

Framework on Early Childhood Development in the WHO European Region



ABSTRACT

Early childhood is a critical period for the child to receive the nutrition and care that enable optimal development. Investing in early childhood development (ECD) is one of the best investments a country can make. A recent WHO/United Nations Children's Fund/World Bank initiative, the Nurturing Care Framework, encompasses conditions for children to survive and thrive through public policies, programmes and services from conception to age 3 years. This European framework provides an adaptation for the European context and aims to inform countries on measures they can take to enable young children to reach their full potential equally. It highlights three areas for ECD in Europe: young children's needs, monitoring a child's development and responding to developmental concerns, and the social and environmental risks to development. The overall goal is for every child to reach their full potential – living in a caring environment, nurtured by parents and caregivers, being visible to policy-makers, and having access to health care and services that support and monitor development for each individual child and address developmental difficulties.

Keywords

Early childhood
Child development
Child health
Developmental difficulties

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2020

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

CONTENTS

Background and rationale	1
Goal and objectives	2
Guiding principles	2
Priorities	3
Young children’s needs – promoting development, nutrition and physical health	3
Social, emotional, cognitive and language development.....	3
Nutrition	4
Physical health and development.....	7
Family and parenting	9
Monitoring young children’s development, addressing developmental difficulties and early interventions.....	11
Developmental monitoring and assessment	11
Early intervention.....	13
Organization of early intervention services.....	14
Social, economic and environmental risks to early childhood development.....	16
Environmental risks	16
Social and physical risks	17
Strategic actions for countries	18
Lead and invest.....	18
Focus on families and their communities	19
Strengthen services.....	20
Monitor progress and report	20
Concluding remarks	22
References	23
Glossary of key terms	24

Background and rationale

Early childhood is a critical period for the child to receive the nutrition and care that enable optimal development, and it is the time when preventative and health promoting interventions are most effective. Investing in early childhood development (ECD) is one of the best investments a country can make. Without this, the implications on children who have been left behind can cause mental and physical consequences in adulthood. Adults who experience adversity in early childhood are estimated to earn close to a third less than their peers' average annual income in adulthood. These individual costs add up, constraining wealth creation and national earnings.

ECD in this document covers the period from pregnancy to entry into primary school, with a main focus on the development of the child to the age of 3 years.

During this age, the health sector plays an important role in protecting and promoting children's health and well-being by helping parents and families to create a safe, nurturing and stimulating environment. Most countries (44 out of 48 countries (92%) answering the WHO child and adolescent health strategy survey) have some systems to support the development of all children during early childhood (1), but only 39% of the 44 countries reported that they support the health and psychosocial well-being of children holistically (2). More than 5 million children in the WHO European Region are at risk of not reaching their full developmental potential (3). Increasing numbers of children begin their life at a disadvantage because they do not receive the care necessary for their physical and psychosocial development (4).

The United Nations Convention on the Rights of the Child calls on countries to act in the best interest of all children to ensure they live in good health, realize their developmental potential and fully enjoy human rights and fundamental freedoms, starting in early childhood (5). The United Nations 2030 Agenda for Sustainable Development provides a solid framework for promoting ECD (6). Beyond Goal 3, which deals with health, target 4.2 states specifically that by 2030, all countries should “ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”, making ECD a global priority for the 21st century. The *Global strategy for women's, children's and adolescents' health 2016–2030* (7) also highlights the need to ensure that all girls and boys have access to good-quality ECD. The WHO Regional Office for Europe has taken ECD forward through *Investing in children: the European child and adolescent health strategy 2015–2020* (8). In 2014, all ministers of health of the European Region adopted the strategy, which emphasizes the importance of parental health and parenting capacities in promoting the health and well-being of young children.

A recent WHO/United Nations Children's Fund/World Bank initiative, the Nurturing Care Framework, encompasses conditions for children to survive and thrive through public policies, programmes and services from conception to age 3 years (9). The WHO European Region needs an adaptation of this framework that provides additional guidance on how ECD can be promoted and how developmental difficulties can be prevented, identified and addressed within the diverse health systems in the Region (10).

The purpose of the Framework on Early Childhood Development in the WHO European Region is to inform countries on measures they can take to enable young children to reach their full potential equally. The framework highlights three areas for ECD in Europe: young children's needs, monitoring a child's development and responding to developmental concerns, and the social and environmental risks to development.

Goal and objectives

The overall goal for the European framework is for every child to reach their full potential – living in a caring environment, nurtured by parents and caregivers, being visible to policy-makers, and having access to health and social care and services that support and monitor development for each individual child and address developmental difficulties.

The main objectives of the framework are to:

- enable young children to reach their full developmental potential by establishing an environment for:
 - promoting emotional, cognitive, language and social development
 - providing adequate nutrition
 - ensuring optimal physical and mental health and development
 - empowering and supporting families
 - protecting against social, economic and environmental risks;
- address developmental difficulties early by providing:
 - evidence-based developmental monitoring and early identification of developmental risks and delays; and
 - seamless evidence-based early intervention and access to (re)habilitation services;
- adopting an approach that builds on children's and families' specific needs and circumstances and providing support where needed.

Guiding principles

The guiding principles of the framework, which align with the guiding principles of the 2030 Agenda and the *Global strategy for women's, children's and adolescents' health*, include the following.

1. **All children have equal rights:** governments must ensure that early childhood policies and services cover all populations of children equitably, especially reaching the most vulnerable. Examples of children at risk of being left out are those with disabilities, children in humanitarian settings, those with migrant, refugee and minority backgrounds (such as Roma and indigenous populations), children living in poverty, and children of parents with mental health or substance abuse problems, or who are long-term absent, such as migrant workers.
2. **Empowering families:** parents and caregivers need to be provided with information, resources, services and enabling policies, starting in the preconceptional period. Young children's health and development are the results of parents' and caregivers' support and promotion, monitoring of the child's well-being, appropriate responses to the needs of the child, protection from danger, and appropriate use of health services for preventive care and treatment.
3. **Working together for children – governments and society:** promotion of ECD is a shared responsibility involving governmental sectors, academia, civil society, the private sector and caregivers. Moving from policy to action demands engagement of all sectors and coordination.

4. **Developing evidence-based strategies:** health practices that support early childhood health and development require a strong evidence-based approach. Over- and undermonitoring and screening practices need to be addressed by governments and corrected.

Priorities

Young children's needs – promoting development, nutrition and physical health

Social, emotional, cognitive and language development

Responsive caregiving

Infants and very young children are dependent on their caregivers to recognize and respond to their needs for nutrition, safety, engagement and soothing. When parents and caregivers are responsive, they facilitate the child's early cognitive, social and emotional development and self-regulation.

