the best investments a country can make to boost economic growth, promote peaceful and sustainable societies, and eliminate extreme poverty and inequality. Equally important, investing in early childhood development is necessary to uphold the right of every child to survive and thrive. The Framework provides an evidence-based road map for action and outlines how policies and services can support parents, families, other caregivers and communities in providing nurturing care for young children. It calls for attention to be paid to communities where children are most at risk of being left behind.

AUTHORS, INSTITUTIONS: UNICEF, WHO, WORLD BANK GROUP, ECDAN, THE PARTNERSHIP FOR MATERNAL, NEWBORN & CHILD HEALTH

■ PLENARY 2: EARLY INTEGRATED HEALTH AND PSYCHOSOCIAL SERVICES FOR VULNERABLE CHILDREN: CLINICAL AND SYSTEMS APPROACHES AND EVIDENCE FOR QUALITY CARE

Well child care and preventive services in Europe – themes and insights emerging from analysis of 30 EU country approaches

Prof Mitch Blair
Imperial College London
PI MOCHA

BACKGROUND

Well child care programs have been the mainstay of preventive child health care in all European countries and consist of:

- 1) Health supervision, including anticipatory guidance on nutrition, sleep, elimination, discipline, injury prevention, etc.
- 2) Developmental supervision and milestones and school performance.
- 3) Child and family psychosocial assessment.
- 4) Care coordination (oversight of referrals to needed community based resources or services).

- 5) Immunisations.
- 6) Periodic physical examination and additional screening, height, weight, etc.

The historical, cultural and political origins of these programs varies across Europe but most were set up during the early 20th century in response to high infant mortality rates from communicable diseases and poor health of school aged children, which became more apparent as compulsory education and schooling became commonplace. There are very few comparisons of the content and staffing of preventive child health care programs across Europe and certainly no systematic analysis of all European countries.

AIM

The aim of this research was to describe the policy context, staffing, content and timing of the well child programme in each country in order to compare and contrast systems.

METHODS

As part of the Models of Child Health Appraised EU Project, country agents in 30 EU countries completed a survey focusing on ascertaining who sets policy,

what the structure and content of the child health reviews and which professionals deliver and whether parents have to pay for services.

In addition Unified Modelling Language methods were utilised as a novel means of providing a “rich picture” for ease of comparison.

RESULTS

Policy tends to be set by Ministries of Health with additional advice from paediatric and other professional bodies.

The variations in vaccination schedules, routine examinations have no obvious scientific basis with a range of child health reviews throughout childhood from 5 in the UK to 44 in Lithuania.

Staff responsibilities are either enshrined in law or are in place for historical reasons. The UML diagram below indicates the actors and processes involved.

Attribution of outcome differences is not possible due to multiple confounding although in those countries where specialised separate preventive care services exist there is more equitable coverage.

DISCUSSION

This is the first study to systematically describe all EU country preventive care systems. UML is a helpful method to simplify differences in structures and processes in multiple countries. However more detailed analysis of outcomes against stated aims remains elusive and in need of further research. A number of themes emerged about the relevance and evidence base for 21st century preventive care programmes. Is the delivery method what parents want or need? How can ISSOP and others develop an appropriate quality assurance framework which resonates with “Nurturing Care “ and the SDGs?

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LAST NAME: **Renner**

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ABSTRACT TITLE

Early preventive services in Germany – new beginnings and the challenges to collaborate among youth welfare and health services

BACKGROUND

For more than a decade, Germany has been making concerted efforts to strategically strengthen its approach to early preventive services. The nationwide programme “Frühe Hilfen” includes cross-sectoral collaboration as a central component, particularly between the child and youth welfare sector and the health care sector

METHOD

To estimate successes of the programme as well as further challenges and barriers the National Centre on Early Prevention (NZFH) developed a 5 step theory of change, which underpins NZFH’s research programme.

RESULTS

The results of the NZFH’s monitoring and evaluation framework shows that in general the efforts to strengthen preventive services for families in Germany have

been so far successful. However, further challenges could be identified.

DISCUSSION

The programme is based on equity considerations: It aims at providing the same chances for every child in Germany to grow up healthy and safe. To achieve this aim the further development of a successful strategy to especially target high-need, low-resource populations is required.

AUTHORS, INSTITUTIONS: ILONA RENNER, NATIONALES ZENTRUM FRÜHE HILFEN IN DER BUNDESZENTRALE FÜR GESUNDHEITLICHE AUFKLÄRUNG

■ PARALLEL WORKSHOPS: EARLY INTERVENTION SERVICES

WS

Translating brain science into practice: Early Intervention Programs to improve the health, well-being and long-term life prospects of the most vulnerable children in our society

Lang Ma
LMA@UNICEF.ORG

Applying developmental science to UNICEF programming for young children: Scenarios from China and Sierra Leone

The speaker will present a cross-sectoral community-based early childhood development (ECD) project in Sierra Leone, including the context, key interventions, theory of change, and emerging results. The presentation will highlight how developmental systems theory is applied on the project, for instance, focusing on promoting positive development in a challenging context. The speaker will also reflect on how her ECD programme experience in China has informed this project.

In Sierra Leone, among many challenges associated with poverty, the Under-five Mortality Rate and stunting rate are among the highest in the world, with the majority of the young children exposed to violent disciplining, and only 11 per cent of the young children attending pre-primary education. The community-based ECD project provided early stimulation and early learning opportunities for young children at ECD centres and through home visits in poor rural communities. In addition, the project

supported parents and other caregivers to improve their child rearing practices in six key areas of ECD (nutrition, health, water, sanitation, and hygiene (WASH), children protection, early stimulation, and early learning).

UNICEF SLCO provided technical guidance and funding for the project, and the Ministry of Education provided national coordination support and was committed to scale up the community-based model. The other key partners include local governments, other line ministries, religious leaders, NGO partners, local ECD experts, and communities.

After the presentation, the speaker will discuss with the participants how to better apply theories and research findings in developmental science to improve this project. The discussion will also be expanded to what are some of the ways to better bridge research with programming in the field, particularly for low-income countries like Sierra Leone.

*LANG MA
EDUCATION SPECIALIST IN EARLY CHILDHOOD
DEVELOPMENT
UNICEF SIERRA LEONE COUNTRY OFFICE*

WS

Pioneering Early intersectoral intervention services, training, and research in Mumbai and Andalusia: Lessons learned and future prospects

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ABSTRACT TITLE

Pioneering Early intervention services, training, and research in Mumbai

BACKGROUND

A recent prevalence study suggests that at least one in eight children between the ages of 2 and 9 years in India has a developmental disability. The health care and education systems in India, like many other low and middle income countries (LMICs), are unable to address the needs of this population. Ummeed Child Development Center is a not for profit

that was set up in 2001 to address this gap in services for children with disability

METHOD

Ummeed began by providing care for children with and at risk for disability using a family centered approach of service delivery. In 2008 we made the decision to use training and partnership to reach a larger number of children and families. To build the demand for these services we worked to create awareness and engage in broader advocacy for these children at an individual, national and international level. Ummeed was part of a 5 year NIH funded research project that standardised a tool for monitoring child development across four LMICs. Ummeed is actively engaged in measuring outcomes like family centered care, and impact of training and partnership.

RESULTS

Ummeed is now an 85 person organisation with a center for service delivery as well as a separate training facility. Over 11,000 children and families have received services directly through the center. More than 1,50,000 are indirect beneficiaries through our training and

partnerships. Over the last decade we have engaged with partners in other countries – both high as well as low to middle income- to create innovative training tools specific to the context of LMICs like India. In the last year alone 1519 parents, professionals, community workers, and teachers have been trained at Ummeed, and we have reached out to an additional 5698 through sensitization workshops. The four country study that Ummeed partnered in was published in Lancet Global Health in Feb 2018. Results of our study on Family Centered care have been encouraging and has helped inform the service delivery and training.

DISCUSSION

Ummeed has created impact in the field of childhood disability in India by focussing not just on service delivery, but also on training and capacity building, advocacy and awareness, as well as research that is relevant to the local context. Ummeed's model is potentially replicable in other low resource settings.

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WS

Developing an intersectoral, interdisciplinary and multi-professional approach in the early intervention services in Andalusia: lessons learned and future prospects.

SPEAKER: Sara Miguel-Barrena

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The Early Intervention White Book (GAT, 2000), defines early intervention like the set of interventions aimed at children of 0-6 years old, family and environment, which aim to respond as soon as possible to the temporary or permanent needs of children with developmental disorders or risk of suffering them.

Over the last years, important steps have been developed in the implementation of an Andalusian early intervention model which is based, among others, on the principles of action of universality, free access, public responsibility and superior interests of the child.

Child population, their families and their environment are the permanent actor of the process. Therefore, they must be at the centre of the intervention. The community essence of early intervention

entails multidisciplinary and intersectoral intervention. It is essential that, from all points of view, attention is not parcelled: a comprehensive intervention model should be developed, ensuring the coordination between health services, educational services, social services and the early intervention centers.

In order to promote the coordination of all the professional teams involved in the Andalusian early intervention services, the Alborada information system was created in 2000. That system, recognized by the Spanish Observatory on Integrated Care (OMIS) as a good practice in socio-health coordination, covers the entire life cycle of early intervention and shortens the deadlines for intervention. In addition, it allows information to analyse the population profile that requires early intervention in Andalusia, with the purpose of introducing improvements in the delivery of the intervention.

Early intervention is shown as a social and healthcare challenge that requires the rising awareness of citizenship about developmental disorders, to improve the training of professionals on early detection, to stimulate the continuity of the intervention through the

multidisciplinary work, to facilitate the access of the detected population to the intervention, to evaluate the results and to investigate on the scientific evidences that guarantee the adequacy of the interventions (Pons, et al., 2017).

WS

EUSUHM-Workshop: Nurses in School Health Care

SPEAKER: **Antje Tannen ,
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Fabienne Theuwissen**

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WORKSHOP TITEL

How can Youth Health Care/ School Nursing influence the health of children and teenagers and help them to grow up healthy and happy?

*CONTENT AND OBJECTIVE
OF THE WORKSHOP*

Youth Health Care/ School Nursing can be an effective intervention for health promotion and disease prevention and hence support optimal development of all children in their environment. The

contribution of youth health/ school nurses can increase the health and education chances of children and adolescents and may reduce inequalities in health. Various countries have established nurses in their (pre-) school system. During the workshop colleagues from Flanders, Germany and the Netherlands will present their practices. The concepts of (pre-)school nursing in the three countries will be presented, including the professional training, tasks/ aims of the nurses and their daily practice. Afterwards different topics will be discussed with the audience. We intend to enhance the quality and profile of Youth Health/ School Nursing and contribute to the further development of the profession. Discussion Topics: outcomes of Youth Health/ School Nursing, universal versus individual Youth Health care, and challenges für the Youth Health Care/ School Nursing facing transition of development stages.

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WS

How can we build sustainable systems for community-based interventions for post-traumatic stress symptoms in refugee youth?

SPEAKER: Anna Sarkadi

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CONTENT AND OBJECTIVE OF THE WORKSHOP

Objectives: The workshop aims to discuss using available community resources to implement a stepped care model for symptoms of post-traumatic stress in refugee youth

BACKGROUND

In 2015, a total of 35 369 unaccompanied refugee minors (URMs) sought asylum in Sweden. In a previous study of 208 URMs, we found that 76% screened positive for PTSD.

AIM

This study aimed to (1) evaluate the indicated prevention program Teaching

Recovery Techniques (TRT) in a community setting and describe the program's effects on symptoms of PTSD and depression in URMs; and (2) examine participants' experiences of the program.

METHODS

The study included 10 groups. Methods for evaluation included the Children's Revised Impact of Event Scale (CRIES-8) and the Montgomery-Åsberg Depression Rating Scale Self-report (MADRS-S) at baseline and at post-intervention. Qualitative interviews were conducted with 22 participating URMs to elicit their experiences.

RESULTS

Pre- and post-measures were available for 46 participants (84%). At baseline, 83% of the participants reported moderate or severe depression and 48% suicidal ideation or plans. Although more than half (62%) of the participants reported negative life events during the study period, both PTSD (CRIES-8) and depression (MADRS-S) symptoms decreased significantly after the intervention ($p = 0.017$, 95% CI -5.55; -0.58; and $p < 0.001$, 95% CI -8.94; -2.88,

respectively).

The qualitative content analysis resulted in six overall categories: social support, normalisation, valuable tools, comprehensibility, manageability, and meaningfulness when the youth described their experiences of the program, well reflecting TRT's program theory.

CONCLUSIONS

Overall, results indicate that TRT, delivered in a community setting, is a promising indicated preventive intervention for URMs with PTSD symptoms.

■ FREE PAPERS

Parallel session 1: Interventions to support child development

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ABSTRACT TITLE

Efficacy of an oral and dental health educational intervention on prevention of early childhood dental caries

BACKGROUND

Dental caries is one of the most common chronic diseases among children. Early childhood caries (ECC) is frequently associated with poor quality of life, decreased school performance, and reduced growth. Pediatricians and pedodontists should work together to overcome this preventable but irreversible public health problem.

This study aims to assess the effect of an oral health education provided during well child visits using motivational interviewing method.

METHOD

Parents of 241 infants aged between 6 to 12 months old were randomly allocated to intervention and control groups. Questionnaires about oral health and feeding practices were applied to the mothers. Oral health education by using motivational interviewing was provided to the intervention group. One reminder follow up call was provided by phone

during the 12 months follow up period. Dental examinations were performed on 171 children and decayed missing filled teeth (dmft) scores were calculated by a pediatric dentist.

RESULTS

The overall incidence of dental caries in primary teeth was 21.2%. Caries incidence and mean dmft scores were low in the intervention group (4.2% versus 16% and 0.89 versus 0.49 in the intervention and control groups respectively). Daily brushing habits were higher in the intervention group (5.6% versus 51.2% in the intervention and control groups respectively).

DISCUSSION

Pediatric well child visits provide an excellent opportunity for counselling families concerning strategies regarding ECC which would help them to develop lifelong skills to improve oral health.

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ABSTRACT TITLE

Socio-emotional problems in 3-year old children – ASQ:SE used in a population-based study

BACKGROUND

Mental health is a public health challenge also among children. Increased knowledge will guide evidence-based health-promoting interventions and early identification for adequate parental support. The aim of this study was to describe mental health in terms of socio-emotional problems among 3-year-old boys and girls and relate this to family characteristics and urban or rural living area.

METHOD

Within Child Health Care (CHC) in Västerbotten (Sweden) the 3-year-olds' health check-up includes parent-rating of the Ages and Stages Questionnaire: Soci-

al-Emotional (ASQ:SE). Total score 0-465 where high values indicate socio-emotional problems, and the suggested cut-off 59 was used. Cross-sectional descriptive and comparative analyses were performed.

RESULTS

ASQ:SE for the years 2014-2017 for 7179 3-year-olds (boys 3719 & girls 3460), response rate 70%. Most children lived with both parents (92%), had siblings (75%), and lived in urban areas (69%). Boys scored higher (mean 31, SD 25) than girls (mean 24, SD 21). Out of all children 9% scored above the cut-off, boys 12% and girls 6% ($p < 0.000$). Problems were more common in single-parent and one-child families (both $p < 0.000$), while no difference was found between the urban and rural areas.

DISCUSSION

Most 3-year-olds had a good parental reported socio-emotional health. However,

problems were reported for about every 10th child, twice so for boys compared to girls, and more often in single-parent and single child families. Thus, already in pre-school age socio-emotional problems should be given attention, preferably by a systematic strategy.

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ABSTRACT TITLE

The Well Baby Plus Program: Promoting Resilience in American At-Risk Families

BACKGROUND

Well child pediatric care is a useful platform for promoting resilience in families impacted by socio-economic disparities. Our objective with this study was to investigate the impact of enhanced pediatric health care on health care utilization, child health status and parental competence. Our enhancements included providing anticipatory guidance in a group session and linking our at-risk families with home visitors at birth using the Parents-As-Teachers model. Physical exams and immunizations were still provided individually.

METHOD

102 US Medicaid-insured infants in Beaufort, South Carolina were matched into 51 pairs based on community demographics, child age, maternal age and marital status, and family stress. Intervention families received group well child care and home visitation. Comparison families received standard individual well child services. Medical records and questionnaire responses provided data for outcome analysis.

