

The primary health needs of children and young people in care



ORANGA TAMARIKI
Action Plan



Focus of this assessment

This assessment considers how the Oranga Tamariki system meets the primary health needs of children and young people in care and identifies focus areas for attention at a time of health sector reform.

Primary health is addressed at home and in the community. It can include anything from a visit with a GP or school counsellor to a caregiver helping a child brush their teeth every day. It is also shaped by protective factors for health and wellbeing, such as family support.

Who we listened to

We are grateful to the care-experienced young people from the Oranga Tamariki Youth Advisory Group 2022 whose expertise, experience and insights inform this report. In addition, we acknowledge shared care and health providers, Oranga Tamariki kaimahi, and health professionals who contributed and are working to make a difference. To support the Treaty of Waitangi, this assessment included a focus on engagement in the Lower South region on disparities and unmet needs for Māori, including with Te Kāiaka Healthcare and Social Services, Awarua Whānau Services and Waihōpai Rūnaka, as well as Presbyterian Support New Zealand and the Mt Cargill Trust.



As of 31 December 2022, there were **4638 children and young people in care including:**

- 1855 in family care placement
- 705 in foster care placement
- 671 in other placement types
- 479 with care providers
- 432 returned home
- 112 in independent living
- 84 in youth justice residences

Current state

By taking these children and young people into care, the government has a higher positive obligation to meet the health needs of these children and young people.

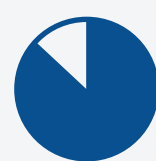
Children and young people in care arguably have the poorest health of any population in New Zealand, often with high and complex needs and a high prevalence of trauma.



68% are Māori



17% are Pacific



87% may have disabilities



73% are under children under 14 years



46% are female



90% may have trauma exposure

Care placement itself is a risk factor for health. Placement breakdowns can seriously impair health and wellbeing, interrupting the wider system of support around the child. At worst, placement instability can delay or even deny critical health interventions.

Children and young people in care can access the primary health system on the same basis as any other New Zealander. The main statutory guidance is the National Care Standards 2018.

Under the National Care Standards, the government is required to enrol children and young people in care in a Primary Health Organisation, provide an annual health check and the opportunity of an oral health check.

Being in care is “like growing up with a disease.” – care-experienced young person

What we found

“I went to the doctor for the first time in ten years last week. I had some fear. I couldn’t get an appointment for a week. I was worried how much it was going to cost and whether it would be invasive. The lady was really nice. She was telling me about all these things I didn’t even know. It was a bit invasive, but it was ok.” – Māori care-experienced young person

Children and young people in care, and their whānau and caregivers, need health support that is confidential, non-judgemental, and independent of Oranga Tamariki, in their homes, schools and communities. They also need specific support for continuity and coordination of healthcare.

There are many different care placement types in New Zealand, including family or non-family caregivers, living independently, youth justice residences and children who have returned home – but they all need additional support and continuity between placements.

By the time the Oranga Tamariki system focuses on the health of a child or young person in care, health related needs are often reaching a crisis point, with Oranga Tamariki generally leaping over primary healthcare services, and into a conflict with other agencies about specialist referrals.

- Children and young people in care were hospitalised at around twice the rate of the general population in 2020.
- Around **63%** of children and young people in care in New Zealand are fully immunised at the milestone age.
- International research suggests that children and young people in care are often misdiagnosed and overmedicated.
- Children and young people in care have at least twice the level of oral health needs of the general population.
- At least **25%** of children and young people in care have substance use disorders, compared to **1%** of the general population.
- Children and young people in care have a mortality rate three times higher than the general population.

Children and young people in care are often scared and don't access primary healthcare. They have low health literacy and significant communication difficulties. When they do access primary healthcare, they may not get the care they need and are at risk of being re-traumatised.

"Chuck them in the depression folder, or anxiety folder, and put them on meds that all the bro's are on too. A quick fix."

- Māori care-experienced young person

"You need to get to know the rangatahi. You can't change who they are. A lot of health professionals just rely on what the notes say."

- Māori care experienced young person

A culturally appropriate, trauma-informed primary health provider is not identified and included in care planning. Primary health providers are not systematically told a child is in care.

Children and young people in care are not identifiable in the health system and there is no guidance on how to deliver services to them and to make sure that they are not re-traumatised.

Primary health providers often can't access essential information because children and young people in care move frequently and health records are unavailable. Caregivers often don't know the child or young person well and may not know much about their health.

