



Area of Expertise

Youth Health Nurse

April 2014

v&vn
Beroepsvereniging van zorgprofessionals

Colophon

Authors

- Betty Bakker-Camu MSc, RN
- Marja van Kuppevelt, nurse
specialist prevention
for somatic disorders

Final Editing

- drs. Cuno van Merwijk

Design and Print

- Van der Weij Drukkerijen BV Hilversum

April 2014

2017 Translated by Mischa Orbons

© V&VN

Copying these texts is permitted

provided that the correct source is quoted.

Area of expertise of the youth health nurse was made possible
by the financial contribution of



ISBN/EAN 978-90-78995-23-4

Table of contents

1. Introduction	4
2. The youth health nurse in a changing domain	5
3. Context and positioning of the youth health nurse	7
4. CanMEDS-systematics and fields of competence	9
5. Roles and competences of the youth health nurse	10
5.1 Role as Expert	10
5.2 Role as Communicator	12
5.3 Role as Collaborator	13
5.4 Role as Scholar	15
5.5 Role as Health Advocate	16
5.6 Role as Manager	17
5.7 Role as Professional	18
6. Method and cooperating parties	20
Appendix	22

1. Introduction

Nurses & Caregivers 2020 (V&V 2020) is the extensive project that is utilized by nurses and caregivers in order to prepare themselves for the future. Important progress was made with the formation (in 2012) of the new Professional Profile of the Nurse and the Professional Profile of the Specialist Nurse. For the first time the responsibility for the professional profile was placed where it belongs: with the occupational group itself.

Professional profiles are important, since they clarify what may be expected of the nurse as well as what her competences are. They reveal the state of the professionalization of occupational practice both to the occupational group itself and to the many partners in healthcare and society. Moreover, they hold importance to health care institutions and inter-branch organizations, who functionally apply the professional profiles, and also for higher education institutions who base their educational profile and curriculum on it.

Due to, among others, societal, demographic, medical-scientific and technical developments, health care is constantly evolving. With the transition of health care tasks to local governments, which took place in 2015, there now is a true reformation of the social domain and role of the (societal health-) care within it. The definition of 'health' changes too: it is no longer the (lack of) disease, but the capacity to deal with (threatening) health-issues that determines in how far someone is considered 'healthy'.

Youth health nurses stand with one foot in primary care, with the other in public health care, both developing terrains par excellence. The V&VN fraction of youth health nurses is the contact point for all youth health nurses as well as being a voice for all the youth health nurses, being both a member of the V&VN public health nurses as of V&VN primary care nurses.

The fraction aims to further professionalize the occupation of the youth health nurse, as well as aiming to stimulate youth health nurses to share skills and experiences with one another. Therefore, the V&VN Fraction of Youth health nurses, commissioned by the V&VN Primary Care nurses, is putting together the Area of Expertise of the Youth health nurse. The Area of Expertise of the Youth health nurse is based on, and an addition to, the Professional Profile of the Nurse.

It chimes in with the current government policy, as well as with the aforementioned developments and the expected disappearance of the walls between the diverse sectors in health care, which is already partially underway. The nature of her work, which is primarily focused on collective prevention, is the most important distinction between the youth health nurse and her colleagues in other areas of expertise. Thus, chapter 2 firstly focuses in on professional practice in a strongly changing work environment. Chapter 3 describes the context and positioning of the youth health nurse. Chapter 4 describes the roles according to the CanMEDS-methodology, which will be further elaborated upon in chapter 5 with regards to the additional skills and experience which a youth health nurse must have at her disposal. Finally, chapter 6 describes how, and with whose input, this Area of Expertise has been developed.

2. The youth health nurse in a changing domain

Youth Health Care ('Jeugdgezondheidszorg' in Dutch, abbreviated as JGZ) constitutes part of Public Health Care, which is technically focused on populations, and not dependent on help-request. The majority of the approximately four thousand youth health nurses is employed by an institution of (home) care (known as 'GGD'), often affiliated with a Center for Youth and Family (known as 'CJG'). The youth health nurse is always part of a youth health care team, in which the pediatrician, child health care center- assistant, and/or doctor's assistant are her partners. The CJG's are responsible for an accessible supply of information, education, and general and preventative support in child-upbringing, which covers the basics and includes youth health care. They also need to ensure a closed chain. The municipalities do however have the freedom to decide the way in which they fulfill these tasks, which leads to significant differences therein on a regional level. In 2010 the Council of Public Health Care and Health (RVZ) already indicated that the focus of health care in the Netherlands would need to shift from 'care and disease' to 'behavior and health'.

