Evidence review: Analysis of the evidence for Out-of-Home Care

Appendix 4

June 2013

Parenting Research Centre and the University of Melbourne Commissioned by the Community Services Directorate of the ACT Government





Parenting Research Centre raising children well

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#### Disclaimer

This analysis of Out-of-Home-Care was commissioned by the Community Service Directorate of the ACT Government. It was conducted between April and June 2013. Readers are advised to consider new evidence arising post the publication of this review when selecting and implementing parenting interventions.

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Review of Out-of-Home Care

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# APPENDIX 4: SUMMARY OF WELL SUPPORTED, SUPPORTED AND EMERGING INTERVENTIONS

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## APPENDIX 4: SUMMARY OF WELL SUPPORTED, SUPPORTED AND EMERGING INTERVENTIONS

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing Vell Supported	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
				V	ven Supported		
Multidimensi onal Treatment Foster Care (MTFC)	USA and Sweden	Adolescent chronic and serious offenders slated for out-of- home community based placements	OOHC home Communit Y	6 – 9 months	<ul> <li>Adequate staffing is an important factor in starting up the MTFC model and in the program's continued success. To operate a program with approximately 10 beds (the typical start-up size), the following staff is needed:</li> <li>Full-time program supervisor</li> <li>Half-time individual therapist for MTFC-A or hourly playgroup staff for MTFC-P</li> <li>Half-time family therapist</li> <li>Skills trainer(s) at 20-25 hours a week per 10-bed program</li> <li>.75 FTE foster parent recruiter, trainer, and PDR caller</li> </ul>	\$US "Overall, taxpayers gain approximately \$21,836 in subsequent criminal justice cost savings for each program participant. Adding the benefits that accrue to crime victims increases the expected net present value to \$87,622 per participant, which is equivalent to a benefit-to-cost ratio of \$43.70 for every dollar spent (page 19)." (Aos, Phipps, Barnoski, & Lieb, 2001 and 1999: www.wa.gov/wsipp; document #01-05-1201)	Fewer criminal referrals for violent behaviour – 15 month follow-up Fewer overall incidents of violence perpetrated – 15 month follow-up Higher positive family management – post intervention Reduced deviant peer association– post intervention Fewer days incarcerated – 3 month follow-up Fewer boys ran away from their placements – 3 month

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
		Female youth aged 13-17 years with at least one criminal referral in the prior 12 months, and placed in out-of- home care within 12 months following referral	OOHC home		<ul> <li>One foster family for each placement (except sibling groups in MTFC-P)</li> <li>Psychiatry services on an hourly fee basis (http://www.mtfc.com/im plementation.html)</li> </ul>		follow-up Fewer days in locked settings – 15 month follow-up Reduced number of criminal referrals and number of days in locked settings – 15 month follow-up Lower levels of delinquent peer affiliation – 3 month follow-up Reduced depressive symptoms – 15 months follow-up
		Youth aged between 12-17 years meeting the diagnostic criteria for conduct disorder according to the DSM-IV-TR (American Psychiatric	Clinic, medical or health				Decreased youth psychosocial symptom load – post intervention

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
		Association), and be at risk for immediate out-of- home placement					
		Boys aged 12-17 years with serious and chronic delinquency problems mandated to out- of-home placement by a juvenile court judge	OOHC Home				Reduced tobacco, marijuana and other drug use – 9 month follow-up
		Youths meeting the clinical diagnosis of conduct disorder according to DSM- IV-TR (American Psychiatric Association) and at risk of immediate out-of- home placement	Cannot tell				Reduced youth externalising behaviours – 12 month follow-up Reduced youth internalising behaviours – 12 month follow-up Reduced maternal depression – 12 month follow-up

