

WP7 Workshop in Stockholm April 27-28

Agenda Day 1

Thursday April 27, 2017

Venue: CHESS Seminar room, 5:th floor, School of Social Work, Sveaplan

12.00-13.00 Lunch/presentation of participants

13.00-13.30 Why are we doing this? Introduction and background.

13.30-14.00 Brief Summary of the survey to participating countries.
Anders Hjern, Sweden

Models of health care: one national and one local example

14.00-15.00 Legislation and practice in England

Douglas Simkiss & Renu Jainer, England

15.00-15.30

Coffee break

15.30 -16.00

A local model from Denmark. *Pia Ballentin, Denmark*

16.00-18.00

Discussion

19.00

Dinner at Hotel Skeppsholmen. Please see separate information.



Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

WP7 Workshop in Stockholm April 27-28

Agenda Day 2.

Friday April 28, 2017: National and international perspectives

Venue: Best Western Time Hotel, Vanadisvägen 12, Conference room Talk

08.30-9.00	MOCHA – Mitch Blair
09.00-9.20	A Spanish perspective. <i>Jorge Fernandez de Valle</i>
09.20-09.40	Experiences from Scotland. <i>Helen Minnis</i>
09.40-10.00	Experiences from Norway. <i>Stine Lehmann</i>
10.00-10.20	Experiences from France. <i>Brigitte Samson</i>
10.20-10.40	Coffee/Discussion
10.40-11.00	The medical home. <i>Gabriel Otterman, Steven Lucas, Sweden</i>
11.00-11.20	Consequences of no systematic dental health care <i>Stefan Kling & Tita Mensah, Sweden</i>
11.20-12.30	Discussion
12.30	Lunch
13.30-16.00	Where next? Continued discussion, coffee, conclusions;
16.00	End of workshop



Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

The MOCHA project will appraise the differing primary care models of child health that are used across Europe.

PI: Mitch Blair, Imperial College, London.

Funding: EU Horizon 2020



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WP 7 : Inequity and vulnerable children

Work plan for 2017

WP Leader: Anders Hjern,

Professor of Social Epidemiology of Children and Youth,
Karolinska Institutet, Stockholm Sweden

In collaboration with Sharon Goldfeld, Melbourne



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Main tasks

Commission Deliverable Number		Deliverable	Due
D3	1.	<p>National policies for primary care for migrant children in Europe</p> <p>Main authors: Anders Hjern and Liv Stubbe Østergaard, MESU, University of Copenhagen</p>	<p>Delivered August 2016 DONE!</p>
	2.	<p>Health care models and best practices for children in the child welfare system.</p> <p>Main author: Bo Vinnerjung, Professor of Social Work, Stockholm University</p>	<p>October 2017</p>
D4	3.	<p>Inequity of different primary care models for children</p> <p>Main Authors: Anders Hjern, Sharon Goldfeld and Luis Rajmil</p>	<p>December 2017</p>



Report on Health Care for Children in the Child Welfare System:

Based on:

a/ Systematic review of the literature

(in collaboration with the Swedish Institute for Assessment of Social Services)

b/Information from country agents

c/Information from European INAHTA members

d/ Workshop in Stockholm in April 27-28, 2017



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Report on Health Care for Children in the Child Welfare System: Synopsis

- a. Introduction: Health status of children in care-an epidemiological overview
- b. Presentation of the main health care models for children in care in Europe and their evidence base
- c. Mapping of these models in Europe
- d. Integrative analysis of a, b and c.
- e. The way forward: Recommendations



Health Care for Children in the Child Welfare System. Special issue. Guest editor: Bo Vinnerljung



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Why are we doing this?

- Background, introduction

Anders Hjern & Bo Vinnerljung, Sweden



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Basic values: Principle of 'In loco parentis'

When society assumes parental responsibilities...

..then society should act as a reasonably good parent



Good parents take care of their children's health

If not, child welfare authorities can remove the children from their families...



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How many...?

- Studies of life-time prevalence: 3-6% of all children enter out-of-home care sometime during their childhood (before age 18)
- 1-2 children in a average school class

Vinnerljung, 1996; Vinnerljung et al, 2007; Wildeman & Emanuel, 2014; Fallesen et al, 2014;

Mc-Grath-Lone et al, 2016



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A summarized empirical answer...