But what does the word 'health' mean to us? The Dutch Center of Youth Healthcare (known as 'NCJ') applies Huber's definition (2011) of health: 'Health is the human capacity to adapt and to take control of direction in life in light of the physical, emotional, and social challenges life brings.' The Social Development Council (known as 'RMO') pleads in her advice to 'normalize' and to cease to equate 'care' with 'concern'. V&VN agrees with this advice: youth health nurses are able to contribute to this- also in the role they take on in family-support.

Based on the evaluation made by the commission 'De Winter' of the basic task package 'JGZ' the state secretary van Rijn of 'VWS' emphasizes the importance that 'all children need to be in the sight of a professional', by monitoring and detecting, screening, vaccinating, estimating the need for care, and enabling timely access to care. The state secretary wishes to empower youth and parents in their own strength, as well as strengthening the cooperation between the professionals involved. Furthermore, the focus is on 'normalization', access to care, and advising on behalf of healthy development. The commission 'De Winter' had taken the collective standpoint of the inter-branch and professional organizations (including V&VN) into account with regards to the advice given: 'Youth Health Care, a healthy foundation'. They argue for a broad basic offer in which concrete support and preventative (educational-) activities are included. Frans Feron, professor in the area of Youth Health Care, is of the opinion that 'JGZ' stands on the brink of personalized Youth Health Care: 'Anticipating the specific and individual needs of children and youth, using the ability to predict health-, growth-, and developmental risks, diagnosing and quantifying with the most recent scientific knowledge and advanced tools.'

In 2015 the new Youth-Law became into effect, which facilitated a governmental and financial decentralization of all support, help and care with child-upbringing in municipalities. In the new youth system the part of the JGZ for all children remains in the Law of public healthcare (known as 'WPG').

The JGZ thereby forms a fundamental part of the system. Since 2003, the municipalities have had to carry out the JGZ. Since 2015 the former specific care for groups with a certain risk-factor transitioned to the preventative part of the 'Youth-Law'.

It's still unpredictable to be able to say which consequences this new law will have for local organizations of the JGZ. Certainly, a strong profiling of the youth health nurse is of great importance. This Area of Expertise can be a contribution to that. Besides the named organizational changes there are also a number of professional substantive developments taking place. These will be discussed in chapter 3.

3. Context and positioning of the youth health nurse

Autonomous professional, diversity of partners

Youth health nurses are independent and autonomous professionals, who usually work in a multidisciplinary team. They tend to work in diverse settings: at schools, at the child health care center, or with youth at home. There is a wide variety of collaborative partners: besides the parent(s) and youth they also work with their own team members, their own organization, and networking-organizations such as the Centers for Youth and Family. Youth health nurses collaborate with other professionals in caring for youth in the social domain (general/youth- and school-societal work, schools, well-being work, voluntary work) and in primary care (home doctors, postnatal care nurses, midwives, physiotherapists, nutritionists, primary care psychologists), and also in hospitals and in youth care, youth mental health care and in care for youth with mild mental disabilities.

More frequently they also take part in independent or self-directed teams and can be a part of (social) teams in neighborhoods. Thus, they become the direct conversational partner of the financier and client, the municipality. In the future this may become the same way for the health care insurance provider. The task allocation within the Youth-Health Care team changes constantly: the reallocation of tasks between doctor, nurse, and child care center assistant / doctor's-assistant influences the required competences of the youth health nurse.

Flexible en creative

At home, at school, and in the social environment of youth, youth health nurses are visiting professionals, which requires that they need to possess the ability to be flexible constantly and adapt to different situations and clients with different personalities, demands of care and cultures. She indeed possesses a great deal of flexibility. Besides that, there is a more and more prevalent request on her to think creatively, out of the box, and outside of binding frameworks.

Prevention: a broad approach

The focus of the youth health nurse is on prevention and aims to protect, guard, and improve the health of the whole population, both individuals and groups, at a physical, cognitive, and social-emotional level. The aim is that all youth are able to grow up to become adults who give meaning to life and can take active part in society. With that, the attention isn't only focused on the individual youth, but also on the relationship between the youth and the environment. To be able to make a good analysis thereof, participation in mono-, multi-, and interdisciplinary consultation is essential. An adequate reaction to factors that can inhibit the development and the growing up of youth, demands a broader approach.

