



Health Care Inspectorate
Ministry of Health, Welfare and Sport

A Healthy Sense of Trust

Youth Health Care active

Frank J.M. van Leerdam, MD, PhD
M. Hodes
M. Wikkeling
L. Claessen

Team Youth



Method

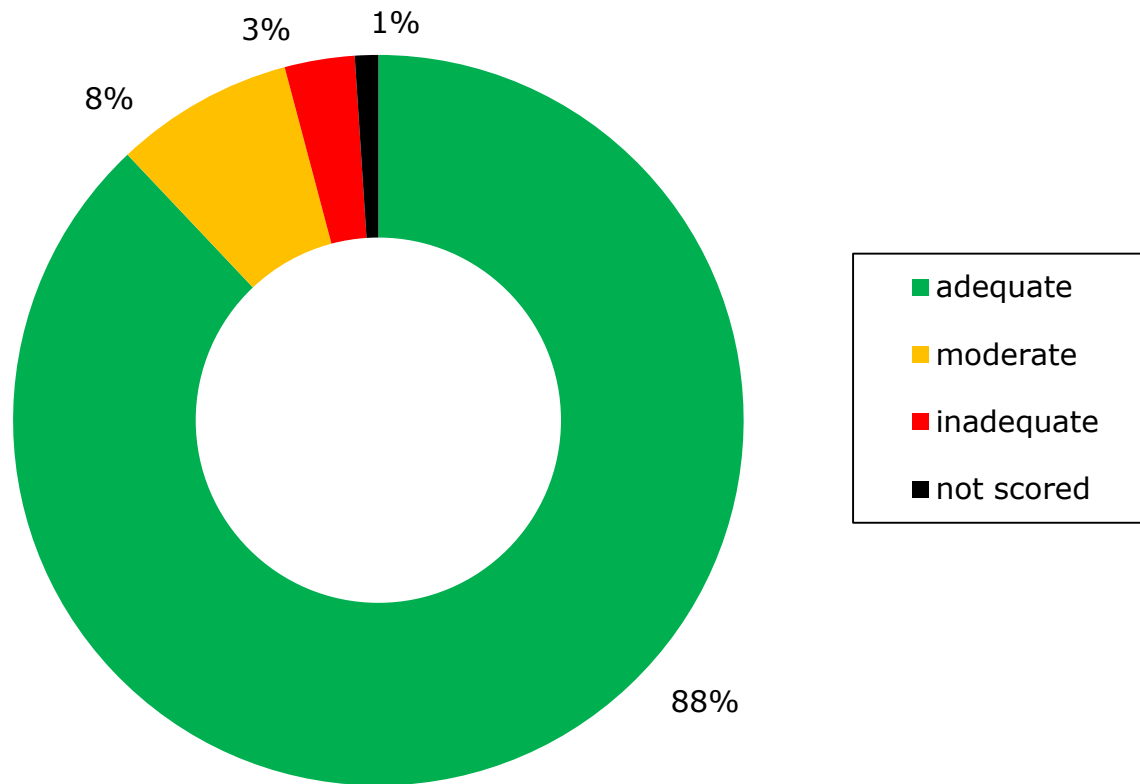


- Site visits, unannounced part.
- 5 periods, standard themes and every period one 'medical' theme and one 'psychosocial' theme extra.
- Individual reports and periodical reports.
- Aggregated report.
- Lots of similarities, but also lots of differences between YHC organizations.
i.e.:

Province	min./child/yr
Flevoland	7.5
Groningen	5.5
Noord-Holland	4.0
Limburg	3.5
Zuid-Holland	3.5
Drenthe	3.0
Utrecht	3.0
Friesland	3.0
Zeeland	3.0
Gelderland	2.5
Overijssel	2.0
Noord-Brabant	2.0



581 judgments on norms, in 41 reports.



