

## WHAT IS YOUTH HEALTH CARE?

Clarification for (future) professionals and policymakers

Youth health care (YHC) is the part of health care that focuses on monitoring, protecting and promoting the individual and collective health, growth and development of children and young people. It is a free, socially guaranteed and public service that concentrates on prevention as well as the functioning and social participation of children and young people (not curation).

### Why YHC?

#### *Healthy and resilient youth now while building a strong foundation for the future*

Enabling all children and young people to grow up and develop in a healthy, safe and promising way<sup>1</sup>. That is what YHC contributes to in a unique way. The goal of YHC is to help children and young people (the parents<sup>2</sup> of tomorrow) grow up to become adults who take up their full and appropriate role in society and face the physical, social and emotional challenges of life.

Investing in the health and development of children and young people is a positive choice (for now and for the future) in human and economic terms<sup>3</sup>. During this period, the brain still has great plasticity. This ensures that the impact (positive or negative) of external stimuli on development is greater in childhood than in later life. On the other hand, this also enables children and young people to learn skills with less effort than when they would do so later in their lives<sup>4</sup>.

#### *Smart organisation means smart use of people and resources now and in the future*

Achieving the greatest possible health gains with the available resources. That is what the 'stepped care model' and the subsidiarity principle offer in the organisation of healthcare. In the first instance (in the lowest layers of the pyramid), the most community-oriented, least invasive and short-term supply is provided. This includes population-based health promotion, prevention, early detection and early intervention. If the needs of a group or an individual are greater, more specific or more intensive forms of care are deployed. This model is applied within the provision of the YHC itself. But at the same time, the 'YHC as a whole' is situated within care and welfare at the basis of the stepped care model. On the one hand, parents are strengthened in parenting and children are strengthened in growing up, resulting in fewer problems. On the other hand, the timely detection of difficulties and problems through YHC prevents them from escalating. Children and parents are referred in time before damage is incurred that would be difficult to repair. In this way, YHC ensures that the group of children and parents in need of more intensive and expensive care remains as limited as possible.

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<sup>1</sup>According to the United Nations Convention on the Rights of the Child (UNCRC) (1989), all children have the right to protection and every opportunity to realise and develop their full potential, both physically and mentally.

This explicitly includes children growing up in deprivation and/or with disabilities. The UN Convention on the Rights of Persons with Disabilities (2006) defines persons with disabilities as follows: persons with long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may prevent them from participating fully, effectively and on an equal basis with others in society.

<sup>2</sup>Parents' in the text also refers to anyone who takes on parenting duties in place of parents.

<sup>3</sup>Prof James J. Heckman, economist and Nobel laureate, argued in 2012, based on extensive research at the University of Chicago, that the best investment for vulnerable children is to invest in the quality of the first five years of life. Indeed, the quality of a child's development in early childhood has a major impact on the health, economic and social outcomes of individuals and society at large, see <https://heckmanequation.org/resource/the-heckman-curve/>

<sup>4</sup>It is known that profound childhood experiences have lifelong consequences for lifestyle and health, see <https://www.cdc.gov/violenceprevention/aces/prevention.html>

## How does YHC work?

- YHC monitors all children;
- YHC is familiar with the young people and their parents and is easily accessible;
- YHC connects early with children, young people and their contexts and pays attention to strengths and burdens;
- The YHC works in open dialogue and full partnership, strength-oriented cooperation with children, young people and their parents;
- The YHC has a broad view of health; it uses the definition for 'positive health' and the bio-psychosocial model;
- The YHC pays attention to social inequalities in health (proportional universalism);
- The YHC differentiates its support according to the specific needs (stepped care model);
- The YHC works within the safe context of professional confidentiality and in accordance with available evidence<sup>5</sup>.

## What does YHC do?

The YHC deploys its expertise both with respect to individual children, young people and their contexts, as well as with respect to collectivities in which young people participate. Collectivity can also be understood broadly in this context, especially as 'society'. After all, the public health perspective is an important basis for YHC.

In Flanders, YHC has two main pillars: 1) YHC works preventively for all children, young people and their context and 2) YHC takes care of children and young people with special needs.

### *YHC works preventively*

- Via contact moments at relevant moments in the development of children and young people, in which the YHC:
  - Gives parents the opportunity to discuss concerns and questions (about growing up and parenting);
  - Giving children and young people the opportunity to discuss concerns and questions about their health (physical, emotional and social), growth and development;
  - Sensitises and motivates children and their family context to adopt lifestyles and parenting that promote health, growth and development;
  - Monitors the normal course of (certain aspects of) children's health (physical, emotional and social), growth and development and reinforces what is going well;
  - Timely detects problems with (certain aspects of) children's health, growth, development and parenting context, provides support or refers to other healthcare providers if necessary.
- By offering vaccinations and determining measures in the context of childcare and schools that are necessary to prevent the spread of certain infectious diseases.
- By supplying (local) administrations on the one hand and facilities where children and young people stay and/or are supervised (e.g. day-care centres, schools, welfare institutions,...) on the other:
  - providing policy-relevant data at population level to, among other things, monitor the health status of children and young people and identify needs;
  - provide the YHC expertise in developing, implementing and evaluating collective measures/interventions that promote the health, growth and development of children and young people.