Advocate

The socio-economical position, age, and cultural background of clients varies dramatically. This asks for a generalist working youth health nurse who possesses knowledge of sociological, psychological, medical, pedagogical and societal fields of work, with a sensitivity to and knowledge of the diverse groups of clients, and with competence in the field of youth and family. Youth health nurses assist parents and youth with growing up and child raising. When there are conflicting interests, she acts as advocate of the youth. Additionally, whenever youth and parent are temporarily out of sight, the youth health nurse stays 'in charge'.

Developments in society and profession

Diverse societal changes influence the professional activity of the youth health nurse. Citizens are becoming increasingly autonomous and empowered; parents need a youth health nurse who can think *with* them and join them with regards to raising children and patterns of norms and values, as opposed to someone who takes on thinking *for* them, or forces her ideas on them.

As ideas about health and disease are changing, so is the context of youth, both within families as within their wider living environment.

Theoretical Models

The youth health nurse comes into contact with the whole client-system. This asks for a clear insight into the possibilities of those involved with the youthful client. The youth health nurse works with theoretical models and visions such as, amongst others, the model of Lalonde (1974) for the approach of health-related issues by collaboration between sectors, the International Classification of Functioning, Disability and Health (ICF, see Professional Profile of the Nurse) the ecological system-model of Urie Bronfenbrenner, the balance-model of Bakker for the estimation of capabilities/workload, the bio-psychosocial model, the presence-theory of Andries Baart and holism. The general assumption of the youth health nurse is that parents generally want the best for their child. If needed, the youth health nurse takes on the role of advocate of the youth. Knowledge and use of (ICT) and social media plays an increasing part in performance of work.

Health Themes

Political decision making in some cases directly influences the professional practice of the nurse, as seen with the implementation of the agreed protocol with regards to female circumcision, the reporting code for child abuse, and the referral index. Important health-themes are: prevention of child abuse (which includes the prevention of shaken baby syndrome and genital mutilation of girls), regulating internet use, school absenteeism, sick leave, and early school leaving, healthy weight, smoking, safe sex, use of alcohol and drugs, resilience and depression.

4. CanMEDS-systematics and fields of competence

As was noted earlier, the Area of Expertise of the Youth health nurse is an addition to the professional profile of the nurse. The youth health nurse, too, is first and foremost a college trained *nurse*. The professional profile uses the CanMEDS-systematics (Canadian Medical Education Directions for Specialists). These systematics are composed of seven different fields of competence, also known as 'roles'. The essence of the professional practice is the nurse as caregiver. This essence is applicable to all fields of expertise. The role of caregiver gives direction to the remaining CanMEDS-roles. There is a schematic depiction of this in Figure 1.

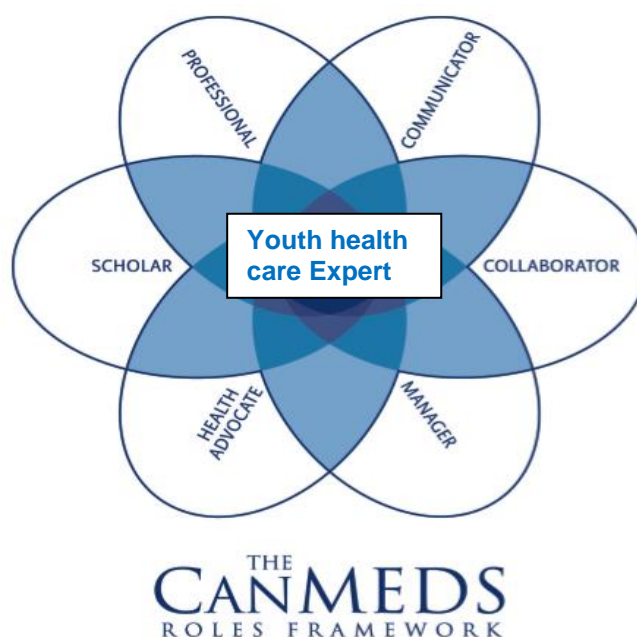


Figure 1. CanMEDS-systematics

The Area of expertise of the youth health nurse is also outlined based on the 7 CanMEDS-roles.

In chapter 5 every field of competence comes with a short introduction. To clarify the connection between the professional profile and the field of expertise, firstly the necessary knowledge and competences from the professional profile are reiterated. Subsequently, the additional knowledge and competences that stand out with regards to the youth health nurse in comparison to other fields of expertise, are described. The knowledge and competences of the professional profile, together with the additional descriptions in the field of expertise of the youth health nurse, come together as one whole. Together they encompass the complete domain within which the youth health nurse operates.

