Foundations
What Works Centre for Children & Families

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Intervention website: https://www.tfcoregon.com/

GUIDEBOOK INTERVENTION INFORMATION SHEET

Treatment Foster Care Oregon for Adolescents (TFCO-A)

Please note that in the 'Intervention Summary' table below 'child age', 'level of need', and 'race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Treatment Foster Care Oregon for Adolescents (TFCO-A) is an intervention for young people between the ages of 12 and 18 years old with emotional and behavioural problems. Young people are placed with a 'treatment foster family' for 9 to 12 months. During this time, a clinical team works intensively with the young person, foster carers, and birth family to increase placement stability and support family reunification.
Evidence rating	3+
Cost rating	5
Child outcomes	• Preventing crime, violence and antisocial behaviour - Reduced antisocial behaviour - Reduced youth offending - Reduced time in youth detention - Reduced child maltreatment - Increased placement stability.
Child age (population characteristic)	12 to 18 years old
Level of need (population characteristic)	Targeted Indicated

Intervention summary	
Race and ethnicities (population characteristic)	• African American • Asian • Black • Hispanic • Mixed ethnic background • Native American • White.
Type (model characteristic)	Individual
Setting (model characteristic)	Home
Workforce (model characteristic)	TFCO-A is delivered by a clinical team, consisting of: • a Team Leader (typically a psychologist or social worker) • TFCO-A Foster Carers • a Foster Carer Recruiter/Consultant • a Birth Family Coach • a Skills Coach • an Individual Therapist • Administrator • the Programme Manager.
UK available?	No
UK tested?	No

Model description

Treatment Foster Care Oregon for Adolescents (TFCO-A, formerly Multidimensional Treatment Foster Care – Adolescence) is for families with a child between the ages of 12 and 18 years old who is at risk of an out-of-home placement in residential care or a secure children's home because of youth offending behaviours and/or serious emotional problems.

The young person placed with a 'treatment foster family' trained in the TFCO-A model. Within these warm and structured family environments, the young person receives positive and consistent reinforcement for appropriate behavior and negative consequences for inappropriate behavior. The young person will typically remain with TFCO-A foster family for nine months to a year.

TFCO-A is delivered by a team of practitioners who provide support to the young person, foster carer, birth family, school, and move-on placement. At the centre of the TFCO intervention is the foster carer and their young person. Young people are placed with a 'treatment foster family' trained in the TFCO-A model, for 9 to 12 months. These 'treatment foster families' are trained to help reduce young people's more disruptive behaviour through effective parenting practices and are well supported to minimise stress and maximise their capacity to offer a nurturing and consistent home environment.

TFCO aims to increase a young person's social, emotional, and relational skills, and therefore reduce the need for more challenging and antisocial behaviours.

The main way this is achieved is via:

- Providing close supervision
- Offering multiple opportunities for feedback and reinforcement
- Providing a responsive, warm, and predictable environment
- Providing daily structure with fair and consistent limits for inappropriate behaviour
- Young people having a supportive relationship with at least one mentoring adult
- Young people having less exposure to peers with similar problems.

Throughout the duration of the TFCO intervention the Birth Family Coach works with the birth and extended family members in regular contact with the TFCO young person to help shape up their strengths and skills. Ultimately, the goal is to stabilise and improve relationships so that a move-on home is more realistic; however, when this is not a possibility the skills are targeted to improve the quality of contact.

The Team Leader coordinates and guides the TFCO intervention for each young person, within the foster home, at school, with the biological family, and in the move-on family's home for three months following TFCO.

Target population

Age of child	12 to 18 years old
Target population	• Young people between the ages of 12 and 18 years old, and their families • These young people are in foster placements or residential placements and are displaying delinquent behaviour.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.

