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Introduction: A Joint Initiative

Children in the care of the government are not statistics; they are human beings. They have hopes, dreams and aspirations, like all children and youth. Many children in care have the resilience to overcome the obstacles they face. Many live happy and healthy lives, filled with amazing personal achievements.

However, children in care are known to have generally poorer outcomes than children in the general population. They come into government care for a variety of reasons that put them at high risk of poorer outcomes. They are more likely than children in the general population to have come from socially and economically disadvantaged circumstances. They may have experienced parental abuse and neglect, as a result of which they have suffered psychological or emotional injuries. They may have serious medical conditions or disabilities that their parents are unable to manage. In short, they are vulnerable. The extent to which government care mitigates the adverse impact of this vulnerability, or exacerbates it, is not known.

Regardless of the cause of the poor outcomes for children in care, government has a special responsibility as the guardian of these children (through the Director under the *Child, Family and Community Service Act*) to develop strategies to improve them. While the Ministry of Children and Family Development has a major and crucial role in the lives of the children in government care, effective strategies to improve their outcomes will be multi-faceted and must involve other ministries and agencies, both within and outside government. Ultimately, it will take the whole community to support children in care in achieving their dreams.

Both the Child and Youth Officer and the Provincial Health Officer have legislated authority to comment publicly on the health and well-being of children and youth in British Columbia. Under the *Office for Children and Youth Act*, the Child and Youth Officer is mandated to independently observe government-funded services for children and youth and to advise government on how to improve those services. The Provincial Health Officer's responsibilities, outlined in the *Health Act*, include providing independent

advice on health issues and reporting to British Columbians on the health of the provincial population.

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. The initiative is aimed at using routinely collected administrative data on government services to better understand health and well-being outcomes for the population of children and youth who are currently or have been in government care.

One way to measure child health and well-being is to look at death rates. However, in his 2001 report *Health Status of Children and Youth in Care in British Columbia: What do the Mortality Data Show?*, the Provincial Health Officer noted that while death rates are traditional and internationally accepted measures, and the only health status information that is available over a long period of time, they “are not ideal indicators of child health, a term that encompasses physical, mental, emotional and social well-being.” Death rates tell us whether children and youth in care are surviving their childhood years, and as such provide a starting point for measuring their health and well-being. However, the development, improvement and strategic linkage of a wide range of data on children and youth will tell us more about their lives than the study of mortality.

In order to assess government’s progress in improving health and well-being outcomes, we need to develop a better understanding of what those outcomes are and establish a baseline against which to measure progress.

Since 1996, provincial and territorial directors of child welfare across Canada have been working on developing a matrix of outcome indicators for children involved with the child welfare system in four broad domains: child safety, child well-being, permanence, and family and community support. Another approach to looking at outcomes is to consider the social determinants of health. These are the complex set of interactions throughout life that affect physical health and well-being. They have been identified as including early childhood care; education, social inclusion, employment and job security, income inequality, housing, and food security.

This joint initiative of the Child and Youth Officer and the Provincial Health Officer is an effort to further our understanding of outcomes for children and youth in care by linking government-funded service utilization over time. Specifically, the initiative aims to:

- describe the health and social well-being of children in government care using currently available and accessible government data
- develop a baseline from which to observe changes in government-funded service utilization and other indications of outcomes over time, including what happens to children and youth after leaving care
- raise issues for further research and consideration
- make recommendations to improve outcomes for children in care, based on the data and on the work of the Child and Youth Officer and the Provincial Health Officer, and
- through the experience gained in these activities, inform the development of a plan for the ongoing monitoring of health and well-being of children and youth in British Columbia, including but not restricted to children who are or have been in care.

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 report presents data in the first two of these areas: health services utilization and mortality. On completion of area-specific reports on data in the three remaining areas, the plan for the initiative is to explore correlations of outcome measurements across ministries.

Part 2 of this report presents the data. It contains Medical Services Plan (MSP), PharmaNet, Vital Statistics and hospitalization data for the period 1995 to 2005 on both children in care and children in the general population, and observations about the data.

Part 3 presents reflections and recommendations of the Child and Youth Officer and the Provincial Health Officer on how to improve health and well-being outcomes for children in care, drawing from both the data in the report and other work they have done in this area.