5. Roles and competences of the youth health nurse

In this chapter the additional knowledge and competences the youth health nurse needs to possess are addressed, with regards to the professional profile of the nurse. These additions are created during round-table discussions of youth health nurses (see chapter 6) and are mainly concerned with the roles of caregiver, communicator, collaborative partner and manager.

5.1 Role as Expert

The youth health nurse works together with and for healthy youth (0-18 years old, with a margin of -9 months up to 23 years old) and their parents, and focuses on both collective and individual universal, selective and indicated prevention. She follows youth throughout this whole period (longitudinally). She supports the parent(s) in child rearing and raising and reaffirms positive behavior of the parent(s).

The large majority of the youth that come into contact with youth health care is doing well, and does not have an actual demand of care or help. The youth health nurse is aware of all youth, including those which cannot be reached directly, but who receive care elsewhere and are reported to the JGZ.

When it comes to youth with chronic illnesses or handicaps, the youth health nurse also focuses in on healthy development and education. She cares for the functional integration of youth with developmental- and health-problems through protective and stimulating measures. She is capable of recognizing risky situations promptly.

Based on observations and/or signals, the youth health nurse is able to give short-term and light treatment (pedagogic support/focused on self-care), so that a demand does not become a problem. Additionally, in the neighborhood or at school she brings together parents/youth with similar demands or the same age range. This way, she contributes to translating educational demands within the regular child-rearing context (normalizing).

Youth health nurses are capable of building a relationship with parents/youth, taking into account cultural, personal and socio-economic aspects. Youth health nurses take into account the fact that parents can feel vulnerable due to the intervention of the youth health nurse entering into their personal life.

During the first few years of a child's life, the youth health nurse plays a greater role in supporting parents than during the time in which the child goes to school. The young child develops more quickly and there is a higher chance of abnormalities, problems and disorders, which can be identified by the youth health nurse. The development of the youth from 6 years old up until early adolescence is generally a stable and uneventful period; the youth health nurse supports the teacher at school in the ability to identify (threatened) development of the youth.

Knowledge base

- Is aware of the basic principles of anatomy, physiology, pathology and pharmacology
- Is up to date with developmental psychology, phases of life, principles of self-management and coping strategies
- Knows and understands the theoretical models on which her activities and interventions are based
- Knows the sources of nursing techniques and up-to-date guidelines / protocols and professional standards

Additional knowledge

- With regards to the fields of knowledge mentioned above, has specific knowledge surrounding the development and raising of youth
- Possesses knowledge of action directed approach to work and of the International Classification of Functioning Disability and Health- Children and Youth (ICF-CY)
- Knowledge of the healthy development of the youth in his/her context and living environment
- Knowledge of styles of child raising, child raising support and interventions in the field of minor child raising support.
- Knowledge of the National Vaccination Program.

Skills and attitude

- Is able to collect information in a variety of ways, and able to analyze and interpret this information
- Is capable of determining nursing care based on clinical reasoning, focused on maintaining or (once again) acquiring the self-management of the patient/client and his/her relatives
- Is able to estimate risks, observe problems in a timely fashion, choose and implement interventions, monitor the course of action, and evaluate results with regards to problems in care in the four areas of human functionality. .
- Is capable of working according to guidelines and to deviate from guidelines in a substantiated manner if the situation and/or her own professional and/or moral considerations call for this.
- Is able to support the patient/client with personal care and where needed, to take over personal care.
- Is capable of performing all tasks, including those of high risk, taking into consideration her own competence and ability.

Additional competences and attitude

- Watches over complex situations and recognizes patterns surrounding problems of the youth.
- Is capable of estimating together with the parent/youth capabilities and workload
- Is capable of stimulating self-reliance. Responds sensitively to societal developments, styles of child rearing and child education support, cultures, and the healthy development of the youth in his/her context/ living environment in order to detect any threatened disruption of the youth's development and to be able to intervene in a timely manner or refer to this.
- Is able to recognize and remove any barriers in the accessibility to preventative health care for youth and their parents
- Is able to implement measures surrounding vaccinations or other medical subjects in close collaboration with the youth doctor.
- Gives care and advice both when asked and on her own initiative at both an individual and a collective level, for example when the feeling arises that ' something's not right', and also when there's a conflict of interests between the collective and the individual.
- Is able to organize continuous care, based on taxation of the gravity of the situation, the right moment of referral, and following up with the referral.

