What type of programs improve the mental health outcomes of children in out-of-home care?

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Aboriginal and Torres Strait Islander peoples should be aware that this resource may contain images or names of people who have passed away.
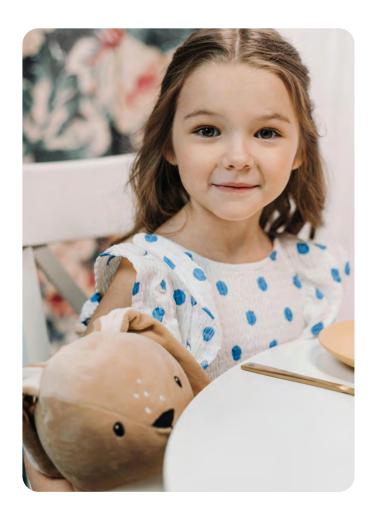
Resource summary

This fact sheet provides an overview of the most common types of programs that aim to improve mental health outcomes for children in out-of-home care (OOHC) and the evidence for overall program types. It will be most relevant for professionals who may encounter children in OOHC in their work, such as social workers, child protection and care workers, mental health practitioners (e.g. psychologists, psychiatrists), health practitioners (e.g. general practitioners, nurses), and allied health professionals. It may also be useful to guide decision-making for policy makers or service providers.

Key messages

● Children in OOHC can experience significant challenges to their mental health and wellbeing. There are various programs and program approaches that are implemented to support the mental health of children in care.

● The most common types of programs to support the mental health of children in care include carer training and support programs, therapeutic foster care (TFC)[1], attachment-based programs,

child therapies, educational support, restoration or family contact, leaving and after care support programs, youth mentoring and/or behavioural change programs, and organisational or system-level models.

● Carer training and support programs, TFC, and attachment-based programs have the most published literature and appear to have the strongest evidence for effectiveness in supporting mental health outcomes for children in OOHC.

● However, there are some critical limitations of the evidence base, including evidence gaps and methodological and design limitations of existing studies.

● These findings highlight the need for further research that explores what works, for who, and in what circumstances, and to identify elements or principles for effective practice that may extend across successful programs.

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1. Therapeutic foster care is also referred to as enhanced foster care, treatment foster care, specialist or specialised foster care, intensive foster care, or professional foster care. There is not a consistent definition or use of these terms; however, often therapeutic foster care involves specialised training and/or support for foster carers, limits on the number of children in a foster home, involvement of therapeutic specialists, and collective planning and collaborative decision making (often in the form of care teams).

Introduction

Children in out-of-home care (OOHC) experience elevated risks for mental health challenges and other adverse social outcomes. It is therefore critical to identify what can contribute to supporting good mental health in children in care. This resource provides a summary of the most common program types aiming to improve outcomes for children in OOHC. It also summarises the evidence for the effectiveness of these programs.

This resource serves as an introduction to mental health supports for children in care and is best suited to practitioners who are not overly familiar with the OOHC research or evidence. Our practice papers offer more information about OOHC in Australia and a detailed discussion of mental health outcomes for children in care, as well as practical guidance on supporting the mental health and wellbeing of children in OOHC.

Mental health outcomes in out-of-home care

Children with experience of OOHC have a higher risk of developing mental health challenges than children who have not experienced OOHC. Mental health challenges for children in care can include trauma-related difficulties, attachment challenges, internalising difficulties, depression and suicidality (Engler et al., 2022; Gabrielli et al., 2015; Washington et al., 2018). Children who have been in OOHC are also at increased risk for mental health challenges into adulthood, as well as for poor educational and employment outcomes and contact with the justice system (Jäggi et al., 2022; Walsh et al., 2018).

Aboriginal and Torres Strait Islander children are significantly over-represented in OOHC, owing to the systemic impacts of colonisation and ongoing policies of child removal (AIHW, 2023; O'Donnell et al., 2019; Liddle et al., 2022). Moreover, Aboriginal and Torres Strait Islander children often experience poorer mental health outcomes in care, compared to non-Indigenous children (Raman et al., 2011; Walsh et al., 2018). It is therefore important to identify what interventions or programs can best address the unique needs and support the mental health of children in OOHC, to help improve their short and long-term outcomes.

