May 2026 | **Report**

An equity-focused systematic review

INTERVENTIONS FOR FOSTER CARERS AND ADOPTIVE PARENTS

Foundations
What Works Centre for Children & Families

foundations.org.uk

Authors

Dr Rebecca Featherston, Monash University

Amy Hall, Centre for Evidence and Implementation

JunJue Jiang, Monash University

Isolt Reardon, Centre for Evidence and Implementation

Dr Evelyn Tan, Centre for Evidence and Implementation

Derek Hum, Centre for Evidence and Implementation

India Thompson, Centre for Evidence and Implementation

Dr Rhiannon Evans, Cardiff University

Dr Rebecca Anthony, Cardiff University

Dr Aron Shlonsky, Monash University

Dr Eleanor Ott, Associate, Centre for Evidence and Implementation

Acknowledgements

Many thanks to the experts who participated in the Advisory Group meetings that informed and shaped the systematic review approach and understanding of preliminary findings. Your expertise and guidance to ensure this review is relevant and useful for supporting the sector were valuable.

Thank you to the authors of the original studies, especially to those who answered our emails about studies from many years prior. Thanks as well to the collaborating practitioners working to improve lives and especially to the participants – caregivers and children – for your participation in research so that we can better understand what works, for whom, and your experiences of those interventions.

Funding and competing interests

Foundations – What Works Centre for Children & Families provided funding to the Centre for Evidence and Implementation to carry out this systematic review. Foundations is funded by the Department for Education, England.

This review includes a study by Dr Eleanor Ott, a co-author of this review. The study was independently assessed by other members of the review team. This review includes studies that were funded by the Department for Education. Screening, extraction and synthesis were conducted independently, without influence from the Department for Education.

About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

About the Centre for Evidence and Implementation

CEI is a global, for-purpose evidence intermediary and advisory organisation dedicated to using the best evidence to close the "know–do gap" between evidence, practice, and policy in order to improve the lives of people facing adversity. Established in Australia in 2016, CEI is a multi-disciplinary team across five offices in London, Melbourne, Oslo, Singapore, and Sydney. We work with our partners, including policymakers, governments, practitioners, programme providers, organisation leaders, and funders in four key areas of work:

- Understanding and making sense of the evidence base
- Generating evidence through trialling, testing, and evaluating policies, programmes, and services to drive more effective decisions and deliver better outcomes
- Applying research-informed implementation methods and processes to get high-quality evidence implemented and sustained in policy and practice
- Building cultures for evidence use.

For more information about CEI visit our website at www.ceiglobal.org.

About Monash University

Monash University Department of Social Work delivers education and research that promotes social justice, human rights, and better outcomes for people and communities. Situated within a leading Australian university recognised for excellence in research and education, and ranking within the top 50 universities globally, our research has influenced and informed national and international policies, services, and practices across the fields of child, family, and social welfare, health and mental health, criminal justice, domestic and family violence, alcohol and other drugs, and more, for more than 50 years.

CONTENTS

GLOSSARY OF TERMS/ABBREVIATIONS AND ACRONYMS

Abbreviation/acronym/ term	Description
ABC-T	Attachment and Biobehavioral Catch-up for Toddlers (an intervention model)
AMSTAR 2	A Measurement Tool to Assess systematic Reviews 2 (a 16-item checklist to critically appraise the quality and methodological rigour of systematic reviews)
BIPM	Benjamin Interactive Parenting Model (an intervention model)
CAMHS	Children and adolescent mental health services
CASP	Critical Appraisal Skills Programme (checklist used for critical appraisal of individual qualitative studies)
CAU	Care-as-usual group
CG	Comparison group
DEF	Developmental Education for Families (an intervention model)
DfE	Department for Education
FCAP	Foster carers and adoptive parents
FCC	Foster care comparison group

Abbreviation/acronym/ term	Description
GRADE	Grading of Recommendations, Assessment, Development and Evaluation (GRADE) (current gold standard approach for the assessment of confidence in findings for quantitative studies)
GRADE-CERQual	Confidence in the Evidence from Reviews of Qualitative Research approach for assessing confidence in findings for qualitative studies
IG	Intervention group
KITS	Kids in Transition to School (an intervention model)
LA	Local authority
LLP	Love and Logic Parenting model (an intervention model)
M	Mean
MAPP	Model Approach to Partnerships for Parenting (an intervention model)
N/A	Not applicable
NHS	National Health Service
NR	Not reported
PICOS	Population, Intervention, Comparison, Outcomes, Study design
PMTO	Parent Management Training Oregon (an intervention model)

Abbreviation/acronym/ term	Description
PRISMA	Preferred Reporting Items for Systematic Reviews & Meta-analyses
PROGRESS-Plus	Place, Race, Occupation, Gender, Religion, Education, Socioeconomic status, Social capital, plus other personal factors (an equity framework)
PR-TFC	Pressley Ridge Treatment Foster Care (an intervention model)
QED	Quasi-experimental design
RCT	Randomised controlled trial
RoB-2	Risk of Bias 2 tool (used to appraise risk of bias for trials)
SD	Standard deviation
SEND	Special educational needs and disabilities
SPIDER	Sample, Phenomenon of Interest, Design, Evaluation, Research Type
SWiM	Synthesis Without Meta-analysis (reporting guidelines for narrative syntheses that do not include meta-analysis)
WLC	Waitlist control group

EXECUTIVE SUMMARY

Introduction

Many children and young people who cannot stay with their birth parents after social services become involved are placed in family environments with non-relative foster carers or adoptive parents. Training, support, and practical help for these caregivers are essential to improve outcomes to support caregivers and the children in their care and to strengthen their relationships, by creating safe, loving, and stable homes.

Objectives

This review aimed to answer five core research questions:

1. What works: What is the effectiveness of interventions to support non-related foster carers and adoptive parents of children and young people aged 0–18 placed in out-of-home care or (being) adopted from out-of-home care?
2. For whom: What are the known demographics and characteristics of the foster carers, adoptive parents, and children and young people served by these interventions?
3. How: What practice elements and intervention components are found in these interventions?
4. Implementation: What are the enablers and barriers to successful implementation of effective interventions for non-related foster carers and adoptive parents, and children and young people in the UK?
5. User perspectives: What are the views about the acceptability and usefulness of different interventions in the UK?

Methods

Following established systematic review methods, we identified published and unpublished literature which describes the outcomes of impact evaluations of interventions for foster carers and adoptive parents. We also identified qualitative literature answering questions on the implementation and experiences of interventions delivered in the UK. All searches were conducted in May 2025. The plan – the systematic review protocol – was published on Foundations' website and registered on Open Science Framework.[1] Risk of bias was assessed for impact evaluations using the Cochrane Risk of Bias 2 (RoB-2) tool. We summarised findings for impact evaluations

[1] The systematic review protocol was registered on the Open Science Framework (Registration DOI: 10.17605/OSF.IO/PQKTN) and published on the Foundations website ('Equity-focused systematic review of interventions for foster carers & adoptive parents': https://foundations.org.uk/our-work/projects/equity-focused-systematic-review-of-interventions-for-foster-carers-adoptive-parents).

narratively and presented our confidence in those findings. A separate quality appraisal tool (CASP) was used to assess the quality of qualitative studies. Qualitative studies were coded and synthesised using thematic analysis and finding statements were assessed for confidence using GRADE-CERQual. Practice elements were coded from programme manuals and materials based on a predefined coding framework which was subsequently expanded through iterative coding of practice elements from the current set of studies.

Key findings – quantitative

There are many relevant impact studies that provide evidence for interventions that support adoptive parents and foster carers. From the 7,158 records identified through database and grey-literature searches, 75 studies (across 105 reports) were included in the review. Of these, 25 studies evaluated interventions for adoptive parents, and 65 studies evaluated interventions for non-relative foster carers (15 studies included both populations). Risk of bias was high across studies: 76% of the studies including adoptive parents were assessed as being at a high risk of bias, and 59% of the studies including foster carers were assessed as being at a high risk of bias, predominantly due to bias arising from the randomisation process.

Study findings are grouped according to the delivery modality (individual-level, group-level, and multi-level). Outcomes are reported for children (most commonly behaviour), caregivers (often caregiver stress), and caregiver–child relationships (less common). Studies show a complicated picture on effectiveness, with a lot of mixed results. There are some positive effects reported for child outcomes, though these are tempered by a high risk of bias and many null or mixed effects. There are mixed findings for caregivers – although there were some consistent findings indicating that interventions had a positive impact on caregiver knowledge, this again varied with the risk of bias across studies. There is limited evidence on relationship outcomes.

For those interventions where common elements could be coded, most had fixed (i.e. standardised or set) modes of delivery. The majority of interventions delivered for foster carers or adopters included psychoeducational techniques (explaining child development or explaining the impacts of abuse and trauma), skills for caregivers themselves (emotion regulation, problem-solving), proactive parenting, and relationship enhancement. Practice elements for positive reinforcement were common across individual-level interventions; nonviolent disciplining and positive reinforcement were common in group-based interventions. Interventions that included components relating to skills caregivers teach children were most commonly group-based interventions for adoptive parents. We identified new foster carer- and adoptive parent-specific practice elements that were added to the coding framework: advocacy and reflections on caregivers' family of origin.

Key findings – qualitative

The review includes rich findings from qualitative literature based in the UK that describe the implementation and experiences of interventions. Of the 2,518 records identified through database and grey-literature searches, 27 studies were included.

What helps interventions succeed?

- A clear, strengths-based recruitment approach helps to ensure the right participants are reached and can benefit
- Support from social workers and the wider system encourages attendance
- Facilitator warmth and genuine interest support engagement and acceptability
- Structured content, with enough flexibility to respond to individual needs
- Content was felt by caregivers to be **acceptable** and **helpful** when it focused on:
    - Peer support, helping caregivers feel seen and heard
    - Caregiver needs, in addition to children's needs
    - Learning strategies that integrate theory and practice
    - Addressing multiple areas and providing a network around the child.

Challenges and considerations

- More research is needed to understand what works for diverse groups, especially minoritised racial and cultural communities
- Gender assumptions: assuming primary caregivers are female can exclude male carers, single women, and same-sex couples
- Parents and carers have limited time; interventions must feel relevant and effective quickly to maintain engagement.

Recommendations and next steps

There are a wide range of interventions to choose from for practitioners, foster carers, and adoptive parents, depending on resources, family needs, and outcomes. The diversity of interventions and issues with quality and consistent positive outcomes limit confidence in simple conclusions, but common elements overlap. Most of these common elements focus on positive, proactive parenting, but new elements emerged specific to foster carers and adoptive parents. There is evidence across individual-level, group-level, and multi-level interventions, particularly for improving children's behaviour and outcomes and for improving caregiver knowledge and stress. Although several dimensions of participant characteristics were reported in most studies, how different groups may or may not benefit from different types of interventions was rarely reported. There is more evidence on interventions for foster carers than for adoptive parents. Further research is needed to understand which practice elements are most effective within interventions. A component network meta-analysis would help disentangle effective general techniques (or practice elements/components) and promote understanding of how the implementation of common element interventions can be tailored to local and individual contexts. High-quality research in UK contexts that includes long-term follow-up and disaggregation by race, gender, and other characteristics should be pursued to improve the evidence base.

The findings of this review can support intervention development and provide useful guidance for implementation of new and existing interventions. For example, taking a strengths-based approach to recruitment, ensuring interventions include the flexibility to be responsive to participants' needs, embedding peer support, training facilitators in warmth and cultural competence, and integrating theory with opportunities to practise new techniques.

Future funding opportunities for interventions should consider how they address gaps in support for minoritised racial and cultural groups, male caregivers, and same-sex couples. Multi-modal and multi-level interventions should also be explored – for example, those that combine psychoeducation with peer support and/or offer navigation and practical support.

Conclusion

Interventions for foster carers and adoptive parents show mixed but promising effects, particularly for improving caregiver knowledge and some child outcomes. However, high risk of bias, inconsistent results, and gaps for diverse groups limit confidence. Tailored, flexible, relationship-focused approaches and higher-quality research, including research which is designed to understand the experiences of parents and carers and children with different identities (race and ethnicity, developmental age, parental role, and disabilities), are needed to strengthen the evidence base.

INTRODUCTION

Project background

When children cannot live at home with their birth parents, other relatives, or connected carers (kinship care), there is an emphasis in the UK and globally to find appropriate family environments that enable consistent, sensitive caregiving. There were 81,779 children in care in England as at 31 March 2025 (Department for Education, 2025). Children and young people who enter local authority care experience different types of accommodation, depending on their needs, circumstances, and the availability of accommodation. These can include non-relative foster care, kinship care (living with relatives or close family friends), residential care (such as children's homes), and semi-independent accommodation. These children can also exit care, predominantly through adoption, special guardianship orders (to relatives, close family friends, or foster carers), reunification with birth parents, or moving to independence.

This review focuses on two forms of family-based care provided by approved and trained caregivers who are not relatives: non-relative foster care and adoption. While approved foster carers hold the day-to-day relationships and caring responsibilities, local authorities or birth parents legally have parental responsibility for children in foster care. Adoption, by contrast, is a permanent legal process through which the adoptive parents assume full parental rights and responsibilities for the child.

Fostering and adoption are used to different extents in the UK. In the UK, non-relative foster care is the most common accommodation type for children in care (NSPCC, 2024). As at 31 March 2025, 41,460 children and young people were living in non-relative foster care placements in England (Department for Education, 2025). Despite the increase in children in care, the number of non-relative foster carers in England has been falling in recent years, leading to a national focus on foster carer retention and recruitment (Department for Education, 2025); a clear finding from research on foster carer retention and recruitment is the need for better support for foster carers to improve the number of foster carers and the outcomes for children (Ott et al., 2024).

In England and Wales, adoption can only happen if birth parents' consent or courts obtain a placement order that it is in the child's best interest to be placed for adoption. In practical terms, placement for adoption is mainly considered for children under the age of 5. In the year ending 31 March 2025, 3,040 children were adopted in England (Department for Education, 2025). Despite the permanence of adoption, recent research has highlighted the challenges that adoptive families face and shows that a notable minority of children re-enter care (4.8% within 12 years after the adoption order; Selwyn and Gardiner, 2025). Adopters speak about generic parenting courses not meeting their needs, and the need for appropriate support for their families (Selwyn et al., 2014).

Provisioning the right support at the right time is key to promoting the future potential of care-experienced children and young people. When compared with those in the general population, children who have been in care are at a higher risk of multiple and serious short- and long-term negative outcomes that can impact their life trajectories. They also experience poorer outcomes across domains including education, unemployment, homelessness, and contact with the criminal justice system (Taylor et al., 2024). A recent systematic review of prevalence rates of mental health

disorders in care-experienced young people in the UK across 39 studies reported a range of 1 to 82% (Cummings and Shelton, 2024) and studies indicate that mental health is poorer for individuals in care when compared with non-care-experienced peers (Anthony et al., 2022; Fleming et al., 2021; Ford et al., 2007; Hitchcock et al., 2021). They also report higher rates of suicide attempts (Evans et al., 2017) and lower rates of wellbeing (Long et al., 2017).

These outcomes can be due to multiple complex and interrelated reasons, including adverse childhood experiences with abuse, neglect, and household dysfunction (Hughes et al., 2017); perinatal factors such as exposure to substances or chronic stress during pregnancy (Racine et al., 2025); genetic vulnerability (Oswald et al., 2009); systemic factors due to poverty, discrimination, and lack of social networks; and experiences within the care system itself, such as placement instability (Maguire et al., 2024) and criminalisation of children in care (Children's Commissioner, 2025).

Foster carers and adoptive parents play a critical role in providing stability, care, and emotional support to children who have often experienced significant adversity and disrupted attachments. Caregiving in these contexts is uniquely challenging, requiring caregivers to navigate issues such as attachment difficulties, behavioural regulation, and the impact of adversity on child development. This is undertaken in a wider system of social care pressures and constraints (MacDonald et al., 2024), which are arguably leading to declining care placement availability, increased costs in children's social care, and increased rates of adoption disruptions (Department for Education, 2025). Despite individual- and systemic-level challenges, foster and adoptive families are expected to create nurturing environments that promote resilience and long-term wellbeing for children. This highlights the importance of targeted and strong evidence-based training and support for caregivers to enhance their knowledge, skills, and capacity to support the children and young people in their care.

The government has committed funding to improve supports for foster carers and adopters. To better support foster carers, the Department for Education invested £36 million in a fostering recruitment and retention programme in 2023–25 (Community Care, 2025), and released a policy paper in February 2026 on renewing fostering, including by recruiting 10,000 more foster carers, initiating an innovation programme for interventions for foster carers with a minimum investment of £12.4 million, and providing additional support for foster carers (Department for Education, 2026). There is also an Adoption and Special Guardianship Support Fund (ASGSF) to fund therapeutic support for adoptive families; separate funding for assessments was cut and fair access limits were decreased in April 2025, but in February 2026 the government committed to extending the fund until 2028. Following a BBC investigation into adoption disruptions released in November 2025, Adoption UK called for a full review of adoption support and assessments of need. A government consultation and review of adoption support was announced in February 2026.

Previous systematic reviews

There are a number of systematic reviews that have aimed to synthesise the evidence base for interventions that support outcomes for children and young people with experience of care. These reviews often highlight the availability of evaluation evidence for programmes that directly target parents and carers, primarily foster carers.

The National Institute for Health and Care Excellence (NICE) delivered a series of evidence reviews to support the generation of practice recommendations. The reviews found evidence for a number of interventions to develop positive relationships for care-experienced children and young people, with a specific focus on parenting interventions that could promote positive mental health and wellbeing (NICE, 2021a, 2021b). Together the evidence reviews informed the recommendation to ensure that the care network around care-experienced children and young people include positive connections (NICE, 2021c).

Evans et al.'s (2024) recent CHIMES review (**C**are-experienced c**H**ildren and young people's **I**nterventions to improve **M**ental health and w**E**ll-being outcomes) synthesised interventions targeting mental health and wellbeing outcomes in care-experienced children and young people (Evans et al., 2024; Trubey et al., 2024). They reported that interventions primarily targeted children and young people's skills and capabilities, parental functioning and practices of carers, or a combination of both. Programmes such as KEEP, Multidimensional Treatment Foster Care (MTFC), Incredible Years, and Parent Management Training typically aim to strengthen carers' skills, confidence, and responsiveness through structured curricula, group sessions, and ongoing support. While interventions generally lacked theoretical grounding, those that were theoretically informed largely relied on attachment theory and social learning theory, emphasising positive relationships and non-coercive behaviour management.

Two previous systematic reviews focused specifically on evaluating attachment theory-based interventions for foster and adoptive families (Dalgaard et al., 2022; Kerr and Cossar, 2014). Kerr et al.'s (2014) systematic review of attachment theory-based interventions suggested these interventions can have a positive impact on foster/adopted children's behavioural, and to a lesser extent their emotional and relational, functioning. However, the methodological quality of included studies was poor and prevented the drawing of strong conclusions. When quality criteria were applied, the strongest studies supported the use of interventions that focus on increasing parental attunement to children aged six months to six years old. Dalgaard et al.'s (2022) more recent review of attachment-based interventions for foster and adoptive families found that they decreased parenting stress, increased positive parent–child interactional behaviours, and increased overall psychosocial adjustment of children.

Bergström et al.'s (2020) meta-analyses of interventions for foster carers and foster children suggest that interventions can improve foster children's wellbeing and stability of placement (Bergström et al., 2020). Specifically, their findings suggest that the Attachment and Biobehavioral Catch-up (ABC) programme targeting toddlers may improve foster children's attachment behaviours, the Incredible Years parenting programme targeting foster families with younger children may improve parenting abilities and decrease children's externalising behaviours, and Take Charge for Young People targeting adolescents likely improves young people's self-determination skills, high school completion, and likelihood of future employment.

Meanwhile Purrington et al.'s (2024) recent review of family-based psychological interventions for adoptive families, which include attachment-based approaches, found some preliminary support for integrative interventions. These approaches integrated components of sensory activities, attachment-based play, dyadic developmental psychotherapy, and eye movement desensitisation and reprocessing with therapeutic input.

In a series of meta-analyses conducted by Shoemaker et al. (2020), parenting interventions were found to have positive effects on both parenting outcomes (sensitive parenting, dysfunctional discipline, parenting knowledge and attitudes, and parenting stress) and child behavioural problems among adoptive and foster families (Schoemaker et al., 2020). No positive effects were found for attachment security, child diurnal cortisol levels, or placement disruption, though indirect effects may be delayed, highlighting the need for longer-term follow-ups. This review provided particularly strong evidence for the effectiveness of parenting interventions for improving sensitive parenting behaviours among foster and adoptive parents. Improvements in sensitive parenting were reported to be higher among parents taking care of a child displaying high levels of behavioural problems and when the intervention was delivered in groups or a combination of group and individual sessions compared with individual alone. More subgroup analysis is needed in intervention studies to understand for whom and under what conditions interventions work.

Evidence gaps

Despite a growing body of research there are evidence gaps within the existing evidence syntheses that need to be addressed. First, a number of the most methodologically robust reviews have a focus on biological, kinship, and foster carers, with adoptive parents not being an eligible intervention population (Evans et al., 2024; Trubey et al., 2024). As such it is not clear whether intervention components can be equally effective for both foster carers and adoptive parents, whether there are differential effects for different caregiver groups, what the implications for implementation are, or whether interventions have the potential to only work for one population group and unintentionally initiate or exacerbate inequities.

Second, and as highlighted by the CHIMES review evidence map, interventions often measure parent-level data as mechanistic or secondary outcomes, but these are rarely used in review syntheses or meta-analysis (Evans et al., 2023). As a result, the relationship between child- and carer-level outcomes is not clear, and it is not evident whether (and which) changes in carer knowledge, self-efficacy, or parenting skills must be achieved to effectively improve children's and young people's mental health.

Third, most systematic reviews do not undertake a comprehensive synthesis of implementation evaluations to understand the context in which interventions are expected to function. In particular, it is important to understand how the UK health and social care system might respond to interventions for foster carers and adoptive parents, as this might impact the extent to which they can be transported from other countries.

Objectives

Research objectives

The current systematic review evaluates the effectiveness of interventions for foster carers and adoptive parents on outcomes for foster carers, adoptive parents, and the children and young people (up to the age of 18) in their care. This review does not include a synthesis of evidence for interventions targeting children and young people themselves. It examines the effectiveness of

different types of interventions, who they work for, which practice elements and components are linked to interventions, and what are the enablers and facilitators of implementation.

Findings from this review will inform the development of two Practice Guides (separate guides for adoption and fostering) by Foundations to support local leaders to design and commission services for adoptive parents, foster carers, and the children in their care. The Practice Guides will form part of a set of Guides aimed at supporting the implementation of the Children's Social Care National Framework. The National Framework was recommended by the Independent Review of Children's Social Care to establish the purpose, principles, and outcomes of the children's social care system.

Research questions

This review aimed to answer five research questions:

RQ1. What works: What is the effectiveness of interventions to support non-related foster carers and adoptive parents of children and young people aged 0–18 placed in out-of-home care or (being) adopted from out-of-home care?

> **RQ1.1.** What are the different types of interventions/models targeted at foster carers and adoptive parents and how are they defined?
>
> **RQ1.2.** What is the effectiveness of different types of carer interventions (e.g. parenting interventions, attachment interventions, peer support, assessment and referral to services) for adoptive parents and children/young people in their care?
>
> **RQ1.3.** What is the effectiveness of different types of carer interventions (e.g. parenting interventions, attachment interventions, peer support, assessment and referral to services) for non-related foster carers and children/young people in their care?

RQ2. For whom: What are the known demographics and characteristics of the foster carers, adoptive parents, and children and young people served by these interventions? What are the different types of interventions/models that are effective for children in different developmental age ranges?

RQ3. How: What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

RQ4. Implementation: What are the enablers and barriers to successful implementation of effective interventions for non-related foster carers and adoptive parents, and children and young people in the UK?

RQ5. User perspectives: What are the views of foster carers and adoptive parents and families about the acceptability and usefulness of different interventions in the UK?

