

SUMMARY OF THE ONLINE WORKSHOP

Friday June 4th, 2021



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About the workshop

Time and place

Friday June 4th. 09:00–13:00.

Hosted online from the offices of Comte Bureau, Pilestredet Park 31, Oslo, Norway.

Goal

Each group was asked to come up with five tangible solutions to their given topic.

Workflow

Seven interdisciplinary breakout groups, each of 3–6 participants, worked their way through a worksheet.

Participants

The workshop brought together a broad spectrum of representatives from the public health sector associated with pregnancy, prenatal care and small children aged 0–2. It should be noted that many of the participants represented professional institutions and disciplines. Practitioners from relevant sectors were present but unfortunately not as many as expected. Here is a list of the institutions represented:

- Akershus University Hospital
- The Norwegian Directorate for Children, Youth and Family Affairs (Bufdir)
- Norwegian Union of Municipal and General Employees
- Frogn Municipality
- Haukeland University Hospital
- Norwegian Directorate of Health
- Inland Norway University of Applied Sciences
- The Midwives' Association
- Competence Center Intoxication, North Norway
- Competence Center Intoxication, South Norway
- Kongsberg Municipality
- National Association 1000 Days
- Norwegian University of Science and Technology
- Oslo Metropolitan University
- Regional Center for Children's Mental Health (RBUP)
- Rogaland A-Senter
- Sola Municipality
- St. Olav Hospital
- Stine Sofie Foundation
- Stavanger Municipality
- Inland Norway Hospital
- University Hospital Nord-Norge
- University of South-Eastern Norway
- Vadsø Municipality

About this summary

This document summarizes the online workshop hosted by Comte Bureau on behalf of the Norwegian Directorate of Health as part of the Nordic Council of Ministers' project "The First 1000 Days in the Nordic Countries".

The workshop produced seven worksheets, discussing four major topics within the scope of the project. These topics were:

1. Promoting mental health and wellbeing in prenatal care
2. Promoting healthy emotional bonding and wellbeing in infant and toddler care
3. Identifying and responding to early risk factors among infants and toddlers and their families
4. Supporting mental wellbeing among the youngest children in kindergarten.

The summary is based on the worksheets and an analysis of the discussions and solutions designed to present a unified voice on the different topics. While the solutions were originally presented in Norwegian, we feel confident that this summary includes and reflects all of the participants' views and reflections.

It is also worth noting that when it came to the participants' answers regarding who they thought should be responsible for implementing the proposed solutions, it became clear that they arbitrarily attributed solutions of a political nature to the Norwegian Directorate of Health. We recognize that this is due to them not being familiar with the Norwegian Directorate of Health's remit, and see this as a point worth raising at future workshops of this nature.

If you have any questions, please contact one or more of the following representatives, depending on the nature of the query:

Regarding Norway's role in the project:

- The Norwegian Directorate of Health:
Brit Roland – brit.roland@helsedir.no ¹
- Regional Center for Child and Adolescent Mental Health:
Gun-Mette Røsand – gmr@r-bup.no
Kari Slinning – kari.slinning@r-bup.no

Regarding the workshop itself, and the content of this summary:

- Comte Bureau:
Adrian Hasnaoui Haugen - adrian@comte.no

¹ Hege-Maria Aas was the HDIR representative during the project.

Methodology

Preparation for the workshop

Originally, the workshop was supposed to be held in early April 2021. It was delayed because the Evidence Report from the Nordic Council of Ministers had to be postponed. After several meetings, it was decided to hold the workshop on June 4th with a final delivery date for the findings of September 1st.

With the date set, the work of selecting and inviting participants began. The Norwegian Directorate of Health and the Regional Center for Children's Mental Health (RBUP) have considerable knowledge of the public health sector in Norway, so were tasked with finding suitable candidates and organizations, while Comte Bureau began preparing the actual workshop.

The preparations started with the wording of initial questions and workflows based on material and tasks sent by the Nordic Council of Ministers. A workshop website (www.1000dager.no) functioned as a platform for signing up participants and facilitated e-mailing invitations and updates (see Appendix 1). It also served as a hub for information about "The First 1000 Days in the Nordic Countries" project, including reports and an introductory video, and was a channel through which participants could learn about the workshop and ask questions.