Health needs often are identified at school, but there is variable access to health and well-being support at schools.

There are many reasons why the system is not working for children and young people in care, but a main one is the lack of an accountable interagency framework and implementation guidelines, leading to different understandings of the requirements and system incoherence.

"People don't understand the health reforms. We are so used to being told to stay in our lanes. We need to collaborate and do things differently."

- Māori nurse

"We need to educate everyone about trauma and the physical and mental impacts of trauma... Trauma therapy should be available to everyone."

- Māori care-experienced young person

System gaps	Driving change
<p>There is a lack of an accountable interagency framework and implementation guidelines which set out a common purpose and roles and responsibilities for the promotion of the holistic health and wellbeing of children and young people in care. There is currently no shared definition or approach, which leads to different understandings of the requirements and system incoherence.</p>	<p>Ensure accountability arrangements for health and wellbeing for the Oranga Tamariki system are fit-for-purpose, including reviewing the definition of health and wellbeing, with a focus on health promotion and prevention, and supporting the child or young person and whānau to live healthy lives while involved with Oranga Tamariki, and to develop trust in the health system and life-long health-seeking behaviours.</p>
<p>Children and young people in care, and their whānau and caregivers, need health and wellbeing information and support in their homes, schools and communities that is confidential, non-judgemental, goes at their own pace and is independent from Oranga Tamariki.</p>	<p>Identify opportunities to enable and expand independent health support for children, young people and whānau - including information on consent, information sharing, entitlements, wellbeing advice and options for local health provision to promote engagement, trust, and confidence in the system. As part of this, advice could be provided on complaints processes.</p>
<p>Children and young people in care face multiple barriers to primary health, including that primary health providers do not know that they are in care and there is no guidance on how to deliver services to this population. They may be de-prioritised, re-traumatised or receive ineffective healthcare. They need additional support for continuity and coordination of healthcare.</p>	<p>Improve provision of whānau-centric health and wellbeing for these children, young people and whānau, with a focus ensuring that supports and services are culturally appropriate, holistic and trauma informed and to support healthcare continuity and coordination.</p>

Children and young people in care are not identifiable in the health system and there is no framework for measuring and monitoring their holistic health and well-being or collecting data, including data sharing agreements and processes and plans to improve research and evidence related to primary health.

Explore potential improvements to data and information sharing between the health system to improve the ability of Oranga Tamariki and the health system to understand the health and wellbeing of children and young people in care and ensure children and young people are having their needs met, in a way that respects their privacy.

Children and young people are at risk of re-traumatisation while they in care, and not just in the primary health system. All of the people in the child's system of support need to collaborate and be effective in responding to trauma symptoms and the approach needs to be consistent across government. Support provided to children and young people in care and training is not necessarily evaluated for effectiveness.

Review the system approach to trauma-informed care with the intent of improving system capability, safety and appropriate trauma-informed supports for children and young people in care, and those who work with them.

Voice of the child

**“On the marae it was always kaumatua, pakeke, and rangatahi. We've lost that a bit. It's important to bring back the voice of rangatahi”
- Māori care experienced young person**

“I want to blossom as my true self, no side ulterior motives, no government nametags and no slapping it back in my face” - Care experienced young person

**“there is a massive trust barrier... a fear that children will be ripped away.”
- Māori care experienced young person**

Children and young people in care want more, and much better quality, primary healthcare, starting with in-home support for them, and their whānau and caregivers, to feel safe to access more services. They often have transactional experiences in the mainstream health system, or they avoid it. They seek confidential relationships with wrap-around service providers who are independent from Oranga Tamariki, who know their history, and understand them.

They want all the people in their support system to understand trauma and effective ways to respond to trauma symptoms. They do not get enough support for oral health and sexual and reproductive health. They want to make informed choices and decisions about their health and wellbeing and to go at their own pace. Children and young people in care say there is greater need to support health literacy and respect child sovereignty because of their complex whānau and caregiving arrangements.

This A3 is designed to be a summary. The full Needs Assessment is available on orangatamarikiactionplan.govt.nz or on request from the Action Plan team by emailing otap@ot.govt.nz

About the Oranga Tamariki Action Plan Needs Assessments

Action 3 is that Oranga Tamariki will lead a series of in-depth assessments focused on housing, health and education. These assessments identify unmet needs and set a direction to improve services for children and young people at risk.