RESULTS

Compared to non-intervention children (IWCC), more intervention children (GWCC) attended all preventive visits (65% vs. 37%; $P < .01$) and were fully immunized (98% vs. 82%; $P = .01$). They trended toward lower ED use (76% vs. 61%; $P = .10$). Compared to IWCC parents, more GWCC parents remembered anticipatory guidance information on safety (65% vs. 41%; $P < .01$). They were more likely to recall learning about behavior (69% vs. 31%; $P < .001$), to trend toward practicing recommended disciplinary techniques (59% vs. 42%; $P = .10$), and to consider that well-child visits helped them become better parents (94% vs. 76%; $P < .05$). Children in the intervention group (GWCC) were less likely to be overweight than those in the individual well child group (IWCC) 8% vs 24%; $P = .03$ at 15 months of age.

DISCUSSION

Substantial effects on child health and parenting competence in a poor Medicaid population can be achieved by linking group well-child visits with home visitation. The overall positive direction of these results argues in support of the

benefits found in previous studies of comprehensive interdisciplinary approaches to pediatric preventive care. However, the group format sessions were difficult to maintain, perhaps because of a lack of physician training. To date the co-location and link between both private and pediatric offices and home visitors has been replicated in 11 other sites in the state of South Carolina.

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ABSTRACT TITLE

ICF-CY and the Importance of orthopaedic and rehab devices for disabled people

BACKGROUND

For people with physical limitations participation is, according to the criteria of the ICF-CY, one of the most important goals to achieve. As environmental factors orthopaedic and rehab devices play a major role to accomplish participation in daily life and in addition to that provide the highest possible level of quality of life for our patients.

In this lecture various individual technical solutions will be shown by video with different patients and different diseases.

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ABSTRACT TITLE

Un villaggio per crescere (A village to thrive): a project aimed at improving parenting skills in at risk population groups

BACKGROUND

Educational poverty (EP) is a worrying phenomenon In Italy, being one of the strongest determinants of the early onset of social inequity. “Un Villaggio per crescere” is a country-wide project supported by the Fund to fight educational poverty) established in 2015 by the Italian Government with the Support of Bank Foundations. The Fund is aimed at improving accessibility and quality of early child education (ECE) services in economically and socially disadvantaged communities, where ECE services are difficult to access or not available. We describe how the Fund’s overarching aim was translated into programmatic features.

METHOD

The design of the project was informed by a children's rights approach, the early interventions concept and the ecological theory applied to child development (1,2) and based on the evidence of long lasting benefits of quality parental time and development-focused practices (3-5). The key strategy is to provide parents and their young children with opportunities for engaging in activities, such as reading, play, music, gardening, art and incorporating them in home-based activities.

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RESULTS

The project was established in 10 different communities in 10 municipalities and planned to reach and engage up to 4.000 families by the end of the third year. Each center operates for an average of 10 hours per week and is served by 3 to 4 educators specifically trained. Child development, parental competences, communities' involvement are monitored as a basis for impact evaluation, ensured by an independent authority. Strategies to reach out for families and ensure retention include home visits, social networks and networking across

all sectors, including public, private non profit and private for profit.

DISCUSSION

The project responds to the international call for testing innovative approaches to nurturing care (5). It offers parents and children in disadvantaged communities the opportunity to be introduced and get engaged in a combination of activities, all of which have been proven as effective in fostering child development and parent-to-child relationships. Rigorous independent impact evaluation and plans for ensuring sustainability over time are part of the design and represent its greatest challenges.

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ABSTRACT TITLE

Parent Training Programs to Promote Self-Regulation in Preterm Born Toddlers

BACKGROUND

The development of self-regulation (SR) is a hallmark in early childhood. Preterm born children, however, have an increased risk for an adverse development given the immaturity of their brain, neonatal distress and parenting stress. Our study aimed at promoting SR by providing a parent training with focus on parental co-regulation (CR), namely scaffolding, sensitivity, and parent stress. Therefore, acceptance of and parents' perceived benefit from this program were analyzed.

METHOD

49 parent-child-dyads of preterm (PT) and 97 of full-term (FT) children (aged

24-36 months corrected for prematurity) were randomly assigned to three training conditions. Parents' acceptance and perception of benefit were then assessed by a self-designed questionnaire.

RESULTS

Parents of both groups (PT and FT) reported high acceptance for all three training conditions (measured on a scale from 1 to 6, with 1 being "highest acceptance" and 6 being "lowest acceptance") FT: $M = 1,82$ / PT: $M = 1,85$; $p > .777$. Parents also reported a better support of children's development of SR and rated the overall benefit of participating in the training programs as high.

DISCUSSION

Based on a relatively small sample, so far, results confirm the high acceptance of parents for a group training to promote their children's SR.

Future analyses of the observation measures from our study will have to reveal evidence for a benefit on child's SR in observational measures. A parent training, however, does seem to be a promising approach.

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ABSTRACT TITLE

Challenges in evaluating ECD-focused interventions targeting at risk population groups with a non-selective approach (Un villaggio per crescere)

BACKGROUND

Testing innovative interventions to promote nurturing care for early child-

hood development is a recognized global priority (1). Interventions need to be multi-sector, multifaceted, highly contextualized (2). Traditional evaluation designs may not be applicable to interventions where target population is not rigidly selected and stable over time (3). We describe the main methodological challenges emerging from the development of an evaluation design of a multicenter project aimed at promoting ECD-focused parental services in disadvantaged communities in Italy. The work is part of a broader effort to develop a cross-countries evaluation framework for an international network of not-for-profit organizations' projects targeting at risk families and their children aged 0 to 6 years.

(1) World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization. 2018.

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METHOD

We firstly identified the dimensions to be included in the impact evaluation, i.e. early child development, parental competencies, stress and self-efficacy and community networks. Then we searched for existing validated tools and assessed them tools for feasibility in non-research settings through a consultative process involving national and international experts.

RESULTS

The overarching challenge of evaluation in real-life, non-research settings is to find a balance between the need of rigorous approach and the intrinsically open, inclusive nature of interventions for population groups which cannot be constrained into rigid evaluation sche-

mes. More specific challenges include: applicability of controlled and blinded approaches; transformation in target population (both children and parents) independently from the intervention; need for assessment tools which do not require highly specialized skills; combination of developmental assessment with promotion and evaluation embedded in a dialogue with caregivers, minimizing attrition and resistances to collect potentially sensitive data; inclusion of qualitative and participative approaches.

DISCUSSION

Scaling up ECD-focused interventions in at risk population groups implies moving from traditional experimental designs applicable to confined and controlled settings towards complex and dynamic quasi-experimental, mix methods approaches (4). The identification of methodological challenges is a pre-requisite for developing evaluation designs which are realistic and feasible and at the same time able to produce valid results (5). Our work intends to contribute to a much-needed international effort and dialogue on evaluating

complex ECD-focused interventions.

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1. FONDAZIONE GENERALI - THE HUMAN SAFETY NET ONLUS

2. CENTRO PER LA SALUTE DEL BAMBINO - ONLUS

Parallel session 2: General conditions for the development of children

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ABSTRACT TITLE

Supporting healthy parent-child attachment relationships, child neurodevelopment and emotional wellbeing: insights from parent focus groups

BACKGROUND

Children with learning and behavioural difficulties, often began school with a history of delayed or discorded acquisition of key neurodevelopmental skills, and poor emotional regulatory skills. Supporting significant early life relationships and influencing family-centred environmental factors can affect a child's school readiness. During pregnancy, and over the first 5 years of a child's life, new parents have up to 25 contacts with health professionals. However, variability exists in the quantity and quality of information that new parents receive regarding optimising healthy parent-child attachment relationships, and therefore a child's neurodevelopment and emotional wellbeing.

METHOD

A qualitative method was used of 3 parent focus groups in children's centres in the London Borough of Haringey. Each group consisted of between 6-12 new parents (with a child under 1-year-old) who had recent experience of local antenatal and child healthcare provision.

RESULTS

Parents reported receiving good quality written information (predominantly about breastfeeding) at drop-in clinics, baby massage sessions and new birth home visits. Parents felt that staff did not sufficiently explain or demonstrate the skills parents needed, and too much information was given at the wrong times (e.g. just after birth).

DISCUSSION

Focus groups established the need for specific verbal advice that is easily understood, practical, meaningful and consistently explained and reinforced across sectors and disciplines. A "train the trainer" approach has been developed for professionals working with parents of children under 5, as part of Haringey's relationship based approach to resilience.

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ABSTRACT TITLE

Is ban on begging an effective strategy to fight child trafficking?

BACKGROUND

Begging has been labelled the ‘weapon of the weak.’ Regulation of groups allowed to beg has a long history and has been identified as emergence of social policy. Most religions regard begging as honourable when exercised by legitimate groups. Currently begging is increasingly banned to protect tourists industry, businesses and the general

public from unwanted intrusion and to counteract human trafficking. In Senegal, the Criminal Code of 1964 prohibits begging in public in Senegal but excludes alms-seeking in religious context. In the fight against human trafficking, the ban on begging was reactivated in 2005, including alms seeking by Quran school boys. Here we examine opinions of stakeholders in Dakar, Senegal, on the ban on begging adopted by the Senegalese government to counteract child trafficking and the consequences for those the ban aimed to help.

METHOD

The history of the Senegalese bans is scrutinized by secondary data and interviews with Bissau-Guinean and Senegalese Quran masters and NGO and government representatives. Participatory approach was adopted and child beggars asked about their reactions to the ban.

RESULTS

Due to threats of withdrawal of international aid, ban on begging from 2005 was enforced in August 2010, but withdrawn within few weeks. The ban created fear and hunger among begging Quran school boys while NGOs and the

international community endorsed it to rescue the very same boys. Quran teachers, the population in general and some members of Parliament opposed the ban while others claimed the ban would hurt those it aimed to help.

DISCUSSION

Ban on begging in a society that accepts it on religious grounds is ineffective without implementation of supportive activities for those it aims to help.

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ABSTRACT TITLE

Ambiguous adventures: children driving tractors in rural Iceland

BACKGROUND

Across historical periods and societies, capacity attributed to children varies. A case in point is changing views on the appropriate age of children driving tractors off-roads in Iceland where their use exploded after the World War II. Farmers had little experience in driving vehicles, and children were trusted with the task. Here we describe and analyse tractor driving of urban children who stayed on farms in Iceland during the summer, and evaluate the extent of fatal tractor accidents by age and gender.

METHOD

Qualitative study that uses secondary data, including reports from the Administration of Occupational Safety and Health and news reports of fatal tractor accidents, and stories of individuals who were sent to stay at farms during the summer as children. This is complemented with quantitative data from a representative survey data on adults who stayed on farms in childhood.

RESULTS

Stories expose children's fascination with the adventurous experience of

driving tractors, while many fatal accidents were simultaneously highlighted. Almost half of adults who had stayed on farms in childhood drove tractors (mean age 11.4 years; range 5-17), thereof 70% of boys and 24% of girls. Considering framers' need of child labour, in 1958 the Parliament decided to have no minimum age for driving tractors off roads (earlier 18 years); in 1987 the minimum age adopted was 13 years, and increased to 15 years in 2006. In the period 1960-1979, the risk was 3.1 (95% CI 1.3-7.6) times higher for a child compared to an adult to die in a tractor accident compared to earlier and later periods.

DISCUSSION

Children driving tractors in Iceland exposes the diverse views on children's capacity. Preventive actions, for example through legislation and security measures, contributed to a sharp decline in child deaths in tractor accidents.

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ABSTRACT TITLE

Things are not what they seem: Review of diverse forms of child abuse in Iceland

BACKGROUND

International research shows that child physical health in Iceland, as measured for example by the infant mortality rate, is ranked as the best in the world and childhood conditions are ranked as one of the best for positive growth and development. Here we examine and summarize published research on child abuse in Iceland, with particular focus on physical, emotional and sexual abuse, neglect and intra-familial conflicts suffered by children at the hands of their parents and other carers.

METHOD

Review that builds on published research, books and reports on child abuse in Iceland that are mostly accessible in the native Icelandic language, and compares the findings with Nordic research and global estimates of child abuse.

RESULTS

Analysis of qualitative and quantitative research reveals that the prevalence of different forms of child abuse, child neglect and intra-familial conflicts in Iceland are similar to, or higher than, global and Nordic estimates. Younger respondents report less physical abuse than older respondents, but higher levels of emotional abuse. Legislation, greater awareness, public debates and research on child abuse in Iceland has contributed to the growing recognition of the negative consequences of child abuse and strengthened support for prevention strategies.

DISCUSSION

Icelandic children experience diverse forms of child abuse and neglect from their parents and other carers. Diverse preventive initiatives have been put in

place that underline increased general understanding of the problem at hand and the urgent need to tackle such behavior.

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ABSTRACT TITLE

Impact of austerity on families with disabled children in Europe

BACKGROUND

To describe the experiences of families with disabled children across Europe and of professionals providing services for them, including the impact of austerity.

METHOD

Cross-sectional surveys disseminated via professional and family networks in

32 European countries for three months from December 2016.

RESULTS

Families (n=731), of whom 45% met UNICEF criteria for severe poverty, and professionals (n=959) responded from 23 and 32 countries respectively. Respondents were grouped into those from countries with and without austerity. Direct and indirect impact of austerity cuts and worse working conditions were reported more often by professionals from countries with austerity, compared to those without. Most families reported services to be worse in quality than three years ago. Families with completely dependent disabled children said the needs of their disabled children are significantly less well met now, compared to ten years ago.

DISCUSSION

A decline in quality of services for disabled children was reported by most family and many professional respondents across Europe, regardless of austerity. Austerity measures were reported to have impacted significantly on families with disabled children in those Europe-

an countries where these were implemented.

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ON BEHALF OF THE EUROPEAN ACADEMY OF CHILDHOOD DISABILITY

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ABSTRACT TITLE

Ill-health of Children in the southern rural Lao PDR: A three-year longitudinal study

BACKGROUND

Health and Demographic Surveillance System initiated by Moji group revealed that infant mortality rate in Xepon area was 65/1000 live births in 2012. This was much higher than the national average in Lao PDR. In order to promote child health where people's access to health care services were poor, i.e., Xepon district, we have been conducting a longitudinal study.

METHOD

We collected data on illness episode of under five year children in seven villages. After baseline data collection, village health volunteers (VHV) visited the target household every two weeks. VHVs and data collector asked a series of questions on illness related issues. In addition, anthropometric data have been collected.

RESULTS

Altogether we followed 382,109 person days of 422 children from June 2014 through July 2017. The mean age of children at the end of the study was 4.9 years (95% CI: 4.7-5.2 yrs). The observed total sick days during the study period was 2,804 days. The mean illness duration was 6.6 days. Major symptom was fever, cough, and diarrhea. According to health center and hospital records in the catchment area, significantly more malaria cases were reported in 2014 than the other years. The range of z-score of height for age was -3.67 z-score and -1.36 z-score.

DISCUSSION

Vaccination coverage seems the most powerful factor that associated to child health. The influences of other factors such as nutrition, health seeking behavior, access to health care services, malaria outbreak should be presented.

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ABSTRACT TITLE

**Determination of bisphenol A levels
in the urine of exclusively breastfed
babies and in the breast milk and urine
of their respective mothers**

BACKGROUND

Bisphenol A (BPA), an endocrine disruptor chemical, is found in various products including baby bottles. The aim of our study is to determine, in a pair wise fashion, the BPA levels in urine and milk specimens of mothers and in urine specimens of their exclusively-breastfed babies with no known BPA exposure, and to examine the relation between the plastic use history and BPA levels.

METHOD

Forty mothers and their 1-2 month-old babies fed only with breast milk were included in the study during well-child visits. The questionnaires about sociodemographic characteristics and plastic use were filled out in face-to-face interviews. Breast milk samples and urine samples of mother-baby pairs were taken. BPA analyses of these samples were conducted by means of Liquid Chromatography–Mass Spectrometry (LC-MS/MS).

RESULTS

The geometric average of BPA levels were found as 0,12 µg/L (0,03-0,59), 0,12 µg/L (0,03-0,73) and 0,13 µg/L (0,02-0,44) in the breast milk, the mother urine and the baby urine specimens, respectively. No significant correlations were found among BPA levels ($p=0,75$, $r=0,50$). Babies, whose mothers consumed yoghurt out of plastic containers and hot beverages out of plastic cups had higher urinary BPA levels ($p=0,00$, $p=0,033$, respectively).