Responsive caregiving includes observing and responding lovingly and predictably to children's movements, sounds and gestures and verbal request. Responsive caregiving also is essential for protecting children from violence and injuries, recognizing illness and seeking care, enriching learning through play, and building secure attachment and relationships across the lifespan. Examples of everyday activities that support responsive caregiving include talking and singing to children, cuddling, responsive feeding, and telling or reading stories.

Responsive caregiving is equally important for all children, including those who cannot remain in their family setting. Institutionalization does not provide personalized responsive caregiving and impedes early childhood attachment. Depersonalization, strict routines and group treatment in institutional facilities isolate children from society and have been shown to be detrimental to ECD. Well designed fostercare programmes can provide children with responsive caregiving and secure attachment.

Action point. Responsive caregiving

Countries should develop policies that support parents and caregivers and which improve their ability to provide responsive care and share the responsibilities of childcare. Parents and caregivers need to be informed about child development (in parenting programmes, during antenatal care, and through counselling by health-care providers during home visits and check-ups, for instance). Supportive policies will enable parents to spend time with their children and help families to build social connections (through, for example, flexible working arrangements, paid maternity/paternity leave, affordable, accessible and adaptable childcare services close to home or the workplace).

Well designed fostercare programmes should be instituted, monitored and provided with funding. Countries need to move urgently towards deinstitutionalization of young children.

Play and early learning

Learning starts at conception. From birth onwards, children learn and develop in all domains through playing with caregivers and other children and interacting with their physical and natural environment.

Play and visual, auditory and cognitive learning experiences can be incorporated into daily situations such as feeding, bathing, hygiene practices, household tasks and activities, and putting children to bed. Play objects during early childhood can be simple household items such as cups, pots and empty containers, and can help a child learn about the object's weight, colour and texture and what can be done with them. A playful learning experience builds curiosity and imagination in children. It is a social, joyful and actively engaging activity for child development. Children need both time and safe and secure indoor and outdoor environments for play. Toys have to be safe for children to play with.

Action point. Play and early learning

Policies that give parents and caregivers time to play with their child should be adopted. These include parental leave and flexible working hours. Policies should support enriching indoor and outdoor environments for children. Governments should ensure that toys on their national market fulfil all necessary safety criteria to enable children to have safe play experiences. Cities and local communities need to provide safe outdoor spaces for children to play with their caregivers and other children. Beyond the family, children need high-quality childcare services that provide an environment for play and early learning, particularly if caregivers are working or are otherwise unavailable.

Communication and language development

The ability to communicate is an essential skill that has roots in early childhood. Children begin communicating from birth but need attention from their parents and caregivers so they can develop communicative skills to express themselves clearly and confidently. Parents are the young child's first teachers of communication who help the child master nonverbal and verbal communication through listening, watching and responding to the sounds, communicative gestures and language the child uses, and by reading books, singing and talking to the child and explaining the surroundings. Interactions with peers and caregivers in childcare facilities help children to further develop communication and language.

Action point. Communication and language development

Governments should support parents and caregivers in helping their children communicate through parenting programmes. Childcare opportunities and play groups should be available, accessible, affordable and of high quality. Assessment and monitoring of language and communication development, including hearing assessment, needs to be integrated in health-care settings alongside easy and timely access to quality early intervention and services in case the child experiences difficulties in communication and language development or has hearing loss.

Nutrition

Breastfeeding

The European Region has the lowest exclusive breastfeeding rates in the world. Initiation of breastfeeding directly after birth is a problem in many health facilities. Exclusive breastfeeding from the first hour after birth to the age of 6 months contributes to a healthy start in life. Breastfeeding protects children from a range of diseases. Many mothers lack support from

policies and health services to continue breastfeeding, despite the benefits to children of continued breastfeeding beyond the first year of life.

Action point. Breastfeeding

Governments should provide families with accurate information based on internationally accepted standards. This includes national information campaigns, health literacy in schools, and information provided by health workers during pregnancy and after birth. Governments need to legally protect the right to breastfeeding in and outside the home. Working mothers should be supported to breastfeed by being provided with enabling conditions, such as breastfeeding breaks, paid maternity leave, part-time work arrangements, on-site crèches, and facilities for expressing and safe storage of breast milk. Countries need to adhere to the International Code of Marketing of Breast-milk Substitutes and monitor the marketing of complementary food.

Health services support mothers with skilled practical help for the initiation and establishment of breastfeeding. Fathers and families should be encouraged to support the continuation of breastfeeding. All hospitals should follow the Baby-friendly Hospital Initiative. Hospitals should support breastfeeding for small or sick babies, especially those who are separated from their mothers due to illness.

Complementary responsive feeding

In addition to breast-milk, children from the age of 6 months need additional food that is diverse, contains the nutrients and provides the energy that young children need for optimal health, growth and development. The additional food should be presented in gradually increasing frequencies and amounts to meet the child's needs. Food should be offered in a way that accommodates social and emotional interaction. Responsive feeding includes recognizing feeding cues and pacing the feeding.

Action point. Complementary responsive feeding

Appropriate complementary feeding depends on appropriate guidance and skilled support for families that is culturally acceptable and in line with global recommendations.

Countries should develop communications and tools such as mother cards highlighting practical examples of homemade meals for young children and transitions in feeding.

Diversified approaches are required to ensure access to foods that will meet the energy and nutrient needs of growing children adequately. Industrially processed complementary foods must meet standards recommended by the Codex Alimentarius Commission and the Codex Code of Hygiene Practice for Powdered Formulae for Infants and Young Children.

From feeding to eating

Early childhood is the period in which children start to eat autonomously and move away from being fed. Important competencies for the child are motor skills necessary for eating, such as using a pincer grip, holding a spoon, coordinating movements, and chewing and swallowing. Children need space, time and opportunities to acquire these skills. Family meals not only provide a child with the nutrients for healthy physical development, but also offer an opportunity for social interaction and model learning. Breakfast is an essential aspect of nutrition in childhood. Meals should exclude screen time, enabling the child to focus on eating and interacting with the environment.

Action point. From feeding to eating

Families need to be educated about the importance of family meals and the dynamics of interaction during mealtimes. Families need to be encouraged to avoid screen time during meals. Countries should ensure that parents and caregivers have time to spend with their children during mealtimes.

Balanced diet

Eating habits are set early in life. Families and childcare facilities play an important role in determining future nutrition. A child's daily diet should fully meet the nutritional needs of a child. Obesity prevalence has tripled in many European countries since the 1980s. It is linked to the increased consumption of processed foods and beverages high in fat, sugars and salt, but pockets of undernutrition in the European Region remain. Even in rich countries, children of poor families are at particular risk of undernutrition. Much of the country-level data on nutrition are not available or are outdated.