METHODS

Protocol registration and ethical review

The systematic review protocol was registered on the Open Science Framework (Registration DOI: 10.17605/OSF.IO/PQKTN) and published on the Foundations website.[2]

The methods detailed here for the quantitative analysis and synthesis depart from those proposed in the protocol due to the high number of quantitative studies identified as eligible for inclusion. The initial approach proposed in the protocol was to investigate summary effects for key outcomes and conduct meta-syntheses, where possible. However, this level of analysis was precluded due to the much larger number of studies identified as eligible than anticipated, timeline, and budget constraints. Instead, intervention outcomes are documented and patterns and trends in effects are explored narratively, with no further statistical synthesis being conducted. The methodology for all searching and screening, qualitative analysis and synthesis, quality appraisal, and confidence in findings assessments did not depart from those outlined in the protocol.

To ensure transparency, this report follows reporting guidelines including the PRISMA guidelines for reporting systematic reviews (Page et al., 2021), GRADE-CERQual in reporting the synthesis of qualitative research, and Synthesis Without Meta-analysis (SWiM) guidelines for reporting narrative synthesis without meta-analyses.

No ethical review processes were necessary because this is a review. An adoption and foster care Expert Advisory Group was assembled by Foundations and consulted during the set-up of the project and during analysis. Preliminary findings from the review were discussed with this advisory group to provide context in interpretation of results and help ensure the relevance of the review's research terminology before final reporting.

Eligibility criteria

Tables 1 and 2 show the inclusion and exclusion criteria for questions 1–3 and 4 and 5 respectively.

[2] See: https://foundations.org.uk/our-work/projects/equity-focused-systematic-review-of-interventions-for-foster-carers-adoptive-parents.

Table 1. Inclusion and exclusion criteria for quantitative papers to answer research questions 1–3

PICOS domain	Inclusion criteria	Exclusion criteria
Population	Adopted or fostered children (aged 0–18): • The adoptive parents or foster carers (non-kinship) responsible for them Foster families: • Majority (> 50%) of participants are non-kinship carers Adoptive families: • Children and young people adopted from out-of-home care • Non-kinship special guardians Studies from the UK or countries with comparable child protection systems (i.e. the US, Australia, New Zealand, Canada, Ireland, and European countries)	Foster families: • Majority (> 50%) of participants are kinship carers Adoptive families: • Children adopted directly • International adoption
Intervention	Interventions, programmes, or services that support foster carers and adoptive parents with the aim of improving parenting knowledge, skills, attitudes, behaviours, and coping strategies General parenting interventions where at least 50% of the study population are foster carers or adoptive parents or outcomes are reported separately for these populations Interventions delivered in any setting (e.g. home, school, online, community, hospital, clinic) and in any format (individual- or multi-family intervention)	Interventions that do not involve direct participation of foster and/or adoptive carers and are not aimed at improving outcomes for foster and/or adoptive families
Comparison	Inactive control groups (no treatment, waiting list, minimal intervention, services as usual) or studies that compare with an active control (another intervention)	Studies that use an undefined or inappropriate comparison group
Outcomes	Outcomes for both carers and children Outcome measures that use systematic direct observations, administrative data, and self-report measures Carer-level outcomes: • Positive parenting and negative parenting* • Parenting stress • Parenting self-efficacy • Parental health, mental health and wellbeing* Child-level outcomes: • Placement/accommodation stability* • Child internalising and externalising behaviours* • Child wellbeing* • Child mental health* • Child attachment • Educational attendance and attainment*	Studies looking at other outcomes – e.g. access to services Studies which use unvalidated scales

PICOS domain	Inclusion criteria	Exclusion criteria
Study design	Randomised controlled trial designs or quasi-experimental designs with a valid counterfactual (e.g. a parallel group or highly controlled time series)	Studies that do not use these designs

*Priority outcomes
Note: Study design was limited to RCTs and QEDs because these designs are generally considered the most rigorous for evaluating the effectiveness of interventions.

Table 2. Inclusion and exclusion criteria for qualitative papers to answer research questions 4 and 5

SPIDER domain	Inclusion criteria	Exclusion criteria
Sample	Non-kinship foster carers and adoptive parents of children and young people aged between 0 and 18 years old Children and young people in non-kinship foster care or adopted families Professionals working in non-kinship foster carer and adoption (e.g. social workers, service leaders)	Young people in foster care or adoptive care above the age of 18 Young people in kinship foster care Young people adopted directly or internationally Studies of wider populations that do not report foster carer's/adoptive parent's (and their children's) outcomes separately
Phenomenon of interest	Perspectives of service users' (both professionals and end users) experiences of interventions for non-kinship foster carers or adoptive parents and the children/young people in their care	Other phenomena including perceptions of services in general or gaps in services
Design	Studies that employ appropriate methods to understand service users' experiences of the programme (both professionals and end users) – e.g. implementation and process evaluations Methods may include surveys, interviews, and focus groups Studies can be in the grey literature or peer-reviewed journal articles	Studies that do not use appropriate methods
Evaluation	Enablers and barriers to successful implementation of interventions The perceived acceptability and usefulness of different interventions for foster carers and adoptive parents	N/A

SPIDER domain	Inclusion criteria	Exclusion criteria
Research type	Any research type that explores perceptions and experiences of the phenomenon of interest (e.g. phenomenology, grounded theory, or case study methodology)	N/A
Geography	Research conducted in the UK	Research conducted outside the UK

Information sources

Drawing on both previous evidence and relevant expertise in our own team we developed a comprehensive and systematic search strategy to ensure thorough coverage of the literature. This search strategy was developed *a priori* and described in the protocol, with the aim of capturing all relevant papers (while avoiding excessive numbers of irrelevant results).

We reviewed five pre-identified systematic reviews to identify relevant studies:

- 'Interventions targeting the mental health and wellbeing of care-experienced children and young people in higher-income countries: Evidence map and systematic review' (Evans et al., 2023).
- 'Interventions in foster family care: A systematic review' (Bergström et al., 2020).
- 'A meta-analytic review of parenting interventions in foster care and adoption' (Shoemaker et al., 2020).
- 'Attachment interventions with foster and adoptive parents: A systematic review' (Kerr and Cossar, 2014).
- 'Parenting interventions to support parent/child attachment and psychosocial adjustment in foster and adoptive parents and children: A systematic review' (Dalgaard et al., 2022).

The following databases were searched for published studies:

- PsycInfo (date searched: 15 May 2025)
- MEDLINE (date searched: 15 May 2025)
- Web of Science (Social Sciences Citation Index, Conference Proceedings Citation Index Social Science and Humanities, Emerging Sources Citation Index) (date searched: 20 May 2025)
- Campbell Collaboration's Library (date searched: 21 May 2025)
- International Bibliography of the Social Sciences (date searched: 30 May 2025)
- Cochrane Central Register of Controlled Trials (date searched: 19 May 2025)
- Cochrane Database of Systematic Reviews (date searched: 19 May 2025).

Websites searched:

- Adoption UK (https://www.adoptionuk.org/pages/category/publications-and-research)
- Australian Institute of Family Studies (https://aifs.gov.au)
- California Evidence-Based Clearinghouse for Child Welfare (https://www.cebc4cw.org)

- CASCADE: Children's Social Care Research and Development Centre (https://cascadewales.org)
- CELCIS: Centre for Excellence for Children's Care and Protection (https://www.celcis.org)
- Centre for Child, Youth, and Family Welfare, Queen's University Belfast (https://www.qub.ac.uk/research-centres/centre-for-child-youth-and-family-welfare)
- Centre for Innovation and Research in Childhood and Youth (CIRCY), University of Sussex (https://www.sussex.ac.uk/esw/circy)
- Centre for Research on Children and Families (CRCF), University of East Anglia (https://www.uea.ac.uk/groups-and-centres/centre-for-research-on-children-and-families)
- Chapin Hall at the University of Chicago (https://www.chapinhall.org)
- Children's Bureau, An Office of the Administration for Children & Families (https://www.acf.hhs.gov/cb)
- Children and Families Research Centre, University of Bristol (https://www.bristol.ac.uk/sps/research/centres/family)
- CoramBAAF (https://corambaaf.org.uk)
- Department for Education Social Care Innovation Round 1 and 2 reports (https://www.gov.uk/guidance/childrens-social-care-innovation-programme-insights-and-evaluation)
- Early Intervention Foundation (archived website; https://www.eif.org.uk)
- The Fostering Network (https://www.thefosteringnetwork.org.uk/search)
- Foundations (https://foundations.org.uk)
- National Children's Bureau, Social care research (https://www.ncb.org.uk/what-we-do/research-evidence/our-research-projects/social-care-research)
- National Institute for Health and Care Excellence (NICE) and SCIE Guidance (https://www.nice.org.uk/guidance/published?ngt=Social%20care%20guidelines&ndt=Guidance)
- Office of Planning, Research, and Evaluation, US Administration for Children and Families (https://www.acf.hhs.gov/opre)
- Rees Centre, University of Oxford (https://www.education.ox.ac.uk/rees-centre)
- Research in Practice (https://www.researchinpractice.org.uk)
- Washington State Institute for Public Policy (https://www.wsipp.wa.gov).

Key authors of relevant primary studies and systematic reviews were identified and contacted by email to ascertain if they were aware of any relevant supplemental, additional, or in-press literature. We also sought guidance from the Advisory Group, asking them to share papers or contact authors of any potentially relevant literature that they were aware of.

Search strategy

Search terms

Database search terms were grouped according to the following four categories:

1. Intervention
2. Sample/population

3. Study design
4. Location.

The search terms were refined to optimise the coverage of the literature while minimising the number of irrelevant results. The sensitivity of search terms was rigorously tested in trial searches by ensuring they returned a pre-determined set of key literature identified by the team. After initial testing, the decision was made to undertake two searches, separating the literature for questions 1–3 and 4–5, while acknowledging that some literature may appear in both searches. This approach enabled us to apply distinct sets of screening criteria to minimise confusion and to report separate PRISMA diagrams, which enhances clarity and transparency.

The search terms developed and used in Ovid (PsycInfo) are listed below (see Appendix 9 for search terms from the International Bibliography of the Social Sciences):

1. exp foster care/ (7,644)
2. foster care.mp. (9,965)
3. looked after.mp. (850)
4. out of home care.mp. (1,691)
5. substitute care.mp. (237)
6. residential care.mp. (14,220)
7. group care.mp. (664)
8. congregate care.mp. (140)
9. foster* youth*.mp. (1,019)
10. foster child*.mp. (3,194)
11. Foster home.mp. (2,336)
12. adopted child*.mp. (3,135)
13. adoptive care.mp. (35)
14. Foster parents/ (1,294)
15. parent*.mp. (369,354)
16. caregiv*.mp. (90,329)
17. carer*.mp. (13,952)
18. famil*.mp. (572,896)
19. exp Adoptive Parents/ (1,918)
20. exp Interracial Adoption/ (492)
21. International adoption*.mp. (643)
22. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre intervention or post intervention or pre post or longitudinal study or repeated measures or effect size* or comparative effective* or experiment* or pre experiment* or difference in difference* or instrumental variable* or Propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ti. (133,150)
23. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre intervention or post intervention or pre post or longitudinal study or repeated

measures or effect size* or comparative effective* or experiment* or pre experiment* or difference in difference* or instrumental variable* or Propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ab. (902,581)

24. exp Clinical Trials/ (14,222)
25. exp Longitudinal studies/ (17,547)
26. 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 (29,780)
27. 15 or 16 or 17 or 18 (830,185)
28. 14 or 27 (830,185)
29. 1 or 26 (29,780)
30. 28 and 29 (15,506)
31. 19 or 20 (2,252)
32. 31 not 21 (2,012)
33. 22 or 23 or 24 or 25 (948,334)
34. 30 or 32 (16,587)
35. 33 and 34 (1,664)
36. 35 limited since 1990
37. (Qualitative or Survey* or Questionnaire* or Implement* or Interview* or Focus group* or Process evaluation or ethnog* or ethnomethodolog* or ethnolog* or phenomenolog* or grounded theory or narrative analysis or lived experience * or life experience* or thematic analys* or discourse analys* or perspective*or case stud* or mixed method*).mp. (1,669,596)
38. (UK or United Kingdom or England or Wales or Scotland or Northern Ireland or Great Britain or British Isles).mp. (116,359)
39. 37 and 38 (57,378)
40. 34 and 39 (454)

The search strategies were tailored to each database and tested for sensitivity.

Screening and selection process

Each title and abstract was independently screened by two reviewers, with conflicts resolved through discussion with a third independent reviewer. Any studies that remained unclear after discussion were put through for full-text review. Four researchers conducted screening for the quantitative review, and two researchers conducted screening on the qualitative review, with a principal investigator acting as the third reviewer to resolve conflicts.

All texts deemed potentially eligible underwent a full-text review for inclusion. Two reviewers independently assessed the full-text version of each study against the inclusion and exclusion criteria. Where there were conflicts or uncertainties, a third reviewer was consulted to make a final decision. Additionally, checks were made for duplicate reporting of the same trial or population to avoid double-counting results. Five researchers conducted full-text review for the quantitative review, and two researchers conducted full-text review on the qualitative review, with a principal investigator acting as the third reviewer to resolve conflicts.

At full-text review, a hierarchy was used to assign reasons for exclusion. This means that any papers that had more than one reason for not being included in the review were assigned exclusion

reasons consistently using the reason that appeared first in the hierarchy. See the PRISMA diagrams in Figures 1 and 2 for the frequency of each exclusion reason.

Quantitative papers:

1. Topic out of scope – e.g. international adoption
2. Wrong outcomes – e.g. no caregiver outcomes
3. Wrong comparator – e.g. residential care
4. Wrong population – e.g. kinship carers
5. Wrong study design – e.g. no control group
6. Wrong intervention or no intervention – e.g. not for adult caregivers
7. Wrong publication/report type – e.g. protocols.

Qualitative papers:

1. Wrong intervention or no intervention – e.g. not for adult caregivers
2. Wrong participants – e.g. kinship carers
3. Wrong study location – i.e. outside the UK
4. Wrong study design – i.e. no qualitative findings
5. Wrong outcomes – i.e. not in review scope
6. Wrong publication/report type – e.g. protocols.

Texts were also continuously assessed for eligibility throughout the extraction stage.

Inclusion and exclusion criteria were guided by the PICOS (quantitative studies; Page et al., 2021) and SPIDER (qualitative studies; Cooke, Smith, and Booth, 2012) frameworks outlined above. Additionally, exclusion criteria were applied based on the following:

- Timeframe: Studies published from 1990 onwards were included to capture contemporary interventions, policy environment, and population characteristics.
- Language: No language restrictions were applied in our database searches. However, at the screening stage, we only included studies published in English, with available English translation, or where one of the review team was proficient in the language of the paper (e.g. French).

Data extraction

Quantitative data

A data extraction template was developed in Microsoft Excel with input from methods and subject area experts in the team. The template was piloted by two team members for a sub-set of three studies and refinements made before formal data extraction commenced. This data extraction template was built off the existing data extraction of similar studies – including Featherston et al., 2024; Ott et al., 2024; and Evans et al., 2023 – to capture study details across all five research questions plus relevant impact data. Several data items were included from the PROGRESS-Plus framework to identify characteristics that stratify opportunity and outcomes and ensure the focus is on equity (place of residence, race/ethnicity/culture/language, occupation, gender and sex, education, socioeconomic status, etc.).

In addition to study design and outcome data, extraction included information on demographics of the study population, name or type of intervention, programme length and average number and frequency of sessions, and details on the intervention (delivery format, delivery modality, workforce).

In line with AMSTAR 2 (Shea et al., 2017), two reviewers extracted data from a sample of the included studies to confirm that a good level of agreement was achieved. The remainder of studies were extracted by one reviewer. Extraction was supervised by a senior researcher to ensure reliable and valid extraction for the remaining studies. Researchers conducting data extraction communicated asynchronously with colleagues and supervisors to ask questions and discuss issues and queries as they arose, using Slack. Periodic (weekly) spot checks on two randomly selected articles were also conducted by supervising advisers. Each completed extraction was checked by a supervising expert adviser.

Qualitative data

Qualitative data extraction and coding were conducted using Microsoft Excel and Dedoose data analysis software. Study details were extracted using an extraction template in Microsoft Excel, aligned with the quantitative extraction template with the removal of irrelevant items (e.g. control group provision). The extraction of study details followed the same process as quantitative data extraction with two reviewers initially extracting data from a sample of the included studies to confirm consistency before continuing with single-reviewer extraction and supervision by an expert adviser.

Qualitative findings were coded using line-by-line coding. Full qualitative texts were imported into Dedoose and relevant data, such as participant quotes, thematic descriptions, and report findings sections, were coded in the platform. An initial coding framework was developed based on the research questions and relevant theoretical models, combining deductive coding (using predefined codes) with inductive coding (identifying emerging themes). This framework was refined iteratively during the coding process to capture unanticipated themes and thematically group codes.

As a high volume of qualitative studies was identified (15+), we followed the protocol and independently double-coded a small number of studies to establish consistency between coders and the remaining studies were coded by a single reviewer with supervision and checking from a second senior reviewer to ensure reliability and validity. Where discrepancies between coder and supervisor arose, they were resolved through discussion. Codes were organised hierarchically to distinguish between overarching themes, subthemes, and specific data points.

Practice elements

To obtain sufficient information about included programmes to be able to code practice elements (i.e. discrete practices, specific content, strategies, techniques and delivery characteristics), the research team reached out to programme developers and/or study authors for programme manuals. If these were not available (e.g. due to copyright issues or lack of response), the research team obtained study protocols or papers that described the programme development through a search of the programme name in university libraries, Google Scholar, and via the Google search engine.

Programme/practice elements were coded from the following materials, prioritised in order:

1. Included study from the review
2. Programme manual (if available)
3. Study protocol or paper on programme development (if programme manual was not available)
4. Other studies evaluating the programme (if programme manual or study protocol was not available).

A coding framework was adapted from two coding frameworks used in projects previously commissioned by Foundations ('What interventions improve outcomes for kinship carers and the children in their care: A systematic review'[3] and 'Effective interventions and practices for parents experiencing complex and multiple needs: A systematic review'[4]). The previous coding framework had been developed through a review of prior literature (Gubbels et al., 2019; Leijten et al., 2019) and further refined through iterative coding of practice elements and with input from subject matter experts (Prof Jane Barlow and Prof Frances Gardner). The current coding framework merged practice elements from both frameworks and was expanded through iterative coding of practice elements from the current set of studies.

The final coding framework consisted of 10 content-related general techniques and two process-related general techniques (see Appendix 2 for the coding framework). New practice elements added through iterative coding are asterisked.

Practice element coding

A team of four researchers (three Research Assistants supervised by a Senior Coder) completed the coding of programme elements from the above-mentioned sources using the following steps:

1. Relevant details about the programme and included study were extracted into an Excel spreadsheet (i.e. study ID, first author's last name, year of publication, programme name).
2. The included study was reviewed and distinct practice elements from the description of the programme were extracted. We coded for the presence or absence of each practice element (i.e. if there were multiple instances of the same practice element, this was only extracted once). Only practice elements that were delivered *to* caregivers were extracted, although we also coded for children's involvement in the intervention. Each practice element was recorded on a new row of the Excel spreadsheet as a 'Level 1 Practice Element'.
   a. For each practice element extracted, any available definitions and the source of the information were also extracted from programme materials and entered into the Excel spreadsheet.
3. We compared the Level 1 Practice Element against the coding framework to determine whether it fitted under any of the Level 2 Practice Elements already identified in the coding framework.

[3] See: https://foundations.org.uk/our-work/projects/what-interventions-improve-outcomes-for-kinship-carers-and-their-children/

[4] See: https://foundations.org.uk/our-work/projects/effective-interventions-and-practices-for-parents-experiencing-complex-and-multiple-needs/

   b. If there was a fit, we recorded the relevant Level 2 Practice Element name for the Level 1 Practice Element.
   c. If there was no fit, we highlighted this for later review.
4. Steps 2 and 3 were repeated for other sources (e.g. programme manual, study protocol, paper on programme development, other studies) until all available sources were exhausted or data saturation was reached.
5. When all Level 1 Practice Elements had been extracted from the included studies, we reviewed all practice elements that did not fit under the initial coding framework and recoded these as new Level 2 Practice Elements.

To ensure inter-rater reliability, coders first coded two programmes on their own, and the Senior Coder reviewed their coding and provided feedback. Discrepancies were resolved by discussion. After coding of the first two programmes, inter-rater reliability was established, and coders went on to code different programmes with ongoing review and weekly group consultation.

Data management and processing

All studies identified through the database searches were screened in Covidence. All citations identified in the searches were imported into Covidence as RIS files. Covidence's machine learning algorithm was enabled to facilitate more efficient movement of studies to full-text review. This algorithm works by analysing screening patterns from earlier decisions (once at least 25 studies have been double screened) within the review, using these insights to predict the relevance of yet-to-be-assessed studies. Over time, the system's predictions become increasingly accurate as more studies are screened. Thus, Covidence can prioritise studies by ranking the most relevant and likely-to-be-included items and presenting them to the screener first. This enables quicker identification of pertinent studies, streamlining the process of advancing to the full-text review stage as compared with traditional methods. Covidence also incorporates automatic duplicate removal.

Extraction of study details, both quantitative and qualitative findings, was managed using Microsoft Excel, incorporating both free text entry and pre-specified codes to aid comprehensive but targeted reporting.

Dedoose was used to conduct qualitative analysis. Dedoose enables line-by-line coding across themes, which can be grouped hierarchically.

Data items

The following data items were extracted and recorded for all included papers:

- Publication details:
  - Study ID
  - Initials of person extracting data
  - Date
  - Type of report
  - Language of report
  - Full citation

- Study design:
    - Design of study
    - Site of intervention
    - Setting of intervention
    - Means of recruitment
    - Randomisation procedure
- Ethics and funding:
    - Ethics committee approval
    - Funding of study
    - Potential conflict of interest of trial investigators
- Participants and demographics:
    - Inclusion criteria
    - Exclusion criteria
    - Age of caregiver participants (mean, SD, range)
    - Sex/gender of caregivers
    - Ethnicity/culture/language of caregivers
    - Socioeconomic status/occupation
    - Other demographics, where reported
    - Placement type
    - Baseline characteristics of children – e.g. age, sex/gender, ethnicity/culture/language, other
- Intervention details:
    - Description of intervention
    - Name of intervention reported in study
    - Broad type of intervention
    - At what level was the intervention?
    - Characteristics/qualifications of the facilitator
    - Duration/intensity of the intervention
    - Timing of assessment/s
    - Length of follow-up
- Control details:
    - Control
    - At what level was the intervention?
    - Characteristics of the facilitator
    - Duration/intensity of the intervention
    - Timing of assessment/s
    - Length of follow-up
- Caregiver participant sample:
    - Total number of participants randomised

- Participants in treatment group/s
- Participants in control group
- Total number of participants completing the study
- Unit of allocation
- Power calculation or sample size estimate

- Outcomes and results:
  - Child outcomes and results
  - Child mental health – e.g. internalising and externalising symptomology
  - Other child wellbeing measures
  - Child education – e.g. attendance/attainment
  - Relationship – e.g. child–caregiver attachment
  - Child permanency – e.g. placement/accommodation stability
  - Child safety – e.g. harm
  - Other outcomes
  - Carer outcomes and results:
    - Caregiver education/knowledge
    - Caregiver wellbeing and mental health – e.g. depression, anxiety, etc.
    - Parenting skills – e.g. positive/negative parenting
    - Parent health
    - Parental stress
    - Parent self-efficacy
    - Relationships
    - Other outcomes.

Risk of bias assessment

Risk of bias assessments were used to inform understanding of the strength of evidence and support assessments of confidence in our findings. This process assessed the quality, rigour, and relevance of studies included in the review, enhancing the reliability of the synthesised findings.

For the studies included in this review, the following tools were used:

- Cochrane Risk of Bias 2 (RoB-2) (Sterne et al., 2019); for randomised controlled trials and quasi-experimental designs.
- Critical Appraisal Skills Programme (CASP); for qualitative studies.

Risk of bias assessments were conducted by four reviewers, with each study assessed by a single reviewer and checks conducted by a second senior reviewer to ensure validity and consistency. Conflicts were resolved in a meeting between two of the reviewers.