Theory of change

Why		Who	How	What		
Science-based assumption	**Science-based assumption**	**Science-based assumption**	**Intervention**	**Short-term outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Youth offending and antisocial behaviour during adolescence increases the risk of future criminal behaviour and can significantly interfere with a successful transition to adulthood.	Youth offending and antisocial behaviour is often associated ineffective parenting behaviours, difficulties establishing limits and boundaries, and high levels of conflict in parent–child interactions.	Families where a child is at risk of an out-of-home placement due to serious behaviour problems and youth offending behaviour.	• The young person is placed with a treatment foster family • A team of clinicians provide 'wrap around' support to the young person, biological parents, and foster parents • A skills coach also advocates for the young person at school and the community.	• Improved parenting behaviours • Improved young person's behaviour • Improved family communication.	• Improved young person wellbeing • Improved prosocial behaviour • Increased attendance at school or training.	• Increased likelihood of family reunification • Reduced risk of youth offending • Reduced risk of substance misuse • Reduced risk of criminal behaviour in adulthood.

Implementation requirements

Who is eligible?	Young people between the ages of 12 and 18 years old, and their families. These young people are in foster placements or residential placements and are displaying delinquent behaviour.
How is it delivered?	TFCO-A is a team-based intervention working with the young person, foster carer, birth family, school, and move-on placement. It usually lasts for 9 to 12 months. The main components of TFCO-A are: **Component 1:** TFCO Foster Carers deliver the TFCO model directly to the young people in their everyday interactions, under the guidance of the TFCO Team Leader. They have two days of TFCO training prior to the first placement. While they have a young person in their care, they attend weekly foster carer meetings, and complete a daily Parent Daily Report that monitors young people's behaviours and carer stress. The Foster Carers have access to 24/7 support and are provided with regular respite. **Component 2:** All young people follow an age-appropriate behavioural incentive intervention within the foster placement, developed and overseen by the Team Leader. All young people receive weekly Skills Coaching sessions for 1 to 1.5 hours and weekly hourly sessions with their Individual Worker/Therapist for the duration of their placement, and for up to three months post-TFCO. **Component 3:** The Birth Family Coach works weekly with the birth family and/or extended family to help them learn and implement the TFCO parenting intervention. This helps to shape up their own strengths and skills as carers/parents and aims to improve the quality of contact that they have with their child, increasing the chances of young people being returned home. This work can continue once the intervention is completed or will be offered to the follow-on placement. **Component 4:** The TFCO team work closely with schools/colleges or work placements to develop interventions for identified adults to deliver.

Implementation requirements (cont.)

What happens during the intervention?	Young people are placed with a 'treatment foster family' trained in the TFCO-A model, for a period that typically lasts 9 to 12 months. These 'treatment foster families' are trained to help reduce young people's more disruptive behaviour through the use of effective parenting practices. Young people's skill development is targeted in a number of ways throughout the TFCO intervention: • Modelling, coaching, and practise of specific skills in the community or in social situations with a Skills Coach • Modelling and reinforcement of targeted skills within the foster home and the biological family home • Weekly skills-based sessions with Skills Coaches to practise newly developing skills • Weekly session with an Individual Therapist/Worker to help young people problem-solve and understand existing difficulties. Timely information sharing with the Team Leader is key to the effective delivery of TFCO and there are a number of mechanisms within the TFCO model that facilitate this: • Weekly clinical team meeting • Weekly foster carer meeting • 24/7 on-call to help carers navigate stresses and difficulties • Daily completion of a Parent Daily Report with foster carers, which tracks carer stress and young person behaviours • Team leader providing TFCO supervision to all clinical staff.
Who can deliver it?	This intervention is delivered by a clinical team. The team consists of a Team Leader (typically with a master's qualification or higher in social work or psychology), TFCO-A Foster Carers, a Foster Carer Recruiter/Consultant, a Birth Family Coach), a Skills Coach, Individual Therapist, Administrator, and the Programme Manager.
What are the training requirements?	Practitioners have three to four days of intervention training depending on their role. Booster training of practitioners is recommended. The TFCO-A clinical team and Foster Carers are required to be trained by the National Implementation Service when they initially set up. Following this, new Foster Carers can be trained by the Team Leader.

Implementation requirements (cont.)