5.2 Role as Communicator

The youth health nurse has two clients and has to be able to continuously shift from the perspective of the parent to that of the youth and vice versa, taking into account the values, norms and autonomy of the parents and/or youth. The parent is namely a priori the expert when it comes to his/her own child.

She bears in mind both the youth and the system wherein the youth moves, and the context within which the youth and the family are positioned. The youth health nurse communicates not merely with individuals, but also with groups. She moves constantly amongst the youth and the various environments wherein the youth grows up (family, school, free time, virtual). The correct abilities and attitude are of importance, the realization that she possesses knowledge, but isn't the 'expert', as well as knowing and feeling into when it is appropriate to give advice.

Knowledge

- Possesses knowledge surrounding levels of communication (content, procedure, process)
- Knows the most important styles of communication and puts these into practice in intervention.
- Knows various ways of influencing behavior and of strengthening of the position of the client
- Is up to date with the newest applications of ICT (among which are social media and E-health)

Additional knowledge

- Knows the opportunities and limitations of various communication methods (such as verbal, written, physical, and electronic communication)

Competences and attitudes

- Is able to communicate in a focused way in a content-, procedure-, and process-level and can flexibly transition between these levels of communication.
- Is able to apply communication methods that are appropriate for the particular patient/client and the level of communication: listening, asking questions, summarizing, paraphrasing, mirroring, giving reflections of the patient/client's emotions.
- Is excellent at formulating, verbally and written, translating professional jargon into 'normal human language', and vice versa.
- Is able to give advice, to instruct and motivate the patient. Is digitally capable, can use the internet with ease and uses social media in a professional manner.

Additional competences and attitude.

- Sees and recognizes children's signals and interaction between parent and youth and is able to communicate about this with the parent and/or youth. Is capable of taking charge and advocating in the interest of the youth in the case the youth is being threatened (role of advocate).
- Is able to plug in to the usual communication with collaborative partners and within the administration and municipal politics.

5.3 Role as Collaborator.

Youth health care forms the link in the continuous support (the child-following system) of youth that are between -9 months up to 23 years of age. For the young child the youth health nurse serves the role of case manager: she oversees the whole process between collaborative partners, roles and tasks, forms joint determination of objectives, detects and prevents gaps within the collaboration.

Within the dynamic field of youth health care, the youth health nurse collaborates with the youth doctor and doctor's assistant and with many and quickly changing collaborative partners and practitioners in care, education, and wellbeing. Her own positioning, vision of care and the competences in the area of collaboration and the recognition of her own boundaries are of great importance. Additionally, she must be able to be efficient at charting in the digital record of youth health care, and at discussing and making referrals with an equal, collegial and open attitude.

All of the above both in relation to the parents/youth and their relatives, as well as within her own youth health care team, within the multi-disciplinary team, and with other collaborative partners.

Knowledge

- Has a vision with regards to collaborating, knows the current standards and set of guidelines within those.
- Possesses knowledge of collaborative processes, such as group formation and teambuilding, team-roles, group dynamics, and giving and receiving feedback.
- Is aware of the collaborative partners, their roles, expertise and capacities.
- Is up to date with collaborative processes and the organization of the care in her own region.
- Is familiar with (potential) collaborative partners outside of care
- Possesses knowledge of effective and efficient documentation and transfer, including the use of ICT and national laws and regulations within this.

Additional knowledge

- Knows the social map and contributes to the actualization of this social map and the objectives, methods of the various institutions of the municipality/region.

Competences and attitude

- Is able to collaborate with patients/clients and their relatives, caregivers, to support them and where necessary, make a referral.
- Is able to formulate and bring forward her vision with regards to collaboration.
- Is able to contribute in teams and collaborative processes, and to position herself within these, without being shy of confrontations or differing opinions.
- Is able to chart in an efficient and effective manner, to discuss and transfer, with an equal, collegial and open attitude. Both regarding the patient/client and their relatives, within her own nursing team, within the multidisciplinary team, as well as with other collaborative partners.

Additional competences and attitude

- Is able to handle confrontations and differing opinions between collaborative partners, her own organization, and parents/youth. With that, keeps looking for a communal goal and aims to find a balance.
- Is able to initiate network contacts and district-initiatives in the field of education and child rearing.
- Can handle the tension between the demands of the municipal client and the way she practices her own profession.
- Is able to bring together experts for a health- or educational question and to take on the coordination for this to happen.