DISCUSSION

Our research is the first study examining the BPA levels of exclusively-breastfed infants without any known BPA exposure and also determining the relation between BPA levels and plastic use history. The measurable amount of BPA in baby urine may reflect BPA exposure via breast milk in exclusively breast-fed infants. Therefore, increasing the mothers' awareness on the endocrine disruptor chemicals seems to be an important way for preventing baby exposure.

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TRICS

■ **PLENARY 3: GLOBAL CHILD DEVELOPMENT: SYSTEMS AND POLICY TO ADDRESS ECD OF VULNERABLE CHILDREN**

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ABSTRACT TITLE

Promoting health, development and wellbeing of children on the move within and across borders

BACKGROUND

In this presentation I will review the unique challenges facing children on the move with a focus on risks in early childhood. I will touch on the additional burden faced by children with disability, chronic health conditions and other vulnerabilities. I will discuss current policies and best practices and existing gaps to address the needs of these

children and their families. I will finish with practical pointers to pediatricians working in such a setting.

METHOD

as above

RESULTS

as above

DISCUSSION

as above

■ **PLENARY 4: A CHILD RIGHTS AND EQUITY-BASED APPROACH AND MEASURES TO EARLY CHILD DEVELOPMENT: SYSTEMS AND POLICY**

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ABSTRACT TITLE

The rights of young children with disabilities: moving beyond the UNCRC
Gerison Lansdown

Quality early years experiences are of critical importance for all children, but particularly so for children with disabilities. This presentation will explore how the UN Convention on the Rights of the Child, and subsequently the UN Convention on the Rights of Children with disabilities, contribute to understanding as to how those experiences need to be provided. These treaties have re-defined the discourse around disability, through recognition that children with disabilities are subjects of rights and that this necessitates more than simply the provision of specially adapted services. They require awareness of, and commitment to removing the multiple barriers at all levels of society that impede inclusion, justice and equity. They require a focus on redefining disability through a lens on functioning rather than impairment. And they introduce a shift from seeing children with disabilities as recipients of charity and welfare to being subjects of rights entitled to respect for their dignity

and participation on an equal basis with all other children. These approaches have significant implications for health professionals.

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ABSTRACT TITLE

The science of early child development and child right: where do they cross paths?

The science of Early Child Development gained remarkable attention and recognition during the last few decades of the past century. By 2000s it was established that the early years mark a precious window of opportunity that can be used to set the tone of health, development, educational achievement, economic productivity and social competence of the individuals for the balance of their lives. The shift in the paradigm of health care

from treatment to prevention helped this recognition further. In the early 2000s, the built momentum for ECD was amplified when the World Health Organization's Commission on Social Determinant of Health recognized ECD as a potent Social Determinate of Health and recommended investment on ECD as a practical approach to improving population health and health inequities.

On the other hand, the adoption of the United Nations Convention of the Rights of the Child (the Convention) in 1989 at the UN General Assembly, was followed by an unprecedented ratification by almost every country in the world. In 2005 the Committee authoritatively reiterated the commitment of the states to their young children (children 0-8 years old) through the development of General Comment 7: Implementing Rights in Early Childhood (GC7). In 2006, GC7 was operationalized through the use of indicators framework by an international group who was invited by and worked under the auspices of the Committee for over a decade. The resultant tool was the Early Childhood Rights Indicators, ECRI (also known as indicators of General comment 7). Since then ECRI has been piloted/used

in some low, middle and high-income countries. The central objective of GC7, ECRI, as well as the CRC, is to improve the developmental outcomes of [young] children through the fulfillment of children's rights to life, protection, provisions, and participation.

In accordance with article 44 of CRC, the States parties to the Convention are under international legal obligation to submit a periodical report to the Committee on the Rights of the Child (the Committee) on the progress in the status of children's rights within their States. Under the CRC governments are accountable to work towards and report on the progressive improvements in the implementation of the CRC. Comprehensive and roper data collection is germane to the fulfillment of such accountability. Tools as ECRI assist governments with the task of implementing but also monitoring the implementation of the CRC during the early years (children 0-8 years old).

Despite the commonalities in the core objectives of the CRC and the ECD community, the two fields of child rights and ECD have remained and worked and remained in silos. The ECRI tool, combining the science of ECD and human rights,

facilitates the bridging of these two fields. This presentation provides an overview of the science of ECD, and child rights and where their paths cross. It will present a summary of the principles upon which the ECRI is built, the process of developing the ECRI as a useful data collection tool to improve the state of child rights as well as ECD, and what is hoped to be achieved by this tool. The presentation will close by introducing GlobalChild, a large international initiative that building upon ECRI embarks on the task of operationalizing the entire CRC to develop a comprehensive child rights monitoring platform.

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ABSTRACT TITLE

Child development, disability and the sustainable development goals

BACKGROUND

Since 2000 global child health programmes have exclusively focused on reducing neonatal and child mortality

without complementary attention to the quality of life of the survivors. Although early childhood development (ECD) is now enshrined in the Sustainable Development Goals (SDGs), epidemiological data on children with developmental disabilities to guide the formulation of intervention policies is lacking. This presentation examines available evidence on the global burden of developmental disabilities among children younger than 5 years within the framework of relevant provisions under the SDGs.

METHOD

The Global Burden of Disease (GBD) 2016 database was systematically reviewed to establish the patterns of fatal and non-fatal health outcomes among children younger than 5 years from 1990 to 2016. Current ECD efforts on the global level are analysed in relation to developmental disabilities.

RESULT

Globally, 52.9million (8.4% of under-5 population) in 2016 were estimated to have epilepsy, developmental intellectual disability, vision loss, hearing loss, autism spectrum disorder or attention-

on-deficit/hyperactivity disorder in 1990 compared to 53.0 million (8.9% of under-5 population). This global picture was found to mask a 71% increase in the population of children with developmental disabilities in sub-Saharan Africa between the period. A Nurturing Care Framework (NCF) for ECD now exists to address the needs of children who are at risk of not reaching their developmental potentials.

DISCUSSION

Whereas SDG 4.2.1 mandates systematically tracking of all children under 5 years who are developmentally on track in health, learning and psychosocial well-being, the NCF is entirely propelled by two risk factors, namely, stunting and extreme poverty with very limited consideration for children with disabilities. Concerted multi-disciplinary efforts to ensure that children with developmental disabilities are not left behind are warranted.

■ SPECIAL LECTURE: PEACE POLICY AND CHILD HEALTH

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ABSTRACT TITLE

Healthy development through a peaceful environment – the next generation’s need for peace policies

BACKGROUND

WHO states that: „War is a major source of disease causing: death and injury, the breakdown of and reduced access to health systems, the increase incidence of communicable diseases, reduced water and sanitation and disease prevention, psychosocial effects, malnutrition, etc“. These consequences have an extremely high impact on children causing not only death and injuries, but also on disabilities, illnesses, psychological suffering, disruption of moral conceptions and of the social and cultural embedment. There are many ways on how the impact of war

on children can be reduced, however looking at it more closely one must conclude that prevention is actually the only effective way how to address the issue. War could be seen as major a public health constraint. So, imperatives of public health such as primary prevention can be applied. Health-Care workers play an important role in preventing war and establishing a peace system in which a healthy development of children is possible. As Rudolph Virchow said: “Medicine is a social science. And politics is nothing more than medicine on a grand scale. But how can the approach of Primary prevention be applied to the issue of war?

METHOD

The question will be answered by taking the work of IPPNW and ICAN as an example.

RESULTS

IPPNW and ICAN are currently one of the best examples to answer this question. Concerning the issue of nuclear weapons primary prevention is even more essential. Analyzing the humanitarian consequences of nuclear weapons on local and international scale the research

cher concluded that primary prevention is the only way to care for the victims sufficiently. After the foundation of ICAN in 2007 by the IPPNW the movement steadily grew its impact by focusing on the humanitarian impacts of such weapons and by forming a network of NGOs and supportive governments. The campaign reached the level of international in July 2017, when the nuclear ban treaty was adopted in the UN.

DISCUSSION

The adoption of the nuclear ban treaty was a great achievement. However, the journey to a nuclear free world and thereby to the full prevention of a nuclear war still remains long. Opportunities resulting from the nuclear ban treaty and remaining obstacles will be discussed in the session.

■ **PARALLEL WORKSHOPS: SYSTEMS AND POLICY**

WS

Trainee Workshop: ISSOP Trainee Group: It's a small world after all

SPEAKERS: **Anna Battersby,**
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CONTENT AND OBJECTIVES

- 1) Describe what social paediatrics training looks like across the world: differences and similarities
- 2) Develop specific ideas of how to make the ISSOP trainee group beneficial to you.
- 3) Introduce the mentorship programme: brainstorm the features of mentor/mentee relationships that would promote the needs of ISSOP trainees.
- 4) Propose mechanisms for ISSOP trainees to become active child health advocates, how to contribute to the ISSOP newsletter, and specifically how to engage online and become social media influencers.

Through interactive group discussion and break out activities, we will explore the needs of social paediatrics and child health trainees around the world and identify how ISSOP may support you. There will be a brief review of current ISSOP initiatives and a description of ways in which trainees may become more involved. We will explore the role of mentors, provide tools to trainees to optimize these relationships and introduce a new ISSOP mentorship pro-

gramme. We are particularly interested in how online forums (such as CHIFA), and social media (Twitter, Facebook, Instagram) can bring us together to influence our societies: because it is a small world after all!

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WS

Neurocognitive Development in chronic disease of Childhood and Adolescence: Perspectives for Counseling

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BACKGROUND

In relation to the respective definition the prevalence of chronic disease in childhood varies from 15% up to 30%. Among these affected subjects they suffer from neurodisability in about 20%. Whereas in earlier times the therapeutic efforts to improve life expectancy were the primary goal is in face of its normalization the focus on participation. As neurocognitive abilities are in general a major effect on participation in academic achievement, but even in the respective subgroup with chronic disease.

METHOD

An integrative model for predicting and counseling of neurocognitive outcome on the basis of various chronic diseases will be presented. This will reflect not only the specific features and corresponding risk factors of the respective chronic disease but also referring to otherwise effects as known in normal population (e.g. social gradient for education and health)

RESULTS

Conclusion: Neurocognitive outcome in chronic disease is the result of a complex interaction of specific disease related factors with individual-familial effects.

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■ **PLENARY 5A: PROMOTING DEVELOPMENT OF CHILDREN WITH CHRONIC COMPLEX CONDITIONS – CHALLENGES AND SOLUTIONS SPONSORED BY WAGENER FOUNDATION**

ABSTRACT TITLE

Implementing Effective Integrated Care Management for Children and Youth with Special Health Care Needs

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The World Health Organization defines integrated health services as “those that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector and according to their needs throughout the life course”¹.

To implement a rigorous, measurable approach to care integration, we will discuss the development and implementation of a framework of care integration, with a person-/ family-reported experience measure at its core². It is applicable to all aspects of service delivery including medical, behavioral, social, educational, and family support. A critical component of this effort is the implementation of an interprofessional educational offering supported by a multidisciplinary Care Coordination Curriculum³. Patients and families engage as both learners and as co-faculty.

In this session, we will discuss strategies and tactics to measure care

fragmentation and promote integrated care in both adequately resourced and resource challenged settings. We will demonstrate outcomes of care integration projects for children, youth, and young adults with complex and special health care needs which align with the domains of patient/ family experience, quality, resource utilization, and provider experience.

¹*CONTINUITY AND COORDINATION OF CARE: A PRACTICE BRIEF TO SUPPORT IMPLEMENTATION OF THE WHO FRAMEWORK ON INTEGRATED PEOPLE-CENTRED HEALTH SERVICES. GENEVA: WORLD HEALTH ORGANIZATION; 2018. LICENCE: CC BY-NC-SA 3.0 IGO*

²*ZINIEL SI, ROSENBERG HN, BACH AM, SINGER, SJ, ANTONELLI, R. VALIDATION OF A PARENT-REPORTED EXPERIENCE MEASURE OF INTEGRATED CARE. PEDIATRICS. 2016; 138(6).*

³[HTTP://WWW.CHILDRENSHOSPITAL.ORG/INTEGRATED-CARE-PROGRAM/CARE-COORDINATION-CURRICULUM](http://www.childrenshospital.org/integrated-care-program/care-coordination-curriculum)

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ABSTRACT TITLE

Social Pediatric Centers (SPZ) in Germany

BACKGROUND

There is a rising number of children and adolescents with developmental problems, neurological diseases, multiple handicaps, complex problems or chronic diseases posing a challenge for the health care system.

METHOD

For these children a nationwide network of approximately 160 “Social Pediatric Centers” [SPC; „Sozialpädiatrische Zentren (SPZ)] exists in Germany in addition to the basic pediatric care. The SPC consist of multidisciplinary teams involving specialized pediatricians (often neuro-pediatricians), psychologists, speech therapists, occupational therapists, physiotherapists and remedial teachers. Most SPC work with the systemic approach taking the whole familial and social situation into account. Depending on the specific situation and circumstances the children are evaluated from the different point of view and the results are discussed in team sessions with a draft of

a resource-orientated and ICF-based plan for therapy and pedagogical support.

RESULTS

According to own data approximately 350.000 patients and their families are treated per year (data from 2014). Most patients are seen several times a year with a thorough follow-up. Most SPC have additional interdisciplinary consultation hours with extern cooperation partners like specialized children neuro-orthopedists, orthopedic technicians or genetics.

DISCUSSION

Additionally, for more than 20 years a working group of members of the SPC-staff is busy with aspects of quality in health care in children and adolescents with developmental problems. Structural and conceptual guidelines were developed relating to different aspects of care starting with a special approach for a better assorting of problems in complex chronic conditions (MBS – multidimensional balanced system)

“Eliminating Racial/Ethnic Disparities in Health and Healthcare for Children with Special Healthcare Needs and their Families.”

Glenn Flores, MD, FAAP

Racial/ethnic disparities in children’s health and healthcare are extensive, pervasive, persistent, and occur across the spectrum of health and healthcare. Children with special healthcare needs (CSHCN) can suffer from particularly egregious disparities. For example, among those with Down’s Syndrome, African-Americans die at a substantially younger median age than whites. African-American children receive a diagnosis of autism 1.4 years later than whites, and are in mental-health treatment an average of 13 months longer than whites before receiving their autism diagnosis. In this session, attendees will learn about key racial/ethnic disparities in CSHCN, programs that have been successful in eliminating disparities, and practical steps to take to achieve global equity for CSHCN.

■ PLENARY 5B: THE ROLE OF SCHOOLS IN INTEGRATION

SPEAKER: Inge Van Trimpont
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WORKSHOP TITEL

The application of ICF in the context of the integration of chronic ill schoolchildren in mainstream education in Flemish school health care

CONTENT AND OBJECTIVE OF THE WORKSHOP

Schoolchildren with a chronic condition suffer from barriers in mainstream education. Therefore, they are at risk for leaving education unqualified. In order to bring down those barriers it is necessary to assess their educational needs. The International Classification of Functioning (ICF) is an internationally recognized framework, offering school health professionals the possibility to bridge the gap between a disease diagnosis and educational needs.

A guideline development as outlined by the Flemish Society for Youth Health Care was used, including systematic literature review, clinical expert advice,

focus sessions with parents, educational and pupil guidance professionals and medical doctors, and written surveys with children with a specific chronic condition and their parents.

The presentation will focus on how ICF-CY can bridge the gap between a medical diagnosis and the assessment of educational needs. In Flanders the ICF-CY is integrated in the Needs Based Assessment methodology used by school health professionals. The consecutive steps, from identification of relevant ICF-clusters, over the translation of chronic disease labels into (ICF-based) potential functional restraints, to the detailed definition of measures to be taken in education to overcome the functional restraints for a specific child, will be discussed.

Since March 2014 the use of the ICF-CY for the assessment of special educational needs of children with a chronic condition is included in the Flemish law on education for children with special educational needs.