How are practitioners supervised?	It is a requirement that Team Leaders are supervised by one external supervisor, at the National Implementation Service, through weekly one-hour consultations via the telephone. The National Implementation Service provides consultation to the Team Leader on all aspects of the TFCO-A model, to ensure fidelity to the model. This is not clinical supervision, and the NIS does not hold clinical responsibility for TFCO-A young people. TFCO-A skills-based supervision is provided by the Team Leader to the rest of the clinical team. This is done via weekly face-to-face meetings for one hour. TFCO-A team members would still be expected to meet the supervision requirements of the agency they are employed by, that is appropriate for the team members' professional qualification (e.g. Social Worker or Mental Health Practitioner). This includes clinical supervision, skills-based supervision, and case management.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: • Training manual • Other printed material • Other online material • Fidelity monitoring.
Is there a licensing requirement?	Yes
*__Contact details__	Contact person: John Aarons Email address: johna@tfcoregon.com Website: https://www.tfcoregon.com/ *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.

Evidence summary

TFCO-A's most rigorous evidence comes from two RCTs which were conducted in United States, consistent with Foundations' Level 3 evidence strength criteria. Evidence from at least one level 3 study, along with evidence from other studies rated 2 or better qualifies TFCO-A for a 3+ rating.

The first study observed that TFCO-A young people significantly spent significantly few days in youth detention or prison in comparison to young people not receiving the intervention. These young people were also less likely to run away from the foster care placement, be referred for a criminal offence a year following the intervention and report less antisocial behaviour than young people not receiving the intervention.

The second study also observed statically significant reductions in the time spent in youth detention, as well as reductions in self-reported antisocial behaviour in comparison to young people not receiving TFCO-A.

TFCO-A can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

Child outcomes			
Outcome	**Improvement index**	**Interpretation**	**Study**
Fewer days spent in lock up	+28	75.99 reduction in the number of days spent in lockup (in local detention facilities & state training schools) (administrative data) (A year later)	1
Fewer days spent in lock up	+19	34.75-point improvement on the Characteristics of Living Situations (A year later)	2
Reduced running away from placements	+22	59.91 reduction in incidents of running away from placements (administrative data) (A year later)	1
Reduced rates of criminal referrals	+26	2.80-point reduction in the total number of criminal activity referrals (administrative data) (A year later)	1

Reduced delinquent behaviour	+22	16.10-point improvement on the Elliott behaviour Checklist Self-report Scales (A year later)	1
Reduced delinquent behaviour	+19	5.28-point improvement on the Child Behaviour Checklist (A year later)	2

Search and review

	Number of studies
Identified in search	23
Studies reviewed	N/A
Meeting the L2 threshold	0
Meeting the L3 threshold	2
Contributing to the L4 threshold	0
Ineligible	21

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	79 males aged 12 to 17 years old, all with a history of chronic delinquency
Race, ethnicities, and nationalities	• 85% White • 6% Black • 3% Native American • 6% Hispanic.
Population risk factors	All the young people had a history of serious and chronic delinquency and were referred for community placements by the juvenile justice system over a four-year period. The participant had an average of 13.5 prior criminal referrals and more than four felonies. Around half of the study population were from single parent family. Around a quarter of the study participants' parents were convicted of crime. More than 60% of study participants were reported to be chronically absent from school. More than 70% of the sample had previously run away from placement.
Timing	Baseline and post-intervention
Child outcomes	• Fewer days in lockup – detention, state training schools (administrative data) • Reduced running away from placements • Reduced criminal referral rates (administrative data) • Reduced delinquent behaviour (youth self-report).
Other outcomes	None
Study Rating	3
Citation	Chamberlain, P. & Reid, J. B. (1998) Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*. 66 (4), 624.

Brief summary

Population characteristics

This study involved 79 male youths between 12 and 17 years old (mean age was 14.9 years old) living in the United States Pacific Northwest with a history of serious and chronic antisocial/offending behaviour and were referred for community placements by the juvenile justice system over a four-year period.