Quantitative studies

For randomised controlled trials (RCTs) and quasi-experimental designs (QEDs), we applied the Cochrane Risk of Bias 2 (RoB-2) tool to evaluate risk across five domains along with an overall risk. In line with other Foundations-funded reviews (e.g. Ott et al., 2024), we assessed Domain 2 as per

the RoB2 guidance. However, in our final assessment of overall risk of bias for each study, we did not increase the risk rating due to lack of blinding for Domain 2. This is because blinding (of practitioners, researchers, and participants) is near-impossible when evaluating parenting interventions. Each of the domains were assessed and assigned a risk of bias category – low risk, some concerns, high risk. The domains assessed are:

- Randomisation process
- Deviations from intended interventions
- Missing outcome data
- Measurement of outcomes
- Selective reporting.

The risk of bias for each domain was then taken into account when assessing the overall risk of bias for each study, using the following rules for classification:

- Low risk of bias – 'low risk' for all domains
- Some concerns – 'some concerns' for at least one domain, and no 'high risk' assessments for any domain
- High risk of bias – 'high risk' in at least one domain or there are concerns across multiple domains that reduce confidence in the study's findings.

Qualitative studies

For qualitative studies, we used the Critical Appraisal Skills Programme Qualitative Checklist tool (CASP, 2023) to evaluate methodological rigour, trustworthiness, and transferability; this assisted with scoring for the GRADE-CERQual finding statements. The CASP qualitative checklist follows a series of 10 questions to promote systematic reflection on whether the results of a study are valid, what the results are, and whether they help (locally) in this synthesis.

Effect measures

Due to the unexpected number of studies identified for inclusion, it was decided that the effects of the intervention would be categorised and described narratively rather than extracting numerical effects data. As part of the data extraction, reported effects for outcomes within scope of this review were captured for the first data point following completion of an intervention that compared the intervention and comparison group. Direction of effects for each outcome reported by individual studies was categorised as follows:

- Positive effect (a greater/lesser desirable change in the intervention group compared with the comparator post-intervention)
- Negative effect (a greater/lesser undesirable change in the intervention group compared with the comparator post-intervention)
- No effect (the study reported no difference between the intervention and comparator post-intervention)
- Mixed effect (positive, negative, and/or no effects reported across an outcome captured by more than one measure – e.g. when individual scales of an instrument are reported, but no total score).

Synthesis methods

Each research question was considered separately, and thus the quantitative and qualitative findings are reported separately in the findings section below. Areas of divergence and agreement across the findings are considered in the discussion section. Preliminary findings were discussed with Foundations' Advisory Group, who provided further context and explanation, which was considered in the analysis and interpretation of findings.

The qualitative data synthesis also employed a narrative approach, focusing on identifying enablers and barriers to the successful implementation of interventions, and the perceived acceptability, relevance, and usefulness of various interventions, providing rich contextual insights to complement the quantitative findings.

Quantitative synthesis

Narrative synthesis

Quantitative studies and their findings have been synthesised narratively, guided by the research questions. We initially separated studies into two separate reviews for synthesis to appropriately inform the development of the two Foundations Practice Guides – those that included adoptive parents and those that included non-kinship foster carers. Some papers included both populations and were included in both sets of synthesis, which is noted in the findings as relevant. Descriptions of the studies and participants, interventions, practice elements within the interventions, and the effect of the interventions on the outcomes have been summarised and synthesised within tabular summaries and as narrative text descriptions.

To address RQ1 we narratively synthesised effectiveness for key outcomes of non-kinship foster carer and adoptive parenting interventions, grouped by intervention and outcome type. Interventions and outcomes were grouped under broad domains for synthesis – this decision was made primarily to improve the interpretability of a large dataset describing interventions with multiple overlapping practice elements. Intervention groupings were determined iteratively during the data extraction phase of the review, with input from expert reviewers, Foundations, and the review Advisory Group. Several approaches to groupings were considered in this process. The final grouping approach was deemed appropriate as the optimal approach to minimise overlap between intervention types and avoid misalignment between programme theory/description and actual delivery elements. Interventions were grouped as follows:

- **Individual-level interventions:** Including interventions delivered to individual caregivers (e.g. psychoeducational online resources), and interventions delivered to caregiver–child dyads (e.g. home-based dyadic approaches).
- **Group-based interventions:** Including interventions that were delivered to groups of caregivers across a range of formats (e.g. in person or by video conferencing). In some limited instances this also included whole family-based approaches (e.g. family camps).
- **Multi-level interventions:** Including any interventions that implemented intervention activities at more than one level (e.g. individual plus group-based, multi-level systems approaches).

Outcomes were grouped under broader caregiver and child domains following the coding guide outlined within the data extraction. We also created a third outcome domain for relationship outcomes, which included any outcome measured that related to a caregiver's or child's interaction with another person or group (e.g. caregiver–child attachment, child–sibling interactions). As it was not possible to conduct statistical pooling due to a prohibitively large review and constricted timelines, patterns and trends in the reported direction of effects were explored narratively – guided by these intervention and outcome groups, as well as the primary and secondary RQ1 research questions.

To address RQ2, details of study characteristics, intervention characteristics, participant demographics, and study settings were narratively described alongside tabular summaries to contextualise quantitative findings.

To address RQ3, intervention practice elements were identified and are reported narratively and within descriptive tables. This includes reporting on the range of elements found, their frequency across studies, and their presence in effective studies. We did not explore the practice effects via more quantitative analysis such as a network meta-analysis, because the costs of performing this analysis robustly were beyond the scope of the current review.

Equity in analysis

Equity was a primary consideration in our analysis approach. We separately analysed interventions for foster carers versus adopters – a characteristic that is associated with differences in disadvantage (such as differences in socioeconomic status and education of the carers and differences in care histories for the children) and with child developmental age (which is again associated with care histories and differences in outcomes). Where available, data was extracted per the PROGRESS-Plus framework to examine characteristics that stratify opportunities and outcomes (such as ethnicity, place of residence, religion, and gender). In reporting on effective interventions and practice elements, we drew out any available information regarding experience of delivery with groups with different characteristics (per the PROGRESS-Plus framework), potential risks to specific groups, or adaptations recommended.

Certainty assessment

GRADE assessments were undertaken by a single reviewer (RF), with checks conducted by a second reviewer. Given that data was narratively synthesised and statistical pooling of data was not undertaken, we followed GRADE processes for narrative syntheses (Murad et al., 2017). GRADE processes include an assessment of a body of literature considering: risk of bias, inconsistency (across studies' findings), imprecision, indirectness, and publication bias. GRADE assessments were undertaken for each of three outcome domains reported across the review, with the overall rating of certainty in the findings reported as: very low, low, high, or very high for each outcome domain.

Qualitative synthesis

Narrative synthesis

Data from qualitative studies was synthesised using thematic analysis (Braun and Clarke, 2006), to identify recurring themes related to implementation barriers and enablers, and to deliverer and

user perspectives on interventions. After coding (described in the 'Data extraction' section), three researchers (AH, IR, and EO) independently familiarised themselves with the data. Researchers then regrouped codes into recurrent themes before holding a synthesis workshop, in which the same three researchers discussed the data and identified themes and insights that appeared important to participants. From these discussions, researchers developed clear and coherent finding statements to capture higher-order themes from the synthesis, including areas of congruence and contradiction. These themes were presented and discussed at the Preliminary Findings Advisory Group, where further considerations around priorities and language were incorporated. Language has stayed as close to participants' as possible while developing accessible finding statements and in explaining them.

Equity in analysis

In the analysis of themes related to implementation, we used an equity in implementation science lens to examine the factors at different levels that influence take-up, reach, and impact (Baumann and Cabassa, 2020).

Throughout extraction and synthesis, researchers actively identified codes and themes related to the identity of participants and the contexts in which they were receiving or delivering interventions. Both independently and through conversation, researchers took a reflexive approach during all stages of analysis to understand and minimise the effect of personal biases and assumptions on data synthesis. As part of this process, researchers actively sought to look not only at what was presented in the included literature, but also at what was notably absent – particularly with regard to race equity.

Certainty assessment

The GRADE-CERQual approach (Lewin et al., 2018) was applied to systematically assess the confidence in each of the finding statements from the qualitative evidence, considering these components: methodological limitations, coherence, adequacy of data, and relevance.

FINDINGS

Study selection – quantitative review

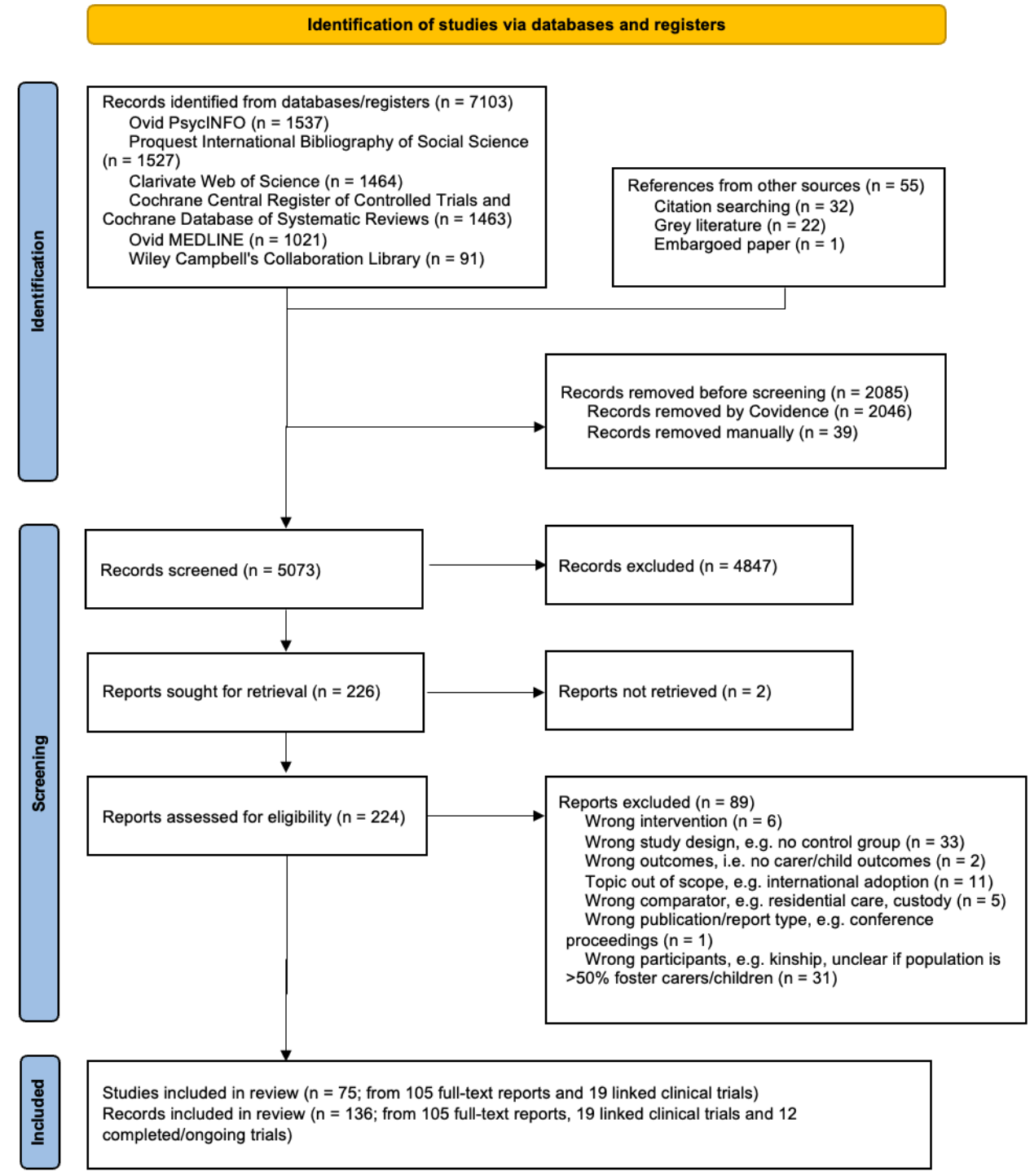
The search strategy, including electronic database searches, was undertaken to identify studies that evaluate the implementation and effectiveness of interventions delivered to foster carers and adoptive parents. These were undertaken in May 2025, with a total of 7,158 records identified (7,103 from electronic database searches; 55 from other sources) – 5,073 records remained after duplicates were removed. We excluded 4,847 records during the title and abstract screening, with a further two records excluded due to unsuccessful full-text retrieval after attempts to contact the authors. Of the 224 full-text reports that were assessed for eligibility, we excluded 89 reports for the reasons provided in Figure 1. Seventy-five studies (across 105 reports) were included in this review. The flow of the study search and selection process is presented in a PRISMA diagram in Figure 1.

For synthesis, the 75 unique studies were separated into two groupings – those that evaluated interventions with adoptive parents (n = 25 studies), and those that evaluated interventions involving non-relative foster carers (n = 65 studies). We have described these in two separate syntheses in the following sections. Where studies included both adoptive parents and non-kinship carers, we have included these evaluations in both syntheses and noted it where relevant (n = 15 studies).

Study selection – qualitative review

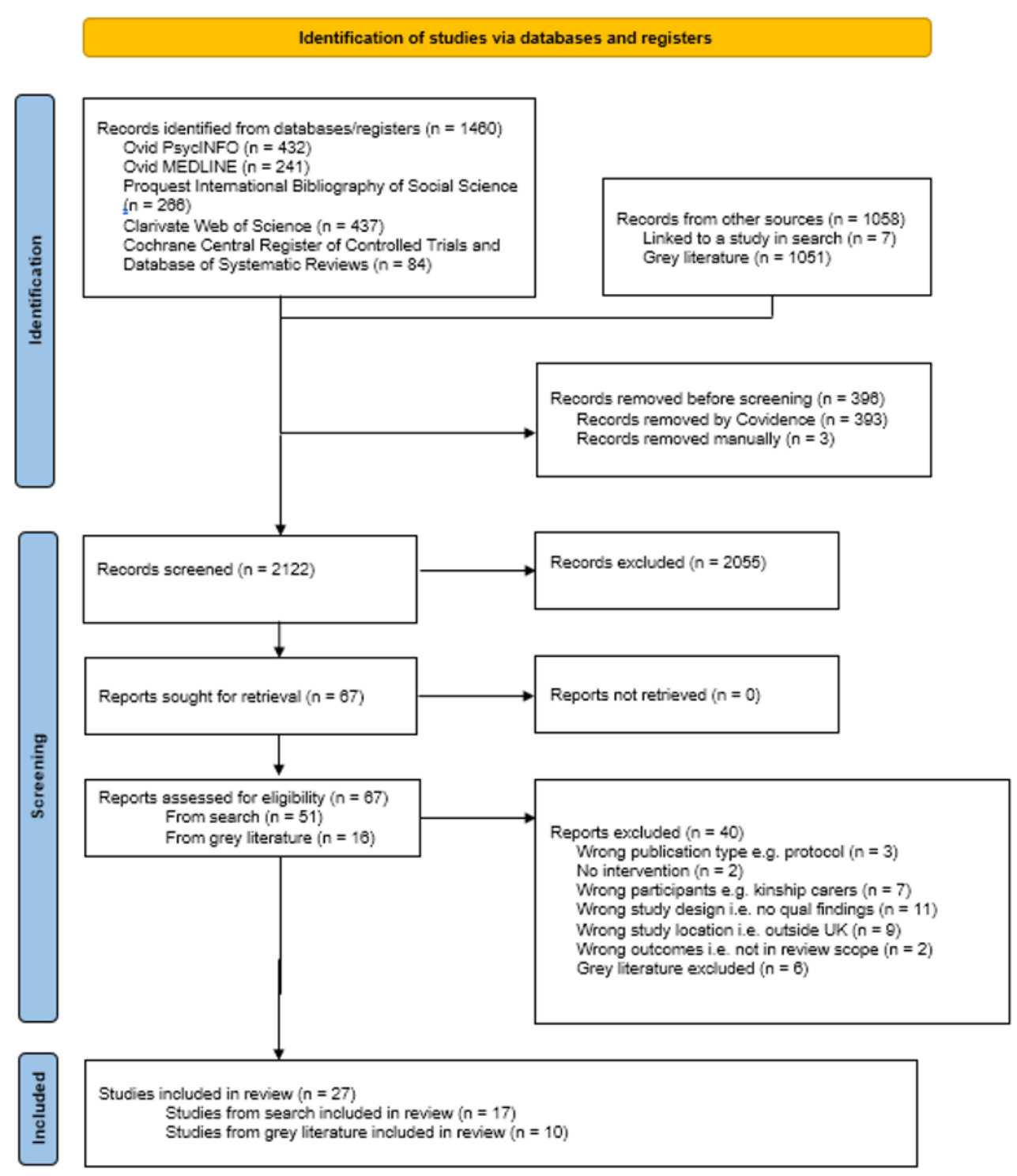
The search strategy, including electronic database searches, was undertaken to identify qualitative work exploring the implementation of interventions to support foster carers and adoptive parents and the experiences of deliverers and participants in these interventions. Searches were undertaken in May 2025, with a total of 2,518 records identified (1,460 from electronic database searches; 1,058 from other sources) – 2,122 records remained after duplicates were removed. We excluded 2,055 records during the title and abstract screening and were successfully able to obtain access to all remaining 67 records for full-text screening. Of the 67 full-text reports that were assessed for eligibility, we excluded 40 reports for the reasons provided in Figure 2. A total of 27 studies were included in this review. Nineteen of these included studies related to foster carers and nine studies related to adoptive parents (one study included both). The flow of the study search and selection process is presented in a PRISMA diagram in Figure 2.

Figure 1. PRISMA flow diagram reporting the study search, screening, and selection process for the quantitative literature (go to accessibility text)



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. This work is licensed under CC BY 4.0.

Figure 2. PRISMA flow diagram reporting the study search, screening, and selection process for the qualitative literature (go to accessibility text)



Studies evaluating the effectiveness of interventions including adoptive parents

Of the included studies, there were 25 evaluations of interventions that were delivered to adoptive parents. Of these, 10 were delivered to adoptive parents only, and 15 were delivered to both adoptive parents and foster carers (25 in total). The following sections describe the studies, including year, location, participants in the studies, the interventions, outcomes, and findings.

Following the overall descriptions of the studies and their participants, we have grouped our synthesis of the studies' findings by the level of the intervention being evaluated – individual-level, group-based, or multi-level interventions (i.e. those including more than one level – e.g. individual and group-based). We have presented further information about the interventions, the common components delivered within the interventions, and the outcomes measured and findings reported across the studies.

Characteristics of studies

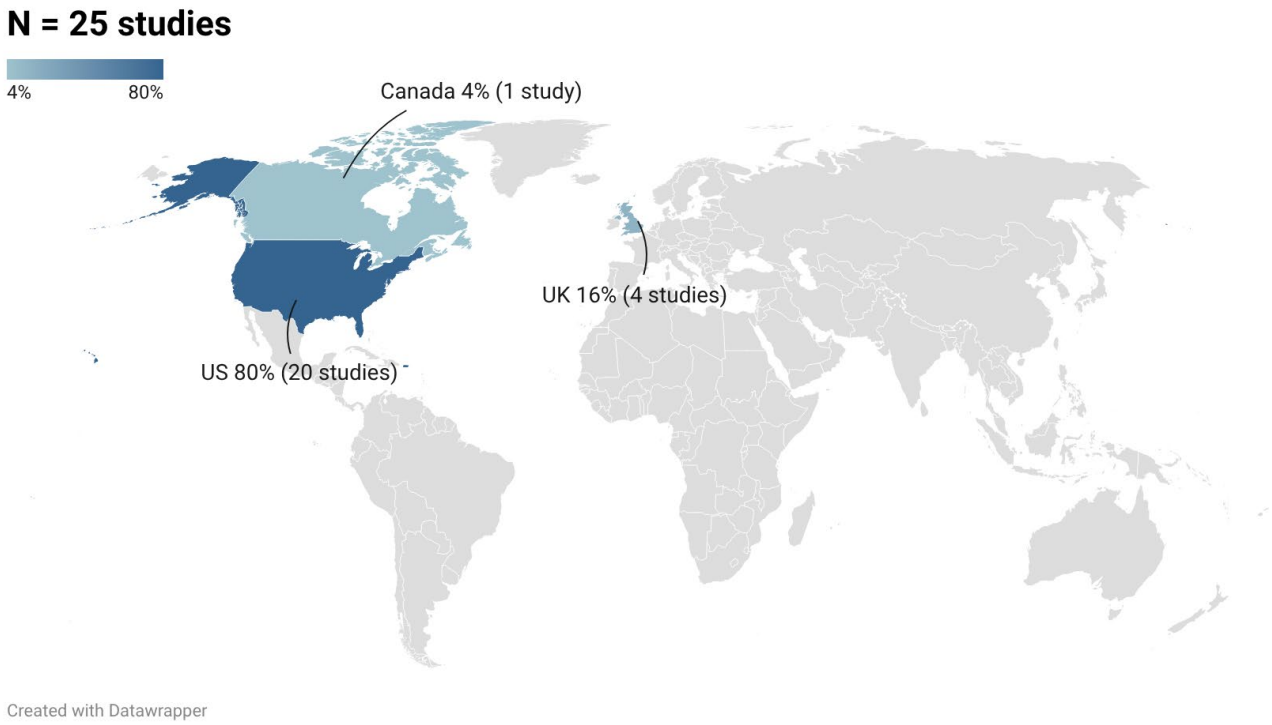
This section addresses **RQ2. For whom:** What are the known demographics and characteristics of the foster carers, adoptive parents, and children and young people served by these interventions? What are the different types of interventions/models that are effective for children in different developmental age ranges?

The study and participant characteristics for evaluations of interventions that included adoptive parents have been summarised in Table 4 (individual-level), Table 5 (group-level), and Table 6 (multi-level) and narratively in the following sections.

Study characteristics

The included studies were published between 2005 and 2025. The vast majority (n = 20 studies) were undertaken in the United States, as shown in Figure 3 below.

Figure 3. Countries where included adoptive carer studies were undertaken (go to accessibility text)



As shown in Table 3, interventions were conducted across a range of settings, including online or by phone (n = 5 studies), foster or adoptive care agencies (n = 3 studies), clinical settings (n = 2 studies), camps (n = 2 studies), community settings (n = 2 studies), child welfare agencies (n = 3 studies), home-based settings (n = 2 studies), local authorities (n = 1 study), and churches (n = 1 study).

Table 3. Intervention settings of included studies

Setting	Number of studies	Study ID
Online or by phone	5	4; 6; 26; 66; 78
Foster or adoptive care agencies	3	17; 42; 72
Child welfare agencies	3	3; 20; 64
Home-based settings	2	52; 78
Clinical settings	2	8; 17
Camps	2	30; 31
Community settings	2	64; 66
Local authorities	1	58
Churches	1	17

Participant characteristics

All the studies included caregiver participants and 24 studies reported on the participant samples. Of these, 16 studies recruited parent/caregiver participants (Studies 1–4; 7–8; 17; 26; 47; 51–52; 58–59; 66; 70; 72), with a further seven studies recruiting participants as a parent–child dyad or family group (more than one caregiver and focal child; Studies 6; 20; 30–31; 61–62; 78). Sample sizes ranged from 10 families (Study 30) to 3,822 resource parents[5] (Study 26).

Most studies reported on some aspect of **caregiver participant characteristics**, such as age, ethnicity, education, and socioeconomic status. Of the 21 studies that reported participants' age, the mean age ranged from 36 to 53.8 years, with the overall range between 22 and 76 years. Mothers made up a majority of caregiver participants across the studies (n = 19 studies; range: 50% to 95.8%). Of the 20 studies that reported participants' ethnic background, most identified as "White/Caucasian" (n = 16 studies; range: "majority" to 96%). Other frequently reported ethnic groups across the studies were "Black/African American" (n = 13 studies; range: 2% to 67.6%), "Hispanic/Latino" (n = 10 studies; range: 4% to 15.5%), or "two or more" ethnicities (n = 9 studies; range: 2% to 14%). Fifteen studies reported participants' education experience, with most participants reporting that they had completed at least some college or higher education (n = 12 studies). A third of the studies reported participants' socioeconomic status. Three of these reported

[5] Note that the term 'resource parent' is widely used across the included literature due to most studies being based in the United States. 'Resource parent' generally refers to someone who is trained and certified to be a foster carer, kinship carer, or adoptive parent.

that most participants made less than $50,000 per year or needed financial support (Studies 3; 8; 30), with 2 further studies reporting that most participants made above $50,000 (Studies 6; 47).

