



NEWS FROM THE EXECUTIVE COMMITTEE

There were two EC meetings in 2010, the first on 20th of February in Ljubljana and secondly the 10th of September in Leuven on the day before the General Assembly, also held in Leuven, on 11th of September 2010. At the GA, Prof. Henk Ten Napel gave a lecture on ICF – The International Classification of Functioning, Disability and Health and its use in Child and Youth Health Care.

One important outcome of the activities of the EC is an initiative on the collaboration of EUSUHM with the WHO Expert group for competencies in Youth Health Care (SS-H).



Members of EUSUHM EC Committee from left: Miriam Edelsten (UK), Bettina Langenbruch (Germany), Susanne Stronski Huwiler (Switzerland), Ilpo Lahti (Finland), Frans Pijpers (Netherlands), Marina Kuzman (Croatia), (missing on the picture: Mojca Juricic (Slovenia) and Vladislav Kuchma (Russia)).

GOOD IDEAS, BUT GREATER COLLABORATION REQUIRED - THE GERMAN 13TH REPORT ON CHILDREN AND YOUTH REQUIRES MORE COOPERATION BETWEEN YOUTH WELFARE AND HEALTH SYSTEMS

Bettina Langenbruch

In the Federal Republic of Germany, during each legislative programme, Government and the two chambers of Parliament are required to produce a report on the situation of young people and the development of Youth Welfare. The 13th Report on Children and Youth was published in 2009 and is dedicated to the subject: *“Improving chances for healthy growing up –*

health related prevention and health promotion in Youth Welfare”.

The report shows that in Germany children and the young generally enjoy good health prospects. But there is an increasing need for action in various areas: the management & monitoring of chronic diseases, the shift from somatic towards psychological problems, the various aspects of child neglect and abuse and the connection between socio-economic situation and health.

The 13th report emphasises that, although there are several initiatives for prevention and health promotion which are good in principle, in practice they are not well enough coordinated and harmonised. Therefore the results are much less effective than they could be. This is clearly seen in the area of children and adolescents with handicaps, because various authorities have responsibility for particular aspects of care within this group. The coordination of the necessary help seems to be problematic as a result, both in general and with respect to an individual client, because of the multiplicity of organisations involved and associated interface problems.

So, in the Government report, new initiatives for children and youth with handicaps and the offers of the so called “Early Aids” and child protection are the most important subjects. The main requirement is better collaboration between Youth Welfare and Health systems.

The report has the following sections:

- *Analysis of the social conditions influencing growing up in Germany*
- *Developmental conditions of healthiness and illness in children and youth in Germany*
- *Structure and function of Youth Welfare, health and rehabilitation systems*
- *Offers of Youth Welfare for young people concerning health*

promotion and health related prevention

- *Improving chances for healthy development and growing up: recommendations regarding the contribution of Youth Welfare towards health promotion and health related prevention*

Individual responsibility – a popular but easily misinterpreted demand

One of the most interesting parts seems to be the discussion concerning the difference between the “enterprising self” on the one hand, which asks for the “permanent optimised adaptation of the individual to our postmodern accelerating society”, and on the other hand the meaning of “individual responsibility” as understood in the Ottawa Charta. The authors make this very clear and indicate why our German society has to lay the structural foundations on the basis of reliable institutional supportive systems. Indeed the whole report is based very clearly on the concept of Salutogenesis.

Evident basic structural deficits in the German health system

Within the 13th report on Children and Youth there are many appeals to Youth Welfare. But, as one of the major aims of the authors is the improvement in co-operation between Youth Welfare and Health Systems, the absence of appeals to the Health System is striking.

It is well worth trying to identify the reason for this imbalance; it points up one of the basic structural deficits in the German Health system, which has a historical dimension.

After the 2nd World War, regulations concerning the whole of German youth welfare became the responsibility of the national legislature, just as was the case with all social legislation (as set out in the German social law books). With regard to health system legislation, only



the insurance-based parts were regulated at national level.

This part of the German health system is consequently predominately influenced by economics; it is only interested in individual diagnosis and treatment of illnesses and only more recently in individual health-prevention. But at the heart of this insurance-based system is a perception of “illness as a damage-event”, so that “illness” has to be distinguished from “healthiness”.

Obviously this type of health approach does not chime with the ideas of Salutogenesis and the representing structures are no partners for the Youth Welfare’s efforts.

Youth Welfare needs instead a partner who is not only looking after the interests of individuals but pays attention to groups and settings, who offers visits and care as and when needed by the children and families who are perhaps not able to express their needs themselves and furthermore who is able to work within a multidisciplinary network as well as with the specific communal point of view: ie, the communal paediatric services as a part of the public health service. The jurisdiction concerning this part of the German health system after the 2nd World War was however not a national responsibility but was devolved to the federal states (today we have 16 different laws regulating the public health services). Some of the federal states transferred the responsibility to the communities without establishing content or standards applicable to the duties. In the situation “on the ground”, particularly in the current straightened economic circumstances in all communities, this has been leading to reduction in staff in the public health services over the last several years. At present the tasks for this part of the health system seem to be recognised as a modern and absolutely necessary “add-on” to the individual-based and primarily economically-driven insurance system.

It remains to be seen which authorities and individuals in Germany not only require popular rhetoric in times of elections but really are disposed to take over responsibility and invest in this project for the future: “*Improving chances for healthy growing up*”.



**16th Congress of European Union for school and University Health and Medicine
EUSUHM**

Education and Health from Childhood to adult Life

Moscow, Russia, 9th - 11th June 2011



<http://www.eusuhm2011.org/>

Important dates:

Deadline for abstract submission:

15.1.2011

Deadline for early registration: 13.3.2011



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Engaging adolescents in Health: Participation, Self-Management and Health Promotion

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