- Consistent indications from many countries that children in foster/residential care
 - are not well served by universal health care systems
 - have far more health problems than 'normal population peers' (somatic, dental and mental health problems)
 - have large unmet needs of health care
 - have persistent health problems over the life course
- It is possible to make a difference



it does not have to be like this



Not well served by the the universal health care systems

- Before entry into care – many 'fall between the cracks' of the national health programs
 - many parents fail to participate
 - many older children stay away from health controls
 - residential instability
- In foster or residential care (child welfare system)
 - lack of systematic routines related to health care issues
 - social workers, foster parents and residential care workers ignorant or even neglectful of health issues
 - accelerated residential instability



Bottom of the welfare state barrel

“..most excluded group in European societies” (Stein, 2006)

“Poor people’s services will always be poor services”
(Titmuss, 1968)



More health problems

Large unmet needs of health care

- A high-risk group for
 - somatic health problems
 - dental health problems
 - mental health problems
- At entry into care
- While in care
- In adult age



And compared to peers...

- Low immunization rates when entering care
- Substantially higher rates of obesity, unhealthy life style
- Very high rates of teenage childbirths

eg. Kling et al, 2016; Vinnerljung et al, 2007; Brännström et al, 2013



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Somatic health assessment of 120 children at care entry (regional Swedish study)

- The pediatrician wrote 99 referrals to specialist health care
- Every second child – at least one referral
- 75% had a history of severe somatic health problems
- Low rates of immunization
- Untreated and/or undetected health problems - hearing, vision, allergies, chronic pain, serious digestion problems, inflammations, infections etc
- Every second child age 7-17 had dental decay that required immediate treatment

Kling et al 2016a



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Health assessment in juvenile detention centers

- N=91, oversampling of girls
- 50% at least one referral to specialist care
- Girls: 3 of 4 either
 - previously known somatic disorder that was not taken care of properly or
 - we found a new/previously not known somatic health problem
- 43% serious dental decay, tooth pain etc

Kling et al, 2016b



Does it get better while in care?

- We do not know. For ethical reasons difficult to study with traditional designs (eg. RCT). A large Danish cohort study using prop score matching found no indications of long term improvements of somatic health (Olsen et al, 2011)
- UK: systematic assessments led to improved detection of health problems

Olsen et al, 2011; Hill et al, 2002; Hill & Thompson, 2003; Hill & Watkins, 2003



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Mental health in care

- Norwegian diagnostic interviews with 279 children age 6-12 in on-going foster family care
 - 51% met criteria for at least one DSM-IV diagnose

Lehman et al, 2012



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Mental health problems

Does it get better while in care?

- Large sample Danish study, long term-follow-up, prop score matching: No improvements, rather the opposite....
- Studies from other countries : no consistent evidence for mental health improvements over time

(Olsen et al, 2011; Goemans et al, 2015)



Swedish national cohort studies in national registers of young adults that grew up in foster care: over-risks for

- Suicide RR = 6.4
- Suicide attempts RR = 6.2
- Psychiatric disorders RR = 5.0
- Drug abuse RR = 6.8
- Alcohol abuse RR = 4.9
- Disability pension (psych) RR = 5.1

(Vinnerljung et al, 2010; Berlin et al, 2011; Vinnerljung et al, 2015)



It is possible to make a difference - example

(Kessler, Pecora et al, 2008)

- Two groups of prop score matched foster children (US)
 - Casey Family Program (n=111)
 - State out-of-home care (n=368)
- Follow-up in young adult age
- Casey-alumni lower prevalence of serious somatic and mental health problems
- NNT for somatic health problems = 5
- NNT for mental health problems = 3



In Europe...