The participants had an average of 13.5 prior criminal referrals and more than four felonies. The mean age at first criminal referral was 12.6 years old. All 79 participants had been detained in the year before entering the study: the average number of days spent in detention was 76. All of the boys had previously been placed out of their homes at least once. 70% had one prior out-of-home placement, and 30% had at least two prior placements.

85% were White, 6% were Black, 3% were Native American, and 6% were Hispanic.

Study design

37 of the youths were randomly assigned to TFCO-A and 42 were assigned to a group care control group. Boys in group care control group lived with 6 to 15 peers and were supervised by shift staff. The intervention primarily used peer influence for behaviour change, with weekly group therapy and limited one-on-one adult supervision.

Measurement

Data collection occurred at baseline (pre-intervention) and post-intervention.

- **Child report measures** included The Elliott Behaviour Checklist (EBC).
- **Administrative data** included records kept by the juvenile court on the number of days each month spent in care, on the run, in detention, or in a state training school, and official criminal referral data recorded by the Oregon Youth Authority.

Study retention

Post-intervention

100% (79) of the study participants completed assessments post-intervention.

Results

Data-analytic plan

The study conducted a Group X Time analyses of variance (ANOVAs) to examine potential differences in the rates of official criminal referrals and in the rates of self-reported criminal activities. It also used a series of multiple regression analyses, controlling for key variables including age, age at first criminal referral and prereferral rates of delinquency. An intent to treat design was used, though the approach to dealing with missing data was not reported.

Findings

This study identified a statistically significant positive impact on a number of child outcomes. It was found that significantly fewer boys in the intervention group ran away from their placements. They also spent significantly fewer days in lockup, reported significantly less anti-social behaviour and showed significantly larger drops in official criminal referral rates in comparison to the group care control group.

Additional papers reported on 12-month follow-up findings (Eddy et al., 2004), as well as substance use and criminal referrals for violence at 12 months follow-up (Smith et al., 2010). These outcomes did not, however, contribute to the overall intervention rating as the studies were not as robust as the Chamberlain et al. (1996) study.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Number of days spent on the run	Juvenile court data	Not reported	Yes	79	12 months post-baseline
Number of days spent in lockup (detention, state training schools)	Juvenile court data	Not reported	Yes	79	12 months post-baseline
Number of days spent in Job Corps	Juvenile court data	Not reported	Not reported	79	12 months post-baseline
Number of days spent in regular foster care	Juvenile court data	Not reported	Not reported	79	12 months post-baseline

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Number of days spent in shelter care	Juvenile court data	Not reported	Not reported	79	12 months post-baseline
Number of days living alone or with friends	Juvenile court data	Not reported	Note reported	79	12 months post-baseline
Number of days spent at home	Juvenile court data	Not reported	No	79	12 months post-baseline
Criminal referral rates	Juvenile court data (administrative data)	β = -2.13	Yes	79	12 months post-intervention
Delinquent behaviour	EBC (youth self-report)	β = -0.23	Yes	79	12 months post-intervention
Index offenses (serious crimes)	EBC (youth self-report)	β = -0.24	Yes	79	12 months post-intervention
Felony assaults	EBC (youth self-report)	β = -0.27	Yes	79	12 months post-intervention

Individual study summary: Study 2

Study 2	
Study design	RCT
Country	United States
Sample characteristics	81 girls aged 13 to 17 years old mandated to community-based out-of-home care due to problems with chronic delinquency.
Race, ethnicities, and nationalities	• 74% White • 12% Native American • 9% Hispanic • 2% African American • 1% Asian • 2% other or mixed ethnic background.
Population risk factors	68% of the girls had been residing in a single-parent family, and 32% of the girls lived in families with an income of less than $10,000. Girls had a lifetime average of 11.9 criminal referrals each, and 70% of the girls had at least one prior felony.
Timing	Baseline and post-intervention
Child outcomes	• Fewer days spent in lockup (Caregiver and youth report) • Reduced delinquency (Caregiver report).
Other outcomes	None
Study Rating	3
Citation	Leve, L. D., Chamberlain, P. & Reid, J. B. (2005) Intervention outcomes for girls referred from juvenile justice: Effects on delinquency. *Journal of Consulting and Clinical Psychology*. 73 (6), 1181–1185.