Timeline

- 10.03.2021 First meeting
- 22.03–06.04 Planning sessions
- 06.04.2021 Decision to postpone the workshop
- 13.04.2021 New dates set for the workshop and final delivery
- 15.04.2021 Invitations sent (round one)
- 28.04.2021 Invitations sent (round two)
- 19.05.2021 First information e-mail sent to participants asking them to select a topic to work with
- 02.06.2021 Final email to participants, complete with Zoom link for the workshop

During the workshop

Ellen Margrethe Carlsen, department director at the Norwegian Directorate of Health, welcomed the participants to the workshop before handing over to Kari Slinning, section manager for the Regional Center for Children's Mental Health. She spoke about the project for 20 minutes, providing an overview of the work that had been done so far and the importance

of the workshop. Adrian Haugen from Comte Bureau then followed up by explaining how the workshop would proceed and what the participants could expect. Once he had finished, the participants were sent to breakout rooms to begin working on their designated worksheets.

Group assignments

The worksheets were structured around the given topics, with questions ranging from how to solve specific challenges to more general ones about the topic itself (see Appendix 2). The following are examples of questions from Group 1, which worked on the topic *Promoting mental health and wellbeing in prenatal care*:

- Specific: How can we reduce unfortunate variations and assure quality in the mapping of risk factors in services for infants, toddlers and pregnant women?
- General: What is the most important change that must be made to improve mental health and wellbeing during pregnancy?

After identifying several challenges during the first assignment, the groups were instructed to formulate up to five solutions, based on a set of prompts:

- Describe your idea
- Explain which challenges it solves
- Why do these challenges emerge?
- Who is responsible for implementing this solution?

In hindsight, we see that the final question was ill suited to produce answers that could be used by the Norwegian Directorate of Health, as the participants were either insufficiently specific in their answers, or unaware of who had the authority to enact them. Regardless, the responses have been included in our presentation of potential solutions, as they reveal a broader issue – namely, a lack of competences within the public health sector when it comes to hierarchies and their executive authority.

The workshop resulted in the proposals outlined below.

Proposals

General

Take greater account of the perspective of both parents in perinatal care

Having children is, for the majority of families, a joint effort involving both parents. However, today, the non-pregnant partner is not actively involved in perinatal care. We suggest that if partners are given the option to engage in conversations about their own upbringing and mental health, they will be more amenable to coaching that will prepare them for parenthood.

The group views it as paramount that the partner is placed on an equal footing with the mother, by including them in the information sent out by child health centers, endorsing their legal right to parental leave, employing more men in clinics, and promoting new research on the partner's role in perinatal mental health.

Where does this challenge stem from?

The group perceives that there is a lack of *family-based care*, as both a term and a phenomenon, in every part of the current healthcare landscape, as the health services are under no obligation to involve the partner or the family. Studies have shown that partners feel excluded from the process. We know that while several guidelines mention the role of the partner, in practice there is still a lack of inclusion.

Who is responsible for making this solution work?

The Norwegian Directorate of Health and the Ministry of Health and Care Services are responsible for funding local authorities. Much work needs to be done to address value systems and attitudes at the systemic and societal level and to engender a cultural shift among individual employees. As such, we believe that broad agreement on the importance of prioritizing the family perspective is needed among everyone who works in this field.

Ensure greater professional competence and agency

There is a general need to enhance the competences of healthcare professionals in areas such as discussing mental health during pregnancy, as well as their ability to engage with peers from other disciplines. This is an issue in daily work in the field, as well as in education and training programs. Three key themes need to be addressed.

The first is that the various healthcare services should strive to retain staff and nurture their competences, because at present unfavorable working conditions and contracts often lead them to move on to other jobs. As a result, their positions are often filled by less qualified individuals, which negatively affects the service.

