

# The Health Needs of Young People in CYF residential care

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[www.collaborative.org.nz](http://www.collaborative.org.nz)



# Acknowledgements

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# Health Status Study

- 1) Quantitative survey of the health of young people in CYF residences in Christchurch and Palmerston North
- 2) Qualitative investigation of the views of the young people on their wellbeing and health care needs

The concept of health used in the study is holistic and based on the understanding that the health of young people includes their development and the environment in which they are developing



# Concerns re health of young people in CYF care

Judge Becroft described young offenders as being:

- ▶ 5% to 15% of young people (12–17 years) who commit 40% to 60% of offences
- ▶ 85% are male,
- ▶ 70% to 80% have an AOD issue,
- ▶ 70% are not engaged with school,
- ▶ many had a psychological disorder especially conduct disorder and learning difficulties.
- ▶ 50% of the offenders are Maori, and in areas of high Maori population this rises to 90%.
- ▶ Many have histories of abuse and neglect



# Methodology

- ▶ Recruitment by nurses at three CYF residences Youth Justice in Christchurch and Palmerston North and Care and Protection residence in Christchurch, between February and June 2009
- ▶ Consent forms also included request to attend focus group
- ▶ Surveys were interviews and health checks by the nurses usually within the first week of being in residence
- ▶ Focus groups took place towards the end of the study



## Quantitative

- ▶ 131 young people were approached.
- ▶ 28 declined, and 9 were discharged before they could take part
- ▶ 94 took part with 66 males (70%) and 28 females (30%)..
- ▶ The age range was 10 –18 years
- ▶ Ethnicity
  - NZ Maori 45%
  - NZ European 47%
  - Other European 2%
  - Samoan 4%
  - Cook Islands Maori 3%
  - Tongan 1%
  - Other 7%

## Qualitative

- ▶ Three young men aged 14 to 16 years from Christchurch YJ
- ▶ One young woman from Christchurch semi structured interview, 30 minutes.
- ▶ Two young women aged 14 and 15 years from Christchurch one hour and 30 minutes in duration.
- ▶ One young woman aged 12 years and a separate interview with another aged 14 from Christchurch care and protection a semi structured interview lasting 30 minutes.
- ▶ Two groups in Palmerston North YJ one with Five young men aged 14 to 16 years and one with four took part in a focus group that lasted one hour.



# Survey Questions

- ▶ Health/illness & Family History based on self report
- ▶ Measurement of BMI, hearing and vision
- ▶ Access to health care
- ▶ HEADSS questions similar to Youth 07 survey and AIM HI schools
- ▶ Some MAYSI 2 questions



