



EXECUTIVE SUMMARY

JOINT SPECIAL REPORT

Health and Well-Being of Children in Care in British Columbia: Report 1 on Health Services Utilization and Mortality



Ministry of Health
Office of the
Provincial Health Officer

Child and Youth Officer
for British Columbia



Executive Summary

Like all children, children in the care of the government have hopes, dreams and aspirations; many have the resilience to overcome the obstacles they face and to live happy and healthy lives. However, children in care are known to have generally poorer outcomes than children who have never been in care. As the guardian of these children (through the Director under the *Child, Family and Community Service Act*), government has a special responsibility to develop strategies to improve these outcomes. In order to assess government's progress in improving outcomes, we need to develop a better understanding of what those outcomes are and establish a baseline against which to measure progress.

This report is the first in a planned series arising from a joint initiative of the Child and Youth Officer and the Provincial Health Officer for British Columbia, aimed at furthering our understanding of outcomes for children and youth in care by looking at and linking routinely collected data on their use of government-funded services over time. The initiative looks at data from administrative databases on services provided for children and youth in care in the following areas:

- health services utilization
- mortality
- experience within the education system
- employment and income assistance services utilization, and
- encounters with the criminal justice system.

This first report presents data in the first two of these areas: health services utilization and mortality. It focuses predominantly on children and youth who are or were in continuing care at any point between April 1, 1997 and November 1, 2005. (In continuing care, as distinguished from temporary care, the government is sole guardian of the child.) Wherever possible, comparisons are made to the general population of children and youth in British Columbia.

What the data showed

In October 2005, there were 9,080 children in care, accounting for approximately 1% of all children in British Columbia. Sixty per cent of the children who were in care were in continuing care, while 40 per cent were in temporary care.

The number of Aboriginal children in care was significantly disproportionate to the number of Aboriginal children in the general population. Of the total children in care, 49% were Aboriginal children, even though Aboriginal children constitute only 7% of the general population of children in the province (based on 2001 census figures).

Children in continuing care and children in the general population experienced the same common health conditions. However, children in continuing care were diagnosed for these conditions 1.2 to 1.4 times more often than were children in the general population. While mental disorders are not a common diagnosis for children in the general population, they are experienced by approximately 65% of children in continuing care – approximately four times the rate for children who have never been in care. For other, less common conditions, children in continuing care were diagnosed more frequently and at a greater rate than were children in the general population. For example, young women in continuing care became pregnant at a rate more than four times that of young women who had never been in care. In addition, children in care required more services to address the health conditions with which they were diagnosed.

The prescribing of medications for children in continuing care followed a similar pattern: they were prescribed more medications much more frequently and for longer periods of time than were children who had never been in care. For example, 1.3 to 1.9 times more children in continuing care were prescribed medications from the four most commonly prescribed medication classes than were children in the general population. Children in care were prescribed mental health–related drugs at much higher rates: for example, they were prescribed Ritalin-type medications at a rate 8.5 to 12 times higher than were children who had never been in care, and psychotherapeutic agents at a rate 5.5 to 8 times higher.

Children in continuing care were admitted to hospital mostly for the same reasons as were children in the general population, but they were hospitalized 2 to 3.5 times more frequently, and generally for longer periods.

Certain elements of the data cause particular concern for children and youth in care, and raise issues for further study. These are:

- the higher prevalence of respiratory conditions
- the higher rates of death and intentional and unintentional injury and poisoning, caused by motor vehicle accidents, suicide and poisoning, especially among adolescents
- the higher prevalence of depression and anxiety
- the higher prevalence of hyperkinetic syndrome and the high use of cerebral stimulants to treat it
- the earlier and higher rates of pregnancy and use of contraception among females
- the poorer health indicators for youth between the ages of 19 and 25 who were previously in care.

While death rates are not ideal indicators of children's health, they are traditionally and internationally accepted measures. They also represent the most extreme adverse outcome.

Data for the period 1986 to 2005 show the gap between mortality rates for children in care and children in the general population narrowing considerably for all causes. However, the mortality rate for children in care has remained substantially higher: between 1986 and 2005, children in care died of natural causes at a rate more than four times the rate for the general population, and they died of external causes at more than three times the rate for the general population. Between the ages of 19 and 25, young people who had been in care died at a rate 6.5 times higher than the general population.

Improving outcomes

Although our mandates as Child and Youth Officer and Provincial Health Officer, and therefore our perspectives, differ somewhat, we hold common views about effective approaches to improving health and well-being outcomes for children and youth. These include the following:

- Investment in health promotion and prevention brings with it the greatest promise for improving health and well-being outcomes for all children, including children in care.
- Early diagnosis of disabilities and appropriate interventions can make a significant difference in improving outcomes for affected children and their families.

- The most effective way to promote the health and well-being of children, especially vulnerable children (which children in care generally are), is through early childhood development strategies.
- The most effective strategies to improve outcomes for high-risk youth, both in and out of care, are those that enhance their resiliency and acknowledge and build on their strengths.
- Special strategies are required for Aboriginal children and youth in British Columbia, and these strategies must be developed in partnership with Aboriginal communities.

Recommendations

- 1** For the Ministry of Children and Family Development – Introduce a policy of no smoking inside foster homes.
 - 2** For the Ministry of Children and Family Development – Engage in a renewed effort to connect Aboriginal children and youth in the continuing care of the government with their cultural and community roots to enhance their sense of belonging.
 - 3** For the Ministry of Children and Family Development – Promote education of youth in care about managing the risks of alcohol and drug use.
 - 4** For the Ministry of Children and Family Development – Using the expertise connected with the Child and Youth Mental Health Plan, conduct a review of the current status of identification and treatment of children and youth in care with anxiety and depression disorders, and develop a strategy to implement identified best practices.
 - 5** For the Ministry of Children and Family Development – Educate children and youth in care, foster parents and guardianship social workers about anxiety and depression, and the identification and management of them.
 - 6** For the Ministry of Children and Family Development – Consult with the College of Physicians and Surgeons, and other appropriate professional organizations, about steps that could be taken to determine whether the prescribing practices of physicians treating children in care are appropriate.
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- 7** For the Ministry of Children and Family Development – Take immediate steps to engage and collaborate with academics to conduct research into the issue of whether children in care are being appropriately medicated with cerebral stimulants.
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- 8** For the Ministry of Children and Family Development – Address sexuality issues of children and youth in care proactively by working in conjunction with public health authorities and other resources to:
- make sex and parenting education and supports available both during and on leaving care, and
 - provide foster parents with training on sex and parenting education and early pregnancy interventions.
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- 9** For the provincial government – Invest in and develop a cross-ministry plan for post-majority supports for youth leaving care who require adult services, with the Ministry of Children and Family Development taking the lead role.
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- 10** For the Ministry of Attorney General – Propose amendments to the *Representative for Children and Youth Act* that make clear the Representative’s immediate entitlement to cross-ministry data required for the purposes of the act.
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- 11** For the new Representative for Children and Youth – In collaboration with the Provincial Health Officer, develop a regular report card on identified and generally accepted indicators of the health and well-being of children in care, using the data in this report (and in the others planned for this series) as a baseline.
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- 12** For the Ministry of Children and Family Development and the provincial government – Consider using outcome measures from the data generated by this initiative as a baseline against which to evaluate programs and policies designed by the ministry to better the health and well-being of children in care.
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- 13** For the Ministry of Children and Family Development and the provincial government – Engage in collaborative research with research communities outside of government to dig more deeply into the causes of poorer outcomes for children in care and to study the impact, if any, of being in care on specific outcomes for children in care.
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