

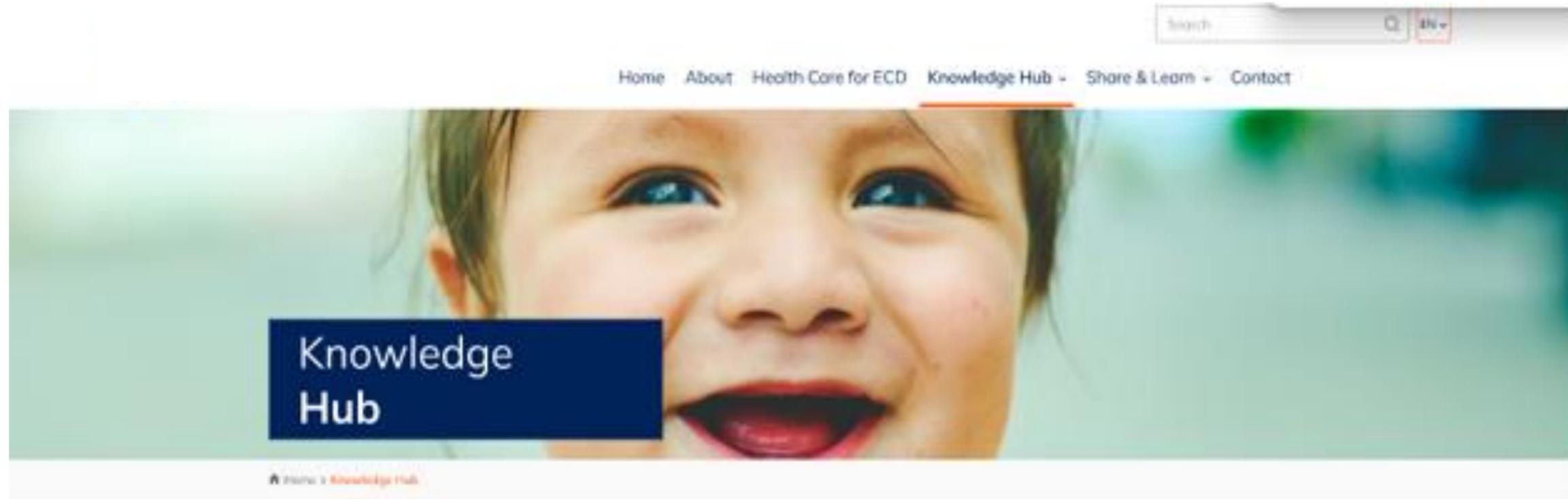
Health Systems for Early Child Development Harnessing the power of home visiting



Agenda

Welcoming Panel	<ul style="list-style-type: none">• Liana Ghent, Executive Director ISSA (International Step by Step Association)• Gabriele Fontana, Regional Health Adviser, UNICEF Office for Europe and Central Asia• Martin Weber, Team Lead quality of care and programme manager of child and adolescent health, WHO Europe Office on Quality of Care and Patient Safety (Athens, Greece)• Ivelina Borisova, Regional ECD Advisor, UNICEF Office for Europe and Central Asia
Keynote Presentation	<ul style="list-style-type: none">• Alison Morton, Fellow and Executive Director of the Institute of Health Visiting, UK: “How can we harness the power of home visiting to give every child the best start in life?”• Q&A
Testimonies from the region	<ul style="list-style-type: none">• A short video: Testimonies from the region - Why it is important to support and promote home visiting services• Aleksandra Jovic, Program Specialist at UNICEF ECARO: Home visiting services - A snapshot from the region
Policy Panel	<ul style="list-style-type: none">• Ms. Gunel Mammadova - Maternal and child health services division, TABIB, Azerbaijan• Riksi K. Salikhodjaeva (PhD) Ministry of Health of the Republic of Uzbekistan• Q&A
Presentation of practice	<ul style="list-style-type: none">• Kristina Nedeljkovic, patronage nurse, Health center Novi Sad, Serbia: Innovative practices in providing home visiting services - video meetings• Q&A





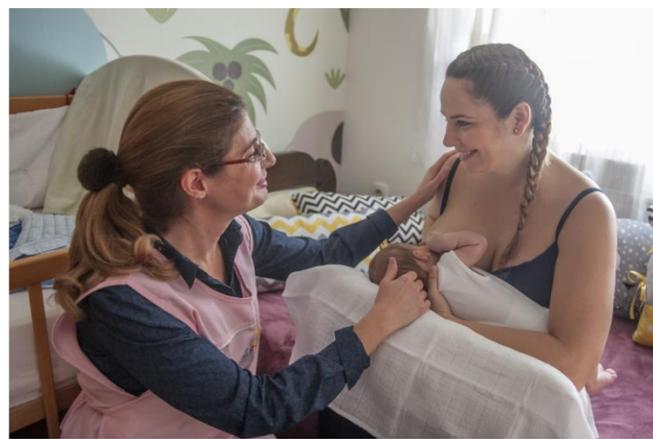
The Initiative aims to
contribute to **building developmentally oriented health systems, policy and practice in the
Europe and Central Asia** to enhance the wellbeing of young children and families

What do we want to achieve?

strengthen support for child development in all routine health care services



Enhance support for ECD in facility – based services



Bring ECD in home visiting



Support developmental monitoring



Support development of children with complex needs

- Supporting and counselling of parents on all aspects of nurturing care, addressing parental concerns
- Universal monitoring of child development based on validated tools
- Identification of children at risk of developmental difficulties
- Coordination of care and referral to other sectors/services, including for ensuring access of children to early childhood intervention services.



How we make an impact?



Advocating for change

We support key stakeholders at regional and national levels to expand their advocacy efforts for improving health care systems, policy, and practice.



Curating core knowledge

We disseminate contemporary, evidence-based guidance, resources, and expertise on ECD in health care to inspire, inform and guide policies and practices, which promote early childhood development-oriented health care systems.



Creating a learning community

We are building a learning community among stakeholders at national and regional level: support exchange, joint learning, and knowledge creation.

