

Qualitative studies

Akin 2014

Study Characteristics

Study type	Semi-structured interviews
Aim of study	To understand, observe, and document practitioner perceptions of implementation of an evidence-based interventio (Parent Management Training Oregon)
Study location	USA
Study setting	This study was part of a larger project known as the Kansas Intensive Permanency Project (KIPP). KIPP was one of six cooperative agreements in the federal Permanency Innovations Initiative (PII), which sought to reduce long-term foster care and improve permanency outcomes. Project partners defined the target population as families of children in foster care with serious emotional and behavioral problems.
Study methods	One research team member conducted all of the interviews by phone, which lasted 45 to 60 min. A semi-structured interview guide was written to administer to practitioners. Six key topics were covered: 1) practitioner background, 2) EBI training, 3) EBI coaching, 4) EBI practice with families, 5) families response to the EBI, and 6) administrative and organizational supports. All semi-structured interviews were conducted by phone, digitally recorded with the participants' permission, professionally transcribed, checked for accuracy by the interviewer, and imported into NVivo 10 for data management and analysis. Theoretical thematic analysis was used to analyze the data using multiple analysts. To further check the validity summary report was provided to study participants and they were encouraged to provide feedback. Study participants' written feedback was integrated into the final analysis of the data.
Population	Practitioners involved with delivering KIPP services - the Kansas Intensive Permanency Project (KIPP)

Study dates	Not reported
Sources of funding	Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services
Inclusion Criteria	Delivering an intervention Practitioners delivering Parent Management Training Oregon
Exclusion criteria	None reported
Sample characteristics	<p>Sample size 30 practitioners involved with delivering PMTO to parents of children who had been taken into foster care</p> <p>Mean age (SD) 39.5 ± 9.7</p> <p>non-white ethnicity 10.7%</p> <p>Gender Female - 89.3%</p> <p>Career Social work was the primary type of education (54%), followed by marriage and family therapy (25%) and counseling (21%). Nearly half of the practitioners (46%) had three to nine years of experience working in the child welfare system and well over one third (39%) had more than ten years of experience in child welfare. One in four (25%) had some prior experience with an EBI.</p>
Relevant themes	<p>Theme 1 Training was appreciated - All participants praised the quality of the PMTO training, considering it educational, thorough, holistic, active, engaging, and "top notch." Having adequate time for training sessions and a focus on learning were also mentioned as key supports. Participants viewed trainers as experienced, engaging, and supportive; "they had great suggestions." Likewise, they identified the benefits of the peer support they received from other trainees and networking with practitioners outside their own agency. A participant shared an important trait of the training: "I am a real experiential learner...[D]joining the workshops while we are working with clients and getting the group feedback, that was very instrumental..."</p> <p>Theme 2</p>

Shortcomings of training - lack of clarity, vague answers, disorganization, long training, days, length of the training process, and repetitive content. Many participants felt frustrated and confused by unclear instructions. Participants said that the training was missing content on working with families of adolescents. In addition, a few participants stated that relevant child welfare topics were not fully addressed by the training, including trauma, parental substance abuse, and parent mental illness. These practitioners referred to initial challenges in modifying PMTO to fit the needs of the child welfare population. Indeed, a number of participants reported that trainers did not seem to understand Kansas child welfare reality as evidenced by their vague answers to participants' questions. Imprecise and inexplicit responses generated frustration and dissatisfaction among participants. "...I don't think they really understand kind of what we were doing here in Kansas and things like that...to answer some of our questions they had to give very vague answers."

Theme 3

Suggested improvements to training - While there was adequate time for training, a time gap between training and work with families was drawn out too long. Participants needed opportunity to practice their newly learned skills shortly after the training workshops. Three common suggestions for training were to: (1) add more mock videos and role-plays for illustrating sessions; (2) make a trainer available locally for several months instead of a week-long intensive training days followed by a two-month gap; and (3) establish a clear practice model structure, including topic-by-topic session agendas.

Theme 4

Coaching was helpful - Most participants reported that coaching was a helpful, positive, encouraging, and "very gentle" experience, as they received feedback from coaches and peers. They noted the utility of watching other people in role-plays prior to implementing their first session. PMTO coaches were knowledgeable, kind, and focused on strengths. At first, participants felt anxious, nervous, or awkward; however, most of them enjoyed coaching after a few times. Feedback made participants feel more self-assured as therapists, helped them understand where improvements were needed, and expanded their understanding of families. A participant summarizes their coaching experience in the following quote: "...[I]t's difficult to watch yourself and to see yourself because you do it in a group...Once we did it a few times, it was wonderful. It's very encouraging, strengths-based...for the therapist... So even though it's nerve-wracking...at the end of it you really feel supported and so that's a good thing."

Theme 5

Direct feedback appreciated - As the quote reflects, PMTO coaching builds on the practitioner's strengths and slips in a little piece to improve; the emphasis on strengths is particularly good for minimizing defensiveness. Yet, a great number of participants wanted more direct feedback; a few of them had to adjust and learn to "read between the lines." Many participants felt dissatisfied and disappointed with slow responses, vague answers, and redundant coaching. "I liked the way that they did our coaching. It was very strengths-based... They really support, support, support...and teach through that [support]. Sometimes I felt it could have been a little more direct. I think that's been the difficult part with my staff, is that sometimes they just wanted a little more of a direct answer instead of trying to read between the lines."

Theme 6

Quantity of coaching sufficient - The majority of participants reported that they had an adequate amount of coaching, while a few mentioned that they "craved" for more coaching because they enjoyed it so much. Others recommended increasing coaching at the beginning of the training and for particularly complex cases, such as those involving parental substance abuse or domestic violence. One specific recommendation was to offer practitioners an option to select sessions for coaching when they have pressing questions or would like individualized support for distinct concerns.

Theme 7

Differences between different forms of coaching - A great number of participants considered that the different forms of coaching they received were good, including online coaching (i.e., video conference) and ongoing coaching from supervisors. Others suggested implementing more timely and consistent written feedback. In addition, many participants said that the quality of the coaching depended on the coach. As participants gradually began to be coached by local supervisors, they noticed a difference in the quality of coaching. This respondent explains: "The actual ISII people, it was great. I think that it was really informative and really helped us see how they were wanting us to implement the model. It hasn't been so helpful when we do it with our supervisor, just because I think she's still learning it, and hadn't really had as many sessions as most of us did. So I just feel like it wasn't quite as helpful because she just didn't have the base of knowledge yet to go from what the trainers did."

Theme 8

training a welcome opportunity - The majority of participants had limited prior knowledge about EBIs and most of them had no previous experience implementing them. Less than third of the respondents had exposure to other evidence-based or evidence-informed programs and no participant had experienced a program as intensive as PMTO. As the following quote illustrates, a number of participants considered EBIs as beneficial, accurate, important, and the future direction of behavioral healthcare; therefore, KIPP was a welcome opportunity. "It's not just someone's idea...and, because of this evidence that we have here, we know that, you know, it works across cultures in many different situations."

Theme 9

Facilitators to learning PMTO - Several factors enhanced participants' learning of PMTO. For instance, some participants were highly committed to learning, self-reflection, and a desire to make improvements to one's own practice. Additionally, their comments reflected open-mindedness and enthusiasm about EBIs, in general, and PMTO, specifically.

Theme 10

Overcoming initial skepticism - A third of the participants described a transformational process in their views of PMTO. They were initially resistant to EBIs (e.g., viewing them as rigid and difficult to implement) and skeptical about PMTO strategies, feeling unsure and uncomfortable about applying an EBI and the pressure to prove that it worked. A participant stated: "...[Y]ou can sit and listen to individuals talk about it, but you kind of reserve a little judgment...It sounds great, but is it going to work if I go and implement it?" However, their skeptical views changed. They were surprised by PMTO's effectiveness and the improvement they observed in families. All but one participant highlighted their compatibility with the program and their strong support for it. Participants felt that PMTO was a good fit for them because of its congruence with their own practice philosophy (e.g., strengths-based and solution-focused). They "embraced the approach." "I believe I was set up for success with putting this into practice through the trainings that we received and the way the trainings were delivered. Of course, there was some anxiety, like normal, put something new into practice that you're not a hundred percent trained in yet. But I definitely feel even my first session with my first family I was more prepared and had direction and structure than I had in my past."

Theme 11

Benefits to therapeutic practice - All participants reported that PMTO benefited their therapeutic practice. Most of them noticed that after PMTO training, they were more hopeful and strengths-oriented, even becoming aware of their own strengths. Specific improvements involved being: a better listener, less confrontational, more insightful and "in the moment," more active and "hands-on," more agenda-driven in sessions, and more conscious of time restrictions. Other participants asserted that they had better relationships with clients, understood that silence can be useful, improved their teaching skills, and learned to problem-solve with parents, not for parents. Many respondents felt satisfied with the results as they applied PMTO in their practice. The following quote summarizes a participant's experience: "I'm more agenda-driven, which is extremely effective and helpful. I feel like I was always strength-based but I'm even more strength-based now...I do more encouragement and more praise so that has been extremely helpful. I'm more planful in my sessions. I come to a session ready with activities, ready to go."

Theme 12

Challenges to previous clinical practice - A few participants had no previous clinical experience, whereas a couple of participants mentioned that they initially had to navigate their education and clinical experience with PMTO. They noted that PMTO training poses challenges to experienced therapists, as it emphasizes self-reflection and continual professional growth. This training process, however, changed these participants' practice style and revealed areas for growth.

Theme 13

Applying the PMTO model - For many participants, the PMTO manual and coaching aided their skillful use of the intervention. Gaining experience in using PMTO with families also contributed to practitioners' comfort with the model. A couple of practitioners struggled with using role-plays and some families disliked them, whereas a majority reported that roleplays were readily applied in the practice setting. Giving directions, active listening, and limit setting were among the most straightforward and uncomplicated topics to implement. As the following quote shows, most participants considered that the model's strengths focus fostered trust and rapport building. "I think that's the best way to build a therapeutic alliance with people. And so the positive focus in KIPP made it really possible to develop great relationships with the families that I worked with."

Theme 14

Customisability to tailor to need - Most participants reported that they could customize PMTO to match each family's needs, staying true to the model (as illustrated in the quote below). A minority of respondents initially considered the model rigid and difficult to adapt and noted that coaching facilitated this adaptation. For others, the model was applicable to most families whereas for a couple of participants, the flexibility of the model depended on the therapist. "Well, you're just able to customize it for each family, without straying from

the model. I mean, I don't know, the way you're able to work with the families, you're able to take their specific situation and specific things that their kids are doing and going through..."

Theme 15

Response by targeted families and facilitators to effectiveness - According to participants, most families responded positively to PMTO. PMTO's powerful effect was evident in the rapid improvement that families experienced, even if it was small. Even though some families felt skeptical at first, their confidence increased as they used the skills and advocated for themselves. A couple of participants noted that families recommended PMTO to everyone, even teaching PMTO skills to friends, and that teenagers reported better communication with their parents. Family response was more positive when practitioners got further into the PMTO curriculum. For instance, a respondent stated that the mid-week phone calls improved family response. "...I've even had some families who really, kind of, were dragging their feet, I mean, like, with the role-plays and stuff; but, as it went on, they were able to see that it has worked pretty well within their family, so they've been able to follow through with it." A participant explains how beneficial strengths and encouragement were: "The five-to-one ratio, fives positives to one negative...that's a huge cultural shift for us...[P]arents are seeing, you know, they're having a lot less stress when they are not focusing on all the negative stuff. They can focus on some positive things, tell their kids that they are doing a good job. The kids feel like they are being loved and accepted by their parents. So they are less rebellious. Their acting out is a lot less, you know, because they are not trying to get any kind of attention from their parents. I mean they are getting positive attention from their parents because their parents are focusing on that; and, so, they don't have to act out and get that other kind of attention."

Theme 16

Barriers to effectiveness - Family response also depended on parents' cognitive skills, functioning level, and willingness to try PMTO strategies. Some families learned PMTO skills quickly, others took longer, and some did not get them. Practitioners reported that adapting PMTO was more challenging with families with single dads, with more children, and with children with complex needs, such as blind or non-verbal autistic children. Less than a third of the participants reported having challenges adapting PMTO to the unique needs of families, including grief, domestic violence, sexual abuse, parental mental health issues, and parental substance abuse. Delivering PMTO was difficult with parents with mental health and substance abuse issues, who were purportedly more likely to dropout from treatment. However, a couple of participants clarified that these issues are indirectly addressed by PMTO; families who faced multiple contextual factors required harder work.

Theme 17

Organisational facilitators - Important were supportive leadership and reasonable work expectations, as follows: "...they've been really good at working with us and making sure that we have the resources to be able to get there and that we have the time, and making sure that we are not overworked, but still able to meet what we are needing to do." Participants also expressed appreciation for collaborative processes, quick turnaround on questions, and work climates that were safe for "trial and learn." "When you're adopting and implementing, I think it's all so new territory... I just feel like our agency leadership has done everything they possibly could to make this work...being supportive, being there, answering questions as they can and as fast as they can to get back with us." Key organizational supports included not rushing participants through training; sharing information quickly and continuously; making sure that staff were not overworked; carefully coordinating changes when there were staff shortages; and providing the structure, materials, and logistics for implementation. Advantages were also realized through effective communications and organizational structures that promoted peer support, teamwork, and collaboration. Some practitioners pointed to the helpfulness of fluid and effective communication throughout the implementation process; they felt their voices were heard by their agencies, describing how their agencies "listened" when participants had questions, frustrations, anxiety, or stress: "...I personally feel like my agency does a really good job, and specific people here do a really good job of making sure to keep us informed of what's going on. And, I think that that has really helped in our implementation of the model. For example, we hear your concerns, and then hearing that it's going up the chain."

Theme 18

Organisational barriers - less than a third of the participants felt that they received inadequate support, resources, and encouragement from their agencies. A few of them described challenges associated with their agency's norms, policies, and centralization. Specific problems included lack of support from other staff, inability to use flexible work hours, transportation issues, heavy emphasis on paperwork, and indirect communication with trainers (e.g., not being allowed to directly ask questions to trainers). Indeed, a couple of participants felt as though the program was isolated in their agencies; they perceived resistance from other staff and had to advocate for clients within the agency due to conflicting practices or procedures (e.g., agency practices regarding families affected by substance abuse). Others considered that the lack of support from the agency was associated with the lack of understanding of the intervention model. They felt that the agency administrators did not understand therapists' problems, such as the hassles and workload associated with uploading videos. Few respondents wondered whether their agencies knew what to do with the model; there was lack of agreement on how to use it within the agency and the

organizational structures needed to reinforce it. These participants concluded that better internal communication from upper management would have helped to create a more accommodating climate and improved the implementation. "I think there wasn't as much, there wasn't as much communication to the case managers what we were doing and what PMTO was. So there was some resistance from other agency staff members... I think better communication to them what was going on and the excitement that the upper management had could have been filtered all the way throughout the entire agency. It would've made things a little better for us."

Theme 19

Practitioners suggestions for organisations - Practitioners' suggestions for organizations were: do not be afraid of implementing new EBIs, select EBIs compatible with client needs, plan before implementing, have patience with the process, communicate excitement and information throughout the agency, share information timely, facilitate teamwork and collaboration among frontline staff, provide adequate working conditions, and listen to the struggles and suggestions of frontline practitioners.

