Evidence summary

Title	Type & Matter	Summary
Mental health and psychosocial conditions affecting the wellbeing of Indigenous children involved in child protection services: a scoping review	Review Child protection Mental health Indigenous children	• This scoping review synthesised literature published between 1990 and 2022 across four nations (Canada, the United States, Australia, and New Zealand) to examine the mental health and psychosocial wellbeing of Indigenous children involved in child protection services (CPS). • CPS involvement and family removal were consistently associated with severe adverse outcomes, including elevated psychological distress, depression, substance use, self-harm, suicidal ideation, and identity confusion. The review identified intergenerational trauma as the primary root driver of child welfare involvement and ongoing family disruption. • The authors conclude that mainstream child welfare systems frequently act as structural determinants of ill health and institutional violence rather than protective interventions. They recommend returning control of child welfare practices to Indigenous communities, applying trauma-informed and other frameworks to funding and service delivery, and prioritising family connection as the main goal to ensure relational and cultural continuity.
Socioeconomic conditions and children's out-of-home care in high-income countries: a systematic review and meta-analysis	Review Child protection System reform	• This study is the first systematic review and meta-analysis to examine the quantitative relationship between multiple domains of socioeconomic conditions (such as area deprivation, parental education, employment, income, and social assistance) and children's risk of entering OOHC. • Across the included studies, 139 of 150 studies showed a positive association between disadvantaged socioeconomic conditions and an increased risk of OOHC. The strongest and most consistent positive associations were found for indicators of economic hardship, particularly area-level deprivation and eligibility for social assistance. • The authors conclude that socioeconomic disadvantage is a key and modifiable driver of child welfare involvement, representing a population-level indicator of child and family well-being.
Beyond "I can't help with that": How child safety experts evaluate AI chatbot safety	Qualitative Child safety Artificial intelligence	• This qualitative study examines how child safety experts evaluate AI chatbot behaviour when youth in vulnerable situations seek advice or support. Nineteen practitioners (social workers, therapists, and psychologists) were interviewed to evaluate the limitations of current benchmark-driven safety evaluations. • Practitioners highlighted that standard evaluations relying on refusal as a default marker of safety are flawed, as refusing to respond can leave vulnerable youth isolated and deter future help-seeking. They identified critical failure modes where chatbots provided superficially safe responses while missing dangerous context (such as age-inappropriate relationship dynamics, unsafe advice, or frightening resource framing). Conversely, experts endorsed responses that provided empathetic validation as a transparent bridge to trusted human support rather than substituting for human care. • The authors conclude that child AI safety cannot be defined as a static model property or measured by content refusal, as real-world safety is inherently context-dependent and outcome-oriented. They recommend embedding child safety practitioners directly throughout AI evaluation pipelines, requiring models to gather context before giving advice, maintaining explicit system limitations, and routing youth to trusted adults or vetted crisis resources.
Innovative housing supports to prevent homelessness for young women transitioning from residential out-of-home care in Victoria: A case study of the Bridge It Cocoon program	Case study Care leavers Housing	• This case study evaluation demonstrated that combining stable housing with lived-experience mentoring, life-skills training, and therapeutic supports enabled positive outcomes in housing stability, mental health, education and employment. However, researchers identified challenges regarding peer interpersonal conflicts and the need for expanded outreach to sustain mental health gains after residents transition out. They recommend that the state government and other Australian jurisdictions provide dedicated funding to upscale the program for all residential care leavers.

