

Practice principles for supporting the mental health and wellbeing 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 practice guide uses learnings from Australian and international research to build practitioner awareness of approaches to support the mental health and wellbeing of children in out-of-home care (OOHC). It outlines principles that may be useful to guide practice when supporting children in OOHC.

This resource will be relevant for practitioners who work with children in OOHC and their caregivers. It will be particularly useful for practitioners who are not specialists in child mental health but who work with children in OOHC; these may include generalist social workers, child protection and care workers, health practitioners, and allied health professionals. It may also be relevant for policy makers or service providers working with children in OOHC.

Key messages

- Children in out-of-home care (OOHC) have often been exposed to potentially traumatic events and experience poor mental health outcomes.
- There are a range of existing programs and initiatives to support children's mental health in OOHC; however, there is a lack of strong evidence for the effectiveness of specific programs or interventions.



- We reviewed the research on effective programs and/or elements of practice that researchers, practitioners, and people with lived experience regard as important. From this review we were able to identify some key principles for good practice in supporting the mental health and wellbeing of children in OOHC.
- Key principles to support the mental health of children in OOHC include approaches that are:
 - trauma-informed
 - culturally appropriate
 - strengths-based
 - child-centred
 - holistic and collaborative; and
 - relationships-focused.

Introduction

Children in out-of-home care have often been exposed to potentially traumatic events, both before and during their time in care (Guyon-Harris et al., 2019; Hiller, Meiser-Stedman, et al., 2021). As a result, children who have experienced OOHC have increased risks for some mental health challenges including trauma and stress related difficulties, attachment insecurity, depression and anxiety (Alvarez et al., 2022; Batty et al., 2022; Palmer et al., 2021).

The extent of mental health challenges in children who have experienced OOHC varies considerably, and outcomes are influenced by a complex interplay of risk and protective factors. Considering these exposures, experiences and consequent mental health challenges, it is important to identify appropriate and effective approaches to support the mental health and wellbeing of all children who experience OOHC. Further information about OOHC, evidence about mental health outcomes, and factors that influence the mental health of children in care are outlined in more depth in the practice paper, [Understanding the mental health and wellbeing of children in out-of-home care](#).

There are many programs and initiatives that aim to support the mental health of children in care. However, the characteristics and effectiveness of these programs vary considerably. Despite innovation in this space, the published evidence base for interventions is relatively small and often not of sufficient quality to draw strong conclusions about program effectiveness (Daly et al., 2018; Dicks et al., 2018; Finan et al., 2018; Mersky et al., 2020). There is also a lack of research on effective programs to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander children in OOHC, and on programs that support children in kinship care (Shlonsky, 2017; Watt & Jakob, 2020). These are critical evidence gaps, considering Aboriginal and Torres Strait Islander children make up almost half of all children in OOHC, and kinship care is the most common type of placement for Australian children (AIHW, 2023).

This can make it hard for practitioners to choose the most appropriate program to support the mental health of children in OOHC, highlighting the need for more evidence of what works, for whom, and under what circumstances (Hambrick et al., 2016; James et al., 2015; Kemmis-Riggs et al., 2018). For more information about programs used in OOHC and evidence for their effectiveness, refer to our fact sheet, [What type of programs improve the mental health outcomes of children in OOHC?](#)

Beyond the limited evidence on specific programs, there are some common elements of practice that may be important when supporting children in OOHC (Evans et al., 2023; Hambrick et al., 2016; Kemmis-Riggs et al., 2018; Shlonsky et al., 2017). This resource outlines some practice principles that can guide practitioners in supporting the mental health of children in OOHC, and further information can be found in the [Resources and further reading](#) section of this resource.

How the principles in this resource were identified

This resource has drawn on Australian research and practice literature to synthesise several overarching principles for practice that may be important when supporting the mental health and wellbeing of children in OOHC. Please note that it does not provide a guide to core competencies, practice standards or quality standards.

We drew on peer reviewed and grey literature to identify elements of practice or practice principles that either:

- have evidence of effectiveness
- children, families and/or communities have said are important components of care; or
- are recognised by practitioners, researchers or other experts as important elements of therapeutic practice or consistent with child/family values.

As noted earlier, there are limitations to the evidence base about program effectiveness and critical research gaps about what works to support child mental health and wellbeing in OOHC. Research evidence about program effectiveness (i.e. whether it has the intended effect in improving mental health or wellbeing outcomes for children in OOHC) is typically based on data from trials and other large-scale studies. These forms of evidence do not always sufficiently cover what is needed for supportive or culturally safe practice from the perspective of children and families receiving the service (Dicks et al., 2018; Luke et al., 2022).