Results:



Figures

	Periode 1								Periode 2								Periode 3				Periode 4				Periode 5																				
	GGD Drenthe	Volksgezondheid Utrecht	GGD Limburg Noord	GGD Flevoland	GGD Zaanstreek West	GGD Friesland	GGD Gelderland-Zuid	GGD Hart van Brabant	GGD Zeeland	GGD Limburg Zuid	CIG Rijnmond	Concertium ZHZ - Rivas & Careyn	St. JGZ ZHW	GGD IJsselland	Meander JGZ	GGD Groningen	Envida	GGD Noord- en Oost Gelderland	GGD Kennemerland	JGZ West Brabant	CIG Capelle a/d/ IJssel	De Zorgboog / Zuidzorg	Stichting Icare	Zorgcoöperatie Almere	JGZ Gooi en Vechtstreek	GGD Amsterdam	Zuyderland JGZ	JGZ Kennemerland	GGD Regio Utrecht	GGD BrabantZuidoost	GGD Hollands Noorden	CIG Den Haag	GGD Twente	Veiligheid- en gezondheidsregio Gelderland Midden	SAG Zorgontwikkeling	Sensire YunioOost Gelderland	Stichting Thuiszorg & MaWe Rivierland	Vérian	Zorgrope Oude en Nieuwe Land	GGD Hollands Midden	CIG Apeldoorn				
100% in beeld en in zorg																																													
95% bereikt																																													
LPK Contactmomenten																																													
Zicht op kwaliteit																																													
Geaggregeerde gegevens																																													
Disfunctionerende medewerkers																																													
Sociaal Domein																																													
KIMI aandacht en scholing																																													
KIMI scholing en aandacht																																													
KIMI benchmark/dossier/VT																																													
KIMI geïnformeerd worden																																													
Vorig Toezicht																																													



- Importance cooperation in/with social domain is clear.
- Almost everywhere constructive cooperation with municipality.
- Actionplan childabuse is being implemented, inclusive beter cooperation with child protection services.
- Actionplan truants is being developed.

Results:



less positive

- 34% reports did **not** meet the minimal number of contacts with children.
- Cooperation in social domain is **a challenge**.
- Cooperation with child protection services is **not** optimal.
- 61% did not meet the norm on the theme child abuse and neglect.
- 56% registers and analyses notifications* of employees **inadequate**.

* not cliënt related

Number of contacts



- Worrying differences and deviations.
- More than 1/3 of organizations do not meet the norm.
- Discussion about definition of contact.
- Discussion about freedom to deviate for employee (always possible) in relation to freedom to deviate for organization (not allowed).

Social domain



- Still full in development and diverse.
- Position YHC not always intended position.
- YHC not always visible and present.
- Not always clear what YHC can/is allowed to/must do.
- Flexibility and change of concept needed:
working offer-oriented by demand-oriented approach.
- Empathy for needs and questions of municipality
(problem: YHC works mostly for several municipalities).
- If invested in getting to know each other:
beter cooperation.



Child protection services



- Collaboration with child protection services not as it should be (in some areas).
- Different explanations for relative few notifications to child protection services from YHC:
 - YHC is not the coordinator of a situation;
 - YHC can themselves give help and guiding;
 - YHC can themselves refer to specialists.

 -less mentioned, but certainly present:

 - YHC is just as incapable to act in cases of child abuse and neglect as other parties.



Child abuse & neglect

- Poor registration:
 - Often only noted in patient file of specific contact.
 - Low uniformity.
 - Fields in digital patient files not clear.
 - Risk registration ambiguously.
 - Steps of notification code not always present in digital patient files.

- Data (if present) not analysed or compared to benchmark.

Children of asylum seekers



- Norm to provide these children with complete YHC is six weeks after entering The Netherlands.
YHC often succesfull, but not always.
- Not all YHC organizations informed in time of arriving children of asylumseekers in their areas.
- If informed, YHC not always informed of date of entering The Netherlands.





- Growth: 5/10 inadequate; 5/10 adequate.
- Smoking: 9/9 adequate.
- Breastfeeding: 7/7 adequate.
- Urinal/fecal continence: 7/7 adequate.
- Heart failure: 6/6 adequate.
- Non scrotal testes: 9/9 adequate.



- Often doctors assistants judges growthcharts without YHC doctor or nurse seeing the charts (on primary and secondary schools).
- Guidelines differ on this subject: discussion with field and guideline devoloppers neccessary.
- Point of view inspectorate: judging growth(charts) is not a simple skill, it is no part of the education and competences of doctors assistants.



- In last round comments but no enforcement, due to date publication guideline.
- Many discussions in field, responsible committee stated in 2014: mandatory.
- Three years later, almost all deviating organizations only recently (weeks) bought bloodpressure measuring devices or will do so in the next few months.
- Still the same, already long ago dismissed arguments.