# General Health

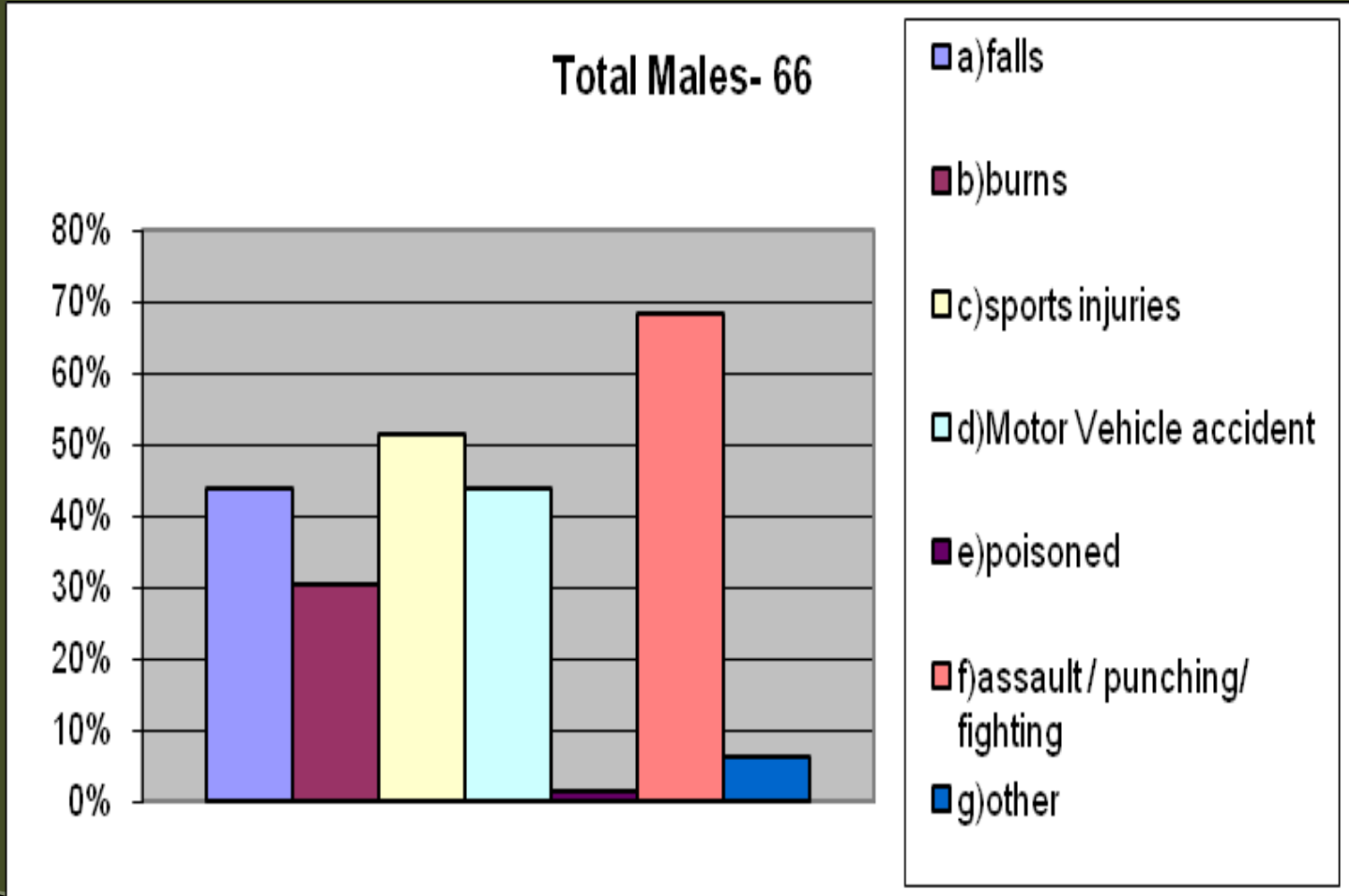
- ▶ 1% with epilepsy,
- ▶ 26% with asthma,
- ▶ 1% with heart disease
- ▶ 11% with mental illness
- ▶ 31% skin problems
- ▶ 11% colds
- ▶ 31% headaches
- ▶ 15% weight
- ▶ 4% other