Moderator and Panellists

Moderator



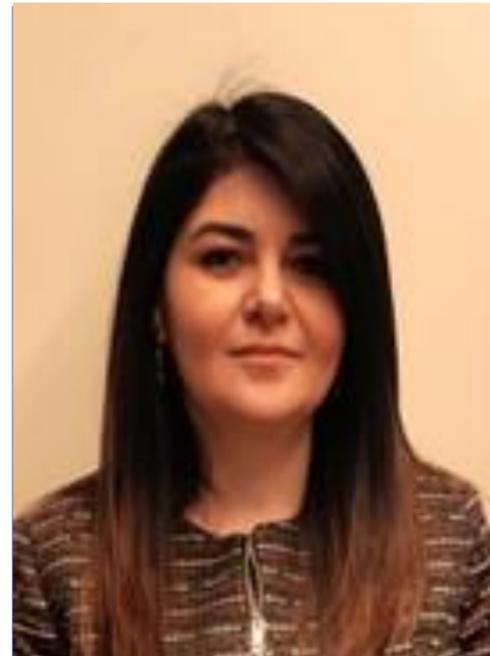
Zorica Trikić, Senior Program Manager, ISSA

Keynote speaker



Alison Morton, Fellow and Executive Director of the Institute of Health Visiting

Panellists



Ms. Gunel Mammadova - Maternal and child health services division, TABIB, Azerbaijan



Riksi K. Salikhodjaeva (PhD), Ministry of Health of the Republic of Uzbekistan



Aleksandra Jovic, Program Specialist, UNICEF ECARO



Kristina Nedeljkovic, Head of the Home Visiting Nurse Service, Health Center of Novi Sad, Serbia



Harnessing the Power of Home Visiting

HEALTH SYSTEMS FOR EARLY CHILD DEVELOPMENT

Harnessing the power of home visiting

UNICEF ECARO, WHO Regional Office for Europe, and ISSA webinar

14 October 2022

Alison Morton, Executive Director,
Institute of Health Visiting

A best start in life for all children?



We have more evidence than any other generation...



98%
of people believe nurture is essential to lifelong outcomes, but only 1 in 4 recognise the specific importance of the first five years of a child's life.

Challenges



Widening inequalities and poor state of child health and wellbeing



Unidentified need – “invisible children”



The cost of failing to intervene early is enormous

Opportunities

Early years lay the foundation for lifelong health and wellbeing



Investment in early childhood is a smart investment – the greater the investment, the greater the return



Inequalities are not inevitable. Early interventions make a difference



Health visitors are a highly skilled workforce equipped to address numerous government priorities for children and families



...and we know enough about ‘what works’ to make a difference now

Improving Early Childhood Development: Supporting nurturing care through a whole population approach

What are universal home visiting programmes:

- ✓ **Aims** to support healthy pregnancy, improve early childhood development (ECD), ensure readiness for school, and reduce health inequalities in young children.
- ✓ **A universal prevention and early intervention programme** - Evidence-based framework for the delivery of public health services to families with a child between conception and age 5.
- ✓ A service that reaches **all families** – with an intensity of support based on **proportionate universalism**.
- ✓ Health creating – strengths based – seeing the person in context.
- ✓ **3 core practices:**
 - Visiting families in their own homes
 - Assessing health needs
 - An integrated approach ([Cowley et al., 2013](#))

RECOMMENDATIONS

In order to improve early childhood development, WHO recommends:

1 RESPONSIVE CAREGIVING

All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.

Strength of recommendation: Strong
Quality of evidence: Moderate (for responsive care)



2 PROMOTE EARLY LEARNING

All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.

Strength of recommendation: Strong
Quality of evidence: Moderate (for early learning)



3 INTEGRATE CAREGIVING AND NUTRITION INTERVENTIONS

Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.

Strength of recommendation: Strong
Quality of evidence: Moderate



4 SUPPORT MATERNAL MENTAL HEALTH

Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

Strength of recommendation: Strong
Quality of evidence: Moderate



Who are health visitors and what do they do?



Health creation is at the heart of health visiting

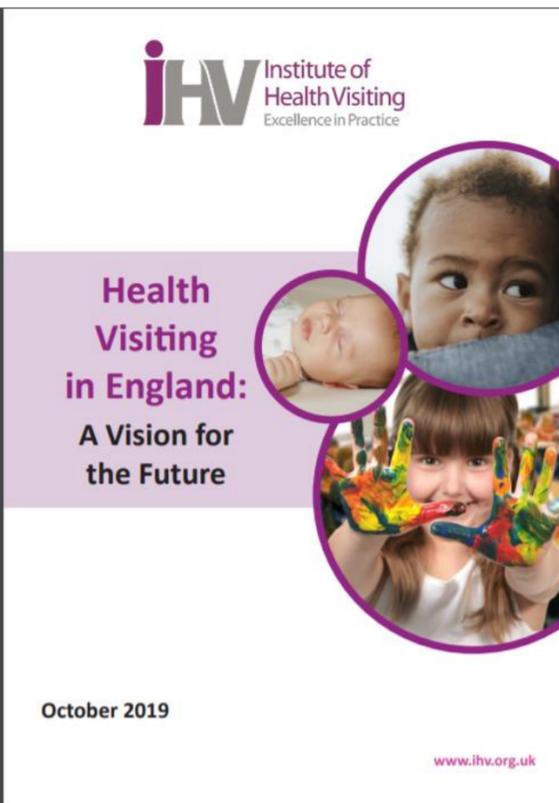
"As we recover from the pandemic, we have huge opportunities and challenges ahead...I am convinced that health visitors will play a key role in addressing the crucial issues amongst the families they work with."
 Dr Camilla Kingdon, President of the Royal College of Paediatrics and Child Health



- **Specialist Community Public Health Nurses (UK)**
 - Registered Nurse or Midwife background
 - Study at post-graduate Masters level qualification (no less than 45 programmed weeks of theory and practice)
 - Education meets “Standards of proficiency for specialist community public health nurses” (NMC, 2022)
 - Regulated by the Nursing and Midwifery Council (NMC)
- **A ‘family’ offer – addresses key public health priorities:**
 - Adult and child health
 - Physical Health and Mental Health
 - Child development
 - Social needs/ safeguarding



Key elements of an effective health visiting service (iHV, 2019)



Evidence-based blueprint for health visiting

[Institute of Health Visiting, 2019](http://www.ihv.org.uk)