The second theme is that staff are unaware of the competences in other institutions and services, as well as in the families themselves. This means that the services are unable to take advantage of these competences, which ultimately affects service provision in general. This is especially apparent when patients and users are referred from one service/healthcare professional to another, as these referrals often overlook certain professions and institutions. Midwives and nurse practitioners specifically do not have the right to refer patients to (some) specialized services, which affects their ability to specialize through their work after completing their graduate programs.

Where does this challenge stem from?

This is a result of insufficient funding for specialist courses and to pay staff more once they have improved their qualifications. Similarly, relevant organizations, like the Midwives' Association, also need more funding.

Who is responsible for making this solution work?

This is something the government must invest in through a proposition from the public health authorities, but it has to be enacted by the general practitioners, midwives and the nurse practitioners.

Better models for cooperation between institutions

There is pressing concern about silo-thinking within and between institutions, which prevents vulnerable children from receiving the help they need at an early stage. At local authority level, better arenas for cooperation between these institutions are needed, as multiple actors are involved – from the social welfare services, kindergartens, schools, child health centers, physiotherapy, child welfare agencies, etc. In general, a reassessment is needed of who is responsible for sharing knowledge about the different professions involved.

Where does this challenge stem from?

This problem is the result of barriers between the institutions, as well as insufficient knowledge about each other within the services and municipalities. The current system is fragmented, and there is a lack of cooperation between DPS, NAV, BUP, the midwives, etc. As a result, the different services are unaware of each other's potential and competences.

Who is responsible for making this solution work?

The political leaders and management in the local authorities must address this challenge.

1. Promoting mental health and wellbeing in prenatal care

1.1 Establish an interdisciplinary, validated mapping tool for mental health during pregnancy for both parents

There is a need for a validated tool that is adapted for its users, namely the parents of children aged 0–2, that will help address mental health-related challenges for the whole family. This tool will be based on a model for interdisciplinary cooperation during and after pregnancy. We believe that if families know that a team of healthcare professionals is available to assist them, they will be more willing to pose questions and ask for help.

Where does this challenge stem from?

At present, the mapping of mental health is rather random and unsystematic. There is no follow-up on early conversations with parents, and no mapping of what actions have been taken with which parents. Overall, the services fail to respond early enough, which results in problems and situations continuing undetected.

Who is responsible for making this solution work?

We believe that the Norwegian Directorate of Health should be responsible for addressing this challenge and making sure that municipalities work with specialist healthcare providers to build up the requisite interdisciplinary expertise.

1.2 Set up a registry to assure the quality of “early conversations”

As part of the quality assurance of health services, the group called for the setting up of a registry of the actions taken by other health professionals. The registry would also make it possible to identify risks and provide information about which tools have been used and to what effect. It would also systematically reveal challenges faced and shortcomings in the services offered to pregnant parents and those with children aged 0–2.

Where does this challenge stem from?

The problem is caused by the lack of a registry and of a good statistical overview of which tools and solutions to prioritize.

1.3 Focus on the youngest children within national guidelines and research

Greater focus is needed on the mental health of toddlers, infants and their caregivers. We believe this will help to prevent domestic abuse, as stated in the KRIPOS report. A lot of work has been done on this issue, although not in the form of randomized controlled trials. We call for further studies and research, closer cooperation between service providers and actors, and the development of a common language for use by the different professionals in this field.

Where does this challenge stem from?

We acknowledge that this field is fairly new and that studies of it are just starting to emerge.

Who is responsible for making this solution work?

The relevant actors are specified in the [Evidence Report](#).

2. Promoting healthy emotional bonding and wellbeing in infant and toddler care

2.1 Equal access to services throughout Norway

It is difficult for smaller municipalities to build up sufficiently varied staff resources and competences. We therefore suggest that these smaller municipalities work across geographical borders to combine their services and streamline their usage of digital tools and systems. These digital solutions should not be introduced at the expense of the physical interactions that are part of the current services, but should be used to enhance skills and make peer training more readily accessible.

Where does this challenge stem from?

This challenge arises from the size of the local authorities and the politics that have led to the current situation. Financial and administrative concerns also appear to take precedence over the development of new solutions.

Who is responsible for making this solution work?

