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**Hide and seek: Parents' perspectives on children's  
access to health care**

**A thesis presented in partial fulfilment of the  
requirements for the degree of**

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## **Abstract**

Children are often referred to as the „hidden“ generation, a powerless group who in infancy and childhood depend on their parents and families/whānau to ensure they receive everything in life required to enable them to grow into healthy young people and adults. Some are more disadvantaged than others due to the socioeconomic circumstances they grow up in. This can have lasting effects on their health in childhood with associated impacts later in life. In New Zealand the populations of children most disadvantaged are those from Māori, Pacific and other low income families/whānau. The disparities that exist between children from these populations and other groups whilst lessening, is still significant.

The purpose of this study was to explore with Māori, Pacific and low income parents and caregivers why they choose to „seek“ health services for their children, or not as the case may be. Patterns of use are established early in life therefore it is important to understand children’s health care use. The literature suggests that children’s access to health care is influenced by predisposing factors such as their socioeconomic status, ethnicity, the availability of services, choice of providers, availability of school-based health services, outreach services, relationships between the community and health service providers and having a regular source of primary health care.

A qualitative exploratory design was the methodology chosen for this research. A modified „community as partner“ model (Anderson, 2008) formed the conceptual framework for the research. Sixteen Māori, Pacific and Pakeha parents and caregivers participated in three focus groups to discuss their perceptions of children’s access to health care. Thematic analysis was used to identify codes, categories, themes and sub themes from the data. The New Zealand Child Health Strategy (Ministry of Health, 1998) was used as a model to inform the discussion. The main themes were: reality of life, visibility, knowing you, knowing me and kids come first. The findings suggest that relationships with primary health care providers, the cost of health care for children over five years, awareness of services and a need to prioritise children’s needs, enable or prevent children’s access to health care. Decisions made regarding further service provision for children will be enhanced by health providers and practitioners having a clearer understanding of the enablers and barriers to access and the factors that influence parental choice of services.

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# Table of Contents

Abstract .....	i
Acknowledgements .....	ii
<b>Chapter 1 - Introduction .....</b>	<b>1</b>
Introduction .....	1
Aims .....	1
Significance .....	4
Context .....	5
Outline of thesis .....	8
Conclusion .....	9
<b>Chapter 2 - Literature review .....</b>	<b>10</b>
Introduction .....	10
Literature criteria .....	10
Social disadvantage .....	11
Access to health services .....	14
Need for services .....	23
Conclusion .....	30
<b>Chapter 3 - Research design .....</b>	<b>33</b>
Introduction .....	33
Conceptual framework .....	33
Methodology .....	34
Ethical issues .....	35
Rigour .....	38
Method .....	40
Participant selection .....	42
Data collection .....	44
Data analysis .....	48
Conclusion .....	51
<b>Chapter 4 - Children's needs are paramount .....</b>	<b>53</b>
Introduction .....	53
Reality of life .....	55
Visibility .....	64
Conclusion .....	67
<b>Chapter 5 - Focus on children .....</b>	<b>68</b>
Introduction .....	68
Knowing you, knowing me .....	69
Kids come first .....	78
Conclusion .....	85
<b>Chapter 6 - Improving children's access to health care .....</b>	<b>87</b>
Introduction .....	87
Continuity of care .....	88
Access to services .....	91
Raising awareness .....	96
Limitations .....	99
Implications for future research .....	99
Conclusion .....	100

<b>Chapter 7 - Future gazing .....</b>	<b>102</b>
Introduction.....	102
Overview.....	102
Recommendations.....	104
Conclusion.....	107

<b>Appendices .....</b>	<b>108</b>
Appendix 1 – Epidemiological data .....	108
Appendix 2 – Definitions of continuity of care.....	110
Appendix 3 – Information sheet .....	111
Appendix 4 – Consent form.....	113
Appendix 5 – Transcriber’s confidentiality agreement .....	114
Appendix 6 – Assistant’s confidentiality agreement.....	115
Appendix 7 – Interview schedule .....	116
Appendix 8 – Principles of the New Zealand Child Health Strategy.....	117

<b>References .....</b>	<b>118</b>
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**Figures**

Figure 1	Conceptual model .....	54
Figure 2	Children’s needs are paramount.....	55
Figure 3	Focus on children .....	68
Figure 4	Proportion of children aged 5-14 years who were either overweight or obese by gender and ethnicity .....	108
Figure 5	Hospital admissions for lower respiratory tract infections and asthma in children aged 0-14 years by ethnicity, 1996-2006.....	108
Figure 6	Hospital admissions for serious bacterial infections in children and young people aged 0-24 years by ethnicity .....	109