Editorial

# Developing youth care: the challenge of integrated school health promotion

Integrated care generally refers to care for the elderly. Fragmentation in health and social care services creates the need to develop coordinated activities and cooperative networks in order to achieve a more cohesive set of services for the elderly. This is seen as being highly desirable by care providers, politicians, care users and financiers, mainly for reasons of quality and efficiency. However, this problem is not just limited to care for the elderly.

Youth care services face similar problems. This sector comprises a variety of services including mother and child care, family support, mental health care services and school health activities, ranging from welfare work and universal prevention to cure and permanent care. These services are delivered and supported by a variety of institutions, such as juvenile mental health care providers, school social services, youth welfare services, sports clubs, schools and even juvenile detention centres. Each provider has its own vision on youth care services, its own type of professionals (from medical staff, to welfare workers and from psychiatrists to health promotion workers) and its own methods. All this leads to fragmentation of services. In a number of European countries it is quite common for youth care providers to work at cross purposes, which produces gaps and overlaps in service provision. All this creates the need to invest resources into achieving greater levels of collaboration so as to develop cohesive sets of services, fitting clients' needs, preventing confusion and adding to effectiveness and efficiency. In addition, as in the case of care for the elderly, youth care has to deal with the question of sustainability. In other words, how to integrate collaborative practices into the daily routines of youth care workers?

In the case of schools, health promotion comprises a variety of activities. This is not limited to health education lessons, developing social skills, healthy food and smoking, drugs and alcohol problems. It also entails the development of a health promoting physical and social environment and pupils' life skills, conceived of as their competence to engage in health promoting lifestyle behaviour. One might say that these modern notions of school health promotion are based on the concept of comprehensive school health.

A recent publication by Clift and Jensen [1] reports that the development of comprehensive school health care in Europe became popular in the early 1990s as a setting-specific approach to health promotion. In the school setting participation of pupils, staff and preferably parents/carers and other relevant stakeholders is sought to develop and implement a school health policy in a semi-structured manner. The idea of the health promoting school has already been broadly accepted, not only in Europe, but also in for example the United States and Australia. In Europe it was promoted by the establishment of the European Network of Health Promoting Schools in 1992. This network started with four member states in Eastern Europe and currently comprises over 40 country members. The field of comprehensive school health faces a challenging task. Even though developments of school health promotion have been widespread, especially in the English-speaking countries, the inclusion of comprehensive health promotion in school policy has not yet made significant advances.

Effective school health strategies are not often included in the daily routines of teachers and school health workers nor are they embedded in school or local (or national) policies.

A broad range of research reports that attaining comprehensiveness based on collaboration on a broader scale is still in its infancy. Evidence from the Netherlands for instance demonstrates that school health promotion and preventive youth care are fragmented, supply driven, primarily focused on individual pupil care and rarely address the specific needs of a school and its population directly. To change this, pilot projects have been developed in several countries, including Sweden, Latvia, Finland and the Netherlands. Progress has been made. However, as is the case in other health and social care domains, the integration of visions and care activities in school health care and the creation of collaborative work processes and structures is a laborious job. An additional complicating factor in effecting comprehensive care in the education sector is, that the core business is teaching, not care. In reality, good intentions are often impeded or compromised by factors such as organisational and professional constraints, local policies or managerial problems. Moreover, once a certain level of integration and comprehensiveness has been achieved, sustainability cannot be guaranteed. For example, several

case studies from Sweden demonstrate that continuity was broken by relatively simple events, such as the changing of a school's headmaster or prevailing technical and/or administrative problems.

Working on the integration of services is governed by influential mechanisms rooted in professional, organisational and environmental origins, no matter which health and social care sectors are involved, ranging from youth care to care for the elderly. Exchange of experiences from all these different care domains as well as scientific analysis of these experiences might help care providers, managers or politicians make little steps forward on the way toward integration. For that reason the *Journal of Integrated Care* is welcoming these descriptions of in-the-field experience and analyses from all care domains, including youth care and school health promotion.

Ingrid Mur
*Associate professor University of Maastricht, editor IJIC*

Mariken Leurs
*Programme coordinator Youth, Netherlands Organization for Health Research and Innovation*

## Reference

[1]  Clift S, Jensen BB, editors. The health promoting school: international advances in theory, evaluation and practice. Copenhagen. Danish University of Education Press; 2005.