

Young People in, and Transitioning from, Out-of-home Care and their Mental Health Issues: A Call for Evidence

Susan Baidawi,¹ Philip Mendes¹ and Pamela C. Snow²

¹*Social Inclusion and Social Policy Research Unit, Department of Social Work, Monash University, Melbourne, Australia*

²*Department of Psychiatry & School of Rural Health, Faculty of Nursing, Medicine and Health Sciences, Monash University, Melbourne, Australia*

Young people leaving state out-of-home care are among the most disadvantaged and vulnerable young Australians, and a substantial proportion experience mental health issues. This article reviews the literature relating to the mental health of care leavers, highlighting the gaps in the current Australian research base. Available studies indicate that mental health issues may worsen during the transition from care, yet mental and emotional health may also be neglected during this stressful period. Furthermore, care leavers with mental health issues are highly vulnerable to poor post-care outcomes, particularly homelessness. Implications for policy and research are discussed.

■ **Keywords:** leaving care, out-of-home care, mental health, policy, practice

Young people leaving state out-of-home care are among the most disadvantaged and vulnerable young Australians (Mendes, Johnson, & Moslehuddin, 2011; Stein, 2012). Compared to their counterparts in the general population, care leavers experience higher rates of substance abuse problems, homelessness, criminal justice system involvement and early parenthood (Courtney et al., 2011; Mendes et al., 2011; Stein, 2012). While many children and young people placed in out-of-home care fare well, a substantial proportion experience mental health issues (Blower, Addo, Hodgson, & Lamington, 2004; Ford, Vostanis, Meltzer, & Goodman, 2007; McMillen et al., 2005; Oswald, Heil, & Goldbeck, 2010). The purpose of this article is to review the available literature relating to mental health of young people leaving care. The review adopts a broad definition of ‘mental health issues’ or ‘problems’, encompassing not just the presence of specific psychiatric diagnoses among care leavers, but also other mental health, emotional and behavioural issues, which may not have been formally diagnosed, or do not meet diagnostic criteria for a specific disorder. This more holistic approach towards mental health accords with the Victorian Chief Psychiatrist’s guideline that mental health service access for the out-of-home care group should not be governed by a requirement of meeting specific diagnostic criteria (Department of Health, 2011). It also reflects the complex nature of mental health symptomatology sometimes seen among care leavers, which may be less suitably

captured by traditional diagnostic criteria (Tarren-Sweeney & Vetere, 2013). In contrast, the term ‘mental health conditions’ refers to specific diagnoses of mental illness among young people in and leaving care.

Mental Health of Out-of-home Care Populations

Local and international research indicates that children and older adolescents in state care experience mental health issues at higher rates than young people in the general community, including the most socio-economically disadvantaged households (Ford et al., 2007; McMillen et al., 2005; Pecora, White, Jackson, & Wiggins, 2009; Pilowsky & Wu, 2006; Sawyer, Carbone, Searle, & Robinson, 2007; Stein & Dumaret, 2011; Tarren-Sweeney, 2008b). For example, a South Australian study of 414 children and adolescents in foster care found that the prevalence of mental health issues was two to five times higher than that of the general population (Sawyer et al., 2007). In New South Wales, Tarren-Sweeney and Hazell (2006, pp. 92–93) reported that children in kinship and foster care had ‘exceptionally poor

ADDRESS FOR CORRESPONDENCE: Philip Mendes, Social Inclusion and Social Policy Research Unit, Department of Social Work, Monash University, PO Box 197, Caulfield East, Victoria, Australia. E-mail: philip.mendes@monash.edu

mental health and social competence relative to normative and in-care samples'. It is important to also note that studies often exclude residential care and other out-of-home care populations known to experience an even higher prevalence of mental health issues (for example, young people who are in psychiatric, secure welfare or youth justice facilities) (Akister, Owens, & Goodyer, 2010; McMillen et al., 2005; Tarren-Sweeney, 2008a); and therefore may underestimate the overall prevalence of mental health issues. For example, a 2006 survey of 342 young people in residential care in Victoria found that 65 per cent had results indicating an abnormal risk of a diagnosable mental health disorder (Department of Education and Early Childhood Development, 2008).

