
CONFERENCE ABSTRACT

Investing in early years

ICIC20 Virtual Conference – September 2020

Selma Šogorić^{1,3}.

1: University Of Zagreb Medical School, A.Štampar School of Public Health, Zagreb, Croatia

3: Croatian Health Cities Network, Zagreb, Croatia

Background

It is well known that inequalities in health are result of unequal life opportunities. Since Croatia does not have a strategy of investment in early development, during the last two years, Croatian Healthy Cities Network had supported the development of the initial policy documents (state of the art and policy paper) and formulated an operational document for the implementation of the Strategy, firstly (as a pilot project) in the City of Zagreb. In Croatian (transition) society numbers testify the change in family structure. The number of newly born is decreasing steadily, whereas the number of children at social risk is on the rise (around 20% of children up to 7 years old are at risk of poverty) and so is the number of children at neuro and developmental risk (around 10%). There are many laws and regulations governing the rights of parents and children (especially those with developmental difficulties) but parents are ill informed about them. Our intervention is aiming at creating safe, stable, supporting relationships and environment for children, i.e. on strengthening family setting and providing additional support when necessary. The best system for a 'healthy start' includes health, social, and education policies which provide: a) excellent health care in pre- and post-natal period; b) social system which recognizes risks caused by early childhood poverty; c) good possibilities of maternity leave use; and d) high quality early education and care. Although our intervention is inter-sectoral, the key actors who will carry it out are community nurses. They are extended arm of the primary health care service towards community. They will visit the pregnant women in their homes two times during the pregnancy (16th and 24th week of pregnancy) and, through the interview, assess health, social and environmental risks. If the family shall need additional support, nurses will liaise them with appropriate service provider. Existing lack of information on local services (health, education, social care, NGO and community) will be addressed by the creation of the Directory of resources that will consolidate information on the available services in one place. Community nurses will visit mothers and their new-borns again within 24 hours of their hospital discharge and seven days later. These visits will focus on the assessment of the child's progress and health, breastfeeding status, navel examination, child bathing, baby handling and information on the rights and access to other needed services. In the next visit, when the baby is 30 days old, community

nurse will check the child's progress and enquire mother's mental health (detection of post-partum depression). In the visits to follow, community nurses will use GMCD instrument (the International Guide for Monitoring Child Development) suitable for the early detection of developmental disorders. Part of the intervention is development of an information system, which would enable better exchange of information between primary health care workers and between health and social services; development of instruments and standards in risk assessment; protocols development and continuous development and empowerment of professional staff involved in early child development.