✓ 8 universal contacts

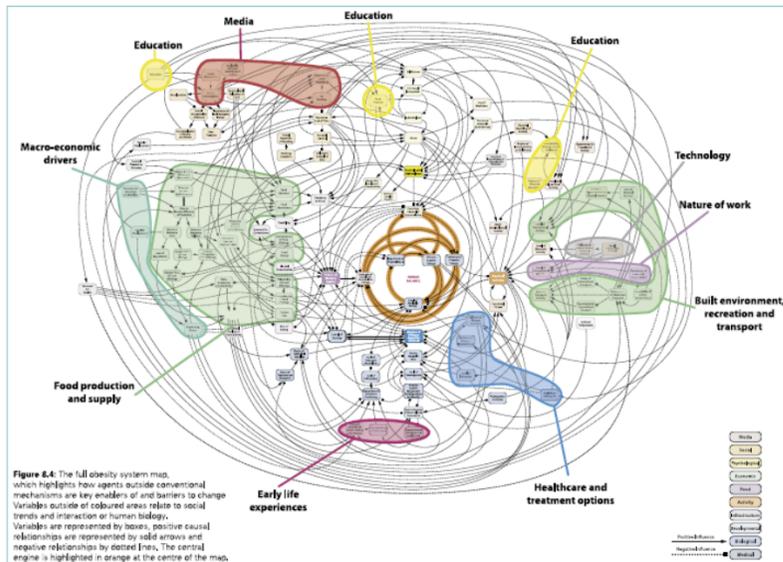
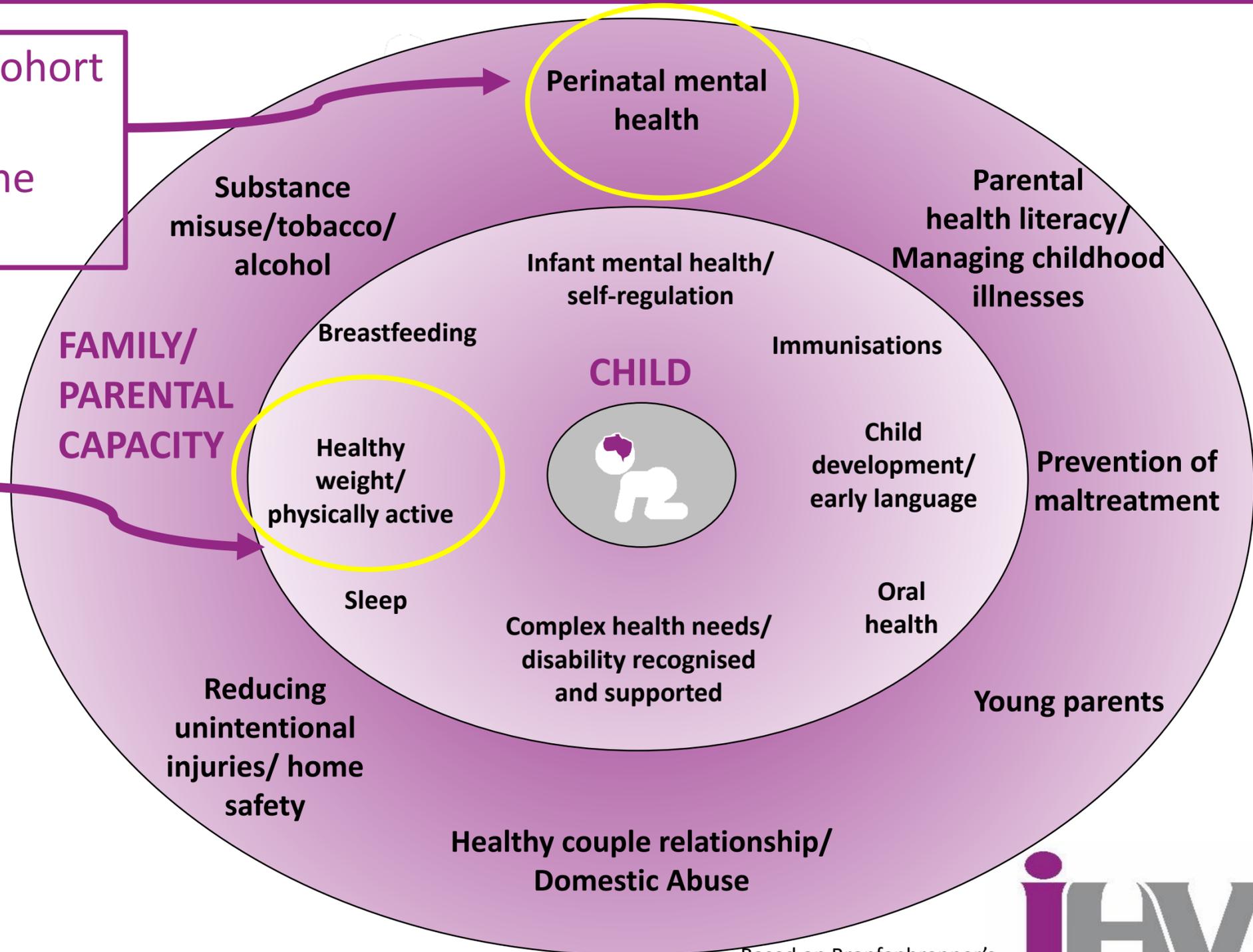
✓ Child/ family relationships
 ✓ 8 core elements



Health visiting, a mechanism for change

- PMH cost to society of £8.1 bn per annual cohort of births (UK data)
- 72% of cost relates to adverse impacts on the child

- Obesity related illness costs the NHS £6.5 billion a year
- Wider societal costs estimated at £58bn (3% of UK GDP) ([Frontier Economics, 2022](#))