All but one study (Study 64) reported **child/young person participant characteristics**. Children's ages ranged from 0 to 21 years, with the mean age ranging from 42 months to 14.13 years (n = 21 studies; see Table 4). The reported gender of child participants was almost evenly split between male and female across the studies (n = 17 studies) – no studies reported other gender identities. Fifteen studies reported the ethnic background of child participants, with the most represented groups across the studies reported as White/Caucasian, Black/African American, and Hispanic/Latino. Studies that explicitly reported on child disability were lacking.

Table *4*. Study and participant characteristics for studies evaluating interventions including adoptive parents. Intervention level: individual

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 3 **Ahrens 2021** **United States**	Full sample: 101 caregivers IG: 42 CG: 56 Setting: public and private child welfare agencies	Caregiver: M = 53.8, SD = 15.9 Child: M = 14 years, SD = 3.8	Caregiver: 95.8% female Child: 52.1% female	Caregiver: racially, 67.6% Black, 11.3% White, 9.9% more than 1 race, 1.4% American Indian or Alaskan Native, 1.4% other; ethnically: 15.5% Latino/Latina/Hispanic Child: NR	44.1% made < 25k; 25.4% made 25–50k; 23.7% made 50–100k; 6.8% made 100–250k	Overall, participants had average 9.5 (SD = 8.8) years of education	45.1% kinship care, 36.6% foster care, 18.3% adoption
Study 4 **Alfano 2024** **United States**	Full sample: 45 caregivers IG: 22 CG: 23 Setting: telehealth	Caregiver: M = 40.98, SD = 8.96 Child: M = 4.01 years, SD = 1.04	Caregiver: NR Child: 42.2% female	Caregiver: NR Child: 64.4% White	NR	NR	68% foster care, 32 % adoption

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 47 **Montgomery 2020** **United States**	Full sample: 72 caregivers IG: unclear CG: unclear Setting: unclear (foster and adoptive parent support groups)	Caregiver: 27 to 72; M = 43.25, SD = 9.46 Child: 0 to 18 years with 25.7% ages 0–3, 18.6% ages 4–6, 20% ages 7–10, 22.9% ages 11–14, 12.9% ages 15–18	Caregiver: 92.2% female, 7.8% male Child: 52.6% male, 47.4% female	Caregiver: 96% White/Caucasian, 2% Black/African American, 2% Biracial (White/Hispanic) Child: 45.9% Black/African American/Afro-Caribbean/Black African, 33.8% Biracial, 8.1% Latino/a/Hispanic/Spanish/Latin American/Spanish Speaking-South American/Caribbean heritage/or other in this category, 5.4 % East Asian/Asian American/Amerasian/Asian-Caribbean/or other in this category, 4.1% South Asian/South Asian American/of South Asian heritage/or other in this category, 1.4% Native American, 1.4% unknown	3.9% made < 30k; 33.3% made 30–50k; 33.3% made 50–100k; 29.4% made > 100k	NR	Foster care/adoption
Study 52 **Pacifici 2005** **United States**	Full sample: 74 caregivers IG: unclear CG: unclear Setting: via DVD at home	Caregiver: M = 46 Child: M = 10 years	Caregiver: ~92% female Child: ~57% boys	Caregiver: ~90% non-Hispanic Child: NR	NR	On average, had two years of college education	Foster care/adoption

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 58 **Rushton 2010** **United Kingdom**	Full sample: 37 caregivers IG: 19 (cognitive behaviour group: 10; education group: 9) CG: 18 Setting: local authorities in England	Caregiver: NR Child: M = 68 months, SD = 19 (IG); M = 65 months, SD = 17 (CG)	Caregiver: NR Child (% girls in IG/CG): 53% / 55%	Caregiver: NR Child: (% White in IG/CG): 84% / 88%	NR	NR	Adoption

Note. Language used in this table reflects language used by study authors.
IG = intervention group, CG = comparison group, NR = not reported, M = mean, SD = standard deviation.

Table 5. Study and participant characteristics for studies evaluating interventions including adoptive parents. Intervention level: group

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 1 **Adkins 2018; Bammens 2015** **United States**	Full sample: 102 caregivers IG: 54 CG: 48 Setting: unclear	Caregiver: 24 to 71; M = 44.27, SD = 10.6 Child: 2 months to 18 years; M = 6.5 years	Caregiver: n = 64 mothers, 48 fathers Child: NR	Caregiver: 61% Caucasian, 18% Black, 15% Hispanic Child: NR	NR	84% had at least some college education	Foster care/ adoption
Study 2 **Adkins 2022** **United States**	Full sample: 89 caregivers IG: 49 CG: 40 Setting: unclear	Caregiver: 22 to 76; M = 43.45, SD = 9.89 Child:1 month to 17.5 years; M = 81.54 months, SD = 60.02	Caregiver: 69.7% female, 30.3% male Child: 56.7% female, 43.3% male	Caregiver: 69.7% Caucasian, 10.1% Black, 10.1% Hispanic, 4.4% Multi-ethnic, 1.1% Asian, 1.1% Native American Child: NR	NR	89% had at least some college education	71.8% foster care, 24.7% adoption, 3.5% kinship care
Study 6 **Baker 2012 & 2015** **United States**	Full sample: 15 dyads IG: 8 CG: 7 Setting: online	Caregiver: 32 to 46; M = 39 Child: 23 to 62 months, M = 42 months	Caregiver: n = 12 mothers, 3 fathers Child: n = 9 boys, 6 girls	Caregiver: n = 11 Caucasian, 1 Asian American, and 3 Multiracial Child: 53% Caucasian, 20% multiracial, 13% Asian American, 13% Hispanic/Latino	Yearly household income: 13% made 40–60k, 27% made 60–80k, 33% made 80–100k, 27% made > $100k	86% had 4 years of college experience or more	Adoption

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 7 **Baskin 2011** **United States**	Full sample: 138 (69 couples) IG: 66 (33) CG: 72 (36) Setting: unclear	Caregiver: M age of wife: 43 (IG) and 43.6 (CG); M age of husband: 43.8 (IG) and 46 (CG) Child: M = 9.86 years (IG) and 8.82 (CG)	Caregiver: heterosexual couples Child (% female in IG/CG): 52% / 45%	Caregiver: n = 102 (51 couples) European American and 10 (5 couples) African American Child: n = 46 European American, 28 African American, 14 Latino, 9 biracial, and 1 Native American	NR	NR	Adoption
Study 8 **Benjamin 2010** **United States**	Full sample: 60 caregivers BIPM (IG): 20 LLP (IG): 20 WLC (CG): 20 Setting: clinic	Caregiver: BIPM: 38 to 72; M = 49.85, SD = 9.54 LLP: 38 to 62; M = 47.75, SD = 6.65 WLC: 35 to 62; M = 47.55, SD = 7.25 Child: BIPM: 5 to 15 years; M = 8.15, SD = 3.02 LLP: 5 to 14 years; M = 8.20, SD = 2.72 WLC: 6 to 16 years; M = 11.5, SD = 4.06	Caregiver (% female in BIPM/LLP/ WLC): 80% 70% 55% Child: NR	Caregiver (% ethnicity in BIPM/LLP/WLC): Caucasian: 80% / 65% / 75% Hispanic/Latino: 5% / 30% / 5% African American/Black: 5% / 0% / 15% Asian: 0% / 5% / 5% Two or more ethnicities: 10% / 0% / 0% Child (% ethnicity in BIPM/LLP/WLC): Caucasian: 40% / 15% / 30% Two or more ethnicities: 25% / 45% / 15% Hispanic/Latino: 20% / 40% / 30% Asian: 5% / 0% / 15% African American/ Black: 5% / 0% / 10% Native Hawaiian: 5% / 0% / 0%	BIPM: Income mean = $68,750, median = $65,000 LLP: Income mean = $47,250, median = $45,000 WLC: Income mean = $47,000, median = $55,000	BIPM: 100% had some college or more LLP: 75% had some college or more WLC: 70% had some college or more	Foster care/ adoption

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 30 **Hunsley 2019 & 2022** **United States**	Full sample: 10 families IG: 5 CG: 5 Setting: camp	Caregiver: M = 41.56, SD = 3.90 (IG); M = 41.71, SD = 3.77 (CG) Child: M = 7.83 years, SD = 1.33 (IG); M = 7.71, SD = 4.64 (CG)	Caregiver: NR Child: NR	Caregiver: NR Child: NR	80% received financial support to attend camp	NR	Adoption
Study 31 **Hunsley 2025** **United States**	Full sample: 21 families IG: unclear CG: unclear Setting: camp	Caregiver: M = 42.97 years, SD = 5.34 Child: M = 9.44 years, SD = 3.6	Caregiver: 58% female Child: 44% female	Caregiver: 94% White, 6% Black Child: 62% White; 14% Mixed Race; 12% Black/African American; 6% Hispanic; 6% Asian	All had financial means to attend camp	NR	Adoption
Study 61 **Selwyn 2009** **United Kingdom**	Full sample: 35 families IG: 16 CG: 19 Setting: unclear	Caregiver: NR Child: M = 8.6 years (IG) and 7.2 years (CG)	Caregiver: NR Child: NR	Caregiver: majority 'White' Child: NR	NR	NR	Adoption

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 62 **Smith 2011** **United States**	Full sample: 100 girls (and their foster carers) IG: 48 CG: 52 Setting: unclear; half urban, half rural	Caregiver: M = 48.16 years, SD = 8.98 Child: M = 11.54 years, SD = 0.48	Caregiver: 70% mothers, 1% fathers Child: all girls	Caregiver: 70% European American, 17% African American, 3% Native American, 4% Latino, 1% Asian, 5% multiracial Child: 63% European American, 14% multiracial, 10% Latino, 9% African American, 4% Native American	NR	NR	71% foster care, 28% kinship care, 1% adoption
Study 64 **Stenason 2022** **Canada**	Full sample: 70 caregivers IG: 42 CG: 37 Setting: 2 child welfare agencies and through the community	Caregiver: 23 to 70; M = 47 Child: NR	Caregiver: 90.5% female Child: NR	Caregiver: 90.5% White Child: NR	50% out of 80% of the participants (who reported income) made < 100k (Canadian funds)	69.8% completed some community college or higher	69.7% foster care, 32.6% adoption, 27.9% therapeutic foster care, 9.3% kinship care, 6.9% future adoption, 4.7% group home care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 66 **Sullivan 2019** **United States**	Full sample: 76 caregivers IG: 41 CG: 35 Setting: community settings and a smartphone app	Caregiver (IG only): App user (n = 34): M = 45.79 years, SD = 11.87 Non-app user (n = 7): M = 54.33 years, SD = 8.41 Child: 5 months to 21 years; M = 8.9 years, SD = 5.12 (IG); M = 8.7, SD = 5.21 (CG)	Caregiver: 95% mothers, 5% other (IG); 56% mothers, 40% fathers, 4% other (CG) Child (% female in IG/CG): 45% / 64%	Caregiver (% ethnicity in IG/CG): Caucasian 95% / 96%; unknown 5% / 0%; Pacific Islander 4% / 0% Child: NR	NR	60% in IG and 48% in CG had college or advanced degree	45% foster care, 5% adoption, 45% kinship care, and 5% other (IG) 64% foster care, 4% adoption, and 32% kinship care (CG)
Study 72 **Wassall 2011** **United Kingdom**	Full sample: 30 caregivers* IG: 15 CG: 15 Setting: foster and adoptive care agencies	Caregiver: 33 to 59; M = 47.77 Child: 0 to 15.5 years; M = 8.31 years, SD = 4.67	Caregiver: n = 20 females, 5 males Child: 50% female; 50% male	Caregiver: n = 22 British White; 2 British Asian; 1 other Child: n = 30 British White; 4 British Asian; 2 other	NR	N = 13 higher educations; 11 A-level; 1 no qualification	N = 13 adoption, 8 foster care, 4 adoption and foster care

Note: Language used in this table reflects language used by study authors.
IG = intervention group, CG = comparison group, NR = not reported, M = mean, SD = standard deviation, BIPM = the Benjamin Interactive Parenting Model, LLP = the Love and Logic Parenting model, WLC = waitlist control group.
* Participant full sample was 22; 8 further carers were added later (4 in each group).

Table 6. Study and participant characteristics for studies evaluating interventions including adoptive parents. Intervention level: multi-level

Study ID; first author, year; country	Population (n); intervention setting	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 17 **Carnes-Holt 2011 & 2014** **United States**	Full sample: 72 caregivers IG: 37 CG: 35 Setting: adoption agencies, churches, and a community clinic; urban	Caregiver: M = 39.3 (IG) and 45.2 (CG) Child: 2 to 10 years; M = 5.8, SD = 2 (IG); M = 5.6, SD = 1.86 (CG)	Caregiver: n = 39 females, 22 males Child: NR	Caregiver: n = 54 (88.5%) European American, 3 Black American, 3 Hispanic/Latino, and 1 unknown Child: 47% European American, 18% other, 15% Latino, 9% Black American	NR	NR	Adoption
Study 20 **Chung 2021** **United States**	Full sample: 414 dyads IG: 199 CG: 251 Setting: child welfare agencies	Caregiver: M = 46.3, SD = 10.97 Child: M = 14.13 years, SD = 14.07	Caregiver: 91% female Child: 50% female	Caregiver: 62% African American, 23% White, 15% others Child: 70% African American, 19% Hispanic, 10% White, 1% others	64% employed	58% had more than high school education	31% permanent care (birth; adoptive), 24% kinship care, 44% non-kinship care

Study ID; first author, year; country	Population (n); intervention setting	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 26 **Fowler 2024** **United States**	Full sample: 3,822 resource parents IG: 2,550 CG: 1,272 Setting: online	Caregiver: NR Child: NR	Caregiver: NR Child (% female in IG/CG): 51.2% / 20%	Caregiver: NR Child (% ethnicity in IG/CG): White: 64.1% / 68.8% Black/African American: 39.6% / 28.6% Hispanic/Latinx: 11.2% / 7% Asian/Asian American: 1.3% / 0.4% American Indian/ Alaskan Native: 0.6% / 0.3% Native Hawaiian/ Other Pacific Islander: 0.1% / 0.6%	NR	NR	Foster care, adoption, kinship care

Study ID; first author, year; country	Population (n); intervention setting	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 42 **McCullough 2019** **United Kingdom**	Full sample: unclear IG: unclear CG: unclear Setting: organisation Family Futures CIC	Caregiver: NR Child: M = 9.47 years, SD = 2.74 (IG); M = 9.92 years, SD = 3.69 (CG)	Caregiver: NR Child (% female in IG/CG): 53% / 32%	Caregiver: NR Child (% ethnicity in IG/CG): White British: 60% / 68% White Other: 10% / 27% Mixed White and Black Caribbean: 7% / 0% Mixed White and South American:7% / 0% Mixed White and Black African: 7% / 0% Central Asian: 3% / 5% Asian: 3% / 0% Central American: 3% / 0%	NR	NR	Adoption

Study ID; first author, year; country	Population (n); intervention setting	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 51 **Opiola 2016** **United States**	Full sample: 50 caregivers IG: 26 CG: 24 Setting: unclear; urban	Caregiver: 20 to 59; M = 39 (IG); 30 to 59; M = 39.92 (CG) Child: 2.5 to 9 years; M = 5.5 (IG: M = 5.7; CG: M = 5.2)	Caregiver: 61% female Child: 49% female	Caregiver: 86% European American; 6% Asian; 6% Hispanic/Latino; 2% Black/African American Child: 35% European American; 22% Asian; 20% biracial or other; 12% Latino; 10% Black American	NR	NR	Adoption

Study ID; first author, year; country	Population (n); intervention setting	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 59 **Slazar 2024 & 2025** **United States**	Full sample: 949 caregivers IG: 540 CG: 409 Setting: unclear (16 sites across the state)	Caregiver: IG: M = 38 CG: M = 36 Child: NR	Caregiver: IG: 66.5% female; 32.6% male; 0.9% other CG: 71.1% female, 28.9% male Child: NR	Caregiver (% race & ethnicity in IG/CG): Racially, White: 84.1% / 86.1% Black/African American: 11.7% / 12.7% American Indian/Alaska Native: 3.1% / 1.5% Asian: 2% / 1.2% Native Hawaiian/ Other Pacific Islander: 0.2% / 0.2% Other: 3% / 1.2% ethnically, Hispanic/ Latino: 9.4% / 5.6% Child: NR	NR	Over 55% of participants had at least some college	Foster care (34.5% IG, 34.6% CG); foster care and adoption (including foster to adopt, 55.6% IG, 58.8% CG); and kinship care (9.1% IG, 6.6% CG)
Study 77 **White 2014** **United States**	Full sample: unclear IG: unclear CG: unclear Setting: a blended online and in-person approach (class, unclear where)	Caregiver: M = 40.2 years, SD = 10.4 Child: NR	Caregiver: 62% female Child: NR	Caregiver: Racially, 85% White, 5% Black/African American, 2% American Indian or Alaska Native, 7% more than one race, 2% other or unknown; ethnically, 6% Hispanic/Latin Child: NR	More participants in the CG made > 70k for the family	More participants with "some college" or "AA degree" as their highest level of education in IG, whereas more participants with a bachelor's degree in CG	Foster care, adoption, and kinship care

Study ID; first author, year; country	Population (n); intervention setting	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 78 **White 2023** **United States**	Full sample: 552 children and their families IG: 319 CG: 233 Setting: primarily home	Caregiver: M = 51 Child: M = 11 years	Caregiver: majority female Child: almost 50% girls and 50% boys (slightly lower in boys)	Caregiver: majority identified as non-White Child: majority identified as non-White	NR	Majority had at least some college experience	Adoption

Note: Language used in this table reflects language used by study authors.
IG = intervention group, CG = comparison group, NR = not reported, M = mean, SD = standard deviation.

Risk of bias in studies of interventions for adoptive parents

The results of risk of bias assessments across the studies and for each included study are presented in Figure 4 and Table 7, respectively.

Overall, a majority of the included studies were assessed as being at a high risk of bias – 76%. A further 16% of the studies were assessed as having some concerns, and 8% were at a low risk of bias. Therefore, the certainty we can have in the reported findings for studies that evaluated interventions that included adoptive parents is relatively low. Most studies that were assessed as at a high risk were due to the biases that may arise from their randomisation processes (see Figures 4 and Table 7). Because of the nature of parenting interventions, complete blinding for intervention facilitators and participants is generally impractical and therefore studies were not downgraded for this. However, other biases can arise from non-blinding and so we undertook an assessment of this domain, with most studies rated as having some concerns (see Figures 4 and Table 7). However, assessment in this domain was not included as part of the overall risk of bias assessment for each of the studies. The risk of bias related to missing outcome data was high for six studies (Studies 47; 59; 61–62; 64; 66). We assessed three studies (Studies 47; 64; 77) as at a high risk of bias due to reported deviations from intended interventions and assessed a further two studies as at a high risk of selective reporting bias (Studies 17; 61).

Figure 4. Summary of risk of bias across studies that included adoptive parents (Cochrane RoB-2 tool) (link to raw data)

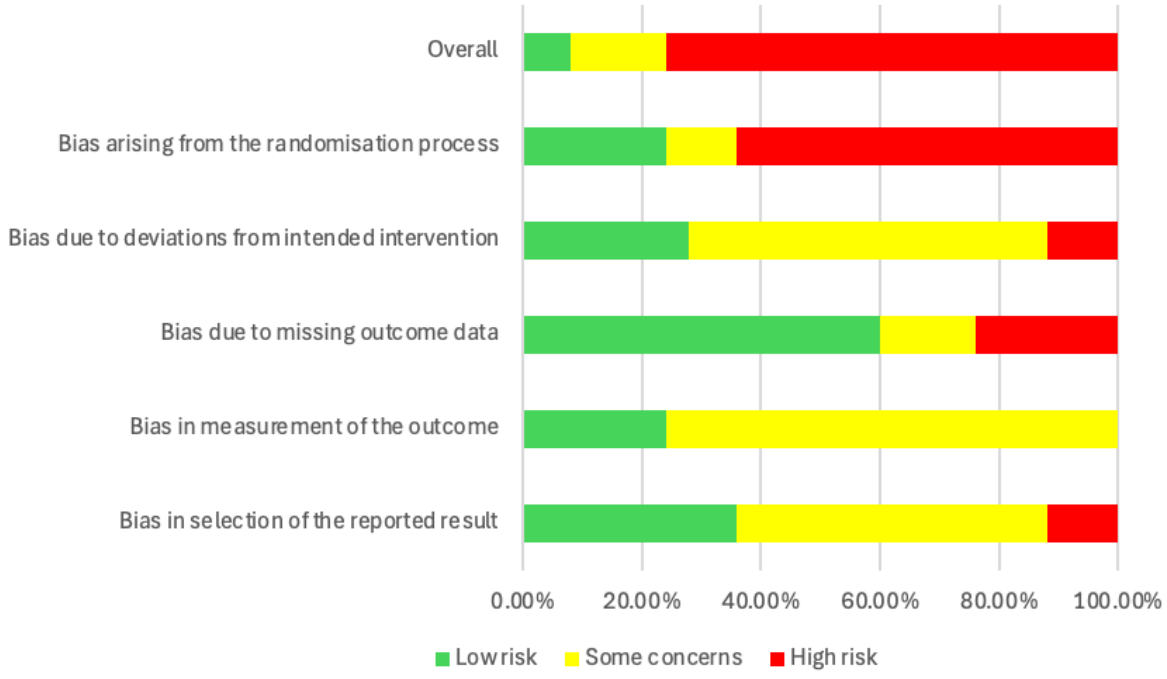


Table 7. Risk of bias for each included study (Cochrane RoB-2 tool)

Risk of bias domains:

- Domain 1: Bias arising from the randomisation process.
- Domain 2: Bias due to deviations from intended intervention.
- Domain 3: Bias due to missing outcome data.
- Domain 4: Bias in measurement of the outcome.
- Domain 5: Bias in selection of the reported result.

Study	D1	D2	D3	D4	D5	Overall
Study 1; Adkins 2018; Bammens 2015	High	Some concerns	Low	Some concerns	Low	High
Study 2; Adkins 2022	Low	Some concerns	Low	Low	Low	Low
Study 3; Ahrens 2021	High	Some concerns	Low	Low	Low	High
Study 4; Alfano 2024	Low	Some concerns	Low	Some concerns	Low	Some concerns
Study 6; Baker 2012 & 2015	Some concerns	Low	Low	Some concerns	Some concerns	Some concerns
Study 7; Baskin 2011	High	Some concerns	Low	Some concerns	Low	High
Study 8; Benjamin 2010	High	Low	Low	Low	Low	High
Study 17; Carnes-Holt 2011 & 2014	High	Some concerns	Low	Low	High	High
Study 20; Chung 2021	Low	Some concerns	Some concerns	Low	Low	Some concerns
Study 26; Fowler 2024	High	Some concerns	Low	Some concerns	Some concerns	High
Study 30; Hunsley 2019 & 2022	High	Some concerns	Low	Some concerns	Some concerns	High

Study	D1	D2	D3	D4	D5	Overall
Study 31; Hunsley 2025	High	Low	Some concerns	Some concerns	Low	High
Study 42; McCullough 2019	High	Some concerns	Low	Some concerns	Some concerns	High
Study 47; Montgomery 2020	Some concerns	High	High	Some concerns	Some concerns	High
Study 51; Opiola 2016	Low	Low	Low	Low	Low	Low
Study 52; Pacifici 2005	Some concerns	Some concerns	Some concerns	Some concerns	High	High
Study 58; Rushton 2010	Low	Low	Low	Some concerns	Some concerns	Some concerns
Study 59; Salazar 2024 & 2025	High	Some concerns	High	Some concerns	Some concerns	High
Study 61; Selwyn 2009	High	Some concerns	High	Some concerns	High	High
Study 62; Smith 2011	Low	Some concerns	High	Some concerns	Some concerns	High
Study 64; Stenason 2022	High	High	High	Some concerns	Some concerns	High
Study 66; Sullivan 2019	High	Some concerns	High	Some concerns	Some concerns	High
Study 72; Wassall 2011	High	Low	Low	Some concerns	Some concerns	High
Study 77; White 2014	High	High	Some concerns	Some concerns	Some concerns	High
Study 78; White 2023	High	Low	Low	Some concerns	Some concerns	High

Findings for evaluations of interventions including adoptive parents

RQ1. What works: What is the effectiveness of interventions to support non-related foster carers and adoptive parents of children and young people aged 0–18 placed in out-of-home care or (being) adopted from out-of-home care?