Therefore, when considering what good practice looks like, it is important to also include the perspectives of children and families with lived experience of OOHC and what they think helped, or may have helped, improve their mental health. It is also important to include the perspectives of practitioners and experts who have experience and/or expertise about what works, or what is needed, in practice. Consequently, the principles outlined in this resource draw on both established research evidence and on the perspectives of children and families, researchers, and practitioners.

Principles for practice when supporting children in out-of-home care

This resource outlines a series of principles for good practice when supporting the mental health and wellbeing needs of children in OOHC. The principles for practice described in this resource are:

- trauma-informed care
- culturally safe care
- strengths-based approaches
- child-centred practice
- holistic and collaborative care; and
- relationships-focused care.

It is important to note that many of these principles are related and overlap. This is also not an exhaustive list of all aspects of practice when working with children in OOHC but rather, general principles for practitioners to consider incorporating into their practice. Practitioners should assess the relevance of these principles, and what additional considerations may be required for the specific children and/or groups they work with.

For more information and resources on each of these principles, please refer to the [Resources and further reading](#) section.

Trauma-informed care

[Trauma-informed care](#) is a foundational approach for supporting children who have experienced adversity and trauma. It is recognised among practitioners as an essential principle when working with children in OOHC (Bailey et al., 2019; Barto et al., 2018; Manley et al., 2014). Most programs or interventions in OOHC draw on trauma-informed principles of care to some extent (Bergström et al., 2019; Kemmis-Riggs et al., 2018; Mitchell et al., 2020), and there is strong evidence for the importance of trauma-informed and trauma-specific approaches when supporting mental health among children in OOHC (Arvidson et al., 2014; Gatwiri et al., 2019; Savaglio et al., 2021). For example, training and organisational support for trauma-informed care in OOHC services can contribute to greater placement stability and improved wellbeing outcomes for children (Bailey et al., 2019; Manley et al., 2014; Murphy et al., 2017).

A [trauma-informed approach](#) involves understanding the impact that trauma and adverse events can have on children's developmental and mental health outcomes (trauma-awareness) and an approach which establishes trust and supportive environments with children through a strengths-based [focus on resilience and recovery](#) (Palmer et al., 2021).

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Becoming trauma-informed is a process through which we use knowledge about the prevalence and impact of trauma, abuse and neglect to reexamine how we see, interpret, and interact with children and young people. Trauma-informed care is a principle-based culture change process, and being trauma-informed requires viewing the world through a new lens.

(CETC, 2019, p. 9)

Many children in OOHC have experienced trauma and adverse events (Engler et al., 2022). Effective practice with children in OOHC therefore requires an understanding of the ways in which trauma and adverse events, particularly complex and interpersonal trauma, can impact on child development and mental health outcomes (John et al., 2019; Kisiel et al., 2013). It is also important to have knowledge of the OOHC system and how children's mental health may be impacted by factors before, during and after OOHC placement (Larsen et al., 2018; Suomi et al., 2020; York & Jones, 2017).

Moreover, it is important to note that every child experiences and responds to trauma differently, and the impacts can continue for years after the event. Consequently, mental health presentations can be complex and difficult to accurately identify and assess (Sullivan et al., 2016; Tarren-Sweeney, 2018; Tarren-Sweeney, 2021; Zilberstein & Popper, 2016). Trauma-informed care is therefore a critical component to any program, initiative or engagement with children in OOHC (Kemmis-Riggs et al., 2018; McPherson et al., 2019a; Morgan et al., 2022).

Implementing trauma-informed care in the OOHC context may include training carers and staff and adopting an organisational model of care that is trauma-informed and sensitive to the unique trauma experiences of children in care. Establishing trust with children in OOHC is a crucial foundation for trauma-informed practice (Manley et al., 2014). Practitioners can build trust and create safety in conversations with children by:

- practicing active listening and being non-judgemental
- communicating information in an age-appropriate, developmentally appropriate, and trauma-informed way
- following up and following through on actions discussed with children

- being clear about confidentiality and mandatory reporting; and
- practising self-reflection (Collings et al., 2022; Harder et al., 2017; Palmer et al., 2021).

The practitioner-child relationship also underpins other principles in this resource (e.g. see [Relationships-focused care](#)).