Programming to support child mental health in out-of-home care

There are many programs, models and approaches that aim to improve outcomes for children in OOHC. The countless individual programs are difficult to compare due to differences in program aims, descriptive information available on the programs, and evidence of effectiveness.

Drawing from previous reviews of programs for children in OOHC (Evans et al., 2023; Shlonsky, 2017; Watt & Jakob, 2020), we identified high-level categories of program types and approaches used to support children's mental health in OOHC. These program types and approaches are outlined in Table 1, along with examples of specific programs, and a summation of the general strength of evidence for each program category. It is important to note that there is some degree of overlap between some program approaches: specific programs may have features of more than one program type, and some approaches may be adopted in conjunction with others.

In this resource, we focus on summarising program 'types' and 'approaches' – that is, broad categories of programs or approaches to practice that share common features or mechanisms. Although this resource does not explore specific named programs or models, we do provide some examples of named programs that fit into broad types. This resource also has a specific focus on programs for addressing mental health and/or wellbeing for children while they are in OOHC or transitioning from OOHC. It does not include services, policies or programs aimed at preventing contact with child protection services or placement in OOHC.

Consistent with previous reviews, we found limited published literature on programs with a primary aim to provide cultural support for Aboriginal and Torres Strait Islander children in OOHC (AIHW, 2021; Shlonsky, 2017; Watt & Jakob, 2020). Some of these programs overlap with other program category types (e.g. cultural support delivered through mentoring and/or youth behavioural change programs, cultural safety and support guidelines embedded within organisational or residential programs). For this reason, cultural support programs are not outlined as a discrete program category type.

Common program approaches to support mental health and wellbeing and their evidence

As outlined in Table 1, the most common program types or approaches described in OOHC literature are:

– carer training and support

– therapeutic foster care

– attachment-based programs

– child therapies

– educational support

– restoration or family contact support

– leaving and after care

– youth behavioural change; and

– organisational or system-level models (Evans et al., 2023; Watt & Jakob, 2020).

Of these program types, the most documented appear to be carer training and support (for foster carers) and/or carer–child attachment-based programs.

Table 1. Program approaches used to improve mental health and/or wellbeing outcomes in OOHC

Type	Details	Evidence
Carer training and support programs	Support and training for foster and kinship carers. Often aimed at increasing knowledge and skills to improve behavioural outcomes in children. *Examples: Parent Management Training Oregon (PMTO), Keeping Foster Parents Trained and Supported (KEEP), Incredible Years.*	Carer training and support programs appear to have significant positive impacts on some child outcomes (e.g. carer-reported mental health and behavioural problems) and mixed outcomes for carers (e.g. around mental health literacy, parenting stress) (Lotty et al., 2021; Solomon et al., 2017; Uretsky & Hoffman, 2017). However, effectiveness for kinship carers remains unknown; the methodological quality and design of studies vary considerably; and findings are mixed across studies for both carers and children (Lin, 2014; Washington et al., 2018).
Therapeutic foster care (TFC)	Therapeutic foster care is a broad term referring to various approaches in foster care. These approaches often overlap with other program approaches such as specialised training and support for foster carers, and other support for children in foster care. *Examples: Multidimensional Treatment Foster Care Model (MTFC), Treatment Foster Care Oregon (TFCO).*	There is some evidence of the impact of TFC on improving mental health and behavioural problems. However, reported outcomes vary considerably, most studies have weak methodological quality, and many have significant risk of biases (Hahn et al., 2005; Macdonald & Turner, 2008; Mitchell et al., 2020; Shlonsky, 2013; Van Andel et al., 2012; Ziviani et al., 2012). More research is therefore needed.
Carer–child attachment programs	Programs to improve child-carer relationships and attachment. *Examples: Attachments and Bio-behavioural Catch-up (ABC), Child Adult Relationship Enhancement (CARE).*	There is promising evidence for the impact of attachment-based intervention on emotional and behavioural outcomes in children. However, reported outcomes vary considerably, most studies are low quality, and many have significant risk of biases (Dalgaard et al., 2022; Kerr & Cossar, 2014; Shlonsky, 2013; Watt & Jakob, 2020).