5.4 Role as Scholar

The youth health nurse works independently, and because of this, direct and collegial support and discussion aren't always possible. Due to this, the reflection on her own performance is accentuated. Knowledge of her own values and norms is indispensable in order to be able to give objective support. Being aware of the choices that have been made and of the limitations of her own caregiving is of great importance, also when one deviates from the regular routine of action. Control and support take place from a distance, for example through team-meeting, inter collegial testing and video-interaction support. Being able to lead an intervision meeting or to indicate a moral deliberation and being able to handle ethical dilemmas, are competences which characterize the youth health nurse.

It's expected of a youth health nurse that she is able to initiate research, to take part in (scientific) research, to assess scientific literature for its value, and to collaborate in a project-based manner

Knowledge

- Understands the principles of Evidence Based Practice.
- Has elementary knowledge of methods of research.
- Possesses knowledge of current themes and developments within the area of her own profession.
- Is up to date with the applications in the field of knowledge development and sharing
- Knows the principles of reflective working practice
- Possesses knowledge of philosophical and religious beliefs and movements.
- Understands the moral-ethical context of care-giving.

Competences and attitude

- Stays up to date with professional literature. Knows how to quickly access information on the internet
- Is able to participate in practice research.
- Develops herself, among other ways, through self-reflection and self-assessment of her own results.
- Is able to approach her own performance in a self-critical and self-appreciative manner; dares to correct herself and knows her own positive qualities and pitfalls.
- Is able to receive feedback from her colleagues and managers and to integrate this in her conduct
- Is able to give colleagues and students feedback on their conduct and professional behavior
- Is capable of moral reasoning and of anticipating ethical questions and questions surrounding meaning and purpose patients may have.
- Is able to support patients/clients and their relatives with decision-making surrounding the treatment, and the continuation or discontinuation of a treatment/support.

Additional competences and attitude

- Knows the knowledge centers of youth health care and is able to apply the searched information in an adequate manner.
- Is aware of the fact that she is situated within the personal living environment of the parents and youth, and is able to tune into this.

5.5 Role as Health Advocate

The youth health nurse engages herself in fostering the health of youth. She focuses on the relationship between health and behavior, on the one hand by empowering youth to choose health, and on the other hand by stimulating a healthy living environment. With that, she takes into account individual and group characteristics, and the physical and social environment, and the decisions of the government. She collaborates with local and regionally recognized organizations in the domain of preventative health care. The youth health nurse possesses knowledge of the growth and development of the youth, of a healthy parent-child relationship, and which factors are of influence with regard to this. Additionally, she possesses knowledge of the indicators of a healthy lifestyle, and the ways in which these are influenced. She is capable in precautionary counseling at primary, secondary, and tertiary levels. She detects trends and collective health risks. She is capable of translating individual findings to the collective and vice versa. She initiates and develops collective activities.

Knowledge

- Possesses knowledge of epidemiology.
 - Possesses knowledge surrounding prevention and health-counselling, health- and behavioral determinants.
 - Possesses knowledge of the principles of self-,management, lifestyles, behavior, coping, and ways of influencing behavior.
 - Is familiar with the ways in which healthy behavior can be stimulated.
- Is aware of different cultures and culturally bound beliefs surrounding health and culturally bound health-issues.

Additional knowledge

- Knowledge of healthy and unhealthy ways in which youth are involved with the internet/ social media.
- Knowledge of the demographic makeup of a neighborhood, municipality or school, the prevention of threatening health situations and ways of growing up and vulnerable target groups.
- Knowledge of other cultures and habits. Knowledge of organizations with specific expertise in the terrain of health promotion.

Competences and attitudes

- Is able to collect data in a wide context, focused on early detecting and risk-assessment.
- Has competences in the field of outreaching care and intervening care.
- Is able to strengthen the social network surrounding a patient.
- Is able to think with policy makers and make propositions for necessary programs.
- Is able to participate in collective/ group-oriented prevention.

Additional competences and attitude

- Is capable of recognizing coping-mechanisms of parent(s) and youth and based on those, to strengthen self-management.
- Can initiate, develop, and put into action collective and group-focused prevention.
- Is able to activate networks surrounding parents/youth.
- Detects the misuse of social media, and intervenes.

5.6 Role as Manager

The youth health nurse functions within network-organizations. An important task lies within making her own work visible own to the organization, the collaborative partners, the municipal officials, and the (local) politics.