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SPEAKER: Vera Musil
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WORKSHOP TITEL

Education of children with special needs in Croatia

CONTENT AND OBJECTIVE OF THE WORKSHOP

Education system in Croatia consists of pre-primary, primary, secondary, higher and adult education. Primary education is compulsory and free to everyone. Secondary and higher education are available under equal conditions in accordance with capacities. Children with developmental difficulties, disability, severe medical conditions, national minority members and gifted children are considered as children with special needs. Regulation on Primary and Secondary Education of Students with Difficulties is based on principles of inclusion and an individual approach. Suitable education programs, based on individual skills, abilities and needs, are: regular program with individualization, adjusted program, special program and training for autonomous life. Suitable education program could be

implemented in regular class in regular school as a complete inclusion, partly in regular and partly in special class in regular school as incomplete inclusion, in special classes in regular school or in special schools. Temporary forms of education - at home or in healthcare facility are also available.

According to Report on Disabled Persons in the Republic of Croatia from 2017, 21555 children (64% boys) with special needs had suitable educational program, mainly complete inclusion - regular program with individualization. The main reasons for suitable program were: speech and communication disorders, learning difficulties, multiple disorders and intellectual disability. Education on maternal languages of national minorities is provided at all levels of education, from pre-primary to higher education.

Schools are obliged to identify gifted learners and to ensure development of their potential and to focus on sustaining of their special cognitive, social, emotional and physical needs.

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TITLE

**Preschool medical examination: what
for?**

Making sure that a child sees a doctor just before or at the beginning of school has been core to school health for over a century. After a review of its role and the variability of what is done across a few countries, the benefit – or not – of the medical examination will be explored in the light of the evolving needs of that population and their access to the health care system.

■ FREE PAPERS

PARALLEL SESSION 3: CHILDREN ON THE MOVE

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ABSTRACT TITLE

**Community engagement as early
intervention supported the integration
of asylum seeking Syrian families: the
role of child health practitioners in the
Netherlands**

BACKGROUND

2014-6 saw an influx of close to 100,000 Syrian people seeking asylum. While this was not the highest influx in 25 years many aspects of reception had to be (re)invented against a background of heightened (inter)national xenophobic anxiety in receiving these families. Nonetheless, 2 years on many Syrian people seeking asylum received an asylum

status and were allowed to reunite in the Netherlands with their families which initially remained in Syria. An ad hoc consortium of 2 Knowledge centres with the formal National Council of Municipalities developed the OTAV programme which prepared and introduced, via 24 dedicated professional regional coordinators, more than 50 cultural specific and sensitive modules on how to integrate into Dutch communities. Child Health professionals (nurses and community paediatricians) were closely involved in the development of all steps of OTAV and used these materials in daily community paediatric clinics.

METHOD

Descriptive: reporting the role and contributions of child health practitioners and TOGETHER

RESULTS

As the data are still being collected no definitive results can be reported yet but will be in September.

DISCUSSION

The OTAV programme, as a well-funded 18 mo. lasting joint venture supported

by the Dutch government, prove to be highly successful in bringing Syrian families together with Dutch communities and their members. Regular Community Child Health services played an essential role herein as well in integrating Syrian children in their regular surveillance programme. The development of these activities, the different (new) roles of the professionals herein as well as the progress will be discussed and compared with the experiences by TOGETHER. In addition TOGETHERs experiences in training child health professionals (community paediatricians, clinic-based paediatricians and other) will be presented

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ABSTRACT TITLE

Recently arrived refugee families and the experience of having an introduction plan and being in the resettlement process in Sweden: A qualitative study

BACKGROUND

Earlier studies have shown that there are different factors related to how well recently arrived immigrants establish themselves in the recipient countries which could be physical, psychologically as well as social and mental factors. The introduction plan that started in Sweden 2010 and is a part of the public support system for recently arrived migrants to Sweden. As the plan requires active participation of the partners, the simultaneous establishment of childcare and school start for children might provoke frustration. The aim was thereby to illuminate the experience of having an introduction plan and being in the resettlement process for recently arrived immigrant-families to Sweden.

METHOD

A qualitative study was conducted through interviews with recently arrived immigrant families being in the resettlement process. Fifth-teen families from Syria were interviewed and the interviews were analyzed using Attride-Stirling's approach for doing thematic analysis.

RESULTS

Families experienced stress due to long waiting times for residence permits and for having to struggle to find stable housing conditions. They seemed to partly establish themselves through their children going to school and getting themselves into Swedish studies as well as striving to find a job. They were having challenges with adjusting socially and with missing family members left behind.

DISCUSSION

The authorities in Sweden and in other recipient countries should put emphasis and enhance efforts for more stable and appropriate housing as well as to strive for having families reunited. This will enhance the integration process as well as the wellbeing of the families.

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ABSTRACT TITLE

**Turkish National Pediatric Society Acti-
on Model for Refugee Children**

BACKGROUND

After the Syrian war which started in March 2011, currently there are 3,589,384 Syrian in Turkey under “Temporary Protection Status” whom 44.7% are under 18 years of age. Esta-

blished with the mission to “promote child health and support pediatricians” the Turkish National Pediatric Society (TNPS) has acted for these children and pediatricians serving them since 2012

METHOD

TNPS acted in 3 lines. One for sup-
porting and promoting pediatricians
in the regions with high refugee po-
pulation, second supporting families
and adolescence and third increasing
social awareness and acceptance with a
campaign with tagline “Everything starts
with love”.

All these activities aimed both physical
and mental health of children

All these activities were made in collabo-
ration with governmental organizations
as well as IPA and IPA-F as well as other
international NGOs.

RESULTS

Since 2012, 10 regional meetings were
organized for physicians with participa-
tion of more than 2000 physicians, trai-
ning to mothers were given in Osmaniye
Cevdetiye temporary protection center
on child health topics and to adole-
scents on stress management. Also a

research paper about the mental health problems of these adolescents has been published. Twenty eight famous artist and football player took place in the social awareness campaign “Everything starts with love”.

At every national congress this topic is discussed and at the last national Congress an international mental health workshop was conducted with around 200 participants.

DISCUSSION

A real world model of action experience for refugee children for national pediatric societies is presented and it will be discussed under ISSOP Budapest Declaration.

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ABSTRACT TITLE

Fostering Integration of Children and Youth on the Move through the Creation of an Urban Youth Center in Athens, Greece

BACKGROUND

One of the main characteristics of the unprecedented increase of migration flows was the unusual high number of children. After the closing of the Balkan Route and the EU-Turkey Statement in March 2016 many families were stranded in Greece, unable to proceed to other destinations. Today there are approximately 51.000 people, among them a high percentage of under 18 years old. The estimated number of unaccompanied minors are 3,030 children. Network for Children's Rights is a non-profit organisation, which has been

studying and promoting the rights of children. NCR has a large experience in implementing grassroots intervention in the multicultural neighborhood of the center of Athens. Informal discussions conducted with the teenagers already participating in the NCR's activities and their parents, pointed out the need of the existence of a space dedicated to teenagers and youth.

METHOD

The creation of a Youth Center (YC) is meant to meet the identified needs of youth living in the unwelcoming urban environment of Athens and in sites outside the urban setting. Particular focus is placed on youth, which face the peril of social exclusion and marginalization. The YC was established in late 2016. It provides a meeting place for 13 to 20 years old. It is open to all regardless of nationality, gender, religion or language and centrally located in Athens, open daily from 9am to 8pm. The YC offers art workshops and educational activities such as theatre, cinema, music, pottery, outdoor pursuits and sports, also foreign languages and teaching support. Results: Teenagers of 13 different na-

tionalties participated in creative and educational activities. The total number of adolescents enrolled in YC is 197. The participants in one-off projects in the YC Summer Program are more than 500 teenagers (refugees, immigrants and Greeks). The YC has succeeded to create interconnections between culturally different individuals and groups like the locals, the immigrant communities and the newcomers.

DISCUSSION

Our initiative intends to motivate the youth to familiarize with the urban web of Athens and to foster empowerment and self – esteem. Furthermore, this project proposes treating the youth as the potential agents of a new vision for the future. It is about building social and educational structures and tools, which will provide the youth with essential life skills.

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■ FREE PAPERS

PARALLEL SESSION 4: CHILDREN'S RIGHTS

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ABSTRACT TITLE

Successful Advocacy for Children's Health Policy by Pediatricians Using Social Media

BACKGROUND

In summer of 2017, proposed cuts to Medicaid, the single largest health insurer for children in the US, threatened to eliminate access to care for millions. US pediatricians with the encouragement of our professional organization, the American Academy of Pediatrics, engaged in grassroots efforts to halt this damaging legislation to protect care for children, including those from immigrant and refugee families. An unprecedented level

of activism poured out of pediatricians who used multiple communication channels, most prominently social media, to speak out for children. These efforts, along with those of a growing coalition, successfully created a wave of opposition to cutting critical health programs.

METHOD

The AAP examined statistics for pediatrician social media engagement during two designated Days of Action in June 2017. It also tracked published opinion pieces, pediatrician video testimonials and other means used by pediatricians to engage legislators and raise awareness among other physicians and the larger public about how policies proposed would irreparably harm children's physical and mental wellbeing.

RESULTS

Over 110 pediatricians from more than 30 states posted video testimonials to social media, primarily Twitter, explaining how Medicaid cuts would hurt our patients. This social media based effort struck a chord with the public. It was recognized and amplified by traditional media like the New York Times,

Washington Post, as well as prominent activists and celebrities who shared these videos with wider audiences. A compilation video was created that has been viewed over 200,000 times. The video portion of the larger AAP campaign helped break walls and get the message out to change hearts and minds, ultimately contributing to change policy that was not pro-child.

DISCUSSION

Social media presents a great opportunity to get messages out to the public and rally the masses without requiring an intermediary or gate keeper. Pediatricians interested in the holistic development of children and the provision of social policy that supports their overall health and wellbeing would be wise to harness the power of this new medium to educate and promote social change in health policy for children. As we witnessed one year ago, there is great power in numbers when pediatricians from across the country and world combine their voices for child welfare.

AUTHORS, INSTITUTIONS: DR. COLLEEN KRAFT, AAP PRESIDENT, ENCOURAGED SUBMISSION OF THIS ABSTRACT AND CONTINUES TO BE INSTRUMENTAL IN PEDIATRICIAN ADVOCACY EFFORTS

THROUGH SOCIAL MEDIA, BOTH THROUGH THE AAP AND AT A GRASSROOTS LEVEL.

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ABSTRACT TITLE

Stakeholders' views on scenarios on European child healthcare systems and how potential changes might be achieved

BACKGROUND

The Models of Child Health Appraised (MOCHA) Project – www.childhealthservicesmodels.eu – aims to describe and appraise various models of primary child health care in Europe and make recommendations as to optimal systems' components of child healthcare. The purpose of this study was to analyse stakeholders' views on imaginary scenarios of child healthcare systems' components in the future, and how potential changes might be achieved.

METHOD

A questionnaire about three scenarios on imaginary features of the child healthcare system in the future was filled in by 45 stakeholders of 15 EU countries. Scenario 1 (S1) considered specialized preventive health services for measles vaccination. Scenario 2 (S2) considered working in multidisciplinary teams in chronic care for children with asthma and complex needs. Scenario 3 (S3) considered confidential access for early identification of mental health disorders in adolescents.

RESULTS

The stakeholders expressed a need for improvements to the child healthcare system. The majority of the stakeholders were in favour of changing the systems' components presented in the three scenarios, such as improved access, availability of workforce or care coordination. (S1 78%, S2 90%, S3 71%). However, not all stakeholders considered the three scenarios feasible for their country (S1 56%, S2 30%, S3 24%). They identified the current healthcare system and service provision as the major barrier for the implementation of these scenarios.

DISCUSSION

There was a high level of agreement among stakeholders on three potential scenarios for improvement, however, barriers were identified for the implementation of the forecasted system components.

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Hospital experience on
integrating the rights
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ABSTRACT TITLE

**Exequiel González Cortés Hospital
experience on integrating the rights
approach into health care**

BACKGROUND

There is a lack of knowledge about the rights of children and adolescents by the health team, as well as in patients and family. This is mainly observed in the persistence of paternalistic or protective attitudes towards the children and adolescents who attend to the services. The Convention on the Rights of the Child founds a new paradigm when considering children and adolescents as subjects of rights. To report the experience of the realization of a participative congress of children and adolescents, on the rights of the children, destined to the integration of their perspective in daily practice of our Hospital.

METHOD

An encounter of children and adolescents was developed, in which, under a semi-structured survey, adjusted for age, which consists of 3 dimensions: care, treatment and recognition as subjects of rights. This was applied to focus groups formed by age, the rights that are most at risk - or are effectively - violated in the care at our hospital were identified.

RESULTS

The child is recognized as a subject of rights, which requires a development scenario, a space where they can interact and express freely their point of view of the environment where they develop as a social actor. Therefore, a hospital for interaction and reconstruction of the environment where it is housed should be conceived. Enabling the realization of children and adolescents as subjects of law in a place of inclusion. Through the exercise of systematization, the following assessments were made in relation to the dimensions analyzed: 1. Attention: good attitude, the hospital is always a new experience; 2. treatment: it is important to be listened to, to receive medical information. Do not be treated like young children. Participate in the processes; 3. about rights: to recreation, inclusion, being taken into account, being with family and friends seem like more significant rights in the collective productions of groups.

DISCUSSION

Incorporating the rights approach implies a change in the institutional culture. The incorporation of the children's

perspective on the rights of children related to hospital care will contribute to achieving this goal.

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ABSTRACT TITLE

Developing autonomy in pediatric healthcare: towards an ethical model

BACKGROUND

The “four principles” approach (respect for autonomy, beneficence, non-maleficence and justice) is well established in medical ethics analysis. However, a series of problems arises when applying this approach in social pediatrics, since the classical dipole (physician - patient) is replaced by a triangle of actors (child

- pediatrician - parents) and the child's autonomy is still developing.

AIM

To frame a model describing developing autonomy in child's healthcare while reflecting the “four principles” approach. Method: Synthesis after literature study in a systematic fashion of four electronic databases (CINAHL, Pubmed, BELIT, WoS), focusing on i) the concept of autonomy referring to the absolute value of the autonomous individual, and ii) the age-driven process of reasoning and competent decision-making development.

RESULTS

We summarized our findings developing a conceptual model that includes the child, the pediatrician and the parents. The pediatrician-child relationship is based on different forms of guidance and cooperation, resulting in varying levels of activity and passivity. Parental authority influences the extent of a child's autonomy, based on the level of respect of the child's moral equality. Finally, the child's decision-making competence may be related to the child's age. Driven

by fiduciary interest or self-interest all actors aim at the maximization of the child's medical good.

DISCUSSION

The model maps norms, values and morally relevant conditions that elucidate the situation of pediatric care. Relevant contextual, existential, conceptual, and social-ethical conditions shall be considered when applying the model, to facilitate dialogue in social pediatrics, including social pediatricians, children and their parents.

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ABSTRACT TITLE

The Budapest Declaration of ISSOP 2017 - efforts to increase awareness in Japan

BACKGROUND

The Budapest Declaration - On the Rights, Health and Well-being of Children and Youth on the Move - was adopted at the Annual Meeting of ISSOP 2017. The declaration implies that child health professionals should stand up for refugee children. I will share my efforts to increase the awareness of the Declaration in Japan.

METHOD

I have approached several Japanese medical societies urging them to endorse the Declaration: Japanese Society for Social Medicine (JSSM); Society of Ambulatory and General Pediatrics of Japan (SAGPJ); and Japan Pediatric Society (JPS). In arguing for the urgency of a solution for refugee children globally I

have connected to the Japanese challenge of internally displaced children by the Great East Japan Earthquake and related Fukushima Nuclear Disaster in 2011.

RESULTS

JSSM endorsed the declaration January 21, 2018, an important step forward. One of the board members stated: “As Japan is located in East Asia and surrounded by the sea, our society has not yet played a role with regard to refugees and solidarity. This proposal is a good opportunity and it deserves appraisal”. The decision by the other organizations are pending.

DISCUSSION

The child refugee situation is a global challenge that should leave no country uninvolved. Until now Japanese medical societies avoid political and social issues, and therefore endorsement

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ABSTRACT TITLE

The evaluation of knowledge of primary care paediatricians (PCP) into social paediatrics (SP)

BACKGROUND

Paediatricians have to be familiar with social paediatrics issues.