Action point. Balanced diet

Countries should regulate marketing of unhealthy food for children. Governments should support families to have sufficient financial resources and information available to ensure good nutritional choices. Countries need to collect data on nutrition that enable national action in areas identified.

Children in childcare settings should learn healthy eating habits and be provided with balanced diets and fresh food. Health-care providers should assess and counsel on nutritional status and teach families about healthy diets.

Micronutrients

Adequate daily intake of micronutrients, including fluoride, iron, iodine and vitamin D, is essential for physiological functioning and optimal development of the child. Iron and iodine are particularly important for brain development from the prenatal period onwards. Fluoride is essential for hardening teeth and preventing caries. Young children normally do not get adequate supplies of all micronutrients in their daily diet. Prevention and correction of specific deficiencies arising during early childhood is essential. Beyond these, there is generally no need for multivitamin supplements for children having a balanced diet.

Action point. Micronutrients

Countries should ensure the implementation of relevant measures for prevention of specific nutritional deficiencies. Several approaches to implementation, including fortification and supplementation, are used; countries must ensure that every child receives what they need, particularly children in vulnerable populations. Supplementation of vitamin D during infancy and early childhood, prevention of iodine deficiency, and provision of fluoride should be ensured. Governments should review periodically if supplementation reaches the target populations. Primary health-care systems should identify children at risk and those who already have a micronutrient deficiency early.

Prevention of nutritional deficiencies in children should include targeting of women of reproductive age, pregnant women and breastfeeding women.

Adequate nutrition for the unborn baby

Maternal nutrition prior to conception and during pregnancy is important for the well-being of the unborn child. Women of reproductive age and pregnant women are recommended to

maintain a balanced diet (including limiting intake of sugar and foods with high fat content) and take part in physical activity. A daily supplement of folic acid should be given preconceptionally and up to the 12th week of pregnancy to prevent neural tube defects. Consumption of alcohol needs to be avoided throughout pregnancy and breastfeeding as it is harmful to the child. Particular attention should be paid to adequate intake of calcium, iron, vitamin D and omega-3 fatty acids.

Action point. Adequate nutrition for the unborn baby

Accessible and reliable counselling on healthy nutrition should be made available to all pregnant women as part of routine antenatal care. Iodine and iron deficiencies in pregnant women should be prevented universally. National guidelines on nutrition should be developed and updated regularly to match the scientific evidence. Targeted nutritional counselling needs to be provided to higher-risk groups for micronutrient deficiency, such as vulnerable mothers, adolescents and vegetarian/vegan women. Countries should promote health literacy in adolescence and have policies focused on preventing overnutrition, undernutrition and micronutrient deficiencies, with a particular emphasis on women of reproductive age and pregnant women.

Physical health and development

Physical activity and motor development

Most children are naturally active. Early childhood is a time during which a child's activity habits are formed and opened to changes and adaptations. The environment should therefore encourage and promote physical activity among children. Lack of physical activity at this age adversely affects children's health and development. Physical inactivity has been identified as a leading risk factor for global mortality and a contributor to the rise in overweight and obesity starting in childhood. Children need early preventive measures against obesity. They rely on gross and fine motor skills to explore their surroundings, interact with their environment and practise learned skills during ECD, but a child's motor development may be limited, particularly in urban housing settings and unsafe rural environments.

Action point. Physical activity and motor development

Governments should educate parents, caregivers and teachers on the importance of physical activity. Physical spaces such as playgrounds and open-air sports facilities should be made available by communities. Policy-makers and those who provide early childhood education should ensure that children from age 1 year onwards move at least three hours a day actively. Play and recreation environments in and out of doors need to be safe and capable of supporting enjoyable activity for everyday life. Childcare facilities should help young children to practise gross and fine motor skills and provide an environment promoting physical activity.

Screen time

There is substantial evidence on the ill effects of screen time, such as watching TV, videos, playing computer games and using mobile devices for entertainment, on language development. Instead, young children should spend their time in relationship-rich and unplugged playtime. Caregivers should be engaging in reading, storytelling and communication with their children. For 1-year-olds, screen time is not recommended. For those aged 2 years, screen time should be no more than one hour in a 24-hour day; less is better.

Action point. Screen time

Governments should inform parents and caregivers about the potential harmful effects of sedentary screen time and raise awareness of responsive caregiving without screen time. Public areas for families should provide toys or books as an alternative to screen entertainment. WHO guidelines on physical activity, sedentary behaviour and sleep should be adopted and promoted. Countries are encouraged to collect data on screen time in early childhood and support national research on the effects of media use in early childhood.

Child growth

Children who are below or above two standard deviations based on the WHO Child Growth Standards are at increased risk of poor physical health and development. Decreasing the prevalence of stunting among children under 5 years of age has become a global target of the United Nations Sustainable Development Goals (SDGs). In addition, there is a double burden of nutritional problems (overweight/obesity and underweight/stunting) among children in the Region. Monitoring growth of children is an essential part of preventive childcare.

Action point. Child growth

Countries should adopt the WHO Child Growth Standards or, if using nationally developed growth charts, should assess their accuracy against the WHO standards and revise them if necessary. Child growth should be assessed regularly, with appropriate measures taken should any problems be identified. When children's daily diet fails to support healthy growth, the children need treatment for all forms of malnutrition (over- and undernutrition).

Vaccination

Vaccination, one of the most effective ways of protecting children from preventable diseases that can be life-threatening, should be made available to all children. Unvaccinated children in a community create a risk for emergence and re-emergence of infectious diseases. The reasons for varied vaccination coverage in communities are context-specific and range from failure due to complacency, barriers in accessing health-care services, misinformation about contraindications (in social media) and poor professional advice, and lack of confidence in the quality of vaccines used or the health system. Despite this hesitancy, health workers remain the most trusted advisers and influencers of vaccination decisions by parents and caregivers.

Action point. Vaccination

Countries are encouraged to ensure access to, and provision of, trusted and credible information on vaccinations in early childhood for health-care workers, parents and caregivers. Stakeholders should be actively involved in developing effective and equitable national immunization policies, strategies and programmes. Mechanisms for local-level implementation and monitoring, including possibilities to use routine health data, should be established.

Oral hygiene

Dental caries is the most prevalent oral health problem. Dietary and oral habits that affect future oral health are established in early childhood. These habits can support normal growth and development and help establish a healthy lifestyle. Ensuring appropriate use of fluoride (avoiding both deficiency and oversupply) at an early age is a contributing factor to preventive oral health, alongside learning about toothbrushing and supporting it in childcare facilities.