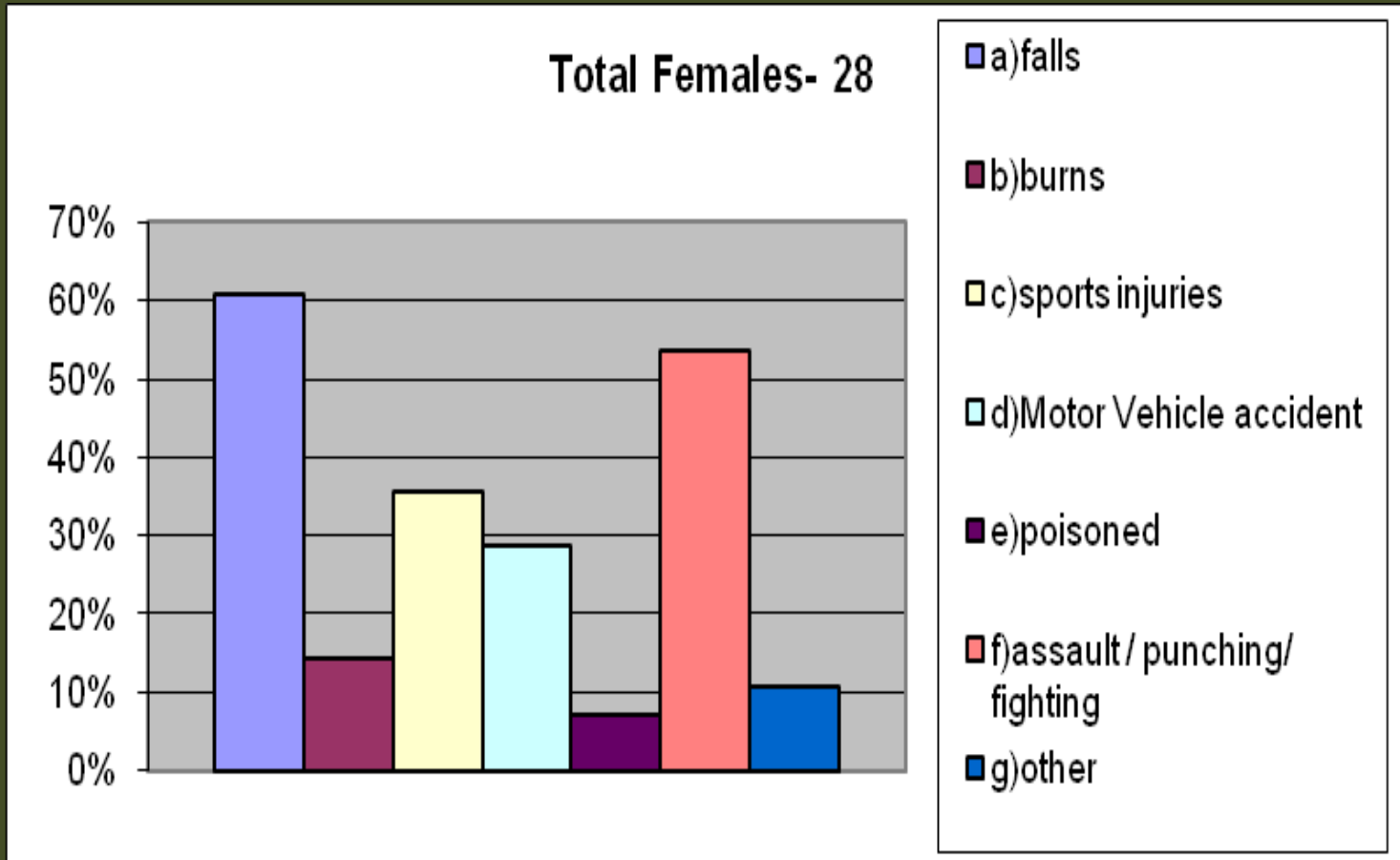
# Family History

- ▶ 75% of girls knew about family illness
- ▶ 79% reported asthma
- ▶ 70% AOD problems
- ▶ 54% reported depression and mental illness
- ▶ 43% reported diabetes
- ▶ Approx 50% of boys knew about family illness
- ▶ 61% reported asthma
- ▶ 62% AOD problems
- ▶ 30% reported depression and mental illness
- ▶ 29% reported diabetes

# Causes of Injuries Males



# Causes of Injuries Females



# Eating

## CYF Young people

- ▶ 50% had breakfast
- ▶ 75% had lunch
- ▶ 79% of the boys and 54% of girls always had an evening meal

## Youth '07 survey

- ▶ 92% had breakfast
- ▶ 98% had lunch
- ▶ 99.6% had an evening meal



# Access to health care

- ▶ 76% knew they had a family doctor but only 56% saw the same doctor each time
- ▶ 66% saw a doctor within last year
- ▶ 20% had difficulty getting to a doctor
- ▶ 44% had seen a dentist in the last year (Youth 07 – 79%)



## Vision and Hearing

### Vision

- ▶ 15 boys (23%) and 8 girls (29%) failed their vision test on one or both eyes,
- ▶ 3 boys and 4 girls referred for further testing.

### Hearing

- ▶ 14 boys (21%) and 4 girls (14%) failed their hearing test
- ▶ 6 boys and 3 girls were referred on for further testing

**In comparison, in a study of year 9 students in North Canterbury schools**

- ▶ 21% of the girls and 21% of the boys failed their vision test,
- ▶ 5% of the boys and 6% of the girls missed more than one of the frequencies.

## Sexual Health

- ▶ Chlamydia was checked in 22% of boys and 46% of girls,
- ▶ five positive chlamydia results (18% of those tested).
- ▶ gonorrhoea was checked in 11% of boys and 21% of girls. There were no positive gonorrhoea results
- ▶ This compared with 2% chlamydia positives of those tested in a high school survey of 16–18 year olds in Christchurch
- ▶ Auckland YJ 42% chlamydia +ve, 8% gonorrhoea +ve



# Mental Health

- ▶ CYF Residence
- ▶ 25% depressed for 2 weeks in a row (18% boys, 43% girls)
- ▶ 30% deliberately self-harmed (21% boys, 50% girls)
- ▶ 20% attempted suicide (18% boys and 39% girls) in the past year
- ▶ Youth '07
- ▶ 27% depressed for 2 weeks in a row (20% boys and 35% girls),
- ▶ 20% deliberately self-harmed (15% boys and 26% girls)
- ▶ 5% attempted suicide (3% boys and 7% girls) in the past year.