METHOD

168 PCP. Mean age (\pm SD): 46 ± 8 years; 16,7 % male, 83,3% female. Phase1: self-assessments by paediatricians of their baseline knowledge in SP (baseline survey). Phase2: social paediatrics elective (4 hours) was introduced to respondents and focus groups discussion were conducted. Phase3: paediatricians were asked to reevaluate their baseline knowledge in SP (“how would you assess your previous knowledge in Phase1 after taking this SP elective”).

RESULTS

80.3% of paediatricians considered that they had sufficient knowledge in SP in Phase1, and only 11.3% * continued to assert it in Phase 3; 89.9% were skilled in maintaining the social determinants of child's health (Phase1), and only 30.3% * after reevaluation (Phase3); 76.8% (Phase1) and 24.4% * (Phase3) were skilled in multi-professional care (with non-medical professionals); 80.3% believed that they could identify child abuse in Phase 1 and 25,6%* in Phase3; 78% respondents assumed that they were familiar with child right issues, and only 19.6%* remained convinced of this in Phase3 . Necessity of SP training accepted 54,2 % (Phase1), and 96.4%* PCP (Phase3) . * $p < 0.05$

DISCUSSION

The views and knowledge of PCP about SP are at a low level. PCP did not realize their incompetence. The great changes in assessment of their basic knowledge took place after SP elective introduction. Thus, short-term social paediatrics elective led to a significant adjustment of the beliefs of pediatricians.

POSTER

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Relationship between nutritional status and development in Down Syndrome children

BACKGROUND

Down syndrome (DS) is a type of chromosomal abnormality that causes a range of physical, intellectual and clinical symptoms. Developmental delay is frequently found and this condition are worsened by nutritional status disorder associated with DS. This study aimed to investigate the correlation between nutritional status and developmental age scale of DS children.

METHOD

Thirty children (19 boys and 11 girls) participated in this cross sectional study during Januari to April, 2018. The anthropometric scale and nutritional status of these children were measured. The

developmental age scale was taken based on Thomas L. Layton Developmental Scale for Children with Down Syndrome (DS-CDS). The results were subjected to statistical analysis using Mann-Whitney and Spearman correlation scale.

RESULTS

All children with DS follow the same sequence of motor, cognitive, linguistic, and personal-social skills delay according to their chronical age. There was a statistical significant difference of developmental scale between typical developing children age scale and DS-CDS (Mann-Whitney test; $p < 0.05$)

DISCUSSION

Our results showed all children with DS had global developmental delay to their chronical age. The DS children have an average $10 + 6.2$ months delay behind their typical developing children age scale. There was no significant correlation of nutritional status and developmental scale achievement of children with DS because 60% of children have

well nourished status, only 0.6% got obesity.

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Early intervention – interdisciplinary approach (pediatricians’ and other relevant experts’ perspectives)

BACKGROUND

According to the Croatian Law on Social Welfare, early intervention (EI) was introduced in 2011. Services for all the children with disabilities (newborns up to three or seven years of life) are guaranteed.

The purpose of the study was to show the challenges of EI in regards to the collaboration of pediatricians and other relevant experts who are involved in EI.

METHODS

The research method used was qualitative research. Opinion of pediatri-

cians and other experts working with disabled children, were collected using semi-structured interview methods and analyzed.

The experts participated voluntarily. Confidentiality and anonymity were guaranteed.

RESULTS

The results showed long waiting lists for EI inclusion, insufficient network communication, especially between health services and social care services.

The experts complained about poor governmental financial support, and expressed the need for more expert teams in providing care and rehabilitation for these children well as more education. In addition the experts noted the lack of adequate information for parents from the moment of noticing certain symptoms, through recognition of the condition and getting the diagnosis to the inclusion in early intervention services. There is also the drum gap between big cities and other regions.

DISCUSSION

To accomplish the EI for every disable child, there a lot of work has to be done:

open more EI centers, all over the state, employment of new experts, continuous education, adequate and timely information for parents through all relevant services and sufficient financial support. Early Intervention is the right of every child with a disability.

With early and adequate intervention and available services improvements in participation can be made and potential future spending prevented.

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Staff and family attitudes towards opportunistic vaccination of paediatric inpatients

BACKGROUND

The WHO has a target of 95% coverage of vaccination to prevent serious disease in children. Inpatient services could potentially improve local vaccination rates by offering opportunistic vaccination of inpatients requiring further immunisation. We aimed to assess attitudes of parents and staff towards the idea of implementing an opportunistic inpatient vaccination service.

METHOD

Two questionnaires were developed, one for parents/guardians of paediatric inpatients aged five and under, and one for frontline paediatric staff (including doctors, nurses, students and allied health professionals). Local vaccination rates were determined through discussion with parents and cross-checked using the personal child health record. Acceptability of opportunistic inpatient vaccination was asked through 'yes', 'no' or 'not sure' questions.

RESULTS

100 families and 76 staff members (30 nursing, 26 doctors, 14 students, 6 allied health professionals) participated.

85/100 families reported that the child's vaccines were up to date, significantly below the WHO target ($p=0.011$). 89/100 (89.0%) families and 66/76 (86.8%) of staff considered inpatient catch-up vaccination acceptable, and 59/76 (81.9%) of surveyed staff were willing to act as vaccinators if properly trained. The three most commonly identified barriers to opportunistic inpatient vaccination reported by staff were the child being unwell (37/76, 48.7%), parental resistance (35/76, 46.1%) and time (34/76, 44.7%).

DISCUSSION

We identified that our local vaccination adherence rates are significantly below the WHO target. Therefore, children in our area could benefit from opportunistic inpatient vaccination. This strategy is acceptable both to parents and to staff.

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Impact of Parental Education on Behavioral Insomnia of Childhood

BACKGROUND

Behavioral Insomnia of Childhood (BIC) is a common condition.

The most widely applied treatment strategies for BIC comprise behavioral procedures, in which formula fed baby, rather than breastfeeding, is considered as the biological norm. In the current study, we addressed the effect of parental cued care sleep education on infant's BIC, and further evaluated its effect on breastfeeding.

Method

In all, 183 infants aged 6 to 12 months from the well-child outpatient clinic were randomly assigned to parental education (based on POSSUM) ($n=92$), or usual care group ($n=91$). Sleep problems (according to the Brief Infant Sleep Questionnaire [BISQ] as well as mothers' report), breastfeeding practices, and Beck Depression In-

ventory (BDI) scores were assessed at baseline and after 3 months.

RESULTS

Out of 157 mother-infant dyads completing the study, BIC was found among 50 infants (31.8%) according to BISQ, and 56 (35.7%) based on the mothers' report. In the intervention group, the proportion of infants with BIC decreased from 37.4% to 17.6% at follow-up based on BISQ ($p < 0.001$), and from 42.9% to 33.0% based on mothers' report ($p=0.022$). Corresponding values in the usual care group were 24.2% vs 12.1% (BISQ; $p=0.057$), and 25.8% vs 27.3% (mothers' report; n.s), respectively. The proportion of mothers maintaining breastfeeding was higher at follow-up in the intervention group (78.9% vs 67.7%; $p=0.002$). Moreover, BIC was predicted by mothers' BDI scores adjusted for infant's age, gender, maternal age and education ($p < 0.001$).

DISCUSSION

Our results suggest that parental education may improve BIC with sustained breastfeeding.

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Efficacy of an oral and dental health educational intervention on prevention of early childhood dental caries

BACKGROUND

Dental caries is one of the most common chronic diseases among children. Early childhood caries (ECC) is frequently associated with poor quality of life, decreased school performance, and reduced growth. Pediatricians and pedodontists should work together to overcome this preventable but irreversible public health problem.

This study aims to assess the effect of an oral health education provided during well child visits using motivational interviewing method.

METHOD

Parents of 241 infants aged between 6 to 12 months old were randomly allocated to intervention and control groups. Questionnaires about oral health and feeding practices were applied to the mothers. Oral health education by using motivational interviewing was provided to the intervention group. One reminder follow up call was provided by phone during the 12 months follow up period. Dental examinations were performed on 171 children and decayed missing filled teeth (dmft) scores were calculated by a pediatric dentist.

RESULTS

The overall incidence of dental caries in primary teeth was 21.2%. Caries incidence and mean dmft scores were low in the intervention group (42.2% versus 16% and 0.89 versus 0.49 in the intervention and control groups respectively). Daily brushing habits were higher in the intervention group (5.6% versus 51.2% in the intervention and control groups respectively).

DISCUSSION

Pediatric well child visits provide an excellent opportunity for counselling

families concerning strategies regarding ECC which would help them to develop lifelong skills to improve oral health.

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A Lemonade Test – Empathy In Pre-school Children Attending Montessori Kindergarten

BACKGROUND

Empathy is the experience of understanding another person's thoughts, feelings, and condition from their point of view, rather than from your own. It facilitates prosocial behaviours and encourages compassion, counteracting the modern individualistic and self-centred society.

Empathy is a skill which can be learnt. It can be observed right after the birth when new-borns share their distress crying. Later on, it can be nourished through handling, gentle care, and showing toddlers how to behave. Verbalization essentially gives children the words of emotional descriptions; reading stories enables them to »put someone else’s shoes on«, caring and nourishing them with empathy enables them to learn how to care for the others. Research shows that children who are empathic tend to do better in school, in social situations, and in their adult careers. Hence teaching empathy is an important skill which should be adopted by those who work with children.

METHOD

In our Montessori kindergarten we conducted a short research on empathy in our 3-6 years-old children. We used a lemonade test, where children were offered a salty lemonade resembling oral rehydration fluid for children. They were grouped into four groups, each consisting of 3 boys and 3 girls; total number of children was 12. They described, whether they liked the lemonade. We

filmed them and qualitatively analysed their behaviour.

RESULTS

The children showed an age-appropriate behaviour with developed theory of mind. They were very polite and despite showing on their face discontent, they tried to please their headmaster who offered them lemonade. Boys and girls in our groups did not differ in expressing their opinion. However, when asked, whether they want more lemonade, they denied it; some told the headmaster that their mother makes a better lemonade; some children used distraction: commenting on some other issues but lemonade in order not to supposedly “insult” the headmaster. It was interesting to see, that when they were told, some other adult did not like lemonade, they quickly agreed.

DISCUSSION

Our study showed that our children display an age appropriate empathy. They showed a very polite and empathetic behaviour when compared to the UK children. We think that this is connected to the way we teach our children in

Montessori program. In order to confirm our hypothesis, further studies are needed. We used this study to remind the parents as well as ourselves of importance of empathy; we found some children's behaviour we all can be proud of; we offered a short seminar on empathy for parents and hopefully promoted empathy and prosocial work in our small community.

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PART-CHILD: Evaluation of an ICF-CY-based complex intervention to improve shared decision-making in social pediatric care and participation in children with chronic health conditions - study design of a stepped-wedge cluster-randomized trial

BACKGROUND

Chronic health conditions and disabilities are major health concerns in children and adolescents. A consistent implementation of the International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY) has the potential to improve the quality of social pediatric care by increasing shared decision-making (SDM) and social participation in this patient group. PART-CHILD assesses the effectiveness of an ICF-CY-based complex intervention comprising (1) a staff training program on the ICF-CY and participation-oriented communication, (2) an electronic support tool (ICF-Add-In) simplifying the use of the ICF-CY in daily practice and (3) a 6-month program facilitating the transfer of training contents into routine care.

METHOD

The intervention will be rolled out in 15 German outpatient clinics for children with chronic health conditions between November 2018 and July 2020. The intervention effectiveness will be assessed with a stepped-wedge cluster-randomized trial and approximately 3,000 patients > 7 years of age and 12,000 parents.

Primary endpoint is a parental SDM measure. Secondary endpoints are measures of SDM and social participation of patients. Intervention effects will be analysed using mixed models. A process evaluation will integrate qualitative and quantitative data in a mixed-methods framework.

RESULTS

Details on (1) the ICF-CY-based intervention, (2) its logic model and (3) the evaluation design will be presented.

DISCUSSION

PART-CHILD is one of the first projects implementing the ICF-CY in a consistent way in pediatric care. The intervention has the potential to improve SDM and to enable social participation as an ultimate goal of care in social pediatrics.

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Knowledge, Attitude and Behavior of Medical Residents and Interns Regarding Children's Rights

BACKGROUND

This study was aimed to evaluate the knowledge, attitude and behavior of medical residents (MRs) and interns regarding children's rights at Pamukkale University in Turkey.

METHOD

The scope of this study was 323 persons, including 207 MRs and 116 interns. A questionnaire was used to collect the data. The Attitudes towards Children's Rights Scale was a part of the questionnaire. Higher scores indicated more negative attitudes towards children's

rights. Eleven questions were asked to determine the behavior of participants on child rights at the time of health care delivery. The behavior score was calculated. Higher scores indicated more positive behaviors. $p < 0.05$ was considered statistically significant.

RESULTS

The sample consisted of 223 respondents. The mean age (SD) was 26.7 (3.0) years and 52.7% of respondents were male. 45% of the participants were not aware of The Convention on the Rights of the Child (CRC). Only 25% of the MRs and 43.4% of the interns previously had some training in children's rights. The mean (SD) of the attitude score was 29,82 (7,81). The mean (SD) of the behavior score was 46,29 (4,52). Being an MR and having no knowledge about CRC were independent risk factors for both negative attitudes and behaviors towards children's rights.

DISCUSSION

Medical doctors in training have, to a moderate degree, shown positive attitudes and behaviors towards children's rights. In addition, MRs were less

educated on the subject and had more negative attitudes and behaviors than intern doctors. The awareness of the CRC is low and needs to be raised.

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Content Analysis of Food Advertisements on TV Channels in Turkey

BACKGROUND

Childhood obesity is an increasingly important public health problem. The spread of unhealthy food advertisements (ads) in media may contribute to obesity. The aim of this study is to perform a content analysis of food ads on TV channels in Turkey.

METHOD

This cross-sectional study included 6 TV channels with the highest ratings according to the TIAK (Television Monitoring

Surveys Joint Stock Company) 2016 data. Prime time (PT, 20:00-23:00) and off prime time (OPT, 17:00-19:59) time slots were taken into consideration for data collection. The data was collected between October 13-19, 2017. For standardization, food groupings were based on previously published literature and the Turkey Specific Food and Nutrition Guide. Frequencies and percentages are given for descriptive statistics and the Chi-square test was used to compare categorical variables.

RESULTS

A total of 2740 food ads were evaluated. 1732 (63.2%) of them were found to be unhealthy, only 124 (4.5%) were healthy and 884 (32.3%) did not fit into either category (other). There were more unhealthy food ads in the OPT time period (65.5%) than the PT time period (60.2%) ($p = 0.005$). The most commonly advertised unhealthy food ads showed cakes, cookies and biscuits. Unhealthy drink ads were about coke, carbonated beverages and aroma sodas.

DISCUSSION

Two of three food ads at Turkish TVs are about unhealthy foods. Any child will be exposed to an average of 96 unhealthy food ads per week in case of only two hours of TV viewing per day.

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Rotavirus vaccine; parental attitudes changing from 2010 to 2016

BACKGROUND

Success of any vaccination program and uptake of children's vaccines largely depends upon parents' perceptions and attitudes. To explore what factors influence parents' decision whether to have their children rotavirus vaccine (RV) immunised or not and compare them with other

internationally published studies and to spread vaccination with RV.

METHOD

This study was carried out in two parts. Firstly, the data were gathered in a semi-private paediatrics policlinic from January 2009 through March 2010 in Kocaeli, Turkey via a survey. Secondly, data from 302 parents were gathered via a survey completed by the parents during their pediatric policlinic visit between August 2015 and May 2016 in Kocaeli, Turkey.

Two questionnaires was designed to explore the RV status of children, socio-demographic and reasons for excluding RV. . Parents indicated their level of agreement with each statement using a 5-point Likert scale, with possible responses ranging from “strongly agree” to “strongly disagree.”

It was also questioned about the level of knowledge about RV and where it was obtained in two parts of study.

RESULTS

Only 3.8% from 262 children were immunized for rotavirus in 2009-2010. However 53.4% accepted rotavirus

vaccine in 2015-2016. Two parts of study were compared.and there was no strong opinion for the rotavirus vaccine, as parents neither agreed nor disagreed to its seriousness Another important factor that influenced parents’ decision to vaccinate their children for RV not covered by the nationally funded program was advice from the paediatrician, lack of information and the cost. Parents’ perceptions were increased dramatically from 2010 to 2016 by being well informed.