Type	Details	Evidence
Child-centred therapies	Therapy or programs to support children's mental health and wellbeing. *Examples: Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), Life Story Work.*	There is insufficient evidence to determine the impact of child-centred therapies due to limited published primary studies or evaluations (Byrne, 2017; Downes et al., 2016; Russell et al., 2021). However, some individual programs/therapies show promise and there are some emerging practice or therapeutic elements that demonstrate some signs of success (Hammond et al., 2020; Kontomichalos-Eyre et al., 2023).
School readiness and support programs	Programs to improve engagement with school or academic performance (e.g. school readiness programs, therapeutic playgroups and tutoring). *Examples: Kids in Transition to School program (KITS), Head Start.*	Primary studies indicate some benefit for individual education programs; however, these programs are not typically intended to directly improve mental health. Moreover, there is significant variation in programs and in the quality and design of the studies evaluating them. Therefore, more research is needed (Männistö & Pirttimaa, 2018).
Restoration support	Programs to support reunification of birth families and/or to improve contact between children and families. *Examples: Family Treatment Drug Courts (FTDC), Strengthening Families.*	There is insufficient evidence to determine the impact of restoration support programs as a whole, due to the wide variety of programs and components (Bezeczky et al., 2020; Bullen et al., 2016; Murphy et al., 2017; Zhang et al., 2019).
Leaving care and after care programs	Programs to support transition to independence for adolescents (e.g. independent living programs and some mentoring programs). *Examples: TAKE CHARGE, Independent Living Programs.*	There is a growing evidence base for leaving care programs which indicates that they can improve long-term education and employment outcomes. However, many studies of such programs have poor methodological quality, and more research is needed (Everson-Hock et al., 2011; Thompson et al., 2016; Woodgate et al., 2017).
Youth behavioural change programs	Programs to promote healthy behaviours of youth in care (e.g. sexual health promotion and drug and alcohol prevention programs). *Examples: Mentoring programs, KEEP SAFE.*	Youth behavioural programs may increase health literacy, and in some cases, influence health behaviours, but more research is needed to assess their effectiveness (Hammarström et al., 2018; Poon et al., 2021; Thompson et al., 2016).
Residential, organisational, or system models	May include training for service providers, organisational care models, or models for residential services and care. *Examples: Sanctuary Model, Spiral to Recovery, Attachment Regulation and Competency Framework (ARC).*	Due to the wide variation in approaches and limited studies, there is insufficient evidence to determine the benefits of these approaches (Bailey et al., 2019; Galvin et al., 2022; Mensah et al., 2020). However, literature is emerging which outlines some program elements that may be effective (Boel-Studt & Tobia, 2016; CETC, 2019; Creamer et al., 2022; Daly et al., 2018; McPherson et al., 2019).

Note: Due to limited published studies and/or a focus on mental health programs for children in OOHC that can be delivered by generalist practitioners, the following are not outlined in this table: child protection services or policies; programs aimed at preventing OOHC contact; cultural support programs; or informal programs or programs delivered for children in informal care arrangements.

Overall, carer training and support programs, therapeutic foster care, and attachment-based programs appear to have the most promising (or strong) evidence (Dalgaard et al., 2022; Downes et al., 2016; Kerr & Cossar, 2014; Uretsky & Hoffman, 2017). However, due to variations in program designs and limited high-quality evidence, it is difficult to determine the effectiveness of the other program types, and more high-quality research is needed.

Limitations of the evidence base

While there are hundreds of program models to improve mental health and wellbeing outcomes for children in OOHC, few have been sufficiently described or evaluated to determine their effectiveness (Hambrick et al., 2016; Shlonsky, 2017; Tarren-Sweeney, 2021).[2] There is also significant variation in program and study design and outcomes across programs (Dalgaard et al., 2022; Uretsky & Hoffman, 2017; Watt & Jakob, 2020). Moreover, there are significant methodological limitations in the studies and program evaluations that have been undertaken, including a reliance on cross-sectional and observational study designs, and a lack of reporting on child outcomes (Dalgaard et al., 2022; Uretsky & Hoffman, 2017; Washington et al., 2018; Watt & Jakob, 2020).