Theme 20

Need for stakeholder buy-in: Participants recognized that stakeholder buy-in was a chief factor in successful implementation. In particular, the role of the court system was acknowledged: courts were supportive of the project because of the groundwork laid by agency administrators' efforts to reach out and educate them about PMTO. More frequent among participants' comments was an emphasis on the central role of case managers. They identified case managers as a major player whose backing and cooperation was essential.

Theme 21

Short timelines as a barrier to effectiveness of this intervention - ASFA timelines were pinpointed as major system-level challenges. The high demands placed on families by the child welfare system impacted their response to PMTO. First, when families started the program, parents were in shock because their children were in the system; they often felt angry and guilty, with a negative view of themselves as parents. Practitioners had to address those negative feelings that turned to displaced resentment. Thus, practitioners recommended allowing families more time to get through the PMTO curriculum and learn the new parenting skills (i.e., longer than 6 months). Second, the mismatch between the time required by the child welfare system to attend to multiple case plan tasks and the time available for the family, creates frustrating barriers for families. This is explained as follows: "There's system time and then there is time in people's lives, and those times don't match up. And people get really frustrated with that understandably so."

Study arms

Parent Management Training Oregon (N = 30)

Parent management training Oregon model Delivered in-home to individual families, focusing on parents as the agents of change, and delivered for up six months, typically, twice per week for approximately 60–90 minutes per session plus a mid-week check-in that lasted for 20–30 minutes. The curriculum was tailored to trauma and centred on teaching parents five core parenting practices: 1) positive involvement; 2) skill building; 3) supervision and monitoring; 4) problem-solving; and 5) appropriate discipline.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes <i>(topics covered the benefits of the intervention for the practitioners, their clients, and the systemic and individual level barriers and facilitators)</i>
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes <i>("all" practitioners were invited to participate. However, views of parents were not sought for this study)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Yes <i>(However, no discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes <i>(Thematic analysis clearly designed. Contradictory data was taken into account. Multiple analysts were used to determine themes.)</i>

Section	Question	Answer
Findings	Is there a clear statement of findings?	Yes <i>(More than one analyst was used, respondent validation sought)</i>
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Partially applicable <i>(Study was from USA)</i>

Ausberger 2014

Study Characteristics

Study type	Semi structured interviews
Aim of study	To examine strategies conference facilitators used to engage foster care youth in decision making in the context of permanency planning family team conferences.
Study location	USA
Study setting	Permanency planning family team conferences held in two foster care agencies in a large urban area.

Study methods	Data collection consisted of 18 observations of family team conferences, 18 post-observation interviews with foster care youth and 17 post-observation interviews with conference facilitators, for a total of 53 data sources. Select documents, including operating procedures and training manuals, were also reviewed. The interviews with youth were held face-to-face at the foster care agency directly following the conference. They were held in a private room and lasted between 25 min and 1 h. An interview instrument consisting of semi-structured and open-ended questions was used. The interview instrument included questions pertaining to the youth's understanding of the conference, preparation for the conference, opportunity to speak, whether they felt heard and understood, and their view of the decisions made. All interviews were audio recorded and transcribed verbatim. The interviews with facilitators were also held face-to-face at the foster care agency. All data, including the interview transcripts, observational field notes and agency documents were entered into HyperRESEARCH, a computer software program that allows qualitative data to be organized, searched, and coded. Thematic coding of themes took place. A senior qualitative researcher reviewed all memos, providing feedback regarding the emergent themes and patterns in the data. The researcher utilized various mechanisms to ensure quality data including triangulation, member checking and peer debriefing.
Population	The sample was drawn from two well-established family service agencies that contract with the New York City Administration for Children's Services to provide foster care services to youth residing in multiple boroughs in New York City. The sample consisted of foster care youth and conference facilitators
Study dates	Not reported
Sources of funding	Fahs Beck, New York Community Trust and New York Foundling, Vincent Fontana Center
Inclusion Criteria	<p>Age aged 18 - 21</p> <p>Care Situation Youth involved in permanency planning conferences</p> <p>Delivering an intervention conference facilitators</p>

Exclusion criteria	None reported
Sample characteristics	<p>Sample size 18 foster care youth and 10 conference facilitators</p> <p>Time in care The length of time spent in foster care ranged from 1.5 years to 20 years, with a mean of 7 years.</p> <p>Type of care Foster care. All youth in the sample, except one, had a permanency goal of Another Planned Permanent Living Arrangement (APPLA).</p> <p>Gender Of the eighteen youth, eight were females and ten were males.</p> <p>Number of previous placements The total number of placements while in foster care ranged from one to ten, with a mean of 5 placements.</p> <p>Age mean age 19 years old</p> <p>Ethnicity Eight self-identified as Black, seven as Hispanic, one as White, and two as other.</p>
Relevant themes	<p>Theme 1 The critical role of the facilitator - A trained facilitator employed by the foster care agency facilitated the permanency planning family team conferences. Facilitators guided the team through each stage of Team Decision Making, including the introduction to the conference structure, ground rules and participants, a discussion of youth strengths and concerns, brainstorming ideas to address the identified concerns, agreeing upon next steps, and developing an agreed upon service plan. The conferences followed a structured format however the facilitator played a critical role in positively engaging the young person in the decision-making process. The facilitation strategies employed to engage youth in decisionmaking included: 1) creating a safe space, 2) encouraging the youth voice, 3) re-balancing power, and 4) establishing a personal connection. These strategies are described in depth with examples below.</p> <p>Theme 2 Creating a safe space - breaking confidentiality - A consistent theme identified throughout the youth interviews was the importance of adults respecting their privacy and confidentiality. Several participants discussed situations where they shared personal information with child welfare professionals they perceived to be confidential that was subsequently shared with others. Youth expressed a sense of betrayal, feeling their trust was violated. A lack of transparency regarding the parameters of privacy can create a divide between professionals as insiders and youth as outsiders to child welfare decision-making processes. In the context of the family team conference, it was important that the facilitator took time to thoroughly explain the parameters of privacy and the young person understood them. Since the information discussed in the conference was used for case planning purposes, the information was considered private but not confidential. One facilitator was observed telling the young person that the information in the conference would not come back and be detrimental to them afterwards. In the post-observation interview, the facilitator explained that many youth in foster care are reluctant to open up and share information in the conference because they are afraid it will be used in negative or harmful manner. Her goal is to create a safe space where youth feel comfortable sharing information and</p>

engaging freely in the discussion. She explains the parameters of privacy, but also addresses their fears directly by emphasizing the collaborative nature of decision-making and informing them that no decisions will be made without their input and awareness.

Theme 3

Creating a safe space - trust building exercises - In addition to discussing the parameters of privacy, some facilitators created a safe and collaborative environment by building trust among the conference participants. As illustrated in one conference the facilitator began by instructing each participant to write their name and relationship to the youth on a folded piece of cardboard, which she then placed on the table facing inward so everyone could view it. The facilitator then took the time to have each participant introduce themselves by their name and relationship to the youth. The note card visualization coupled with the verbal introduction highlighted the important role each participant played in supporting the youth in the decision making process.

Theme 4

Encouraging the youth voice - Another consistent theme in the youth interviews was the importance of having a voice in the family team conference. Youth wanted the opportunity to talk, be heard and have their perspective considered. The facilitator played an instrumental role in including youth in the conversation and making them feel like an equal member of the team. Facilitators used various engagement strategies including, verbal affirmations, non-verbal communication, everyday language, and humor. Facilitators used verbal affirmations to engage youth in the conference. For example, some facilitators used positive action words to describe the youth's behaviors such as successful, independent, consistent and diligent. The use of positive language when describing the youth's actions led youth to open up and engage in the discussion. They also encouraged other members of the group to focus on youth strengths, rather than deficits. Facilitators also used non-verbal communication to engage the youth in the discussion such as physical presence, maintaining eye contact, smiling, nodding, and stating, "uh hum" and "ok." Through the use of non-verbal communication, facilitators sent a message to the youth that they were physically present and interested in what the youth had to say. As demonstrated through the words of one youth who reflected on her experience with the conference facilitator, "I felt really positive about her. I was always getting positive vibes from her. Every time I looked at her she always had a smile. And, that's the first time I met her, so that's really good for me to feel." Facilitators used everyday language to communicate with the youth in the conference. Child welfare professionals often rely on professional jargon, which can create a divide between professionals and youth. Examples of such language include the use of codes, acronyms or technical language. In order to engage youth in the discussion, it was important to substitute professional jargon with more developmentally appropriate language. For example, one facilitator stated in the post-observation interview, when determining whether a youth has a permanent resource, rather than asking, "who are your permanent resources" she asks, "Who do you call when you get a really good grade or you got that job? Who do you call to share that with?" "So, every once in a while, I'll have to get into their world. So, they relate to things like, "Do you feel me?" You know, "Do you feel me? I'm tryin' to tell you somethin' very important." You know, we would say, "Do you understand," but the kids say, you know, "You feel me?" So, sometimes when I, when I can get there with him, you know, he smiles more. You know, he lets down a little bit more of a guard and, and it gets better. Two facilitators reported using humor to engage youth in the conference. One facilitator noted that although it's not a topic addressed in training, humor makes a big difference in terms of working with and connecting to youth. "I just try to make the conference like as, it's, for the teenagers, actually like as laid back as possible. Like I'll joke with them, tell jokes, whatever, to try to make it a little more laid back..."

Theme 5

Re-balancing power - An important goal of the conference facilitator was to level the playing field so that all participants are provided the opportunity to speak, have their perspective heard, feel respected, and collaborate in the Team Decision Making process. Facilitators were responsible for managing power dynamics so youth and professionals were true collaborators, rather than the adults or professionals dominating the discussions. The idea of adults/professionals collaborating with youth in decision-making was novice and/or challenging for some participants. Therefore, it was the role of the facilitator to re-balance power when the adults were dominating the discussion. Facilitators accomplished this in multiple ways including keeping the focus on youth, seeking their perspective and advocating for their perspective.

Theme 6

Rebalancing power - Several facilitators noted the importance of keeping the conference focused on the youth, including asking adults to remain quiet and/or re-directing the discussion when adults attempt to promote their views. In one instance, the facilitator was observed asking the foster mother and caseworker to stop talking and listen to the youth. The facilitator noted in the post-observation interview, "my role and my joy is to be able to turn it around and, as a facilitator, kind of quiet the rest down and say, 'Well, we know your opinion, you know, I know your opinion,' and keep redirecting it back to the youth." In the post-observation interview with the youth, she noted that the conference was "about me" and the facilitator "listened to me. That was good." Similarly, another youth praised her facilitator for shifting power dynamics to focus on her perspective. She said, "I feel like she's

(facilitator) more concerned about what I have to say than anybody else in the room. Because, you know, plenty of times she stops the meeting and says, 'How come I only hear you all talk and I don't hear Monique?When we're here for her.'

Theme 7

Another re-balancing power strategy was to seek the youth perspective and brainstorm ways to assist them in meeting their planning goals. In one conference the youth reported an interest in obtaining employment in the medical field. The facilitator brainstormed the steps necessary to learn about educational and professional opportunities, and how other conference participants could support the young person in accomplishing this goal. In the post-observation interview, the facilitator noted that foster care youth are often told what they can't do, but they need to be encouraged to accomplish their goals. She said, "So, he may have all these things he thinks but if somebody doesn't say, 'But you could do that. Of course you can.' Then, I don't know if he even realizes that that's something I could even do." She went on to state, "It starts with a thought. 'You hear what I said. Sit down and think about it. You got to think about it. Research it. Figure out how much it makes. Does it make enough for you? Do you want to go to school that long?' It starts with a thought." Similarly, in another conference the youth reported that she wanted to graduate from high school. The facilitator responded positively by asking what she needed to do to graduate. The youth responded that she needed to go to class and said she was risking failing science. The facilitator probed further, asking about the specific steps the youth would take to pass science. The youth discussed steps she could take including, waking up on time and going to the makeup labs. The facilitator elaborated upon the discussion by focusing on concrete steps the youth can employ to pass her science class, including a discussion regarding how the foster parent and case planner could support the youth in getting up on time, getting on the bus and attending her science labs. These ideas were then documents in the action plan.

Theme 8

Rebalancing power - advocacy - Another important mechanism for re-balancing power was advocating for the youth perspective. At times this meant challenging the agency perspective and revealing potential agency missteps. For example, in a conference with a youth residing in a mother child residence, the youth complained that for the past two weekends when she came home from work the door to the facility was locked and she had to sit outside with her child for over an hour. The case planner attempted to place responsibility on the youth by saying that she needs to call the staff and notify them when she is coming home. In response, the youth reported she told the Assistant Manager of the residence that she will be home between 3:30 and 4 pm. The facilitator responded by advocating the youth perspective, stating to the agency, "we need to come up with a plan to deal with this." The facilitator then focused on the agency's actions, asking the case planner a series of questions until it was acknowledged that the agency was indeed at fault because the Director had been on vacation and things had "fallen through the cracks." The facilitator then brainstormed a plan to address the situation. A similar situation occurred in another conference where a youth noted that she was not reimbursed by the agency for travel expenses to and from college. The facilitator questioned the agency about the reimbursement. The case planner conceded that she submitted the paperwork for reimbursement but it was not approved. The youth protested that it wasn't fair that the agency told her she would be reimbursed and then didn't approve it. The facilitator sided with the youth asking the supervisor for a further explanation. In response the supervisor said he would look into it and excused himself from the room. After a short time, the supervisor came back into the room noting that the staffmember who deals with financial reimbursement wasn't in the office but they will look into the situation further. The facilitator reiterated the importance of the youth getting her reimbursement. She wrote on the action plan that the agency would address the reimbursement issue and come up with a plan going forward for transportation during each holiday break. In both examples, the facilitator supported the youth perspective, at times assuming an advocacy role. The facilitator allowed the youth to voice their concerns, adopted their perspective and placed responsibility on the agency to address the concerns. The facilitator then brainstormed action steps to rectify the situation. The action steps became part of the written service plan, holding all parties accountable.

Theme 9

Establishing a personal connection - remembering and celebrating goals - A consistent theme in the youth interviews was the personal connection (or lack of connection) youth experienced with the facilitator. Youth felt positively engaged in the conference when they perceived the facilitator to take a genuine interest in them. One mechanism mentioned by youth to determine whether the facilitator took an interest in them was their knowledge about the case. For first time facilitators, it meant being familiar with the case history and permanency planning goals. For repeat facilitators, it meant remembering the case history, permanency planning goals and checking in with participants on the progress from the previous conference as illustrated in one conference when the facilitator began with a round of applause for the youth for meeting her goal of graduating from high school. In the post-observation interview, the youth reported feeling "like a star" because the facilitator remembered and publicly acknowledged her goal from the previous conference of finishing high school. The youth perceived the facilitator to be proud of her.