DISCUSSION

The acceptance of RV depends on a complex interaction of factors but parents’ perceptions may change dramatically by being well informed as well as having financial support from the government.

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**Smoking and drinking behaviour of
Bissau-Guinean adolescents aged 15-16
compared to European peers**

BACKGROUND

In sub-Saharan Africa adolescents comprise 23% of the population compared to 12% in high-income countries. With the Sustainable Development Goals 2016-2030 increased attention is given to adolescents' health and well-being. Compared to the situation in Europe, relatively few studies focus on protective factors for the health and well-being of adolescents in sub-Saharan Africa compared to the attention paid to their risk to acquire specific diseases. Here we describe and analyse the prevalence of smoking and use of alcohol by Bissau-Guinean adolescents aged 15-16 and compare to peers in eight European cities.

METHOD

Survey with the locally adapted and pilot tested Youth in Europe questionnaire

that was conducted in randomly selected classes of adolescents aged 15-16 in secondary schools in the capital Bissau in June 2017 with comparable data from eight European cities in 2015-2016.

RESULTS

In Bissau, 871 (42%) adolescents aged 15-16 participated (52% girls and 46% boys) compared to 6,534 peers in eight European cities (49% girls and 51% boys). In total, 2.2% of the Bissau-Guineans reported daily smoking (B=3.9%; G=0.7%) compared to 11.3% of the European peers (B=13.2%; G=9.4%). About 1/3 of the Bissau Guineans had life-time experience of drinking alcohol compared to about 2/3 of the European ones, with no difference among boys and girls; 10,6% of Bissau-Guineans reported having been drunk during the last 30 days compared to 14% of the Europeans, the prevalence being slightly higher among boys compared to girls.

DISCUSSION

Bissau-Guinean adolescents aged 15-16 report less smoking and drinking than European peers. It is urgent to initiate health promotional activities in se-

condary schools in Bissau to inform and educate adolescents on the detrimental effect of such behaviours on their long-term health and wellbeing.

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Prevention of child abuse by early intervention during pregnancy.

The working method of the ‘Team for High Risk Pregnancies Maastricht’.

BACKGROUND

Every year in the Netherlands, at least 107,000 children are victims of child abuse. Although not explicitly mentioned in the definition of child maltreatment,

maltreatment or neglect may also affect the unborn child.

Risk factors and risk behaviors during pregnancy, lead to child abuse of the unborn and newborn child, but figures on the unborn child are not known.

METHOD

The Maastricht University Medical Center (MUMC+) established a special Multidisciplinary Consultation Team for High Risk Pregnancies to discuss the situation of pregnant women where threats to the well-being of the unborn child are identified, to prevent (intra-uterine) child maltreatment. Within this team, several representatives from different organizations, which provide care for pregnant women and newborns, come together to discuss the at risk-cases on a monthly basis. The team includes professionals from various medical departments. The paramount goal is to realize a safe and secure environment for the child and its mother, during and after pregnancy.

Each year the cases of about 50 women are discussed within the consultation team.

RESULTS

During a 2 year study period the cases of the women were discussed

DISCUSSION

Follow-up showed that a special multidisciplinary consultation team leads to earlier intervention and to a safer and secure environment for the child and its mother, during and after pregnancy.

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Effects of baby massage stimulation on level of IGF-1 and cortisol

BACKGROUND

Infant massage is a multi-modal stimulation such as visual, auditory, tactile, and

kinesthetic stimuli as a manifestation of parental love for the baby. Stimulation of massage has an influence on the nervous system and hormonal system. IGF-1 is one of several indicators of infant growth and development. Increased cortisol as a cause of stress in infants and will affect the function of the baby's immune system.

METHOD

Randomized controlled trials, the study was conducted at Dr Kariadi Semarang General Hospital in Central Java Indonesia. The aterm infant subjects consisted of two groups, the massaged group (20 subjects) and the control group (20 subjects), performed with a baby massage stimulation module from the Indonesian Pediatric Society. Blood samples were assessed for IGF-1 levels and cortisol, collected before the first massage and after two weeks of massage using the ELISA method

RESULTS

Levels of IGF-1 in massage group increased 52.87 ± 26.04 ng / ml higher than in control group (20.90 ± 8.25 ng / ml). There are significant differences in the

levels of IGF-1 in both groups before and after the study ($p < 0.0001$). There are significant differences in increment of the levels of IGF-1 between the group after two weeks ($p < 0.0001$) cut off point levels of IGF-1 on 75.61ng/ml. Decreased level of cortisol in the control group was -57.58 ± 124.924 . There was a greater decrease in cortisol level in the massage group with an average value of -120.47 ± 126.242 ($p < 0,016$).

The results of the correlation test between IGF-1 and cortisol showed an increase in IGF-1 inversely with cortisol decrease.

DISCUSSION

Healthy newborns have elevated levels of IGF-1 to 10% daily. This studied show that Levels of IGF-1 in the massage group was higher than the control group at two weeks after massage intervention. This result is consistent with previous research studies of massage stimulation in aterm infants who concluded the levels of cortisol decreased significantly although the studies used saliva samples to measure cortisol levels.

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Being Healthy and moving is FUN, even when you are on overweight !

A 10 year report oft the „MultiSPORT“ program destined to young adolescents with overweight in public primary schools of Freiburg / Switzerland.

BACKGROUND

Overweight and obesity has besome a growing health problem in the beginning 21st century, with nowadays 20 % for children and adolescents in Switzerland affected. In Freiburg, a middle-town, the school medical service is responsible for health screening in children between the age of 5 years to 14 years admitted to a public school. Systematic weight controls are integrated in health education. We try to point out by regular medical visits the overweighted

children and we offer them to join the MultiSPORT-programm. The screening concerns weight and height, the BMI is then calculated (percentiles by age), based on PRADER cross-curves, and in case of overweight (> 90 percentiles) or obesity (>> 97percentiles) we send an invitation for the multisport-programm- to the parents.

There are non extra costs for the familiy, the programme is financed by the public school department.

AIM

using this kind of approach is to enhance overweighted children, between 9 and 12 years, to take more care about their food and habitudes, stabilize their weight (or reduce it) and to have fun at sport-activities. They are being personally coached by a health care giver of the school medicine sector. Taking thier families in active collaboration is as impoartant as working interdisciplinary.

METHOD

The program MultiSPORT includes adapted sports and acitivites , a nutritional assessment and follow-up , individual visits with the health care giver (nurse)

and a medical screening for comorbidities and concerns at the beginning (with the GP). If needed, close collaboration with a psychologist or a social worker are organized. MultiSPORT is multifocal, besides activities in groups there are personal consultations with the participants, a family assessment and, at the end of the 1-year-programm, a kids summercamp.

RESULTS

The expereince of our 10year program shows that every 4th child concerned for overweight or obesity joined the Multisport-program. One third stabilized, one third lost weight, and only one third gained weight and raised up their BMI. The acceptance and pleasure for the participants to be integrated in a group of peers suffering the same problems, seems to have another positive effect as well as the summercamp at the end

DISCUSSION

Interdisciplinary working between health and educational services (nutrionists, psychologists, sport teachers, school medical service) as well as integration of the families encourage

these overweighted children to succeed and enhance their self confidence, the pleasure to move and to take care of their own alimentation- all factors contributing to a child's well-being. In future, we hope to enlarge the offer of a Multisport-program as an encouraging primary prevention of childhood obesity also to younger children: since it is known that access to overweighted children is the more and more important when started already in early stages of childhood, going directly to kindergarten or primary school ist he best way to reach them

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**The Club MultiActivities : a possible
response to join for overweight adoles-
cents ?**

BACKGROUND

The Club MULTIACTIVITIES (MA) was initially created and stimulated by the national framework for early detection of health issues in school children. The public in the Club MA are young adolescent, concerned by overweight problems and open for changing usual thinking about their health status, being together with peers in a confidential setting. Therefore, moments of slow motion activities such as group discussions about life style and motivation are alternated with physical activities. There is neither competition nor performance between the adolescents. This approach was supported financially by the community of Freiburg town and joined by the school health unit.

METHOD

After screening for overweight /obesity using PRAADER growth curves (BMI > 90th overweight, >> 97th obesity) the adolescent can join the group; information for parents is joined to the letter of invitation. After a year evaluation sheets are filled in by both groups.

RESULTS

Taking part in such a group is difficult for an adolescent, barriers of stigmatisation may interfere. Only 10-20% finally joins the Club MA. Little modifications in the general behaviour are observed, eating habits may be adapted as well as more awareness of physical activity may be fostered. The « eating in-between meals » still remains a main problem even when most adolescents are conscious about their habits.

CONCLUSIONS

The Club MA as it is offered in secondary public schools in Freiburg in collaboration with the school nurse and school medicine unit needs more impact to reach the vulnerable population of adolescents. Overweight and obesity is a main concern; we need to

accentuate and promote the pleasure to move, helping the adolescents cope with their body to support him/ her to get self-confidence for changing habits and find new strategies to balance their weight. Networking, interdisciplinary and regular contact to the families of the adolescent need to be strengthened as well as to get more acceptances to join such approaches when « you feel a bit different from your peer”.

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Child Maltreatment epidemiology in Sardjito General Hospital, Yogyakarta, Indonesia

BACKGROUND

Child maltreatment is still an iceberg phenomenon and has a negative impact on child growth and development. Impact of maltreatment in childhood can lead to social and mental adverse effects in adulthood. In low to middle income countries including Indonesia, incidence and characteristics data about child maltreatment are very limited. This study aimed to describe the characteristics of child maltreatment in Indonesia

METHOD

An observational study using medical records was conducted in Sardjito General Hospital, Yogyakarta, Indonesia, which has the Sekar Arum Center for women and children maltreatment. All patients

diagnosed as maltreated children in 2015-2017 were included in this study. Descriptive statistical analyses were used to evaluate demographic characteristics, type of maltreatment, and abuse perpetrators.

RESULTS

Twenty-five children were ascertained in this study. Types of maltreated children were: sexual abuse (17), physical abuse (7), neglect (1), and no emotional abuse was reported. Maltreatment was more prevalent in females (16) than males (6) with mean age of 9.92 years. Sexual abuse was more common in adolescents (10-18 years old) than younger children with mean age of 11.35. Most perpetrators in physical abuse were parents and perpetrators in sexual abuse were other people such as boyfriends and unknown people.

DISCUSSION

Females experienced maltreatment more than males and adolescents more often experienced sexual abuse. Sexual abuse was the most common reason for people seeking medical examination. Further community-based studies are

needed to more completely describe the epidemiology of child maltreatment in Indonesia.

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**Do functional carbon ankle foot or-
thoses improve drop foot pattern in
children with unilateral spastic cerebral
palsy?**

BACKGROUND

The drop foot pattern in children with unilateral spastic cerebral palsy (UCP) is characterized by excessive plantarflexion during swing phase of gait. This pattern can result in tripping or falling and may influence activity and participation. Functional carbon- component ankle foot orthoses (c-AFO) are used in clinical practice to improve an increased

plantarflexion during swing, therefore normalizing the secondary affected first ankle rocker and to support the push-off mechanics. However, the detailed mechanisms of their contribution to normalize gait pattern and their effectiveness in UCP remain unclear.

AIM

We aimed to evaluate the effectiveness of c-AFOs on gait parameters in children with UCP exhibiting a drop foot pattern in comparison to barefoot and shoe walking.

METHODS

Sixteen ambulatory children with UCP and a drop foot pattern were included (mean age: 9 years (SD: 3.3); gross motor function classification system: I = 14, II = 2) and three-dimensional gait analysis was applied under randomly assigned conditions (barefoot; shoe; c-AFO). Kinematics, kinetics, time-distance parameters and gait indices were investigated.

RESULTS

Shoes already increased the maximum ankle dorsiflexion in swing ($p = 0.004$) and initiated more knee flexion during

single support ($p \leq 0.013$). Compared to shoe walking, the c-AFO led to additional benefits regarding further ankle dorsiflexion during swing ($p < 0.001$) and initial contact ($p < 0.001$), ankle movement during loading response ($p = 0.002$), improved the sole angle during initial contact ($p < 0.001$) and during mid stance ($p = 0.015$). Plantarflexion and ankle power generation during push-off decreased when wearing the c- AFO ($p \leq 0.008$).

CONCLUSION

C-AFOs demonstrated to improve drop foot patterns in children with UCP. Wearing shoes only already led to significant effects at the ankle and knee in swing and stance phase. This could be considered in clinical decision processes. In comparison to shoe walking, c-AFO additionally improved foot clearance and normalized initial heel contact. Since kinematics improved with the orthoses, c-AFOs might reduce tripping and falling caused by a drop foot during long distance walking in patients with UCP.

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The Influence of Baby Walker Use on the Language-Cognitive, Motor and Mental Development of Babies

BACKGROUND

Baby walkers have been used since the early 1660s to mobilize babies before the independent gait has been gained. According to the studies the age of baby walker usage ranged from 2.5 to 17 months. The aim of this semi-prospective clinical study was to examine

the effects of baby walker use on the language-cognitive, motor and psychological development of infants aged 18-30 months.

METHOD

Between July 2015 and December 2015, 200 of the 477 children, who met the inclusion criteria participated to the study. A survey was conducted to parents who were admitted to Istanbul Medical Faculty, Well Child Outpatient Clinic of Social Pediatrics Department. Baby walker group (n=100) was constituted from children who use baby walker for at least 30 minutes a day, and at least one month. Children who do not use baby walker were assessed as control group (n=100). The Ankara Developmental Screening Inventory (AGTE) was applied to the children by the investigator. The Social Communication Area Screening Test (S ATT) results of the children were examined from their files retrospectively.

RESULTS

The incidence of gait disturbance, toe walking were significantly higher in the study group than control group. There was a statistically positive correlation

between the time to start the baby walker use and walking without support. Twenty-four percent of children experienced baby walker-related accidents. And 91.7% of these accidents were in the form of falling down from baby-walker.

DISCUSSION

Our findings showed that family counselling should be given during the follow-up about baby walkers usage.

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Pre-school vaccination status of children in Istanbul

BACKGROUND

In recent years, mismatches and discords with vaccination schedules, especially in kindergarten children, has begun to manifest itself as epidemics in society. The study originated from a need to complete missing vaccinations and to contribute to public health by sharing up-to-date information about mandatory and complementary vaccines and diseases that can be protected by vaccination with families of children in preschool period.

METHOD

Fifty kindergartens from 34 different districts of Istanbul, was carried out by an experienced pediatrician and her assistant team between April 2014 and January 2017. A 27-question survey on pre-school immunization was administered to the parents at the kindergarten

visits. Posters, brochures and coloring books were distributed to kindergarten students and their families. Interactive seminars were held and the questions of the parents were answered. The children with the vaccination card were checked for missing vaccines. After the seminars, a second questionnaire was applied to determine if there were any changes in the families. The third questionnaire was conducted after 12.4 + -3.3 months of the visit and it was checked how many of the missing vaccines were completed.

RESULTS

Three thousand and twenty two family participated in seminars face to face and filled the surveys. Also surveys were sent to 729 parents by postal. The first survey 3751 times, the second survey 2921 times and the 3rd survey 1854 times have been completed. 24.3% of children were missing at least one vaccine. %11.4 fourth dose of DaBT- PA-Hib 34.5% varicella vaccine, 73.5% second dose varicella vaccine, 23.6% first dose hepatitis a vaccine, 34.3% second dose hepatitis a, 27.6% second dose MMR vaccine, 35.4% 4-6 years dose vaccine was missing. 43.7% of children with

influenza vaccination, and 23.7% with meningococcal vaccination were protected. Third survey results showed that %98,8 family completed missing dose of DaBT- PA-Hib and %67.8 family had influenza and varicella vaccination. % 97.7 families told the most important factor to decide for meningococcal vaccine is the physician's advise. Statistically significant $p = 0.03$ was obtained.

DISCUSSION

Inadequacy in practice in both the national programs vaccines and the other vaccines has been identified. The fact that vaccinations are not suggested enough by physicians and the vaccine credibility is the main reason underlying this situation. Society, families and health workers need to be informed more.