# High Risk Activities

## Cars

- ▶ 20% had a license
- ▶ 92% had driven a car
- ▶ 65% had driven after drinking (Youth '07–8%)
- ▶ 7% done more than 4 times in the last month
- ▶ 38% never or hardly ever used seatbelts

## Sexual behaviour

- ▶ 92% said had sex (Youth '07 –36%)
- ▶ 35% boys and 18% girls >10 partners
- ▶ 54% girls and 47% boys used condoms always or most of the time (Youth '07 –66% girls 76% boys)
- ▶ 21% girls said first sex not wanted
- ▶ 5% boys 10% girls had sex with same gender



# Alcohol and Other Drug Use

## Nicotine

- ▶ 88% came from homes with smokers (cf 30%)
- ▶ 87% smoked (cf 8%)

## Alcohol

- ▶ used by 90% (cf 72%)
- ▶ Only 6% said they had no problems when drinking

## Cannabis

- ▶ 50% had cannabis smokers at home (cf 6.5%)
- ▶ 80% of boys and 68% girls said they used cannabis (cf 16%)
- ▶ 49% used once or more times a day (cf 22%)



# Environments for Growing

## Home

- ▶ Number of people lived with ranged from 9-1
- ▶ 91% boys and 78% girls said felt safe
- ▶ 56% boys and 26% girls been hit >3 times in last year
- ▶ 39% witnessed violence
- ▶ 75% had moved a lot
- ▶ 71% boys and 54% Girls felt their mum cared
- ▶ 46% boys and 32% girls felt Dad cared
- ▶ 50% said they could talk to someone

## School

- ▶ 74% boys 60% girls had left school
- ▶ 51% boys and 36% of girls had been suspended 5 times or more
- ▶ 54% of boys and 24% girls felt safe at school
- ▶ 27% boys and 36% girls felt picked on by teachers
- ▶ 86% of boys and 100% of girls had skipped classes
- ▶ 30% boys been bullied and 60% girls were
- ▶ 61% said they could talk to someone



# More Environments

## Community

- ▶ 69% involved in school based activities eg kapa haka groups
- ▶ 57% of boys and 36% of girls had jobs
- ▶ 58% of boys and 15% of girls used money to support themselves or their family
- ▶ 85% of boys and 54% of girls belonged to a group of some sort such as sport
- ▶ 54% had access to the internet

## Internal

- ▶ 73% had plans for the future,
- ▶ 55% had spiritual beliefs that were very important or somewhat important, and this went up to 70% for Maori young people.
- ▶ 81% felt that they would make it through



# Qualitative Study

## To explore:

- How participants would like their health care and advice delivered while in residence
- How they would like their health care and advice delivered after they leave residence
- How participants might ensure and maintain their wellbeing after leaving residence

## Main themes

- Health issues identified by participants
- Health care before residence
- Health care in residence
- Health care and well being after residence
- How participants would like health practitioners to deliver services and relate to them

# Health issues identified by participants

**Physical health issues:** majority were able to identify basic physical health issues that affected them such as healthy eating and the importance of exercise

**Mental and emotional health issues:** when prompted these also emerged as significant issues, particularly:

- the need for positive social and emotional support
- and the negative effects of peer pressure and bullying

*“We are all completely different but all have problems that have never been sorted.”*

*“People live in the light but they carry their dark in them.”*

**Sexual health issues:**

- discussed most commonly in relation to ‘the need to wear a condom’
- impact of sexual education on knowledge about STIs
- the need for more education about issues such as the consequences of teenage pregnancy and parenting

# Alcohol and Drugs

- an important issue for a number of participants
- linked to other issues such as 'needing' money for drugs and alcohol
- frustration at the lack of services for those under the age of 18 to help them to address issues such as addiction

"We think our addiction will get rid of the pain, from no money, but it makes it worse cos it's more money."

"They don't take you seriously with your addictions under 18, but this is when you most need the help, before it gets entrenched."

"Many of these people started when they're young and that's the best time to get rid of their addiction... it's the best chance to be able to stop..."

## Violence both physical and emotional

- a significant issue for some participants
- many did not comment directly about it but the frequency of violent experiences related, both towards others and themselves, was quite high throughout the data

*"It's the way most people now days are raised, if something bad goes down, you go and handle it."*

*"I've seen a lot of it like at like parties and stuff but you can't have nothing about it...cos you'll just get a bigger bash."*

*"Getting made to fight - peer pressure."*

# Social health issues

- ▶ not all of the participants linked their health and wellbeing to broader social problems
- ▶ those that did were emotive in relating the effect that issues such as these had on both their current circumstances and their ability to rise above them

## In particular:

- youth offending was linked to their lack of ability to support themselves because of barriers to employment such as low education and 'having a criminal record'
- the effect of poverty on themselves and their family circumstances was significant
- the impact of poor parenting, negative family role modelling and low family support

## Other issues

Some young people also connected youth offending with – unresolved emotional issues, peer pressure, boredom, wanting instant gratification and poor personal choices.