Culturally safe care

Cultural competence and cultural safety are essential to [trauma-informed care for Aboriginal and Torres Strait Islander children](#) (Atkinson, 2013). Culturally safe care is especially critical in OOHC, given that almost half of all children in care identify as Aboriginal and Torres Strait Islander (AIHW, 2023; Collings et al., 2022; Morgan et al., 2022; Raman et al., 2017). Due to the over-representation of Aboriginal and Torres Strait Islander children in OOHC, all programs should ensure they are culturally safe, not just those programs that are specifically designed for Aboriginal and Torres Strait Islander children (AIHW, 2023; Collings et al., 2022; Morgan et al., 2022; Raman et al., 2017).

There is limited published evidence that specifically outlines the effectiveness of programs that support cultural continuity and safety in OOHC (and their impacts on child mental health). However, Aboriginal and Torres Strait Islander children, families and communities, as well as practitioners, researchers and other experts, have consistently identified cultural safety as an essential component of good practice (Shlonsky et al., 2017; Watt & Jakob, 2020). There is also evidence that children in OOHC who are able to maintain connections to culture and community have better mental health outcomes (FACSIAR, 2016).



Practitioners working with Aboriginal and Torres Strait Islander children require a foundational understanding of the cultural determinants of wellbeing (Blackstock et al., 2020; McDowall, 2016), and an awareness of Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing. Social and emotional wellbeing is a holistic concept that encompasses not just the wellbeing of the individual, but extended family and relationships, community, culture and Country (Gee et al., 2014).

Cultural safety goes beyond cultural awareness – for instance, an understanding of, and sensitivity to, cultural diversity including different beliefs, customs and practices. It requires practitioners acknowledge the historical and continuing impacts of colonisation, ensure they engage respectfully with Aboriginal and Torres Strait Islander peoples, and provide services and supports that are safe and free of bias (Adams et al., 2014). This includes having an awareness of how colonisation, racism and intergenerational trauma continue to impact Aboriginal and Torres Strait Islander children (McPherson et al., 2019a; Raman et al., 2017).

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Cultural safety requires... professionals and ... organisations to examine themselves and the potential impact of their own culture on... interactions and... service delivery... [and] to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

(CURTIS ET AL., 2019, p. 14)

Cultural safety in OOHC requires practitioners recognise the continuing impacts of successive government policies of child removals, including the Stolen Generations, and how this contributes to over-representation of Aboriginal and Torres Strait Islander children in OOHC (AIHW, 2023; Liddle et al., 2022). It also involves an understanding of and commitment to addressing the implicit bias and racism within child protection systems that impact on children and families' wellbeing (Creamer et al., 2022).

Aboriginal and Torres Strait Islander children's cultural rights are outlined in the [United Nations Declaration on the Rights of Indigenous Peoples](#) and the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) (ACYP, 2021). The [National Principles for Child Safe Organisations](#) (the National Principles) also include requirements for organisations to respect the cultural needs of Aboriginal and Torres Strait Islander children. This suggests that cultural safety should be incorporated into the design and delivery of programs or services for children in OOHC (McPherson et al., 2019a; SNAICC, 2019).

This includes committing to supporting families early and supporting reunification where possible; and ensuring OOHC placements are culturally safe, that children in OOHC have comprehensive cultural support plans, and that they are able to maintain connections to their family, culture and communities (Wise & Brewster, 2022). Other practical measures might include using culturally sensitive approaches to screen and assess for mental health challenges in children (Adams et al., 2014; Bamblett et al., 2012; Black et al., 2018; Lindstedt et al., 2017). Further reading and resources on [culturally appropriate assessments](#) are available in the [Resources and further reading](#) section of this guide.

Maintaining connections to kin and Country are also important components of culturally safe care, and wellbeing support, for Aboriginal and Torres Strait Islander children in OOHC. Many children in OOHC experience a loss of cultural continuity and connection, which can then negatively affect their wellbeing (ACYP, 2021; CCYP, 2019; Krakouer et al., 2018; McDowall, 2016). Under the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), all Aboriginal and Torres Strait Islander children in OOHC should be placed with kin and their cultural connections should be maintained (SNAICC, 2019). However, in practice the ATSICPP is not always adequately implemented (AIHW, 2022; FACSIR, 2016), and some experts have argued the ATSICPP does not go far enough to safeguard children's cultural connection, safety and continuity of connection to culture, Country and kin (Blackstock et al., 2020; Krakouer et al., 2023; McDowall, 2016).