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Vaccination status of the children with neurological disorders and associated factors

BACKGROUND

It was aimed to evaluate vaccination status of the children with neurological disorders.

METHOD

The patients who have been followed at Erciyes University Pediatric Neurology department were included during the January 2013-January 2015. A questionnaire form consisting of sociodemographic characteristics, reasons of missing vaccination, history of administering to emergency department because of adverse events following immunization (AEFI) and history of vaccination with seasonal influenza vaccine were administered.

RESULTS

321 patients whose mean age is $3,5 \pm 4$ years were included. Eighty percent of the patients had been diagnosed with epilepsy. It was determined that 17% of the patients had been missing immunized due to neurological disorders and 11% of them have been still missing immunized. Median age and diagnosis age, mean mother's age of the missing immunized patients with neurological disorders were smaller than the full-immunized ($p=0,02$; $p=0,02$; $p=0,003$ respectively). Application rate to the emergency department due to AEFI was higher in the missing immunized patients than the full-vaccinated ($p < 0,001$). The most common reason for the missing vaccination was frequent or long-lasting hospitalization (55%). It was determined that 12% of the patients have been immunized with influenza vaccine.

DISCUSSION

It is important to evaluate the vaccination status and the missing opportunities of the patients, prevent unreal contraindications and inform the parents in every visit in both first step and treat-

ment centers. It is especially important to follow the patients who were frequent or long-lasting hospitalized, small aged, and who experienced AEFI. However, using of the influenza vaccine should be generalized for the pediatric neurology patients.

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Case management for children and adolescents from vulnerable families with Asthma bronchial

BACKGROUND

Current healthcare developments show a trend towards a more integral healthcare coverage strengthening cooperation between healthcare and socio-educational approaches. Asthma is the most frequent chronic disease among German children and shows a social gradient in terms of severity of the disease and the distribution of risk factors like tobacco exposition, low quality housing (presence of dust mites or mould) and obesity, disproportionately affecting asthma patients coming from a low socioeconomic background. We investigated how asthma care could be improved by focusing on diminishing the adverse effects of relevant risk factors and through better interdisciplinary collaboration.

METHOD

We chose an explorative-qualitative approach. This involved interviewing 28 German experts in paediatric asthma care, paediatric health or general social care using a semi-structured interview-guide. The interviews were subsequently analysed by a qualitative content analysis.

RESULTS

The majority of experts recommended better nursing care for indigent families in order to improve disease management and therapy adherence, especially if difficult-to-treat-asthma is present. This care should be carried out by trained paediatric nurses or medical assistants. Concerning the issue of improving interdisciplinary cooperation, case management should be applied.

DISCUSSION

This study provides further data and insights into an integrated healthcare service for children and adolescents in Germany suffering from. Thus tailored care could be offered for the most vulnerable and affected patients including case management and comprehensive

nursing care at home. The statutory health insurance (GKV) or the German pension fund (DRV) could serve as possible sponsors of such service, facilitating better and more personalized care at reduced costs.

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HPV vaccination and respect for children's developing autonomy: Results from an EU wide study

BACKGROUND

There is no consensus in Europe regarding the ideal model for the child healthcare provision. Similarly, children's

rights to autonomy of choice may also be differently and unequally expressed throughout the European Union (EU). Herewith, we explore differences regarding expressions of respect for children's developing autonomy throughout the EU, using the procedure of HPV vaccination offer in Europe, as indicator for autonomy.

METHOD

We used a mixed methods approach, utilising an expert survey within the frame of the "Models of Child Health Appraised" (MOCHA), among all thirty EU and European Economic Area states. A questionnaire was designed using questions and vignettes regarding the provision of the HPV vaccine. The data collection and validation took place from June 2017 to April 2018.

RESULTS

We identified and studied the following themes:

- i. provision of informed consent to receive or refuse the vaccine
- ii. parental and medical paternalism
- iii. relevance of the child's chronological age or maturity

iv. vaccination programs targeting boys. These are being handled differently across the region.

DISCUSSION

The HPV vaccination is an interesting indicator for studying child's developing autonomy, the paradigm change towards libertarian paternalism, issues of gender equity and solidarity. Identifying and transferring the most suitable ethical approaches is crucial and should be strengthened. Educating children and parents in the existence and issues surrounding autonomy, and implementing written consent approaches that respect children's autonomy should become common practice. This would also facilitate the evolution of the paediatrician's role into an advocate for the child and a negotiator in cases of disagreement.

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Difficulties during physical examination of children with special needs at an outpatient clinic

BACKGROUND

Most of paediatricians experience difficulties on physical examination of applied to the hospital for acute illness children with special needs. The aim of this study is review to experincing difficulties during physical examination of these children.

METHOD

Between March 01 -May 12 2018, We enrolled seven children (6 boys, 1 girl) with special needs acute illness at Ankara Koru Hospital ambulatory pediatric clinic.

RESULTS

Applied children with special needs were between 2-7 years old. One patient had applied with abdominal pain, six patient had applied with upper respiratory tract infection symptoms to the hospital. Patients have diagnosed as cerebral palsy (3), attention deficiency hyperactivity disorder (1), atypic autism (3). Four children were done examination well, they are compatible with doctor but three others were have problematic behaviours such as excessive crying, excessive fear, uncontrolled movements. They did not calm whatever done. One patient feel fear of white gown. All of the children have speech problem. All children have been taking special education on speech (7), physical rehabilitation (3), game therapy (3), social communication (3). Only one patient was obese, one patient was undernutrition, others were have normal weight and length.

DISCUSSION

It is important to know how children with special needs have behaviour characteristics and what they are afraid of during examination in term of management of their acute illness. Throughout the examination, patience and gentleness help greatly to insure a reliable diagnosis. Paediatricians should periodically evaluate to these children's growth status

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What do parents know about safe sleep environment?

BACKGROUND

Sleep-related infant death (SRID) is an important issue. As a result of current studies to reduce SRID, recommendations have been developed like back to sleep position, using a firm sleep

surface, breastfeeding, room sharing, keeping soft objects out of the sleeping environment. In this study, we wanted to evaluate the safe sleeping habits of the children, knowledge level of parents, and related risk factors.

METHOD

Our study took place in Istanbul University Istanbul Medical Faculty Hospital, Well Child and General Pediatric Clinic, The population of the study were the children who applied to the Pediatric Clinic for the regular visit and nonspecific complaints. Mothers of children aged between 6-59 months were asked to join a survey about sleeping habit of their children and about their knowledge in risk of death and suffocation during the sleeping period

RESULTS

236 questionnaires were included in our study. The ratio of exclusive breastfeeding in the first 6 months was 67,8%, sleeping in the same room was %89,2, back to sleep position was 28,4% and choosing 'the babies feet at the bottom of the cot' position was 18,3%. Among the risk factors; the ratio of sedative use

in parents was 4,4%, pillow use while sleeping was 54,9%, using soft objects in bed was 11,2% and smoking mother ratio was 17,6%. Cosleeping ratio was 8,4% among smoking parents, 10,8% among obese parents.

DISCUSSION

In our study, it was understood that the knowledge of safe sleeping environment was not enough, even among the mothers who could easily access the health service. For early intervention of SRID, it is necessary to give detailed information about safe sleeping habits while breastfeeding counseling is given after birth.

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A case of a preventable positional torticollis and plagiocephaly

BACKGROUND

Torticollis refers to the postural positioning that occurs when the head is twisted and turned to one side. Positional plagiocephaly is defined as unilateral occipital flattening and bulging of the ipsilateral forehead. Positional plagiocephaly and torticollis is a common occurrence with the “back to sleep” campaign and with the increase in the frequency of premature births. Our case is a premature baby with a positional torticollis and plagiocephaly which could have been prevented with correct positioning during the NICU stay.

METHOD

Case report

RESULTS

A 2-month-old girl infant who was

applied for well-child examination to our hospital was born at 34 weeks gestational age. There was a total of 32 days history in the NICU in another hospital. In physical examination she had preferential head positioning with head rotational asymmetry and asymmetrical occipital flattening at her left side. In the history, we learned that during the majority of visits of the parents to NICU, she was always lying on her left side. We think of a positional torticollis and plagiocephaly in our patient. The neck ultrasound test was compatible with torticollis. We made the repositioning suggestions and in cooperation with physical therapy and rehabilitation unit, the baby started the physical therapy. After 4 months of physical therapy, her torticollis was regressed and plagiocephaly was partially improved.

DISCUSSION

Positional plagiocephaly and torticollis are preventable conditions with early education and suggestions. In our case, positional plagiocephaly and torticollis were developed because of the absence of these practices, during the NICU stay. If an infant has a strong positional preference

rence or skull flattening, early intervention will help to prevent or minimize the severity of positional plagiocephaly.

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A proposal for early intervention

BACKGROUND

12-15% of the general population of children at some point present problems at developmental milestones. The earlier the problems are found and documented, the better results we can have after a specialized rehabilitation.

METHOD

“Early childhood development programs” and „early intervention programs“ are important for achieving these objectives.

RESULTS

We suggest examining infants of nursery schools, aged 1-5, so that early detection of the children likely to have problems and further assessment for rehabilitation can be identified.

DISCUSSION

The level of intervention concerns: the child, the family or care provider, the social contexts of the children, the community (including health-peadiatric-private and public services) and the broader community and the state. Finally, creating the right conditions for early childhood development is effective and clearly less costly than tackling the problems caused by its lack.

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Evaluation of psychological symptoms in adolescent period using SCL-90-R-preliminary data

BACKGROUND

Various psychological problems are common during the adolescence period. The Symptom Checklist 90 Revised (SCL 90 R) is a 90 item self report symptom inventory measuring psychological symptoms and psychological distress. The aim of this study was to determine the frequency and severity of psychological symptoms during the adolescence period using SCL-90-R, as well as to determine the sociodemographic factors affecting these symptoms.

METHOD

This study was conducted in the Ankara Education and Research Hospital's pediatric outpatient clinic. SCL-90-R and a sociodemographic questionnaire form were administered to adolescents aged

14-18 years. In this report, the preliminary data of the study were presented.

RESULTS

120 adolescents were evaluated. The mean age was 15.8 ± 1.1 years and 60.8% of the participants were female. Somatization, anxiety, obsessive-compulsive symptoms, depression, sensitivity in interpersonal relations, phobic anxiety and anger were found in 34.2%, 27.5%, 40%, 31.7%, 32.5%, 18.3% and 46.7% of adolescents, respectively. Furthermore, 26.7% had a higher overall symptom index. The mean subgroup index of girls were higher than that of the males, and statistically significant differences were determined in somatization, anxiety and depression ($p < 0.05$). In those adolescents, who answered 'I do not know' in terms of having any psychiatric illness, various symptoms including anxiety, interpersonal sensitivity, psychotic symptoms and anger were found significantly higher ($p < 0.05$ in all symptoms). In adolescents from higher socioeconomic status, the paranoid ideas index was significantly higher than those from lower socioeconomic levels ($p=0.042$).

DISCUSSION

This report presents preliminary data of an intervention study which is ongoing. Psychological problems are common during adolescence. The SCL-90-R questionnaire can be routinely used in children's follow-up clinics for an early diagnosis of psychological problems.

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Maternal personality traits and the expression of umbilical artery circulating eHsc70 and eHsp70 in preterm-born neonates

BACKGROUND

Associating maternal personality and cellular parameters of the neonates has

gained only little attention in research so far. Recent studies revealed that mechanisms of preterm parturition may involve extracellular chaperones, heat shock protein 70kD family (constitutive eHsc70 and inducible eHsp70), that may have specific role in newborn neonates brain development. The aim of this study was to evaluate the correlation between maternal personality and the expression of circulating eHsc70 and eHsp70 in preterm-born neonates

METHOD

A cohort retrospective study was done for the total of 21 eligible preterm-born neonates. The expression of circulating eHsc70 and eHsp70 was determined on the basis of blood samples taken from umbilical artery at birth. The maternal personality traits measures are based on the big-five model of personality which is consist of five different traits: Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism. Statistical analysis using Pearson's correlation test, with $P < 0.05$ being considered significant

RESULTS

The expression of constitutive eHsc70 in neonates was not correlates with all traits of maternal personality as well as for the correlation between the expression of inducible eHsp70 and maternal personality traits of Extraversion, Agreeableness and Neuroticism ($P < 0.05$). However, there was significantly moderate negative correlation between inducible eHsp70 and traits of Openness ($r=-0.543$, $P=0.011$) and Conscientiousness ($r=-0.526$, $P=0.014$)

DISCUSSION

Mother with personality trait of Conscientiousness or Openness would be vulnerable for having a neonate with low level of circulating inducible eHsp70. Possibly these results may use in the theoretical framework of the association between maternal personality and pre-term-born neonates brain integrity

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The Influence of Family Income on Anthropometry and Quality of Life of Preschool-Aged Children in Kupang City, East Nusa Tenggara, Indonesia

BACKGROUND

Studies revealed that the quality of life (QoL) of children can be affected by poverty. Family economic conditions greatly affect the availability of nutrition and education of their children, which can impact on long-term quality of life. This study assessed the effect of family income on anthropometry and quality of life of preschool-aged children in Kupang City of Nusa Tenggara Timur, which is one of the cities in Indonesia with low per capita income

METHOD

A cross-sectional study was held in preschool-aged children. The family income was grouped into: below average, average, and above average according

to households income per month. The Anthropometry of children was measured as weight, height, body mass index (BMI) and head circumference. The health-related quality of life (HrQoL) of children was obtained from parents proxy-report using Pediatric Quality of Life Inventory (PedsQL) for ages 2–18 years. Statistical analysis using Manova test, with $p < 0.05$ being considered significant

RESULTS

A total of 59 children were included with median of age was 65 (39-76) months. They divided into three different family income groups: Below average 20 (33.9%), Average 23 (39.0%), and Above average 16 (27.1%) children. The family income significantly affect on body weight ($P=0.040$) and BMI ($P=0.014$), and also on Social functioning of QoL ($P=0.045$), which give a greatly impact on overall scores of PedsQL ($P=0.026$)

DISCUSSION

Efforts to increase family income is one of the effective entrances in order to improve child weight and quality of life of preschool-aged children especially in social functioning.

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A serious game using virtual reality and mindfulness-based techniques to reduce stress

BACKGROUND

Mindfulness mitigates the psychological, behavioral and physiological changes associated with toxic stress. Mindfulness- and breathing-based eHealth interventions might be a useful addition for children that experience early life adversity. In the present study we test if mindfulness breathing techniques can be taught to children using virtual reality (VR).

METHOD

Kids in Control (KiC) is an interactive VR game using a head-mounted display.

The VR experience is controlled by the breathing pattern of the player and calm breathing will correspond with positive changes in the virtual environment. In this pilot-study the concept was tested in healthy adults, using a cold pressor test (CPT) both in a VR-condition and a no-distraction condition. Breathing pattern and heart rate are measured by a wearable vest (Hexoskin) and participants fill in a visual analogue pain severity scale (VAPSS) and the Igroup Presence Questionnaire (IPQ) to measure the sense of presence experienced in the virtual environment.

RESULTS

Preliminary result show that when the breathing pattern slows down heart rate goes down. The heart rate trend correlates with subjective pain experience. Most participants have a higher pain tolerance and threshold during the VR-condition. More participants are still being tested.

DISCUSSION

Active distraction by virtual reality is used to manage and attenuate anxiety and pain by using immersion and invol-

ving multiple senses. VR combined with biofeedback helps children mastering the practice of mindful breathing so they can use the technique in stressful situations. This study proved that KiC can initiate stress relieve during stressful events. In the long term, this can help children using mindfulness exercises as a step in healing the stress response in early life adversity.

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Obesity among school children: From 6 to 11 years of age

BACKGROUND

Obesity is an important public health problem. The aim of this study is to investigate the changes in body mass index (BMI) of children in two different age groups (6 and 11 years), and the

influence of socioeconomic level, eating habits, physical activity on BMI.

METHOD

Our study is a cross-sectional epidemiological study. A private school, and a state school were selected. Anthropometric measurements of all children were taken, and a questionnaire was applied to collect data on factors (socioeconomic level, eating habits, physical activity, screen time) influencing obesity

RESULTS

Of 495 children participated in the study, 270 were 6 years old and 225 were 11 years old. According to BMI classification 21.2% of participants were overweight and 14.5% of them were obese. The BMI averages of 11-year old children were higher than those of 6-year-old children. Screen time of 11 year-old children was higher than those of 6 year-old children. Screen exposure time was found to be the most important factor influencing obesity.

