

INTRODUCTION

There are over 5,500 children and young people in the custody of the State in New Zealand. More than half of them have Māori recorded as their primary ethnicity. Their complex experiences and life stories have important implications for health services. There has been limited research on factors associated with wellbeing of children in State care in New Zealand.¹ Research in other countries has shown that children and young people in State care are a very vulnerable population group with special health care needs that are often unrecognised.^{2,3}

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.⁴ 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 children⁵

CHILDREN'S EXPERIENCE OF STATE CARE

Children and young people in State care have experienced a lack of nurturing care, and this lack can have a serious impact on their health.⁶ Transition into State care often meant that there were abrupt changes in young people's lives, for example, separation from their siblings, living in a different geographical location and having to change school. Few young people reported any support to help them manage the trauma and emotional impact of being removed from their family or being moved from placement.⁶ Finding a sense of family in an environment where they feel accepted and loved is critical for young people. Caregiving arrangements need to be well matched to the young person's age, gender and stage of development. A key mark of effective caregivers is that they identified a strength area or a source of happiness and supported the young person to excel at something.⁶

Key messages from young people who have experienced State care can be summarised as below:^{7 (p. 7)}

- **We need to feel like we belong.** Children and young people wanted help to manage relationships with family, opportunities to learn about and connect with their culture, and to be able to enjoy their childhoods with a range of activities, a positive school life, and no stigma attached to being a "CYF kid."
- **Involve us, listen to us, and communicate with us.** Children and young people wanted to be given a voice in decisions that affect them, involved in care plans and transition planning, and communicated with clearly and respectfully.
- **Social workers have a big impact on our lives.** Children and young people spoke in detail about their interactions with social workers. Their comments highlighted that, as the chief interface between the child or young person and [the State], the social worker plays a critical role in determining whether the child has a positive or negative experience in the care and protection and youth justice systems.

HEALTH NEEDS OF CHILDREN IN STATE CARE

Gateway assessments of health and education needs have been provided since 2011 for New Zealand children and young people who may be at risk of coming into State care, entering care or already in care.⁸ 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.⁶

In addition to their important health care needs, children and young people in State care experience barriers in accessing appropriate and continuous care that can worsen their prognoses.⁹ International literature identifies the following health needs of children and young people in State care:

Whanau: Many young people could not understand why the offending adult(s) remained at the home while the child was the one taken away.⁶ It is of critical importance that children and young people in out-of-home care find a sense of family in a competent, caring, nurturing, stable foster or kinship placement i.e. an environment where they feel accepted and loved.³

Tinana: Children and young people in State care have at least the same health needs as other children (e.g. asthma, allergy, obesity/overweight).² In the 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.³ In a UK study 80% of 'looked after' children and young people had at least one physical, mental or behavioural health need.² Children and young people in State care are more likely than other children to experience incomplete immunisation, developmental disorders, substance use, early sexual initiation, teen pregnancy, and untreated mental health conditions.^{2,3}

Hinengaro: Maltreatment and serious neglect, multiple placements, and temporary or disrupted relationships with caregivers reduce the likelihood of creating secure attachments that are crucial for developmental health. Almost half of children and adolescents in child welfare systems met criteria for a current mental disorder (almost four times higher than in the general child and adolescent population).⁹ Children in foster care may be prescribed psychotropic medications at a higher rate than other children, with higher rates of polypharmacy and longer duration of treatment.³ Prevalence studies among young adults who were in State care as children show high rates of clinically significant mental health problems, chronic medical illness, unemployment, poverty and homelessness. One study found a prevalence of post-traumatic stress disorder (PTSD) twice that of combat veterans.⁹

Wairua: Children and young people in State care expressed a clear need for help to manage relationships with family as well as opportunities to learn about and connect with their culture.⁷ An ongoing record of their life is an integral part of this.¹¹ Ensuring that a comprehensive health record is part of the life story record is a positive contribution that health services can make to children and young people in State care. Health practitioners can ask to see records of the child's lived experience to date, and make important medical information available to the child or young person as well as to any future caregivers.

Taiao: A safe environment that promotes the wellbeing of children and families has a focus on increasing neighbourhood cohesion, evidence-based delivery of early childhood education and advocacy for increased incomes for poor families that, in itself, has been shown to increase the wellbeing of children.¹² Although it is rare, children may experience further abuse or neglect in foster homes.³ Health professionals are in a privileged position meeting with children and young people in State care and can include assessment of placement safety in clinical encounters.

IWI KATOA: HEALTH SERVICE IMPLICATIONS

There is a need for health services to prioritise work with vulnerable children ahead of their general accountability for universal services, acknowledging the fact that vulnerable children are harder to reach and have more complex needs.⁶ The National Institute for Health Care and Excellence (NICE) in the UK has articulated a group of principles that apply to all services for children in State care, including health services:^{13,14}

- 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

Health services have a major role in identifying child abuse and neglect and lodging appropriate reports of concern. The New Zealand Clinical Network for Child Protection provides a source of expertise on issues of child abuse and neglect across the country. The Network acts to assist in the co-ordination of services to abused and neglected children and young people and to guide effective practice.¹⁵

District health boards and other health services need to be well prepared to deliver services that support healing and recovery for children, young people and families. The high prevalence of mental health conditions among children in State care, and the shortage of mental health professionals, calls for strong collaboration between paediatric and mental health partners.³

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. In England, named professionals coordinate the provision of services for individual children and also provide advice and expertise for fellow professionals.¹⁶

The journey toward health and wellbeing of the child or young person and their whānau or family is impacted by wider societal and historical influences and the way in which each specific child or young person, and their whānau, relate to Te Ao Māori (the Māori worldview).¹⁰ It is essential that all professionals working with children in State care understand the complex issues affecting the lives of these children and young people, including discrimination and its impact, and recognise the importance of culture, identity and education.¹² When health practitioners identify aspects of Te Ao Māori that are important to a child or young person and their whānau it can facilitate better care.¹⁰

Health promotion and community development initiatives to reduce social inequalities overall, strengthen parenting skills, provide early additional support, and promote good child development also have a valid place within health services' mandate to promote the same opportunities and outcomes for all children and young people.

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This poster summarises the review topic in NZCYES 2016 reports: Duncanson, M. Health needs of children and young people in State Care. In: Simpson J, Duncanson M, Oben G, Adams J, Wicken A, Morris S, and Gallagher S. (2017) *The Health of Children and Young People with Chronic Conditions and Disabilities 2016*. Dunedin: NZCYES, University of Otago