In this context, Aboriginal and Torres Strait Islander-led service provision can help to ensure children's cultural needs are met (Collings et al., 2022; Morgan et al., 2022; Raman et al., 2017). Ideally, services to support Aboriginal and Torres Strait Islander children will be led by Aboriginal and Torres Strait Islander peoples and communities, including Aboriginal Community Controlled Organisations (ACCOs), and should aim to support connections to their cultural identity and community (Creamer et al., 2022; Krakouer, 2023). For examples of such programs, refer to the [Resources and further reading](#) section.

Strengths-based approaches

There is broad recognition within the research literature, as well as from practitioners, children, families and communities with lived experience of OOHC that [strengths-based approaches](#) should be used when supporting children in care. Programs for children within OOHC often focus on risk factors for poor mental health and aim to reduce the impact of mental health challenges, particularly behavioural 'problems' (Evans et al., 2023; Sabalauskas et al., 2014). Although this focus on risks and addressing

behaviours can be important, it can reinforce a deficit-lens and be counter-productive to improving outcomes.

In contrast, a strengths-based approach involves identifying and nurturing the strengths and protective factors for children's mental health and wellbeing (Soriano et al., 2008). A strengths-based approach requires practitioners to shift from a focus on deficits (risks, negative influences, experiences of adversity) or problems, to strengths (resilience, protective factors) and solutions (Devaney et al., 2023). A strengths-based approach:

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assumes that all people have strengths and resources they can draw upon and all people are doing the best they can with their current strengths and resources. The strengths-based approach relies upon inherent respect for all people, empowerment, social justice, inclusion and collaboration, transparency and self-determination in its application to service delivery.

(SORIANO ET AL., 2008, p. 4)

Strengths-based practice for children in OOHC may include:

- using positive and empowering language
- using motivational interviewing and emotion coaching
- collaboratively identifying children's strengths and protective factors for their wellbeing; and/or
- encouraging positive coping strategies and celebrating progress towards goals (Forrest et al., 2018; McPherson et al., 2019b; Mitchell et al., 2020; Sabalauskas et al., 2014).

An emphasis on strengths and resilience are common features of trauma-informed practice (e.g. trauma-focused cognitive and/or behavioural therapy) for children who have experienced adversity and/or trauma (Mayer, 2019; Sabalauskas et al., 2014). Strengths-based care is also an element of other principles in this resource, particularly child-centred care, holistic care and culturally safe care (Kilcullen et al., 2018). Further examples of strengths-based practice are outlined within the other practice principles in this resource (e.g. [Child-centred practice](#), [Trauma-informed care](#), [Culturally safe care](#)), and in the [Resources and further reading](#) section.

Child-centred practice

Evidence suggests that [a child-centred approach](#) is important for supporting the mental health of children in OOHC (Barnett, 2020; Harder et al., 2017; Steenbakkers et al., 2018; Wilson et al., 2020). Children and young people have also repeatedly highlighted how participation in decisions that affect them influences their wellbeing in OOHC (CCYP, 2019; McGuire et al., 2018; Ryder et al., 2022; Staines & Selwyn, 2020).

Child-centred practice (sometimes called person-centred or client-centred practice) is an approach that places the child at the centre of decision-making and prioritises their needs, preferences and wellbeing (Hunter & Price-Robertson, 2014; Leve et al., 2012). It recognises children as active participants in their own care and respects their rights and autonomy (ARACY, 2010). Key characteristics of a child-centred approach include respect for children's autonomy; collaboration, partnership and shared decision-making; a holistic approach; individualised care; continuity, and child safety (ARACY, 2010; CCYP, 2019). This principle overlaps with other principles outlined in this resource, particularly strengths-based, trauma-informed and holistic care.

Child-centred practice supports [the rights of children](#) and the standards outlined in the UNCRC, the National Principles and The National Standards for Out-of-Home Care (NOOHCS). These rights, principles and standards outline the importance of children having access to information about their care and [involvement in decisions](#) that impact them (CREATE, 2020). However, in practice, not all children are informed or involved in decisions about them (e.g. not told why they are in care or asked about their views or preferences around changes related to care planning, housing, education, or health) (Finan et al., 2018; Staines & Selwyn, 2020).