Action point. Oral hygiene

Fluoride supplementation needs to take into account other ways of ensuring fluoride intake, such as through fluoride-complemented toothpaste and water systems. Primary health-care measures should incorporate preventive oral health interventions such as educating parents and caregivers about oral health and promoting healthy eating habits. Caregivers and then children should be educated about brushing teeth with parental support, starting at the first teeth, and about preventing caries through limiting sugar intake. Access to a dental health specialist should be available and affordable for regular dental check-ups that include preventive advice.

Seeking care and appropriate treatment for children's illnesses

Recognizing when sick children need treatment outside the home and seeking care from appropriate health providers are key to optimal child health and development. Parents and caregivers need relevant advice from health providers or parenting programmes through timely and adequate care-seeking, including the ability to recognize the severity of the child's health condition.

Action point. Seeking care and appropriate treatment for children's illnesses

All children must have access to primary health-care providers when needed. Health-care providers should provide evidence-based counselling for parents on care for childhood illnesses. Countries should warn the population on the hazards of antibiotic overuse and have measures in place to prevent unprescribed antibiotic use. Parents and caregivers can benefit from communication aids such as mother cards, home-based records with an information component, other information leaflets and health education campaigns, and should have access to professional advice provided during health check-ups and home visiting.

Family and parenting**Parents' and caregivers' health**

Policies should also promote the physical and mental health and psychosocial well-being of parents and caregivers. Mental health disorders in parents and caregivers can restrict their ability to provide responsive care, hampering the development of a secure attachment relationship between the infant and parent. A lack of resources and support for parents, such as time and money, is detrimental to the care they need devote to their children. Measures directed at the promotion of parents' and caregivers' physical and mental health are likely to improve the home environment for children and result in positive developmental outcomes. Postpartum depression is a risk factor for mother and child and needs to be addressed through preventive and targeted services.

Action point. Parents' and caregivers' health

Health-care providers should be sensitive to parental and caregivers' physical and mental health and psychosocial well-being. Maternal mental health should be assessed during pregnancy and the postnatal period, as well as during assessment of the child's development. Timely and appropriate recognition and treatment of mental health conditions and the need for psychosocial support for parents are crucial for parent and child outcomes and should be essential elements of postpartum visits for maternal and child health and well-child visits. Parents can be helped by facilitating their access to health and care services that provide them with reliable information on support available across sectors, and offering guidance to give them confidence in their role as a parent. Policies such as parental leave and access to childcare

can reduce distress caused by the new parenting role. Communities should organize play groups and other forms of support to decrease the risks of isolation and mental health and psychosocial problems. Parents and caregivers with other heavy caring duties, such as chronically ill or acutely ill children or an older dependent family member, need additional support from the social sector.

Information for parents and caregivers

Knowledge on child development, access to services and parental rights is essential for parents and children. Informed parents and caregivers can make informed decisions, seek medical care, provide informed consent for treatment and make use of preventive care services such as vaccination. Caregivers are exposed to unreliable and non-evidence-based resources, especially on the Internet. To make informed decisions, parents need health and parenting literacy and access and signposting towards credible online and community resources.

Action point. Information for parents and caregivers

Health, education and social welfare systems need to make sure that caregivers are provided with the necessary information and support, including specialized services for children with developmental difficulties. This starts with health literacy acquired in school education, parenting classes in antenatal care and information shared during well-child visits. Scientifically informed community groups can also provide information support for caregivers. Home visitors can give support, information and assistance to families. Governments should ensure that caregivers have access to information and can easily find freely available evidence-based Internet resources.

Parenting skills

Positive parenting skills for parents and other caregivers are essential to create a home environment in which children can thrive and develop well. Negative parenting behaviours, such as inconsistency, harsh disciplining and corporal punishment, child rejection, emotional unavailability and psychological aggression, can have adverse consequences on the child's development. Some parents and caregivers face barriers to developing good interactions with their children due to physical or mental health conditions, or absence due to migration or long working hours.

Parenting interventions are an effective method of providing guidance on how to parent, increase positive parenting behaviours, and decrease disruptive child behaviour and violence in the family.

Action point. Parenting skills

Governments should introduce positive parenting programmes in the community and government policies should ensure their availability and accessibility to the population. Group-based training programmes for parents or caregivers allow skills to be learned in a supportive and nonjudgemental environment. Home visits for more intensive coaching can help in the first years of life and later on for parents and caregivers who need more specific guidance. Governments should make available primary preventive activities for families to strengthen parental competencies through training of primary care providers on parenting counselling.

Prevention of child abuse and neglect

Toddlers are the group who are most often physically punished. Parents and caregivers are the main perpetrators of violence against children. Child maltreatment includes physical, sexual and emotional abuse, as well as neglect. Children can also be exposed to violence by witnessing

the violence experienced by others in their families and communities. These adverse childhood experiences can have long-lasting harmful effects on brain architecture, psychological functioning, physical and mental health, and risk-taking behaviours.

Action point. Prevention of child abuse and neglect

Countries need to implement policies to ban corporal punishment in all settings, including home, alternative care settings and day care. Countries should introduce evidence-based programmes for preventing child abuse and neglect, such as parenting interventions and response programmes, including counselling and therapeutic approaches. Countries should strengthen the response system by establishing multisectoral child-protection systems involving the health, education, justice and social welfare systems, and link it to existing home-visiting and early intervention services. An intersectoral action plan to prevent child abuse and neglect should be in place. Child health care, caregiver and community capacities, and public and private sector policies and programmes constitute potential targets for the introduction of interventions that begin in the earliest years of life. Policies need to be mainly supportive and less punitive.

Monitoring young children's development, addressing developmental difficulties and early interventions

Child development is variable. During the first three years of life, children may show differences from the broad range of healthy development without necessarily having a specific disorder or disability. Developmental difficulties is the most prevalent paediatric morbidity, affecting at least one in six children. Detecting worrying deviations from normal development and reassuring parents where variations are part of the normal spectrum is one of the most important functions of the health worker. Continuity of care by the same health worker to monitor progress and promote access to rehabilitation services for children with disabilities is important for this.

Developmental monitoring and assessment

Monitoring early childhood development

All children require some developmental monitoring within universal health services. Some children will be identified with developmental risk factors that will require additional monitoring or services, and others will need specifically indicated services tailored to meet the individual child's and family's needs. Countries in Europe are very diverse in terms of availability, type and frequency of services, health-care professionals who undertake routine and specialized developmental monitoring, and tools used for identification of developmental difficulties.