Theme 10

Establishing a personal connection - continuity of facilitators - not retelling story - While the FTC model does not call for continuity of facilitators several participants mentioned it as a factor in being able to establish a personal connection. From the facilitator perspective, it was helpful to be familiar with the individuals involved in the case, the case history and the case planning goals. By facilitating multiple conferences the facilitator became an "insider" to the case. As illustrated through the words of one facilitator: "'I'm able to recall faces, and recall certain events, and incidents and situations, which make it, give it a personal touch. And they say, 'Okay, you know, she recalls. So, it was important to her to some given extent what happened to me or what I expressed in the previous conference. That she is able to uh, bring it up now.'" So, you know, that has really uh, created some sort of rapport between myself and the youth." Youth reported feeling more engaged in the conference when they had previous exposure to the facilitator. They discussed the importance of not having to re-tell their story. They also discussed the importance of already established trust and rapport. In a post-observation interview with a youth observed to be very engaged in the conference, he reported, "It's just like when we have meetings, I am not nervous 'cause I feel like it's just me and her (facilitator) and I just, we just, connected." In contrast, youth who was not familiar with the facilitator felt more reluctant to open up. One such youth reported, "I won't talk to her (facilitator) like, about like anything, 'cause I don't really know her that much." He went on to note that he prefers discussing personal topics such as medication and depression with his case planner and foster parent because he has a relationship with them.

Theme 11

Personal connection - limitations - Although youth responded positively to facilitators who established personal connections, some facilitators did not perceive this to be their role. They saw their role as a neutral "outside" party to the case. One such facilitator discussed the importance of maintaining professional boundaries with the youth. She saw the case planner as the appropriate person to establish a connection with the youth, since the case planner works closely with the youth. The perspective of the facilitator as the outside neutral party was contradictory to the preference of youth to have a personal connection with the facilitator. In fact, youth expressed reluctance to open up and share information with facilitator they did not know well. Given that youth are asked to share sensitive information and make important decisions that impact their life in the context of the conference, relational concerns were important to them.

Study arms

Family Team Conferencing (N = 18)

Common terms include Family Group Decision Making, Family Group Conferences, Family Team Conferencing, Permanency Teaming Process, and Team Decision Making. Family team decision-making is a strength based, family and community focused intervention. There is an emphasis on empowering parents to take responsibility for their children and on the rights of children, youth and parents to be involved in the assessment and decision-making focused on child safety, permanency and well-being. Additionally, there is recognition of the need to for decision making to be culturally sensitive. Family Team Conferencing brings together a team of people, ideally including family members, community members, service providers, advocates and foster care agency staff, to make case related decisions. Children aged 10 and older are invited to attend and participate in the family team conferences.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Unclear why the participants selected were the most appropriate to provide access to the type of knowledge sought by the study. All were over the age of 18 yet family group conferences occur at younger ages. no discussions about why some people chose not to take part.)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Yes <i>(However no discussion of saturation of data)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Unclear if researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes

Section	Question	Answer
Findings	Is there a clear statement of findings?	Yes <i>(and triangulation, respondent validation, more than one analyst were used for validation)</i>
Research value	How valuable is the research?	The research has some value <i>(Some transferrability issues since cohort was older and did not include those who did not attend family team conferences)</i>
Overall risk of bias and directness	Overall risk of bias	Moderate
	Directness	Partially applicable <i>(Study was from the USA)</i>

Castellanos-Brown 2010

Study Characteristics

Study type	Semi structured interviews
Aim of study	The key questions of the study were: (a) What is the process of a youth's transition to a family setting? (b) How do TFC parents assess a youth's appropriateness for placement in their home? and (c) What factors are important as youth settle into a family setting?
Study location	USA, Baltimore

Study setting	The Woodbourne Center in Baltimore: a private social service agency serving youth from several public systems, including child welfare, mental health, and juvenile justice.
Study methods	Semi-structured interviews. Authors followed an interview guide and revised it as needed to meet the study goals. The interview guide included several open-ended questions about the transition process; probes were used during the interviews to elicit more detailed information. Each interview lasted between 21 and 53 minutes (M = 32 minutes). All interviews were digitally audio recorded. Content analysis of transcripts from digital recordings was used to identify themes in participants' interviews. Coders initially read through the transcripts multiple times to identify consistent themes raised by participants. Coders then met to compare and discuss these themes and create a codebook.
Population	treatment foster parents who had experienced a youth transitioning from a group setting
Study dates	Not reported
Sources of funding	the Christopher O'Neil Foundation
Inclusion Criteria	Delivering an intervention Adults who were current or former TFC parents with Woodbourne Center in Baltimore
Exclusion criteria	None reported
Sample characteristics	<p>Sample size 22 treatment foster care parents</p> <p>Age between 50 and 69 years of age</p> <p>Ethnicity Most of the participants (95%) were Black and the majority (55.6%)</p> <p>Carer characteristics</p>

	<p>The TFC parents had diverse levels of experience in fostering, ranging from fostering for less than 1 year to 20 years (M = 6.5 years), and more than half of respondents had fostered four or more children</p>
<p>Relevant themes</p>	<p>Theme 1 Getting acquainted - visits to ensure suitability - For many of the TFC parents, the youth being considered for TFC were placed at the agency's diagnostic center. This allowed the TFC parents to visit the youth and often take the youth on a day pass or even a trial overnight visit. These opportunities to become acquainted and begin building a relationship were often valued by TFC parents. One TFC parent said, "I think it's important to have a day visit and a weekend visit before you make your final decision." Another TFC parent said that she knew from the visit that the placement would be successful: "He came right in and blended right in with the family. It was like he was part of the family and I liked that." The visits were helpful not just to assess the match between the youth and foster parents, but also to observe other family dynamics the youth would be joining. "When I do that one visit, I have my daughter around; she's very involved. She's in and out of here all the time. So if I'm going to have a [youth] visit, I make sure that she and her family will be here to see how they connect." Some TFC parents had to consider how a new foster youth would adjust with other youth in the home. As 1 TFC parent recounted, "Me and another foster child that I had, the three of us went on an outing and I just wanted to get a general idea about their relationship....That's important, too, to include the other child if you have more than one child in the home." Incorporating the foster youth into the family was mentioned by various TFC parents as being an important consideration when deciding whether to accept a youth into their care.</p> <p>Theme 2 Getting acquainted - feeling rushed to make a decision/timing - Timing. The time that elapsed between first hearing about a child and the start of placement varied from a few hours to a few weeks. Although not specifically asked about, one theme that emerged was that some TFC parents expressed feeling rushed by the transition process of a youth being placed in their home. For example, 1 TFC parent described, "Man, it was quick. It was very quick because his time at the diagnostic center was almost up, so they kind of moved kind of quickly on the process because he didn't have no place to go. He was going to leave [the short-term center] and end up at a group home or some place like that." There seemed to be a push/pull between child welfare policies that emphasize youth living in family settings and the desire for TFC parents to feel adequately informed and prepared to receive the child. One TFC parent recounted a recent example: "We got a call that day, they wanted them placed that day, which we know is the nature of the beast. So you are trying to make a decision really quick and you are trying to ask questions and you are asking a team of people who may not know the information. I'm asking questions, I've got to call my husband, transfer all that, write all that down, and even talk to our kids here because it's a team here." TFC parents recognize the pressures within the system even when there is some lead time for placements. One TFC parent said, "The agencies do the best that they can, but there's only so much they can do....The way they are set up, you can only have so many visits and you have to make a decision—am I gonna take the child or not? Because they have to get these children into a home. That's the thing, they have to try to get them in a normal home environment." It was interesting to note that there was not a clear relationship between the amount of time involved in the transition and the experience of feeling rushed. Some TFC parents who received youth within hours of first being notified about the youth did not express any concerns about the timing, while other TFC parents who had a week or more to weigh the decision mentioned that the process seemed "real quick." This finding suggests that TFC parents differ on the amount of time they feel is needed to prepare for the transition.</p> <p>Theme 3 Getting acquainted - information gathering - TFC parents used a variety of methods to gather information for making a decision about whether or not to accept a youth into their home. Some TFC parents reported asking the caseworker many questions about the youth or reading the youth's records, in addition to meeting and visiting. One TFC parent described the importance of reviewing youth records. "Oh, when I look at the chart. To me, the chart is everything...I don't accept [a child] without the chart because I don't want to be surprised." Another respondent emphasized the importance of asking questions: "I ask questions if I don't get enough information. I want to know more extensively about the child's behavior. That way that will give me a general idea as to know whether I want to parent that child or if I'm competent enough to parent that child." Other respondents seemed to require little information to make the decision to accept a youth. Rather than querying the placement worker and files, 1 TFC parent explained, "I just work with what I have. Because there's no way you can tell that by looking at a person or meeting them the first time and I don't think that's giving a person a real chance. Just to meet them and not really...you know, it takes time to get to know a person and they unfold themselves like an onion." TFC parents also recognized the pitfalls of overreliance on a youth's records or previous history. "I try not to judge the child by the info they give you. Sometimes they just need a chance....You just have to let them come in and give them a chance and find out for yourself. Is this child really all that's written on paper?" One TFC parent explained, "I know they all [are] going to have some type of problem and I know that when you love children and work with them, it takes a while, but they can change." When TFC parents were asked what types of information they wanted about a youth they were considering accepting into their home, they mentioned characteristics related to the youth's behaviors, their background, and family experiences. Certain problem behaviors were frequently mentioned as important factors in assessing</p>

their willingness to foster a youth. Several TFC parents specifically mentioned they wanted to know whether the child had been a “firesetter,” was “violent,” and if they acted out sexually. Other less commonly reported issues that were mentioned as important to consider included being pregnant, lying, stealing, running away, and anger management issues. At times, TFC parents reported not receiving information they wanted about the youth. For example, 1 TFC parent reported learning that a child had a bedwetting problem that was not disclosed prior to placement. Another TFC parent said of a youth with attention deficit issues: “I didn’t know that he had it or anything about it.” Other types of information not received were explanations of why previous placements had disrupted or a youth’s involvement in sexual activities. TFC parents had different explanations for why information they wanted was not received. In some situations, the information may not have been available in a youth’s record or may not have ever been reported previously. For example, 1 respondent said, “A lot of things were not in her chart and I don’t think [the agency] knew. She played with fire, she’s having sex. That was not in her chart.” Some TFC parents blamed the state child welfare system for not sharing the youth’s records with the agency providing the placement services. Explained 1 TFC parent, “A lot of information, if [the state child welfare system] doesn’t disclose to [the placement agency] right away, then we don’t know about it.” Other TFC parents suspected that the placement social worker purposely withheld information from them because they wanted the child placed. “I feel like most times, it’s a ‘don’t ask, don’t tell’ situation.” One TFC parent said, “It seems like they just kinda gave me fluff stuff.” Another said, “I can understand, too, because sometimes they may want to place a child in an emergency and they don’t want to disclose certain information because you look at this so-called innocent child and you want this child placed, but that’s not the right way to do things.” One TFC parent summarized the combination of factors that leads to an information gap: “Some percentage is that they don’t have it; another percentage is that they don’t want to share it; and another might be, what, I don’t know, who knows.”

Theme 4

Getting settled - clothing and personal items - TFC parents seemed prepared to provide personal care items for youth as needed, but often found that youth also needed new clothes. TFC parents said such things as, “And what she came with was like rags,” “Underwear too small, pants raggedy,” and “They usually have about 2 or 3 pair of underwear that’s too small, the socks are really dirty if they have matching pairs, which is almost never. They have no hair supplies, no bath stuff. They usually don’t have no haircut, no adequate shoes, no kind of toiletries. One child, she didn’t have no jacket.” Suggestions for improving the adequacy of clothing included receiving a clothing grant when a child is placed (N = 5). Several TFC parents commented on how they took ownership of their youth’s appearance. For instance, 1 TFC parent said, “I’m really particular about what they wear and how they look. I took all the stuff she had and threw it in the trash pretty much because you are a representation of me....So if they come and their clothes are not adequate with me, then I don’t let them wear that stuff.” Providing for the youth’s clothing needs seemed to make an impression on the youth. For example, 1 respondent said, “The child was wearing small clothes and nobody could see it but me. So I went out to Marshalls and I spent \$300. I’ll never forget that. That night, before he went to school, I bought him all new clothes and automatically, that child loved me.” However, TFC parents were sometimes reluctant to invest so substantially in a youth newly-placed in their home. For example, 1 respondent said, “That was very unfair to me. I didn’t think it was fair because what happens if this child doesn’t work out well in my home....I had to go out and buy him an entire wardrobe—from inside to outside and a haircut. But everything turned out okay.”

Theme 5

Getting settled - school transitions - Some TFC parents reported issues transitioning youth from their previous school to their new school. To illustrate, a TFC parent said, “It took me almost a month to get her registered in school.” Another mentioned, it “seems like [the agency] should have gotten all that and passed that package with the child, but it seems like [the agency] and the city couldn’t get their handshake together, so that was the hang-up there.” Others reported no problems in that transition. For example, 1 respondent said, “It was pretty smooth. They didn’t miss any school at all.”

Theme 6

Getting settled - mental health services transitions - In this TFC program, all youth were expected to receive weekly outpatient therapy. Transitioning youth to new mental health providers was made easier for most TFC parents because this agency’s workers provide referrals to providers near the TFC home. The TFC parents also appreciated being able to choose the therapist they wanted to work with. Medical and dental services seemed equally straightforward. A TFC parent could have their caseworker transfer a youth’s files to a provider of the parent’s choice or the caseworker would help identify possible local providers. For example, 1 respondent said, “He had to go to a different therapist. I looked around in the neighborhood to find something that was close. So we go to [community mental health] center. As soon as he got here to the house, he started going to therapy.” TFC parents reported few difficulties in logistics regarding securing services for youth in their home. TFC parents who were less experienced reported greater reliance on their caseworkers for help in navigating the process of getting settled, whereas more senior TFC parents knew the ropes well. For instance, 1 TFC parent said, “Usually we transfer them. Like I transfer all my kids to where I usually take all my kids. It’s the same therapist. We know each other and we have a good rapport.” Overall, TFC parents seemed satisfied with the quality of auxiliary services their youth received.

Theme 7

Getting settled - agency support - The strengths of the program identified by TFC parents may have facilitated the getting acquainted stage of the transition process. These strengths highlighted various supports that were mentioned as being helpful to TFC parents. Eight TFC parents mentioned they had a good relationship with their TFC worker. Examples include, "I have an excellent worker, the intake lady was excellent," and "Lately, I've been having some really great social workers." Training was mentioned by 5 TFC parents as being a beneficial source of support. Respite was mentioned twice and referrals were mentioned by 1 TFC parent. Additionally, 2 TFC parents said the agency was "supportive." For example, 1 TFC parent said they do a "good job in communication and in supporting the parents. I know they are constantly trying to develop more support for the foster parents to help them when they got children that is getting into some problems and they do have some things that they can work with." Six mentioned the staff, counselors, or social workers at this agency were strengths.

Theme 8

Getting adjusted - adjustments to family life - Youth transitioning from group care settings are adjusting not only to their foster family, but also sometimes to family life in general. Some youth seemed to lack experiences that are common in most families. For example, 1 TFC parent recalled having a youth in her home who admitted never before having a set bedtime. Another TFC parent was surprised by a youth's dietary habits. "One girl I had, she was eating out of a can. I told her you're not supposed to eat out of a can and she got so ashamed." A TFC mother described her efforts to treat her foster youth similarly to how she treated her biological children as a "mainstreaming" process: "If he stays on task and graduates and makes me proud of him, I will give him a party in the backyard....See, I did that for my kids, so it's like mainstreaming him."

