

Youth Health Care in Flanders Belgium

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Youth Health Care in Flanders Belgium

Youth Health Care	Ministry	Professionals	Tools
0-3 years: K&G: Child and family care	Public Health	Nurse/midwife Youth Health doctor Volunteer Multidisciplinary team	Evidence based guidelines and interventions are available
3-18 years: CLB: school care	Education	Youth Health Nurse Youth Health doctor Multidisciplinary team	Evidence based guidelines are available

Bronfenbrenner



Proportionate universalism

= supporting all children and families according to their needs



Aiming for the same (universal) goals for every child, does not mean **doing** the same for every child



Aiming for the same (universal) goals for every child requires an **individual approach according to the needs** of the child

Youth Health Care in Flanders Belgium

YHC attained by two different organisations:

1. K&G/Child and Family care
2. CLB/School Health care
 - Systematic offer: 5 contacts between 3 – 14 years
 - Contact is obligatory
 - Demand-driven offer

Youth Health Care in Flanders Belgium

Preventive health care and family support

- Future parents and parents of children from 0 to 18 years
- Detect, identify and follow-up on health, development and child rearing risks
- Preventive health care (vaccinations)
- Support parents, families, youth with specific health, development and education needs

Youth Health Care in Flanders Belgium

K&G/Child Health Care

Child day-care

- Regulating child day-care
- Informing parents about childcare

Adoption

Child and School Health Care

Child protection

- Crisis relief for young children
- Support for disturbed parenting situations
- Assistance in child abuse

K&G/Child Health Care

Contactmomenten	Richtleeftijd kind
startgesprek	tijdens of aan het einde van de zwangerschap
huisbezoek	0-6 weken na de geboorte
gehoortest 	2 weken
consult 1	4 weken
consult 2 	8 weken
consult 3 	12 weken
consult 4 	16 weken
consult 5	6 maanden
consult 6	9 maanden
consult 7  	12 maanden
consult 8  	15 maanden
consult 9 	24 maanden
consult 10 	30 maanden

CLB/School Health Care



Individual offer

- Diagnostics
- Customized care

**Multidisciplinary team
Referral**

Supplementary offer

- Received no basic offer
- Selective research after basic offer
- Groups with other needs
- Parents with other needs

Multidisciplinary team

Basic offer

- Universal: all students
- Uniform
- Low threshold

YH Nurse/dr

K1 – 3 jaar

L1 – 6 jaar

L4 – 9 jaar

L6 – 11 jaar

S3 – 14 jaar

Nursing tasks

- **Assessing** child development
- **Screening** (vision / hearing)
- **Monitoring** growth
- **Promoting** individual health and well-being
- **Supporting** parents in parenting
- **Advising** parents/schools on healthy learning and living environments
- **Promoting** school participation for children with specific needs
- **Collaborating** in multidisciplinary teams
- Etc.

Professional training

- Bachelor of Science in Nursing (4 years)
- No professional title for the 'youth health nurse'
- CanMEDS in nursing education program
- No specific Youth Health Care Nurse training program
 - Internship possible (11 weeks)
 - Internship guidance under development

Professional organisation

- Several national professional organisations:
 - 2 represent large groups of nurses
- Youth health nurses:
 - No official representation within the field
- ‘VWVJ’ – Flemish Association of Youth Health Care
 - 17 active members
 - ‘Profile of the youth health nurse’
https://www.vwvj.be/sites/default/files/jgz/jgz_-_pijlers/youth_health_nurse_profile_flandres.pdf



Youth Health Care in the Netherlands

Betty Bakker-Camu MCs, RN betty.bakker@adviezorg.nl

Law and guideliness

- Youth Health Care is embedded in law

Wet Publieke Gezondheid (WPG), 2008
aanpassing Besluit JGZ, 1-1-2015
0-18 years

Wet Beroepen in de Individuele
Gezondheidszorg (Wet BIG), registered
professionals



- Guidelines (N = 29) from 2009 until now

- Owners are the organisations of nurses, doctors and assistants
- Redaction:
National Centre of Youth Health Care
- Financed by the government



Tasks

- Monitoring all children,
- Identify needs,
- Health promotion and prevention of illnesses,
- Strengthen self efficacy of parents and youth by advising, instruction and support,
- Identify and taking action in the environment,
- Collaboration.

