Health needs of children in State care

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“Children in out-of-home care live very complex lives. They experience divided loyalties to the people they live with, who provide the day-to-day care and protection they need, and also to their birth families for whom they may have strong but ambivalent feelings. These children need intensive support so that they have the chance to develop a sense of stability and to enjoy the same opportunities and outcomes as other New Zealand children.”
Female, age 19 years about experience in CYF care

I just thought it took only one call for me and my sister to be uplifted without a question, without even coming in to meet my dad or anything. I mean I understand now he drank a lot and my mum and dad used to fight but we were never hit, we were never mistreated, we got our food, we went to school sometimes, and I can understand why they took us away now, but being a young kid and being taken away, you think oh my gosh my parents are like awesome, they’re like the best

OCC, State of care, 2016
Pitama et al, 2015
Children and young people in State care have at least the same health needs as other children (e.g. asthma, allergy, obesity/overweight)

... more likely than other children to experience incomplete immunisation, developmental disorders, substance use, early sexual initiation, teen pregnancy, and untreated mental health conditions

USA 30–80% of children who enter foster care have at least one physical health problem and at least one-third have a chronic health condition

UK 80% of ‘looked after’ children and young people had at least one physical, mental or behavioural health need

Health needs audit for looked after children and young people in the care of the London Borough of Hillingdon, 2016

Szilagyi et al, 2015
Gateway assessment

For every ten children or young people who completed a gateway assessment:

• Three had a mental health need
• Five had emotional needs
• Three had developmental needs
• Six had learning needs
• Three had dental needs
• Four had needs as a result of parent or caregiver alcohol or drug addiction

OCC, 2016, State of care
Wairua: Developing the life story

• Process of providing children with access to a coherent story of their life
• Learn about themselves, their families and their past, and to manage emotions, particularly emotions associated with negative experiences
• Inconsistent record keeping can lead to wrong decisions by professionals and adversely affect the child or young person
• Health sector: ensure a comprehensive health record is available to the child, young person and their caregivers, as part of the life story record
• Health professionals should ask to see records of the child’s lived experience to date, and ensure important medical information is included and available to the child and any future caregivers

Atwool, 2015
Iwi katoa: NICE principles for services and systems

• Put the voices of children, young people and their families at the heart of service design and delivery

• Deliver services that are tailored to the individual and diverse needs of children and young people by ensuring effective joint commissioning and integrated professional working

• Develop services that address health and wellbeing and promote high-quality care

• Encourage warm and caring relationships between child and carer that nurture attachment and create a sense of belonging so that the child or young person feels safe, valued and protected

• Help children and young people to develop a strong sense of personal identity and maintain the cultural and religious beliefs they choose

• Ensure young people are prepared for and supported in their transition to adulthood

• Support the child or young person to participate in the wider network of peer, school and community activities to help build resilience and a sense of belonging

• Ensure children and young people have a stable experience of education that encourages high aspiration and supports them in achieving their potential

National Institute for Health and Care Excellence, 2015
(Some) conclusions for NZ health services

• Children and young people in State care have high needs across all health domains, including secure whānau and family attachment as well as timely assessment and effective management of physical, spiritual, and mental health needs.

• Health services have a major role in identifying children and young people in need of care and protection, and in working collaboratively with other agencies.

• Key infrastructure elements to achieve positive outcomes will include gathering and use of good data, development of staff knowledge, skills and understanding, and effective community programmes to improve child safety.

• Identify children and young people in State care, ensure vulnerable children, young people and their caregivers have a sound understanding of existing health concerns and the management of them.

• Need excellent co-ordination between paediatric and youth health services and mental health services within and between DHBs.

• Need community development initiatives to strengthen parenting skills, provide early additional support when required, reduce social inequalities overall and promote good child development.
References:


Royal College of General Practitioners, Royal College of Nursing, Royal College of Paediatrics and Child Health. 2015. Looked after children: Knowledge, skills and competences of health care staff. Intercollegiate role framework http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf accessed November, 2016