Action point. Monitoring early childhood development

Governments should set up a routine system for monitoring childhood development through well-child visits at health centres or home visits. Basic developmental monitoring should also be made an integral part of every encounter with a health worker. After birth, governments should ensure mothers and children receive home visits by a qualified primary-care provider for assessment of newborn and family adaptation and support for development, providing anticipatory guidance and identifying and supporting additional social and medical needs.

Governments should re-evaluate their systems and revisit their current guidelines to ensure they are in line with evidence-based tools and research.

To achieve universal developmental monitoring, governments should:

- adopt cross-sectoral policies for early childhood, mandating universal developmental monitoring;
- mandate the use of evidence-based standardized and validated developmental monitoring tools promoting development and early identification of developmental difficulties;
- institute appropriate undergraduate and postgraduate training related to developmental monitoring and introduce necessary specialties; and
- ensure allocation of necessary staff, time, finances and workspace to ensure access to developmental monitoring.

Developmental monitoring should be understood as a comprehensive practice of prevention, early identification and intervention when needed.

Addressing developmental risk factors

Developmental risk factors affect the child or the caregiving environment and, unless addressed, can have a negative influence on child development. The number, duration and severity of medical, social and environmental risk factors and the success in counterbalancing protective factors determine the child's developmental path. Children with pre-existing conditions such as genetic disorders, cerebral palsy and other disabling health conditions require targeted services and continuous support.

Action point. Addressing developmental risk factors

Governments should set up a system for early prevention or help for developmental risk factors. This includes relevant antenatal screening, newborn screening for the most common congenital metabolic disorders and neonatal hearing and vision screening. Identification of developmental risks should be an integral part of developmental monitoring in well-child visits. Children with developmental risks that are likely to impede development should receive early interventions. Countries should establish appropriate early intervention programmes to address developmental risks. Professionals working with children should receive adequate training to be able to identify and help address developmental risk factors, and also direct people to available social support systems.

Developmental assessment for children with developmental difficulties

Children with a newly identified condition detected during monitoring or risk-factor assessment require a comprehensive and timely developmental assessment. It normally requires referral to a specialist team, if available, in developmental paediatric or social paediatric centres. The specialist assessment may establish an underlying diagnosis. More importantly, it will ascertain the functioning of the child and the family and the need for additional support and services. Depending on the child's condition, the assessment will be conducted by a team of specialists in developmental paediatrics, child psychiatry, psychology, rehabilitation, audiology, speech and language therapy, neurology and physiotherapy or other allied health discipline professionals working with children with disability and developmental difficulties. It should be focused on family-centred and strengths-based principles and evaluate all domains of development and functioning. Identifying and addressing protective and risk factors, including the physical and mental health of caregivers, social support systems and possible stigma, should form part of the assessment.

Action point. Developmental assessment for children with developmental difficulties

Countries should review and improve their systems to ensure children have timely access to a comprehensive developmental assessment that can ascertain a diagnosis and determine their needs for functioning and social inclusion. Easy and timely access to further medical and social support, including financial support, needs to be facilitated by medical and social sectors, reducing the burden on families. Governments should ensure the development of a specialist workforce, use of standardized and valid developmental assessment tools, transdisciplinary support for the child and family, and seamless transition to early intervention.

Appropriate classification systems for developmental difficulties and disabilities

Classification systems for developmental difficulties and disability facilitate sharing of clinical information, research, policy and advocacy efforts. In some countries, classification systems are used to grant children and families access to services and disability benefits. The WHO International Classification of Functioning, Disability and Health (ICF) and the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5) are contemporary systems that should be used during early childhood to classify developmental difficulties and disabilities. Classification systems must aim to identify and document the needs of the child and the family. Some classification systems can be stigmatizing and are based only on diagnoses and disability classifications that include percentage of disability; such systems lack evidence and validity.

Action point. Appropriate classification systems for developmental difficulties and disabilities

Countries should use the WHO ICF and DC:0–5 in assessment and classification of developmental difficulties and in the system that ensures eligibility for disability benefits and early intervention services. Stigmatizing terminology (such as handicapped, invalid, defectology, disabled and retarded) should be eliminated from all classification systems, documents and practices.

Early intervention**Early intervention for developmental difficulties**

Early intervention is a systematic, evidence-based and planned effort to promote development that is initiated during the early years of life. Early intervention is effective in preventing or reducing the burden of developmental difficulties for children, their families and the community. Successful early intervention systems apply family-centred, transdisciplinary and individualized approaches to improve child and family strengths, creativity and competencies, and address their needs.

Action point. Early intervention for developmental difficulties

Countries should ensure that children with developmental difficulties are identified early and have immediate and easy access to early intervention. Countries should ensure that health-care providers are equipped and supported to provide indicated early intervention services to every child diagnosed with a developmental difficulty, and need to establish an efficient early intervention system that allows integration, coordination and information-sharing among sectors and services. Accessible home-based and community-based early intervention services should be made readily available. Health-care providers should be able to link children and families to services provided by other sectors effectively.

Organization of early intervention services

Individualized approach to developmental difficulties

The effectiveness of an individualized, rather than a one-size-fits-all, approach to the management of developmental difficulties is underpinned by scientific evidence. The individual needs of children with developmental difficulties and their families are assessed through comprehensive developmental assessment and addressed through the written individualized family service plan. The plan must acknowledge and use the strengths of children and families and address their needs based on the WHO ICF framework.

Action point. Individualized approach to developmental difficulties

Countries should ensure the establishment of diverse early intervention services tailored to meet the needs of individual children with developmental difficulties and their families. Countries should ensure that regulations are in place so that individualized approaches are based on comprehensive frameworks such as the WHO ICF and address the child's and family's needs. It is important that different sectors use comparable approaches and valid tools envisaged by the WHO ICF.

Continuity of services and transitions

It is important to ensure that continuity of services and the support provided to children and their families is not disrupted during time points in life when children move from one developmental period, environment, intervention or education system to another.

Action point. Continuity of services and transitions

Continuity of clinical management and information across care levels, such as referral, specialized care and primary care, is essential for children and their families. Countries should enable the coordination and continuity of services from other sectors through collaboration and policies so that smooth transitions and inclusive environments are in place for children and families. Governments should work to establish a single, electronic and integrated data-management system for early intervention in the country that meets privacy requirements.

Inclusion

Children with developmental difficulties and chronic care needs and their families are best served in programmes, activities and environments that also typically include developing children. Segregation of children with developmental difficulties and their families must be prevented. Children with developmental difficulties and disabilities must be included in all settings where developing children typically access services.

Action point. Inclusion

Countries need to implement the United Nations Convention on the Rights of Persons with Disability (11). They should eliminate segregation and ensure that legislation mandates inclusion. All environments in which children receive health care, education, social or other services should practise inclusion. Countries need to make financial resources and additional staff available to realize inclusion.