Theme 9

Getting adjusted - disruptions - When youth coming from group care or other settings transition to TFC, struggles in the transition can lead to placement disruptions. In this sample, more than half of the respondents had experienced at least one disruption of a child leaving their home. Reasons cited for disruptions included lying, running away, skipping school, stealing, and sexual behaviors. From the descriptions provided by TFC parents, disruptions often occurred after an increasing build-up of problems over time. For example, "She was constantly being thrown out of school, so that was a constant. School started in August and by September she had been thrown out of school like 6 times. And I told her I couldn't keep going to the school like that...I have to work, too...so they found her another placement." As youth problems escalated or maintained at high levels of intensity, TFC parents seemed to reach a breaking point. One respondent said, "She steals everything that isn't nailed down and after a while I just got sick of it. Having to go get something or going to wear something and it not be there anymore. I just couldn't tolerate it anymore." For some TFC parents the persistence of difficult youth behaviors was too much for them to handle.

Theme 10

Getting adjusted - evidence of positive transition - Although not specifically asked about, many TFC parents shared evidence of a positive transition for youth they fostered, and they were proud and happy to share their success stories. One TFC parent said, "She graduated and she's going to school...she was able to get an apartment, she shared it with another young lady for the first year and now she has her own place through a program. She's working and going to college. She's one of my successes, a success story." Another TFC parent said about a former youth in her care, "She's doing quite well and they also gave her a voucher to get her driver's permit. She's doing well and that's what I would like to see all the children attain." A third said, "I just want that child to be successful so that child can say someone loved me enough to help me to be successful, so that's really my goal. Two of my children have done just that—graduated."

Study arms**Treatment Foster Care (N = 22)**

Woodbourne's TFC program does not follow a national model such as MTFC, which combines foster parent training with youth behavior training, and involves a multidisciplinary treatment team and individualized treatment plans for youth (Fisher & Chamberlain, 2000). However, all youth in

this TFC program receive individual outpatient therapy or family therapy with current or biological caregivers. Woodbourne's TFC program includes some of the quality features identified in blueprint programs, including small caseloads for TFC workers and ongoing training for TFC parents, and often TFC youth are placed individually in homes.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes <i>(However, saturation of data was not discussed)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Unclear that researchers examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location? How did the researcher respond to events during the study)</i>

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes <i>(Multiple analysts were also used)</i>
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Partially applicable <i>(Study was from the USA)</i>

Frederico 2017

Study type	Focus Groups Mixed Methods
Aim of study	The overall aim of the evaluation was to review the effectiveness of the Circle Program in achieving its objectives; review the outcomes for children and young people, carers and families; and to make recommendations for further development of the program. The evaluation aimed to add to the knowledge and understanding of the needs of children who enter TFC and how best to meet their needs and achieve improved outcomes for them.

Study location	Australia
Study setting	Children allocated to the Circle Programme - Treatment Foster Care
Study methods	<p>Data were collected and analysed from (i) case assessments; (ii) focus group interviews with therapeutic foster carers, generalist foster carers, foster care workers and therapeutic specialists; (iii) an online survey for carers and workers; and (iv) interviews with therapeutic specialists involved in the Circle Program. Seven focus groups were conducted jointly with Circle and generalist foster carers and professional workers. Forty-three participated in focus groups which were mixed groups including therapeutic foster carers and generalist foster carers, foster care workers and therapeutic specialists.</p> <p>Interviews with therapeutic specialists Two joint interviews were conducted with the two therapeutic specialist providers to examine their therapeutic practice approach and their compliance with the guidelines and barriers to effective delivery. A separate teleconference was undertaken with child protection staff to explore their experience of Circle as no child protection worker was able to attend the focus groups. Two joint interviews were conducted with representatives of the two therapeutic specialist providers to examine the therapeutic practice approach and its compliance with the guidelines and barriers to effective delivery. All interviews and focus groups were digitally recorded and transcribed verbatim. The data from focus groups were analysed to identify common themes.</p> <p>A separate teleconference was undertaken with child protection staff to explore their experience of Circle as no child protection worker was able to attend the focus groups. Two joint interviews were conducted with representatives of the two therapeutic specialist providers to examine the therapeutic practice approach and its compliance with the guidelines and barriers to effective delivery. All interviews and focus groups were digitally recorded and transcribed verbatim. The data from focus groups were analysed to identify common themes.</p>
Population	therapeutic foster carers and generalist foster carers, foster care workers and therapeutic specialists.
Study dates	Not reported
Sources of funding	Centre for Excellence in Child and Family Welfare Inc.
Inclusion Criteria	Carer situation

	therapeutic foster carers and generalist foster carers, foster care workers and therapeutic specialists. Delivering an intervention The Circle Programme - Therapeutic Foster Care
Exclusion criteria	None reported
Sample characteristics	Sample size Forty-three therapeutic foster carers and generalist foster carers, foster care workers and therapeutic specialists.
Relevant themes	<p>Theme 1 The Circle Program was felt to be more likely to promote reunification with family or enter kinship care than among children in a generalist foster care placement. Factors contributing to the child's relationship with their family of origin are identified in comments below: "The way the parents are treated and welcomed and their unique knowledge recognized contributes to the success of Circle (Therapeutic specialist) Families generally don't come to every meeting but we encourage their attendance when they do come. In GFC, a carer has to be very assertive to create relationships with birth families, but it's a much more natural process in Circle because of care team meetings" (Foster care worker)</p> <p>Theme 2 Factors felt to promote greater retention of carers - Focus group data highlighted factors deemed to be influential to carer retention such as support, training, ongoing education and access to flexible funds to obtain services. Comments highlighted the value of participation in regular care team meetings. Carers spoke of their commitment to their role as a Circle carer, highlighting the experience of support, training and ongoing education.</p> <p>Theme 3 Access to flexible brokerage funds - Access to flexible brokerage funds was also critical. These funds were described by carers as supporting children to participate in normative community activities, for example a dance class or organized sport. Where a child required a specialist assessment (e.g. speech therapy) that was not available through public funding within a reasonable time frame, brokerage funding could be used. A key message from carers was the importance of accessing such discretionary funds to meet a child's needs in a timely way.</p> <p>Theme 4 Carers treated as professional equals - The Circle Program was described by some carers as elevating the role of the foster carer to one that is 'equal' to the other professionals on the care team. This, combined with the Circle Program training, professionalized the role of the foster carer, and some carers reported increased levels of confidence in their competence.</p> <p>Theme 5 Equal system of carers - The egalitarian nature and common purpose of the care team were features mentioned by a number of focus group participants as having significance in their experience of TFC.</p> <p>Theme 6 Network of support for carers themselves - Carers also commented that the success of the Circle Program was linked to the professional support provided: feeling 'listened to', having their opinions 'valued' and being 'supported' in their role as foster carer. In the focus groups, carers discussed their role and participation in the Circle Program with passion</p>

and enthusiasm. The wellbeing of the carer was also a focus of care team meetings with one carer commenting that someone always asked her how she was at care meetings and 'They really want to know how I am!'

Theme 7

Contents of training - Training in trauma theory, attachment and self-knowledge were also identified as essential components by foster carers and foster care workers alike. "The education helps you not to take it personally and respond better and to keep the end in sight which is the relationship with the child" (Carer).

Theme 8

The key role of the therapeutic specialist - Therapeutic specialists were identified by all stakeholders as core to the Circle Program's success. Circle carers and foster care workers highlighted the value of this role in guiding assessment and the care of the child. The availability of the therapeutic specialist was considered a particular strength given their knowledge; and ability to assist carers in understanding the child and their needs. Their role was active in guiding the foster carer in their day to day response to the child and this was experienced as very supportive and was seen to facilitate a more immediate and appropriate response in meeting the child's needs. The therapeutic specialist could also extend their focus to include the child's family of origin as from the commencement of placement the aim is for the child to reunify with their family if the family can meet their needs. As many of the families of origin had themselves experienced trauma, it is important that they be assisted to heal and change to be available for the care of their child/young person.

Theme 9

Building a support network for the child - Feedback from focus groups and the survey highlighted the importance of building a support network for the child/young person. This network included teachers, extended family and others in addition to the members of the care team. The following quote highlights the theme in the feedback: 'The amazing camaraderie across the care team that is generated by the therapeutic specialist driving a continual focus on the child and the child's needs.... we really are a circle of friends around the child' (Foster Care Worker).

Study arms

Treatment foster care - The Circle Programme (N = 43)

The Circle Program, introduced in Victoria as part of a State Government funded home-based care system, aimed to ensure that 'all children receive the therapeutic response they require when they require it...'. The program was positioned within a 'philosophical framework that supports and promotes child-centred practice and the principles of children's rights' and 99 placements were initially funded. The conceptual framework was informed by trauma-informed principles and resilience theory, and positions the child in care at the centre of the program. The care environment is defined as 'relationships, home, family, school and networks created by the primary carer; and engagement of the child and the family of origin where possible to promote family reunification, or long term stable care for the child'. The care team members include: the Foster Care Worker, the Therapeutic Specialist, the Child Protection Practitioner, Foster Carer and the Birth Family. Additional roles are added as needed to match each child's requirements. The core elements of the program are:-

- Training in trauma and attachment.
- Children entering The Circle Program are Child Protection clients and two thirds are to be new entrants to care.
- Assessment of the child and an intervention plan led

and coordinated by a therapeutic specialist • Individually tailored care teams designed to meet the specific needs of every child and young person entering The Circle Program. • As far as possible the family of origin were to be involved in the assessment process.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes <i>(However, qualitative methods were not appropriate to evaluate effectiveness of the intervention in terms of likelihood of reunification.)</i>
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Researchers do not discuss how participants were selected for the study, and why these were the most appropriate or why some chose not to take part)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Researchers have not made focus group or interview methods explicit. Setting not justified. Saturation of data was not discussed..)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i>

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Thematic analysis process was not described explicitly.)</i>
Findings	Is there a clear statement of findings?	Yes <i>(Validation/triangulation from multiple sources was used (mixed methods))</i>
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	High
	Directness	Partially applicable <i>(Study was from Australia)</i>

Kirton 2011

Study Characteristics

Intervention	<p>Multidimensional treatment foster care (N = 31)</p> <p>Multidimensional treatment foster care, in its UK incarnation, reflected New Labour's concerns for joined up working between social care, education, and health agencies. There were important differences between the context and operation of MTFC in the UK compared to the USA. These included the location of MTFC within the care system rather than in a criminal justice setting. Another</p>
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	<p>difference was that planned returns to birth families were relatively rare. Instead, the focus was on improved contact and relationships rather than training birth parents to pick up the model of care taught by Oregon Social Learning Centre. Government guidance suggested initially concentrating on those who were likely to progress in the programme, to build confidence, before moving on to harder cases. In evaluating the workings of the OSLC model it is useful to highlight two distinct but related challenges. The first is the different profile of UK participants compared with the US counterparts, and the greater emphasis on voluntary participation. Second, the highly prescriptive nature of the model can be seen as giving rise to tensions between the need for creative adaptation to the UK welfare system and the benefits of strict adherence to the programme.</p>
Study type	Semi structured interviews
Aim of study	to explore the experiences of multidimensional treatment foster care
Study location	UK
Study setting	local evaluation of MTFC within one of the pilot local authorities.
Study methods	Semi-structured interviews were conducted to explore respondents experiences of working within and perceptions of the MTFC model. No further information was provided about thematic analysis.
Population	Foster carers (8), children's social workers (6), supervising social workers (2), individual therapists, birth family therapists, skills workers (3), social work assistants, programme supervisor (1), programme manager (1), members of the management board (4)
Study dates	Not reported
Sources of funding	Not reported
Inclusion Criteria	None reported

Exclusion criteria	None reported
Sample characteristics	<p>Sample size 31 interviews were conducted: Foster carers (8), children's social workers (6), supervising social workers (2), individual therapists, birth family therapists, skills workers (3), social work assistants, programme supervisor (1), programme manager (1), members of the management board (4)</p> <p>Number of previous placements half of the children had had ten or more placements</p> <p>Age roughly three quarters of the children were aged 13 or over.</p>
Relevant themes	<p>Theme 1 A common language and focus: One of the main strengths offered by the OSLC model was a degree of focus or 'common language' (seen as crucial in a multi-disciplinary team) and clarity of expectations for young people: "We're all very clear about what we're working towards and it helps in not splitting that group around the child. (Team member)"</p> <p>Theme 2 The emphasis on rewards and punishments was generally regarded as crucial, both for its transparency and potential for setting and maintaining boundaries: "If they don't earn it, they can see it, there's something there that they can see, you can hold up in front of them and show them. (Foster carer)"</p> <p>Theme 3 Taking the emotion out of the situation: Another strength was the perceived capacity for the model, with its relatively neutral and technical language, to 'take the emotion out of the situation' and to avoid escalation in the face of anger and outbursts: "In a way it stops people really feeling too criticised because it's like ... if someone says to you 'off model' that's like, 'Oh well, I can get back on the model.' (Team member)" "You need to be quite calm and not easily fired up, to be able to just walk away when they're ranting and raving and they're in your face and they're shouting at you, and just walk away and let them calm down. (Foster carer)"</p> <p>Theme 4 Limitation 1: certain aspects of it needed to be 'Anglicised': Where they occurred, flexibilities tended to reflect either cultural differences or acquired practice wisdom. Within its UK context, some team members saw the programme being more holistic and less focused on 'breaking the cycle of offending', an emphasis sometimes couched in the language of 'leniency': "Helping that child develop ... in whatever way they need and meeting their needs to enable them to move to independence or whatever goes next to it. (Team member)"</p> <p>Theme 5 Limitation 2: , it would work for some young people but not others;</p> <p>Theme 6 Limitation 3: the longer-term benefits of the programme were uncertain</p> <p>Theme 7</p>

Sticking to the model as a team: A clear majority of interviewees saw themselves and the programme sticking closely to what they understood as 'the model', while often disclaiming any detailed knowledge of it. This partly reflected the routinisation of practice and perhaps the strength of team ethos: I know ... as a team we work towards the model and it's the Oregon model that we follow but it feels much more like we're working to our team model. (Team member) Broad adherence reflected a number of factors. First, the model appeared to 'make sense' to most of those involved, with several foster carers claiming (though with perhaps some oversimplification) that this had been the basis of their own childrearing: It's basically the way I brought my own children up, which is good children get lots of nice things and naughty children get nothing, but I do it with points. Second, the consensus was that, albeit with some flexibility (see below), the model 'worked' but that this required fairly strict adherence: We're very close to the model on most things and whenever we stray I have to say that it kicks us in the teeth. (Team member) A third factor was that of external monitoring and reporting mechanisms, whether from the NIT or OSLC itself. While this sometimes involved elements of 'presentation' to outside audiences that differed from day-to-day realities, it also served to reinforce the programme's logic and philosophy.

