

# Interventions in out-of-home care: An updated evidence and gap map

# **Key points**

- The 2019 update of the out-of-home care (OOHC) evidence and gap map systematically identifies
  and organises the latest high-quality evidence of the impact that different OOHC interventions have
  on child and family outcomes and identifies gaps in the evidence base.
- The interactive map accompanying the evidence and gap map report provides links to the 128 primary studies and 31 systematic reviews contained in the report.
- The largest number of articles in the evidence and gap map focus on therapeutic foster care, and the most common outcome measured was mental health.
- The biggest evidence gap is the lack of studies examining interventions aiming to maintain and develop the cultural belonging of children and young people in OOHC.
- The map can help policy makers and program areas easily identify high-quality evidence of 'what works' in OOHC, and gaps in the evidence base.

### Introduction

Evidence and gap maps are interactive tools designed to help policy makers and program areas that commission research to easily identify evidence of 'what works' in a particular area, as well as gaps in the evidence base.

In 2016, the Department of Communities and Justice (formerly Family and Community Services) commissioned the Centre for Evidence and Implementation (CEI) to systematically search for high-quality evidence of the impact that different out-of-home care (OOHC) interventions have on particular child and youth outcomes. In 2019, DCJ repeated the original search to ensure our OOHC evidence and gap map contains the most up-to-date evidence. We also updated the intervention and outcome axes of the map, to ensure they are current and user friendly.

The findings from this search have been published in our report Interventions in out-of-home care: An updated evidence and gap map along with an interactive map. This Snapshot explains what evidence and gap maps are, provides an overview of the OOHC evidence and gap map, and describes how it can be used in policy and practice.



# What are evidence and gap maps?

Evidence and gap maps are similar to systematic reviews, in that they use comprehensive, repeatable literature searches. But evidence and gap map authors do not try to synthesise this evidence to answer a focused question, such as: 'does foster carer parenting training improve child behaviour problems?' Instead, evidence and gap maps capture and plot all the high-quality evidence for a particular area on a dynamic graph. The vertical axis captures the types of interventions, and the horizontal axis captures the outcomes these sought to achieve (see below).

### **Systematic reviews**

Systematic reviews are a way of capturing and consolidating evidence for a particular subject. They differ from other literature reviews, because the authors:

- clearly outline their research question
- state what kind of studies will be included
- describe the literature search process in detail.

### Generic evidence and gap map structure

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Intervention 1				
Intervention 2				
Intervention 3				

# Why are evidence and gap maps useful?

Evidence and gap maps provide a broader, more comprehensive visual overview of the evidence base than a systematic review. This enables research and policy staff to easily 'deep dive' into a relevant area of research (e.g. carer training and support programs, or interventions that improve permanency for children and young people in OOHC).

While the evidence and gap maps do not synthesise research, they do help staff in policy and program areas identify the most relevant and robust research for the programs, interventions or strategies they are planning, designing or evaluating. People who commission research can also identify areas where primary research or research synthesis is required, making more strategic use of limited research funding.

Because evidence and gap maps capture, rather than synthesise, high-quality evidence, they can be updated and maintained more easily than systematic reviews. This is important, because evidence searches go out of date after a few years.

# What interventions are included in the OOHC evidence and gap map?

The evidence in the map comes from studies with children aged 0-18 years in OOHC that were published prior to June 2019. Only randomised controlled trials (RCTs), trials with quasi-experimental designs, and systematic reviews published in peer-reviewed journals or the Campbell Collaboration, were included.

### Randomised controlled trials (RCTs) and quasi-experimental designs

RCTs involve randomly allocating participants into two or more groups. These groups receive different interventions, and the outcomes of the groups are compared before and after the intervention. Quasi-experimental trials are similar, but without the randomisation.

Both RCTs and quasi-experimental trials can play a role in building knowledge about 'what works'. However they are not always feasible for practical and ethical reasons, and should be combined with other research methods to understand 'why' things work.

The map also includes systematic reviews, which capture a broader range of evidence. In total, there are 128 primary studies and 31 systematic reviews in the updated OOHC evidence and gap map.

Reviewing the articles captured in both the 2016 and 2019 search as well as our additional searches, we developed nine intervention categories (Table 1).

Table 1: Number of studies included in the OOHC evidence and gap map, by intervention type

Type of Intervention	Primary studies	Systematic reviews - unique (focusing on one single intervention)	Systematic reviews - multiple (focusing on multiple interventions)
Therapeutic foster care	37	2	4
Carer training and support	16	3	8
Restoration support	18	2	0
Attachment-based interventions	16	2	6
School readiness and support	12	3	0
Youth behavioural change	15	2	2
Child-centred therapy	5	0	2
Leaving care and after care support	4	6	0
Other interventions	5	3	1

While these intervention categories reflect the focus of experimental studies conducted with children and young people in OOHC, they do not cover some important OOHC policies – such as guardianship, alternative care arrangements and emergency care. Best practice in these areas cannot easily be captured through RCTs and quasi-experiment trials, because of the absence of control groups.

In terms of primary studies, the largest category in the updated OOHC evidence and gap map is therapeutic foster care (37 articles). However, many of these are follow up articles on a relatively small number of RCTs run by the Social Learning Centre Oregon. In contrast, the articles in the next biggest categories – restoration support (18 articles), carer training and support (16 article articles) and attachment-based interventions (16 articles) – have a more diverse evidence base.