Workforce development for early childhood intervention

There is a striking imbalance between the supply and demand for well trained personnel in the field today. Staff selection and development is key for the early intervention system. Early

intervention specialists should be selected based on their knowledge and experience, skills, attitudes and motivation. Personal characteristics such as patience, warmth, flexibility, humility, respectfulness and compassion, and values such as equality and respect for human rights are extremely important characteristics of such staff. Skills in collaborating with families and other service providers is also a key competence. Children need to have access to a qualified workforce without delay.

Action point. Workforce development for early childhood intervention

Substantial investments in training, recruiting, compensating and retaining a high-quality workforce must be a top priority for society. All primary-care providers should be trained in ECD to be able to provide quality developmental monitoring, advice and support for children with developmental difficulties. Countries should promote undergraduate training for early intervention professionals that includes contemporary knowledge, skills and attitudes required for the provision of family-centred transdisciplinary early intervention. Continuing education should be in place for further staff development and should include improvement of personal and professional qualities and coordination of service provision by multidisciplinary teams. Planning of human resources for health for early child development services must be needs-based, address requirements of staffing, develop incentivized remuneration schemes, and provide decent working conditions for staff.

Addressing harmful practices in health systems

Harmful practices related to ECD, such as misdiagnoses that include “perinatal encephalopathy” and the “syndrome of intracranial hypertension”, and the use of potentially harmful drugs for children are common in some parts of the Region. Use of non-evidence-based approaches for disorders such as autism, cerebral palsy and intellectual disability are prevalent. The health sector may contribute to unnecessary anxiety and the resulting overprotection of children (the so-called vulnerable child syndrome) by overdiagnosing children, prescribing restriction of physical activity and overusing medical services. Unnecessary hospitalization should be avoided. If hospitalization is required, parents should be able to stay with their children. Institutionalization of children with developmental difficulties and disabilities is also common. This adversely affects ECD and violates the right of children to family life, and calls for urgent action. Many alternative medical practices are ineffective and potentially harmful. This can lead to delay in receiving effective treatment.

Action point. Addressing harmful practices in health systems

Countries should ensure that practices with the potential to adversely affect ECD, such as outdated diagnoses, use of potentially harmful medications for children, institutionalization and the use of non-evidence-based approaches for children with developmental difficulties and disabilities, are prevented and addressed by integration of evidence-based practices, use of the WHO ICF, and review and discontinuation of perverse incentives.

Social, economic and environmental risks to early childhood development

Environmental risks

Air quality and chemicals

The environment has a significant impact on the health and development of children. The effects to exposure to environmental risks are particularly marked in young children. Children need opportunities that allow them to play inside and outside in safe and clean environments. Young children are particularly vulnerable due to their need to explore inanimate environments by putting objects in their mouth and crawling.

Ambient air pollution, poor indoor air quality and contamination of soil in outdoor play areas can pose risks to children's health and development. Exposure to air pollution can lead to acute and chronic respiratory conditions in young children and may affect their overall development.

Hazardous chemicals in the environment pose another concern. Even low-level exposure to hazardous chemicals in the environment and consumer products in early life can affect a child's development. Chemicals such as mercury and lead are harmful to everyone, but young children are most vulnerable. These chemicals and pollutants can damage the brain, affecting cognition and social and emotional behaviour, and can cause intellectual disability. The consumption of drinking-water contaminated with hazardous chemicals, particularly lead, impairs cognitive development. Childcare places must be lead-free. Exposure to endocrine-disrupting chemicals can lead to disorders of reproductive and other hormone-regulated systems later in life, and impairment of cognitive and neurodevelopment.

Action point. Air quality and chemicals

Countries should ensure that children have access to safe, pollutant- and chemical-free outdoor and indoor environments. Tobacco-control policies should protect children in all environments from active and passive smoke exposure. Policies and investments supporting cleaner transport, power generation and industry, energy-efficient homes and better municipal waste management would reduce key sources of outdoor air pollution. Countries should build national capacities to prevent children's exposure to hazardous chemicals through working towards sound management of chemicals, and to ensure health systems' preparedness and response to chemical-related emergencies. Urban planning, including good-quality and accessible green space, plays an important role in allowing children to play safely and enjoyably.

Water, sanitation and hygiene

Children need to have access to safe drinking-water and clean and acceptable sanitation, and be given opportunities to learn good hygiene practices to protect their health and support their development. Lack of access to safe water, sanitation and hygiene and poor hygienic practices lead to faecal–oral contamination, recurrent diarrhoea and intestinal worm infestation, and are important causes of chronic inflammation and undernutrition in young children.

Action point. Water, sanitation and hygiene

Countries must ensure household, health-care and childcare access to safe drinking-water, free from biological and chemical contamination (particularly lead), and sanitation services by adopting comprehensive standards and establishing routine surveillance. Health-care providers should be equipped and provided with time to make sure that children live in

conditions of improved sanitation in which handwashing is promoted and play spaces are clean and protective. This includes the provision of: health and hygiene education from an early age in childcare; means for healthy practices related to using toilets; clean and safe drinking-water; and soap for handwashing. Health-care providers, educators and caregivers should be equipped with knowledge of hygiene standards and participative educational measures to promote hygiene practices, including awareness of the overuse of disinfectants.

Social and physical risks

Protection from injuries inside and outside the home

Young children are not able to protect themselves and are vulnerable to unanticipated danger, physical pain and emotional stress. Drowning, road-traffic injuries, fires and burns, falls and poisoning are the leading causes of under-5 mortality in Europe. Once they are mobile, young children can touch, inhale or swallow objects that can harm them. Unsafe environments create potential threats for small children. A safe environment for children needs to be promoted and advocated.

Action point. Protection from injuries inside and outside the home

Educating families on domestic hazards and other risks, how to make a home environment safe for young children and support children in developing an understanding of risk may reduce deaths and injuries. Legislation and policy enforcement in areas such as speed limits, child-seat restraints, safe playgrounds and childcare environments, barriers to open water sources and covering open wells can prevent injuries and lead to a safer environment for young children. Child protection and child safety devices should be made readily and affordably available through the commercial sector, and their use should be advocated through communication messages. Home-visiting nurses should routinely evaluate and advise as part of their job description.

Discrimination and social exclusion

The principle of nondiscrimination seeks to guarantee that child and family rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, disability, age, gender identity, health status, place of residence, migratory or refugee status or ethnicity, and economic and social situation. Discrimination nevertheless is a daily reality for many children in Europe. Children who are discriminated against can be denied access to essential services or experience poor-quality or damaging care, services, living conditions, relationships, and learning and developmental opportunities. These can all result in lifelong devastating consequences. Services need to be equally accessible to everyone and provide extra support for vulnerable families with fewer opportunities.