> **RQ1.1.** What are the different types of interventions/models targeted at foster carers and adoptive parents and how are they defined?
>
> **RQ1.2.** What is the effectiveness of different types of carer interventions (e.g. parenting interventions, attachment interventions, peer support, assessment and referral to services) for adoptive parents and children/young people in their care?

The studies' findings have been grouped by the level of the intervention that was evaluated – individual-level, group-based, or multi-level interventions (including more than one level, e.g. individual and group-based approaches). Note that for this set of studies, individual-level interventions have been combined with dyadic approaches that include interventions for parent–child dyads, and approaches that involved whole families have been combined with group-based interventions. Under each of the three umbrella intervention levels, we have presented further information about the interventions, described the common components delivered across those interventions, and provided an overall summary of the outcomes measured and findings reported across the studies.

Individual-level interventions

Of the 25 studies that explored the effectiveness of interventions delivered to adoptive parents, five were implemented at the individual level.

What different types of individual-level interventions/models have been evaluated for adoptive parents?

The five studies that evaluated individual-level interventions can be separated into two broad approaches – those that were more focused on psychoeducational approaches, and those that delivered therapy to caregivers and/or their children. Three studies used a combination of written, online, and multimedia-based psychoeducational approaches to deliver a range of content (Studies 3; 47; 52). Two further studies implemented therapeutic approaches – one for parent–child dyads (home-based cognitive behavioural therapy (CBT); Study 58) and one via telehealth to caregivers (Sleep and Adjustment in Foster Environments for Toddlers and Preschoolers (SAFE-T); Study 4).

What practice elements and intervention components are associated with individual-level interventions for adoptive parents?

This section addresses **RQ3. How:** What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

Table 8 presents the practice elements measured for individual-level interventions. Five individual-level interventions were coded for practice elements. A full table of the frequency of practice elements in the included studies can be found in Appendix 3.

Within the Psychoeducation general technique, practice elements that aimed to increase adoptive parents' knowledge and understanding of various content areas through didactic teaching techniques were coded only when psychoeducation was delivered at pre-specified timepoints during the intervention (rather than when psychoeducation was delivered as needs arose). We identified and coded 11 practice elements. Of these, the most common elements found across individual-level interventions were: Explaining Child Development (n = 4 interventions, 66.7%); Explaining the Impacts of Abuse, Corporal Punishment, and Trauma (n = 4 interventions, 66.7%); Explaining Caregiver–Child Interactions (n = 3 interventions, 50.0%); and Explaining Life Skills (n = 3 interventions, 50.0%).

The Positive Reinforcement general technique consists of practice elements that equip adoptive parents with positive parenting skills to respond to appropriate child behaviour with praise and/or rewards. We identified and coded three practice elements within this general technique (i.e. Praise, Tangible Rewards, and Intangible Rewards). Of these, Intangible Rewards was most common (n = 3 interventions, 50.0%).

The Nonviolent Disciplining general technique consists of practice elements that equip adoptive parents with the skills to respond to disruptive or inappropriate child behaviour with nonviolent consequences intended to reduce such behaviour. We identified and coded four practice elements within this general technique. Two individual-level interventions (33.3%) had practice elements for this general technique, and the following practice elements were coded: Natural/Logical Consequences and Ignoring.

In the Proactive Parenting general technique, practice elements that equipped adoptive parents with skills to proactively prevent the occurrence of disruptive or inappropriate child behaviour were identified. We identified and coded nine practice elements within this general technique. Of these, the most common practice elements found were: Direct and Positive Commands; Setting Expectations Through Use of Rules and Routines;[6] Monitoring; and Empowering the Child (n = 2 interventions, 33.3%, each).

Practice elements that were used to support adoptive parents to increase their caregiver sensitivity for more positive parent–child relationships were coded under the Relationship Enhancement/Promoting Sensitivity general technique. We identified and coded eight practice elements within this general technique. Of these, the most common practice elements found across programmes were: Responding Sensitively (n = 3 interventions, 50.0%); Promoting Dyadic Caregiver–Child Play (n = 2 interventions, 33.3%); Empathy (n = 2 interventions, 33.3%); Physical Touch and Affection (n = 2 interventions, 33.3%); Improving Communicative Skills of Caregivers in Interaction with Their Child (n = 2 interventions, 33.3%); and Child-directed Interactions (n = 2 interventions, 33.3%).

[6] This practice element was coded for interventions where caregivers were taught/supported to use rules and routines to set expectations and boundaries.

The Caregivers' Family of Origin general technique consisted of one practice element that supported adoptive parents to increase their understanding of their family of origin and how their own experiences of being parented may have had an impact on their current parenting. One individual-level intervention (16.7%) included this practice element.

The Skills for Caregivers Themselves general technique consisted of practice elements that equipped adoptive parents with skills they can use on their own to improve their parental wellbeing. We identified and coded nine practice elements within this general technique. Of these, the three most common practice elements were: Problem-solving Skills (n = 3 interventions, 50.0%); Reflective Functioning (n = 3 interventions, 50.0%); and Planning and Organisation (n = 2 interventions, 33.3%).

The general technique of Skills Caregivers Teach/Facilitate In Their Children consisted of practice elements that equipped adoptive parents with skills they can teach and facilitate in their children to improve their children's wellbeing. We identified and coded three practice elements (i.e. Emotion Regulation Skills, Problem-Solving Skills, and Social Skills). Of these, the most common was Problem-Solving Skills (n = 2 interventions, 33.3%).

Practice elements that were specific to foster carers and adoptive parents were coded under the FCAP (foster carer and adoptive parents) Specific general technique. We identified and coded 10 practice elements within this general technique. Of these, the most common practice elements within individual-level interventions for adoptive parents were: Being Child's Advocate; Respecting Child's Physical Boundaries; and Respecting Child's Racial/Cultural Identity (n = 1 intervention, 16.7%).

Practice elements for practitioners' delivery techniques were coded under the Delivery Method general technique. We identified and coded 21 practice elements within this general technique. Of these, the most common practice elements were: Use of Video Interaction Guidance; Use of Video Vignettes; Discussions of Challenging Situations; and Homework (n = 2 interventions, 33.3%, each).

Practice elements describing the practitioners' approach to interaction with the adoptive parents were coded under the Practitioner's Approach general technique. We identified and coded 10 practice elements within this general technique. Of these, the most common practice elements were: Promote Therapeutic Relationship; and Recognising Caregiver as Experts (n = 1 interventions, 16.7%, each).

Table 8. Practice elements and reported outcomes for individual-level interventions including adoptive parents

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 3 **Ahrens 2021** **United States**	Heart to Heart; Manual; caregivers; online; 6 hrs of content; 2 x 10–20min videos	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	N/A	Knowledge of the intervention; positive effect (greater) Parenting skills (monitoring; communication); no effect	Caregiver–youth conflict behaviours; positive effect (decrease)	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 4 **Alfano 2024** **United States**	Sleep and Adjustment in Foster Environments for Toddlers and Preschoolers (SAFE-T); therapist delivered; caregivers; telehealth; 3 sessions	Psychoeducation, Positive Reinforcement, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	Sleep-based outcomes; mixed effect (longer night-time sleep; improvement in awakenings; no differences in night- time sleep onset latency or total scheduled daytime naps) Sleep disturbance scores; positive (decrease) Child behavioural challenges (externalising); no effects Child behavioural challenges (internalising); positive effect (decrease)	Parenting stress; mixed effects	N/A	RCT Some concerns
Study 47 **Montgomery 2020** **United States**	Foster Parent College (FPC) – Culturally Competent Parenting (CCP); multimedia course; caregivers; online; 2hr course presented across 5 modules	FCAP Specific	N/A	Cultural receptivity; positive effect (increase)	N/A	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 52 **Pacifici 2005** **United States**	Foster Parent College (FPC) – Anger Outbursts Program; multimedia course; caregivers; online or DVD; 30min course	Psychoeducation, Proactive Parenting, Skills for Caregivers Themselves	N/A	Parent knowledge; positive effect (higher) Parent confidence; positive effect (higher)	N/A	RCT High risk
Study 58 **Rushton 2010** **United Kingdom**	Education or cognitive behavioural therapy (CBT) approach; therapist delivered; caregivers, children; home-based; 6 x 1hr home-based modules	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Child behavioural challenges; no effect Placement issues, post-placement problems; no effect	Parenting sense of competence; no effect Parenting challenges; no effect Parenting satisfaction; no effect	Child demonstration of feelings in parent–child relationship; no effect	RCT Some concerns

Note: The effects reported are for the first post-intervention timepoint, comparing the intervention group to the comparison group.

What is the effectiveness of different types of individual-level interventions for adoptive parents and the children/young people in their care?

Table 9 provides a summary of the overall findings for each of the three key outcome domains – child, caregiver, and relationship outcomes – across the studies that evaluated individual-level interventions that included adoptive parents, and also provides an overall confidence level for the evidence presented following the GRADE approach. Table 8 presents a more detailed description of the intervention, including practice elements, outcomes measured, and the reported direction of effect for these studies. Across the five evaluations, three RCTs were assessed to be at a high risk of bias (Studies 3; 47; 52) and two RCTs raised some concerns (Studies 4; 58).

Table 9. Summary of findings for studies that evaluated the effectiveness of an individual-level intervention including adoptive parents

Outcome domain	Studies (n)	Reported outcomes	Confidence
Child	n = 2 studies (2 RCTs)	2 positive effect 1 mixed effects 3 no effect	VERY LOW Due to imprecision; inconsistency
Caregiver	n = 5 studies (5 RCTs)	4 positive effect 1 mixed effects 4 no effect	VERY LOW Due to risk of bias; indirectness; imprecision
Relationship	n = 2 studies (2 RCTs)	1 positive effect 0 mixed effects 1 no effect	VERY LOW Due to risk of bias; indirectness; imprecision; inconsistency

Confidence in the reported effects: Overall, risk of bias was relatively high across these studies. Sample sizes were quite low, and there was substantial variation across the interventions, populations, and outcomes reported. For these reasons, the confidence we can have in these findings is low to very low and the findings reported are likely to change as more high-quality studies become available.

Child outcomes

Two studies of individual-level interventions for adoptive parents measured child outcomes (Studies 4; 58), with child behavioural challenges being the most evaluated child outcome. One of these studies reported no effect (Study 58), and one reported a positive effect on internalising

scores, but no effect on externalising scores (Study 4). One study also evaluated child sleep habits (Study 4; mixed effects) and sleep disturbance (Study 4: positive effect) – reporting positive effects for longer night-time sleep and improvement in awakenings, no differences in night-time sleep onset latency or total scheduled daytime naps, and positive improvements in sleep disturbance. One further study found no effect of the intervention on post-placement problems (Study 58).

Caregiver outcomes

Six studies measured caregiver outcomes (Studies 3; 4; 47; 52; 58), with the intervention demonstrating varying effectiveness on these outcomes. Overall, knowledge of the intervention was the most consistent positive finding, with two studies demonstrating a positive impact of the intervention compared with a comparison group (Studies 3; 52). There was less consistency across the remaining caregiver outcomes, which included parenting stress/challenges (Study 4: mixed effect; Study 58: no effect), cultural receptivity (Study 47: positive effect), parenting skills (Study 3: no effect), parenting sense of competence (Study 58: no effect) or confidence (Study 52: positive effect), and parenting satisfaction (Study 58: no effect).

Relationship outcomes

Two studies measured relationship outcomes (Studies 3; 58). One study measured caregiver–youth conflict behaviours and demonstrated a positive effect of the intervention (Study 3), and one further study found no effect on children's demonstration of feelings in the parent–child relationship (Study 58).

Key findings

Child behavioural challenges were the most commonly evaluated child outcome, but there was substantial variation in the reported effects across the studies. Due to the very low confidence we can have in this body of evidence, findings are likely to change as more high-quality evidence becomes available. Across the caregiver outcomes evaluated, parenting stress/challenges was the most common but, again, there was variation across the reported effects for this and other caregiver outcomes. Improvements in caregiver knowledge was the most consistent positive finding and was, perhaps not surprisingly, associated with psychoeducational interventions. Again, these findings are likely to change as more high-quality evaluations become available due to the very low confidence we can have in the evidence currently available. Very few studies evaluated relationship outcomes for individual-level interventions for adoptive parents – there is a clear need for further effectiveness studies in this space.

Group-based interventions

Of the 25 studies that explored the effectiveness of interventions delivered to adoptive parents, 12 were group-based interventions delivered to groups of adoptive parents and/or foster carers.

What different types of group-based interventions/models have been evaluated for adoptive parents?

Group-based programmes that included adoptive parents were generally module-based manualised programmes delivered by a facilitator/trainer who had received training in the specific programme content, structure, and delivery mechanisms. The group-based programmes evaluated

here were generally delivered in person to small groups of 5–10 caregivers participating in 1- to 5-hour-long weekly or fortnightly classes running over several weeks (range: 3–10 weeks). Several interventions included additional modes of delivery for the programme content, including parent manuals, multimedia content, smartphone apps, and video conferencing approaches (e.g. Studies 6; 8; 64; 66). Two studies included whole families, evaluating Hope Connection 2.0 (Studies 31; 31), a camp-based therapeutic intervention for adoptive families.

What practice elements and intervention components are associated with group-based interventions for adoptive parents?

This section addresses **RQ3. How:** What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

Table 10 presents the practice components and outcomes measured for group-based interventions including adoptive parents. We coded practice elements across 11 group-based interventions. A full table of practice element frequency can be found in Appendix 4.

Of the 11 practice elements within the Psychoeducation general technique, the three most common elements found across group-based interventions included in our review were: Explaining the Impacts of Abuse, Corporal Punishment, and Trauma (n = 7 interventions, 63.6%); Explaining Child Development (n = 6 interventions, 54.5%); and Explaining Caregiver–Child Interactions (n = 6 interventions, 54.5%).

Of the three practice elements within the Positive Reinforcement general technique, Praise was most common (n = 3 interventions, 27.3%). Of the four practice elements in the Nonviolent Disciplining general technique, Natural/Logical Consequences (n = 3 interventions, 27.3%) was most common.

Of the nine practice elements within the Proactive Parenting general technique, the three most common practice elements found were: Setting Expectations Through Use of Rules and Routines (n = 3 interventions, 27.3%); Empowering the Child (n = 3 interventions, 27.3%); and Direct and Positive Commands (n = 2 interventions, 18.2%, each).

Of the eight practice elements within the Relationship Enhancement/Promoting Sensitivity general technique, the three most common practice elements found across group-based programmes were: Responding Sensitively (n = 7 interventions, 63.6%); Empathy (n = 5 interventions, 45.5%); Promoting Caregiver–Child Dyadic Play (n = 4 interventions, 36.4%). Two interventions (18.2%) were coded for the Reflections on Caregivers' Family of Origin practice element.

Of the nine practice elements within the Skills for Caregivers Themselves general technique, the three most common practice elements were: Emotion Regulation Skills (n = 8 interventions, 72.7%); Self-Care (n = 6 interventions, 54.5%); and Reflective Functioning (n = 4 interventions, 36.4%).

Of the three practice elements within the general technique of Skills Parents Teach/Facilitate In Their Children, the most common practice element was Emotion Regulation Skills (n = 7 interventions, 63.6%). No interventions included practice elements within the Financial Resources or Navigation Support general techniques.

Of the 10 practice elements within the FCAP Specific general technique, the most common practice elements were: Being Child's Advocate; and Respecting Child's Physical Boundaries (n = 3 interventions, 27.3%, each).

Of the 21 practice elements within the Delivery Method general technique, the three most common practice elements were: Use of Video Vignettes; Discussions of Challenging Situations; and Homework (n = 6 interventions, 54.5%, each). Under the Practitioner's Approach general technique, the most common practice element of 10 was: Life Story Work (n = 2 interventions, 18.2%).

Table 10. Practice elements and reported outcomes for group-based interventions including adoptive parents

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 1 **Adkins 2018; Bammens 2015** **United States**	Family Minds (FM); instructor delivered; caregivers; in person; 3 3-hour classes over 4–6 weeks	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	N/A	Parenting stress; positive effect (decrease) Parental Reflective Functioning; positive effect (increase)	N/A	QED High risk
Study 2 **Adkins 2022** **United States**	Family Minds (FM); instructor delivered; caregivers; in person; 3 3-hour classes over 4–6 weeks	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Child behavioural challenges; no effect	Parenting stress; mixed effect Parental Reflective Functioning; mixed effect	N/A	RCT Low risk
Study 6 **Baker 2012 & 2015** **United States**	Emotional Attachment and Emotional Availability (EA2) Tele-Intervention; online, telehealth delivered, interactive website; caregivers; online, video conferencing; unclear	Psychoeducation, Relationship Enhancement/Promoting Sensitivity	Child behavioural challenges (total); positive effect (decrease)	Parenting stress; no effect Caregiver emotional availability (two measures); mixed effects	Parent–child observed emotional attachment; positive effect (increase) Attachment behaviours; no effect	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 7 **Baskin 2011** **United States**	Forgiveness and Marriage Educational Group; facilitator-led, workbook; caregivers (couples); in person; 36 hours, 6–7 sessions over 3 months	Psychoeducation, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	N/A	Depressive symptoms; positive effect (decrease) Marital satisfaction; positive effect (increase) Forgiveness; positive effect (increase)	N/A	RCT High risk
Study 8 **Benjamin 2010** **United States**	Benjamin Interactive Parenting Model (BIPM); Love and Logic Parenting (LLP); book, instructor; caregivers, caregiver–child dyad exercises; in person; 7 weekly 90min sessions	BIPM: Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children LLP: Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Child behavioural challenges; no effect	Caregivers' attachment characteristics; no effect	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 30 **Hunsley 2019 & 2022** **United States**	Hope Connection 2.0 (HC 2.0); therapeutic team leaders, family coaches, 'buddies'; families of adoptive children; in person; 2 weekend camps involving a range of therapeutic activities and resources	Psychoeducation, Positive Reinforcement, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child behavioural challenges (trauma-related); positive effect (decrease) Child behavioural challenges; mixed effect	N/A	Parent–adopted child relationship; positive effect (improved) Sibling–adopted child relationship; no effect Overall Family Functioning; mixed effects	QED High risk
Study 31 **Hunsley 2025** **United States**	Hope Connection 2.0 (HC 2.0); therapeutic team leaders, family coaches, 'buddies'; families of adoptive children; in person; 2 weekend camps involving a range of therapeutic activities and resources	Psychoeducation, Positive Reinforcement, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child behavioural challenges (trauma-related); no effect Child sensory processing behaviour; no effect	N/A	N/A	QED High risk
Study 61 **Selwyn 2009** **United Kingdom**	It's a Piece of Cake; trainers; caregivers; in person; 6 x 5hr modules	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child behavioural challenges; no effect	Positive parenting skills; no effect Confidence in managing children's challenging behaviour; positive effect (increased)	Child demonstration of feelings in parent–child relationship; no effect	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 62 **Smith 2011** **United States**	Middle School Success – a preventative intervention for girls in foster care; 6 x separate sessions twice weekly for 3 weeks for female foster children and caregivers	Psychoeducation, Nonviolent Disciplining	Child behavioural challenges; no effect Child prosocial behaviour; positive effect (increased)	N/A	N/A	RCT High risk
Study 64 **Stenason 2022** **Canada**	Resource Parent Curriculum (RPC); unclear; caregivers; 8 modules	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	N/A	Parenting stress; no effect Knowledge & beliefs; positive effect (increase) Protective factors; no effect	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 66 **Sullivan 2019** **United States**	Resource Parent Curriculum (RPC), plus Trauma Informed Parenting Skills (TIPS); plus smartphone app; trainer delivered, manual, multimedia interactive app; caregivers; in person; 10 x 2.5hr sessions, multimedia content on the app	RPC: Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific TIPS: Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Child behavioural challenges (externalising); positive effect (decrease) Child behavioural challenges (internalising); positive effect (decrease) Child prosocial behaviour; no effect	Knowledge of childhood trauma and trauma-related parenting strategies; positive effect (increased) Caregiver strain; no effect Parenting self-efficacy; positive effect (increased)	N/A	QED High risk
Study 72 **Wassall 2011** **United Kingdom**	Fostering Attachments (now called Nurturing Attachments); facilitator-led; caregivers; unclear	Psychoeducation, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child social, emotional, and behavioural wellbeing (total difficulties); no effect Sense of security; no effect	Parenting stress; no effect Parenting sense of competence; mixed effect Carer's mind-mindedness; no effect	N/A	RCT High risk

Note: The effects reported are for the first post-intervention timepoint, comparing the intervention group with the comparison group.

What is the effectiveness of different types of group-based interventions for adoptive parents and children/young people in their care?

Table 11 summarises the overall findings for each of the three key outcome domains – child, caregiver, and relationship outcomes – across the studies that evaluated group-based interventions that included adoptive parents, and provides an overall confidence level following GRADE for the evidence presented. Table 10 presents a more detailed description, including practice elements, outcomes measured, and reported effects for these studies. Across the 12 evaluations, 10 studies (seven QEDs;three3 RCTs; Studies 1; 7; 8; 30; 31; 61; 62; 66; 72; 64) were assessed to be at a high risk of bias, one RCT raised some concerns (Study 6), and one RCT was at a low risk of bias (Study 2).

Table 11. Summary of findings for studies that evaluated the effectiveness of a group-based intervention that included adoptive parents

Outcome domain	Studies (n)	Reported outcomes	Confidence
Child	n = 9 studies (4 RCTs; 5 QEDs)	5 positive effect 1 mixed effects 9 no effect	VERY LOW Due to risk of bias; indirectness; imprecision; inconsistency
Caregiver	n = 9 studies (4 RCTs; 5 QEDs)	9 positive effect 4 mixed effects 7 no effect	VERY LOW Due to risk of bias; indirectness; imprecision; inconsistency
Relationship	n = 3 studies (1 RCTs; 2 QEDs)	2 positive effect 1 mixed effects 3 no effect	VERY LOW Due to risk of bias; imprecision; inconsistency

Confidence in the reported effects: Overall, risk of bias was high across these studies. There was some variation across the interventions, and notable variation across the populations and outcomes reported. A substantial proportion of these studies included only a small number of adoptive parents. For these reasons, the confidence we can have in these findings is very low, and it is likely that the reported findings will change as more high-quality studies become available.

Child outcomes

Nine studies that evaluated group-based interventions for adoptive parents and the children in their care measured child outcomes and all of these included at least one measure of child

behavioural challenges/difficulties. Of these, only three studies reported at least one positive difference for the children/young people included in the intervention when compared with a comparison group post-intervention (Studies 6; 30; 66) – with the remaining studies reporting mixed or no effect (Studies 2; 8; 31; 61; 62; 72: no effect; Study 30: mixed effects). Two studies evaluated prosocial behaviour – one reported a positive effect (Study 62), and one reported no effect (Study 66). Other child outcomes that were evaluated across these studies included sense of security (Study 72: no effect) and child sensory processing (Study 31; no effect).

Caregiver outcomes

Eight of the 12 studies measured caregiver outcomes – all bar four (Studies 20; 30; 31; 62). The most frequently measured and reported caregiver outcomes were parenting stress (n = 5 studies; Study 1: positive effects; Study 2: mixed effects; Studies 6; 64; 72: no effect), parenting efficacy or confidence (n = 3 studies; Studies 61; 66: positive effect; Study 72: mixed effects), parent reflective functioning (n = 2 studies; Study 1: positive effect; Study 2: mixed effects), and knowledge (n = 2 studies; Studies 66; 64: positive effect). One study reported positive effects on depressive symptoms, marital satisfaction, and forgiveness (Study 7). Across the studies, the following carer outcomes were measured in one study each, reporting no/mixed effects: positive parenting (Study 61), caregiver strain (Study 66), parent attachment characteristics (Study 8), parent emotional availability (Study 6), parent mind-mindedness (Study 72), and protective factors (Study 64).