Mental health conditions commonly diagnosed among adolescent out-of-home care populations include depression, anxiety, post-traumatic stress disorder, conduct disorder, oppositional defiant disorder and attention deficit hyperactivity disorder (ADHD) (Department of Human Services, 2002; Ford et al., 2007; McMillen et al., 2005; Sawyer et al., 2007). Furthermore, significant minorities of young people in care experience co-occurring mental health conditions (Fechter-Leggett & O'Brien, 2010; McCann, James, Wilson, & Dunn, 1996; Pecora et al., 2009). Mental health conditions remain prevalent in older adolescents in care; for example, McMillen et al. (2005) determined that 37 per cent of 17-year-olds in foster care met the diagnostic criteria for a psychiatric disorder in the previous year. While studies have often investigated prevalence or risk of mental health conditions, as Ford et al. (2007, p. 323) point out, 'good psychological adjustment is more than the absence of a psychiatric disorder'. Their UK study of 1453 children and young people found that less than 10 per cent of 17-year-old care leavers demonstrated good psychological adjustment, compared to around 50 per cent of the general population (Ford et al., 2007).

The greater presence of mental health issues seen in out-of-home care populations is understood to arise from complex interactions between genetics, prenatal conditions, pre-care and in-care experiences (McMillen et al., 2005; Pecora et al., 2009; Tarren-Sweeney & Vetere, 2013). In particular, there is significant evidence linking adverse childhood events (including experiences of abuse and neglect) to specific mental health conditions, such as depression, post-traumatic stress disorder and personality disorder (Gilbert et al., 2009). Although research examining the association between mental health issues and different maltreatment type(s), severities and at various developmental stages is still ongoing, it is understood that exposure to early and chronic stress impacts on various aspects of brain development, including structure and function, places victims at greater vulnerability for the development of mental health issues (Glaser, 2000; Heima & Nemeroffa, 2001).

Tarren-Sweeney (2008a) stresses the need to understand the differences as well as the similarities between children who have been maltreated, and those who are maltreated

and later placed in care. The author argues that 'a number of uncommon developmental events' (Tarren-Sweeney, 2008a, p. 346) experienced by children in care, including the loss of biological parents, integration into new placements and potential placement instability, should also be taken into account in developmental psychopathology models, rather than focusing solely on experiences of abuse and neglect.

Aside from the presence and extent of child maltreatment, a number of factors associated with mental health outcomes in children and young people placed in care have been identified. Children and young people who enter care later and/or who have experienced greater maltreatment (for example, more prolonged or multiple forms of maltreatment), have been found to have a greater likelihood of experiencing mental health issues (Ford et al., 2007; Hukkanen, Sourander, Bergroth, & Piha, 1999; McMillen et al., 2005; Tarren-Sweeney, 2008b). Tarren-Sweeney (2008b, p. 2) suggests that this finding 'supports a cumulative risk model of developmental pathology wherein the more exposure to pre-care adversity, the greater the likelihood of mental health problems'. Children and young people who have been placed in care for behavioural reasons (e.g., delinquency or substance abuse) have been found to have poorer mental health outcomes than those placed due to abuse and neglect (Vinnerljung & Sallnäs, 2008); however, this does not preclude the possibility that such young people have also experienced adverse childhood events. Additionally, children and young people who experience lower placement stability (Barth et al., 2007; Fechter-Leggett & O'Brien, 2010; Ford et al., 2007; Fowler, Toro, & Miles, 2011), those who experience residential care placements (Akister et al., 2010; McMillen et al., 2005; Tarren-Sweeney, 2008a) and young people exposed to maltreatment in care (Fechter-Leggett & O'Brien, 2010) are also more likely to experience mental health issues. It is important to note that these are not necessarily causative factors, rather that they are likely to be inter-related and reinforcing in relation to their impact on mental health. Studies have also found that social support (including the quality of relationships with biological parents) impacts upon the mental health of young people in care (Hukkanen et al., 1999; Salazar, Keller, & Courtney, 2011). Additionally, other socio-demographic factors associated with mental health issues in young people in out-of-home care include parental mental illness (Fechter-Leggett & O'Brien, 2010) and the presence of learning disabilities (Ford et al., 2007; Hukkanen et al., 1999; Taggart, Cousins, & Milner, 2007). Finally, both gender and age appear to be related to the prevalence and type of mental health conditions experienced (Ford et al., 2007; Hukkanen et al., 1999; McMillen et al., 2005); for example, research from the UK (Ford et al., 2007) identified that older children in care were more likely to have anxiety disorders, post-traumatic stress disorder, depression and conduct disorder, while younger children were more likely to have oppositional defiant disorder, hyperkinetic disorder and separation anxiety disorder. This same research found that girls were more likely to have