The municipalities themselves, as well as the members of the local council and the leaders of the Norwegian Association of Local and Regional Authorities.

2.2 A competence center or database of knowledge and expertise

The group thinks that there is a need for a knowledge base concerning toddlers and infants that is readily accessible to healthcare professionals and includes an overview of the different services in each region. This will help meet the demand for access to a broad spectrum of expertise during a busy working day and provide answers to the challenges identified in the “Svikt og svik” report².

Where does this challenge stem from?

During busy periods, finding the right knowledge and deciding on the correct methodology can be challenging – especially for those involved in practical work in the field.

Who is responsible for making this solution work?

This proposal falls within the remit of the national ministry as part of the general strategy to reduce social inequality and provide equal access to services.

² <https://www.regjeringen.no/no/dokumenter/nou-2017-12/id2558211/>

2.3 Models that ensure good transitions, treatment and follow-up of families

It is necessary for the healthcare professionals that there is a greater correlation between the services and the solutions at every level, and it is essential that all relevant parties are aware of this need. We suggest that a greater degree of user involvement is required in the development of services for both parents and their children. We also see the necessity for greater continuity in the healthcare personnel that families encounter, which will help them develop strong attachments over time and improve the employees' ability to monitor the family's health and development.

Where does this challenge stem from?

These challenges are the result of a lack of coordination between the services, and the fact there does not appear to be an overarching plan for healthcare solutions. The system-user perspective has been overlooked, as a result of which plans for practical application have been inadequate. The group acknowledges that involving children aged 0–2 represents a considerable challenge.

Who is responsible for making this solution work?

This will require political effort by the Norwegian Directorate of Health and the Norwegian Association of Local and Regional Authorities.

2.4 National screening for mothers and their partners

Mapping the mental health of both parents at an early stage will facilitate prevention of various problems. We would also like to see clear, in-depth national guidelines and advisors capable of explaining which methods and solutions are available and recommended. One example of this would be a shift in emphasis in evidence-based national screening, from a method one *can* use to a method one *should* use. Knowledge-based services should be available to both the local authorities and the specialist healthcare providers.

Where does this challenge stem from?

In their current form, the national guidelines appear too loose and random. We would like to see them formalized and made more precise in terms of both their wording and how they are used.

Who is responsible for making this solution work?

The local authorities will have the primary responsibility for implementing the guidelines. To make this possible, legislation will have to be passed and national funding made available.

3. Identifying and responding to early risk factors among infants and toddlers and their families

3.1 Establish a mandatory “infant and toddler” unit within BUP

A mandatory “infant and toddler” unit at BUP would facilitate the provision of services to pregnant women and their families and the parents of young children, as well as coaching for other services accessed by families. While such units exist, they are not available throughout the country, and some are being closed. They are an important resource because they help to map the needs of parents and contribute to the existing intervention apparatus by offering specialized competences to parents in need.

Where does this challenge stem from?

There is a disparity between the different local authorities in terms of the services that BUP provides. In addition, there are varying degrees of competence in pregnant, toddler and infant care within these BUP branches.

Who is responsible for making this solution work?

Regional Center for Child and Adolescent Mental Health (BUP) and the Norwegian Directorate for Health

3.2 Annual report from the Storting (Stortingsmelding)

The purpose of the National Interdisciplinary Political Initiative is to draw up a national psychiatric and mental health plan and guidelines and to secure the requisite resources. This will result in holistic services, continuity and improvements to the mental health of families. It will also make it easier to map and evaluate the measures taken and to identify gaps in the healthcare system in general. In turn, this will give healthcare professionals a better understanding and overview of the services offered, and ultimately improve communication with parents and their experience of these services.

Where does this challenge stem from?

The group identified a need for a more systematic approach to national political initiatives in this area. The absence of a national approach leads to differences in the service provided to the target group because of the knowledge and resources available to them.

3.3 Mental health and follow-up work with parents

The healthcare services do not allocate sufficient time for meetings with new and expecting parents, as a result of which they are often referred to other staff groups. This is part of the wider issue that parents have to visit multiple services, and the time this takes for them and the staff involved. This is especially problematic in the area of mental health and illustrates the need for a better coordination between local authorities and specialist healthcare services. Better coordination would enable more frequent usage of national evidence-based screening, in particular aimed at identifying depression in parents.