Action point. Discrimination and social exclusion

Countries need to make sure that no child is left behind. Adapting the principles of universal health coverage and investing in early years by promoting services without discrimination can help ensure that all children are reached. It is not only the health sector that is responsible for reducing children's exposure to discrimination-related risks. Families need nonstigmatizing social protection policies with a degree of income security. Reducing barriers to political and civil society participation can empower families at risk of discrimination. Governments should employ a policy that actively promotes children from different social backgrounds being admitted together to the same childcare facility. Disaggregation of data by demographic indicators can help to identify children at higher risk of adverse effects from discrimination.

Poverty

One of the biggest threats to ECD and health is poverty. Poverty deprives children of opportunities and participation and limits parents' ability to care for young children or make choices for better development. Poverty interacts in a negative way with many of the other risk factors for child development.

Action point. Poverty

Countries' social protection systems should protect families and individuals when they face economic and social adversity. To alleviate the effects of poverty on young children, it is essential not only to have basic income security for families, but also safe and secure family homes and access to affordable and good-quality social and health-care services. This requires coordination across sectors, involving social protection, housing and health policies. Vulnerable families need to be identified and given special attention and basic social security. Collaboration among social and health services and local authorities to identify needs and facilitate support for poor families is essential.

Health emergencies

The concentration of adversities in conditions of neighbourhood violence, war, displacement and natural disaster places children living in such conditions at greater risk of impaired development, which in turn can limit their possibilities throughout the life-course. Children living in neighbourhoods that are affected by violence need safe spaces and places in indoor and outdoor environments that are full of opportunities for development. Violence and humanitarian crises do not only affect the child, but also impact on caregivers' capacity for care and parenting. Despite the enormous needs of children and families, usually there is an extreme lack of services to support ECD services in humanitarian settings.

Action point. Health emergencies

Countries and relief organizations should urgently integrate services for ECD into policies for humanitarian crises and increase their investment and capacity-building for this cause. Children of families that face humanitarian crises should have easy and timely access to quality ECD services and support.

Strategic actions for countries

Families and health-care providers need a combination of policies, services and public awareness-raising activities that are aligned across the health, education and social sectors. This empowers them to provide an environment in which children can develop optimally to reach their full potential, and to strengthen good practices of monitoring and response. Evidence-informed investments must create enabling environments and strong monitoring systems and accountability mechanisms. For each strategic action, countries' governments need to lead and coordinate the activities.

Lead and invest

Countries need to make a political commitment and provide leadership. The health sector is a gateway for actions that strengthen ECD. Actions of different sectors need to be coordinated and, where appropriate, policies, services and information integrated. These coordinating mechanisms are essential at national, provincial, municipal and community levels. Planning should start with, and be informed by, an assessment of the situation. Supporting parents and other caregivers requires financial investments, supportive laws and policies, a qualified

workforce, and appropriate services and community resources. Funding needs to be sustainable, distributed according to needs, efficient and flexible.

Actions

Countries should consider:

- a. assessing the current situation and identifying the unmet needs and opportunities for improvement within the health sector and across different sectors for strengthening support for ECD; this should include an assessment of the availability and quality of workforce for ECD and a mapping of existing services;
- b. convening a multisectoral coordination mechanism with a budget and official authority to coordinate relevant sectors and stakeholders;
- c. identifying gaps and, where necessary, updating national standards and practices to reflect the priorities of this European framework;
- d. developing a national action plan that sets goals and targets, depending on the country's needs; the plan should include clear roles, responsibilities of all sectors and monitoring mechanisms and should be developed through a participatory process with all stakeholders, including families and communities;
- e. coordinating the translation of national plans to local and municipality levels; and
- f. allocating sufficient funds for improving ECD, building on any available funding streams that support the components of ECD and including national, subnational and local government, health, education, social and other relevant sectors, and health and social insurance funds.

Focus on families and their communities

Parents and caregivers are the foundation for ECD. They must be informed, educated and able to act, and have legal recourse when their entitlements are not met. Improving the lives of young children therefore depends on empowering families and communities, which must reflect the local and national context and be within the framework of international conventions. Engaging families, including information provided by parents and acknowledging them as an essential resource, and establishing long-term relationships between health-care providers and parents are key to creating a protective environment for all children. Developing parents' health literacy needs to begin in schools and progress through antenatal care, postnatal and childcare to develop their parenting skills.

Communication is key to creating widespread understanding and awareness of the importance of enabling young children to reach their full potential.

Actions

Countries need to establish effective mechanisms to guide local government, motivate civil societies and empower families. The mechanisms need to be monitored by the ombudsperson, be supported by legislation, and include reporting back to citizens on the achievements.

Countries should consider:

- a. developing parenting skills by informing parents about their and their child's rights and educating them on key aspects of ECD;
- b. supporting communities to identify local champions who can become the drivers of change in their communities for ECD;
- c. planning and implementing national communication strategies;

- d. strengthening and supporting community platforms for ECD, including quality-monitoring and adequate funding of childcare facilities; and
- e. involving community groups, families, educators and leaders in planning, budgeting, implementing and monitoring activities and creating accountability for results.

Strengthen services

The health system has extensive reach among caregivers and young children. It must step up its role, strengthening services so they address all aspects of ECD in an integrated way, including preventive and curative services. It can also provide a platform for coordination among other sectors. Existing systems and services can be strengthened by licensing or accreditation, optimizing the roles and coordination of involved staff and services, and acting to retain a qualified workforce. Effectiveness of newly introduced standards and tools to promote ECD must be continuously reviewed. Guidance on nutrition, health growth and developmental monitoring in early childhood needs to be integrated into the curriculum of health, social and child education professionals, frontline workers and volunteers to ensure a sustainable high-quality workforce.

Actions

Countries should consider:

- a. mapping existing services for monitoring and supporting ECD across the sectors, and analysing their strengths and weaknesses;
- b. reviewing human resources for ECD for job descriptions, career pathways, distributions, training, supervision and salaries, and updating planning to ensure availability in serving the needs of children;
- c. identifying opportunities for strengthening existing services within and between sectors such as health, education, child and social protection, agriculture and the environment;
- d. developing curricula on early childhood components in professional education, building on experiences from other countries;
- e. using both pre- and in-service training opportunities and supervision to strengthen services and bring professionals from different professions and sectors together to plan and implement collaborative action; and
- f. strengthening capacities in health and social systems for monitoring and supporting individual children's development, addressing developmental risk factors and providing early intervention and services when needed.