post-traumatic stress disorder, while boys were more likely to be diagnosed with hyperkinetic disorder, and conduct or oppositional defiant disorder (Ford et al., 2007).

Leaving Care and Mental Health

The majority of research examining the mental health of children and young people from state care backgrounds has focused on those in care (Dixon, 2008; Stein & Dumaret, 2011). Studies concerning the mental health of care leavers indicate that prevalence rates of mental health issues within this group continue to be greater than those in the general population, and that comorbidity in mental health conditions remains a feature (Courtney & Dworsky, 2006; Pecora et al., 2009). Large-scale US studies have found high rates of post-traumatic stress disorder among care leavers, which are comparable to, or exceed, the rates found among war veterans (Pecora et al., 2009; Salazar, Keller, Gowen, & Courtney, 2013). Unfortunately, there is a dearth of research employing standardised instruments to examine the mental health of representative samples of Australian care leavers. In a study of 60 care leavers in Victoria, 32 per cent reported having a mental health condition, though this is likely to be an underestimate, given that the authors reported separately on certain conditions, including ADHD (Raman, Inder, & Forbes, 2005). Two UK studies found that approximately 40–44 per cent of care leavers in Scotland and England had mental health issues, including emotional and behavioural difficulties (Dixon, Wade, Byford, Weatherley, & Lee, 2006; Stein & Dixon, 2006).

There is some evidence to suggest that mental health issues may be more prevalent among young people who have recently left care compared to young people still in care (Dixon, 2008; Dixon & Stein, 2005; Pecora et al., 2009; Stein & Dumaret, 2011). In a representative sample of 106 care leavers in England, Dixon (2008) found that the proportion self-reporting mental health issues had doubled (from 12% at baseline to 24% at follow-up) a year after the transition from care. This is understandable given that the transition from care can constitute a highly stressful time for young people. Such a non-normative, compressed and accelerated transition during a highly significant developmental period will both be impacted by, and may exacerbate, pre-existing mental, emotional and behavioural problems (Akister et al., 2010; Dixon, 2008; Gonzalez, Cameron, & Klendo, 2012; Hannon, Wood, & Bazalgette, 2010; Pecora et al., 2009). From a trauma-informed perspective, poorly planned and inadequately supported transitions from care may be re-traumatising, representing a final experience of rejection and abandonment from a system upon which care leavers are dependent (Baidawi, Mendes, & Snow, 2014; Gonzalez et al., 2012). In addition to these factors, adolescence and young adulthood represent high-risk developmental periods for emerging mental health issues, a fact which may also partly explain these findings (Patel, Flisher, Hetrick, & McGorry, 2007).

It appears that mental health and associated emotional and behavioural support needs are often neglected during the transition from care, which tends to focus on immediate and practical needs, such as housing, education and training (Akister et al., 2010; McDowall, 2009). Various leaving care researchers have argued there is a need to prioritise emotional and mental health support for care leavers, given the high proportion of this population experiencing problems in this area, and their corresponding risk of poor outcomes (Broad, 2005; Hannon et al., 2010; Stein, 2008).