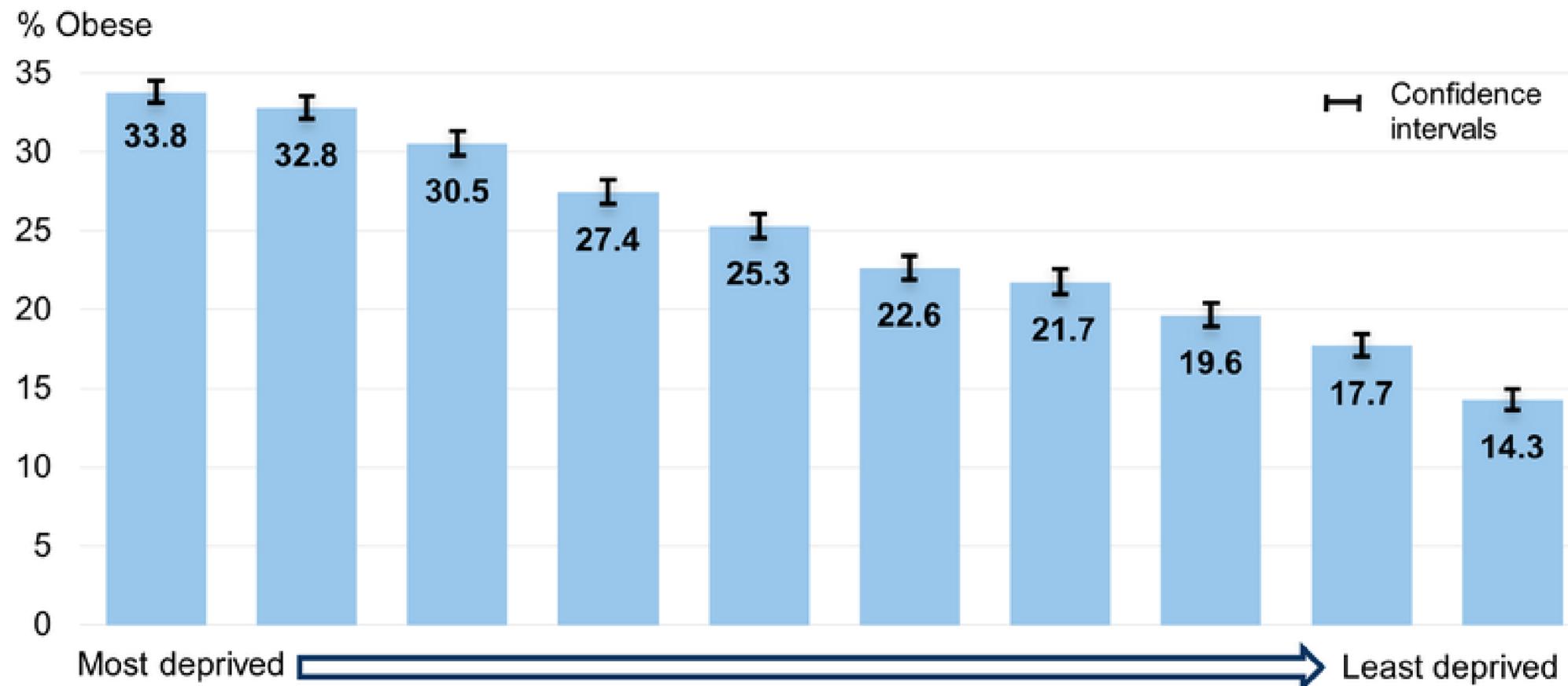


Proportionate universalism

Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently; indeed, it may stigmatise those most affected while missing the opportunity to reduce the social gradient across the whole population who are all negatively impacted to a greater or lesser extent.

Sir Michael Marmot, 2010

Prevalence of obese Year 6 children by IMD decile (based on postcode of child)



- A universal service for all families
- Early identification of need
- Additional targeted support for those with the greatest needs

For more information: Table 8 National Child Measurement Programme, England, 2020/21 school year



How we work matters – in the complex and messy real world



A vital infrastructure for the earliest years



The economic case

Prevention is better than cure and early action leads to cumulative savings:

- **England: Healthy Child Programme**

- ✓ Statistically significant improvement observed in many relevant outcomes over the lifetime of the National Health Visiting Programme (PHE, 2016)

- **Scotland: Universal Health Visiting Pathway**

- ✓ Coverage increased - largely equitable across SE groups.
- ✓ Additional reviews identified new concerns for children without previous concerns flagged.
- ✓ Parents reported a positive and trusting relationship with their health visitor....
- ✓ Families are better able to ask for and accept the support on offer.

“Approachable, non-judgmental, professional...”