Theme 8

Followed in spirit rather than to the letter: Much of course, depended on how far the model and its weighty manuals were to be followed 'in spirit' or 'to the letter'. For example, one team member argued that expectations of young people in terms of healthy eating and eschewing of hip hop or rap music were unnecessarily restrictive and perhaps 'unrealistic'. While most foster carers came to find the award and deduction of points reasonably straightforward, the challenges, such as balancing consistency and individualisation and handling value judgements, should not be underestimated: "My lifestyle to somebody else's might be totally different and what I accept in my house is different to what somebody else accepts in theirs. (Foster carer)"

Theme 9

What constitutes normal teenage behaviour? - Additional challenges included what constituted 'normal teenage behaviour' and how far the focus for change should rest with 'large' and 'small' behavioural problems respectively. These issues were, however, usually resolved fairly easily, with foster carers happy with their degree of discretion. Parental Daily Reports were sometimes seen as 'a chore' (Westermarck et al, 2007), but almost universally valued for their capacity to concentrate minds on behaviours, to ensure daily contact between foster carers and the programme and help 'nip problems in the bud'. "It makes me think about if things have happened, how I can do them better or how we can both do it better. So it's reflection for me. (Foster carer)"

Theme 10

parental daily report - The data yielded were seen as useful for identifying trends and one-off or recurrent 'spikes' that might reveal behavioural triggers, such as contact visits or school events and as having a potential 'predictive' value for disruptions and optimal transition timing (Chamberlain et al, 2006). There were concerns that the prescribed list of behaviours was in places too 'Americanised' (eg 'mean talk') and that selfharm (not infrequent within the programme) was not listed separately but under destructiveness, requiring annotation to distinguish it from instances of 'kicking the door in'. Similarly, there was no reference to eating disorders other than 'skipping meals'. The question of whether behaviours were 'stressful' was clearly dependent to a degree on foster carers' tolerance and time of completion: "The next morning or the night time everything's died down and it probably isn't such a big deal ... [do] you give yourself that time just to calm down before you put it in the behaviour or should you do it when it happens? (Foster carer)" Concern was also expressed that the Parental Daily Report's focus on negative behaviours was not entirely congruent with the programme's aims of accentuating the positives (see below), a situation that was seen as having a cultural dimension, with one team member commenting, albeit as a generalisation, on how US counterparts in MTFC tended to be 'more upbeat about things' and hence less likely to dwell on negative behaviours.

Theme 11

Engagement was crucial to outcomes but highly variable and prone to change over time: "She couldn't give a monkey's. It didn't matter what I'd say she was not gonna . . . And she stayed with me for three months and then she decided she'd had enough and went. (Foster carer)" More generally, however, engagement levels were thought to be high, with some respondents indicating surprise at the apparent willingness to accept a restrictive regime with its initial 'boot camp' withdrawal of privileges: "I find it bizarre that they engage with it really quite well ... I kind of think if I was a 13-year-old lad ... would I really want to be negotiating buying my free time, my time out with points? But they do ... and they stick to it. (Team member)"

Theme 12

Need for persistence: Situations were described where young people would rail against restrictions and thwarted demands but ultimately comply. While the motivational value of an identifiable goal (such as return home) was recognised, sustaining interest day-to-day was equally important and required delicate judgements from foster carers as the following

contrasting approaches indicate: "My young man likes to look at his points on a daily basis so we go through them with him and then we sit down and work out how he's gonna use his rewards and what he's aiming for next. I have to say that I don't sit down and discuss points with [young person] every night because she will just rip it up and throw it at me and tell me what a load of bollocks it is"

Theme 13

finding and tailoring the right rewards - Equally important, however, was finding the right rewards and appropriate means of earning them (although one young person was said to 'just like getting points'), something that might entail individual tailoring: "She needs to score points really, really highly, so whereas one foster carer might give one of the lads ten points for doing what she did, she may need to earn 50 for it to mean something. (Team member)" If this raises questions of 'inconsistency', it was justified in terms of motivation, individual pathways and progression through the programme (Dore and Mullin, 2006). Similar logic had meant 'massaging' points to prevent a drop in levels, where this might provoke running away or placement breakdown: "I think with some young people they ... just wouldn't manage being on level one and therefore it is slightly adapted to sort of manage that. (Team member)"

Theme 14

are normal activities privileges? - Transfer of placements into the programme also raised questions of how far previously 'normal' activities could be recast as privileges to be earned. Over time, this had reportedly given rise to some variations or changes of practice, for example, on televisions in bedrooms or consumption of fizzy drinks.

Theme 15

Need for redemption and engagement with point and level system - A key element of the OSLC philosophy is 'turning it around', allowing loss of points to be redeemed by subsequent good behaviour or positive reaction to the deduction. Although (some) foster carers felt this approach potentially made light of misdemeanours, the overall working of the programme was supportive of it: "Instead of giving her five points that she'd normally have I'll say, 'Well, you did that really well. I'll give you 15 for that today.' (Foster carer) You hear them talking about 'I really turned it around today' ... [or] 'I'm working towards my points.' You actually hear the children saying, 'I know I need to be on this programme'. . . they ... have that insight. (Team member)" One young person had reportedly asked his foster carer not to let him out in case he got into trouble and forfeited a much desired holiday, something that was seen as a significant shift in thinking and timescales.

Theme 16

A behavioural model or an attachment model? Behavioural programmes are sometimes criticised for lacking depth or concentrating on 'symptoms rather than causes', a debate we explored in interviews. Foster carers tended to focus on their own specific role in dealing with behaviours and saw the addressing of any 'underlying' problems as being the responsibility of others, especially the individual therapist, as in 'I'm just trying to break a pattern but it's not actually solving why they do it.' Also emphasised strongly was the temporal focus on present and future, by comparison with attachment models 'looking backwards'. If in some senses, practice remained firmly within a behavioural framework, this was not seen as precluding consideration of attachment issues, whether at the level of understanding – 'I find it quite hard not to think about things in terms of attachment' – or in outcomes: "I think what's been helpful is people have sort of said, 'Oh, it's not an attachment model' and I just have been able to say to them, 'What do you think actually putting a containing and caring environment around a child does?' ... It's not the kind of ... Pavlov's dogs type thing that everyone thinks about when they think about behavioural models. (Team member)"

Theme 17

Importance of appropriate matching: While in principle, behavioural approaches tend to de-emphasise the importance of relationship, the crucial importance of matching (which tended to involve consideration of several young people for one (or two) foster carer vacancies) was widely recognised and seen as a key area of learning within the programme: "I think we're getting it right more often than not and I think that's reflected in the ... reduction of disruptions. When we do get it wrong we get it wrong very spectacularly! (Team member)"

Theme 18

Move on placements: Marrying MTFC's twin aims of providing time-limited 'move on' placements while effecting sustainable behavioural change required complex judgements as to the optimal timing of transitions (Cross et al, 2004). Opinion was divided on this (national guidance had suggested a shortening of placements from around 18 to nine months) between those emphasising the time needed to deal with 'long-term damage' or the dangers of 'relapse' and those worried about stagnation, disengagement or young people

'outgrowing the programme'. While practice wisdom and programme data were seen as aiding decision-making, follow-on placements remained a significant problem. In some instances, this had been resolved by the young person remaining with their MTFC (respite) carers, although this usually entailed the latter's loss to the programme. Consideration had also been given to the establishment of 'step-down' placements to provide a more gradual reduction in structure and support (NIT, 2008). However, such provision is challenging in terms of recruitment. Several young people who had left MTFC had subsequently kept in contact, and interestingly this included some early and late leavers as well as graduates.

Theme 19

Foster carers satisfaction with the level of support and out of hours service - Foster carers were extremely positive about levels of support in MTFC – 'Just absolutely amazing', 'I have to say brilliant. 100 per cent brilliant' – and some commented on how this had prevented disruptions that might otherwise have occurred. 'Enhanced' (relative to 'mainstream' fostering) features included higher levels of contact with supervising (and assistant) social workers and a structured pattern of short breaks or 'respite care'. In addition to their primary role of granting some relief from pressures, these arrangements sometimes evolved into follow-on placements after disruptions, helping to provide important elements of continuity. Another crucial 'enhanced' feature was a dedicated out-of-hours service staffed by members of the team, which, though used fairly modestly (typically one or two calls per day), was highly valued for its provision of a crucial safety net: "There's nothing more reassuring ... that you can ring someone up and actually hear that person on the end of the phone, it's not some call centre or someone you've never met before. (Foster carer)" Use of the out-of-hours service ranged from serious incidents involving offending, (alleged) sexual assaults, suicide concerns and violence or damage in the foster home, to reassurance on medical issues and dealing with difficult behaviours.

Theme 20

While the roles of therapists and skills workers sometimes raised issues of co-ordination with foster carers, their capacity to ease pressures at times of difficulty was valued by carers.

Theme 21

the foster carers' weekly meetings. These served both to ensure fairly prompt attention to issues, but also afforded the opportunity for mutual support and problem-solving

Theme 22

Success of co-ordinated working - There has been little research on the operation of teamwork within MTFC or its external relations. Despite significant staff turnover and some reworking of roles, the programme had also benefited from continuity in some key positions and a capacity to fill vacancies relatively quickly. From interviews and observation, internal roles appeared to be fairly clear and well co-ordinated, although the team's relatively small size had inevitably given rise on occasion to questions of flexibility, with tensions between willingness to help out and the maintenance of role boundaries (eg on provision of transport or supervision of contact): "On the whole, given that we have got a bunch of quite disparate professions ... we've got a conjoined CAMHS, education and social care team, there's a lot less conflict than I thought there might be. (Team member)" The workings of MTFC both facilitate and require high levels of communication, combining multifarious opportunities for contact with a need to pass on information regarding 'eventful' lives and high levels of activity on the programme. With occasional, and usually fairly specific exceptions, team members regarded communication as very effective, while foster carers were generally positive about their participation: 'They do value your input and they value your knowledge and your sort of past experience.'

Theme 23

Leadership of programme supervisors - The role of Programme Supervisor (PS) as key decision-maker – variously referred to as 'Programme God' or 'the final word' – was crucial within the team. While some team members reported taking time to adapt to this, it was widely acknowledged that the PS and indeed 'the programme' could act as a lightning rod to defuse conflicts involving young people and their foster carers: "Always it's [PS], says' ... in answer, so my [young person] wishes that [PS] would drop dead at any moment. But that takes a huge amount off of me because it's not me who's saying it. That's absolutely been brilliant. (Foster carer)"

Theme 24

Clash with the children's social worker - Like any specialist programme, MTFC has faced challenges in its relationships with CSWs (often exacerbated by turnover among them) regarding the balance between a necessary transfer of responsibility on the part of CSWs while they continue to hold case accountability (Wells and D'Angelo, 1994). Despite routinely sent information and discussions with the PS, almost all CSWs interviewed expressed some concerns, usually involving either not knowing of specific incidents (eg entry to hospital) or more ongoing matters, such as the content of counselling. For some, the concern was simply about being 'out of the loop', while for others it was the potential for exclusion from decisionmaking and conflict with statutory duties: "It seemed to me that the treatment fostering team pretty much took on responsibility for the case, which is fine, but if anything goes wrong then don't make me accountable." From a programme perspective, there were occasional references to CSWs who 'found it hard to let go', or whose

misunderstanding caused confusion. As one foster carer put it, 'they start telling these kids all sorts of things and you're thinking "no actually, they can't"', although it should be noted that some CSWs were viewed very positively. A more common concern, however, was that some CSWs 'opted out' once the young person entered MTFC, although this was often acknowledged (on both sides) as understandable given the workload pressures facing children's social workers: "[. . .] was the sort of child I used to literally wake up worrying about and I don't now because somebody else is doing that worrying. (CSW)" Encouragingly, CSWs also referred to improving communication, with some plaudits for MTFC being approachable and responsive. The programme had attempted to improve liaison by visiting teams and by inviting children's social workers to attend meetings, although these offers had not been taken up, with CSWs reporting diary clashes and imprecise timings to discuss 'their' charges. It was also noted that the very specific workings and language of MTFC were not always well-integrated into Looked After Children (LAC) review processes.

Theme 25

Social workers were positive about the programme - "He was a really, really difficult young man and they've really supported him and provided him with a stable home environment, really, really firm boundaries which he's really needed . . . I think the placement's been fantastic. She would have met the criteria [for secure accommodation] in terms of running off . . . self-harming . . . And now the self-harming is very . . . very limited. It changed his life around to be perfectly honest. Yeah, I'd go that far." This is not, of course, to say that time in MTFC represents any form of panacea, but recognition of its impact in often difficult circumstances: "He's only absconded three times in six months or so and it's only ever been running off from school and he's back by nine o'clock . . . whereas before he was missing for days on end. (Team member) There are obviously still concerns about her emotional welfare and there will be, but she was a very, very damaged girl for lots and lots of reasons, but there was a time where I thought she just might . . . not survive. (CSW)" The idea that even 'failed' placements might nonetheless carry some residual benefit for young people – particularly those in 'multiple disruption mode' was also expressed by some.

	Section	Question	Answer
Risk of Bias	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Researchers did not discuss how the participants were selected or why these were the most appropriate to access the type of knowledge sought by the study)</i>
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Setting was not justified. Methods were not made explicit or justified. Unclear the form of the data and saturation of data is not discussed.)</i>

	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No evidence that the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i>
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(No in-depth description of the analysis process. Unclear if thematic analysis was used. Unclear how the categories/themes were derived from the data. Unclear how the data presented were selected from the original sample to demonstrate the analysis process. Unclear if sufficient data presented to support the findings. Unclear if researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)</i>
	Findings	Is there a clear statement of findings?	Can't tell <i>(No adequate discussion of the evidence both for and against the researcher's arguments or the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))</i>
	Research value	How valuable is the research?	The research has some value <i>(Qualitative findings relate to one specific intervention of interest. Findings are discussed in relation to current policy and practice.)</i>
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Partially applicable <i>(Data was likely collected prior to 2010)</i>

McMillen 2015

Aim of study	The study was designed to address a number of questions. Feasibility questions focused on recruitment of youth and foster parents, randomization, and tolerance of the intervention and research protocols. Programmatic questions were also addressed. What would stakeholders think of new intervention components and roles? Were programmatic changes needed before moving forward with a larger trial?
Study location	USA
Study setting	A pilot RCT study of treatment foster care for older youth with psychiatric problems
Study methods	Qualitative data was collected as part of a randomised controlled trial. Qualitative interviews with youth focused on experiences with and opinions of TFC-OY program components. Sample questions and prompts included the following. “Tell me about your experience with this part of the program.” “What do you like about it?” “What do you not like about it?” “What could be done differently to make this part of the program better?” Qualitative interviews with foster parents were conducted two months after placement and at the end of the placement or the end of the program. Foster parents were asked about successes, how the provided training helped or did not help them foster the youth in their home, what things the staff did that were found to be helpful and what could be done differently to make the program better? All qualitative interviews were audio recorded and professionally transcribed. Content analysis, based on straightforward analytic questions, was the qualitative analytic approach. This approach examines language content and intensity in a subjective interpretation of classifications, themes and patterns.
Population	Older youth with high psychiatric needs from residential out of home care programs
Study dates	Not reported
Sources of funding	U.S. National Institutes of Health
Inclusion Criteria	Age