There is little research concerning the uptake of mental health services by Australian care leavers, and the available studies generally consist of unrepresentative samples. One Australia-wide survey of care leavers found that 38 per cent had accessed counselling in the previous 6 months (McDowall 2008). In Victoria, Forbes, Inder and Raman (2006) found that 50 per cent of care leavers had accessed mental health services in the previous six months, a rate approximately seven times the general population. Interestingly, this study found that young people who participated in leaving care services accessed mental health services on a less frequent basis than young people who did not participate in leaving care services. Future research should examine any differences in mental health between care leavers accessing and not accessing leaving care supports, in order to determine if those with mental health issues are adequately supported by current systems. Additionally, differences between access to mental health services while in care and following the transition from care should be investigated. While studies from the US have found that access to mental health supports decreased post-care, the findings cannot be generalised to Australia (Courtney & Dworsky, 2006).

Good leaving care preparation, suitable post-care accommodation, social support and life skills are associated with positive wellbeing post-care (Cashmore & Paxman, 2006; Dixon, 2008; Fechter-Leggett & O'Brien, 2010; Jones et al., 2011). However, it remains unclear whether such factors contribute to wellbeing, or if those care leavers experiencing greater wellbeing are more able to access such supports and resources. Nonetheless, it is evident that care leavers with mental health, emotional and behavioural issues, in addition to having the most unstable in-care experiences (Fechter-Leggett & O'Brien, 2010; Fowler et al., 2011; Hannon et al., 2010), tend to be vulnerable to poor post-care outcomes, particularly homelessness and lower engagement in education and employment (Brown & Wilderson, 2010; Dixon, 2008; Dixon et al., 2006; Dumaret, Donati, & Crost, 2011; Fowler et al., 2011; Keller, Cusick, & Courtney, 2007; Stein, 2006; White et al., 2011). Such findings are reflected in studies that have attempted to capture the heterogeneity of care leavers' experiences by describing various types or classes of care leavers. Despite the differences across these studies, each identified a particular subgroup of care leavers with the most disrupted care experiences, the highest prevalence of mental health conditions, significant social isolation

and the worst post-care outcomes (Fowler et al., 2011; Keller et al., 2007; Stein, 2006).

Discussion and Implications

Australia's Fourth National Mental Health Plan (Commonwealth of Australia, 2009) has identified children and young people who have experienced trauma as a key priority group for prevention and early intervention. However, as this review demonstrates, robust evidence concerning the mental health needs and service utilisation of care leavers is absent in the Australian context. This is a troubling oversight, particularly given the potential for worsening mental health during the transition from care, as well as the association between mental health and post-care outcomes. Additionally, various mental health conditions are only diagnosable, or may only emerge, beyond 18 years of age; therefore, reliance on data obtained from younger adolescents in care to understand these issues is inadequate.

One of the key factors underlying the lack of research evidence in this area is the relative invisibility of care leavers. First, there is absence of a systematic approach for tracking care leavers and monitoring outcomes in Australia (Cashmore & Mendes, 2008). This results in a reliance on costly discrete studies, often containing relatively small and unrepresentative samples of care leavers, in order to obtain data concerning post-care outcomes. In contrast, in England the government is extending national outcomes data for care leavers until the age of 21 years, an approach that we recommend Australia follows (HM Government, 2013). With respect to mental health, the limited availability of specialist services or programmes targeting the needs of the out-of-home care and leaving care populations may also result in children and young people in and leaving out-of-home care being relatively invisible within mental health research and practice (Tarren-Sweeney & Vetere, 2013).