She knows how the municipality and the municipal politics function, knows parent and youth- initiatives and anticipates societal developments, societal laws and regulations. She knows the activities of 'district teams' and/or the CJG.

Knowledge

- Knows the various types of organization and principles from organizational studies.
- Has commercial and professional insight and knowledge of the funding of health care.
- Possesses knowledge of the newest information- and communication- technologies.

- Knows how to influence the policy of an organization.

Additional knowledge

- Knowledge of the organization of public health care, youth health care, education, well-being, child care, pre-school facilities and – education.
- Knowledge of the municipal infrastructure
- Knowledge of project-based working and processes of change.

Competences and attitude

- Is able to coordinate care surrounding patients/clients, between disciplines and organizations and to ensure continuity of care.
- Makes decisions about policy (prioritizing) and means for the individual patient/client care.
- Handles materials and means in a responsible manner.
- Takes (behavioral) rules and protocols that are a part of the functional responsibility into account
- Is very apt in the field of information- and communication technology.
- Contributes to the patient/client safety and the working climate within the organization.

Additional competences and attitude

- Is capable of detecting the discrepancy between organizational interests and interests of the parents/youth, to bring these to the table within her own organization and to suggest solutions.
- Is able to implement the correct methods to influence the policy of the organization.

Is able to put together a team in such a way that all competences are present and can be used optimally.

5.7 Role of Professional.

The youth health nurse has a large amount of freedom of choice (autonomy) and responsibility. She has to be able to make decisions independently and to make a good estimation of risk. She translates individual data to a collective level and is able to translate analyses into suggestions for improvement on district-, (pre)school- and/or municipal level.

Knowledge

- Knows the laws and regulations applicable to the career practice of the nurse and the context within these are employed.
- Knows how to monitor results of health care.

- Is aware of current guidelines.
- Possesses knowledge surrounding quality frameworks and professional and personal leadership.
- Knows her own values and norms and those of the occupational group (professional code).
- Knows the limitations of both personal and professional conduct (personal and professional responsibility).

Additional knowledge

- Knowledge of specific laws in youth health care,
- Knows the rights of the child.
- Is aware of the privacy tool with respect to health care for youth.

Competences and attitude

- Is goal-focused, works effectively and efficiently.
- Is able to bring forth her vision with regards to quality of health care in an understandable language.
- As a member of the occupational group, abides by the professional code of the nurse, regulations of the organization and legislation.
- Is able to manage fields of tension, such as professionalism-involvement and distance-closeness.
- Is a proud and self-aware practitioner, ambassador of the profession.

Additional competences and attitude

- Is able to translate quantitative and qualitative registered data to district or municipal data and policy proposals and therefore (help to) develop an appropriate approach focused on prevention and solutions for health-problems.
- Contributes to the quality-system by, for example, performing internal audits.
- Is able to deploy an improvement process or to collaborate in the formation of a protocol, guideline, or questionnaire
- Is a member of the field of expertise of the youth health nurse of the Quality Register Nurses and Caregivers.

6. Method and cooperating parties

This Field of Expertise has been written by the V&VN Fraction Youth health nurses, the occupational group of youth health nurses. The Fraction Youth Health Nurses is a collaborative association of V&VN Primary Nurses and V&VN Public Health Care Nurses. The Fraction gathers ideas and opinions of her members, comes to a standpoint, and gauges this as much as possible with the constituency. The Fraction conveys its standpoints in notes, at symposiums, in workshops, in commissions and in national discussions with amongst others the Ministry of Health Care, Wellbeing and Sport (VWS), Inspection for Health Care (IGZ), Dutch National Institute of Public Health Care and Environment (RIVM), Doctors Youth Health Care the Netherlands (AJN), Dutch Youth Institute (NJI), ActiZ, Branch organizations for care providers, GGD the Netherlands and the Association of Dutch Municipalities (VNG).

The content-input was delivered by the youth health nurses and nurse specialists preventative care, who took part in the Round Table.