	<p>16 to 18 years old</p> <p>Care Situation Were in state child welfare custody and served by a private agency, and were residing at a residential facility</p> <p>Time in care had been in the foster care system for at least 9 months</p> <p>Mental health Had IQ of 70 or greater but had been hospitalized for psychiatric illness in the past year or were receiving psychotropic medications;</p>
Exclusion criteria	None reported
Sample characteristics	<p>Sample size 7 participants were received treatment foster care for older youth and 7 were assigned to care as usual</p> <p>Mental health problems History of psychiatric hospitalisation 86% in the TFC group and 100% in the CAU group; psychotropic medication at first interview was 100% in both groups</p> <p>Gender 71% had female gender in both groups</p> <p>Age age at first interview in treatment foster care group 17.19 ± years, in treatment as usual group 17.25 ± 0.93 years</p> <p>Exploitation or maltreatment Physical abuse history 57% in TFC group and 57% in CAU group; physical neglect history 29% in TFC group and 14% in CAU group; sexual abuse history 86% in the TFC group and 29% in the CAU group</p>
Relevant themes	<p>Theme 1 How would foster parents and staff tolerate the intervention? - second feasibility worry was that the TFC-OY intervention would be difficult for foster parents to tolerate. This was confirmed. In addition, some staff found the work stressful. In weekly meetings and in the qualitative research interviews, foster parents reported that the youth were extremely difficult to parent. Despite training that focused on the needs of youth with psychiatric problems, the foster parents reported being surprised by the amount of emotional volatility in the young people they served, the low levels of what they perceived as emotional maturity, and high needs for monitoring and supervision. The following quote from a foster parent is exemplary. "It is challenging every day because I just have to pay attention to her moods more. The hardest thing is that I have to monitor her so closely and I have to watch what I say." No parent or youth described an extended period of time when life settled into a comfortable routine. It always felt like stressful work to the foster parents. The experience was not easy for the TFC-OY staff either. One Life Coach was surprised by the low level of emotional functioning of youth in an office setting. "It seems like all at once, the kids started being very chaotic and disrupting things all over the place, and everyone was coming into my office, all in a row. Boom, boom, boom. And it was just chaos, chaos, chaos, chaos. Crisis. Running away from appointments. Breaking things. And it was for a month straight."</p>

Theme 2

What would stakeholders think of the innovations in the treatment foster care model? - The skills coach component was uniformly appreciated by foster parents, the program supervisor and the youth. When asked about the skills coach component, the youth tended to report things the coach had done for and with them that were related to positive youth development. "She took me outside and she helped me find a job. She took me out to eat. She helped me get my driver's license. She helped me get my permit. Helped me with my homework. She helped me learn how to make a grocery list, pay bills, audit. She helped me with a lot of things." Multiple stakeholders commented on the positive relationships that youth developed with their skills coaches, as exemplified in this quote from a staff member. "They've been able to build a relationship with the kids that doesn't have any strings attached. The kids look at them as somebody who's on their side and doesn't want anything from them."

Theme 3

What would stakeholders think of the innovations in the treatment foster care model? - A second component that drew positive comments from stakeholders was that of the psychiatric nurse. Care managers appreciated the medication and diagnostic review provided by the nurse. They provided numerous examples of how they used this review and knowledge in their interactions with mental health providers. While some youth did not understand why they were receiving psychoeducation about their mental health problems from a nurse, others greatly appreciated it, explaining that it changed how they monitored their symptoms and how they approached their psychiatric providers.

Theme 4

What would stakeholders think of the innovations in the treatment foster care model? - The role of the life coach was a difficult one to execute. Initially, the role was focused on interpersonal skills the youth needed to succeed in the foster home, but was later supposed to involve life planning and psychoeducation. Two life coaches worked in the program and both found their role frustrating. "To talk with them about school and work and STDs and their grief issues and their placement issues and what they did in school and their upcoming court hearing....you can't do all that so it was...at times it was a little overwhelming to try to basically do what I thought I was being asked to do."

Theme 5

What would stakeholders think of the innovations in the treatment foster care model? - The family consultant role was less well received. The family consultant made many unsuccessful efforts to re-engage biological relatives and other nominated individuals into the lives of youth in TFC-OY and executed one successful effort, involving an older sibling. The role was also expensive (using a master's level mental health professional). In the end, the principal investigator concluded that the family consultant role would be eliminated going forward and that needed family work would be conducted by the program supervisor.

Theme 6

Qualitatively, did stakeholders think there were clinical successes? - Stakeholders perceived qualified clinical successes. One example quote is from a caseworker who thought that the youth's participation was beneficial even though her stay in an initial foster home placement lasted only a few months. "I think what was most helpful for her out of the experience was just knowing that she could be in a home, and that she realized that she had more control over her behavior than she thought she did. She'd say, 'You know, I'm crazy, I can't live in a foster home.' That kind of stuff. And so I think her being in that foster home, even though it was four months, she was like no other time I've seen her." Another qualified success was described by this foster parent, who saw substantial improvements in functioning in a youth she served. "She improved so much in her attitude toward others. It doesn't mean that she was without problems at the end, but it did mean that she seemed to start to get it. And that is the type of thing you feel really good about"

Theme 7

Were program changes needed? - Since it was decided that it was permissible to alter the intervention mid-pilot in order to have an intervention worthy of testing at the end of pilot period, two modifications to the protocols were made several months into the intervention: 1) redefined roles for team members; and 2) efforts to address emotional dysregulation. Some of the life coach's responsibilities were offloaded to other team members. The skills coaches became responsible for helping youth plan for more independent living and the psychiatric nurse became responsible for providing psychoeducation about mental health problems. These modifications were considered successful, as viewed by stakeholders in qualitative interviews at the end of the project. Most glaring was the need to develop intervention components to address youth emotion regulation problems. Six of the foster parents interviewed qualitatively reported that the young people served in their homes experienced severe emotional outbursts; typically youth were seen as quick to become emotional and remaining emotionally volatile for substantial periods of time. In their qualitative interviews, foster parents used words like "fuming mad," "raging mad," "explosive," "just rage," "outbursts," "out of control," and "blowing up." This was seen and reported by program staff as well. These are the words of one of the life coaches who phrased the problem as one

related to borderline personality issues and the possibility of incorporating components from a treatment for borderline personality disorder, Dialectical Behavior Therapy or DBT, known for addressing emotion regulation problems "If they have Axis Two with Cluster B stuff going on, I don't think that the families are prepared for what kind of emotions that can bring up... So I don't know if there needs to be some sort of training for the foster parents, training to know how to handle that. Have the foster parents go through some sort of DBT training themselves? So that they're at least speaking the same language to remind them to use their skills." During the last six months of the pilot, TFC-OY staff explored the potential of using processes and materials from DBT in TFC-OY to address youth emotion regulation problems. Staff received initial DBT training from a certified trainer and a DBT skills group was mounted with the foster youth to teach interpersonal effectiveness and mindfulness skills. The groups were well received by youth who attended them, but attendance was a problem, mostly due to logistics, such as distance from youth placements to the group site, work schedules, and transportation issues. By the end of the pilot, the intervention team concluded that any future trials or implementation of TFC-OY should be delayed until new intervention components were developed to address emotion regulation problems.

Study arms

Treatment Foster Care for older youth (N = 7)

Several features from the MTFC model were retained with modest adaptation. 1) The program supervisor ran the weekly team and foster parent meetings and was responsible for communication within the team and with the young person's family support team and agency case manager. This person was available via phone to foster parents on nights and weekends. 2) Foster parents met weekly with each other and the program supervisor to identify problem behaviors to target and develop strategies to be used in the home to address these concerns. Each role was specified in detailed manuals. Guiding philosophies were: to serve youth in families and communities, provide positive developmental opportunities, foster connections, encourage and enrich vital skills, limit access to negative peers, involve young people, have fun, individualize services, communicate among parties, recognize young people when they do well, plan-fully prevent problems, and help young people understand their mental health issues. Additions to the MTFC system included: A role for a psychiatric nurse was to assist in clarifying mental health diagnostic status and medications and to facilitate continuity of mental health care as youth transitioned into treatment foster care and across foster care homes. A family consultant role was designed to build community supports for youth to live more independently. The role of a master's level life coach was created (in lieu of a therapist) to assist youth in the transition to the foster home and in preparation for their next steps in the community. A new point and privilege system was developed for use in the foster home, with three phases designed to wean youth off of daily behavioral management charting. In the first phase, daily privileges were earned from the prior day's point total, with the young person's behavior rated by foster parents in ten areas (each worth ten points). Behavior, points and privileges were reviewed with the young person each evening. In the second phase, the points were eliminated, with privileges for the next day determined after an evening review of the ten domains (with no points assigned). In the third phase, a more general daily review between youth and foster parent was encouraged, but privileges were not determined on a daily basis. Skills coaches (different from life coaches) who worked with youth outside the foster home at least weekly, focused on independent living skill acquisition and healthy activities in the community. A 16-h TFC-OY foster parent training was created and manualized that

emphasized description of the young people foster parents would be asked to work with, an overview of the program, noticing problem and cooperative behaviors, encouraging youth, the point system, teaching independent living skills, and creating opportunities for youth. Youth retained their private agency case manager and their family support team. The family support team in this context was a group of adults (and the youth) who were consulted on case decisions at least once monthly including on placement decisions and treatment directions.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes <i>(Setting not justified, saturation of data not discussed.)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell

Section	Question	Answer
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Unclear that researchers took into account contradictory data. Method of coding not made explicit. Unclear that researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)</i>
Findings	Is there a clear statement of findings?	Yes <i>(More than one analyst was used during analysis)</i>
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Moderate
	Directness	Partially applicable <i>(USA-based study)</i>

Lee 2020

Study Characteristics

Study type	Semi structured interviews Evaluation of an intervention Treatment foster care
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Aim of study	the study explored the following questions: (1) What do TFC parents need to know? and (2) What are the best practices for training and supporting them?
Study location	USA
Study setting	A project in the USA focused on building collaborative relationships between mental health therapists and child welfare workers.
Study methods	Semi structured interviews. The semi-structured interview protocol was focused on the current landscape of TFC practice, the competencies needed by TFC parents, and innovations or best practices in providing training to TFC parents. The interviews were intended to build a broad understanding of the current state of TFC practice as well as the “what” and “how” of equipping TFC parents. Recognizing that TFC practice nationally encompasses a range from highly structured manualized programs to more home-grown efforts, authors wanted to identify the essential elements of TFC parenting practice and how these are mastered through training and supports. The semi-structured interview protocol asked experts to describe what TFC parents needed to be successful and what training or supports should be provided to them. Two members of the research team (both with child welfare practice and research experience) independently read through the notes from each interview to identify comments from the experts that were relevant to the study’s research questions: what TFC parents need to know and how they can be best prepared and supported. The comments that both coders independently agreed were relevant to the research questions were then re-read and labelled with initial themes. Thematic analysis was performed by two researchers. Respondent validation was performed.
Population	University based researchers and Treatment Foster Care Practitioners.
Study dates	Not reported
Sources of funding	National Center for Evidence-Based Practice in Child Welfare
Inclusion Criteria	Involvement in an intervention

	Participants represented varied content expertise that was relevant to the study i.e. practitioners and developers of treatment foster care.
Exclusion criteria	None reported
Sample characteristics	<p>Sample size</p> <p>Across the 23 participants, 11 had significant practice and administrative experience in TFC, with an average of over 20 years of experience in child welfare, and treatment foster care specifically. Seven of the experts were university-based researchers who have published studies on TFC or developed TFC models that have been empirically tested. Of the 7, six were full professors or serving at the top rank at their institution. Finally, five of the experts were primarily knowledgeable about best practices in training and knowledge transfer in child welfare. They worked in child welfare training settings or otherwise have significant experience in designing, delivering, and evaluating training content.</p>
Relevant themes	<p>Theme 1</p> <p>Parent vs. Treatment Provider - Several experts commented on the challenges TFC parents face in balancing their role as a caregiver with the expectation to be a professional. As one expert described, “TFC foster parents must be able to walk the line of being a treatment professional and being a caregiver: connect to kids in a positive way but also follow a treatment plan and implement good interventions.” In treatment foster care, the experts emphasized how the TFC parent is responsible for creating an environment that provides a therapeutic experience for youth. Although the TFC parent may not have a clinical education or license, several experts expressed that “TFC parents are the ones who create the change.” Youth in a treatment foster care placement may also be receiving therapy outside the home, but “the foster family is the agent of treatment, not therapy from the outside.” The home setting itself is intended to be transformative. “TFC foster parents as the therapeutic component should be seen as ‘the key’ action in the model. The therapists are important, but the foster parents are the key with their day-to-day interaction that is of optimal importance.” Although many TFC parents have experience and competence with parenting, this is no guarantee that they will be effective as a TFC parent. “It’s a different relationship and different skill set than parenting your own children,” expressed one expert. Because of the professional expectations, the TFC parenting role requires more than just parenting expertise. This includes being “...willing to take supervision— not just insist on doing things the way they did with their own kids.” This tension between being a caregiver and being a treatment provider is not just about different competencies but also about embracing this expanded role. One expert implored that “if foster parents saw themselves in the role of being helpers, that would be really good.” TFC parents are caregivers, but must have the skills and mindset to be more than just caregivers.</p> <p>Theme 2</p> <p>Parent Expertise vs. Worker Expertise - As TFC parents are empowered to have larger roles as experts of the youth in their home, they may struggle to collaborate effectively with their TFC social worker. One of the workforce dynamics commonly found in TFC agencies is that TFC parents may have more life and parenting experience while TFC social workers may have more formal training and education in treatment approaches. As one expert described, “Workers who have less experience than the foster parent is an issue because they are often young and they have no information and no history of the foster child.” Another stated, “Staff don’t have the skill or background, which is frustrating for the foster parents. TFC social workers really can’t help them... and then TFC parents don’t get the help they need.” The different types of expertise is not just a problem for the TFC parents. For TFC social workers,</p>

playing a supervisory or coaching role with experienced TFC parents can be intimidating. As one expert described, “Sometimes the least experienced staff are doing the most challenging role: overseeing someone older with more life and parenting experience. There are a lot of barriers there.” This tension may inhibit the social worker from providing validation to the TFC parent’s role as a treatment provider. To manage this tension, the experts offered several ideas. Operating from the perspective of a strengths-based partnership was one suggestion: “How can you look at strengths of a worker and strengths of the TFC family and how you can partner together?” Recognizing that each type of expertise can have value and contribute towards the family’s success is key. For example, when managing bureaucracy within the system, “social workers know to climb the ladder, but parents often do not.” Similar to how the TFC parenting role needs to be understood as more than just parenting, TFC social workers may benefit from recognizing the expertise they can offer. As one expert suggested, “You have to emphasize this is a professional role so building up and empowering workers to be seen as experts. Having the structure of in-home observation and home visits make it more of a professional encounter and may communicate that the worker has credibility.” These tensions illustrate the complexity of treatment foster care. Attempting to reverse the traditional top-down power structure of service delivery can create friction for TFC parents as they navigate their dual role as caregivers and interventionists and for social workers that are tasked with empowering these parents while also demonstrating their own value.