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
					Supported		Reduced maternal psychological distress - 12 month follow-up
Attachment and Biobehavioral Catch-up (ABC)	USA	Children in foster care system, mean age = 19 months Children with histories of foster care placement before the age of 3 years. History of neglect and parental psychopathology	OOHC home OOHC home Clinic, medical or health setting	10 weeks	<ul> <li>"Staffing Requirements</li> <li>The ABC Intervention is implemented by parent coaches who conduct home visits. At this time, the program development team provides all supervision.</li> <li>Staff Education and Experience</li> <li>The program developer is currently establishing requirements for staff education and experience. At minimum, parent coaches are required to have a bachelor's degree and experience working with high-risk families, and demonstrate their abilities to</li> </ul>	\$US "Information on the average cost per family has not been calculated. Parenting coaches earn between \$30,000 and \$40,000 [2012 dollars] per year and each coach incurs additional costs of \$5,000 [2012 dollars] in his or her first year, with smaller fees for each coach beyond the first year. These costs include materials and forms, training, and technical assistance. Each coach visits about 40 families per year." (http://homvee.acf.hhs.gov/ document.aspx?rid=3&sid=5 1∣=5)	Lower cortisol levels – one month follow-up Fewer behavioural problems for toddlers and infants– one month follow-up Less avoidant attachment behaviours – one month follow-up Greater cognitive flexibility – 12 months follow-up Improved theory of mind – 12 months follow-up

Intervention name	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results
(description where name not available)							Outcome with significant effect favouring intervention at post or number of months/years after post
					<ul> <li>provide immediate feedback on parent and child behaviors (referred to as "In the moment" comments) during role-playing exercises.</li> <li>Supervision Requirements</li> <li>Group supervision occurs weekly through video- conferencing with the program development team.</li> <li>Each week parent coaches code a segment of their own videotaped sessions and submit these to the program development team for review.</li> <li>A full-time supervisor can work with up to 20 parent coaches.</li> <li>Staff Ratio Requirements</li> <li>A full-time parent coach can visit up to 10 families per week." (http://homvee.acf.hhs.gov/ document.aspx?rid=3&amp;sid=5</li> </ul>		

Appendix 4: Summary of well supported, supported and emerging interventions

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
					1∣=2#ModelImplementa tion-StaffingRequirements)		
		Child younger than six years and diagnosed with attachment- related problems that threatened to disrupt their foster care placements	Not indicated				Reduced self-reported child abuse potential – post intervention Reduced externalising problems – post intervention Reduced internalising problems – post intervention Reduced parental distress – post intervention
Multidimensi onal Treatment Foster Care for Preschoolers (MTFC-P) (previously called Early Intervention Foster Care	USA	Children in regular foster care. Aged 3 – 6 years. History of neglect and physical, sexual and/or emotional abuse.	OOHC Home School	9 – 12 months	As for MTFC	As for MTFC	Fewer failed permanent placements - 15 months follow-up

Intervention name	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results
(description where name not available)							Outcome with significant effect favouring intervention at post or number of months/years after post
Program (EIFC))		Children aged 4 – 7 years old in regular foster care.	OOHC home School				More pronounced N1 (Feedback-locked event related potential (ERP):N1) N1 was identified as the maximum negative peak at 50 to 150 ms Amplitude of P2 significantly differed for correct and incorrect trials (Feedback- locked ERP: P2. Note: P2 was identified as the maximum positive peak at 160 to 260 ms) Amplitude of FRN significantly differed for
							correct and incorrect trials and was more defined for MTFC-P group
		3- to 5-year-old foster pre- schoolers entering	Cannot tell				Increased secure behaviour – post intervention
		a new foster placement expected to last					Decrease in avoidant behaviour – post intervention
		for 3 or more					Immediate and lasting

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
		months					decrease in mean-level and day to day variability of caregiver stress related to child problem behavior – 3 month follow-up More successful permanency attempts – 12 months follow- up Greater overall permanency compared – 12 months follow-up
TAKE CHARGE	USA	Children in foster care in the freshman, sophomore, or junior year of high school receiving public special education services. History of neglect and/or physical, sexual or emotional abuse.	School	12 months	"all coaches completed formal training and observation, and they attended weekly meetings where they discussed their work with youth and received ongoing support" (Geenan et al., 2012) "Coaching was delivered by 5 different coaches, including 2 staff members and 3 supervised MSW students, supporting the feasibility of	No information available	Increased student identification of academic goals and self-attribution of accomplishments – 9 month follow-up Increased youth educational planning knowledge and engagement - 9 month follow-up Increased credits toward graduating - 9 month follow-