Youth Health Care at school in the Netherlands

- Face to face contact
- Triage by questionnaires

Grade 2 Primary school
5/6 years (doctors/ assistants)

Grade 7 Primary school
10/11 years (nurses)

Grade 1 or 2 high school
12-14 years (nurses)

Grade 3 or 4 high school,
adolescents 15-16 years (nurses)



Multitude vaccinations at 9 en 13 years

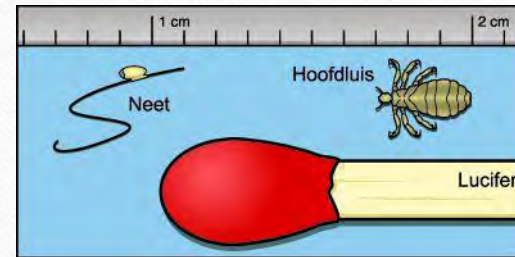
Also:

- Home visits
- Intervention against school Dropout (mostly by doctors at vocational education)
- Possibilitie to chat with nurses
- Parent/ school information evenings
- Multi disciplinary discussions in school support organisations and with government

Topics of discussion

Discussion topics with parents and children at primary school:

- Obesitas
- Fear of failure
- Loneliness/ no friends



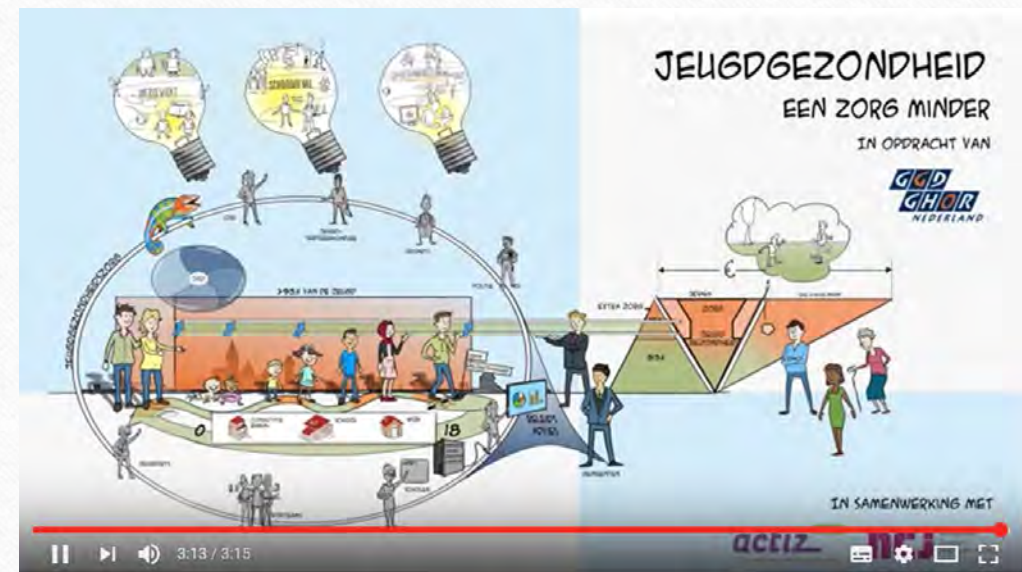
Discussion topics with adolescents at high school:

- Overweight
- Divorce problems
- Social media
- Bullying
- Depressive thoughts



An Image....

- “Youth health care, les concern”
- Teams of:
 - Youth Health Nurses
 - Youth Health Doctors
 - Assistants
- Different in each city



Education of Youth Health Nurses

- Bachelor in Nursing;
4 years at University of Applied Sciences.
Project Nursing 2020
- Post-bachelor in Youth Health Care;
1 year, possible at two different institutes.
Not obligated.



Profile of Nursing

- Project Nursing 2020



- The tasks of the Youth Health Nurse described (2014)



A project with
100 YH nurses
5 regions

<https://bitly.nl/7LKjM>

Germany

Thank you for your attention!



Discussion themes

- Outcomes of Youth Health/ School Nursing
- Universal versus individual Youth Health Care
- Challenges facing transition of developing stages

Discussion-statements

Prevention is a uniform and accessible offer for every child

Prevention is a customised service offer (nature and frequency) for children being part of defined target groups

Prevention in School Health Care is support for the child and its family, regardless of the nature of the problem

Prevention in School Health Care is support for the child and its family IF the determined problems affect the functioning at school

The nurse works autonomous

The nurse works under supervision of a Medical Doctor

References

- Area of expertise of Youth Health Nurse, Betty Bakker-Camu MSc, RN, Marja van Kuppevelt VS, V&VN, 2014
- Profile of the Youth Health Nurse, Monica Bulcke e.a, Flemish Society of Youth Health Care, 2014