This review has implications for research, policy and practice in both the out-of-home care and mental health fields. There is a clear argument for more comprehensive research examining the mental health of care leavers in Australia, particularly in order to inform leaving care and post-care service provision. It is not possible to design or provide services to respond therapeutically to the needs of care leavers if these needs are unclear. At the same time, proponents of trauma-informed approaches to care and human service delivery question the utility of traditional mental health diagnoses in relation to survivors of complex developmental trauma (Bloom & Farragher, 2011; Kezelman & Stavropoulos, 2012; Tarren-Sweeney, 2008a; Tarren-Sweeney & Vetere, 2013). Rather, these researchers assert that a trauma-informed approach to care and practice moves away from prioritising the search for traditional diagnoses, and instead seeks to understand and address holistically the impact of complex trauma and attachment-related difficulties (Kezelman & Stavropoulos, 2012; Tarren-Sweeney & Vetere, 2013). Research that examines the mental

health needs of care leavers in Australia, as well as mental health service utilisation (including the identification of good practice in service design and therapeutic interventions), would be beneficial from the perspectives of both mental health and leaving care services.

Stemming from such research, there is a subsequent need for the National Child Protection Framework to establish post-care benchmarks on mental health against which outcomes can be compared. To be sure, the Commonwealth government introduced national out-of-home care standards in December 2010 requiring the development of a detailed support plan covering key areas such as housing, health and financial security for all young people transitioning from out-of-home care. The standards specifically refer to the need to provide additional services to better address the mental health needs of children and young people in, and transitioning from, out-of-home care (Department of Families, Housing, Community Services and Indigenous Affairs, 2012); however, these mental health supports are only prescribed up to 18 years of age. Outcomes data and benchmarking would enable development and evaluation of policies and practices that can best meet the mental health needs of care leavers.

Overall, the evidence demonstrates that a substantial proportion of young people transitioning from care will experience significant mental health, emotional and behavioural issues. Such problems may be exacerbated by the stress of the premature transition to independence, but also impact on care leavers' capacity to negotiate the everyday tasks expected of them. Trauma-informed leaving care systems would have the capacity to respond to the individual needs of care leavers, including the capacity to delay the transition from care or to provide a safety net, enabling access to supports at a later period if required (Gonzalez et al., 2012; Mendes et al., 2011). In light of current understanding regarding the mental health of care leavers, these systems should afford, at a minimum, access to resources – in terms of both capacity and expertise – to meet the needs of those care leavers who may present with complex mental health issues.

References

- Akister, J., Owens, M., & Goodyer, I. M. (2010). Leaving care and mental health: Outcomes for children in out-of-home care during the transition to adulthood. *Health Research Policy and Systems*, 8, 10.
- Baidawi, S., Mendes, P., & Snow, P. C. (2014). 'Setting them up to fail' – Systems responses to dual order Child Protection and Youth Justice clients. *Alternative Law Journal*, 39(1), 31–35.
- Barth, R. P., Lloyd, E. C., Green, R. L., James, S., Leslie, L. K., & Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 15, 46–55.