Relationship outcomes

Fewer studies evaluating group-based interventions including adoptive parents measured relationship outcomes. These three studies reported findings across the following outcomes: parent–child emotional attachment (Study 6; positive effect); attachment behaviour (Study 6; no effect); parent–adoptive child relationship (Study 30; positive effect); sibling–adoptive child relationship (Study 30; no effect); family functioning (Study 30; mixed effect); and child demonstration of feelings in the parent–child relationship (Study 61; no effect).

Key findings

The most commonly evaluated child outcome for group-based interventions including adoptive parents was child behavioural challenges. However, there was substantial heterogeneity across the reported effects, and this was also the case across the other child outcomes reported. This variation across the findings is probably due to the high risk of bias associated with most of these studies, and it is probable that these findings will change as more high-quality studies are undertaken. Although parenting stress was the most common caregiver outcome, studies did not report consistent positive effects of group-based interventions. The effectiveness of these interventions on some caregiver outcomes is promising, with fairly consistent positive results reported for parenting efficacy/competence and knowledge outcomes by a small number of studies. Most of the specific outcome measures were evaluated by a single study and so it is expected that the confidence we can have in these findings, currently assessed as very low, will change as more studies become available. There was an overall lack of studies evaluating relationship outcomes for group-based studies, and due to the substantial heterogeneity across the outcomes and reported effects, the confidence we can have in these findings is also very low.

Multi-level interventions

Of the 25 studies that explored the effectiveness of interventions delivered to adoptive parents, eight studies evaluated programmes that delivered components across multiple levels.

What different types of multi-level interventions/models have been evaluated for adoptive parents?

Two studies evaluated Child–Parent Relationship Therapy (CPRT), which included 10 weeks of 2-hour group-based, skills-focused content, alongside weekly supported play sessions between caregivers and their child (Studies 17; 51). One study combined 10 x 1.25-hour self-paced online units of learning with four weekly 3-hour group-based classroom sessions (Study 77). Two of the eight studies evaluated multi-level and flexible interventions (Studies 42; 78). One evaluated the Neurosequential Model of Therapeutics (NMT) – a flexible individualised programme that can include several different services delivered at the individual, family, or community levels (Study 78). The second study evaluated the Neurophysical Psychotherapy (NPP) model, which delivers a range of interventions to support a child's individual attachment needs (Study 42). Two further studies evaluated the National Training and Development Curriculum (NTDC), which included psychoeducational online modules as well as group-based video conferencing approaches (Studies 26; 59). One further study explored moderators for the Illinois Birth through Three (IB3) programme, which included a group-level parenting programme and child–parent psychotherapy (Study 20).

What practice elements and intervention components are associated with evaluated multi-level interventions including adoptive parents?

This section addresses **RQ3. How:** What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

Table 12 describes the practice elements for mixed-level interventions. Seven multi-level interventions were coded for practice elements. A full table of practice element frequency can be found in Appendix 5.

Of the 11 practice elements within the Psychoeducation general technique, the most common elements found across multi-level interventions included in our review were: Explaining the Impacts of Abuse, Corporal Punishment, and Trauma (n = 5 interventions, 71.4%); Explaining Child Development (n = 4 interventions, 57.1%); Explaining Caregiver–Child Interactions (n = 4 interventions, 57.1%); and Explaining Child Safety (n = 4 interventions, 57.1%).

One multi-level intervention (14.3%) included Intangible Rewards within the Positive Reinforcement general technique, and no multi-level interventions included practices within the Nonviolent Disciplining general technique.

Of the nine practice elements within the Proactive Parenting general technique, the most common practice elements were: Setting Expectations Through Use of Rules and Routines; and Fostering Positive Caregiving Attitudes (n = 2 interventions, 28.6%, each).

Of the eight practice elements within the Relationship Enhancement/Promoting Sensitivity general technique, the three most common practice elements found across multi-level programmes were: Empathy; Improving Communicative Skills of Caregivers in Interaction with Their Child; and Responding Sensitively (n = 5 interventions, 71.4%, each). One multi-level intervention (14.3%) included the practice element Reflections on Caregivers' Family of Origin.

Of the nine practice elements within the Skills for Caregivers Themselves general technique, the most common practice elements were: Emotion Regulation Skills (n = 4 interventions, 57.1%), Reflective Functioning (n = 4 interventions, 57.1%); Planning and Organisation (n = 3 interventions, 42.9%); and Self-Care (n = 3 interventions, 42.9%).

Of the three practice elements within the general technique of Skills Caregivers Teach/ Facilitate In Their Children, the most common practice element was Emotion Regulation Skills (n = 3 interventions, 42.9%).

Of the 10 practice elements within the FCAP Specific general technique, the three most common were: Communicating with Birth Parents; Respecting Child's Racial/Cultural Identity; and Case Management (n = 2 interventions, 28.6%, each).

Of the 21 practice elements within the Delivery Method general technique, the three most common practice elements were: Reframing Techniques (n = 4 interventions, 57.1%); Discussions of Challenging Situations (n = 3 interventions, 42.9%); and Modelling (n = 3 interventions, 42.9%).

Of the 10 practice elements within the Practitioner's Approach general technique, the three most common practice elements were: Promote Therapeutic Relationship; Client-Directed; and Life Story Work (n = 2 interventions, 28.6%).

Table 12. Practice elements and reported outcomes for multi-level interventions including adoptive parents

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 17 **Carnes-Holt 2011 & 2014** **United States**	Child–Parent Relationship Therapy (CPRT); facilitator-led; caregiver, caregiver–child dyad; in person; 10 x 2hr sessions, weekly supervised play sessions	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves	Child behavioural challenges (total); positive effect (decrease)	Parental empathy; positive effect (increase) Parenting stress; positive effect (decrease)	N/A	RCT High risk
Study 20 **Chung 2021** **United States**	Illinois Birth Through 3 (IB3) which consists of Child–Parent Psychotherapy and Nurturing Parenting Program; unclear	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	N/A	N/A	Family reunification: mixed effects Attachment quality: mixed effects	RCT Some concerns
Study 26 **Fowler 2024** **United States**	National Training and Development Curriculum (NTDC); facilitator-led, online, video conferencing; caregivers; video conferencing, online; 19 x modules	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child permanency & stability outcomes (several measures); mixed effect	Likelihood of becoming a resource parent; positive effect (increase) Likelihood of resource parents to foster/adopt a diverse range of children; mixed effect	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 42 **McCullough 2019** **United Kingdom**	Neuro-Physiological Psychotherapy (NPP); this model utilised several levels of interventions depending on the child's attachment needs	Psychoeducation, Positive Reinforcement, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Affect regulation & executive functioning; mixed effects Child behavioural challenges (total); mixed effects Child behavioural challenges (externalising); mixed effects Mental health difficulties; mixed effects Education (school exclusion & stayed in mainstream education); positive effect Changes in family set-up (placement disruptions; parental separation); positive effect (fewer) Criminal justice system involvement; positive (fewer)	N/A	Child–parent relationships; positive effect (improved) Child–sibling relationship; no effect Child–peers relationship; positive effect (improved) Relational functioning; mixed effects	QED High risk
Study 51 **Opiola 2016** **United States**	Child–Parent Relationship Therapy (CPRT); facilitator-led; caregiver, caregiver–child dyad; in person; 10 x 2hr sessions, weekly supervised play sessions	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves	Child behavioural challenges (total); positive effect (decrease)	Parenting stress; positive effect (decrease) Parental empathy; positive effect (increase)	N/A	RCT Low risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 59 **Slazar 2024 & 2025** **United States**	National Training and Development Curriculum for Foster and Adoptive Parents; multimedia course; caregivers; online; 15 x 1hr module as-needed training resource	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	N/A	Knowledge; positive effect (increased) Resource parent self-efficacy; no effect Attitudes and beliefs towards trauma; positive effect (improved) Receptivity to birth family connections; no effect Successful foster potential; no effect	N/A	QED High risk
Study 77 **White 2014** **United States**	Blended Preservice Training; online units, facilitator; caregivers; online, in person; 10 x online units, 4 x 3hr classroom meetings	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	N/A	Parenting knowledge/subjects' overall knowledge of material covered in the training programmes; positive effect (higher) Parents' self-perceptions of how well they understand parenting issues; positive effect (higher for comparison classroom-only group)	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 78 **White 2023** **United States**	Neurosequential Model of Therapeutics (NMT); individualised programme that can include several different services delivered at the individual, family, or community levels	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child behavioural challenges; positive effect (lower) Belonging and emotional security for adoptive children: no effect	N/A	N/A	QED High risk

Note: The effects reported are for the first post-intervention timepoint, comparing the intervention group with the comparison group.

What is the effectiveness of multi-level interventions for adoptive parents and children/young people in their care?

Table 13 summarises the overall findings for each of the three key outcome domains – child, caregiver, and relationship outcomes – across the studies that evaluated multi-level interventions that included adoptive parents, and provides an overall confidence level following GRADE for the evidence presented. Table 12 above presents a more detailed description, including practice components, outcomes measured, and reported findings for these studies. Across the eight evaluations, two RCTs and four QEDs were assessed as being at a high risk of bias (Studies 17; 26; 42; 59; 77; 78), one RCT raised some concerns (Study 20), and one RCT was at a low risk of bias (Study 51).

Table 13. Summary of findings for studies that evaluated the effectiveness of a multi-level intervention that included adoptive parents

Outcome domain	Studies (n)	Reported outcomes	Confidence
Child	n = 5 studies (2 RCTs; 3 QEDs)	6 positive effect 5 mixed effects 1 no effect	LOW Due to risk of bias
Caregiver	n = 5 studies (1 RCT; 4 QEDs)	9 positive effect 1 mixed effects 3 no effect	LOW Due to risk of bias; imprecision
Relationship	n = 2 studies (1 RCT; 1 QED)	2 positive effect 3 mixed effects 1 no effect	VERY LOW Due to risk of bias; imprecision; inconsistency

Confidence in the reported effects: Overall, risk of bias was high across these studies. There was variation across the interventions, populations, and outcomes reported. For these reasons, the confidence we can have in the reported findings is low to very low – further research is likely to have an important impact on confidence and is likely to change the findings.

Child outcomes

Five studies evaluating multi-level interventions including adoptive parents evaluated child outcomes – four of these measured child behavioural challenges (Studies 17; 51; 78: positive effect; Study 42: mixed effects). One of these studies assessed belonging and emotional security for

adoptive children (Study 78; no effect), one further study evaluated child permanency and stability (Study 26; mixed effect), and one (Study 42) evaluated the intervention's impact on affect regulation and executive functioning (mixed effects), mental health difficulties (mixed effects), education outcomes (positive effect), changes in family set-up (positive effect), and criminal justice involvement (positive effect).

Caregiver outcomes

Five studies explored intervention impact on caregiver outcomes. Two studies found a positive effect on parenting efficacy and parenting stress scores (Studies 17; 51). One QED evaluating Blended Preservice Training with a high risk of bias included individual online learning and group-based approaches (Study 77). The intervention had a mixed effect on the assessed caregiver outcomes, demonstrating a greater increase in parents' knowledge of the intervention content compared with the comparison group, but a lower increase in parents' awareness of parenting issues post-intervention compared with the comparison group. One further study found a positive impact of the intervention on the likelihood of becoming a resource parent and a mixed effect on the likelihood participating resource parents would foster or adopt a diverse range of children (Study 26). One further high-risk QED evaluating the National Training and Development Curriculum for Foster and Adoptive Parents (NTDC) found a positive impact on parent knowledge and attitudes towards trauma, but no effect on resource parent self-efficacy, receptivity to birth family connections, or successful foster care potential (Study 59).

Relationship outcomes

Two studies that evaluated multi-level interventions assessed their impact on relationship outcomes. Study 42 evaluated child–parent relationships (positive effect), child–sibling relationship (no effect), child–peers relationship (positive effect), and relational functioning (mixed effect). The second study (Study 20) reported mixed effects for outcomes relating to attachment and family reunification.

Key findings

The impact of multi-level interventions on reported child outcomes across the included studies was mostly positive, with some variations in the reported effect within studies (e.g. mixed effects). These findings should be viewed cautiously, however, given the high risk of bias and low confidence we can have across the studies reporting child outcomes for multi-level interventions. The impact of these interventions on reported caregiver outcomes was also mostly positive, with some variations in the reported effects across the studies and the specific outcomes reported. There is notable heterogeneity across the specific caregiver outcomes captured by these studies. Again, these findings should be viewed cautiously given the high risk of bias and low confidence we can have across the studies reporting caregiver outcomes for multi-level interventions. Only one study evaluated relationship outcomes and there is substantial opportunity for further evaluations.

Studies evaluating the effectiveness of interventions including foster carers

Across the included studies, there were 65 evaluations of interventions that were delivered to foster carers. Of these, 50 were delivered to foster carers only, and 15 were delivered to both adoptive and foster carers.

Following the overall descriptions of the studies and their participants, we have grouped our synthesis of the studies' findings by the level of the intervention being evaluated – individual-level, group-based, or multi-level interventions (including more than one level, e.g. individual and group-based). We have presented further information about the interventions, the practice components delivered within the interventions, the outcomes measured, and findings reported across the studies.

Characteristics of studies

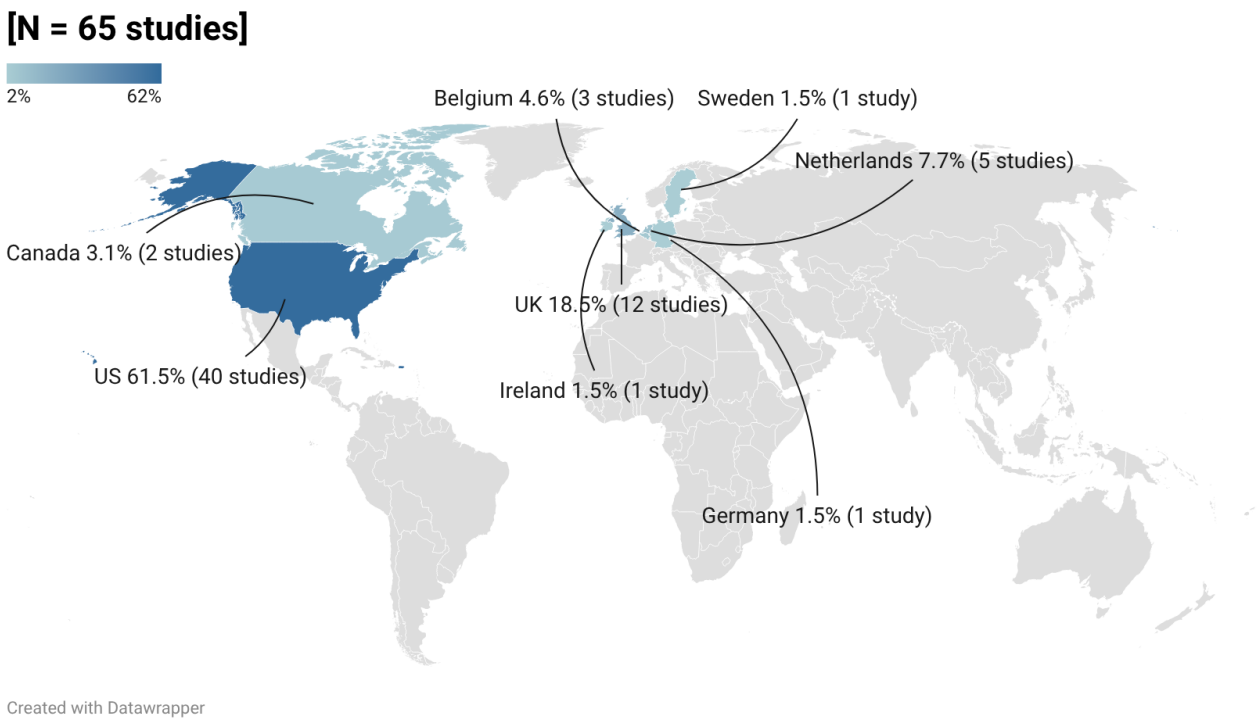
This section addresses **RQ2. For whom:** What are the known demographics and characteristics of the foster carers, adoptive parents, and children and young people served by these interventions? What are the different types of interventions/models that are effective for children in different developmental age ranges?

The study and participant characteristics for evaluations of interventions that included foster carers have been summarised in Table 15 (individual level), Table 16 (group level), and Table 17 (multi-level), and narratively in the following sections.

Study characteristics

The included foster care studies were published between 1992 and 2025, with most studies published after 2000 (except Studies 15; 18). As shown in Figure 5 below, the majority of the studies were conducted in the United States (n = 40 studies; 61.5%), followed by studies undertaken in the United Kingdom (n = 12 studies; 18.5%).

Figure 5. Countries where included foster carer studies were undertaken (go to accessibility text)



As shown in Table 14 below, a range of intervention settings were reported across the studies, with most interventions conducted in home-based settings (n = 12 studies), foster or adoptive care agencies (n = 9 studies), community settings (n = 8 studies), child welfare agencies (n = 5 studies), clinic settings (including mental health services; n = 5 studies), local authorities (n = 5 studies), or online or by phone (n = 6 studies). A smaller number of interventions were undertaken in churches (n = 2 studies), home-based settings (n = 1 study), daycare settings (n = 1 study), school environments (n = 1 study), playgrounds (n = 1 study), kindergartens[7] (n = 1 study), a sexual assault resource centre (n = 1 study), or via multimedia (n = 1 study).

[7] Kindergartens are the first year of statutory schooling for most areas of the United States, when children are 5–6 years old.

Table 14. Intervention settings for studies including foster carers

Setting	Number of studies	Study ID
Home-based settings	13	9–10; 13–14; 21; 23; 33; 35; 60; 63; 68–70
Foster or adoptive care agencies	9	25; 35; 37; 40; 44; 67; 72; 74–75
Community settings	8	5; 19; 23; 38; 55; 64–66
Online or by phone	6	4; 26; 54; 66; 71; 77
Child welfare agencies	5	3; 19; 20; 43; 64
Clinic settings (including mental health services)	5	8; 21; 36; 45; 55
Local authorities	5	12; 16; 29; 41; 46
Churches	2	19; 55
Daycare settings	1	13
School environments	1	33
Playgrounds	1	33
Kindergartens	1	39
A sexual assault resource centre	1	71
Via multimedia	1	52

Participant characteristics

All studies included a caregiver sample, and the majority also reported on the sample sizes (excepting Studies 9; 77). The reported sample sizes ranged from 16 caregivers (Study 16) to 3,822 resource parents (Study 26).

Caregiver participant characteristics

The caregiver participant characteristics across the studies that evaluated interventions including foster carers mirrored those found across the studies that included adoptive parents. Of the 45 studies that reported the gender of caregiver participants, women overwhelmingly represented the

majority (range: “majority” to 100%). Ethnicity was reported in 37 studies, with most being reported as White/Caucasian (n = 31 studies; range: 4% to 98%), followed by Black/African American (n = 25 studies; range: 2% to 74%) and Hispanic/Latino (n = 17 studies; range: 3% to 57%). The reported mean age of parents ranged from 34.71 to 55 years, with the overall range between 18 and 81 years (n = 48 studies). In the studies that reported on parents’ education and annual income levels (n = 32 and n = 24 studies, respectively), most participants had completed high school or higher; however, the reported income levels varied from low to high brackets.

Child/young person participant characteristics

About 81% of the studies (n = 53 studies; except Studies 29; 41; 48; 56–57; 59; 64–65; 69; 73; 77) reported some aspect of the child/young person participant characteristics. Of the 51 studies that reported on child participants’ age, the mean age ranged from 9.9 months to 14.13 years, with the overall age range of 0 to 21 years. Similar to the demographics reported across the studies that included adoptive parents, the proportions of male and female child participants were almost even across the studies (n = 43; four LGBTIQ youth were included and their gender identities were recoded as male and female by the study authors in Haggerty 2021 and 2023 (Study 28) due to small sample size); and most participants identified as White/Caucasian, Black/African American, or Hispanic/Latino (n = 30 studies). Studies that explicitly reported on child disability were lacking.

Table 15. Study and participant characteristics for studies evaluating interventions including foster carers. Intervention level: individual

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 3 **Ahrens 2021** **United States**	Full sample: 101 caregivers IG: 42 CG: 56 Setting: public and private child welfare agencies	Caregiver: M = 53.8, SD = 15.9 Child: M = 14 years, SD = 3.8	Caregiver: 95.8% female Child: 52.1% female	Caregiver: racially, 67.6% Black, 11.3% White, 9.9% more than one race, 1.4% American Indian or Alaskan Native, 1.4% other; ethnically, 15.5% Latino/Latina/Hispanic Child: NR	44.1% made < 25k; 25.4% made 25–50k; 23.7% made 50–100k; 6.8% made 100–250k	Overall, participants had average 9.5 (SD = 8.8) years of education	45.1% kinship care, 36.6% foster care, 18.3% adoption
Study 4 **Alfano 2024** **United States**	Full sample: 45 caregivers IG: 22 CG: 23 Setting: telehealth	Caregiver: M = 40.98, SD = 8.96 Child: M = 4.01 years, SD = 1.04	Caregiver: NR Child: 42.2% female	Caregiver: NR Child: 64.4% White	NR	NR	68% foster care, 32% adoption
Study 9 **Dozier 2006, 2008, 2009; Bick 2013; Bernard 2017** **United States**	Full sample: unclear IG: unclear CG: unclear Setting: home	Caregiver: 24 to 74; M = 45, SD = 10.7 Child: 1 to 22 months; M = 9.9, SD = 6.05	Caregiver: all female Child: 48% female	Caregiver: 46% White non-Hispanic, 43% African American, 7% Hispanic, 4% biracial Child: 59% African American, 28% White non-Hispanic, 6% Hispanic, 1% Asian American, 6% biracial	Family income ranged from less than $10,000 to greater than $100,000 (Mdn = $50,000)	81% had completed high school or higher	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 10 **Gaudreau 2024; Lind 2017; Raby 2019** **United States**	Full sample: 205 dyads IG: 93 CG: 85 Setting: home	Caregiver: ABC-T (IG): 24.3 to 67.5; M = 44.8, SD = 9.7 DEF (CG): 22.0 to 76.3; M = 44.6, SD = 11.3 Child: M = 35.4 months, SD = 9.11	Caregiver: >90% female Child: almost 50% girls, 50% boys	Caregiver (% ethnicity in IG/CG): African American: 43.2% / 50% Caucasian: 50.0% / 33.3% Hispanic: 4.5% / 7.1% Other: 2.3% / 9.5% Child (% ethnicity in IG/CG): African American: 46.7% / 51.2% Caucasian: 31.1% / 25.6% Other: 13.3% / 16.3% Hispanic: 8.9% / 7%	Household income ($) IG: 8.8% made < 10k; 8.8% made 10–19k; 11.8% made 20–29k; 8.8% made 30–39k; 8.8% made 40–59k; 6.5% made 60–99k; 6.5% made ≥ 100k CG: 3.1% made< 10k; 2.5% made 10–19k; 6.3% made 20–29k; 15.6% made 30–39k; 15.6% made 40–59k; 28.1% made 60–99k; 18.8% made ≥ 100k	Majority had completed high school or higher	~72% foster care, relative placement
Study 23 **Danko 2014** **United States**	Full sample: 27 caregivers IG: 18 CG: 9 Setting: home; urban	Caregiver: 23 to 81; M = 44.11, SD = 13.12 Child: 2.08 to 5.67 years; M = 3.56 years, SD = 0.99	Caregiver: 92.6% female Child: 74.1% male	Caregiver: 66.7% African American, 18.5% Caucasian, 14.8% Latino Child: 66.7% African American, 14.8% Multiracial, 11.1% Latino, 3.7% Caucasian, 3.7% Asian	Average household income was 4.15, where 4 = $30,001 to $40,000 and 5 = $40,001 to $50,000 (SD = 2.26; range: 1.00–8.00)	An average of 14.69 years of schooling (SD = 3.26)	Foster care, kinship care (28.6%)

