

## **'Growing up is not always 'an easy ride'**

Toespraak, 23 september 2009

Toespraak van minister Rouvoet op het 15e EUSUHM-congres 'Youth Health Care in Europe' in Leiden over jeugdgezondheidszorg in Nederland.

Ladies and gentlemen,

I am honoured to have been invited to address this prestigious international conference in my capacity as Minister for Youth and Families. My aim is to ensure that all children in the Netherlands grow up in good health, and that they do so in a safe, nurturing environment.

'Prevention' is a key word here. The medical attention available to young people is therefore very important.

During this speech, which I promise will be no more than about fifteen minutes long, five babies will be born in our country. That's one every three minutes. In the course of today we shall welcome some five hundred new Dutch citizens into the world.

All these children, like every other child in the Netherlands, will be entitled to a broad-based package of preventive measures to safeguard and promote their health. That package includes regular medical examinations, vaccinations, screenings, advice for parents, and individual care as and when it is needed. Research has shown that the health gains we achieve through this approach are substantial.

We know that ensuring the sound development of every young person is the best means of preventing problems in later life. We therefore devote considerable attention to every child throughout infancy, early childhood and into adolescence so that we can offer prompt help and support should it be necessary.

We do our best to ensure that family health and welfare services are always close at hand and readily accessible. We keep the 'threshold' very low. As you know, we Dutch are renowned for our attachment to the bicycle: we cycle to the shops, to work, to the football club and to school. We believe that family health services should also be within cycling distance, in a manner of speaking.

Such ready accessibility is one of the main aims of the national network of 'Youth and Family Centres' that we announced in 2007, which is to form the basis of our health and welfare services for children and their parents. Latest in 2011 every town must have a 'Youth and Family Centre'.

A 'Youth and Family Centre' is a recognizable 'drop-in' centre in the immediate neighbourhood, where parents and young people can bring all their questions about parenting and growing up.

They will then receive the appropriate advice, information and individual support. The network of centres is to be in place by 2011, when it will provide nationwide coverage. Every town will have at least one centre, while the larger towns and cities will have several.

Preventive healthcare will form a very important component of the centres' activities. Doctors, nurses and other professionals will see near enough all children on a regular basis, and will thus be able to make an accurate assessment of both individual circumstances and the overall picture. These professionals function within various networks, whereupon they will be ideally placed to identify children who may be at risk and need individual care and assistance.

As I mentioned a few moments ago, we monitor the development of every young child. This form of preventive healthcare has been standard practice in the Netherlands for over one hundred years. The child welfare professionals are, of course, able to spot many specific health risks, but they are also alert to parenting problems and other developmental issues. Prompt identification of such problems facilitates an equally prompt response.

All children and young people are entitled to receive these health and welfare services from birth to the age of 19. Contacts with the various professionals take place in the home setting, at the child health centre, at school, or at the Local Health Authority. Each young person will be seen by a doctor or nurse at least twenty times during childhood and adolescence, and even more if necessary. The frequency of visits is the highest in the early years,

with subsequent checks at key moments in the child's development. There are currently almost four million children and adolescents in the target age group – a quarter of the total population.

The standard health and welfare services are based on a national programme and are available to every child in the Netherlands, whereby we monitor their physical, psychological, social and cognitive development. I need not tell you that growing up is not always 'an easy ride'. Most children experience some difficulty or problem, albeit relatively minor, at some point. I therefore consider it extremely important that the youth healthcare system is there for every child, without exception. The vast majority of parents regard the system and the availability of support as a matter of course, and are satisfied with the services provided.

The professionals within this system are also responsible for carrying out the neonatal heel prick, and for implementing the National Vaccination Programme. All the babies born while I am standing before you – and every other newborn child – will have the heel prick during the coming week. A healthcare professional will make a home visit and take a small blood sample. That sample is then sent to the screening laboratory where it is tested for a range of potentially serious – but fortunately rare – conditions.

In fact, we are able to detect seventeen specific conditions in this way. Positive results are found in approximately two hundred babies each year. Thanks to the 'heel prick', treatment can begin as soon as possible whereupon the vast majority go on to enjoy a healthy childhood nonetheless.

Soon after the heel prick, each baby receives his or her first 'vaccination' as part of the National Vaccination Programme. The programme as a whole continues to the age of twelve, and protects against twelve diseases. Like the other preventive measures, it makes a very substantial contribution to the nation's health. Some infectious diseases, such as diphtheria and polio, have been virtually eradicated, with the associated complications and mortality consigned to the history books.