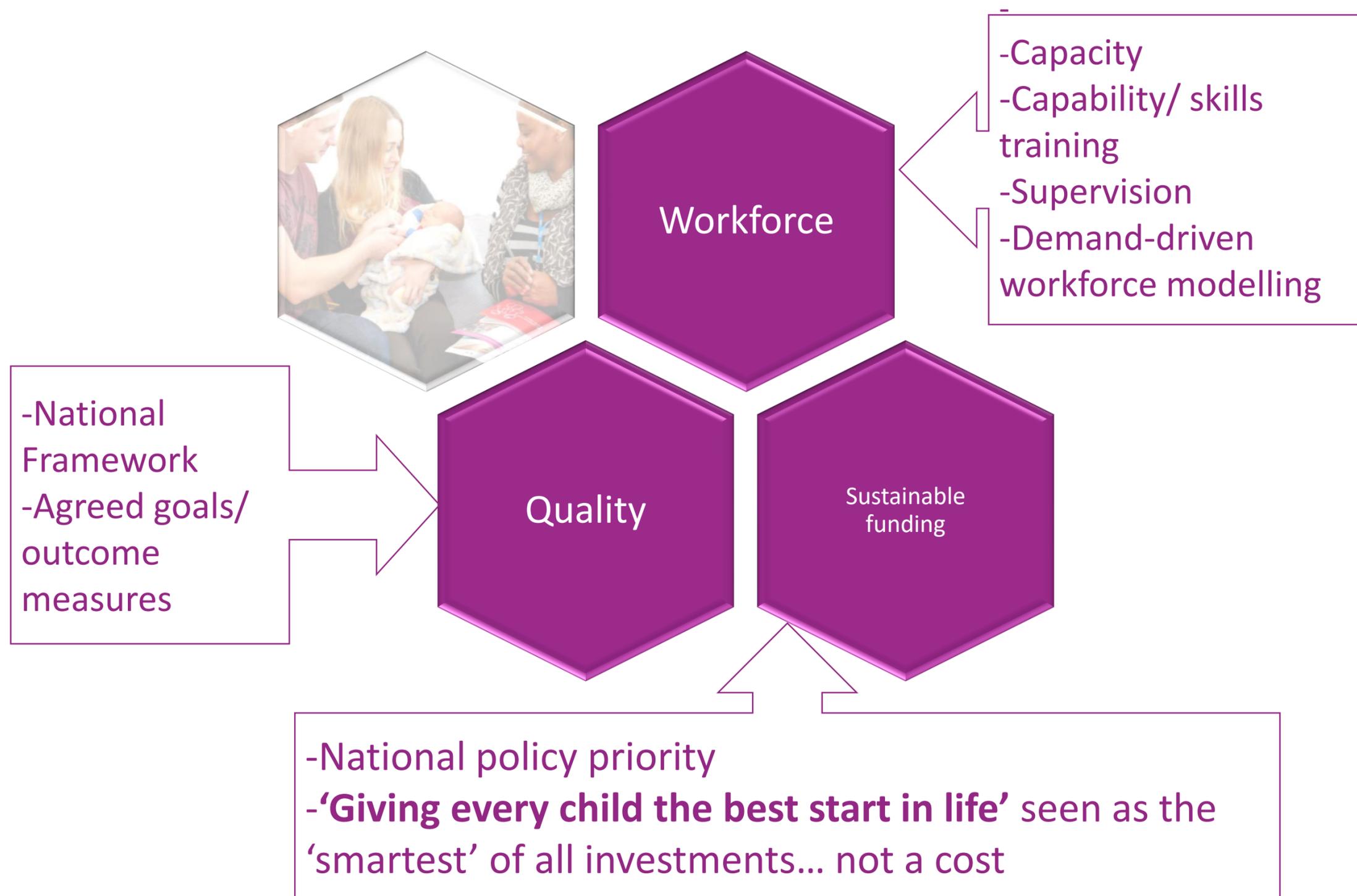


Scottish Government
Riaghaltas na h-Alba
gov.scot

Evaluation of the Universal Health Visiting Pathway in Scotland Phase 1 Report - Primary Research with Health Visitors and Parents and Case Note Review



Using evidence to drive change



*“Practitioners need to be given the **space and time** to do quality work with the child [baby] and to critically reflect on the child’s [baby’s] experiences, including putting together the jigsaw of information they hold about them and the network around them”*

(Child Safeguarding Practice Review Panel, 2022)

Thank you

*It is a brave thing to believe in an outcome - in a world even –
that might not be fully felt for a generation or more*

HRH Princess of Wales, 2020



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Health Systems for
Early Child Development
EUROPE AND CENTRAL ASIA

Home Visiting in ECA Region: Retrospective

UNICEF ECARO

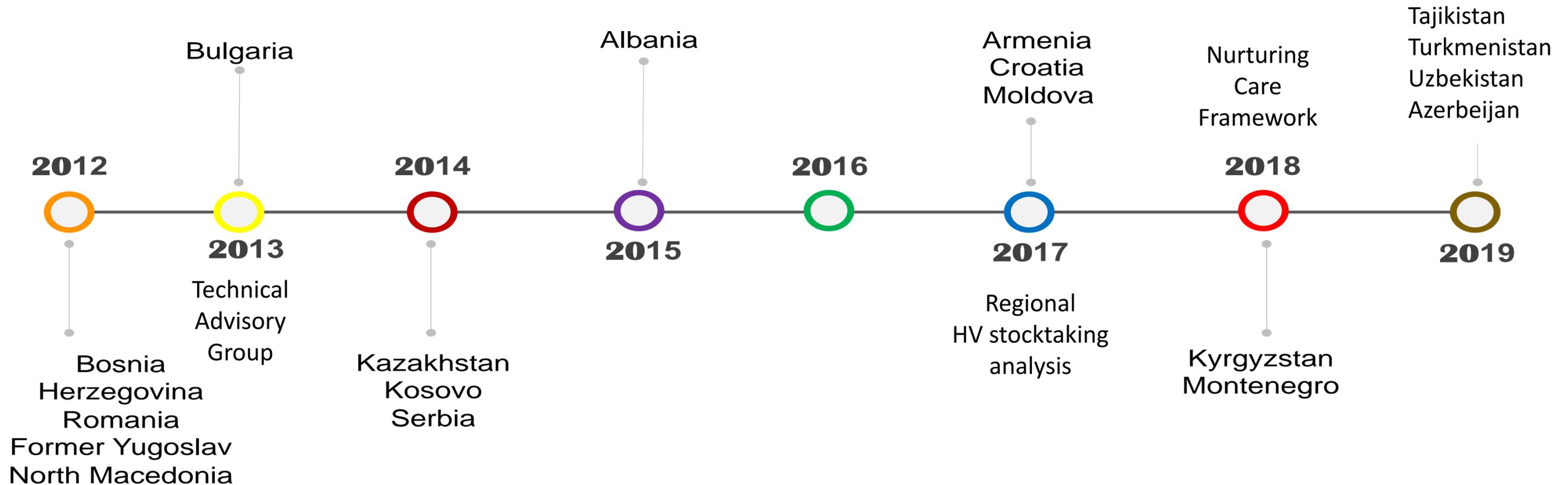
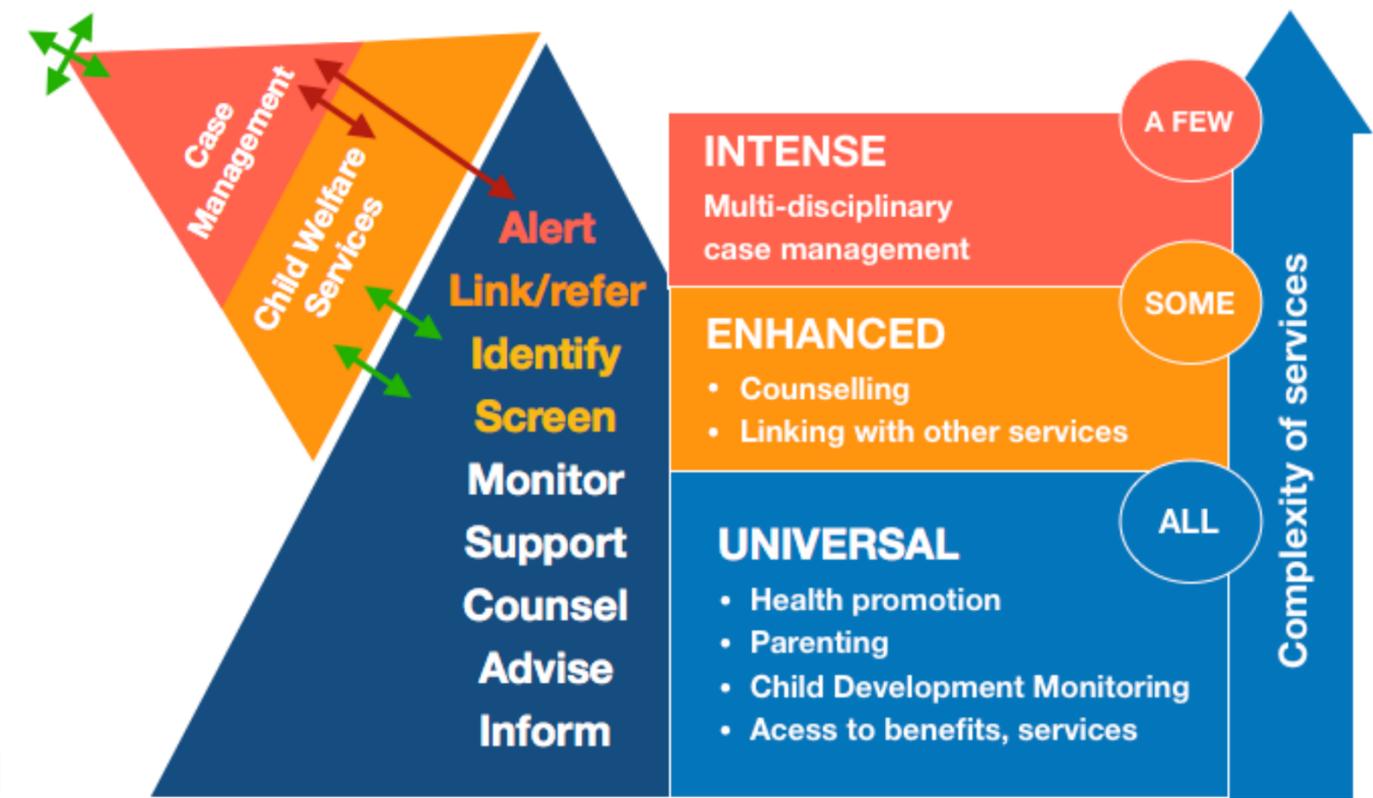
Why Home Visiting?