DISCUSSION

The prevalence of obesity is increasing in Turkey among children. Our findings

showed that obesity was increasing from 6 to 11 years of age. Necessary interventions should be planned for the prevention of obesity in school age children.

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FIRST NAME: **ADEM**
LAST NAME: **ARKADAS**
TITLE: **M.Sc., MA**
INSTITUTION: **Bilkent University, Ankara**
COUNTRY: **France/Turkey**

*

FIRST NAME: **BETTY**
LAST NAME: **BAKKER-CAMU**
INSTITUTION: **V&VN Vereniging
voor Verpleegkundigen
en verzorgende Neder-
land-fractie Jeugd**
COUNTRY: **the Netherlands**

FIRST NAME: **ANNA**
LAST NAME: **BATTERSBY**
TITLE: **Dr.**
INSTITUTION: **Department of Community
Paediatrics at Lewisham &
Greenwich NHS Trust**

COUNTRY: **UK**

*

FIRST NAME: **ALISON**
LAST NAME: **BAUM**
INSTITUTION: **Best Beginnings**
COUNTRY: **UK**

FIRST NAME: **MITCH**
LAST NAME: **BLAIR**
TITLE: **Prof.**
INSTITUTION: **Imperial College London**
COUNTRY: **UK**

*

FIRST NAME: **HARALD**
LAST NAME: **BODE**
TITLE: **Prof. Dr.**
INSTITUTION: **Universitätsklinik und
Poliklinik für Kinder- und
Jugendmedizin Ulm**
COUNTRY: **Germany**

FIRST NAME: **HAMADOU**
LAST NAME: **BOIRO**
TITLE: **PhD student**
INSTITUTION: **School of Social Sciences,
University of Iceland & INEP**
COUNTRY: **Guinea-Bissau**

*

FIRST NAME: **PERRAN**
LAST NAME: **BORAN**
TITLE: **Prof.**
INSTITUTION: **Marmara University School
of Medicine**
COUNTRY: **Turkey**

*

FIRST NAME: **PETER**
LAST NAME: **BORUSIAK**
TITLE: **Prof. Dr.**
INSTITUTION: **Social Pediatric Center
Bremen**
COUNTRY: **Germany**

*

FIRST NAME: **FRANCA**
LAST NAME: **BRÜGGEN**
INSTITUTION: **IPPNW / ICAN Germany**
COUNTRY: **Germany**

*

FIRST NAME: **MONICA**
LAST NAME: **BULCKE**
INSTITUTION: **Flemish association of
Youth Health Care**
COUNTRY: **Belgium**

FIRST NAME: **FREIA**
LAST NAME: **DE BOCK**
TITLE: **Prof. Dr.**
INSTITUTION: **Mannheimer Institut für
Public Health**
COUNTRY: **Germany**

*

FIRST NAME: **OLIVIER**
LAST NAME: **DUPERREX**
TITLE: **MD, M.Sc.**
INSTITUTION: **Unité de promotion de la
santé et de prévention
en milieu scolaire AVA-
SAD**

COUNTRY: **Switzerland**

*

FIRST NAME: **JÓNÍNA**
LAST NAME: **EINARSDÓTTIR**
TITLE: **Prof.**
INSTITUTION: **School of Social Sciences,
University of Iceland**
COUNTRY: **Iceland**

*

FIRST NAME: **GLENN**
LAST NAME: **FLORES**
TITLE: **MD, FAAP**
INSTITUTION: **Connecticut Children's
Medical Center**
COUNTRY: **USA**

FIRST NAME: **FOUAD M.**
LAST NAME: **FOUAD**
TITLE: **MD**
INSTITUTION: „Department of Epidemiology & Population Health, Faculty of Health Sciences, Global Health Institute, American University of Beirut“
COUNTRY: **Lebanon**

*

FIRST NAME: **CHRISTIAN**
LAST NAME: **FRICKE**
TITLE: **Dr.**
INSTITUTION: **Werner-Otto-Institut Hamburg**
COUNTRY: **Germany**

*

FIRST NAME: **GULBIN**
LAST NAME: **GOKCAY**
TITLE: **Prof. Dr.**
INSTITUTION: **Istanbul University Institute of Child Health**
COUNTRY: **Turkey**

FIRST NAME: **JEFFREY**
LAST NAME: **GOLDHAGEN**
TITLE: **M.D., MPH**
INSTITUTION: „Division of Community and Societal Pediatrics University of Florida College of Medicine— Jacksonville“
COUNTRY: **USA**

*

FIRST NAME: **FERNANDO**
LAST NAME: **GONZALEZ**
INSTITUTION: **Hospital Dr. Exequiel González Cortés**
COUNTRY: **Chile**

*

FIRST NAME: **DEEPA**
LAST NAME: **GROVER**
TITLE: **Dr.**
INSTITUTION: **UNICEF Europe and Central Asia Regional Office**
COUNTRY: **Switzerland**

*

FIRST NAME: **GEIR**
LAST NAME: **GUNNLAUGSSON**
TITLE: **Prof.**
INSTITUTION: **School of Social Sciences, University of Iceland**
COUNTRY: **Iceland**

FIRST NAME: Fritz
LAST NAME: Haverkamp
TITLE: Prof. Dr.
INSTITUTION: Center of Social Pediatrics, University Hospital Bonn
COUNTRY: Germany

*

FIRST NAME: GEERT TOM
LAST NAME: Heikens
TITLE: PhD, MD, MSc., Prof.
INSTITUTION: TOGETHER the Netherlands

*

FIRST NAME: HELMUT
LAST NAME: HOLLMANN
TITLE: Dr.
INSTITUTION: LVR Clinic Bonn, Center of Child Neurology
COUNTRY: Germany

*

FIRST NAME: ULRIKE
LAST NAME: HORACEK
TITLE: Dr.
INSTITUTION: Gesundheitsamt Recklinghausen
COUNTRY: Germany

FIRST NAME: KAREN
LAST NAME: HORRIDGE
TITLE: Dr.
INSTITUTION: City Hospitals Sunderland NHS Foundation Trust
COUNTRY: UK

*

FIRST NAME: ANNELI
LAST NAME: IVARSSON
TITLE: Prof.
INSTITUTION: Epidemiology & Global Health, Umeå University
COUNTRY: Sweden

*

FIRST NAME: ELKE
LAST NAME: JÄGER-ROMAN
TITLE: Dr.
COUNTRY: Germany

*

FIRST NAME: AYESHA
LAST NAME: KADIR
TITLE: Dr.
COUNTRY: Denmark

*

FIRST NAME: MARIE
LAST NAME: KÖHLER
TITLE: MD, PhD
COUNTRY: Sweden

FIRST NAME: COLLEEN
LAST NAME: KRAFT
TITLE: MD, FAAP, MBA
INSTITUTION: President, American Academy of Pediatrics
COUNTRY: USA

*

FIRST NAME: VIBHA
LAST NAME: KRISHNAMURTHY
TITLE: Dr.
INSTITUTION: Ummeed Child Development Center
India

*

FIRST NAME: THORSTEN
LAST NAME: LANGER
TITLE: PD Dr.
INSTITUTION: „Klinik für Neuropädiatrie und Muskelerkrankungen Zentrum für Kinder- und Jugendmedizin Universitätsklinikum Freiburg“
COUNTRY: Germany

*

FIRST NAME: GERISON
LAST NAME: LANSDOWN
INSTITUTION: International Institute for Child Rights & Development
COUNTRY: UK

FIRST NAME: EMILIE
LAST NAME: L'HOTE
TITLE: PhD
INSTITUTION: FrameWorks Institute
COUNTRY: USA

*

FIRST NAME: LANG
LAST NAME: MA
TITLE: Dr.
INSTITUTION: UNICEF
COUNTRY: Sierra Leone

*

FIRST NAME: VOLKER
LAST NAME: MALL
TITLE: Prof. Dr.
INSTITUTION: kbo-Kinderzentrum München
COUNTRY: Germany

*

FIRST NAME: ELISABETH
LAST NAME: MANGRIO
TITLE: Dr.
INSTITUTION: Malmö University and Malmö Institute for Studies of Migration
COUNTRY: Sweden

FIRST NAME: KYRIAKOS
LAST NAME: MARTAKIS
TITLE: Dr.
INSTITUTION: University of Cologne, Children's and Adolescents' Hospital
COUNTRY: Germany

*

FIRST NAME: LUIS
LAST NAME: MARTIN ALVAREZ
TITLE: Dr.
INSTITUTION: SEPS (Spanish Society for Social Paediatrics)
COUNTRY: Spain

*

FIRST NAME: RAUL
LAST NAME: MERCER
TITLE: MD MSc
COUNTRY: Argentina

*

FIRST NAME: AARON
LAST NAME: MERCHEN
INSTITUTION: RESULTS
COUNTRY: USA

*

FIRST NAME: SARA
LAST NAME: MIGUEL-BARRENA
INSTITUTION: Hospital Puerta del Mar
COUNTRY: Spain

FIRST NAME: HELIA
LAST NAME: MOLINA
TITLE: MD, PhD, M.Sc.,
TITLE: Prof.
INSTITUTION: Dean of the School of Medicine, University of Santiago

COUNTRY: Chile

*

FIRST NAME: VERA
LAST NAME: MUSIL
TITLE: MD, Assistant Prof.
INSTITUTION: University of Zagreb, School of Medicine, Andrija tampar School of Public Health, Zagreb,

COUNTRY: Croatia

*

FIRST NAME: RAMZI
LAST NAME: NASIR
TITLE: MD MPH
INSTITUTION: Royal Free London NHS Foundation Trust

COUNTRY: UK

FIRST NAME: RITA
LAST NAME: NATHAWAD
TITLE: MD, MSc-GHP, FAAP,
INSTITUTION: Jacksonville Health
and Transition Services
(JaxHATS), University of
Florida
COUNTRY: USA

*

FIRST NAME: JUNKO
LAST NAME: OKUMURA
TITLE: Dr.
INSTITUTION: Institute of Tropical Medi-
cine, Nagasaki University
COUNTRY: Japan

*

FIRST NAME: BOLAJOKO
LAST NAME: OLUSANYA
TITLE: MD, PhD
INSTITUTION: Center for Healthy Start
Initiative
Nigeria

*

FIRST NAME: ELIF N.
LAST NAME: ÖZMERT
TITLE: Prof.
INSTITUTION: Hacettepe University Facul-
ty of Medicine Department
of Pediatrics, Turkish natio-
nal Pediatric Society

COUNTRY: Turkey

FIRST NAME: ILONA
LAST NAME: RENNER
INSTITUTION: NZFH
COUNTRY: Germany

FIRST NAME: BARBARA
LAST NAME: RUBIO
TITLE: MD
COUNTRY: Spain

*

FIRST NAME: FRANCIS
LAST NAME: RUSHTON
TITLE: Jr., MD, FAAP
INSTITUTION: South Carolina Depart-
ment of Health and Human
Services
COUNTRY: USA

*

FIRST NAME: ANNA
LAST NAME: SARKADI
TITLE: Prof.
INSTITUTION: Uppsala University
COUNTRY: Sweden

*

FIRST NAME: BETTINA
LAST NAME: SCHWETHELM
INSTITUTION: WHO HQ consultant
COUNTRY: Switzerland

FIRST NAME: **ERIKA**
LAST NAME: **SIEVERS**
TITLE: **PD Dr.**
COUNTRY: **Germany**

*

FIRST NAME: **FILIZ**
LAST NAME: **IM EK ORHON**
TITLE: **Prof. Dr.**
INSTITUTION: **Ankara University Faculty
of Medicine Department of
Social Pediatrics**
COUNTRY: **Turkey**

*

FIRST NAME: **NICK**
LAST NAME: **SPENCER**
TITLE: **Prof.**
INSTITUTION: **„Division of Mental Health
and Wellbeing, Warwick
Medical School, University
of Warwick“**
COUNTRY: **UK**

*

FIRST NAME: **STEFAN**
LAST NAME: **STEINEBACH**
INSTITUTION: **LVR Clinic Bonn, Center of
Child Neurology**
COUNTRY: **Germany**

FIRST NAME: **HAJIME**
LAST NAME: **TAKEUCHI**
TITLE: **Prof.**
INSTITUTION: **Bukkyo University**
COUNTRY: **Japan**

*

FIRST NAME: **GIORGIO**
LAST NAME: **TAMBURLINI**
TITLE: **PhD, MD**
INSTITUTION: **Center for Child Health and
Development (Centro per
la Salute del Bambino)**
COUNTRY: **Italy**

*

FIRST NAME: **ANTJE**
LAST NAME: **TANNEN**
TITLE: **PD Dr.**
INSTITUTION: **Charité University Ber-
lin**
COUNTRY: **Germany**

*

FIRST NAME: **ELVIRA**
LAST NAME: **THISSEN**
INSTITUTION: **Refugee Response – Ber-
nard van Leer Foundation**
COUNTRY: **Netherlands/UK**

FIRST NAME: **FABIENNE**
LAST NAME: **THEUWISSEN**
INSTITUTION: **Flemish association of
Youth Health Care**

COUNTRY: **Belgium**

*

FIRST NAME: **UTE**
LAST NAME: **THYEN**
TITLE: **Prof. Dr.**
INSTITUTION: **Universitätsklinikum
Schleswig-Holstein**

COUNTRY: **Germany**

*

FIRST NAME: **STELLA**
LAST NAME: **TSITOURA**
TITLE: **MD MPH PhD**
INSTITUTION: **Network for Children's
Rights**

COUNTRY: **Greece**

*

FIRST NAME: **NATALIA**
LAST NAME: **USTINOVA**
TITLE: **Dr.**
INSTITUTION: **National Medical Research Center for Children's Health (Federal state autonomous institution of the Russian Federation Ministry of Health)**

COUNTRY: **Russia**

FIRST NAME: **ZIBA**
LAST NAME: **VAGHRI**
TITLE: **Dr.**

INSTITUTION: **GlobalChild Program of
Research, University of
Victoria**

COUNTRY: **Canada**

*

FIRST NAME: **INGE**
LAST NAME: **VAN TRIMPONT**
TITLE: **MD**
INSTITUTION: **GO! Education of the Flemish Community**

COUNTRY: **Belgium**

*

FIRST NAME: **VERENA CLARA**
LAST NAME: **VETTER**
TITLE: **Dipl.-Päd.**
INSTITUTION: **Clinic I, Division of Neuropediatrics and Metabolic Medicine, Centre for Pediatric and Adolescent Medicine, University Hospital Heidelberg,**

COUNTRY: **Germany**

FIRST NAME: **FRANCESCA**
LAST NAME: **VEZZINI**
TITLE: **MA, MSc, PhD**
INSTITUTION: **Fondazione Generali-The
Human Safety Net ON-
LUS**
COUNTRY: **Italy**

*

FIRST NAME: **TONY**
LAST NAME: **WATERSTON**
TITLE: **Dr.**
COUNTRY: **UK**

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FIRST NAME: **DONALD**
LAST NAME: **WERTLIEB**
TITLE: **PhD, Professor**
INSTITUTION: **Tufts University, Bos-
ton**
COUNTRY: **USA**

*

FIRST NAME: **GONCA**
LAST NAME: **YLMAZ**

MUSICIAN

Paul Rittel

Born 1993 in Troisdorf near Bonn
Starts the cello with 6 years, additional-
ly piano, singing and composition
Studies started 2009 in Essen Folkwang
University of Arts with classical Cello,
then adding jazz and pop cello at the
ArtEZ Arnheim (NL) (2014 b.c.) and
Cologne University for Music and Dance
(2017 M.Sc.)
Projects in classical chamber music and
orchestras, with jazzbands (NL) and
German-Dutch pop- and rock-bands as
well as in theater-, film- and dance-pro-
ductions.



ANNUAL MEETING

ISSOP

KONGRESS

2018

Bonn, 27.-29. September

CONGRESS VENUE:

Universitätsklinikum Bonn (UKB)
Biomedizinisches Zentrum (BMZ)
Venusberg, Sigmund-Freud-Str. 25, 53127 Bonn

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