Therefore, there is often limited evidence for the effectiveness of even some of the most widely used programs (Dalgaard et al., 2022; Kinsey & Schlösser, 2013; Watt & Jakob, 2020). This makes it difficult to compare outcomes across programs and to determine the strength of evidence at the overall program approach level (Shlonsky 2013, 2017; PRC, 2014). These limitations have led some researchers to call for more evidence to identify the common elements of programs or implementation factors that contribute to effective and successful approaches (Albers et al., 2017; Shlonsky, 2017; Washington et al., 2018).

There are also important gaps in the scope of the existing research. Much of the research is from the United States and there is limited published evidence on Australian programs (Evans et al., 2023; Shlonsky, 2017). Most of the research has also focused on building the skills of foster carers in managing children's mental health and behaviour, with significant research gaps for effective programs in other placement arrangements or contexts (Dickes et al., 2018; Lin, 2014; Wu et al., 2020). Of particular concern in the Australian context is a lack of evidence on effective supports in kinship care, and what works to support the mental health of Aboriginal and Torres Strait Islander children in OOHC (Shlonsky, 2017; Watt & Jakob, 2020).

Similarly, there is limited research or evidence on the most effective, or best ways to design and implement, other forms of support for carers – for example, holistic support approaches such as respite care, financial assistance, or training and support mechanisms for professional carers (Lin, 2014; McLaughlin et al., 2017). There is insufficient evidence on which organisational and systems approaches are effective (Bailey et al., 2019; Galvin et al., 2022; Mensah et al., 2020). Finally, little is known about children's perspectives of quality care and support services (Knight & Kingston, 2021; Smales et al., 2020; Steenbakkers et al., 2018).

Implications and conclusions

The research and practice literature indicate that some of the most documented program approaches to improve children's mental health in OOHC are carer training and support, attachment-based programs, and therapeutic foster care. These three overall program types also have the strongest evidence for effectiveness in improving child mental health and wellbeing. However, the evidence for what works in improving child mental health outcomes in OOHC is constrained by a lack of research or strong evidence on key program types.

There are critical gaps in the evidence base that need to be addressed. As outlined earlier, there was limited literature on effective programs to support the cultural needs of Aboriginal and Torres Strait Islander children. There is a critical need for Aboriginal and Torres Strait Islander-led programs and services to ensure children in care have their cultural and mental health and wellbeing needs met (Krakouer et al., 2018; Raman et al., 2017). There is also a need for more literature that documents these approaches (Shlonsky, 2017; Watt & Jakob, 2020). In addition, there are evidence gaps around what works in kinship care, what organisational and systems approaches are effective, and children's perspectives of quality care and support (Hambrick et al., 2016; Kemmis-Riggs et al., 2018; Shlonsky, 2017).

These findings highlight the need for further research on the specific qualities and components of effective programs and to identify best practice when supporting children in OOHC (Smales et al., 2020; Steenbakkers et al., 2018). More research is therefore needed to identify what works, for whom and under what circumstances (Smales et al., 2020; Steenbakkers et al., 2018). However, promising programs appear to be those that are trauma-informed, culturally safe, multi-component/holistic, and co-designed with children and carers (Green et al., 2022; Higgins & Butler, 2007; Luu et al., 2019; Savaglio et al., 2021).

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2. This is also the case for trauma programs for children who have experienced neglect or abuse more broadly, not just those who are in OOHC (PRC, 2014).

It is also important to acknowledge that OOHC experiences are not homogenous and the mental health outcomes of children in care are influenced by various child, family and environmental factors (Baldwin et al., 2019; Maclean et al., 2016; Walsh et al., 2018).

When delivering programs for children, it is important for practitioners to consider what support is most appropriate for each individual child (including their age, placement type and cultural background) and that best meets the needs of the child and/or their carers (Albers et al., 2017; Shlonsky, 2017; Washington et al., 2018). In particular, it is critical to consider how applicable, effective and safe programs are for Aboriginal and Torres Strait Islander children and families.

More information on programs, their evidence and guidance on selecting appropriate programs can be found in our recommended resources section online.

AVAILABLE HERE

More resources on supporting children in OOHC

Acknowledgements

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