Theme 3

Treatment Team Membership - By nature of their role, TFC parents will interact with a number of professionals who are also involved in the life of their child. As such, it is essential that TFC parents are “able to be a team member and see themselves as part of a team.” One expert described these team skills as being able to “work closely with the caseworker, open to invasiveness with the caseworker coming to your home and having expectations of you; partnership with clinical interventionists, school systems, and court appointed advocates, and developing relationships with this person as well. Also partnering with the community to support the youth’s religious and ethnic identity, keeping the child engaged in whatever community the child is used to.” These diverse and multiple connections are important for the youth and the TFC parent has primary responsibility in maintaining them. One expert emphasized the central importance of the TFC parent with their social worker. “If there is a good working relationship [between the TFC parent and their social worker], then they will work better.... If it is one of mutual respect, they will work well together. They need to be respectful of each other’s experience and prior roles as we inch them closer to doing something different.” Working together with their treatment team are essential skills for TFC parents to be successful.

Theme 4

Advocacy - As experts on the TFC child in their home, parents need to be able to advocate on behalf of the child. One TFC expert described this as “TFC parents should be the voice for the youth.” This means not being afraid to speak up for the child in an active way. “Foster parents need to be assertive when working with professionals within various systems because they are the child’s primary advocate; TFC parents know the child more than anyone. Because they know the child better than anyone else, they can talk about what that child needs and is experiencing.” The TFC experts noted advocacy may occur in various settings, including education, medical, and behavioral health services.

Theme 5

Systems Knowledge - Treatment foster care services span both the child welfare system and the behavioral health system, each of which are complex organizations that TFC parents need to know how to navigate. As one expert explained, “Understanding the system is really important.... It would be really helpful for caregivers to know the system in their state, how things are funded, and what each system’s role is to the child.” This includes knowing “how do you get access to services? What if you don’t think the services are helping? What else is out there?” One expert also mentioned knowing how to communicate within these systems: “Being able to speak clearly and rationally, not emotionally and understanding the language of those systems.” Equipping TFC parents with knowledge about how these systems work can prepare them for their complex role.

Theme 6

Managing Challenging Behaviours - Parenting youth with emotional and behavioural issues requires specialized skills. The experts noted that TFC parents should have the capacity to identify when a youth may require clinical care: “recognize mental health problems, especially if that child needs a referral. Foster children benefit if the TFC parent has a basic awareness of when a kid is having a behavioural or mental health problem.” Understanding the child’s behaviour through a trauma lens is important. “Knowing about adverse childhood experiences and how trauma can affect long-term health, but that you can intervene and that reinforces the need for mental health services. This helps parents better understand and cope with some of the behaviours.” In addition to insight about the purpose behind the child’s behaviour, TFC parents benefit from understanding how their own reactions may be a factor in the child’s behaviour. One expert noted that “as a TFC parent, a common occurrence is getting your buttons pushed (foster parents reacting to kids instead of being proactive and stepping back,

walking away and gaining control). ... If foster parents can learn how to not react in the moment, how to take care of themselves and how to model that for our kids, that's huge." As these quotes illustrate, behaviour management competency requires knowledge and insight as much as techniques and strategies.

Theme 7

Experiential Training - Universally, the experts encouraged hands-on learning opportunities during training for TFC parents. One of the experts explained, "A lot of families are not oriented to academic learning. It's great to give foundational information, but it has to be operationalized." One TFC expert recommended to "do a lot of experiential pieces in the training: practicing and role play. Keep it very behavioural." Another expert suggested, "giving them a skill, having them practice in class, and then work with the kids at home." As summarized by one expert: "the more interactive, the better."

Theme 8

Ongoing Skill Building - The experts seemed to agree that a single training event without follow-up would have little impact. As one expert noted, "Follow-up to training is what is most important. Once a parent has a child in their home they utilize the training and tailor it to the child they are working with. Training is only as good as the follow-up and support." This ongoing skill building could be in the form of a coach that could provide follow-up consultation and refining of skill development. One expert suggested that the "Biggest support (to provide TFC parents) is coaching... This is more important than the training... Coaches who they can call in the moment could be really helpful." Another expert reinforced this sentiment by concluding that "ongoing coaching is what really changes practice."

Theme 9

Peer Support - The experts emphasized the value of engaging other TFC parents in training and supporting TFC parents who are newer to the role or struggling. As one expert and TFC provider noted, "We used to have all training done by professionals. Now, we have parent trainers. This has been an incredible piece of our success. Parent voice to other parents is so important." Learning from other parents was viewed as both credible and encouraging for TFC parents. As one expert explained: "There is a lot of learning that happens in peer-to-peer interaction. It's important to know the things you are experiencing are similar for other people. Peer interaction offers support, normalization, and behavioural strategies to figure out how to be positive with the kid most of the time." The benefits were attributed to not just the recipient, but also for the experienced TFC parent who is able to exercise this leadership and service. "TFC parents are willing to be mentors and it's a real validation to them and a way they can share their competencies."

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes

Section	Question	Answer
Data collection	Was the data collected in a way that addressed the research issue?	Yes <i>(However, no discussion of setting or data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Partially applicable <i>(non-UK based study)</i>

Tullberg 2019

Study Characteristics

Study type	Focus Groups
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Aim of study	To explore different aspects of the experiences of TFC parents, identify multiple ways in which they need support, and provide recommendations for foster care agencies looking to retain skilled foster parents and increase the quality and stability of children's experience in TFC programs.
Study location	USA
Study setting	New York City Atlas Project TFC programs
Study methods	Each foster care program assisted in the recruitment of participants through dissemination of flyers and provided facility space in which to host each group. Focus groups were loosely guided by a semi-structured protocol designed to elicit feedback from participants in three broad topic areas: (1) relationships and communication with foster care agency staff; (2) tools and training; and (3) mental health services and clinical care. Groups were moderated by an experienced independent qualitative data consultant and facilitated by the Atlas Project's Project Coordinator, an ACS employee, who also served as note-taker. All groups were audio recorded and each group lasted approximately 90 minutes. Data were analysed using thematic analysis. This method of analysis was chosen because it provides a flexible and useful research tool, free of theoretical constraints, that lends itself well to working within participatory research paradigms. To ensure rigor, two authors independently reviewed content and reached agreement via discussion on the major themes.
Population	Treatment Foster Carers
Study dates	Not reported
Sources of funding	The Atlas Project was funded by the Administration for Children, Youth and Families and Substance and Mental Health Services Administration.
Inclusion Criteria	Carer situation TFC foster parents at each of the six participating New York City Atlas Project TFC programs
Exclusion criteria	None reported
Sample characteristics	Sample size 75 treatment foster carers Carer characteristics

	Experience ranged from new to 28 years
Relevant themes	<p>Theme 1</p> <p>Teamwork - TFC foster parents asserted that ‘teamwork’ with foster agency staff and other service providers was the key to working most effectively on behalf of the children in their care. Participants acknowledged their role as a TFC foster care parent as a “challenging” one that required an enhanced set of skills. Said one participant, “you have a lot of regular foster parents that are not equipped to meet that need so that’s why [the children] are being pushed up to therapeutic ... cause not all foster parents can handle that situation.” Given the challenges of providing care to children in treatment foster care, TFC foster parents across groups repeatedly emphasized the importance of developing strong care teams founded on relationships built of mutual respect and characterized by consistent, clear communication. Participants who expressed satisfaction with their care team were positive about their roles. They felt included in decision-making around their child and were routinely kept abreast of important information: “The worker and the sociotherapist [work together] so I won’t be bombarded with different people at my house every day. Try to come at the same time. We have a good relationship. They come, they laugh, sometimes they spend more time than they are supposed to, cause we’re joking around. Then we get down to the point. We write down everything, makes sure everyone understands, including the child. [She] writes down everything that is expected of the child [and everyone gets a copy].” ‘Good’ caseworkers embraced TFC foster parents as part of the team and valued “work[ing] together.” Participants even expressed the desire to train with caseworkers “... at the same time, so we know how to confront and we know how to handle the problem as a team, not as an individual.” Describing the process, one parent said “It take[s] a village to raise a child ... you know when people’s hearts are really in it and there are people whose hearts are not in it. It’s all of us [not just the foster parents]. Cause we [staff and TFC foster parents] supposed to do this together.” The importance of respect, engagement, and clear communication was also evident in TFC foster parents’ relationships with clinicians, and their belief in the efficacy in mental health treatment overall. Participants satisfied with their child’s mental health care routinely referenced the benefit of therapy for their children: [The therapist] documents everything, they have a good relationship, they open up to [their therapist] and everything. Good communication. What works is the therapist and me sit down going over all the behaviours and bring that child into the conversation afterwards and then putting down consequences, so the therapist is aware of what’s going on so that they can talk to them using a bird’s eye view. They can then explain consequences that come as a result of behaviour – as agreed on by therapist, foster parent, and child. So we’re on the same page. Conversely, participants who described poor relationships with foster care staff and mental health professionals cited poor communication, illuminated by behaviours such as last-minute cancellations of visits or meetings, and ignored messages and calls. They perceived information as being guarded, as opposed to shared, and felt left out of decision-making around their child. These participants also described feeling a lack of respect from staff and/or clinicians who privileged academic “knowledge” over “the experience that counts, the practice that counts.” At times, TFC foster parents even feared retaliation if they expressed concerns about situations in the home or about their relationships with staff: When you [talk to] the supervisor or the social worker on the phone, you have to be careful about what you say. Because sometimes they will take what you say and turn it around [agreements from members of group] and basically start ‘blackballing’ you. Cumulatively, experiences such as these left these participants feeling frustrated, unsupported and, at times, unsure how to handle difficult situations. They did not feel a part of a team, but on their own, including during times when children’s behaviour was escalating: I mean I’ve seen the worker ease out. They see the kid ready to go off, and they like they forgot their water bottle. See you later. If you need any help ... they are walking out the door. One participant with many years of experience as a therapeutic foster parent believed that the only way to ensure successfully, mutually respectful relationships between team members was when that expectation came from the agency’s leadership: “I think the agency is changing because it is under new regime ... in retrospect there was a culture of foster parents and case workers, times have changed so drastically. And I felt that they felt they were more educated than the average foster parent so there was a condescending arrogance that permeated their status so subsequently there was friction ... you know they didn’t respect the foster parents, they didn’t respect the fact that we were carrying the weight, the entire weight, and without us they wouldn’t have a job, if truth be told. So when I came here and the current person came on board, he’s trying to somewhat mend the fences ... because he understands that past culture, he’s trying to mend the fences between the foster parents and the case planners ... he wants them to recognize that they’re not the be all and end all [several members of the group murmur agreement], that we hold a very important part in this picture and that they have to respect us whether they like it or not and I think a lot of it came from the fact that they were overworked ... a lot of cases was thrown on them ... they were dumped on, so we were the ones that they dumped on, but that is coming to an end.”</p> <p>Theme 2</p> <p>Support - Focus group participants desired various aspects of support they sought from both their foster care agencies and their peers. Perhaps surprisingly, support was not seen as a one-way street; participants also felt that, given their extensive experience working with children with complex needs, they were in the position to, and wanted to, support their caseworkers for the benefit of the children in their care. - Support from the agency - Participants across groups repeatedly discussed the importance of agency support in their ability to maintain children in their home and their overall feelings of satisfaction with their role. TFC foster parents described several ways their agencies demonstrated support (or the lack of it). Agencies provided</p>

professional support by giving TFC foster parents information about their child prior to placement, helping TFC foster parents obtain services for children in their home, and providing TFC foster parents with specialized training that addressed the more complex clinical needs of children in TFC programs. Agencies could also provide emotional support, via their staff members, when there was conflict with a child in their care.

Theme 3

Providing information on children prior to placement - Across the focus groups, many participants raised concerns about not having information about new children prior to placement. This was a particular problem for TFC foster parents due to the complex nature of many of their children's histories. Groups were replete with participants' experiences of taking placements without information about the behavioural, emotional, or medical health needs of children: "When I got my child, they did not tell me the severity of her. I had to find out by me asking questions. I got her straight from [the hospital]. And I went to [the hospital] a couple time to visit her to make sure we was a match and I had to ask the doctors what's her diagnosis, what's her problem? And she's 6 years old, suicidal, tried to stab the teacher – what if she feels that way around my daughter? So I had to think and build her trust and build my trust, but I learned this from me dealing with her. Sometimes when a child is coming from [the agency] ... they don't come with no information for the child ... one situation we was going on a trip and the child was pregnant and we didn't know nothing about it ... we was going to water rides and we didn't know nothing." "A child had medication in their hand and we didn't know nothing about it ... a meeting happened a week later ... that she supposed to be on medication ... nobody never told us that the child supposed to be on medication." TFC foster parents described the challenges of balancing the needs of their overall household with the needs of children in their care, especially those with dangerous, threatening, and/or other disruptive behaviours. Some suggested foster agencies deliberately withheld initial information to make a placement appear to be a good fit. In one exchange between participants, one advised another against accepting placements without "paper": Then don't accept that child, 'cause you know that child has much more problems than that. Don't do it. It sounds so beautiful— I say – give me the real deal on this child. They say 'okay well this child starts fires and has bedbugs' – I say heck to the no, are you serious? No, absolutely not. At times, these 'partial truths' led to disruptions in placement and frustration on the part of TFC foster parents when team meetings only occurred after the fact, when they wanted a child removed from their home: "They don't tell you all the story, you find out from the child little by little what's going on ... then when you want to have that child removed from your home ... they tell you, you have to have a meeting with ACS ... I said to the worker, I didn't have a meeting with ACS when you brought him to my home so why should I have a meeting with ACS to remove them from my home?"

Theme 4

Obtaining services and resources on behalf of children - Some TFC foster parents, especially those who were new to therapeutic care, did not feel that they were being given the resources that they needed by the agency in their new, more challenging roles. Said one participant; "Since I've been in the therapeutic division, there's been no support; little to no support." Another said, "I don't have the help I was told I was gonna get." Half of them [caseworkers] don't even know how to get kids the services they need ... this is serious if you have a kid that needs special care the caseworkers doesn't even know how to service the child and then you have to do the homework for the caseworker and then they disagree with you and they are making the wrong decisions. ..."

Theme 5

Providing access to specialized training and professional development. - TFC programs also demonstrated support by providing specialized training and professional development. "Training ... even as a therapeutic foster parent ... it's an ongoing thing. We're still learning. It's a process for us, it's a process for our case planners ... we deal with children with a lot of different diagnoses." The value of trainings was enhanced when knowledge and skills were reinforced within the care team, for example, during weekly visits from the child's in-home caseworker. One parent noted the reason she was able to work with the children she did was because the agency provided "a lot of training" and they made it easy for parents to access "if you can't come to the agency, you can do it online." In some groups, participants brainstormed about types of training they wished they had to better address the special needs of their children – they bounced ideas off their group-mates and discussed issues of concern – one parent suggested training around issues related to child development, such as sexual health, and the safe and appropriate way to handle these types of discussions with TFC children. One participant commented "it can be uncomfortable...for me...I need training for how to [talk about these issues]." Another brought up hygiene. "How do you tell them to clean themselves properly? You can't sit there with them, you can't be there alone in the bathroom with them ... I feel like they should have a class for the kids where they can go over [this] ... if it's your own child, you can show them how to wash themselves so when they are of age, they can do it themselves." With these children, "it's difficult cause it's what they learned, and you don't know exactly what they were instructed." Another agreed: "you'd expect them to know that – but [for some] how would they know?" Other suggested topics included trainings for diagnoses like autism, health conditions in teens, like diabetes and sexually transmitted infections. Those

who did not believe their agencies provided enough specialized training were willing to obtain it from other sources; one participant said that “in terms of certifications and trainings, I go outside to ACS,” while another said “I’ll go on the internet and find my own classes.”