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 28 **Haggerty 2021 & 2023** **United States**	Full sample: 220 dyads IG: 110 CG: 110 Setting: unclear	Caregiver: NR Child: average 12.3 years	Caregiver: NR Child: 54% female*	Caregiver: NR Child: ~50% White, 30% Hispanic, 12% Native, 15% Black, 9% Asian	NR	NR	Foster care
Study 40 **Maaskant 2016 & 2017** **Netherlands**	Full sample: 88 caregivers IG: 47 CG: 41 Setting: foster care institutions; regional	Caregiver: PMTO (IG): M = 46.55, SD = 6.91 CAU (CG): M = 48.82, SD = 7.79 Child: IG: M = 7.85 years, SD = 2.36 CG: M = 7.52 years, SD = 2.3	Caregiver: n = 84 mothers and 48 fathers Child (% female in IG/CG): 54% / 50%	Caregiver: NR Child (% non-Dutch in IG/CG): 39% / 20%	NR	~75% had a high educational background	84% non-relative care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 47 **Montgomery 2020** **United States**	Full sample: 72 caregivers IG: unclear CG: unclear Setting: unclear (foster and adoptive parent support groups)	Caregiver: 27 to 72; M = 43.25, SD = 9.46 Child: 0 to 18 years with 25.7% ages 0–3, 18.6% ages 4–6, 20% ages 7–10, 22.9% ages 11–14, 12.9% ages 15–18	Caregiver: 92.2% female, 7.8% male Child: 52.6% male, 47.4% female	Caregiver: 96% White/ Caucasian, 2% Black/African American, 2% Biracial (White/Hispanic) Child: 45.9% Black/African American/Afro-Caribbean/Black African, 33.8% Biracial, 8.1% Latino/a/Hispanic/Spanish/ Latin American/Spanish Speaking-South American/ Caribbean heritage/or other in this category, 5.4 % East Asian/Asian American/ Amerasian/Asian-Caribbean/or other in this category, 4.1% South Asian/ South Asian American/of South Asian heritage/or other in this category, 1.4% Native American, 1.4% unknown	3.9% made <30k; 33.3% made 30–50k; 33.3% made 50–100k; 29.4% made >100k	NR	Foster care, adoption
Study 52 **Pacifici 2005** **United States**	Full sample: 74 caregivers IG: unclear CG: unclear Setting: via DVD	Caregiver: M = 46 Child: M = 10 years	Caregiver: ~92% female Child: ~57% boys	Caregiver: ~90% non-Hispanic Child: NR	NR	On average, had 2 years of college education	Foster care, adoption

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 54 **Platt 2024** **United States**	Full sample: 121 families IG: 59 CG: 62 Setting: online	Caregiver: 51% aged between 35 and 44 Child: M = 6.4 years, SD = 4.66	Caregiver: majority female Child: NR	Caregiver: 98% White Child: NR	34% were full-time employed and 73% earned income of $42–126k per year	81% had obtained a bachelor's degree or higher	Foster care
Study 60 **Schoemaker 2020** **Netherlands**	Full sample: 60 dyads IG: 30 CG: 30 Setting: home	Caregiver: 31 to 61; M = 45.43, SD = 7.42 Child: 1 year to 6 years; M = 3.63, SD = 1.35	Caregiver: 83% female Child: 45% boys	Caregiver: NR Child: NR	56.7% employed, with most being in part-time employment	~80% had completed secondary education or higher	73% non-kinship care, 27% kinship care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 63 **Sprang 2009** **United States**	Full sample: 58 dyads IG: 29 CG: 29 Setting: home	Caregiver: Completers: M = 39.7 years, SD = 6.45 Dropout group: M = 38.1 years, SD = 5.96 Child: Completers: M = 42.5 months, SD = 18.6 Dropout group: M = 27 months, SD = 11.84	Caregiver: n = 48 females, 10 males Child: n = 26 females and 27 males (completers)	Caregiver: n = 52 White, 6 African American Child: NR	NR	M = 14.1 years of formal education (SD = 2.54) in the participant group M = 14.29 years of formal education (SD = 1.67) in the dropout group	Foster
Study 68 **Van Holen 2017** **Belgium**	Full sample: 63 caregivers IG: 30 CG: 33 Setting: home	Caregiver: M (mother) = 43.37, SD = 9.4; M (father) = 45.47, SD = 9.45 Child: M = 6.14 years, SD = 2.6	Caregiver: all data was collected from foster mothers Child: 52.4% girls	Caregiver: NR Child: NR	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 69 **Vanschoonlandt 2012** **Belgium**	Full sample: 22 families IG: unclear CG: unclear Setting: home	Caregiver: NR Child: NR	Caregiver: NR Child: NR	Caregiver: NR Child: NR	NR	NR	Foster care
Study 70 **VanAndel 2016** **Netherlands**	Full sample: 123 dyads IG: 65 CG: 58 Setting: home	Caregiver: NR Child: M = 18.8 months, SD = 14.5	Caregiver: NR Child: 51% boys	Caregiver: NR Child: NR	NR	NR	~84% non-kinship care
Study 71 **Vranjin 2012** **United States**	Full sample: unclear IG: unclear CG: unclear Setting: King County Sexual Assault Resource Centre; in-person or telehealth sessions	Caregiver: 26 to 62; M = 44 Child: 3 years to 17 years, M = 9 years	Caregiver: 77% female Child: 70% female	Caregiver: n = 23 Caucasian, 3 Biracial, 2 Black, 1 Latino, and 1 Native American Child: NR	NR	NR	Majority foster care, kinship care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 76 **West 2024** **Belgium**	Full sample: 116 foster mothers IG: 60 CG: 56 Setting: unclear	Caregiver: IG: 30 to 61; M = 41.60, SD = 8.10 CG: 27 to 61; M = 43.83, SD = 8.09 Child: IG: 17 to 72 months; M = 36.65 months, SD = 13.93 CG: 17 to 74 months; M = 36.1 months, SD = 15.21	Caregiver: all female participants Child: ~47% boys	Caregiver: NR Child: NR	NR	N = 21 in IG and n = 17 in CG held a college or university degree	~65% non-kinship care, ~35% kinship care

Note*:* Language used in this table reflects language used by study authors.
IG = intervention group, CG = comparison group, CAU = care as usual group, NR = not reported, M = mean, SD = standard deviation, ABC-T = Attachment and Biobehavioral Catch-up for Toddlers, DEF = Developmental Education for Families, PMTO = Parent Management Training Oregon.
* N = 4 LGBTIQ youth's gender identities were recoded as their birth sexes (two males and two females).

Table 16. Study and participant characteristics for studies evaluating interventions including foster carers. Intervention level: group

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 1 **Adkins 2018; Bammens 2015** **United States**	Full sample: 102 caregivers IG: 54 CG: 48 Setting: unclear	Caregiver: 24 to 71; M = 44.27, SD = 10.6 Child: 2 months to 18 years; M = 6.5 years	Caregiver: n = 64 mothers, 48 fathers Child: NR	Caregiver: 61% Caucasian, 18% Black, 15% Hispanic Child: NR	NR	84% had at least some college education	Foster care, adoption
Study 2 **Adkins 2022** **United States**	Full sample: 89 caregivers IG: 49 CG: 40 Setting: unclear	Caregiver: 22 to 76; M = 43.45, SD = 9.89 Child:1 month to 17.5 years; M = 81.54 months, SD = 60.02	Caregiver: 69.7% female, 30.3% male Child: 56.7% female, 43.3% male	Caregiver: 69.7% Caucasian, 10.1% Black, 10.1% Hispanic, 4.4% Multi-ethnic, 1.1% Asian, 1.1% Native American Child: NR	NR	89% had at least some college education	71.8% foster care, 24.7% adoption, 3.5% kinship care
Study 5 **Angelöw 2023** **Sweden**	Full sample: 44 caregivers IG: 24 CG: 20 Setting: community organisation	Caregiver: M = 49.3, SD = 9.5 Child: M = 10.1 years, SD = 3.1	Caregiver: 59.1% female Child: NR	Caregiver: Mother tongue Swedish 81.8% Child: NR	Number of rooms in the home used as a proxy; M room = 8.3, SD = 3.1	NR	90.9% foster care, 9.1% kinship care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 8 **Benjamin 2010** **United States**	Full sample: 60 caregivers BIPM (IG): 20 LLP (IG): 20 WLC (CG): 20 Setting: clinic	Caregiver: BIPM: 38 to 72; M = 49.85, SD = 9.54 LLP: 38 to 62; M = 47.75, SD = 6.65 WLC: 35 to 62; M = 47.55, SD = 7.25 Child: BIPM: 5 to 15 years; M = 8.15, SD = 3.02 LLP: 5 to 14 years; M = 8.20, SD = 2.72 WLC: 6 to 16 years; M = 11.5, SD = 4.06	Caregiver (% female in BIPM/LLP/ WLC): 80% / 70% / 55% Child: NR	Caregiver (% ethnicity in BIPM/LLP/WLC): Caucasian: 80% / 65% / 75% Hispanic/Latino: 5% / 30% / 5% African American/ Black: 5% / 0% / 15% Asian: 0% / 5% / 5% Two or more ethnicities: 10% / 0% / 0% Child (% ethnicity in BIPM/LLP/WLC): Caucasian: 40% / 15% / 30% Two or more ethnicities: 25% / 45% / 15% Hispanic/Latino: 20% / 40% / 30% Asian: 5% / 0% / 15% African American/ Black: 5% / 0% / 10% Native Hawaiian: 5% / 0% / 0%	BIPM: income mean = $68,750, median = $65,000 LLP: income mean = $47,250, median = $45,000 WLC: income mean = $47,000, median = $55,000	BIPM: 100% had some college or more LLP: 75% had some college or more WLC: 70% had some college or more	Foster care, adoption
Study 12 **Briskman 2010** **United Kingdom**	Full sample: 77 caregivers IG: 42 CG: 35 Setting: a venue provided by their local authority	Caregiver: 20 to 63; M = 50, SD = 8 Child: 2 to 12 years, M = 7.9 years, SD = 3.1	Caregiver: 94% female Child: 57% male	Caregiver: 71% White British or White Other, 33% were from ethnic minorities Child: 66% White British or White Other, 34% were from ethnic minorities	NR	90% had 16 years of education experience or more	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 15 **Burry 1999** **United States**	Full sample: 140 caregivers IG: 80 CG: 60 Setting: unclear	Caregiver: NR Child: NR	Caregiver: NR Child: NR	Caregiver: NR Child: NR	NR	NR	Foster care
Study 16 **Bywater 2011** **United Kingdom**	Full sample: 46 caregivers IG: 29 CG: 17 Setting: 3 local authorities	Caregiver: IG: 28 to 61; M = 46.28, SD = 9.51 CG: 37 to 66; M = 47.33, SD = 8.94 Child: IG: 2 to 15 years; M = 8.86 years, SD = 3.43 CG: 3 to 17 years; M = 10.47 years, SD = 4.48	Caregiver: NR Child: n = 22 females and 24 males	Caregiver: NR Child: NR	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 19 **Chamberlain 2008a, b; Price 2008; Walsh 2017** **United States**	Full sample: 700 parent–child dyads IG: 359 dyads CG: 341 dyads Setting: San Diego, county child welfare system or community recreation centres or churches; urban	Caregiver: IG: M = 49.86, SD = 11.8 CG: M = 47.29, SD = 11.7 Child: IG: M = 8.88 years, SD = 2.2 CG: M = 8.72 years, SD = 2.3	Caregiver: ~94% female Child (% female in IG/CG): 50% 54%	Caregiver: 37% Latino, 27% Caucasian, 26% African American, 6% multi-ethnic, 3% Asian/Pacific Islander, 1% Native American Child: 33% Latino, 22% Caucasian, 22% mixed ethnic, 21% African American, 1% Asian American, 1% Native American	Currently employed (not including foster parenting): 49% Hours worked per week (including unemployed foster parents): M = 17.1 (20.8)	High school/ General Educational Development (GED) or less 41%; some college 46%; vocational or technical degree 1%; bachelor's degree 7%; graduate degree 5%	66% foster care, 34% kinship care
Study 21 **Conn 2018** **United States**	Full sample: 118 caregivers (assessed after randomisation IG: 26 CG: 25 Setting: paediatric medical home/ clinic	Caregiver: IG: 18 to >45; 62% 36–44 years CG: 18 to >45; 58.8% 36–44 years Child: IG: M = 53.33 months, SD = 16.81 CG: M = 42.88 months, SD = 12.59	Caregiver: 81% female Child (% female in IG/CG): 40% 23.5%	Caregiver (% Black caregiver in IG/CG): 19% / 29.4% Child (% Black in IG/CG): 20% / 52.9%	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 22 **Connolly 2021** **United Kingdom**	Full sample: 266 children IG: 180 children CG: 86 children Setting: unclear	Caregiver: NR Child: M = 8 years, 8 months	Caregiver: NR Child: 43–51% girls across groups	Caregiver: NR Child: NR	NR	NR	Foster care
Study 29 **Herbert 2007** **United Kingdom**	Full sample: 117 (101 caregivers and 16 couples) IG: 67 CG: 50 Setting: 6 local authorities in the southwest of England	Caregiver: IG only: 32 to 65; M = 45 Child: NR	Caregiver: majority female Child: NR	Caregiver: NR Child: NR	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 32 **Job 2022** **Germany**	Full sample: 81 foster families (with 87 children) IG: 44 (46) CG: 37 (41) Setting: unclear; regional	Caregiver: IG: M age of mother = 40.4 (7.1), M age of father = 44.8 (6.6) CG: M age of mother = 43 (6.2), M age of father = 45.4 (6.7) Child: IG: 24 to 91 months; M = 42.8 months, SD = 18.1 CG: 24 to 95 months; M = 50.6 months, SD = 19.8	Caregiver: NR Child (% female in IG/CG): 43% / 54%	Caregiver: NR Child: NR	Majority earned a middle to high level of income	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 34 **Kim 2011 & 2013** **United States**	Full sample: 100 dyads IG: 48 CG: 52 Setting: unclear	Caregiver: NR Child: IG: M = 11.59 years, SD = 0.45 CG: M = 11.48 years, SD = 0.51	Caregiver: NR Child: NR	Caregiver: NR Child (% ethnicity in IG/CG): European American: 64.6% / 61.5% African American: 2.1% / 15.4% Hispanic/Latino: 12.5% / 7.7% Multiracial: 14.6% / 13.5% American Indian/ Alaskan Native: 6.3% / 1.9%	20% made $24,999 or below; 49.5% made $25,000–59,999; 30% made $60,000 or more	NR	66% foster care, 34% kinship care
Study 35 **Leathers 2011 & 2012** **United States**	Full sample: 25 caregivers IG: 15 CG: 10 Setting: home and foster care agency	Caregiver: 28 to 64; M = 49.09, SD = 11.21 Child: 4 to 12 years; M = 8.58 years, SD = 2.41	Caregiver: all female Child: 72% male	Caregiver: 96% African American, with just 1 who was Caucasian Child: n = 30 African American and 1 Caucasian	Most had a low to moderate household income; 52% unemployed 20% made 0–$20k; 32% made $21–40k; 20% made $41–60k; 24% made over $60k	Majority had completed high school or higher	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 36 **Linares 2006** **United States**	Full sample: 128 parents (64 biological–foster parent pairs) IG: 80 (40) CG: 48 (24) Setting: an agency mental health unit; urban	Caregiver: NR Child: 3 to 10 years; M = 6.2 years; SD = 2.3	Caregiver: majority female Child: NR	Caregiver: 57% Latino, 33% African American Child: NR	~33.3% worked outside the home	~50% had less than a high school diploma	Non-relative foster care
Study 37 **Linares 2015** **United States**	Full sample: 22 sibling pairs (44 children and their foster mothers) IG: 13 pairs CG: 9 pairs Setting: community foster agency	Caregiver: IG: M = 47.6, SD = 11.5 CG: M = 55.0, SD = 7.06 Child (sibling pairs): average between 7.2 and 9.7 years	Caregiver: all female Child (sibling pairs): 26 % were both males, 37 % were both females, and 37 % were of mixed gender	Caregiver: 66% spoke primarily English and 34 % spoke primarily Spanish Child: 45.5 % African American, 27.3 % Mixed (African–American–Latino), 18.2 % Latino, 9.0 % Other (Caucasian and Asian)	NR	22.7 % were high school graduates Years of school completed: IG: M = 10.7, SD = 2.1; CG: M = 12.7, SD = 2.2	50% foster care, 50% kinship care
Study 38 **Lotty 2020** **Ireland**	Full sample: 79 caregivers IG: 49 CG: 30 Setting: community settings; urban and rural	Caregiver: 49 years (SD = 9.8 in IG, SD = 11.3 in CG) Child: M = 9.1 years (IG), M = 10.07 years (CG)	Caregiver: 81 % female Child: ~53% female	Caregiver: 92 % Irish Child: NR	44.9 % in IG and 55.2 % in CG in income levels: 20–50k	51 % in IG and 34.6 % in CG completed secondary school	67% foster care, relative, and dual care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 41 **MacDonald 2005** **United Kingdom**	Full sample: 17 caregivers IG: 67 CG: 50 Setting: local authorities	Caregiver: 32 to 65 years Child: NR	Caregiver: majority female Child: NR	Caregiver: majority non-White Child: NR	NR	NR	Foster care
Study 44 **Messer 2018** **United States**	Full sample: 31 families IG: 15 CG: 16 Setting: foster care agency; urban	Caregiver: M = 46, SD = 11.2 Child: M = 6.7 years, SD = 2.9	Caregiver: 90% female Child: 42% female	Caregiver (% White in IG/CG): 50% / 27% Child (% White in IG/CG): 56% / 20%	NR	25% in IG and 40% in CG had associate's degree or higher	~70% therapeutic/ treatment foster care, ~30% non-traditional foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 46 **Minnis 2001** **United Kingdom**	Full sample: 160 families randomised (121 families participated) IG: 80 (57) CG: 80 (64) Setting: 17 Scottish local council areas	Caregiver: IG: M (mother) = 45 (8.8); M (father) = 46 (10) CG: M (mother) = 46 (7.8); M (father) = 48 (7.3) Child: IG: M = 10.9 years, SD = 3.1 CG: M = 11.6 years, SD = 3.27	Caregiver: NR Child (% female in IG/CG): 47% / 32%	Caregiver: NR Child: NR	NR	NR	Foster care
Study 48 **Moody 2020** **United Kingdom**	Full sample: 312 caregivers IG: 204 CG: 108 Setting: unclear	Caregiver: IG: M = 52.5, SD = 8.23 CG: M = 50.4, SD = 8.51 Child: NR	Caregiver: ~85% female Child: NR	Caregiver: (% White (Welsh/English/ Scottish/Northern Irish/British) in IG/CG): 96.5% / 94.3% Child: NR	NR	70.8% in IG and 72.6% in CG had above 16 years education	>90% foster care, kinship care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 50 **Nilsen 2007** **United States**	Full sample: 18 caregivers IG: 11 CG: 7 Setting: unclear	Caregiver: IG: M = 44.09, SD = 8.88 CG: M = 47.5, SD = 6.78 Child: IG: M = 8.27 years, SD = 1.35 CG: M = 7.86 years, SD = 2.04	Caregiver: NR Child (% female in IG/CG): 63.6% / 57.1%	Caregiver (% ethnicity in IG/CG): African American: 63.6% / 57.1% White: 36.4% / 28.5% Hispanic: 0% / 14.3% Child (% ethnicity in IG/CG): African American: 63.6% / 71.4% White: 36.4% / 14.3% Hispanic: 14.3% / 0%	Maternal occupation in IG/CG: At home: 45.4% / 57.1% Professional: 27.3% / 28.6%	IG: majority had some college (45.4%) or above CG: majority had completed high school (42.8%) or above	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 55 **Price 2015** **United States**	Full sample: 354 caregivers IG: 179 CG: 175 Setting: community recreation centres, churches, or a community-based mental health service; urban	Caregiver: IG: M = 45.10, SD = 10.2 CG: M = 45.75, SD = 10.8 Child: IG: M = 7.84 years, SD = 2.5 CG: M = 7.32 years, SD = 2.3	Caregiver: ~91% or more were female Child (% female in IG/CG): 47% / 49%	Caregiver (% ethnicity in IG/CG): Hispanic: 40% / 42% Caucasian: 33% / 39% African American: 24% / 9% Native American: 1% / 4% Mixed ethnicity: 2% / 2% Asian/Pacific islander: 0% / 3% Child (% ethnicity in IG/CG): Hispanic: 46% / 51% African American: 23% / 12% Mixed ethnicity: 16% / 17% Caucasian: 11% / 18% Asian/Pacific islander: 2% / 1% Native American: 1% / 1%	NR	NR	~55% non-kinship care, ~45% kinship care
Study 56 **Puddy 2003** **Netherlands**	Full sample: 82 caregivers IG: 62 CG: 20 Setting: unclear	Caregiver: IG: 21 to 54; M = 34.71, SD = 7.81 CG: 26 to 52; M = 38.88, SD = 8.36 Child: NR	Caregiver (% female in IG/CG): 63% / 70% Child: NR	**Caregiver** (% ethnicity in IG/CG): Caucasian: 85% / 90% African American: 13% / 10% Other: 2% / 0% **Child:** NR	Annual household income: IG: ranged from $8 to 150k CG: ranged from $17 to 650k	All had completed high school or higher, with more participants in the control group had completed college or higher	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 62 **Smith 2011** **United States**	Full sample: 100 girls (and their foster parents) IG: 48 CG: 52 Setting: unclear; half urban, half rural	Caregiver: M = 48.16 years, SD = 8.98 Child: M = 11.54 years, SD = 0.48	Caregiver: 70% mothers , 1% fathers Child: All girls	Caregiver: 70% European American, 17% African American, 3% Native American, 4% Latino, 1% Asian, 5% multiracial Child: 63% European American, 14% multiracial, 10% Latino, 9% African American, 4% Native American	NR	NR	71% foster care, 28% kinship care, 1% adoption
Study 64 **Stenason 2022** **Canada**	Full sample: 70 caregivers IG: 42 CG: 37 Setting: 2 child welfare agencies and through the community	Caregiver: 23 to 70; M = 47 Child: NR	Caregiver: 90.5% female Child: NR	Caregiver: 90.5% White Child: NR	50% out of 80% of the participants (who reported income) made <100k (Canadian funds)	69.8% completed some community college or higher	69.7% foster care, 32.6% adoption, 27.9% therapeutic foster care, 9.3% kinship care, 6.9% future adoption, 4.7% group home care
Study 65 **Strickler 2015 & 2018** **United States**	Full sample: 189 caregivers IG: 79 CG: 110 Setting: Easterseals UCP offices	Caregiver: MAPP: M = 46.90, SD = 12.05 PR-TFC: M = 48.34, SD = 13.00 Child: NR	Caregiver: ~65% female Child: NR	Caregiver: MAPP: 72% Black, 26% White, 1% Native American, 1% unknown PR-TFC: 69% Black, 31% White Child: NR	65% in MAPP and 56% in PR-TFC were employed full-time and made above $25k	Mostly experienced post-secondary education either through attending some college or graduating from college	Prospective foster parents

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 66 **Sullivan 2019** **United States**	Full sample: 76 caregivers IG: 41 CG: 35 Setting: community settings and a smartphone app	Caregiver (IG only): App user (n = 34): M = 45.79 years, SD = 11.87 Non-app user (n = 7): M = 54.33 years, SD = 8.41 Child: 5 months to 21 years; M = 8.9 years, SD = 5.12 (IG); M = 8.7, SD = 5.21 (CG)	Caregiver: 95% mothers, 5% other (IG); 56% mothers, 40% fathers, 4% other (CG) Child (% female in IG/CG): 45% / 64%	Caregiver (% ethnicity in IG/CG): Caucasian: 95% / 96% Unknown:5% / 0% Pacific Islander: 4% / 0% Child: NR	NR	60% in IG and 48% in CG had college or advanced degree	45% foster care, 5% adoption, 45% kinship care, and 5% other (IG) 64% foster care, 4% adoption, and 32% kinship care (CG)
Study 67 **Triantafillou 2003** **Canada**	Full sample: 16 caregivers (of 30 children) IG: 9 (18) CG: 7 (12) Setting: foster care agency	Caregiver: NR Child: IG: M = 14.5, SD = 1.6 CG: M = 15.7, SD = 1.7	Caregiver: NR Child: ~33% male	Caregiver: NR Child: NR	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 72 **Wassall 2011** **United Kingdom**	Full sample: 30 caregivers* IG: 15 CG: 15 Setting: foster and adoptive care agencies	Caregiver: 33 to 59; M = 47.77 Child: 0 to 15.5 years; M = 8.31 years, SD = 4.67	Caregiver: n = 20 females, 5 males Child: 50% female	Caregiver: n = 22 British White; 2 British Asian; 1 Other Child: n = 30 British White; 4 British Asian; 2 Other	NR	N = 13 higher educations; 11 A-level; 1 no qualification	N = 13 adoption, 8 foster care, 4 adoption and foster care
Study 73 **Wilson 2008** **United States**	Full sample: 37 caregivers IG: 23 CG: 14 Setting: unclear	Caregiver: 30 to 66; M = 44.5 Child: NR	Caregiver: majority female Child: NR	Caregiver: NR Child: NR	N = 13 made income between <$15k and $40k; n = 10 made above $40k	NR	Adoption, foster care

Note*:* Language used in this table reflects language used by study authors.
IG = intervention group, CG = comparison group, NR = not reported, M = mean, SD = standard deviation, BIPM = the Benjamin Interactive Parenting Model, LLP = the Love and Logic Parenting model, WLC = waitlist control group, MAPP = Model Approach to Partnerships for Parenting, PR-TFC = Pressley Ridge Treatment Foster Care.