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
		Children in foster care aged 16.5 to 17.5 years receiving public special education services. History of neglect and/or sexual, physical or emotional abuse.			intervention delivery by individuals with diverse backgrounds" (Powers et al., 2012		up Increased time spent on homework - 9 month follow- up Decreased anxiety and depression - 9 month follow- up Reduced withdrawn behaviours - 9 month follow- up Reduced somatic complaints - 9 month follow-up Increased self-determination - 12 month follow-up Increased youth identified accomplishments - 12 month follow up Increased quality of life - 12 month follow-up Increased use of transition services - 12 month follow-up

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post Increased engagement in independent living activities -
				N	Promising ONE IDENTIFIED Emerging		12 month follow-up
Assertive Continuing Care (ACC)	USA	Adolescents aged 12-17 years meeting the <i>Diagnostic and</i> <i>Statistical Manual</i> <i>of Mental</i> <i>Disorders</i> version IV (DSM-IV) criteria for a diagnosis of current alcohol and/or other drug dependence	OOHC Home Communit Y	52 days	"Participants assigned to this condition received the same types of referrals from their residential counselor to usual continuing care services as those assigned to the UCC condition. In addition, they were assigned an ACC case manager for a 90-day period following discharge from residential treatment." Case managers were trained and "supervised by one of the authors of the treatment manuals. Case manager sessions with the adolescents were monitored closely via audiotape review or direct	No information available	Adolescents more likely to link to continuing care services – post intervention Adolescents received significantly more days of continuing care sessions - post intervention Increased adherence – post intervention Increased marijuana abstinence – six month follow-up

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Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
					observation and given corrective feedback by the supervisor." (Godley et al., 2007)		
Big Brothers- Big Sisters	USA	Children aged 10- 16	Communit y	12 months	Staff are volunteer mentors (Australian website - <u>http://www.bigbrothersbigsi</u> <u>sters.org.au/</u> ) Case managers monitored the peer relationships (Rhodes et al., 1999)	USA financial information available here http://www.bbbs.org/site/c. 9ilLI3NGKhK6F/b.5961455/k. 6E75/Financial_Statements.h tm	Foster youth improved in prosocial and self-esteem enhancing support – six month follow-up
Combined Cognitive Behavioural program and Educational program	UK	Children aged between 3 years and 7 years 11 months at the time of placement with a score on Strengths & Difficulties Questionnaire of >13(parents) or >11 (social worker) or both. History of neglect	OOHC Home	10 weeks	"Experienced child and family social workers familiar with adoption were enlisted to act as parent advisers. They were trained to use one of the interventions and were provided with the manual and guidance on its use. Supervision was available from one of the respective practice consultants." (Rushton et al., 2010b)	Detailed cost effectiveness analysis can be found Sharac et al. (2011) "The mean (SD) costs at baseline for the combined intervention group and for routine care were £3058 (£2119) and £3001 (£3232) respectively. At T2 the mean (SD) costs for the combined intervention group was £3186 (£2087) and for the routine care group the cost was £1641 (£2021). The	Increased satisfaction with parenting – 6 month follow- up Less 'shouting' and 'telling off' than control group – 6 month follow-up

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
		and/or physical, sexual or emotional abuse.				difference controlling for baseline was £1528 and this was statistically significant (bootstrapped 95% Cl, £67 to £2782). By T3 the costs for the intervention group were £1511 (£1352) and £1738 (£3532) for routine care. The difference controlling for baseline was £222, but this was not statistically significant (bootstrapped 95% Cl, )£2384 to £1182). Over the entire follow-up period, the mean (SD) costs for the intervention group were £5043 (£3309) and £3378 (£5285) for the routine care group. The adjusted difference was £1652, which was not statistically significant (95% Cl, £1709 to £4268)."	
Fostering Healthy Futures (FHF)	USA	Children aged 9- 11 placed in foster care by court order due to	Communit y	9 months	"Mentors must be enrolled in a university Master's- or Doctorate-level clinical program with a field placement or internship	Limited information available "Funds to reimburse mentors for mileage and for business class automobile insurance	Increased quality of life – post intervention Lower mental health symptoms - 6 months post-