Theme 6

Emotional support during conflict - In most of the groups, TFC foster parents described situations in which they felt staff members did not support them when there was conflict with a child in their care; at times staff were described as siding with the child during such conflicts, and at other times they were described as being absent and unsupportive: “We should sit down and speak with the child ... I’ve found that some of these workers are afraid, they want to agree with the child [general agreement murmured in the group, “want to be their friend”] ... you’re creating friction.” “The worker gets to be friendly with the kids and they don’t care about what you going through ... cause they only see the kid for 10 minutes, 15 minutes, an hour at most ... we have the kid all day ... when they see the kid, the kid telling them this and that, that’s not true – that is not true. [Another participant comments “There’s two sides to the story.”] But they don’t care what you say ... they just try to tell you lean more this way, lean more that way but it’s really hard when these kids, these teenagers, I have teenagers, are out of control, they want to do it their way, they want to set the rules in your house, and you have to do what [the teenagers] say.” “When I first came to the agency, I was new at foster care period... The older workers, the ones that been here for years ... they know how to play, how to write the notes, to say that they’ve been to your house when they haven’t been... so they was telling me they didn’t have to come as long as [the behaviour specialist] was coming, they didn’t have to come and we ran into a lot of friction because a lot of stuff was going wrong in the home and I didn’t know what to do because I was new to it ... I was talking to the behaviour specialist at the time, she really helped me and got me through it ... really guided me through the process and once I learned you know I was like, ‘oh no, you can’t do that,’ because they used to threaten me ‘oh I’m gonna close your house, you can’t do this, and you supposed to do this,’ and I’m like, ‘what did I do? I didn’t do nothing wrong’ ... and some of those people are gone because of what they were doing, it finally caught up with them, but I really had a rough time.” TFC foster parents who felt supported by their agency during periods of conflict described the things their agency did to make it easier for them to maintain difficult placements. One TFC foster parent said her agency did “everything” from setting up needed appointments with therapists “right away for the child” to picking up things at school. She reflected: “I feel like they are there for me ... it’s really important because sometimes you feel overwhelming ... some kids, you feel like, ‘what am I going to do?’ – but you have phone numbers for everything.”

Theme 7

Peer support - The ability to connect with their peers was something many participants considered integral to meeting their needs for camaraderie and support: “as foster parents we should all be together, we need to bond somewhere.” One parent angrily decried the idea of support from the agency (to applause from her group-mates) and emphasized the importance of peer support: “What assistance (referring to the agency)? We think we gonna come in here and lash out our feelings. Cause this is all we have ... this is our support, right here.” Participants wanted their agencies to provide them with social and emotional support in a safe place, where they could talk openly with other TFC foster parents about their feelings and discuss challenging issues they believed their agency could not—or would not—want to address: “When we’re under investigation by ACS [for alleged maltreatment against a foster child] who do you reach out to? They (people at the agency) don’t want to talk to us. It’s your first time going through it, you don’t know what’s coming at you, I think that’s the worst. Unless you know another foster parent going through the same thing, that’s the only support you have. Some TFC foster parents suggested that this peer support should be provided in a more formal form—such as having an ‘advocate’ to provide them with an official voice within their agencies: “We do need an advocate ... I don’t think a worker’s gonna be an advocate ... I think it has to be a foster parent who knows exactly ... what’s going on, what we deal with because most of these workers don’t have foster kids in their home. They have kids but they not foster kids.” Another described reaching the point where she was ready to leave the agency, then finding the strength to talk to a “high-level staff person” at her agency, and telling that person: “I want you to consider this, for us, the foster parents, when you have a chance ... want to tell you the frustration [we] feel ... we have no support... we need the voice for foster parents, we need [an] advocate ... We need that person you go to and they address any concern or anything and they keep it, like you say, confidentiality, so things can go better ... a lot of agencies DO have an advocate for foster parents.”

Theme 8

Support of others - This theme of ‘support’ was not simply reflected in the direct needs of TFC foster parents themselves; in some cases participants also expressed empathy for caseworkers, many of whom are new to the field. A few parents believed through advocacy they could and should take on the challenge of addressing issues like worker burden. One parent described this by saying: “When we have new social workers ... [the] problem come because there is not enough staff members ... the staff is too weak, the caseload is too much for one person. Those social workers, they have to write up notes, they have to follow-up this, they have to make sure the dots are in place. This is a job...if you have a social worker and the social worker have 13 kids to look after, this is a lot. So, the caseload, we have to advocate for them to have a smaller caseload. Others described supporting new caseworkers as they

transitioned into their roles: "I've had one or two caseworkers who I think were too wet behind the ears, you know, they weren't experienced enough, I think they should have been followed with someone, someone should have walked them through for the first two or three weeks, before they were sent out on their own, but when I realized that, I kind of step back and not really pressure them too much because we've all been in situations where we're new and we don't know what we're doing ... have to give people that time to grow and to become familiar with their new territory." "The new ones, they need to learn. They not really trained with these children, so they have to learn ... When the young social workers come, they learn from us ... if they come high up here they won't learn. [Discusses specific caseworker:] If you see someone humble like [this caseworker], you extend yourself and they will learn and you will learn from them because there are things they know that we don't know. [It] doesn't matter that they cannot handle sometimes rough situations, but they know things that we don't know and we have to work together to make this work."

Theme 9

Transitions - Consistent across all groups were reports of frequent and, sometimes, destabilizing transitions in the form of staff turnover or staff changing positions within their agency. As a result, participants widely agreed that strategies for managing transitions should be included as part of staff and foster parent training, and that additional resources— both for children and for themselves—were needed during periods of change.

Theme 10

Need to prepare and assist children through transitions - Concerns about staff transitions focused primarily on the impact of transitions on the mental health of children; "every time you turn around they are changing caseworkers on them ... and then they feel like they just tired of them." Participants emphasized the toll repeated transitions could take their children, but most said agencies did not prepare them adequately for changes: "[Describing the child's questions:] "Why would they change my therapist, I love her ... Are you and poppa going to leave me too?" "It bothered him. He was like; 'This is my third worker in six months.' So it really, really done something to him. He was really close with this worker and I don't think it's fair for the children. Kids have to get used to a new worker all over again ... get adjusted ... and that kind of angers them too ... different foster home, new caseworker ... no stability ... because of what they been through." More than one participant reported addressing transitions by telling their child to focus more on the stability of their (parent-child) relationship than the one with his/her caseworker: "Children get past that quickly, if we can get past it quickly ... I teach my kids - 'the workers can come or go, you're with me' you have to rely on me, we have to have a bond. If we don't have a bond, no matter what the worker's telling you it won't work, because that worker will probably, eventually leave ... so we have to be on the same page.' That's one of the ways I deal with the workers changing. Other participants, however, described frequent transitions leaving children feeling increasingly hostile, as the experience of system-related losses were left unaddressed: "I have this child and it took her a while to get an attachment to the worker and as soon as it happened, he left. Now there's a new worker and she like 'what?' She's aggressive towards the new worker because [in the child's words] 'she don't know me from a hole in the wall ... she's judging me ... ' [I] had to tell the worker to go back and read the file to learn more about the child and her issues and behavioural triggers ('she snaps real quick'). The child was upset. [She] had become attached to the other worker: 'I need him back, I need him here.' For the children, they get used to a caseworker, and the caseworker leaves. [Caseworkers are] overworked and underpaid... they will come to your house [late] for a visit and they are not getting paid overtime so eventually they're stressed out and they leave and it's not good for the children. They get used to that worker ... I had a child that was really upset that her caseworker left. And when the new one came... she was really nasty towards the caseworker and the caseworker wasn't really great either - so the child kept saying 'well I'm not going to be home' so we never really had a visit. The kids, they're angry and I'm gonna tell you why they're angry. They see all these caseworkers comin' in and outta the house. Like it's ridiculous. The kids in my house have no respect for their workers. And when you listen to them you expect ... what they're saying it make a lot of sense. You know how they talk to my worker? [Voicing one of her children]. 'What the f— are you doing here? At the end of the day - you here to get a degree? What you here for? You only going to be here for 5 minutes. Yo get the f— away from my door.' Explaining further, this participant said she asked the children about why they acted that way towards their caseworkers. "[Voicing her children:] 'They're in here and outta here to go to college. They don't care nothing about us.' My teenagers is real nasty and disrespectful to their workers, but I do see what they're talking about. But what can you do about it? Like it [is] true a lot of them do go to school and get their degrees."

Theme 11

Need to prepare and assist foster parents through transitions - Children were not the only ones impacted by staff transitions. Several participants also commented on how adjusting to new workers affected them emotionally: "Never mind about the kids feeling abandoned. I feel abandoned, too ... 'cause every time you get used to a worker ... so they can work with you with the case, there is a new one coming in. And you have to tell them about the child. They coming in with all the degrees and think they know about the child because they know about therapeutic kids but it is impossible unless you are hands on." Staff transitions did not occur only as a result of people leaving the agency. The "great" caseworkers were often promoted to different positions within the agency: "I have three social workers that became supervisors here and it means a lot when you get social workers that becomes supervisors that means that

person is doing their job well. Although TFC foster parents often voiced pride in their workers' achievements, there was also a tacit understanding that the best workers would likely not remain in their positions for long. As the net effect was still a 'loss' for the TFC foster parent and child, the term 'turnover' was used not only to refer to workers leaving the agency, but those who left caseworker positions as they advanced within the agency as well: "Had three different caseworkers. Two have now changed position and are supervisors. I just got a new worker and she's pretty good. So I just hope she sticks around, but the turnover is ridiculous. Even when workers stayed within an agency, it didn't mean smooth transitions: "My worker, he didn't let me know, until three days [before he left his position]. He did give me three days. ... And I said 'what? I'm going through all this stuff with this girl and you're telling me three days?' But he's still in the agency, but he moved up to something else. That's what everybody is doing. They're tired of being these workers, they're moving up. Tired of going out in the field doing all that hard labor. They moving up." "She was a very good caseworker and I didn't know until a month after she left. I found out when I went someplace else and I seen her in the building."

Theme 12

Need to prepare caseworkers following transitions - Though children experienced the brunt of the emotional costs of transitions, foster parents' accounts also shed light on the needs of the new caseworkers assigned to them once their former caseworker left. TFC foster parents described times during which caseworkers, even supervisors, were not properly prepared, often leaving them to fill in the gaps. At times, this was ascribed to staff not having (or taking) the time to familiarize themselves with the case history and the child's clinical needs, especially with respect to complex TFC cases, following a transition. For example, one TFC foster parent explained a situation in which both the caseworker and supervisor left prior to a case conference with ACS. Though this TFC foster parent and the previous worker documented the improvements the biological mother had made to regain custody of her children, these efforts fell through the cracks during the transition—with the new foster agency staff focusing solely on the negative things the biological mother had done. "It's a problem. You're [referring to the biological mother] trying to do better and improve yourself to get your child back. They try to throw her under the bus. I had to speak up for her." Although she felt uncomfortable involving herself in the discussion, this TFC foster parent felt she had to stop the meeting and inform the workers the progress the biological parent had made, including arranging for services for her children with special needs, in order to be reunited with them. "I believe the new workers [are] supposed to take time. Read. Do your homework." [others in the background say 'yeah'] "I ran the show that day ... I mean, don't you have the paperwork there?" In addition, many participants described transitioning to caseworkers that were not only new to their case, but also new to the foster care system and without much training or preparation from the agency. "We have a lot of young social workers. They are very inexperienced. They are fresh out of college. Going to work, into the field. They have no idea how to approach [the issues]. The majority of these caseworkers are very young ... They are making inexperienced decisions." These caseworkers were also seen as lacking familiarity with community supports and services for their children. As one participant described it, "this is serious ... if you have a kid that needs special care, the caseworker doesn't even know how to service the child ... you have to do the homework for the caseworker."

Theme 13

Methods identified to ease transitions - Participants agreed that more structured, consistent communication and support was needed around caseworker transitions—for everyone involved. At the very least, participants wanted to be informed in advance of impending departures, and, if possible, given the opportunity to meet with both workers, to facilitate transitions: "They absolutely have to have a meeting with the foster parent and the new worker. If there is a new worker coming on your case, and you wasn't aware of it ... the first thing that should happen is you're asked to come into the office, meet the new worker, have the child with you, and could you please bring your dossier ... your questions, your concerns [several participants agreeing] ... you know this worker is new, you know they don't know your child so bring it – tell them what they can do to help the child be more comfortable, work it out... We have to be ready. We need to prepare ourselves, so we have those things. The [new] social worker that take the case they should read and talk to the psychiatrist, psychologist, therapist ... have knowledge about what is going on. Most participants acknowledged that therapeutic foster care staff have difficult, demanding jobs ("overworked and underpaid"), but nevertheless stressed that taking the time to provide foster parents with a 'seat at the table' during transitions to new staff would be beneficial to everyone.

Theme 14

Transitions between therapeutic and regular care - Although the issue of managing transitions between 'regular' and 'therapeutic' care was not identified during all of the foster groups, we include it here because of the NYC foster care system's shift to regarding TFC as a short-term intervention. Some TFC foster parents described working very hard with their children to stabilize behaviours, then seeing the child "downgraded" to regular foster care (which involved staying in the same foster home but receiving less intensive services and often less financial support). Participants in this situation felt unsupported in this transition, and noted that their child still had special needs that became more challenging to meet given the decrease in agency support: "I was in therapeutic and I like therapeutic better, to me. Cause its easier, you know what you're dealing with and that's what I started off with ... but they put me into the regular because my child was doing so much better now they downgraded me ... because she's doing so good, we gonna step you down, but the people that you have [working in regular foster

care], they don't understand the therapeutic children." Foster parents felt 'regular' care staff were less knowledgeable and did not understand the needs of children and families previously in therapeutic care. Several foster parents also noted that children transitioning between levels of care would be assigned a different worker and supervisor, which created one more unnecessary and difficult disruption. These parents suggested the same workers continue with the child throughout care: "Maybe they need to be multi-trained so that they can stay with the same worker, because like the child I have ... it made it difficult ... jumping from person to person, that's not comfortable for her."

Study arms

Treatment Foster Care (N = 75)

Therapeutic foster care (TFC), also known as treatment foster care, is a specialized level of treatment for children in care that have significant emotional and behavioural needs.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	No
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Appears to be a convenience sample, demographics of sample not clear, or why they were selected)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Yes <i>(no discussion of saturation of data)</i>

Section	Question	Answer
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes <i>(two authors independently reviewed content and reached agreement via discussion on the major themes)</i>
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and directness	Overall risk of bias	Moderate
	Directness	Partially applicable <i>(USA-based study)</i>