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Mitigating the impact of child poverty in a highly diverse population: feasibility and acceptability of co-located welfare benefits advice in healthcare and community settings	Qualitative Financial support Child wellbeing	• This pilot study evaluated the feasibility and acceptability of co-locating welfare benefits advice (WBA) within healthcare clinics and community settings across East London, targeting ethnically diverse families with children under two or with disabilities. • Co-locating WBA within familiar healthcare environments significantly improved accessibility and reduced social stigma by leveraging existing patient trust. At the specialist clinic site, 60 families gained an average of £7,933 annually in additional income and support. However, major implementation barriers included complex application paperwork, low digital literacy, and interpreter challenges regarding privacy and social stigma in tight-knit ethnic communities. • The authors conclude that integrating financial advice into routine health appointments normalises support-seeking and reduces parental stress, though physical co-location alone cannot overcome systemic inadequacies. They recommend investing in professional multilingual support, establishing community confidentiality protocols, streamlining referral pathways, and expanding co-located advice models across health systems.
Practices and challenges investigating cases involving child sexual abuse material at Children's Advocacy Centers	Mixed methods Child sexual abuse Professional development	• This study examined investigation protocols, training requirements, family support services, and operational challenges regarding cases involving child sexual abuse material (CSAM) across 379 Children's Advocacy Centers (CACs) in the United States. Researchers synthesised survey responses from CAC executive directors and managers, alongside qualitative stakeholder interviews. • Most CACs report having a pre-interview discussion process between law enforcement and forensic interviewers (88.4%) and regularly screen for CSAM (69.1%). However, requiring CSAM training for non-interviewing multidisciplinary team (MDT) members was not common, including victim advocates (42.0%), law enforcement (38.8%) or mental health clinicians (24.5%). Only 32.5 per cent of CACs assisted families with removing online images. • Key investigative challenges included a lack of joint cross-disciplinary training (60.2%), inadequate resources and support for parents and caregivers (54.6%), and low caseload of CSAM victims (44.3%). • The authors conclude specialised CSAM training and family support remain underutilised across CACs despite the rapid growth of technology-facilitated abuse. They recommend establishing standardised cross-disciplinary team training, streamlining case referral pathways, expanding school-based digital safety education (rated a top priority by 69.7 per cent of leaders), and equipping CACs to help families access crisis mental health care and image-removal assistance.
Navigating institutional tensions in child sexual abuse disclosure practice: A qualitative study of practitioners' experiences	Qualitative Child sexual abuse Workforce practice	• This Australian qualitative study examined how practitioners understand and navigate relational, institutional, and ethical factors when supporting disclosures of child sexual abuse (CSA). Researchers conducted six online group Yarns, a culturally safe and relational Aboriginal methodology, with 23 practitioners across Queensland, New South Wales, and Victoria. • Practitioners conceptualised disclosure as a gradual, relational process requiring rapport, trust, and respect for children's agency. However, this child-centred, trauma-informed approach was frequently constrained by institutional arrangements, including mandatory reporting requirements, documentation demands, organisational procedures, and fragmented interagency systems. To navigate these conflicting demands, practitioners relied on ethical mindfulness—an ongoing practice of reflection and professional judgement to protect children's well-being and agency while responding to statutory and organisational requirements. • The study concludes that disclosure challenges cannot be solved through individual practitioner skill alone, as the conditions that enable or constrain ethical practice are systemic. They recommend policy and structural reforms, including integrated interagency models, greater flexibility within mandatory reporting frameworks, shared protocols that minimise repeated disclosures, and organisational performance measures that prioritise children's agency and relational safety over procedural compliance.

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The mental health service usage of transition age young people involved with social care services in Wales: A national population-based retrospective cohort study using linked administrative data	Quantitative Mental health Care leavers	• Using anonymised linked administrative data from Wales, this study examined 10,774 transition-age youth (aged 16–20) to evaluate Child and Adolescent Mental Health Services (CAMHS) and adult mental health service (AMHS) attendance patterns across care-involved and non-care cohorts. • Only 29.1 per cent transitioned from CAMHS to AMHS before age 21. Young people in care residing in the most deprived areas received nearly twofold higher CAMHS appointment intensity, but the support pattern was not sustained into adulthood, with doubled missed AMHS appointments. • Female care-leavers had 3.5 times higher AMHS appointment intensity than males, highlighting high disengagement risks for young men exiting care. Recorded alcohol or drug use was significantly linked to increased missed appointments for young people receiving care and support. • The transition to adult services amplifies existing social care, socioeconomic, and gender inequalities. The authors recommend targeted, social care-informed transition planning and integrated, developmentally tailored care models.
Families' public and private safety nets and child mental health outcomes among families involved with Child Protective Services	Quantitative Child protection Mental health Family support	• This study examined longitudinal data from 5,489 families involved with child protective services (CPS) in the United States, evaluating how three distinct categories of public (food benefits, housing, cash aid), private (e.g., informal help with childcare, transportation, financial assistance, advice) and CPS (e.g., parent and child mental health counselling, parent education, job training) supports affected child internalising and externalising mental health symptoms over time. • Children whose caregivers had high private social support (low public, high private, regardless of CPS service level) exhibited significantly lower initial mental health symptoms than children in families relying solely on public assistance, although mental health symptoms declined overall across the sample over time. • Children in the public assistance-only group experienced a steeper, faster reduction in symptoms over 36 months than those relying solely on private support. Conversely, receiving high CPS services (e.g., mandated classes or counselling) in the absence of private support did not lower initial mental health problems or improve long-term trajectories. • The authors conclude that public and private safety nets operate interdependently, with informal private networks shielding against immediate distress public material assistance was associated with greater reductions in symptoms over time. They recommend implementing interventions to build and strengthen parents' private support networks (e.g., peer mentoring, home visitors, community health workers) alongside streamlining public benefit application processes (e.g., broad-based categorical eligibility, longer recertification periods, online applications) to better reach eligible CPS-involved families.
Scaling early parenting programs to support positive social-emotional and mental health outcomes in young children: A systematic review	Review Mental health Early Intervention Implementation gap	• This systematic review evaluated how interventions expand population reach and impact by synthesising 62 peer-reviewed papers describing 39 distinct scaling initiatives across 15 early parenting programs (delivered from pregnancy up to age 5). It revealed that while initiatives spanned diverse theoretical models (e.g., attachment-based and behavioural interventions) and training approaches, explicit scaling frameworks were rarely used (only 6 of 39 initiatives formally reported using a specific implementation framework). • Although most scaled programs reported positive parent and child outcomes, firm conclusions remain limited because the majority relied on non-randomised or descriptive designs, with inconsistent reporting on reach, fidelity, and long-term sustainability. • The authors identified six primary enablers and barriers to successful scaling—implementation approach, local contexts, collaboration, institutionalising within systems, leadership, and funding/resources, concluding that scaling success depends on implementation strategy and contextual adaptation rather than specific program characteristics alone.