

EDITORIAL COMMENT

Health of children in out-of-home care: Can we do better?

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Children in out-of-home care are a vulnerable and at-risk group. The majority has been subject to abuse or neglect necessitating removal from family and placement in a system not always responsive to their needs. It is known that children experiencing abuse and neglect, particularly in their early years when attachment is disordered, have a high incidence of subsequent emotional and behavioural disorders and mental health problems.^{1–3} These include oppositional defiant disorder, post-traumatic stress disorder and depression. They may progress to have significant problems in adulthood including substance abuse and criminality.⁴ When these factors are often combined with a lowered developmental trajectory and learning impairment and educational disruption, children in the out-of-home care are often severely disadvantaged for life. Breaking this cycle requires intervention at the earliest possible age. However, for many children access to assistance may not occur until a time when there is statutory intervention and entry into care and protection. It is the responsibility of all government agencies that their 'care' is not a euphemism, but the best that can be provided.

See related paper by Tarren-Sweeney and Hazell on pp. 89–97

As of June 2004, there were 21 795 (4.5 per 1000) Australian children, and 4654 (4.4 per 1000) New Zealand children in out-of-home care and the numbers have been increasing rapidly, with a 56% increment over the previous 8 years.^{5,6} This group is diverse and includes predominantly children in foster care (53%), but also a number in relative or kinship placements (40%) and a small number (4%) in institutional placements. These proportions vary somewhat between states, which have different legal jurisdictions and policies; however, it is reasonable to assume that health issues for these children are comparable Australia-wide. Within this group both the Aboriginal and Maori populations are particularly overrepresented.

Current data on health effects on children in out-of-home care come largely from overseas populations. The article by Tarren-Sweeney and Hazell on mental health of children in care in New South Wales (NSW) in the current issue of the journal, is an important addition to our knowledge base. The authors have shown that their study group of NSW children on guardianship orders has an exceptionally high level of mental health problems and low social competence, at levels commensurate with psychiatric clinic-referred populations. They also highlight specific behaviours that may be more prevalent in children in this group that is age-inappropriate sexual behaviour, behaviours

arising from insecure relationships and difficulties in interpersonal relationships. There is more broadly a pressing need for sound Australian epidemiological data on the full range of health problems for children in out-of-home care, both to guide resourcing and to provide a reference against which to measure outcomes from interventions.

Many studies have identified children in out-of-home care as having high levels of general health problems, developmental delays, learning difficulties, poor dental care, poor immunization uptake and a high level of emotional and behavioural problems.^{7–12} These problems found on assessment at the time of entry into care are often not apparent to their social worker or their foster carer.¹¹ Both the UK and the USA have for many years advocated health screening and assessment, regular review and consistent case management of these health needs.^{13–15} We in Australia and New Zealand should follow this lead and to this end the Royal Australasian College of Physicians is developing a policy to guide response.

There are, however, significant barriers to provision of optimal health care even when problems are identified.^{15,16} Children often experience multiple change of placement and with that change of health provider. There is no provision for permanent and accessible health records and without an overall coordinating health plan, access to services, particularly scarce developmental and mental health resources, is problematic.

The challenge is how best to provide services for children in out-of-home care and how to prevent and treat the broad range of impairment and dysfunction. The starting point must be screening and assessment at entry into care to identify health needs and develop a responsive health plan. Streamlined access to services is essential, as the time frame available to intervene is limited when children may change from one placement to another. This is likely to require additional government funding and resources. Coordination between key people in the child's life (i.e. parents, carers, social worker, health professionals, teachers), is crucial at all points.

Much work still needs to be done in determining optimal evidence-based interventions to treat this group of children with their specific problems, and to promote their mental health. Specific models of intervention have been studied overseas, principally in the USA and some show benefits that may be transferable to Australian settings, for example, specialized multidisciplinary foster care clinics and therapeutic foster placements.^{17–19} What is clear is that foster carers and relative carers in kinship placements need support, encouragement, assistance and education to provide the essential nurturing relationships for these children.^{20–22}

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