Prevention of smoking



- Smoke policy not meeting the norm in (front of) buildings of YHC, especially in building not owned by YHC.
- Smoking of parents only known in first contact,
 - not in other contacts,
 - not in keymoments of change in families,
 - Smoking behavior of other important persons in families not known (i.e. grandparents, nanny, other persons living in the same house, etc.).



Breastfeeding

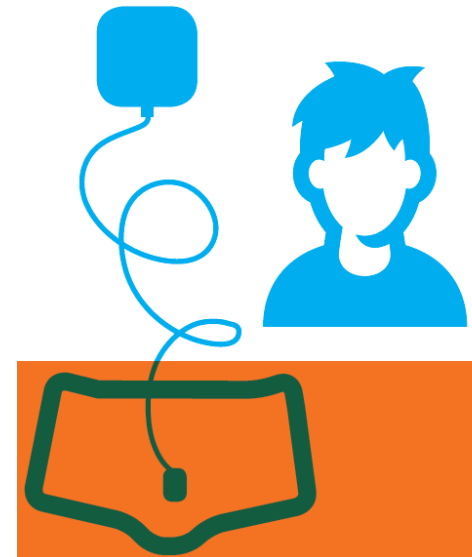


- Discussion on added value of WHO-Unicef certificate.
- Growthchart breastfed infants not standard in digital patient file.
- Policy of YHC to own employees good: compliments!
- Figures of (starting and prolonged) breastfeeding in The Netherlands worrying low.





- Evidence based treatment in YHC not implemented.
- Almost everywhere referring to (unnecessary) clinical care.
- Treatment of psychosocial problems wrongly in advance of treatment of urinal and/or fecal continence.





- YHC 4-18 barely alert on congenital heart failure.
- Often no idea that congenital heart failure can give first symptoms, or can be discovered, later in life.
- YHC 0-4 meets the norm.



Non scrotal testes



- YHC does not know referral percentage, nor percentage of orchidopexy in regional hospitals.
- Employees listen often to wrongly advice of surgeons and urologists. Thus, not concurring to multidisciplinary guideline. Thus, to much surgery with to much damage.
- If YHC does not know the scientific background of their own subjects and guidelines, implementation is a lost and meaningless exercise.



Psychosocial themes



- Early signaling psychosocial problems:
10/10 adequate.
- Neonatal care:
8/9 adequate, 1/9 moderate.
- Teenage pregnancies:
9/9 adequate.
- Social Media:
7/7 adequate.
- Bullying:
6/6 adequate.



- Signaling and interventions in YHC adequate.
- Parents and municipalities not always choose evidence based interventions after referral.

Light mentally handicapped 18- to 18+

- Almost nowhere specific policy or plan for this group.
- YHC 0-4 do not notice their role in this policy or plan (sometimes neither YHC 4-18).
- Rarely specific policy for birth control after first pregnancy in these persons.





- Not everywhere good agreements with all maternity care organizations (especially not with the small ones).
- Not everywhere consequent feedback to obstetricians/midwives and maternity care.

Bullying



- YHC 0-4 rarely knows expression of bullying in the age 2-4.
Thus no subject in agreements with nurseries / kindergarten.
- YHC 4-18 rarely knows if schools use evidence based interventions (not often).
- Often no policy on bullying in own organization.





- Ambiguously results.
- With NPF (VoorZorg): child not always registered as child at risk.
- Without NFP:
 - Sometimes only some extra individual attention after birth.
 - Sometimes hardly any attention to birth control after birth of first child.
 - Sometimes barely understanding of 'heredity' and 'contagiously' aspects of teenage pregnancies.





- Often no policy in organizations, neither on use, nor on abuse. Neither for children and their parents, nor for employees.
- Information individually and collectively in development.
- YHC hardly policy about cyber / digital bullying, sexting and grooming.





- The convention of the Rights of the Child was adopted on November 20th 1989.
- Base for Youth Health Care as well for the inspectorate of Youth Health Care.
- Far too less professionals know the content and scope of the convention.
- In the interest of the child (article 3.1):
adopt the convention
as your key-literature.



**Thanks for your attention.
Dank voor jullie aandacht.**