Introduction

Background
- Around 10,000 children and young people in Victoria live in out-of-home care (OOHC) due to concerns about exposure to abuse and/or neglect.1
- Most live in home-based care with either a kinship carer (from their extended family) or a foster carer (recruited and trained to provide such care by a foster care agency).
- Children and young people living in OOHC are known to have higher rates of health needs across all domains of health.2
- Peak bodies and government policies recommend early and routine health assessments to identify needs and initiate treatment.
- There are many barriers to health care including service availability and a complex health system.3
- Foster or kinship carer may face challenges in accessing care.4

Aim
Explore the experiences and barriers to foster and kinship carers in accessing health services for children in their care.

Methods
Co-designed, with Foster Care Association of Victoria, on-line survey about carer experiences. Questions addressed:
- which health services had been accessed,
- ease of access to health services,
- availability of Medicare card numbers
- out-of-pocket costs to access health services
- whether the child or young person had received a comprehensive assessment of their health needs
Sample: foster and kinship carers in Victoria, Australia, who had cared for a child or young person on statutory orders within the preceding 5 years.
Recruitment took place through email and social media channels, primarily by the Foster Care Association of Victoria and Kinship Carers Victoria.

Results: Respondents
Carers
- 290 from 170 Victorian postcodes
- 53% from metropolitan Melbourne
- 87% female, 82% foster carers
- 88% had provided care for >1 year
- demographics representative of carer population on most variables
Children
- 79% aged 0 – 12 years
- 77% had experienced at least one previous placement

Health service engagement
- Engagement with health services was defined as: having already attended, having an appointment with or being on the waiting list at a health service.
- Almost all had visited the GP, and the majority a paediatrician, dentist and optometrist.
- Mental health services (psychology and Child and Adolescent Mental Health Services (CAMHS)) were most likely to be needed but not engaged with.

Ease of accessing health services
- Ease of getting an appointment (see Figure 2) was most difficult for mental health services.
- Of frequently accessed services (as per Figure 1), getting an appointment with a paediatrician was hardest.
- Kinship carers found it easier to get mental health appointments than foster carers (RR 1.8 (1.1-2.9) for psychology appointments, RR 2.6 (1.3-5.2) for CAMHS appointments)

Medicare numbers and out-of-pocket costs
- 30% of carers received a Medicare number for the child/young person within 1 month but over 50% after 3 months
- 27% of children/youth people had waited to see a doctor because of Medicare number delays.
- Kinship carers were less likely than foster carers to receive the Medicare number by 3 months (RR 0.64 (95% CI 0.42 - 0.97, p<0.03).
- 60% of carers had paid for health services directly, most often for GP visits.
- 78% of carers who had paid directly for health services had not been paid back.

Carer opinion of health assessments
- Carers thought that physical health needs were assessed better than developmental or mental health needs (Figure 3)

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References
5. For more information on these and other studies please visit www.mcri.edu.au

For further information on this study, email karen.mclean@rch.org.au

Figure 1: Proportion of children engaged with health services

Figure 2: Ease of getting appointment with health service

Figure 3: Proportion of carers reporting good assessment of health needs

Discussion
- Many children and young people living in OOHC have accessed a range of health services.
- Mental health services were deemed of greatest need but hardest to access.
- Delays in receiving Medicare numbers potentially impact timely health visit use.
- Adequate funding for services and rebates for carers may be another specific barrier to health service access.
- Carers were least likely to think that mental health needs had been well assessed

Strengths: First Australian study to quantify foster and kinship carer experiences in accessing health services for children and young people in OOHC.

Limitations: Sample size represents ~ 5% of carer households within Victoria but is broadly representative of carer households.
- Kinship carers were under-represented.
Further study is needed to understand the differences between foster and kinship carer experiences and to explore barriers and facilitators of health service access, particularly for mental health services.

Conclusion
Victorian foster and kinship carers report high levels of health service use for children and young people living in their care but mental health services are the most difficult to access. Most carers thought that mental health had not been well assessed. Specific barriers to improve access to health services include timely access to a Medicare number and financial support.