The vaccination rate in the Netherlands is one of the highest in the world. We achieved coverage of approximately 95 per cent several years ago, and it has remained stable ever since. However, we do not rest on our laurels but work hard to maintain this high level. For example, we provide extensive information to parents about the benefits and necessity of vaccination.

I should mention that there is no charge for the vaccinations or the 'heel prick', or indeed any of the other preventive measures provided by the youth healthcare service.

The day-to-day administration of youth health and welfare services falls to individual local authorities. They are able to complement the standard national programme according to local requirements. The content of the programme in Leiden is therefore different from that in Lelystad, and that in Landgraaf is not the same as that in Langedijk. Every local authority ensures that the programme is fully coordinated with the services offered by other local agencies, and is in keeping with local youth policy.

Local authorities can therefore be seen to play a key role. Allow me to illustrate this point by recounting a recent discussion about plans to introduce an extra 'contact moment'.

At present, adolescents above the age of 13 will generally come into contact with the youth health and welfare department only if they themselves come forward.

In some cases, it is the parents or third parties who contact the professionals. It has now been proposed that an additional contact moment should be incorporated for all young people, somewhere around the age of 15.

The reasoning is that pubescent teenagers go through major physical and psychosocial changes. In some cases, these changes prompt unhealthy lifestyle choices, by which I refer to the temptations of alcohol, tobacco, drugs and sex.

The additional contact moment may help to counter unhealthy, high-risk behaviour, or provide an opportunity to identify potential problems. I therefore consider the 'teenage check' a useful and sensible proposal.

I intend to let local authorities decide how and at what age this additional contact will take place. After all, teenagers in different towns and cities are likely to face different types of problems. I therefore believe that the local authorities are best placed to decide which groups they wish to address.

Ladies and gentlemen,

One of my mottos is, "lose sight of no child!" The introduction of a digital file for every young person aged under 19 will ensure that we can indeed keep a friendly eye on them all. By 2010, all organizations involved in providing health and welfare services for young people must have implemented the digital file, which will include information about the individual child, about his or her family situation, and about the general social setting.

I believe that the digital file system will greatly enhance the quality of care provided to young people. For one thing, it will be far easier and quicker to transfer information between youthhealthcare professionals. So information is always available and prompt action can then be taken, when necessary. Which is clearly in the child's best interests.

This brings me to a point which is currently demanding much attention within the youth health and welfare system, the matter of cooperation. There are many professionals and organizations involved; good cooperation is an essential precondition for effective services which focus on the child himself or herself.

All professionals who are directly involved in health and welfare services for young people must work alongside many other organizations and providers. Such cooperation takes place within the four walls of the 'Youth and Family Centres', but it also extends to external parties, such as the midwife who attends the birth and other professionals who assist the mother during the early weeks.

It extends to the general practitioner, the schoolstaff, social services and general welfare organizations. Similarly, the medical staff of the centres will have frequent contact with second-line providers, such as hospitals, mental health departments and youth welfare workers.

At the local level, there have been countless worthwhile initiatives to promote cooperation. I can offer one example from my home town, where the doctors, nurses and other staff of the child health centres convene every three weeks in 'workgroups'. They are familiarizing themselves with the 'Theory of Presence' and are now trying to put it into practice in their everyday work.

What exactly does this Theory of Presence entail? Well, time precludes me from explaining such an extensive concept in detail, but in essence it means that there should always be someone on hand in a vulnerable situation. This person is not there to pass judgement, but builds a constructive and informal relationship with the person or family requiring care. He or she builds trust with both parents and children, identifies what has to be done, and then does it!

The theory has been developed by Professor Andries Baart of Tilburg University. I have received many encouraging reports about the approach, and am very much looking forward to learning of the results.

I would like all the various professionals to venture outside their offices more often. They must visit parents and children in their own environment. I get the impression that this is indeed happening more often, and that greater attention is now being devoted to those parents and children who require assistance. I believe this is known as 'outreach' in your profession.

We are coming to realize that there are people – parents and children alike – who need help but who will not ask for that help of their own accord. As Minister for Youth and Families, I intend to encourage the extension of the outreach approach.

I believe that the Dutch youth health and welfare system is a great national asset. And I intend to ensure that it remains so. At the same time, we will pursue further improvements and innovations. After all, we are working not only for the young people of today, but for all those of future generations as well.

Ladies and gentlemen,

As I draw to my conclusion, the five newborn babies I mentioned earlier are now among us. I wish them all a healthy and happy childhood. And I wish you a very interesting and fruitful conference!  
Thank you for your attention.