Monitor progress and report

Measurement and accountability are essential for effectively implementing policies, programmes and services for ECD. Effective monitoring systems need to follow a logic model. This should underpin the vision and the national strategy, and should cover inputs, outputs and outcomes.

The global strategy for women's, children's and adolescents' health and the SDGs recommend some indicators for ECD. Not all aspects and age groups are covered fully: some indicators start at age 1 year, so the group most vulnerable to being at risk of developmental difficulties – infants – are not included.

Some indicators relevant for early childhood are already routine parts of health information systems. Not all aspects of ECD are captured, however, and new process indicators need to be

developed and embedded in national strategy and monitoring plans and systems to monitor progress, with incremental scaling up of services.

Countries need to collect relevant national indicators to complement those that are international. Planning of data collection and data handling is essential. Disaggregated data, including sex, age, income, wealth, race or ethnicity, migratory status, disability and geographic location, are needed to provide information on inequities and enable at-risk populations to be targeted. Collected data should be tested in terms of validity and be centralized and timely, available to all stakeholders and presented in a user-friendly way through annual reports and websites.

Actions

Countries should consider:

- a. agreeing on additional national (input, process, output and outcome) indicators for tracking progress in ECD interventions and outcomes, in line with the national child health-related strategy and the SDGs;
- b. updating routine information systems to include the indicators, allowing disaggregation also by social division, and increasing data use at the point of collection;
- c. compiling, analysing and making data available to the public – including families and communities – in a user-friendly format;
- d. supporting periodic population-based assessment of children's developmental status and home-care practices, as well as risk factors and protective factors for ECD; and
- e. using data to identify gaps and shortcomings in the existing ECD system and making decisions about improvement that include an annual review of progress covering all sectors.

Concluding remarks

This Framework on Early Childhood Development in the WHO European Region allows countries to address the main aspects of ECD, review their respective situation against global and regional standards and experiences, and develop action plans. It is a key component of the European strategy for child and adolescent health and development 2020–2030, giving more detail to the aspects of ECD. Countries might adapt it to serve their particular needs and use additional materials provided by WHO so all children can achieve their full potential. The WHO Secretariat will monitor implementation of the ECD Framework in the European Region.

References¹

1. Situation of child and adolescent health in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0007/381139/situation-child-adolescent-health-eng.pdf?ua=1).
2. Alemán-Díaz A Y, Backhaus S, Siebers LS, Chukwujama O, Fenski F, Henking CN et al. Child and adolescent health in Europe: monitoring implementation of policies and provision of services. *Lancet Child & Adolescent Health* 2018;2(12):891–904.
3. Chunling L, Black MB, Richter LM. Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level. *Lancet Glob Health* 2016;4(12):e916–22.
4. Richter LM, Daelmans B, Lombardi J, Heymann J, Lopez Boo F, Behrman JR et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *Lancet* 2017;389(10064):103–18.
5. Convention on the Rights of the Child. Resolution 45. Adopted November, 1989. New York (NY): United Nations; 1989 (<http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>).
6. Transforming our world: the 2030 Agenda for Sustainable Development. Resolution A/RES/70/1. Adopted September, 2015. Geneva: United Nations; 2015 (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E).
7. The global strategy for women's, children's and adolescents' health (2016–2030): survive, thrive, transform. New York (NY): United Nations, Every Woman Every Child; 2015 (<http://www.who.int/lifecourse/partners/globalstrategy/ewecglobalstrategyreport-200915.pdf?ua=1>).
8. Investing in children: the European child and adolescent health strategy 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/12; <http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/policy/investing-in-children-the-europeanchild-and-adolescent-health-strategy-2015202>).
9. 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 (<https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>).
10. Technical meeting on early childhood development in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/technical-meeting-on-early-childhood-development-in-the-who-european-region,-october-2018-2019>).
11. Convention on the Rights of Persons with Disability. New York (NY): United Nations; 2006 (<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>).

¹ All weblinks accessed 4 March 2020.

Glossary of key terms

Caregiver

A person who is very closely attached to the child and responsible for their daily care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home. They also include carers outside the home, such as people working in organized childcare.

Childcare facilities

Depending on the age group, childcare facilities include crèches, day-care centres, kindergartens, nurseries and preschools, depending on the national context.

Developmental assessment

An in-depth look at a child's development made by a trained specialist or multidisciplinary team. It comprises assessment of all domains of development, including functioning, activities and participation. It is based on use of standardized, reliable and valid developmental assessment tools in conjunction with observations in natural environments, transdisciplinary support for the child and family and seamless transition to early intervention.

Developmental difficulties

Conditions that place a child at risk for suboptimal development, or that cause a child to have a developmental deviance, delay, disorder or disability. The term is intended to encompass all children who have limitations in functioning and developing to their full potential (such as those living in hunger and those who are socially deprived or of low birth weight), as well as children with cerebral palsy, autism, cognitive impairments such as Down syndrome, sensory problems or other physical disabilities, such as spina bifida.

Developmental monitoring

The process of keeping track of and promoting every child's development with the aim of maximizing developmental potential, addressing risk factors, identifying developmental difficulties early, and providing additional support and specialized services when needed.

Developmental risk factor

Conditions that impinge on the child or the proximal and distal caregiving environments and that have a negative influence on child development. Some examples of developmental risk factors are Down syndrome, low birth weight, prematurity (biological risk), caregiver mental health problems (psychosocial risk impinging on the proximal caregiving environment) and being afflicted by displacement due to war (a risk related to the distal environment).

Disability

Term for impairments, activity limitations and participation restrictions.

Motor development

Development of a child's musculoskeletal system and acquisition of gross motor skills (sometimes referred to as fundamental movement skills) and fine motor skills, including object control.

Nurturing care

An environment created by caregivers. It ensures children's good health and nutrition, protects them from threats, and gives them opportunities for early learning through interactions that are emotionally supportive and responsive.

Positive parenting

Positive parenting incorporates anticipatory guidance for safety, education, development and the establishment of a caring and understanding relationship with one's child. Parenting is not limited to biological parents, but extends to guardians or caregivers providing consistent care for the child.

Protective factor

Conditions that confer protection against the adverse effects of developmental risk factors. Examples include breastfeeding, maternal literacy and education, and an intact family environment.

Screen time (sedentary)

Time spent passively watching screen-based entertainment (TV, computer, mobile devices). Does not include active screen-based games where physical activity or movement is required.

Toddlers

Children between 1 and 2 years of age.

Transdisciplinary approach

A model in which one professional takes on primary responsibility for the child and family. This professional, working across disciplines, can then stimulate action on specific aspects of the child's or family's difficulties by communicating and collaborating with experts in related disciplines.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.euro.who.int