Participants Round Table

Utrecht

Bas van Oort, Lia Denekamp, Huub Sibbing, Monica Bulcke (VWVJ, Vlaamse Wetenschappelijke Vereniging voor Jeugdgezondheidszorg, Leuven), Jeanneke Leferink, Willy Brink, Mieke Smid, Bente Allesie, Inge Parlevliet, Anneke Driessen, Eveline Alberts, Ingrid Brokx, Betty Bakker-Camu, Marja van Kuppevelt, Margreet Verdel, Jolanda Rutten

Venlo

Loes Kempen-Jansen, Angelique Smals-Diels, Dorie Rikken, Bea van den Brandt-Beerkens, Marian Joosten, Len Hoeijmakers, Thomas Habricht, Monique Streng, Elly Kusters, Helmi Mighorst-Mennen, Melanie van Samsbeek, Nelly Classens, Ingrid van Grinsven

Zaandam

Irene Rutte, Yvonne Bak, Paulien Ruiter, Cunie Hilhorst, Tineke Schouten, Koske Schelvis, Irene van Amersfoort, Jirina van Doorn, Liesbeth Rozemeijer

Goes

Mayke Roodzant, Lia van Aaken, Marian van Belzen, Olga Bloembergen, Ingrid Everaard, Liesbeth

Hagenaars, Martin van der Hoek, Helma Hulscher, Maja de Koeijer, Marli Marrees, Anneke Marijne, Carina

Mens, Janny Oosting, Kristina de Regt, Roeland Vis, Jacoline de Visser, Isabella de Vrede, Ria van Wylick,

Francis Wiggers, Patricia de Zeeuw, Willy Lastdrager, Daniëlla Vette, Annemieke Ypma

Arnhem

Violette Vallen, Lianne Verstraeten, Marianne Rudolph, Aline Beijers, Ria Kooiker, Erica Weener, Yvonne

Westerhof, Annemarie van de Flier, Annemieke Rexwinkel, Mirjam Bels

Co-readers of the concept-version

Bente Allesie, Monica Bulcke (VWVJ), Francis Wiggers, Violette Vallen, Lianne Verstraeten, Rita Heinen

Consultative group

Caroline van Mierlo-Renia, chairman National Consultation Education Nurse (LOOV) Ivonne

Plekkenpol, director of Jong Florence.

Margot Kobussen, chairman scientific committee V&VN Fraction Youth health nurses.

Sophia Hoogendoorn, board member V&VN Primary Care Nurses

Mariska de Bont, policy maker V&VN Primary Care Nurses

Nellie Kolk, advisor V&VN

Co-reader Final Draft: Jacqueline de Vries, ActiZ

Appendix

Notes:

1. Professional Profile of the Nurse, V&VN 2012
2. For easy reading the nurse is referred to as 'she', but of course this could also be a 'he'.
3. Zorg voor je gezondheid! Gedrag en gezondheid: de nieuwe ordening, RVZ Discussienota, 2010.
4. Betrokken en Nabij; Contouren van een visie op Publieke Zorg voor Jeugd en de rol van de zorgverleners daarin, NCJ, 2012.
5. Ontzorgen en normaliseren Naar een sterke eerstelijns jeugd- en gezinszorg, RMO, 2012.
6. Een stevig fundament, Evaluatie van het basistakenpakket jeugdgezondheidszorg, Commissie evaluatie basistakenpakket JGZ, februari 2013.
7. Standpunt advies basispakket Jeugdgezondheidszorg, drs. M.J. van Rijn, juni 2013.
8. Jeugdgezondheidszorg een gezonde basis, standpunt over het basisaanbodpreventie jeugd, ActiZ, GGD Nederland, AJN, V&VN, NVDA, NCJ, november 2012.
9. JGZ op de drempel naar gepersonaliseerde zorg, B. Doove, J. Heller, en F. Ferron, TSG,7-2013.
10. Where there is a reference to 'parent', this is also meant to include the potential partner and/or caregiver/ educator.
11. The term 'Youth' refers to children and young adults from 0-19 years of age.
12. Aansluiten bij ouders van vandaag; Samen met ouders een passende route uitstippelen voor de ondersteuning van kinderen bij het opgroeien en opvoeden, NCJ, 2012.
13. Bronfenbrenner U., and Morris, P.A. (1998). The Ecology of developmental processes.

14. Balansmodel, I. Bakker e.a. 1998, zie www.nji.nl.
15. The bio psychosocial model is an extension of a medical model of human functioning, within which there is both attention for biomedical aspects, but also for psychological and social factors which are contributing factors for illnesses and the healing process. (Wikipedia).
16. Een theorie van de presentie, 2004, Boom Lemma uitgevers.
17. We continue to use the term ' roles' .



April 2014

© V&VN

Copying these texts is permitted
provided that the correct source is quoted.

ISBN/EAN: 978-90-78995-23-4