Research indicates that children's mental health in OOHC is negatively impacted by their exclusion from decisions over placement and case planning. It can lead to children experiencing a sense of powerlessness and loss of autonomy, which can perpetuate existing trauma and negatively impact on mental health (CCYP, 2019; McGuire et al., 2018; Ryder et al., 2022; Staines & Selwyn, 2020). Conversely, there is evidence that fostering opportunities for children in OOHC to express their thoughts, feelings and experiences can provide a sense of empowerment and agency (Barnett, 2020; Steenbakkers et al., 2018; Wilson et al., 2020).

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Being heard can enhance children's and young people's self-esteem and feeling of empowerment, can benefit them psychologically and can better ensure that their needs are met.

(BROMFIELD & OSBORN, 2007, p. 18)

Children, families and practitioners have also highlighted the importance of listening to children and fostering children's agency, autonomy and participation in decision-making (ACYP, 2021; Bromfield & Osborn, 2007; CCYP, 2019; McDowall, 2018; Stafford et al., 2021). Supporting children to express their views can encourage them to communicate any risks or protective factors that impact on their wellbeing, including safety concerns (Barnett, 2020; Nurmatov et al., 2020).

Child-centred practice may include:

- providing information to children in an age- and developmentally-appropriate, trauma-informed way
- practising active listening
- working collaboratively with children to identify goals and support needs
- ensuring services (including physical environments) are child-friendly and inclusive; and
- engaging children as shared decision makers in their healthcare (Hammond et al., 2020; Harder et al., 2017; Kontomichalos-Eyre et al., 2023; Steenbakkers et al., 2018).

Trauma-informed, strengths-based, and culturally safe approaches are also required to support children's participation and involvement (CREATE, 2020; Krakouer, 2023a, 2018).

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Participation is a process where someone influences decisions about their lives and this leads to change. It is not just about listening to children and young people's views; it is about them influencing what is decided and how things are done.

(CETC, 2019, p. 11)

Another key element of a child-centred approach is individualised and tailored support. Every child has their own needs and experiences; therefore, support that is tailored and sensitive to the needs of children in OOHC (and their carers if relevant) is essential (Kinsey & Schlösser, 2013; Steenbakkens et al., 2018; Ziviani et al., 2012). This includes being sensitive to the child's development, their placement type, and their desired goals for support (Galvin et al., 2022; Harder et al., 2017; Kemmis-Riggs et al., 2018; Kinsey & Schlösser, 2013; Steenbakkens et al., 2018; Ziviani et al., 2012).

Holistic and collaborative care

There is some evidence that [holistic, collaborative and multi-component approaches](#) can support the mental health of children in OOHC (Bailey et al., 2019; Galvin et al., 2022; Kinsey & Schlösser, 2013). Practitioners, researchers and other experts have also called for more holistic, comprehensive and coordinated approaches when supporting children in OOHC (Creamer et al., 2022; Daly et al., 2018; Sanders et al., 2017).

Children in care often face complex problems and have mental health needs that are best supported by a collaborative approach to service delivery (Baldwin et al., 2019; Devlin et al., 2022; Hickey et al., 2021; Hiller, Halligan, et al., 2021; Johansson et al., 2021).

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An integrative, holistic approach to trauma recovery is suggested to ensure young people in out-of-home care receive adequate treatment services.

(MAYER, 2019, p. 558)

Holistic and collaborative approaches draw from socio-ecological models of mental health and wellbeing. These approaches consider the physical, emotional, social and developmental needs of each individual child – for example, their family history and circumstances, strengths and challenges (including previous history of abuse or maltreatment), their placement type, and their physical health (McPherson et al., 2019a; Shlonsky et al., 2017; Steenbakkens et al., 2018). A holistic approach involves:

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giving consideration to and addressing the broader context in which an individual's or family's particular situation has arisen.

(SORIANO ET AL., 2008, p. 4)

Holistic care is also embedded within some other principles outlined in this resource, particularly trauma-informed and strengths-based practice (Mitchell, 2022; Mitchell et al., 2020).

Collaborative care may also include the use of integrated/care teams (i.e. a team of practitioners and others working together to develop comprehensive care plans for the child) and comprehensive or wrap-around services and supports (Moore, 2021). There is some evidence that integrated/care teams and wrap-around services and supports may improve mental health and psychosocial outcomes for children in OOHC (Boel-Studt & Tobia, 2016; CETC, 2019; McPherson et al., 2019a; Honisett et al., 2022).