- Bloom, S. L., & Farragher, B. (2011). *Destroying sanctuary: The crisis in human service delivery systems*. New York: Oxford University Press.
- Blower, A., Addo, A., Hodgson, J., & Lamington, L. (2004). Mental health of 'looked after' children: A needs assessment. *Clinical Child Psychology and Psychiatry*, 9, 117–129.
- Broad, B. (2005). Young people leaving care: Implementing the children (Leaving Care) Act 2000? *Children & Society*, 19(5), 371–384.
- Brown, S., & Wilderson, D. (2010). Homelessness prevention for former foster youth: Utilization of transitional housing programs. *Children and Youth Services Review*, 2010, 1464–1472.
- Cashmore, J., & Mendes, P. (2008). Australia. In M. Stein & E. Munro (Eds.), *Young people's transitions from care to adulthood: International research and practice* (pp. 23–35). London: Jessica Kingsley.
- Cashmore, J., & Paxman, M. (2006). Wards leaving care: Follow up five years on. *Children Australia*, 31(3), 18–25.
- Commonwealth of Australia. (2009). *Fourth National Mental Health Plan – An agenda for collaborative government action in mental health 2009–014*. Canberra: Commonwealth of Australia.
- Courtney, M., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work*, 11(3), 209–219.
- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago: Chapin Hall Center for Children, University of Chicago.
- Department of Education and Early Childhood Development. (2008). *The state of Victoria's young people*. Melbourne: Department of Education and Early Childhood Development and Department of Planning and Community Development.
- Department of Families, Housing, Community Services and Indigenous Affairs. (2012). *Supporting young people transitioning from out-of-home care to independence in Australia: Good practice in 2011–12*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.
- Department of Health. (2011). *Chief psychiatrist's guideline – Priority access for out-of-home care*. Melbourne: State Government of Victoria.
- Department of Human Services. (2002). *The audit of children and young people in home based care services*. Melbourne: Department of Human Services.
- Dixon, J. (2008). Young people leaving care: health, well-being and outcomes. *Child & Family Social Work*, 13, 207–217.
- Dixon, J., & Stein, M. (2005). *Leaving care: Throughcare and aftercare in Scotland*. London: Jessica Kingsley.
- Dixon, J., Wade, J., Byford, S., Weatherley, H., & Lee, J. (2006). *Young people leaving care: A study of costs and outcomes*. York: The University of York.
- Dumaret, A.-C., Donati, P., & Crost, M. (2011). After a long-term placement: Investigating educational achievement, behaviour, and transition to independent living. *Children & Society*, 25(3), 215–227.
- Fechter-Leggett, M., & O'Brien, K. (2010). The effects of kinship care on adult mental health outcomes of alumni of foster care. *Children and Youth Services Review*, 32, 206–213.
- Forbes, C., Inder, B., & Raman, S. (2006). Measuring the cost of leaving care in Victoria. *Children Australia*, 31(3), 26–33.
- Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: Comparison with children living in private households. *British Journal of Psychiatry*, 190, 319–325.
- Fowler, P., Toro, P., & Miles, B. (2011). Emerging adulthood and leaving foster care: Settings associated with mental health. *American Journal of Community Psychology*, 47, 335–348.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373, 68–81.
- Glaser, D. (2000). Child abuse and neglect and the brain – a review. *Journal of Child Psychology and Psychiatry*, 41, 97–116.
- Gonzalez, R., Cameron, C., & Klendo, L. (2012). The therapeutic family model of care: An attachment and trauma informed approach to transitional planning. *Developing Practice: The Child, Youth and Family Work Journal*, 32, 13–23.
- Hannon, C., Wood, C., & Bazalgette, L. (2010). *In loco parentis*. London: Demos.
- Heima, C., & Nemeroff, C. B. (2001). The role of childhood trauma in the neurobiology of mood and anxiety disorders: Preclinical and clinical studies. *Biological Psychiatry*, 49, 1023–1039.
- HM Government. (2013). *Care leaver strategy: A cross-departmental strategy for young people leaving care*. London: HM Government.
- Hukkanen, R., Sourander, A., Bergroth, L., & Piha, J. (1999). Psychosocial factors and adequacy of services for children in children's homes. *European Journal of Child and Adolescent Psychiatry*, 8, 268–275.
- Jones, R., Everson-Hock, E., Papaioannou, D., Guillaume, L., Goyder, E., Chilcott, J., . . . Swann, C. (2011). Factors associated with outcomes for looked-after children and young people: A correlates review of the literature. *Child: Care, Health and Development*, 37(5), 613–622.
- Keller, T., Cusick, G., & Courtney, M. (2007). Approaching the transition to adulthood: Distinctive profiles of adolescents aging out of the child welfare system. *Social Service Review*, 81(3), 453–484.
- Kezelman, C. A., & Stavropoulos, P. A. (2012). 'The last frontier' – Practice guidelines for treatment of complex trauma and trauma informed care and service delivery. Kirribilli: Adults Surviving Child Abuse.
- McCann, J. B., James, A., Wilson, S., & Dunn, G. (1996). Prevalence of psychiatric disorders in young people in the care system. *British Medical Journal*, 313, 1529–1530.
- McDowall, J. (2009). *CREATE Report Card 2009 – Transitioning from care: Tracking progress*. Sydney: CREATE Foundation.