Where does this challenge stem from?

The lack of resources for follow-up work with parents means that their mental health is not prioritized, and they are shunted around the system. As a result, parents experience their user journey, or patient pathways, as fragmented and uncoordinated.

Who is responsible for making this solution work?

The Ministry of Health and Care Services is responsible for assigning work to the health services. The Ministry should propose that the health service provide better services for parents with mental health issues.

3.4 Consolidate the 1000 Days project

The 1000 Days project needs to be consolidated by making it more available and easier to access and by raising awareness of it among healthcare personnel and families. Specifically, the group suggested the following:

- Information campaigns for parents, healthcare professionals and the services aimed at parents
- Call for research funding to map the effects of 1000 Days
- A single telephone number, app or webpage (“one way in”) for parents to get in touch with the service and to be directed to the appropriate staff or unit
- A 1,000 Days team in every local authority, as part of a broader attempt to establish multi-council efforts to reduce regional variations in quality and accessibility. The team will also provide a competence boost for smaller local authorities in particular – not as a substitute for current frontline services, but as a support unit that can ensure cooperation between the different services for families in need.

Who will be responsible for making the solution work?

The Norwegian Directorate of Health and the other directorates must commission the national research institutes to conduct specific research.

4. Supporting mental health among the youngest children in kindergarten

4.1 Better transition from home to kindergarten

Helping children adapt to kindergarten can significantly enhance their experience of it. This also has a long-term effect, as positive transitions at an early stage help to shape our attitude toward change later in life. In addition, cooperation between the kindergarten and the parents is likely to improve if sufficient resources are allocated to the adaptation process.

The prerequisites for a good adaptation should begin long before the child starts in kindergarten – ideally from the moment they are offered a place. Parents and children could be invited to visit the kindergarten in advance, during the parental leave period. In this way,

the children can meet the staff and get accustomed to the new setting. Tied to this topic is the fact it is important to not generalize between one- and two-year-old.

Why is this the case?

Little research has been conducted into the adaptation process – and what little there is, is not well known. The current system is therefore primarily informed by adult experience and time-management concerns. In other words, the children's perspectives are lost. We believe that promoting individual adaptation and follow-up will make the transition to kindergarten a more natural part of the lives of children and their families.

Who will be responsible for making the solution work?

Research institutes, kindergarten staff and politicians will have to do the work. It will then be up to management in the individual kindergartens to adapt to these new goals and make them work in practice.

4.2 Good cooperation between parents

Good cooperation between parents is essential if their child is to find their time in the kindergarten fulfilling. It also makes it a lot easier for the parents to discuss matters together and with the kindergarten staff if any doubts or issues arise.

This requires that kindergarten staff are actively involved in setting boundaries and providing arenas, and ensuring that all parents, regardless of social status or cultural background, can participate and voice their concerns. While there has been some research into parents' perspectives on life in kindergarten and cooperation with staff, more is required.

Where does this challenge stem from?

Parents often disagree about how to raise their children, and this can lead to conflicts between them. The logistics of dropping off and picking up children from kindergarten can also be problematic due to staff numbers. The parents' socioeconomic status has been identified as one possible source of miscommunication and stress because of the high rate of staff turnover and lack of continuity. Lastly, it is important to improve general scientific knowledge in this field throughout preschool teacher training.

Who will be responsible for making the solution work?

The kindergartens will be responsible for ensuring that good routines allow for smooth transitions and cooperation between parents and staff. Some responsibility also lies with the research institutions, in terms of prioritizing new studies of this topic.

4.3 Improved knowledge about signs and risk factors

Enhancing the competences of kindergarten staff to take action when they notice signs of distress among children means that early intervention is more likely. This could prevent

unfortunate types of development in children and stop issues from escalating and becoming more serious.

Why is this the case?