Looking at systematic reviews, carer training and support programs is the most widely studied intervention. Three systematic reviews focus specifically on this type of intervention, and eight overarching reviews. This is followed by attachment-based interventions (eight systematic reviews), leaving care and aftercare support (six systematic reviews) and therapeutic foster care (six systematic reviews). The large number of systematic reviews that focus on leaving care and aftercare support, compared to the relatively small number of primary studies (four articles) suggests that most of the research in this area is not experimental (meaning it is not captured in our map).

## What outcomes are included in the OOHC evidence and gap map?

Studies in the map are mapped to 11 outcomes (Table 2). These are aligned with the seven domains of the NSW Human Services Outcomes Framework and DCJ's core client outcome set of 37 outcomes. More detailed mapping is in the full OOHC evidence and gap map report.

Table 2: Domains of the 2019 OOHC evidence and gap map

NSW Human Services Outcomes Framework Domain	Safety	Home	Social & Community	Empowerment	Health	Education	Economic
Evidence and gap map outcome	Parenting capacity Safety	Permanency	Cultural belonging	Self- determination	Healthy lifestyles Physical health Mental health	School readiness and success	Employment and training
			Supportive relationships				

**DCJ Core Client Outcomes** – A set of 37 outcomes that are critical to ensuring children, young people, families and other community members serviced by DCJ are safe and thrive. These have been grouped and map up to the 11 evidence and gap map outcome areas.

The most common core client outcome measured in the studies that were included in the updated OOHC evidence and gap map was mental health, which is in the Health domain of the NSW Human Services Outcomes Framework.

The core client outcome reported on by the smallest number of studies is cultural belonging in the Social and Community domain of the NSW Human Services Outcomes Framework. The 2016 CEI search uncovered no studies reporting on this outcome, and no new studies were discovered through the update. This gap in the existing outcome research is concerning, given the overrepresentation of Aboriginal and Torres Strait Islander children in OOHC in Australia, and the imperative that these children and youth are given the opportunity to develop, maintain and strengthen their cultural and spiritual identity.

## How do I read the evidence and gap map?

The OOHC interventions are mapped along the vertical axis of the evidence and gap map. The outcomes, drawn from the NSW Human Services Outcomes Framework and core client outcomes domains, are mapped along the horizontal axis.

The studies were plotted along these two axes, and visually represented in the evidence and gap map 'bubble'. The size of the bubble represents the number of studies in each area, and the colour represents the type of studies (primary studies in orange, and systematic reviews in green).

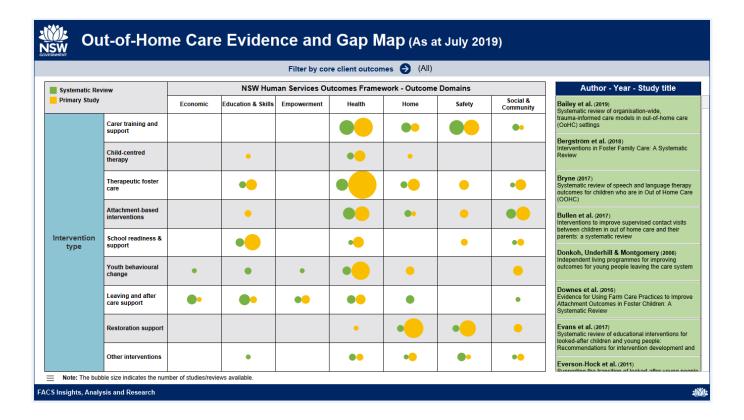
If a study reported more than one outcome (e.g. safety as well as mental health related outcomes), it was reported twice – as part of each of these categories. Similarly, if a study compared two types of OOHC (e.g. general foster care compared to institutional), this study was also reported twice.

			Filter by	core client outcomes	(All)			
Systematic Rev	iew	NSW Human Services Outcomes Framework - Outcome Domains						
Primary Study		Economic Education & Skills Empowerment Health Home						Social & Communit
	Carer training and support					••	•	••
Intervention type	Child-centred therapy		•		••	•		
	Therapeutic foster care		••		•	••	•	••
	Attachment-based interventions		•		••	••	•	••
	School readiness & support		••		••		•	••
	Youth behavioural change	•	•	•	•	•		•
	Leaving and after care support	••	••	••	••	•		•
	Restoration support				•	•	••	•
	Other interventions		•		••	•••		••

To use the map, hover your mouse over the bubble of the intervention and outcome you want to know more about. A text box appears with information about the type and number of studies included. Click the bubble to see a full list of studies. You can access the full text articles through your workplace or academic library. If you don't have access, try Google Scholar.

# Top tip

You can filter the map to see the number of studies for each intervention type by NSW Human Services Outcomes Framework Domain (e.g Health) or by the more specific core client outcome grouping (e.g Mental health).



### More information

All our Evidence and Gap Maps and resources are available on our <u>webpage</u>. These include the full 2019 OOHC evidence and gap map report, interactive map, and downloadable list of studies. In 2017, results from the original search were published by CEI in the report <u>Out-of-Home Care: An Evidence and Gap Map Report</u>.

To find out more about the OOHC evidence and gap map, please contact the Strategy and Evidence team:

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