- McMillen, J. C., Zima, B. T., Scott, L. D., Auslander, W. F., Munson, M. R., Ollie, M. T., & Spitznagel, E. L. (2005). Prevalence of psychiatric disorders among older youths in the foster care system. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(1), 88–95.
- Mendes, P., Johnson, G., & Moslehuddin, B. (2011). *Young people leaving state out-of-home care: Australian policy and practice*. Melbourne: Australian Scholarly Publishing.
- Oswald, S. H., Heil, K., & Goldbeck, L. (2010). History of maltreatment and mental health problems in foster children: A review of the literature. *Journal of Paediatric Psychology*, 35(5), 462–472.
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *Lancet*, 369, 1302–1313.
- Pecora, P. J., White, C. R., Jackson, L. J., & Wiggins, T. (2009). Mental health of current and former recipients of foster care: A review of recent studies in the USA. *Child & Family Social Work*, 14, 132–146.
- Pilowsky, D., & Wu, L.-T. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *Journal of Adolescent Health*, 38(4), 351–358.
- Raman, S., Inder, B., & Forbes, C. (2005). *Investing for success: The economics of supporting young people leaving care*. Melbourne: Centre for Excellence in Child and Family Welfare.
- Salazar, A. M., Keller, T. E., & Courtney, M. E. (2011). Understanding social support's role in the relationship between maltreatment and depression in youth with foster care experience. *Child Maltreatment*, 16(2), 102–113.
- Salazar, A. M., Keller, T. E., Gowen, L. K., & Courtney, M. E. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology*, 48(4), 545–551.
- Sawyer, M., Carbone, J. A., Searle, A. K., & Robinson, P. (2007). The mental health and wellbeing of children and adolescents in home-based foster care. *The Medical Journal of Australia*, 186(4), 181–184.
- Stein, M. (2006). Research review: Young people leaving care. *Child & Family Social Work*, 11(3), 273–279.
- Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice*, 14(1), 35–44.
- Stein, M. (2012). *Young people leaving care: Supporting pathways to adulthood*. London: Jessica Kingsley.
- Stein, M., & Dixon, J. (2006). Young people leaving care in Scotland. *European Journal of Social Work*, 9(4), 407–423.
- Stein, M., & Dumaret, A.-C. (2011). The mental health of young people aging out of care and entering adulthood: Exploring the evidence from England and France. *Children and Youth Services Review*, 33, 2504–2511.
- Taggart, L., Cousins, W., & Milner, S. (2007). Young people with learning disabilities living in state care: Their emotional, behavioural and mental health status. *Child Care in Practice*, 13(4), 401–416.
- Tarren-Sweeney, M. (2008a). The mental health of children in out-of-home care. *Current Opinion in Psychiatry*, 21(4), 345–349.
- Tarren-Sweeney, M. (2008b). Retrospective and concurrent predictors of the mental health of children in care. *Children and Youth Services Review*, 30, 1–25.
- Tarren-Sweeney, M., & Hazell, P. (2006). The mental health of children in foster and kinship care in New South Wales, Australia. *Journal of Paediatrics and Child Health*, 42, 89–97.
- Tarren-Sweeney, M., & Vetere, A. (2013). *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care*. Oxon: Routledge.
- Vinnerljung, B., & Sallnäs, M. (2008). Into adulthood: A follow-up study of 718 youths who were placed in out-of-home care during their teens. *Child & Family Social Work*, 13, 144–155.
- White, C. R., Gallegos, A. H., O'Brien, K., Weisberg, S., Pecora, P. J., & Medina, R. (2011). The relationship between homelessness and mental health among alumni of foster care: Results from the Casey Young Adult Survey. *Journal of Public Child Welfare*, 5(4), 369–389.