In general, there is a low level of knowledge or training relating to these issues. When starting a new job, kindergarten staff should be required to take mandatory courses as part of their induction. In addition, there is little knowledge and training on these issues in higher education. These services are often spread around different parts of the local authority, which makes it difficult to be aware of the challenges faced by others and to share resources and competences.

Who will be responsible for making the solution work?

The university sector is responsible for improving their study programs, kindergarten management is responsible for staff training, and the local authorities should ensure that interdisciplinary training is available for kindergarten teachers.

Conclusion

The point of this report has been to recommend how services for parents of young children can support healthy development and good mental health during the first 1000 days of the child's life. Following a rigorous data-gathering process, the five Nordic countries have written a situation analysis report for the services currently provided for the youngest children.

Based on the findings in that report, this project has sought to provide feedback on possible improvements to these services. To gather this feedback, the Norwegian Directorate of Health, in cooperation with the southern and eastern branch of the Regional Center for Child and Adolescent Mental Health and Comte Bureau, hosted the workshop that formed the basis for this report. Working in groups, the various findings from the situation analysis were examined and debated, and the answers will be used to improve services for young children and their families.

The Norwegian task force will feed these insights into the process of drawing up the new national recommendations, which will be sent to the at the Nordic Council of Ministers' project managers in Iceland by September 1st this year. The Nordic task force will come together to reach a consensus about the Nordic recommendations, which will then be submitted to the Nordic Council of Ministers. Norway is, of course, free to incorporate these national recommendations into its own guidelines.

We, the project group, hope that Nordic cooperation will continue to focus on healthy development and mental health throughout the first 1000 days of the child's life. There is much to gain by working together and learning from each other. By continuing to do so, we believe that we will generate added value for all children in the Nordic Region.

Sources


[Evidence Report](#)

[Project website: www.1000dager.no](http://www.1000dager.no)

[Situation Analysis Report](#)

Appendix

1. Emails sent to workshop participants

 HelseDirektoratet

Velkommen til digital workshop!


Da er det ikke lenge igjen til vi møtes på Zoom til den digitale workshopen om barnets 1000 første dager. Det er bare å trykke på lenken under så vil du bli sluppet inn i møterommet. Vel møtt!


<https://eu01web.zoom.us/j/69451130694?pwd=dGFhVUJkK3hCRXk0SjZlNTdkUEFUT09>

Litt mer om workshopen

Workshopen kommer til å vare fra 09:00-13:00 på fredag 04.06. Du vil bli plassert i en av syv tematiske grupper der dere diskuterer forbedringsmuligheter på feltet deres. De faglige innspillene dere kommer med vil tas videre til Nordisk ministerråd, hvor de vil danne grunnlaget for hva HDIR fremmer politisk.

For mer informasjon om workshopen og prosjektet, besøk 1000dager.no

 ComteBureau
Comte Bureau AS, Pilestredet Park 31, 0176 Oslo, Norge
1000dager.no

 HelseDirektoratet

Siste forberedelse før digital workshop

Hei! Du får denne e-posten fordi du har takket ja til å delta på den digitale workshopen om barnets 1000 første dager, arrangert av HelseDirektoratet.

Før vi sees på fredag 4. juni, trenger vi å lære litt mer om deg og hvilken gruppe du ønsker å delta i, slik at du kan få mest mulig ut av dagen.


[Trykk her for å svare](#)


Litt mer om workshopen

Workshopen kommer til å vare fra 09:00-13:00. Du vil bli plassert i en av fire tematiske grupper der dere diskuterer forbedringsmuligheter på feltet deres. De faglige innspillene dere kommer med vil tas videre til Nordisk ministerråd, og danne grunnlaget for hva HDIR fremmer politisk. Invitasjonslenken til workshopen er finner du her.

Gruppe 1 - Helse under svangerskapet
Gruppe 2 - Foreldre-barn relasjoner
Gruppe 3 - Risikofaktorer for familien
Gruppe 4 - Mental helse blant småbarn

For mer informasjon om workshopen og prosjektet, besøk 1000dager.no

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Comte Bureau AS, Pilestredet Park 31, 0176 Oslo, Norge
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 HelseDirektoratet

Invitasjon til digital workshop


Nordisk ministerråd har igangsatt et prosjekt for å styrke den mentale helsen og utviklingen hos barn fra 0 til 2 år.