Brief summary

Population characteristics

This study involved 81 girls living in the US state of Oregon and had been mandated to community-based out-of-home care due to problems with chronic delinquency.

At baseline, girls were aged between 13 and 17 years old (M = 15.3), and at follow-up they were 15 to 19 years old. The girls had at least one criminal referral of any type in the 12 months prior to placement.

74% were White, 12% were Native American, 9% were Hispanic, 2% were African American, 1% were Asian, and 2% were other or of mixed ethnic background.

At baseline, 68% of the girls had been residing in a single-parent family, and 32% of the girls lived in families with an income of less than $10,000. Prior to entering the study, the girls had a lifetime average of 11.9 criminal referrals each, and 70% of the girls had at least one prior felony.

Study design

37 girls were randomly assigned to TFCO-A, and 44 to a group care control group. Group care control girls went to 1 of 19 community-based group care interventions located in Oregon, USA. These interventions represented service as usual for out-of-home care by the juvenile justice system.

The groups were equivalent at baseline.

Measurement

Assessments were conducted at baseline (pre-intervention) and post-intervention.

- **Parent and child** measures included the Characteristics of Living Situations measure. At baseline, caregivers and girls were asked where the girl was residing each day during the prior 12 months period. At follow-up, this information was obtained from the girl only. Time spent in detention facilities, correction facilitated, jail, or prison was tallied to score the number of days in locked settings.
- **Parent report** measures included the Child Behaviour Checklist (CBCL).
- **Child report** measures included the Elliot self-report Delinquency Scale.
- **Administrative data** included criminal referrals in the 12 months before and after treatment entry via state police records and circuit court data.

Study retention

Post-intervention

96% (78) of study participants had data for the 'days in locked settings' measure post-intervention, 99% (80) of the participants had data for number of criminal referrals, 70% (57) had data for the CBCL delinquency measure, and 88% (71) had data for the Elliott delinquency measure.

Results

Data-analytic plan

The study conducted analyses of covariance (ANCOVAs) with the baseline variable as a covariate and group condition as a predictor. An intent-to-treat design was used, though the approach to handling missing data was not reported.

Findings

This study identified statistically significant positive impact on a number of child outcomes. It was found that girls in the intervention group had significantly fewer days in locked settings and lower delinquency scores than the control group post-intervention.

Additional papers reported on homework completion and school attendance (Leve et al., 2007), as well as follow-up findings on delinquency outcomes (Chamberlain et al., 2007). These outcomes did not, however, contribute to the overall intervention rating as the studies were not as robust as the Leve et al. (2005) study.

Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Days in locked settings	Caregiver and youth report	$n^2 = 0.05$	Yes	78	12 months post-baseline
Number of criminal referrals	Police records and circuit court data	$n^2 = 0.03$	No	80	12 months post-baseline
Delinquency	Child Behaviour Checklist (CBCL)	$n^2 = 0.07$	Yes	57	12 months post-baseline
Delinquency	Elliott Self-Report of Delinquency Scale	$n^2 = 0.01$	No	71	12 months post-baseline

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Bergström, M. & Höjman L. (2015) Is multidimensional treatment foster care (MTFC) more effective than treatment as usual in a three-year follow-up? Results from MTFC in a Swedish setting. *European Journal of Social Work*. 18.

Chamberlain, P. (1990) Comparative evaluation of specialized foster care for seriously delinquent youths: A first step. *Community Alternatives: International Journal of Family Care*. 2, 21–36.

Chamberlain, P. (1997) *The effectiveness of group versus family treatment settings for adolescent juvenile offenders*. Paper presented at the Society for Research on Child Development Symposium, Washington, D.C., 3 April.

Chamberlain, P., Leve, L. D. & DeGarmo, DS. (2007) Multidimensional Treatment Foster Care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*. 75 (1), 187–193.

