

EVIDENCE SUMMARY

Evidence for out-of-home care

KEY FINDINGS

- Compared with residential or group care, treatment foster care results in better outcomes for children and young people with difficult behaviour problems.
- Kinship care is as good as, or no worse than, non-related foster care.
- There is little evidence that independent living skills programs help young people leaving foster care.
- Our rapid evidence assessment identified 12 interventions that are potentially effective for children and young people in out-of-home care.

Interventions for children and youth in out-of-home care: which ones are supported by the evidence?

This evidence summary draws on a rapid evidence assessment undertaken in 2013 by the University of Melbourne and the Parenting Research Centre on behalf of the Community Services Directorate, Australian Capital Territory Government.

CONTEXT

Out-of-home care (OOHC) is provided for children and young people who can't live with their parents because of maltreatment or behavioural issues.

Arrangements can include foster care, kinship care, or placement in a staffed centre, a residential treatment centre or a children's home.

There were almost 40,000 children and young people in OOHC in Australia in 2011-12.

The psychosocial and health outcomes for children in care tend to be quite poor. As adults, these children are more likely to have chronic and mental health problems and might be more prone to homelessness or unemployment than those who have never been in care.

This study investigates which interventions are potentially effective for children and young people in OOHC.

FINDINGS

Potentially effective interventions

The rapid evidence assessment identified 12 interventions that demonstrated an effect in at least one randomised control trial, with those effects maintained for a least six months after the intervention. This means that the effects are more likely to be a result of the intervention rather than due to chance. It also means that the benefits continued after the children or young people were no longer receiving the intervention.

Evidence for out-of-home care

The interventions* were:

- Multidimensional Treatment Foster Care
- Attachment and Biobehavioral Catch-up
- Multidimensional Treatment Foster Care for Preschoolers
- TAKE CHARGE
- Assertive Continuing Care
- Big Brothers-Big Sisters
- Combined cognitive behavioural program and educational program
- Fostering Healthy Futures
- Kids in Transition to School
- Life Story Intervention
- Middle School Success
- Together Facing the Challenge

Treatment foster care

While Multidimensional Treatment Foster Care was a specific intervention that was found to be potentially effective in the rapid evidence assessment, treatment foster care in general was also found to result in slightly better outcomes for children in comparison with residential or group care. Treatment foster care involves training foster parents to manage behaviour and other issues. It is provided in a less restrictive environment and is more cost effective than residential or group care.

Kinship care

Kinship care was found to be better than, or no worse than, non-related foster care for a range of outcomes.

Children placed in kinship care tended to have better behavioural development and mental health. They used fewer mental health services than those in non-related foster care. However, it's likely that there are two reasons for this:

- Those children placed in non-related foster care might have more serious behavioural or mental health issues.
- Kinship carers are less likely to use these services even when they are needed.

There were no significant differences between the two types of care in terms of outcomes such as educational attainment and family relations.

*Multidimensional Treatment Foster Care and Multidimensional Treatment Foster Care for Preschoolers are now known as Treatment Foster Care Oregon and Treatment Foster Care Oregon for Preschoolers, respectively.

Children in kinship care were also more likely to have a stable placement and not be moved between carers. However, they were less likely to be adopted and tended to take longer to go back to living with their parents. But they were also less likely to come back into the care system after going back to their parents than those in foster care.

Independent living skills programs

Findings suggested that simple training programs in money management and independent living skills were unlikely to help children leaving care to successfully transition to adulthood.

These programs might have an effect for specific goals but they are not the solution to the poor outcomes faced by young people leaving care.

Extending care

Findings suggest that there might be some benefit to extending care to age 21, but the quality of care for those years is likely to have an impact on outcomes. That is, extending a good OOHC experience would probably result in better outcomes than extending a sub-optimal experience.

METHOD

The researchers reviewed high-quality systematic reviews and conducted an analysis on the gaps in evidence found in the systematic reviews.

A rapid evidence assessment was prepared, focusing on studies that evaluated the effectiveness of programs and practices designed to improve the safety, permanence and wellbeing of children in OOHC.

Only published English-language papers were assessed. Books, theses and conference papers were not included.

While more rigorous than a standard literature review, the rapid evidence assessment had some limitations, including:

- Not all data was extracted from considered papers.
- Effect sizes were not reported and data was synthesised in a narrative fashion rather than through meta-analysis.

The authors also considered published statistics on children in the child welfare system and outcomes from studies on the challenges facing young people leaving foster care.

Evidence for out-of-home care

READ THE REPORT

Evidence review: Analysis of the evidence for out-of-home care.

www.parentingrc.org.au

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Disclaimer

This evidence summary was written by the Parenting Research Centre (PRC) based on an analysis of out-of-home-care commissioned by the Community Service Directorate of the Australian Capital Territory (ACT) Government and prepared by the University of Melbourne and the PRC. The material in the original report is the responsibility of PRC and the University of Melbourne and does not necessarily reflect the views of the ACT Government. The analysis 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.

IMPLICATIONS FOR POLICY AND PRACTICE

- Providers can choose between kinship care and non-related foster care based on individual circumstances, as there is little difference in terms of outcomes between these two models.
- Kinship care has an advantage of letting children maintain cultural and community ties. However, kinship carers tend to be less financially well-off and might have lower levels of education than non-related carers. Investing in support for kinship carers might result in better outcomes for the children in their care.
- Staying in kinship care or foster care until the age of 21 is more likely to help young people successfully move from care to adulthood than independent living programs.
- Treatment foster care such as Multidimensional Treatment Foster Care:
 - Offers a middle ground between foster care and restrictive residential care settings. Residential care, which some children need, has poor outcomes and is the most expensive type of care.
 - Could be used to prevent children from moving from foster care to more restrictive care settings such as residential care. It could also be used to step children down from higher levels of care.
 - Is cost effective and can be used to create smaller, leaner, high-intensity family foster care settings that are better able to move children towards living with parents or moving to a permanent placement.
 - Might need a more professionalised pool of foster caregivers because caring for children with substantial psychosocial problems might need a level of intense care-giving that can't be achieved if the carers are working full time.
- Prior research has shown that the quality of the implementation of an intervention has an impact on outcomes. Even interventions with well-established evidence might not produce the desired outcomes if attention isn't paid to how the intervention is delivered.