Wrap-around services or supports may sometimes involve a team of practitioners and other informal and formal support persons from different backgrounds who work together to 'wrap' support around a child (McPherson et al., 2019a; Shlonsky et al., 2017; Steenbakkens et al., 2018). This holistic approach is aligned with the models of care delivered by many ACCOs, which often provide integrated services including primary health and other social services (e.g. disability, housing and employment services) (Atkinson, 2013; Higgins & Butler, 2007; SNAICC, 2022).

Relationships-focused care

Maintaining relationships in OOHC can be challenging due to children's potential histories of maltreatment and interpersonal trauma, separation from birth families, and frequent changes and disruptions to placement and living arrangements when in care (ACYP, 2021; CCYP, 2019; Selwyn & Briheim-Crookall, 2022). Approaches that focus on building strong and safe relationships are therefore important when supporting children in OOHC (Frederico et al., 2017; Tarren-Sweeney, 2021).

There is strong evidence that healthy and secure attachments with carers and/or other important people are crucial for children's mental health and wellbeing in OOHC (Kerr & Cossar, 2014). There is also evidence to suggest that relationships-based practice is an important way to provide effective support for children in OOHC (FACSIAR, 2023; Hassall et al., 2021; Luu et al., 2019, 2022; Sanders et al., 2017). Effective models of care in OOHC often focus on the carer-child relationship and building healthy and strong attachments (e.g. via therapeutic foster care, attachment-based interventions, carer training and support) (Bergström et al., 2019; Dalgaard et al., 2022).

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A stable, trusting relationship with at least one person (whether their carer or even their caseworker) was shown to be important for children and young people in care.

(BROMFIELD & OSBORN, 2007, p. 18)

Relationships-focused care or attachment-based approaches involve building and/or supporting healthy relationships between children and other important people in their lives. Attachment-based approaches are useful to foster strong attachments to caregivers, which in turn can foster a sense of security, trust and emotional regulation (Dalgaard et al., 2022; Kerr & Cossar, 2014).

Practitioners can use family-focused care approaches to explore which relationships are important to children, and how best to support children to foster these relationships (Boel-Studt & Tobia, 2016; Kinsey & Schlösser, 2013; Steenbakkers et al., 2018; Ziviani et al., 2012). Practitioners can also support and build the capacity of families, including by supporting caregivers to build positive parenting practices and parental sensitivity (Chodura et al., 2021; Harder et al., 2017; Joseph et al., 2014; Kinsey & Schlösser, 2013; Tarren-Sweeney, 2021; Washington et al., 2018). For more information on interventions that are attachment-based or support healthy relationships in OOHC, refer to our fact sheet, [What type of programs improve the mental health outcomes of children in OOHC?](#)

The relationship between practitioners and children is also critical. It is important for practitioners to build trusting relationships with children by providing regular and consistent communication, coordination and continuity of staff where possible (Bristow & Mitchell, 2022; Izzo et al., 2022; Sanders et al., 2017).

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Trusting relationships are at the heart of child protection ... Trust is also about dependability and not giving up.

(NSW FAMILY & COMMUNITY SERVICES, 2014, p. 12)

Conclusion

Children in OOHC often experience complex mental health challenges and require comprehensive and tailored support for their mental health and wellbeing. More evidence is needed to understand what specific interventions or approaches work best for children in different care contexts.

The existing evidence suggests there are several overarching principles that are important to respond to children's needs and support their mental health in OOHC. These include trauma-informed, culturally appropriate, strengths-based, child-centred, holistic, and relational approaches. Many of these principles are related and/or overlap. It is important for practitioners to consider what principles are most appropriate and best meet the needs of individual children when supporting their mental health.

Further guidance for practitioners when supporting children who have experienced OOHC can be found in our [recommended resources](#) section online.

AVAILABLE HERE

**More resources
on supporting
children in OOHC**



Acknowledgments

We thank Joanna Schwarzman, Stewart Muir, Rae Kaspiew, Liz Neville, Daniel Moss, Rosie Schellen, Amelia Payne, Jacquelynne Lee, and Jocelyn Marsland for their feedback and guidance during the development of this resource.

We acknowledge that this work was conducted on Aboriginal and Torres Strait Islander land and acknowledge the Traditional Owners of Country throughout Australia on which we live and work. We acknowledge their sovereignty and continuing connection to their culture, community, Land, sea and rivers. We pay our respects to their cultures, Country and Elders past and present.

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This resource was co-produced with:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

12 | March 2024

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