- Limited research into somatic and dental health of children in foster/residential care (published in English..).
- We see more - and better - studies on mental health
- Need to learn from many counties' experiences and policies
- Need to know about national/local models for practice, identify 'good'/'promising' examples
- Need for international collaboration, exchange of research, experiences and ideas



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Models of Child Health Appraised

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Health care models for children
in the child protection/child welfare system

Brief summary of results from survey

Anders Hjern & Bo Vinnerljung, Sweden



Models of Child Health Appraised
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This MOCHA sub-project

- Systematic literature review - in cooperation with SBU (Swedish Agency for Health Technology Assessment and Assessment of Social Services). Ready in late fall 2017.
- Survey/questionnaire to 30 European countries
 - Response rate so far: 70% (20/30)
- Please note: these are crude results, many nuances and variations have been ignored in this summary



Focus

- Provision of health care – Legislation, policy
 - Standardized practice

- Somatic health care
- Dental health care
- Mental health care
- Reproductive health care (birth control, STD)
- Preventive health care (eg. immunizations)



Main results

- These children are fully included in national health legislations and national health programs, covering all children in the nation. Some countries' general programs are very detailed and comprehensive, eg. Poland's
- Few – but some – examples of special attention to children in out-of-home care



Provision of somatic health care

- Foster care: same as for other children. Foster parents usually responsible for contacts with GP's
 - Exception: Czech republic: children < 3 years special arrangement
- Residential care: In many countries (50%) some institutions have their own health care personell/doctors, nurses. Examples: Belgium, the Baltic countries, Spain
- Ireland: children in out-of-home care have prioritized access to somatic health care



Provision of dental health care

- Foster care: same as for other children.
- Residential care: same as for other children but in Belgium, Latvia and Spain some institutions have their own dentists
- Ireland: children in out-of-home care have prioritized access to dental health care



Provision of mental health care

- A problem in some countries (lack of resources)
- Foster care: mostly same as for other children. In Czech Republic, Iceland, Poland and Spain specialists within child welfare agencies (local variations)
- Residential care: mostly same as for other children. Institutions may have their own specialists in some countries (1/3), eg. Belgium, France, Poland and Latvia
- Ireland: children in out-of-home care have prioritized access to mental health care



Somatic health assessment when entering out-of-home care

- Legislation: in 6 countries. Austria, Belgium, Croatia, Finland, Ireland and Latvia. Recommended in France.
- Standardized practice: Croatia and Ireland



Monitoring of somatic health while in care

- Legislation: Austria and Ireland
- Standardized practice: Ireland (via mandatory care plan)



Dental health assessment when entering out-of-home care

- Legislation: Recommended in France.
- Standardized practice: no country
- (Included in national programs)



Monitoring of dental health while in care

- Legislation: no country
- Standardized practice: no country
- (Included in national programs)



Mental health assessment when entering out-of-home care

- Legislation: Czech Republic, Latvia and Spain.
"Interdisciplinary assessment" in Iceland
- Standardized practice: Spain (large local variations);
Ireland (when there is some form of indication);
Finland (?)



Monitoring of mental health while in care

- Legislation: Spain, recommended in France
- Standardized practice: Spain (large local variations); Poland (monitoring by psychologists for all children in out-of-home care)



Reproductive health – birth control

- Legislation: no country
- Standardized practice: no country



Preventive health care

- Immunizations: national programs.
No country has legislation or a standardized practice for children in out-of-home care
- Other preventive health care/health promotion (eg. diet, smoking, physical activities):
 - Ireland: yes, both in legislation and in standardized practice



A rough summarized picture

- High risk group for somatic health problems but...
 - 1/3 of all countries have legislation for somatic health assessment for children entering out-of-home care
 - Only a couple have a standardized practice for somatic health assessment at care entry or for monitoring somatic health while children are in care
- High risk group for dental health problems but...
 - Basically no country has legislation for dental health assessment for children entering out-of-home care;
 - no country has a standardized practice for dental health assessment at care entry or for monitoring dental health while the children are in care

- dental health problems
- mental health problems



- High risk group for mental health problems but...
 - Only 4-5 countries have legislation for systematic screening/assessment of mental health when children enter care. More doubtful for standardized practice - England is an exception (SDQ-screenings)
 - Spain and England has legislation for monitoring mental health, recommended in France , England has a standardized practice
- High risk group for teenage childbirth but ...
 - No country has legislation or a standardized practice for provision of birth control or sex education



- High risk group for low immunization rates but...
 - No country has legislation or a standardized practice for checking and monitoring immunizations for children in out-of-home care

- High risk group for an unhealthy life style but...
 - Only Ireland has a legislation and a structured practice for targeting issues related to unhealthy life styles



Lots to do.

Lots to learn from other countries.

But not much from Sweden.....





Thank you!
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