

Key Messages

What works in preventing and treating poor mental health in looked after children?

These key messages are based on an international literature review published jointly by the Rees Centre and NSPCC in September 2014. We looked at a large number of recent studies to see what research has taken place previously on this topic, what that existing research can tell us and in what areas more research may be needed.

What is the issue?

Looked after children and young people have consistently been found to have much higher rates of mental health difficulties than the general population. Almost half of them (three quarters of those in residential homes) meet the criteria for a psychiatric disorder. There are many reasons for this, including the experiences they have had in their birth families before coming into the care system. Children's experiences while in care are also linked to their well-being.

We wanted to understand which interventions are being used by providers and what evidence exists to show that using these tools leads to more successful foster placements.

Call to Action

- Make timely and appropriate placement decisions as these are crucial for children's well-being.
- Get the quality of care right. This can have a big impact. Training 'ordinary' foster carers in the techniques derived from the principles underlying intensive fostering systems (e.g. *MTFC*) may develop their capacity to care for challenging children without costly interventions.
- Ensure that foster carers and staff with whom a child happens to live understand they are key to the child's experience. Their attitudes can affect whether help is sought and the success of interventions.
- Do not regard attachment theory as the sole framework for understanding children's behavior. Many effective programmes (e.g. *Fostering Changes*) also incorporate social learning theory and some emotional issues may require alternative approaches.
- Explore opportunities for children and adults to work together for part of the time when designing components of interventions. This offers a promising avenue for future work for some children.
- Back up carer training with ongoing consultation to support young people's mental health.



What works in preventing and treating poor mental health in looked after children? Nikki Luke, Ian Sinclair, Matt Woolgar and Judy Sebba.

The full report can be read and downloaded for free:
<http://reescentre.education.ox.ac.uk/research/publications/>

For further information about the work of the Rees Centre or to request free hard copies of our reports, please contact the team by email to rees.centre@education.ox.ac.uk

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What did we do?

NSPCC asked the Rees Centre to conduct a research review in order to answer the question below. The review gives an overview of available evidence.

What works in preventing and treating poor mental health in looked after children?

The review looked at 106 individual studies of interventions aimed at preventing or treating mental health issues in looked after children. The effects of the 'ordinary care' provided (e.g. whether the foster placement is a good one) was also reviewed as this is noted to be a powerful influence on well-being. While the main focus is care in England, evidence from international studies is also discussed.

What did we find out?

- Many 'problem' behaviours develop in response to living in a dysfunctional and unpredictable family environment. Responses that can help children to survive very harsh conditions, such as withdrawing, can be less adaptive in the wider world.
- The earlier children are placed in any kind of permanent placement, where that is the appropriate decision, the more likely that placement is to succeed.
- Well-being tends to be better among children who remain in care compared with apparently similar children who return home. The 'success rate' of children who do return home is not high: around half return to care.
- We lack proven models for selecting, training, supervising and quality-assuring carers and staff in such a way that the quality of care is enhanced.
- Structured programmes focusing directly on the child appear to be more effective when they have core components with some flexibility to meet individual needs.
- One size does **not** fit all. *MTFC* for example benefits highly antisocial young people but might be the wrong fit for others.
- There is promising evidence on approaches which are underpinned by a combination of attachment theory and social learning theory e.g. *Fostering Changes*, the foster care training programme.
- Interventions for behavioural and emotional issues are more likely to be effective when they include some focus on developing relationships and understanding. They should target both the caregiver's understanding of the causes of children's behaviour and the young person's understanding of their own emotions and identity.