Chamberlain, P., Ray, J. & Moore, K. (1996) Characteristics of residential care for adolescent offenders: A comparison of assumptions and practices in two models. *Journal of Child and Family Studies*. 5, 285–297.

Chamberlain, P. & Reid, J.B. (1994) Differences in risk factors and adjustment for male and female delinquents in Treatment Foster Care. *Journal of Child and Family Studies*. 3, 23–39.

Eddy, J. M., & Chamberlain, P. (2000) Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behavior. *Journal of Consulting and Clinical Psychology*. 68, 857–863.

Eddy, J., Whaley, R. & Chamberlain, P. (2004) The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow-up of a randomized clinical trial. *Journal of Emotional and Behavioral Disorder*. 12 (1), 2–8.

Green, J., Biehal, N., Roberts, C., Dixon, J., Kay, C., Parry, E., Rothwell, J., Roby, A., Kapadia, D., Scott, S. & Sinclair, I. (2014) Multidimensional Treatment Foster Care for Adolescents in English care: Randomised trial and observational cohort evaluation. *British Journal of Psychiatry*. 204 (3) 214–221.

Harold, G., Kerr, D., Van Ryzin, M., DeGarmo, D., Rhoades, K. & Leve L. (2013) Depressive symptom trajectories among girls in the juvenile justice system: 24-month outcomes of an RCT of Multidimensional Treatment Foster Care. *Prevention Science*.

Holmes, L., Ward, H. & McDermid, S. (2012) Calculating and comparing the costs of multidimensional treatment foster care in English local authorities. *Children and Youth Services Review*. 34, 11, 2141–2146.

Kerr, D. C. R., Leve, L. D. & Chamberlain, P. (2009) Pregnancy rates among juvenile justice girls in two randomized controlled trials of Multidimensional Treatment Foster Care. *Journal of Counseling and Clinical Psychology*. 77 (3), 588–593.

Leve, L. D. & Chamberlain, P. (2005) Association with delinquent peers: Intervention effects for youth in the juvenile justice system. *Journal of Abnormal Child Psychology*. 33 (3), 339–347.

Leve, L. D. & Chamberlain, P. (2007) A randomized evaluation of Multidimensional Treatment Foster Care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice*. 17 (6), 657–663.

Leve, L. D., Kerr, D. C. R. & Harold, G. T. (2013) Young adult outcomes associated with teen pregnancy among high-risk girls in a randomized-controlled trial of Multidimensional Treatment Foster Care. *Journal of Child & Adolescent Substance Abuse*. 22 (5), 421–434.

Rhoades, K. A., Chamberlain, P., Roberts, R. & Leve, L. D. (2013) MTFC for high-risk adolescent girls: A comparison of outcomes in England and the United States. *Journal of Child & Adolescent Substance Use*. 22 (5), 435–449.

Rhoades, K. A., Leve, L. D., Harold, G., Kim, H. K. & Chamberlain, P. (2014) Drug use trajectories after a randomized controlled trial of MTFC: Associations with partner drug use. *Journal of Research on Adolescence*. 24 (1), 40–54.

Sinclair, I., Parry, E., Biehal, N., Fresen, J., Kay, C., Scott, S. & Green, J. (2016) Multi-dimensional Treatment Foster Care in England: Differential effects by level of initial antisocial behaviour. *European Journal of Child and Adolescent Psychiatry*. 25, 843–852.

Smith, D. K., Chamberlain, P. & Eddy, J.M. (2010) Preliminary support for Multidimensional Treatment Foster Care in reducing substance use in delinquent boys. *Journal of Child & Adolescent Substance Abuse*. 19 (4), 343–358.

Van Ryzin, M. J. & Leve, L. D. (2012) Affiliation with delinquent peers as a mediator of the effects of Multidimensional Treatment Foster Care for delinquent girls. *Journal of Consulting and Clinical Psychology*. 80 (4), 588–596.

Westermark, P. K., Hansson, K. & Olsson, M. (2011) Multidimensional Treatment Foster Care (MFTC): Results from an independent replication. *Journal of Family Therapy*. 33, 20–41.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.