**BIJLAGE II**

**De ‘aanpassingen’ van het artikel over SamenStarten**

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| [PLoS One](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739404/). 2017; 12(12): e0187750.  Published online 2017 Dec 21.  **The added value of a family-centered approach to optimize infants’ social-emotional development: A quasi-experimental study**  [Sijmen A. Reijneveld](https://www.ncbi.nlm.nih.gov/pubmed/?term=Reijneveld%20SA%5BAuthor%5D&cauthor=true&cauthor_uid=29267270), Conceptualization, Data curation, Methodology, Project administration, Resources, Supervision, Writing – original draft, Writing – review & editing,\* [Margriet Hielkema](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hielkema%20M%5BAuthor%5D&cauthor=true&cauthor_uid=29267270), Formal analysis, Investigation, Visualization, Writing – original draft, Writing – review & editing, [Roy E. Stewart](https://www.ncbi.nlm.nih.gov/pubmed/?term=Stewart%20RE%5BAuthor%5D&cauthor=true&cauthor_uid=29267270), Data curation, Formal analysis, Writing – review & editing, and [Andrea F. de Winter](https://www.ncbi.nlm.nih.gov/pubmed/?term=de%20Winter%20AF%5BAuthor%5D&cauthor=true&cauthor_uid=29267270), Conceptualization, Investigation, Project administration, Supervision, Writing – review & editing  Andrea Martinuzzi, Editor  **Artikel Menno Reijneveld o.b.v. Hoofstuk 3 proefschrift Hielkema: aangepaste delen** | Hielkema proefschrift 2011 pp. 46-60  **The added value of a family-centered**  **approach to optimize infants’ social-emotional development: A quasiexperimental study**  Margriet Hielkema  Andrea F. de Winter  Roy E. Stewart  Sijmen A. Reijneveld  **Oorspronkelijk tekst Hoofdstuk 3 in proefschrift Hielkema** |
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| *Earlier and more frequent identification of social-emotional problems*  The rates of newly identified risks for social-emotional problems were higher but not statistically significant, in the FCC-JointStart than in the CAU group (24.7% vs. 22.0%, crude odds ratio, OR (95%-confidence interval, CI) 1.44 (0.96; 2.18), *p =* .02; the effect was small (Phi 0.03). It became larger and statistically significant when adjusted for potential confounding variables (OR 1.94; 95%-CI (1.10; 3.41)). | *Rates of identified risks for social-emotional problems and pace of identification*  The rates of identified risks for social-emotional problems differed significantly between the FCA and CAU group (24.7% and 22.0% for the FCA and CAU group respectively, *p=.*02), though the effect was small (Phi .03). The effect became slightly larger when adjusted for potential confounders. |
| **DISCUSSION** | |
| Identification of children at risk was more frequent and earlier in the FCC-JointStart group than in the CAU group. A somewhat similar study compared trained to non-trained PCH professionals regarding the identification of psychosocial problems in early school-age children (5–6 years). It found that trained professionals, who used a structured method to assess psychosocial problems, identified moderate and severe problems more accurately than non-trained professionals. The most likely explanation for our finding of earlier and more identification of problems is that the core components of FCC may add to the identification of risks. Potentially, a structured approach may add to that, and should thus be seriously considered in any FCC approach in well-child care. | A somewhat similar study compared trained to non-trained PCH professionals regarding the identification of psychosocial problems. Results showed that trained professionals, who used a structured method to assess psychosocial problems, identified moderate and severe problems more accurately as compared to non-trained professionals. However, the children were older (5-6 years) than in our study, making results hard to compare. The most likely explanation for our finding of more risks at a faster pace concerns the structural attention that is given to all potential risks. |
| **STRENGTHS AND LIMITATIONS** | |
| Major strengths of our study are the inclusion of a large group of children with a rather long follow-up in routine well-child care and a small loss to follow up, in a well-powered quasi-experimental design Moreover, our study concerned routine well-child care and full communities, which highly adds to the generalizability of the findings. However, our study also has some limitations.  First, background characteristics of the two groups differed somewhat, as well as participation rates. These differences were small and were adjusted for in the analyses, but unmeasured factors may still have affected our findings though a significant impact is unlikely given the large differences that we found. | Major strengths of our study are the inclusion of a large group of children with a rather long follow-up in routine PCH care and a small loss to follow up, in a quasi-experimental design. However, our study also has some limitations.  First, background characteristics of the two groups differed somewhat, but differences were small, and were adjusted for in the analyses, making any significant impact unlikely. |
| ***In artikel toegevoegd:***  Fourth, PCH professionals in the FCC and CAU groups may have differed in performance in advance of the study. This is rather unlikely given the very uniform training of PCH professionals, the similarity of the groups of participating professionals in both regions, and the highly standardized way of working, but evidently we cannot exclude this fully. Finally, PCH professionals in the FCC and CAU groups may have labeled the severity of problems in a different way. This may have been in part an intervention outcome as aimed for. The simultaneous increase of the number and the severity of identified problems suggests that this indeed may lead to a better identification and not just to the labeling of more children as having problems. |  |
| **CONCLUSION** | |
| FCC-JointStart may contribute to the identification of more risks at an earlier age, with relatively small effects which, however, apply to all children. Therefore, potential population benefits are rather large. Furthermore, FCC-JointStart also seems to be associated with a better identification of risks for socio-emotional problems and problems that need additional care. Further research is needed to assess whether early identification and intervention improve child health outcomes in the long-term. | The results of this study can contribute to children’s social-emotional wellbeing as it provides some important insights in the early identification of risks for this. The family-centered approach seems to contribute to the identification of more risks at an earlier age. Effects were relatively small, but they apply to all children, thus making potential population effects rather large. Furthermore, the family-centered approach also seems to be associated with a better identification of risks and problems that need additional care. Further research is needed on whether this indeed improves child health outcomes on the long-term. |