

A HEALTH CASE STUDY USING THE CHILDREN'S WELLBEING MODEL

Rosie Deutsche, Oranga Tamariki—Ministry for Children
Bridget Browne and Abigail Marwick, EY

Disclaimer

Access to the data presented was managed by Statistics New Zealand under strict micro-data access protocols and in accordance with the security and confidentiality provisions of the Statistics Act 1975.

These findings are not Official Statistics. The opinions, findings, recommendations, and conclusions expressed are those of the authors, not Statistics NZ.

CHILDREN'S WELLBEING MODEL

Encompasses all children

Focus on **wellbeing**

Recognition that **wellbeing is complex**

Consider the **present**
as well as the future

CHILD AND YOUTH WELLBEING OUTCOMES



CHILDREN and YOUNG PEOPLE
are LOVED, SAFE and
NURTURED



CHILDREN and YOUNG PEOPLE
have WHAT they NEED



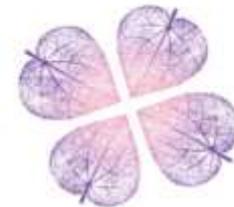
CHILDREN and YOUNG PEOPLE
are HAPPY and HEALTHY



CHILDREN and YOUNG PEOPLE
are LEARNING and DEVELOPING

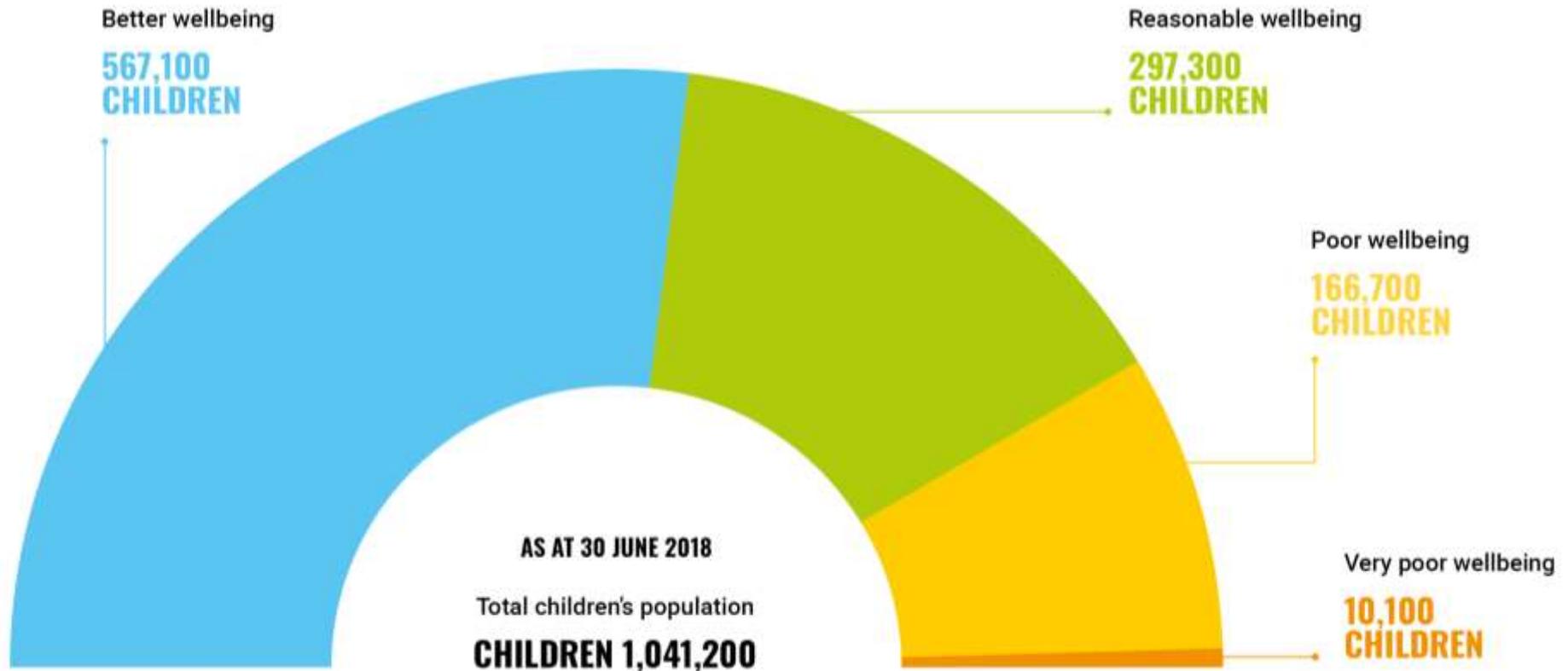


CHILDREN and YOUNG PEOPLE
are ACCEPTED, RESPECTED and
CONNECTED



CHILDREN and YOUNG PEOPLE
are INVOLVED and
EMPOWERED

CHILD WELLBEING



Note: Segmentation of the total children's population in New Zealand has been created using quantitative information contained within the Stats NZ Integrated Data Infrastructure. As a result, we have developed a view of apparent wellbeing based on available data, rather than a true picture of wellbeing itself. In particular, the segmentation has predominantly been informed by service usage, which acts as a proxy for need and wellbeing. Due to the nature of the data, we are also unable to account for unmet demand of services, as well as unmeasured strengths.