- **Almost universal coverage with PHC services in ECA** – unique position to support both young children and their parents
- **Most ECA countries had home visiting** but with a limited scope of services and focusing mostly on child's physical health
- A space recognized to **expand and strengthen HV services** to include focus on child development and improve effectiveness and efficiency



Universal > Progressive Home Visiting services

- UNICEF supports the HV reforms and upgraded package of services under **Universal Progressive Home Visiting** model across **17 countries**



HV resources

2. UPHV Training Resource Package (23 modules)

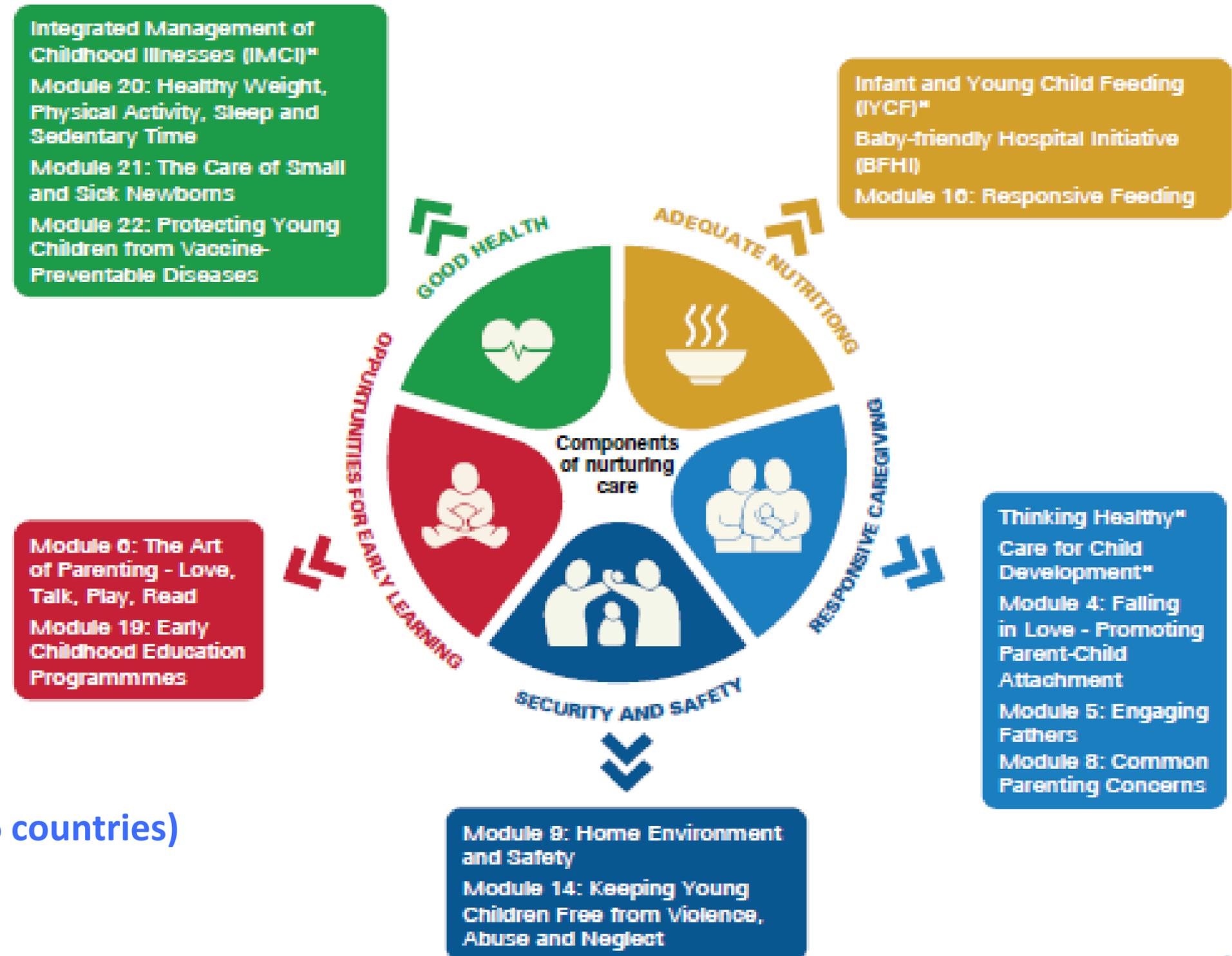
1. Regional Recommendations

5 Volumes of **RECOMMENDATIONS**

- Policy Framework
- Standards
- Curricula & Tools
- Monitoring, Evaluation & Research
- Country Implementation Plan