Du er invitert til å diskutere funnene i dette prosjektet sammen med andre fra din sektor i en digital workshop **fredag 4. juni fra 09:00-13:00**. Arrangementet er i regi av HelseDirektoratet, med støtte fra Comte Bureau.

Ved å delta vil du være med på å belyse dagens utfordringsbilde ved å gi innspill på hvordan den nordiske satsningen på helsen til spedbarn og deres familier kan styrkes. Resultatet fra workshopen vil ha betydning for hvilke anbefalinger prosjektgruppen fremmer nasjonalt og sender til Nordisk ministerråd.

Meld deg på workshopen her


Vi har laget en video som forklarer situasjonsanalysen - ta en titt!

 HelseDirektoratet

Nordisk samarbeidsprosjekt


Barnets første 1000 dager

Hilge-Marta Aas, Seniorrådgiver HelseDirektoratet Norge
Gun-Mette B. Rasmussen, PsykiatropesaltSPID, RIBio, Norge



For mer informasjon om workshopen og prosjektet, besøk 1000dager.no

Om du ikke ønsker å få flere e-poster om denne workshopen i fremtiden, klikk [Unsubscribe](#) nederst i e-posten.

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Comte Bureau AS, Pilestredet Park 31, 0176 Oslo, Norge
1000dager.no

2. Questions posed to the participants in each group prior to them being tasked with listing their specific solutions

Groups 1 & 2 – Promoting mental health and wellbeing in prenatal care

Questions

What are the most important steps that must be taken to ensure that the services for pregnant women offer solutions based on professional knowledge?

How can we reduce unfortunate variations and assure the quality of the mapping of risk factors in services for pregnant women, toddlers and infants?

How can we ensure that attention is paid to both parents in the health services provided for pregnant women?

What are the most important changes that can be made to ensure the availability of and equal access to services throughout Norway?

What are the most important steps that can be taken to ensure that national guidelines and advice are followed in practice?

What are the most important steps that must be taken to improve mental health and wellbeing during pregnancy?

Groups 3 & 4 – Promoting healthy emotional bonding and wellbeing in infant and toddler care

Questions

What are the most important steps that must be taken to ensure that the services for toddlers and infants offer solutions based on professional knowledge?

How can we reduce unfortunate variations and assure the quality of the mapping of risk factors in services for toddlers and infants?

How can we ensure that both parents are included in the health services provided for toddlers and infants?

What are the most important things that can be done to ensure the availability of and equal access to services, regardless of where parents live in Norway?

What are the most important steps that can be taken to ensure that national guidelines and advice are followed in practice?

What are the most important steps that must be taken to promote healthy parent-child relations in the first two years of a child's life?

Groups 5 & 6 – Identifying and responding to early risk factors among infants and toddlers and their families

Questions

What are the most important steps that must be taken to ensure that services for pregnant women offer solutions based on professional knowledge?

How can we reduce unfortunate variations and assure the quality of the mapping of risk factors in services for pregnant women, toddlers and infants?

What are the most important things that can be done to ensure the availability of and equal access to services, regardless of where parents live in Norway?

What are the most important steps that can be taken to ensure that national guidelines and advice are followed in practice?

Group 5: What are the most important steps to be taken to

a) *identify*

and

b) *respond to*

early risk factors among pregnant women?

Group 6: What are the most important steps to be taken to

c) *identify*

and

d) *respond to*

early risk factors among toddlers and their families?

Group 7 – Supporting mental health among the youngest children in kindergarten

Questions

What are the most important steps that must be taken to boost kindergartens' resources and enhance their competences?

What are the most important steps that must be taken to ensure that national guidelines and advice are followed in practice?

What are the most important factors in improving mental health and wellbeing for the youngest children in kindergarten?

What must be done to improve the way in which kindergartens:

a) *identify*

b) *respond to*

and

c) *cooperate*

with health and social services on risks faced by toddlers, infants and their families?