HEALTH CASE STUDY – OVERVIEW



STEP 1

Determine the **major adolescent risk factors** that are associated with high morbidity/high cost adult health conditions



STEP 2

Assess child factors that are associated with the adolescent risk factors



STEP 3

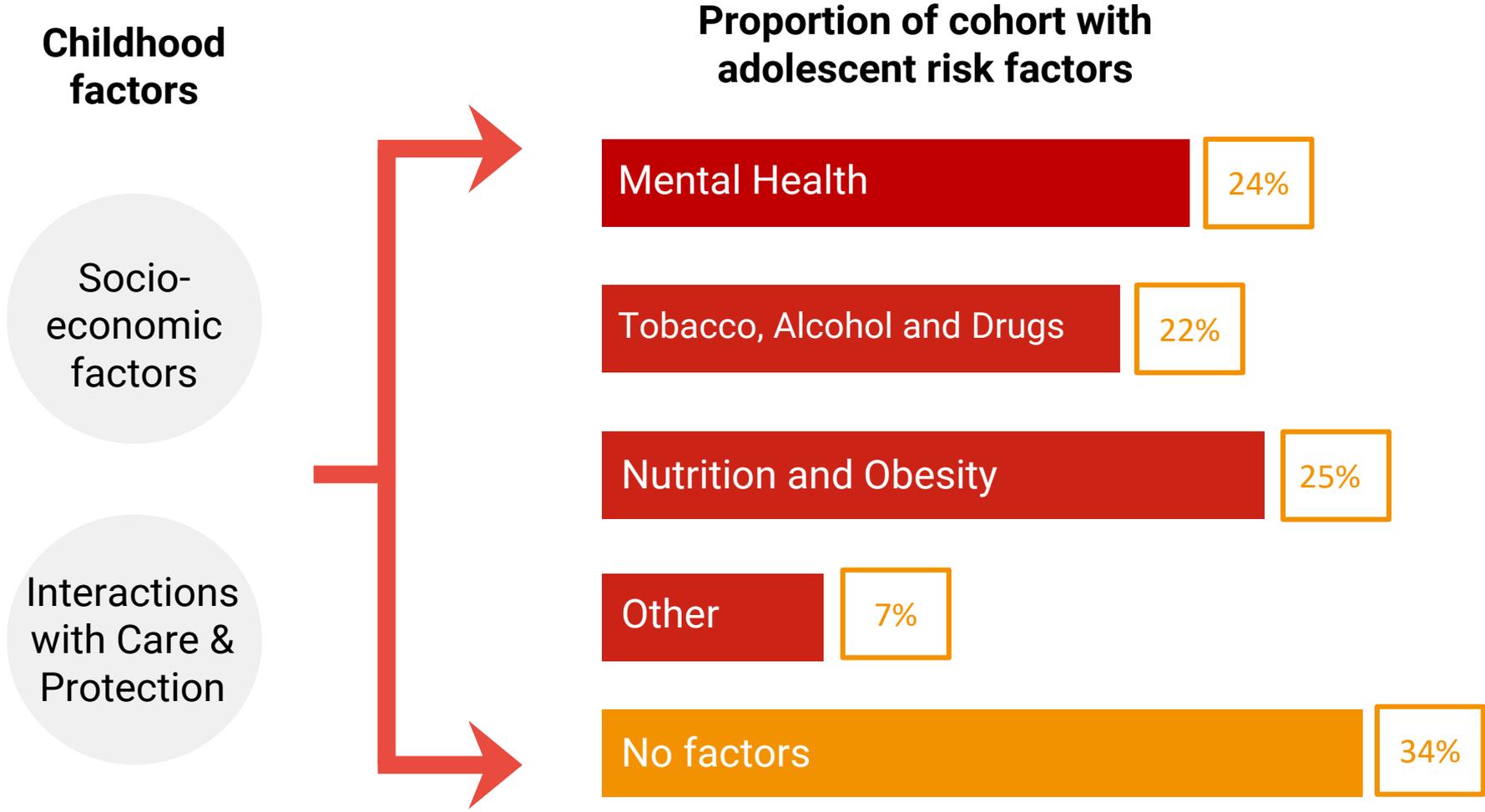
Determine the **future disease burden (DALYs)** associated with each of the six risk groups



STEP 4

Cost the most representative conditions for each risk factor

CHILDHOOD & ADOLESCENT RISK FACTORS



KEY FINDINGS – AN EXAMPLE

Childhood factors



- 14 years old
- Lives in an area with high deprivation (NZDep Index 9/10). Low income for most of her childhood.
- Care & Protection reports
- Currently in out-of-home placement
- Multiple childhood hospitalisations
- Very poor wellbeing

Adolescent risk factors

Compared to other 14 year olds:

- **2.5x** more likely to have **mental health needs**
- **3x** more likely to **smoke**
- **7x** more likely to have **substance usage needs**
- **2.5x** more likely to have had **recurrent infections**
- **2x** more likely to have **nutrition/obesity issues**

Lifetime health burden

High risk of reduced Disability Adjusted Life Years over adult life

For the NZ child population with 1 or more adolescent risk factors, we estimated cohort averages of:

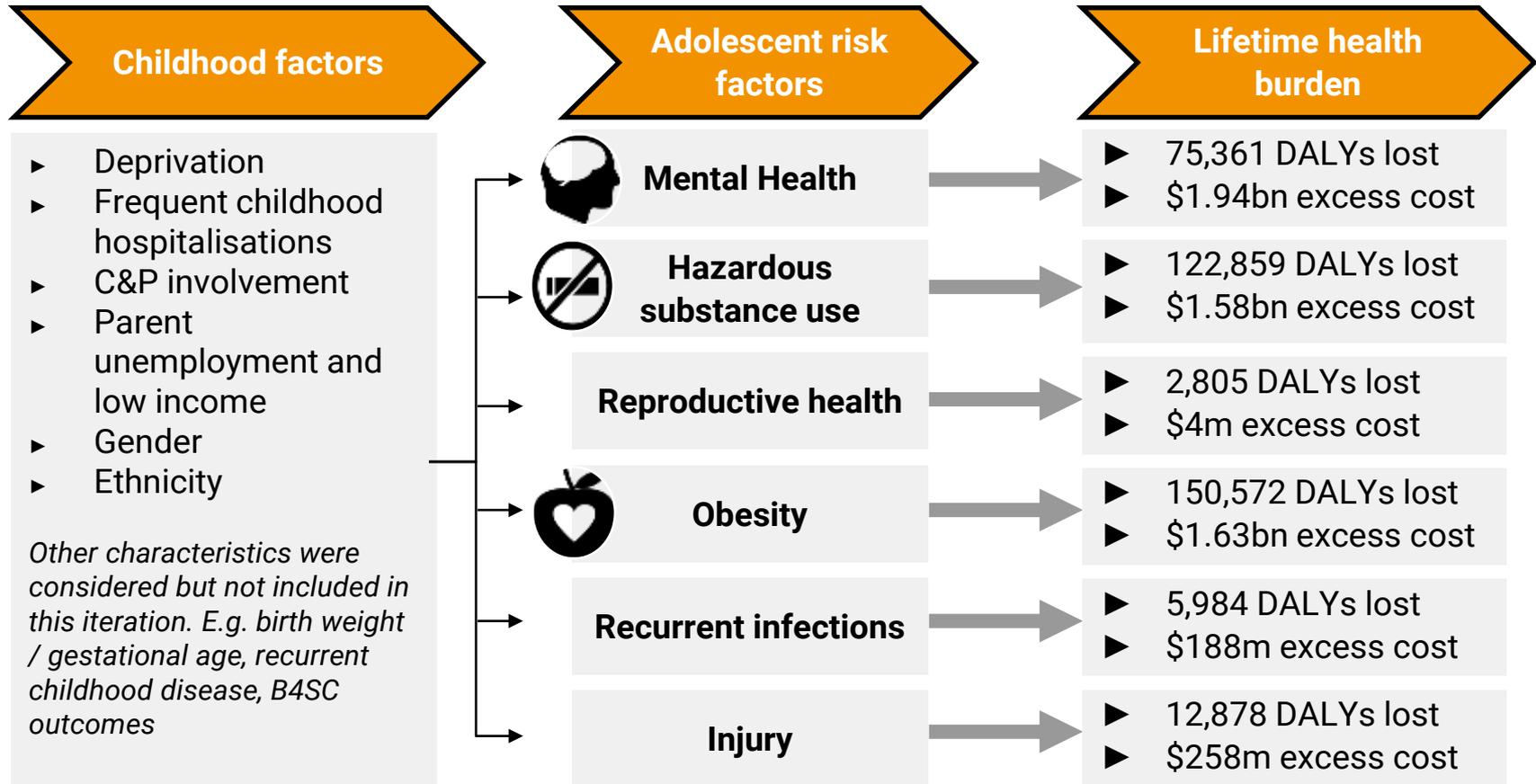
- **9 DALYs lost per child** attributable to childhood and adolescent risk factors
- **\$143k excess cost per child** attributable to childhood and adolescent risk factors

KEY FINDINGS – ADULT HEALTH OUTCOMES ASSOCIATED WITH CHILDHOOD AND ADOLESCENT RISK FACTORS

Projected lifetime incidence rates of adult health outcomes for 14 - 16-year-olds at 30 June 2018 – segmented by level of wellbeing.



KEY FINDINGS – LIFETIME HEALTH BURDEN ASSOCIATED WITH CHILDHOOD AND ADOLESCENT RISK FACTORS



NB: 370,459 attributable DALYs lost and \$5.6bn excess cost for the cohort in total

KEY FINDINGS – LIFETIME HEALTH BURDEN ASSOCIATED WITH CHILDHOOD AND ADOLESCENT RISK FACTORS