3. Multi-country Evaluation 2014-2018 (16 countries)

- Key findings and recommendations



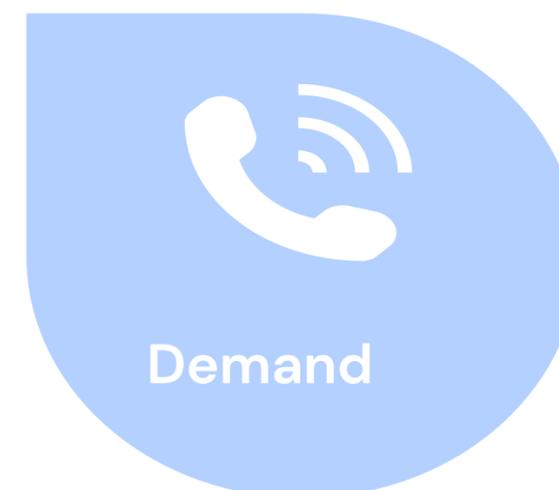
MCE on UPHC 2019: Encouraging findings

- Pioneering effort, incorporated ECD in health, addressing full range of risks and protective factors
- Fully aligned with regional, national and global policies and equity-focused development priorities (focus on vulnerable)
- Overall HV model seems adequate, evidence-based and able to deliver the results
- Design and implementation approach rooted in a human rights-based approach, promote gender equality and incorporate gender-sensitive and culturally tailored interventions
- UNICEF was successful in addressing the key relevant bottlenecks



MCE report: Key bottlenecks to UPHV

- Lack of analysis of health system bottlenecks
- Incomplete legislative/regulatory framework
- **Lack of functioning and effective M&E systems**
- **Lack of sufficient financing**
- Staff shortages, turnover, aging, migration
- **Continuing need for staff training and professional development**
- Job description not aligned to the revised service scope



- Wide scope of HV and high workload
- Variety in formally recognized professional standards (e.g. HV content and visit frequency)
- **Regional Recommendations not officially approved and used to a different extent**
- **Quality of adaptation of UPHV Training Resource Package**
- Absence of supportive supervision for Home Visits
- Low awareness among parents and other service providers
- Financial and geographic access barriers



Priority actions and next steps



Advocacy & Capacity Building

Health Systems for Early Child Development platform

- Make Regional Recommendations & other key HV resources widely available

Capacity Building

Learn ECD: Home Visiting Learning Path

- Digitalized, translatable UPHV Training Resource Package

System Strengthening

M&E Framework with key HV Indicators (October 2022)

Financing: Costing Tool (2023)



Thank you



**Health Systems for
Early Child Development**

EUROPE AND CENTRAL ASIA



Strengthening Home Visiting services (patronage) for young children and pregnant women as an essential component of Primary Health Care reforms in Azerbaijan

Key achievements

- Introduced the universal progressive home visiting service as pilot in 2019.
- UNICEF & ISSA resource package for training of home visiting nurses adapted and developed in online format at the national ECD Resource Hub.
- Integration of the training package in the curriculum of the Baku Medical College. Training of medical college staff.
- Piloting of the model of universal progressive home visiting in 4 districts reaching out to 10,993 families with children under 3 years of age (19,575 children of 0–3 age and 2,255 pregnant women).
- Ministry of Health, the State Agency for Mandatory Health Insurance (SAMHI) and TABIB developed a joint plan for phased roll out of the universal progressive home visiting.



УНИВЕРСАЛЬНАЯ ПРОГРЕССИВНАЯ МОДЕЛЬ
ПАТРОНАЖНОГО ОБСЛУЖИВАНИЯ БЕРЕМЕННЫХ
ЖЕНЩИН И ДЕТЕЙ РАННЕГО ВОЗРАСТА НА
УРОВНЕ ПЕРВИЧНОЙ МЕДИКОСАНИТАРНОЙ
ПОМОЩИ

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ПАТРОНАЖНОЕ ОБСЛУЖИВАНИЕ
ЯВЛЯЕТСЯ ЧАСТЬЮ ПРОГРАММЫ
ОБЯЗАТЕЛЬНОГО
МЕДИЦИНСКОГО СТРАХОВАНИЯ

*Входит в пакет медицинских услуг
оказываемой на уровне первичной
медико-санитарной помощи*