„School Nurses“ – A new health care option in Germany

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**ISSOP – Kongress 2018 | EUSUHM workshop: Nurses in School Health Care
Universitätsklinikum Bonn, 28. September 2018**

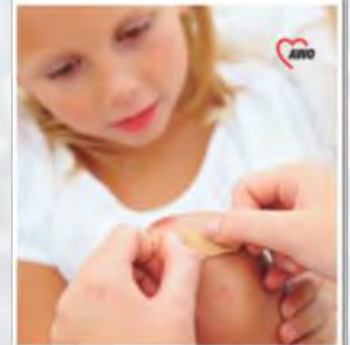
Background in Germany

- Very few existing structures for (public health) nursing in school settings
- Nurses still are mainly trained on vocational level and in traditional settings
- No (adequate) health care and health promotion in schools
- Need for health care and possibilities for health promotion
 - Pupils spend much of their time in schools
 - Social inequalities in health risks
 - Changes in morbidity
 - Health behavior and health literacy can be learned/ influenced

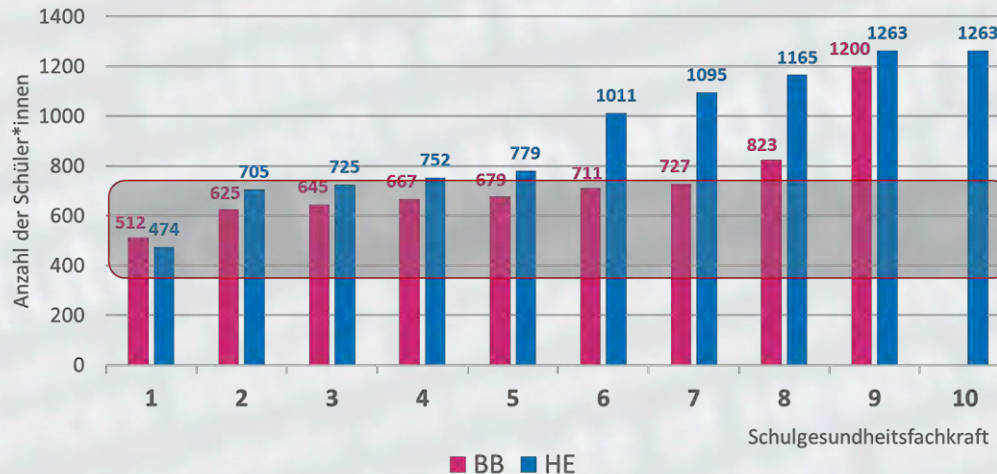


Milestones in German pilot project: school health nurses

- 2013 – 2015 → feasibility study
- 2015 – 2016 → curriculum development
- 2017 – 2018 → implementation and evaluation
- 2018 – 2019/20 → extension of the project



CURRICULUM
zur Qualifizierungsmaßnahme für
examierte Gesundheits- und
Kinder-/Krankenpflegekräfte zu
Schulgesundheitsfachkräften



„Self-profile“ Brandenburg (homepage)



**Schul
Gesundheits
Fachkraft**



Engl:

Protecting, be present, console,
trust, take care,
help, counsel, listen



„Self-profile“ Hessen (child postcard)

„Self-profile“ Hessen (parents flyer)

„You should do well!“

Dir soll's gut gehen!

Modellprojekt „Schulgesundheitsfachkräfte“ 2017/2018



Engl:
Take care, nurse, be present

Kümmern,
pflegen,
da sein!

Modellprojekt
„Schulgesundheitsfachkräfte“



First findings

- Need for acute care
 - High rates of utilization (up to 40/day)
- Need for prevention and health promotion
 - Nutrition, physical activity, media consumption, smoking, alcohol consumption, mental health care, health literacy
- Broad variation of project topics
 - First aid, stress, healthy nutrition, pain, sexuality, infection,...
- High acceptance and trust (pupils, parents, and teachers)
 - Discretion, general competencies, accessibility
- Feelings of safety (parents and pupils) and perception of relief (teachers)

Conclusions → next tasks

- Qualification should address complex needs of different target groups
- More standardised instruments and interventions are needed
- Number of staff should guarantee daily accessibility and taking into account the number of pupils per school
- Priorisation of tasks (first aid – prevention – health promotion – school development – counseling/education)
- More time to observe long term effects

Contact

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