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<sup>5</sup>Available evidence balances relevant scientific evidence, the clinical judgment and experience of professionals, and the values and preferences of children/young people and their parents and society.

## YHC takes care

- YHC promotes the functioning and social participation (participation in childcare, education and leisure activities) of children and young people
  - with health problems of a physical and/or socio-emotional nature. After all, health does not necessarily imply the absence of disease. One can, even in the presence of illness, feel healthy. Participation contributes significantly to this;
  - with developmental problems. Because participating does not only help health and development progress, it also helps each person to experience a meaningful life.
- The YHC coordinates and facilitates the integration or reintegration of children and young people in childcare or school after (long-term) illness or admission to hospital or welfare institution.
- The YHC establishes - subject to the consent of parent(s)/young person - a connection between the world in which children and young people grow up and health and welfare care:
  - by directing children and their parents (if necessary) to services and facilities;
  - by translating health information from services and facilities relevant to children's daily functioning to the school, classroom and family to promote or restore participation;
  - by networking with other healthcare providers;
  - by supplying relevant information about the functioning of children and young people to care and assistance providers for the purpose of diagnosis, guidance and/or treatment.
- The YHC identifies needs regarding the functioning and social participation of children and young people with health and/or developmental problems to policymakers and provides its expertise to optimise these.

## Where to find YHC?

The nurses and doctors<sup>6</sup> active in youth health care have expertise in nursing or medicine on the one hand and in a broad and social approach to health on the other. Given their comprehensive view of health, cooperation with other disciplines comes naturally to them. Ideally, they work together in a multidisciplinary team including social workers, pedagogues and psychologists.

In Flanders and Brussels, YHC is offered structurally (and in a multidisciplinary framework) to parents, children and young people via well baby clinics (Kind en Gezin) and via school health services (centrum voor leerlingenbegeleiding, CLB). This structurally offered YHC forms a guaranteed link in the health-and-care network around children, young people and their context to which other healthcare professionals and welfare workers each contribute from their expertise. Thus, integrated care (on a continuum of health promotion, disease prevention, early detection, diagnosis, treatment and reintegration) contributes to quality care.

**A STRONG YOUTH HEALTH CARE ▷ A RESILIENT YOUTH ▷ A FIRM BET ON THE FUTURE**

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<sup>6</sup>Nurses, who are specialists in the normal development of children, and doctors, who are specialists in the faltering development of children, work together in a subsidiary way. The different roles they assume in doing so are described in the [Professional Profile for Nurses in Youth Health Care](#) (VWVJ, 2021) and in the [Professional Profile of the Youth Physician in Flanders](#) (VWVJ, 2018).

## Glossary and definitions

The **bio-psycho-social model** looks at health holistically. Indeed, physical, psychological and social facets of health are inextricably linked and mutually influence each other.

**Development** is a highly complex process including physical and mental maturation and the acquisition of skills in various domains (socio-emotional, motor, cognitive, language-speech, creativity, reading, arithmetic, writing... this list is almost endless). Some aspects of the development process transcend the level of 'skill acquisition'. In this case, the skills are rather means of developing oneself into a personality, which sets behaviours according to certain moral values. Development results in 'becoming someone' and not just 'acquiring skills'.

**Growth** is defined as a set of physical changes with age (evaluated by skull circumference, height, weight, among others). It is an important and sensitive indicator of the health of a child or young person and of the overall health of the whole population.

**Integrated care** means that services are organised in such a way that people experience continuity of care.

**Monitoring** refers to the regular measurement of indicators of health, growth and development and screening.

**Positive health** (Machteld Huber) defines health as the ability to adapt and take personal control, in the face of life's physical, emotional and social challenges. On this basis, health is approached from six dimensions: bodily functions, mental well-being, meaning, quality of life, participation and daily functioning.

**Promote** refers to improving or strengthening what has already been achieved in terms of health, growth and development.

**Proportional universalism** is a basic principle whereby a service is built for all citizens, and varies in scale and intensity as target groups become more vulnerable. Thanks to this principle, health and welfare inequalities, which result from social inequalities, are reduced. Proportional universal service provision relies on a people and children's rights perspective and starts from the diversity in society and the variety of needs.

**Protect** is to be alert to (health/growth/development) threats and also stands for safeguarding what has been achieved.

**Public health perspective** involves striving for maximum health gains for the greatest number of people. What is simultaneously good for an individual and for society is taken into account.

**Stepped care model.** The organisation of supply is provided at population level according to a stepped care model, in which supply increases in intensity and individualisation as the need for care increases. At the individual level, the aim is always to offer the most appropriate help (matched care).

**Strength-oriented cooperation** requires belief in growth opportunities and strengths of children, young people and their context. The focus is on strengths and resources in the environment and not on deficiencies.

**Subsidiarity principle** means that supply, care and decision-making is done by the professional whose competences are closest to those required to provide quality care.