

Early detection of problems in bringing-up and development of young children: Randomized comparison of house calls versus visits to the child health centre at the age of 18 months

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1) structured screening of problems in bringing-up and development of young children with a house call detects more children with high or intermediate risk of problems in bringing-up and development than structured screening performed at the child...

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|-----------------------------|-----------------------|
| Ethische beoordeling | Positief advies |
| Status | Werving gestart |
| Type aandoening | - |
| Onderzoekstype | Interventie onderzoek |

Samenvatting

ID

NL-OMON23803

Bron

NTR

Verkorte titel

N/A

Aandoening

detection of problems in bringing-up and development of young children

Infant

Child_Rearing

Risk_Factors

House_Calls

Maternal-Child_Health_Centers Infant_Behavior

Child_abuse

risicofactoren

consultatiebureau

opvoedingsproblemen
huisbezoek
kindermishandeling
opvoeding

Ondersteuning

Primaire sponsor: 1) University Medical Center Utrecht, Julius Center for Health Sciences and Primary Care

2) Municipal Health Service Zeeland

Overige ondersteuning: Ministry of Health, Province of Zeeland, Municipals of Zeeland.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Percentage of children labeled with high or intermediate risk for problems with bringing-up or development.

Toelichting onderzoek

Achtergrond van het onderzoek

In 10- 15% of children under the age of 4 years problems with their bringing-up and/or psycho-social development are present. The recent report made by the Invent Group, clearly shows that early detection, one of the spearheads of Operation Young is essential. The sooner an intervention can be performed, the more effective it is. The youth health care services in the Netherlands (YHC) provide the ideal environment for the early detection of problems in the bringing-up and development of young children due to their low threshold and high accessibility. Recently, three home care organizations in the province of Zeeland carried out an observational study for the early detection of problems in children of approximately 18 months (transitional period from baby to toddler). This was performed by means of house calls made by youth health care (YHC) nurses. This study proved to be very effective in differentiating between various risk groups such as: situation not to be trusted (‘‘niet plus’’) and, difficult baby phase. One important advantage of a house call is that more and better information can be derived on the family situation and the interaction between child and parent(s). The question remains whether a house call is indeed a better location for the early detection compared to a visit to the YHC if a structured screening takes place that results in an assessment of low/high/increased risk for problems in bringing-up and development of a child (replacing the subjective evaluation of ‘‘niet plus’’). The next question is whether a visit to the YHC with structured screening is better than a regular visit

without structured screening in detecting children with high or increased risk.

For the first question 4,400 children from the whole province of Zeeland will be randomized to either a house call or a visit to the Youth Healthcare Centre, both 30â€™™ long. All children reaching the age of 18 months according to Municipal Basic Registration will be included. Subsequently, a stepped screening model will be used with the help of the questionnaire for unfulfilled needs and bringing-up support, which includes a risk assessment (â€™œVragenlijst Onvervulde Behoeften en Opvoedingsondersteuning + Zorg/risicotaxatie, (VOBO-Z)â€™™. This structured interview questionnaire makes an inventory of the problems and questions parents on 16 different aspects. Subsequently, questions continue on the nature of the problems and the care already offered. The risk assessment is carried out by the YHC nurse on the basis of the number and the degree of severity of the detected problems.

For the second research question the 2200 children from the 30â€™™ YHC visit with structured screening will be compared to a non-randomised concurrent group of 2200 children. These children are from 3 regions in the South-West of the Netherlands with a regular 15â€™™ YHC visit. In these visits only the risk assessment part of the VOBO-Z will be used.

Doel van het onderzoek

- 1) structured screening of problems in bringing-up and development of young children with a house call detects more children with high or intermediate risk of problems in bringing-up and development than structured screening performed at the child health centre.
- 2) structured screening performed at the child health centre detects more children with high or intermediate risk of problems in bringing-up and development than non-structured screening performed at the child health centre.

Onderzoeksopzet

- One measurement at age of 18 months.

Onderzoeksproduct en/of interventie

Screening of problems in bringing-up and development of young children with structured interview questionnaire and risk assessment by a youth health nurse during 30' house call or during 30' visit at youth health center, or risk assessment only during regular 15' visit at youth health center,

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Structured screening:

All children in the province of Zeeland (the Netherlands) reaching the age of 18 months in the period december 2006 - january 2008, according to the Municipal basic administration.

Non-structured screening:

All children reaching the age of 18 months in the period june 2007 - september 2008, in the regions Zoetermeer, Land van Heusden en Altena and Zuidhollandse Eilanden, according to the Municipal basic administration.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

N/A

Onderzoeksopzet

Opzet

| | |
|------------------|-------------------------|
| Type: | Interventie onderzoek |
| Onderzoeksmodel: | Parallel |
| Toewijzing: | Gerandomiseerd |
| Blinding: | Open / niet geblindeerd |
| Controle: | Geneesmiddel |

Deelname

| | |
|-------------------------|----------------------|
| Nederland | |
| Status: | Werving gestart |
| (Verwachte) startdatum: | 01-12-2006 |
| Aantal proefpersonen: | 6600 |
| Type: | Verwachte startdatum |

Ethische beoordeling

| | |
|-----------------|------------------|
| Positief advies | |
| Datum: | 19-08-2008 |
| Soort: | Eerste indiening |

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

| Register | ID |
|----------------|------------------------------------|
| NTR-new | NL1353 |
| NTR-old | NTR1413 |
| Ander register | METC : 06/290 |
| ISRCTN | ISRCTN wordt niet meer aangevraagd |

Resultaten

Samenvatting resultaten

Staal IIE, Roodzant-Velthausz MD, Reerink JD, Schrijvers AJP. Huisbezoek bij peuters van 18 maanden in de provincie Zeeland. Tijdschrift voor Jeugdgezondheidszorg, 2005; 37 (3): 42-46.