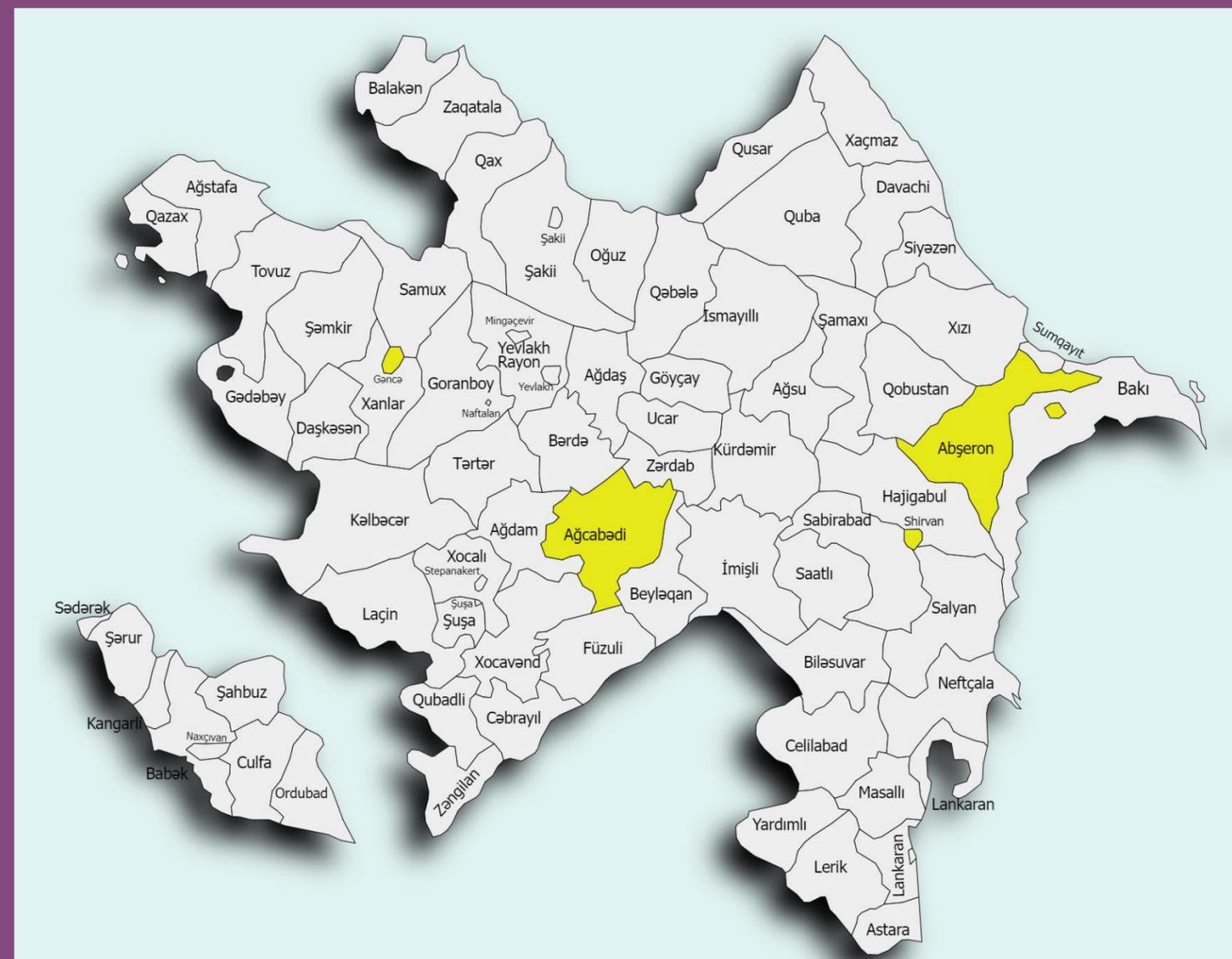
**ВВЕДЕНА УНИВЕРСАЛЬНАЯ
ПРОГРЕССИВНАЯ МОДЕЛЬ
ПАТРОНАЖНОГО
ОБСЛУЖИВАНИЯ В
КАЧЕСТВЕ ПИЛОТА В 2019
ГОДУ**

БЫЛО ОХВАЧЕНО 10993 СЕМЬИ

19575 ДЕТЕЙ В ВОЗРАСТЕ 0-3 ЛЕТ

2255 БЕРЕМЕННЫХ ЖЕНЩИН

*К концу 2023 года модель будет
внедрена
на остальной территории
Азербайджана*





УЧЕБНАЯ ПРОГРАММА ОДОБРЕНА МИНИСТЕРСТВОМ
ЗДРАВООХРАНЕНИЯ И ВВЕДЕНА В ПРОГРАММУ
МЕДИЦИНСКОГО КОЛЛЕДЖА

*Учебная программа доступна на веб портале
«Развитие детей младшего возраста»
(WWW.EUDI.AZ) для всех медицинских работников*



Experience of Uzbekistan in introducing universal progressive home visiting model for young children

- A training program for trainers and visiting nurses has been developed and more than 50,000 visiting nurses have been trained (cascade method).
- A guide to supportive supervision has been developed and more than 2,500 chief and senior medical nurses have been trained.



- Materials on the universally progressive model (UPM) have been adapted and risk assessment tools have been developed.
- The regulatory framework of the Ministry of Health on the introduction of UPM into practice has been revised and the duties of visiting nurses have been updated.
- The model is embedded in the curriculum of pre- and post-diploma training.
- A training program for family doctors on UPM has been developed.
- Regular supervision and monitoring visits are implemented.

Innovative practice: The use of video meetings in Serbia

- Serbia has a well-established and organized home visiting service provided by trained professionals, the patronage nurses
- During the COVID pandemic, when home visits were not possible, under the regional programme “Mitigating the impact of COVID-19 on the lives of children and families in Western Balkans and Turkey” financed by the EU, an innovative practice was introduced – video meetings/counselling
- Eighteen health centres across Serbia were involved
 - 150 patronage nurses were trained to use technology, organize and deliver online meetings
 - More than 30.500 families were reached
 - This model survived the pandemic and is still in use. It is supported by a professional learning community for reflecting on practice



© Srbija UNICEF, Pančić





Innovative practices in providing home visiting services - video meetings

Kristina Nedeljkovic, patronage nurse,
Health center Novi Sad,
Serbia



Thinking out of the box during the crises - COVID-19

COVID 19 pandemic made clear that:

- The service we provide to families is not flexible nor available to all of them.
- That we do not have enough resources to be with the families in the way that was safe, nor to respond to specific needs.
- We had to find a new and change approaches and content of meetings with the families to meet their needs and address concerns.



Video counseling/meetings



Video meetings with families are one type of providing support to families when home visits are not possible, sufficient or cost-effective.

They contribute to the quality of the service in promoting caring and stimulating environment for every child.

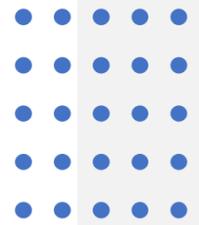
Added value::

Flexibility

Access

Continuity of care for children and families

Using diverse tools in working with families and observing how families process and implement new information



Techniques used during the video meetings

Conversation with the family

Providing guidance and advices

Modeling parental behavior

Sharing written materials and information

Analyzing video materials

What did we learn through video meetings about the most useful and challenging aspects of our work ?

Communication with the family

How to join the family

How to monitor goals of the visit

How to support development of parenting skills in different ways

How to model parents' behavior – supporting parents instead of working instead of them

How to additionally reflect on practice

How to learn with colleagues and unite in a learning community to reflect on the practice

Current state

Both parents and home visitors love video meetings

We have trainers, training packages and a manual for video meetings

We are strongly advocating direct home visits, but we use video meetings when it is necessary

We are learning to balance and find the best place for video meetings, to be useful for all of us

We are learning together and nurture learning community



Stay Tuned!

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Thank you for joining today.