"Money's short so I just go and steal something cos I don't want to go and ask mum for money."

"No one wants to hire young people these days and with a criminal record they're even less likely to."

"If they're not working it's like I'm not going to work. I'm just going to get money like my parents, cos they do crime...I'm going to do it."

"The reason why we turn to gangs is they've got your back, it's like your second family, or for some people it is their family, cos they've got none."

"Grow up in the hood you're always going to live in the hood... nine times out of 10."

"There's no way out, once you've started this life, it's pretty much it."

"Cos if they haven't ever been shown how to look after themselves, look after their environment, then they're not going to be able to...and they're going pass it down to the next generation."

# Health care before residence

## Interactions with health professionals before residence:

- Most common were with General Practitioners for physical health issues
- Other health services/practitioners young people saw included youth health centres, school nurses, dentists, counselors and drug and alcohol services

## Experiences:

- most were positive and helpful
- some found it harder to talk about emotional and mental health issues
- negative experiences reflected interactions with individual practitioners/ not services per se

## Access:

- most said they knew about GPs
- cost was the biggest barrier to health care identified
- health concerns not addressed before residence: most significant was drug and alcohol issues and also emotional issues and physical injuries from altercations when they were worried that the police would become involved

# Health care in residence

## Experiences with health practitioners:

- ▶ most reported as positive and helpful
- ▶ negative experiences related to individual instances and practitioners

## Access to health care in residence:

- ▶ not a significant issue for general health concerns
- ▶ some young people reported issues accessing mental health and addiction services

## Staying healthy in residence:

- ▶ physical health not an issue for most – some said their physical needs were better provided for
- ▶ maintaining mental and emotional wellbeing was less frequently discussed
- ▶ some reports of being ‘picked on’ by other YP and negative interactions with staff

## How health services in residence could be made more effective:

- ▶ better interaction with some health practitioners
- ▶ practitioners need to respect their confidentiality, give good and helpful advice
- ▶ services need to have people they can relate to

# Health care and wellbeing after residence

The health issues and supports identified as important once participants leave residence included:

## Specific health services:

- drug and alcohol services for under 18 yr olds
- access to counselling for help with underlying emotional issues

## Broader social supports:

- help with accommodation
- having a comprehensive plan and a purpose when they leave
- support with living skills and help to access educational and employment opportunities
- resources for life necessities such as, food and clothing
- ongoing support from a social worker/counsellor
- **meaningful opportunities**

Comprehensive transitional support into the community seen as crucial

"They need support with all the things they need to do, otherwise they will fall back into crime."

"Practical support...support in how they live, where they live, money issues, food issues..."

"Young people need to get jobs and have supports and boundaries..."

"Families and young people need to be supported when they get out of here."

"They set you up for nothing on the outside, you know. I've got nothing."

"(You) need structured stuff so (you) don't get into crime..."

"Need to help teens to find work, we need more options. Otherwise the option is crime."

"He came back in cos his friends are not supportive and the money spent in the family (is) spent on other stuff."

# How participants would like health practitioners to deliver services and relate to them:

For the young people effective health services were dependant on the quality of interactions with the health practitioner.

## The main issues identified were:

- Health practitioners need to be well qualified
- Someone who is caring and genuine
- Someone who is trustworthy and takes them seriously
- Someone who recognises 'they are more than just their problems'
- Someone who respects their confidentiality

*"There are two ways of listening like hearing listening and paying attention."*

*"Sometimes they care, other times it's just their job."*

*"A nice person, who cares back, (doesn't) hassle you and takes you seriously."*

# Conclusion

- ▶ High levels of High Risk activities
- ▶ AOD use, sexual behaviour, driving behaviour
- ▶ Mental ill health
- ▶ High levels of vulnerability factors – parental drug use, mental illness, poverty, levels of violence at home
- ▶ Low participation in school
- ▶ Some protective factors – optimism, belonging to groups, felt parents cared
- ▶ Poor access to health care

# Conclusions

## Ensuring health and wellbeing in the future

When asked about success in the future, such as not re offending:

- ▶ the range of solutions identified by young people were based on what would help them to ensure their wellbeing once they left residence
- ▶ comprehensive transitional support services and resources seen as crucial for this
- ▶ transitional support needs to reflect both individual health issues such as emotional issues/ addiction and lack of life skills and broader social health issues such as employment, cycles of poverty, education, family/community violence.

The research highlights that young people in CYF residence have high biopsychosocial health issues and the need to address these; in particular mental health, addiction and social issues such as housing, education and employment.

A number of the young people were well aware of their issues and were keen to be involved in plans for their future