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
		maltreatment within the preceding year. Neglect and/ or physical, sexual or emotional abuse.			requirement that can be met through participation in the program. Intern supervisors must hold either a Master's or Doctorate degree in a relevant field (i.e., social work, psychology) and be licensed. They should have prior supervisory experience. Skills group leaders must hold either a Master's or Doctorate degree. They should have significant clinical experience working with high-risk youth, preferably in a group setting Group co-leaders should be graduate students in a relevant discipline Skills group assistant positions can be filled with existing staff at implementing agencies, with volunteers, or with hourly employees, but must have significant experience working with children and must be able to manage children who have been given a time out from group."	when needed. Mentors must use their own cars and must provide their own basic automobile insurance. \$10/week per child is given to mentors to cover the costs of mentoring activities." (http://www.cebc4cw.org/pr ogram/fostering-healthy- futures-fhf/detailed) "the average length of stay in an RTC was 177 days at a cost of \$30 329. For foster care (through child placement agencies), the average length of stay was 227 days, costing \$12485. Although there may be a cost savings associated with the FHF program, we must caution that these improved placement and permanency outcomes may not translate to better child well-being. Although the pattern of results suggests that improvements in childhood functioning may be driving intervention	intervention Smaller percentage with mental health therapy - 6 months post-intervention Less likely to be placed in residential treatment – 1 year follow-up Fewer placement changes in nonrelative foster care group – 1 year follow-up Increased number attained permanent placement – 1 year follow-up Increased reunifications (for youth whose parental rights had not been terminated) – 1 year follow-up

Intervention name (description where name not available)	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results Outcome with significant effect favouring intervention at post or number of months/years after post
					(http://www.cebc4cw.org/pr ogram/fostering-healthy- futures-fhf/detailed)	effects on placement and permanency outcomes, the resulting impact on child functioning is not yet known. (Taussig et al., 2012)	
Kids in Transition to School (KITS)	USA	Children in care who are entering kindergarten	Cannot tell	16 weeks	"A graduate-level lead teacher and two assistant teachers conduct the school readiness groups with 12–15 children using a manualized set of empirically based instructional and positive behavior management strategies." (Pears et al., 2012	No information available	Reduced aggressive behaviours – follow-up approx. 10 months Reduced oppositional behaviours - follow-up approx. 10 months Reduced overall level of disruptiveness in class - follow-up approx. 10 months
Life Story Intervention (LSI)	USA	Children aged 7- 15 years in foster care whose parents misused methamphetamin e. Neglect and/or sexual or physical abuse.	OOHC Home Communit y	7 months	"Within the intervention group, five mothers were randomly assigned for the intervention and clinical interview to a male, community mental health psychiatrist and five were assigned to a female, PhD candidate." (Haight et al.,	No information available	Increased strategies used during leave taking sequence – post intervention Improved externalising behaviour – 7 month follow- up

Intervention	Country	Child population	Setting	Duration	Staffing	Costing / cost effectiveness	Results
name (description where name not available)							Outcome with significant effect favouring intervention at post or number of months/years after post
					2005) "Transdisciplinary team including a child clinical psychologist, counselor, psychiatrist, developmental psychologist, child welfare professional and social worker" (Haight et al., 2010)		
Middle School Success	USA	In relative or nonrelative foster care and in final year of elementary school. Physical or sexual abuse, or neglect.	Not indicated	3 weeks	<ul> <li>"The caregiver sessions were led by one facilitator and one cofacilitator. The girl sessions were led by one facilitator and three assistants to allow a high staff-to-girl ratio (1:2)"</li> <li>Curriculum for girls "The coaches were recent female college graduates who were trained and supervised to serve as role models of prosocial behaviors and confidants to discuss issues around family and peer</li> </ul>	No information available	Lower levels of substance use – 35 months-up Reduced delinquency – 35 months follow-up

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					relations" (Kim & Leve, 2011)		
Together Facing the Challenge (enhanced Treatment Foster Care)	USA	Youths in foster care. Mean age of 12 years.	Cannot tell	6 weeks	Tested the effectiveness of increasing training and consultation for MTFC supervisors and participants. "All training sessions were led by the study's intervention director, with assistance from agency TFC supervisors" Supervisors received 2-day training. (Farmer et al., 2010)	No information available	Reduced problem behaviours – 10.5 month follow-up

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