Table 17. Study and participant characteristics for studies evaluating interventions including foster carers. Intervention level: multi-level

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 13 **Fisher 2000** **United States**	Full sample: 30 caregivers IG: 10 CG: 20 Setting: community settings, daycares, and home	Caregiver: NR Child: NR	Caregiver: NR Child: NR	Caregiver: NR Child: NR	NR	NR	Foster care
Study 14 **Fisher 2007a, b & 2011; Bruce 2009; Graham 2012; Lynch 2014** **United States**	Full sample: 137 children IG: 64 CG: 73 Setting: home	Caregiver: NR Child: 4.87 to 6.99 years; M = 5.94 years, SD = 0.68	Caregiver: NR Child: n = 25 males and 21 females	Caregiver: NR Child: 88.89% European American	NR	NR	Foster care
Study 18 **Chamberlain 1992** **United States**	Full sample: foster parents of 72 children IG: 31 children CG: 41 children Setting: unclear	Caregiver: in their early 40s Child: 4 to 18 years; M = 10.8	Caregiver: NR Child: 61% female	Caregiver: NR Child: 86% Caucasian, 6% African American, 4% Hispanic, 4% Native American, Asian, or Mixed Lineage	Annual household incomes were from $20,000 to $24,900	Average educational level of some college, but not completed degrees	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 20 **Chung 2021** **United States**	Full sample: 414 dyads IG: 199 CG: 251 Setting: child welfare agencies	Caregiver: M = 46.3, SD = 10.97 Child: M = 14.13 years, SD = 14.07	Caregiver: 91% female Child: 50% female	Caregiver: 62% African American, 23% White, 15% Others Child: 70% African American, 19% Hispanic, 10% White, 1% Others	64% employed	58% had more than high school education	31% permanent care (birth; adoptive), 24% kinship care, 44% non-kinship care
Study 25 **Farmer 2010** **United States**	Full sample: 247 children IG: 137 CG: 110 Setting: foster care agencies	Caregiver: M = 48.5, SD = 10.0 Child: M = 12.9 years, SD = 3.8	Caregiver: 90% female Child: 44.5% female	Caregiver: n = 183 African American, 54 White, and 10 Other Child: n = 140 African American, 82 White, and 25 Other	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 26 **Fowler 2024** **United States**	Full sample: 3,822 resource parents IG: 2,550 CG: 1,272 Setting: online	Caregiver: NR Child: NR	Caregiver: NR Child (% female in IG/CG): 51.2% / 20%	Caregiver: NR Child (% ethnicity in IG/CG): White: 64.1% / 68.8% Black/African American: 39.6% / 28.6% Hispanic/Latinx: 11.2% / 7% Asian/Asian American: 1.3% / 0.4% American Indian/ Alaskan Native: 0.6% / 0.3% Native Hawaiian/Other Pacific Islander: 0.1% / 0.6%	NR	NR	Foster care, adoption, kinship care
Study 33 **Jonkman 2017** **Netherlands**	Full sample: 85 children IG: 55 CG: 30 Setting: therapeutic foster home, school, or playground	Caregiver: NR Child: M = 63.51 months, SD = 12.11	Caregiver: NR Child: 64% male	Caregiver: NR Child: NR	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 39 **Lynch 2017; Pears 2012, 2013, 2016** **United States**	Full sample: 219 families IG: 113 CG: 106 Setting: kindergarten	Caregiver: NR Child: KITS (IG): M = 5.26, SD = 0.33 FCC (CG): M = 5.25, SD = 0.35	Caregiver: NR Child (% female in IG/CG): 48% / 54%	Caregiver: NR Child (% ethnicity in IG/CG): European American: 55% / 51% Latino: 30% / 31% African American: 1% / 0% Native American: 2% / 0% Pacific Islander: 2% / 0% Mixed race: 10% / 18%	NR	NR	~61% non-kinship care
Study 43 **Mersky 2015, 2016; Blair 2018** **United States**	Full sample: 129 caregivers IG: 83 CG: 46 Setting: child welfare settings	Caregiver: M = 44.7, SD = 11.12 Child: M = 4.6, SD = 1.31	Caregiver: 89.4% female Child: 56.9% female	Caregiver: 48.4% White, 45.9% African American, 5.7% Other Child: 56.1% African American, 19.5% White, 12.2% Hispanic/Latino, 12.2% Other	NR	College degree 41.5%, some college 36.4%, high school degree 22%	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 45 **Midgley 2019** **United Kingdom**	Full sample: 36 caregivers IG: 21 CG: 15 Setting: a Targeted Child and Adolescent Mental Health Services	Caregiver: NR Child: M = 10.6 years, SD = 2.7	Caregiver: NR Child: 44% female	Caregiver: NR Child: 89% White British	NR	NR	Foster care
Study 49 **Midgley 2025** **United Kingdom**	Full sample: 524 caregivers IG: 271 CG: 253 Setting: unclear	Caregiver: NR Child: M = 10.0, SD = 2.55	Caregiver: NR Child: ~58.2% male	Caregiver: NR Child: NR	NR	NR	Foster care
Study 53 **Pithouse 2002** **United Kingdom**	Full sample: 106 caregivers IG: 53 CG: 53 Setting: unclear	Caregiver: most aged between about 30 and 58 years, averaging in the mid-40s Child: under 4 years to just under 18 years; M = 10 years and 10 months	Caregiver: majority female Child (% female in IG/CG): 41% / 33%	Caregiver: NR Child: 94% White British	~49% employed, with most in part-time employment	~60% held some level of academic qualifications or higher	Foster care, none were 'relative' or 'respite' carers

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 57 **Rast 2014** **United States**	Full sample: 834 children IG: 417 CG: 417 Setting: unclear	Caregiver: NR Child: NR	Caregiver: NR Child: NR	Caregiver: NR Child: NR	NR	NR	Foster care
Study 59 **Slazar 2024 & 2025** **United States**	Full sample: 949 caregivers IG: 540 CG: 409 Setting: unclear (16 sites across the state)	Caregiver: IG: M = 38 CG: M = 36 Child: NR	Caregiver: IG: 66.5% female; 32.6% male; 0.9% other CG: 71.1% female, 28.9% male Child: NR	Caregiver (% race & ethnicity in IG/CG): Racially, White: 84.1% / 86.1% Black/African American: 11.7% / 12.7% American Indian/Alaska Native: 3.1% / 1.5% Asian: 2% / 1.2% Native Hawaiian/Other Pacific Islander: 0.2% / 0.2% Other: 3% / 1.2% Ethnically, Hispanic/Latino: 9.4% / 5.6% Child: NR	NR	>55% had at least some college	Foster care (34.5% IG, 34.6% CG); foster care and adoption (including foster to adopt, 55.6% IG, 58.8% CG); and kinship care (9.1% IG, 6.6% CG)

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 74 **Ott 2020** **United Kingdom**	Full sample: 3,256 households IG: 288 CG: 2,968 Setting: foster care agencies	Caregiver: <35 to 75+ years Child: 0 to 18+ years	Caregiver: ~80% female Child: ~40% female	Caregiver: majority White or White British; other ethnicities included Black or Black British, Asian or Asian British, Mixed or multiple ethnicities, or Other Child: majority White or White British; other ethnicities included Black or Black British, Asian or Asian British, Mixed or multiple ethnicities, or Other	NR	NR	Foster care, kinship care, adoption
Study 75 **Goodvin 2017** **United States**	Full sample: 1,580 caregivers IG: 790 CG: 790 Setting: foster care agencies	Caregiver: NR Child: 0 to over 15 years	Caregiver: NR Child: ~50% male	Caregiver: NR Child (% ethnicity in IG/CG): White/undetermined: 40% / 44% Black: 29% / 24% Asian/Pacific Islander: 6% / 5% Native American: 14% / 15% Hispanic: 11% / 12%	NR	NR	Foster care

Study ID; first author, year; country	Population (n); intervention setting; urban/rural (if reported)	Age	Gender	Ethnicity	Socioeconomic status	Education	Placement type
Study 77 **White 2014** **United States**	Full sample: unclear IG: unclear CG: unclear Setting: a blended online and in-person approach (class, unclear where)	Caregiver: M = 40.2 years, SD = 10.4 Child: NR	Caregiver: 62% female Child: NR	Caregiver: racially, 85% White, 5% Black/African American, 2% American Indian or Alaska Native, 7% more than one race, 2% other or unknown; ethnically, 6% Hispanic/Latin Child: NR	More participants in the CG made >70k for the family	More participants with "some college" or "AA degree" as their highest level of education in IG, whereas more participants with a bachelor's degree in CG	Foster care, adoption, and kinship care

Note: Language used in this table reflects language used by study authors.
IG = intervention group, CG = comparison group, NR = not reported, M = mean, SD = standard deviation, KITS = Kids in Transition to School, FCC = foster care comparison.

Risk of bias across studies that included foster carers

The results of risk of bias assessed for each included study and across the studies are presented in Figure 6 and Table 18.

Overall, 59% of the included studies were assessed as at a high risk of bias, with a further 33.8% of the studies assessed as having some concerns and 8% of the studies as at a low risk of bias. Assessments of Domain 2, which includes items that evaluate the risk of bias associated with blinding of researchers and participants, have been reported, but were not included in the overall risk of bias assessment for each included study. Most studies that were assessed as at a high risk of bias were due to the potential bias arising from the randomisation process (36.9%) and/or missing outcome data (27.7%). A smaller proportion of the studies that were assessed as at a high risk of bias were due to deviations from the intended intervention (18.5%) and/or selective outcome reporting (15.4%). Only 3% of the studies were rated as having a high risk due to outcome measurement issues. See Figure 6 and Table 18 for more details.

Figure 6. Summary of risk of bias for studies that included foster carers (Cochrane RoB-2 tool)

(link to raw data)

Table 18. Risk of bias for each study that included foster carers (Cochrane RoB-2)

Risk of bias domains:

- Domain 1: Bias arising from the randomisation process.
- Domain 2: Bias due to deviations from intended intervention.
- Domain 3: Bias due to missing outcome data.
- Domain 4: Bias in measurement of the outcome.
- Domain 5: Bias in selection of the reported result.

Study	D1	D2	D3	D4	D5	Overall
Study 1; Adkins 2018; Bammens 2015	High	Some concerns	Low	Some concerns	Low	High
Study 2; Adkins 2022	Low	Some concerns	Low	Low	Low	Low
Study 3; Ahrens 2021	High	Some concerns	Low	Low	Low	High
Study 4; Alfano 2024	Low	Some concerns	Low	Some concerns	Low	Some concerns
Study 5; Angelöw 2023	High	Low	Low	Some concerns	Low	High
Study 8; Benjamin 2010	High	Low	Low	Low	Low	High
Study 12; Briskman 2010	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
Study 15; Burry 1999	High	Low	High	Some concerns	Low	High
Study 16; Bywater 2011	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
Study 18; Chamberlain 1992	Some concerns	Some concerns	Low	Some concerns	Low	Some concerns
Study 19; Chamberlain 2008a, b; Price 2008; Walsh 2017	Low	Some concerns	Low	Some concerns	Some concerns	High

Study	D1	D2	D3	D4	D5	Overall
Study 20; Chung 2021	Low	Some concerns	Some concerns	Low	Low	Some concerns
Study 21; Conn 2018	Some concerns	Some concerns	High	Some concerns	Low	High
Study 22; Connolly 2021	Low	High	Some concerns	Low	Low	Some concerns
Study 9; Dozier 2006, 2008, 2009; Bick 2013; Bernard 2017	Some concerns	Low	High	Low	High	High
Study 23; Danko 2014	Some concerns	Low	Some concerns	Low	Some concerns	High
Study 13; Fisher 2000	High	Low	Low	Some concerns	Low	High
Study 14; Fisher 2007a, b, & 2011; Bruce 2009; Graham 2012; Lynch 2014	Low	Low	Low	Low	High	High
Study 25; Farmer 2010	Some concerns	Some concerns	Low	Low	Some concerns	Some concerns
Study 26; Fowler 2024	High	Some concerns	Low	Some concerns	Some concerns	High
Study 10; Gaudreau 2024; Lind 2017; Raby 2019	Low	High	High	Some concerns	High	High
Study 75; Goodvin 2017	Some concerns	High	Some concerns	High	High	High
Study 28; Haggerty 2021 & 2023	Some concerns	Low	Low	Low	Some concerns	Some concerns
Study 29; Herbert 2007	Low	High	High	Some concerns	High	High
Study 32; Job 2022	Low	Low	Low	Low	Some concerns	Some concerns

Study	D1	D2	D3	D4	D5	Overall
Study 33; Jonkman 2017	High	High	High	Some concerns	High	High
Study 34; Kim 2011 & 2013	Some concerns	Low	Low	Some concerns	Some concerns	Some concerns
Study 35; Leathers 2011 & 2012	High	Some concerns	Low	High	Some concerns	High
Study 36; Linares 2006	Low	Low	Low	Low	Some concerns	Some concerns
Study 37; Linares 2015	Low	Low	Low	Low	Some concerns	Low
Study 38; Lotty 2020	High	Low	Low	Some concerns	Low	High
Study 39; Lynch 2017; Pears 2012, 2013, 2016	Some concerns	Low	Some concerns	Low	Low	Some concerns
Study 40; Maaskant 2016 & 2017	Low	Low	Some concerns	Low	Some concerns	Some concerns
Study 41; MacDonald 2005	High	High	High	Some concerns	Some concerns	High
Study 43; Mersky 2015 & 2016; Blair 2018	Low	Low	Low	Low	Low	Low
Study 44; Messer 2018	Low	High	Some concerns	Low	Some concerns	Some concerns
Study 45; Midgley 2019	Some concerns	Some concerns	Low	Low	Some concerns	Some concerns
Study 46; Minnis 2001	Low	Some concerns	High	Some concerns	High	High
Study 47; Montgomery 2020	Some concerns	High	High	Some concerns	Some concerns	High
Study 48; Moody 2020	Low	Low	Low	Low	Low	Low

Study	D1	D2	D3	D4	D5	Overall
Study 49; Midgley 2025	Low	Low	Low	Low	Low	Low
Study 50; Nilsen 2007	High	Some concerns	Low	Some concerns	Some concerns	High
Study 74; Ott 2020	Some concerns	Some concerns	Low	Low	Some concerns	Some concerns
Study 52; Pacifici 2005	Some concerns	Some concerns	Some concerns	Some concerns	High	High
Study 53; Pithouse 2002	High	Some concerns	High	Some concerns	Some concerns	High
Study 54; Platt 2024	Low	Some concerns	High	Some concerns	Some concerns	High
Study 55; Price 2015	Low	Some concerns	Low	Some concerns	Low	Some concerns
Study 56; Puddy 2003	High	Some concerns	Low	Some concerns	Some concerns	High
Study 57; Rast 2014	High	Some concerns	Low	Low	Some concerns	High
Study 59; Salazar 2024 & 2025	High	Some concerns	High	Some concerns	Some concerns	High
Study 60; Schoemaker 2020	Low	Low	Low	Low	Low	Low
Study 62; Smith 2011	Low	Some concerns	High	Some concerns	Some concerns	High
Study 63; Sprang 2009	Low	Some concerns	Low	Some concerns	Low	Some concerns
Study 64; Stenason 2022	High	High	High	Some concerns	Some concerns	High
Study 65; Strickler 2015 & 2018	High	Some concerns	High	Some concerns	High	High

Study	D1	D2	D3	D4	D5	Overall
Study 66; Sullivan 2019	High	Some concerns	High	Some concerns	Some concerns	High
Study 67; Triantafillou 2003	High	Low	Low	Some concerns	Some concerns	High
Study 68; Van Holen 2017	Low	Low	Low	Some concerns	High	High
Study 69; Vanschoonlandt 2012	Low	Low	Low	Some concerns	Low	Some concerns
Study 70; VanAndel 2016	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
Study 71; Vranjin 2012	High	High	High	Some concerns	Some concerns	High
Study 72; Wassall 2011	High	Low	Low	Some concerns	Some concerns	High
Study 73; Wilson 2008	High	High	High	Some concerns	Some concerns	High
Study 76; West 2024	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
Study 77; White 2014	High	High	Some concerns	Some concerns	Some concerns	High

Findings for evaluations of interventions including foster carers

In this section we address the following research questions:

RQ1. What works: What is the effectiveness of interventions to support non-related foster carers and adoptive parents of children and young people aged 0–18 placed in out-of-home care or (being) adopted from out-of-home care?

> **RQ1.1.** What are the different types of interventions/models targeted at foster carers and adoptive parents and how are they defined?
>
> **RQ1.3.** What is the effectiveness of different types of carer interventions (e.g. parenting interventions, attachment interventions, peer support, assessment and referral to services) for non-related foster carers and children/young people in their care?

The studies' findings have been grouped by the level of the intervention that was evaluated – individual-level, group-based, or multi-level interventions (including more than one level, e.g. individual and group-based approaches). Note that for this set of studies, individual-level interventions have been combined with dyadic approaches that include interventions for parent–child dyads, and approaches that involved whole families have been combined with group-based interventions. Under each of these three umbrella intervention levels, we have presented further information about the interventions, described the practice elements delivered across the interventions, and provided an overall summary of the outcomes measured and effects reported across the studies.

Individual-level interventions

Table 19 presents the practice elements and outcomes measured for individual-level interventions. Of the 65 unique studies that explored the effectiveness of interventions delivered to foster carers, 17 were implemented at the individual level.

What different types of individual-level interventions/models have been evaluated for foster carers?

The individual-level interventions that were delivered to foster carers can be broadly grouped into two categories – those with a focus on psychoeducation and those that primarily implemented therapeutic approaches delivered to caregiver–child dyads. Interventions that primarily implemented psychoeducational approaches (Studies 3; 28; 47; 52; 71) were generally manualised and modular in structure, delivering a range of content on parenting skills, as well as skills for caregivers to teach the children in their care. They were delivered in a range of different formats, including workbooks, online materials, short videos, telehealth conferencing, and via multimedia. A majority of the studies that evaluated individual-level interventions were therapeutic in nature (Studies 4; 10; 23; 40; 43; 60; 63; 68; 69; 70; 71; 76). These were generally delivered by a trained therapist to caregiver–child dyads for 1–2 hours, usually within a home-based setting on a weekly basis for several weeks or months. For the most part, they focused on relationship enhancement between the caregiver and child and promoting/training a range of parenting skills and behaviours.

What practice elements and intervention components are associated with individual-level interventions for foster carers?

This section addresses **RQ3. How:** What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

Table 19 presents the practice elements for individual-level interventions delivered to foster carers. Fourteen individual-level interventions were coded for practice elements. A full table of practice element frequency can be found in Appendix 6.

Of the 11 practice elements within the Psychoeducation general technique, the 3 most common elements found across individual-level interventions for foster carers included in our review were: Explaining Child Development (n = 7 interventions, 50.0%); Explaining the Impacts of Abuse, Corporal Punishment, and Trauma (n = 7 interventions, 50.0%); and Explaining Caregiver–Child Interactions (n = 6 interventions, 42.9%).

Of the three practice elements within the Positive Reinforcement general technique, Praise and Tangible Rewards were the most common (n = 6 interventions, 42.9%, each). Of the four practice elements in Nonviolent Disciplining general technique, Ignore and Natural/Logical Consequences were the most common (n = 4 interventions, 28.6%).

Of the nine practice elements within the Proactive Parenting general technique, the three most common practice elements were Setting Expectations Through Use of Rules and Routines (n = 8 interventions, 57.1%); Empowering the Child (n = 6 interventions, 42.9%); and Monitoring (n = 5 interventions, 35.7%).

Of the eight practice elements within the Relationship Enhancement/Promoting Sensitivity general technique, the three most common practice elements found across individual-level programmes were: Responding Sensitively (n = 9 interventions, 64.3%); Improving Communicative Skills of Caregivers in Interaction with Their Child (n = 8 interventions, 57.1%); and Child-Directed Interactions (n = 7 interventions, 50.0%). Four interventions (28.6%) were coded for Reflections on the Caregivers' Family of Origin practice element.

Of the nine practice elements within the Skills for Caregivers Themselves general technique, the three most common practice elements were: Problem-Solving Skills (n = 8 interventions, 57.1%); Emotion Regulation Skills (n = 7 interventions, 50.0%); and Reflective Functioning (n = 4 interventions, 28.6%).

Of the three practice elements within the general technique of Skills Caregivers Teach/ Facilitate in Their Children, the most common practice elements were Emotion Regulation Skills and Problem-Solving Skills (n = 3 interventions, 21.4%).

Of the 10 practice elements within the FCAP Specific general technique, the most common was Respecting Child's Physical Boundaries (n = 2 interventions, 14.3%).

Of the 21 practice elements within the Delivery Method general technique, the most common practice elements were: Home Visitation (n = 6 interventions, 42.9%); Homework (n = 6 interventions, 42.9%); Use of Video Interaction Guidance (n = 5 interventions, 35.7%); Use of

Video Vignettes (n = 5 interventions, 35.7%); and Discussions of Challenging Situations (n = 5 interventions, 35.7%).

Under the Practitioner's Approach general technique, the three most common practice elements of 10 were: Promote Therapeutic Relationship; Recognising Caregiver As Experts; and Goal-Directed (n = 2 interventions, 14.3%, each).

Table 19. Practice elements and reported outcomes for individual-level interventions including foster carers

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 3 **Ahrens 2021** **United States**	Heart to Heart; Manual; caregivers; online; 6 hrs of content; 2 x 10–20min videos	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Caregiver–youth conflict behaviours; positive effect (decrease)	Monitoring behaviours; no effect Knowledge scale; positive effect (increase)	Parent–child communication; no effect	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 4 **Alfano 2024** **United States**	Sleep and Adjustment in Foster Environments for Toddlers and Preschoolers (SAFE-T); therapist delivered; caregivers; telehealth; 3 x sessions	Psychoeducation, Positive Reinforcement, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	Sleep-based outcomes; mixed effect (longer night-time sleep; improvement in awakenings; no differences in night-time sleep onset latency or total scheduled daytime naps) Sleep disturbance scores; positive (decrease) Child behavioural challenges (externalising); no effect Child behavioural challenges (internalising); positive effect (decrease)	Parenting stress; mixed effect	NA	RCT Some concerns
Study 9 **Dozier 2006; 2008; 2009; Bick 2013; Bernard 2017** **United States**	Attachment and Biobehavioral Catch-up (ABC); parent coach delivered; caregiver–child dyads; in person; 10 x weekly sessions	Psychoeducation, Relationship Enhancement/ Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves	Child behavioural challenges (total); no effect Cortisol levels; positive effect (lower) Receptive vocabulary/ language; positive effect (higher)	Maternal sensitivity; positive effect (increase)	Attachment behaviours; mixed effect	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 10 **Gaudreau 2024; Lind 2017; Raby 2019** **United States**	Attachment and Biobehavioral Catch-up for Toddlers (ABC-T); parent coach delivered; caregiver–child dyads; in person; 10 x weekly sessions	Psychoeducation, Relationship Enhancement/ Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves	Executive functioning (attention problems scale); positive effect (higher) Cognitive flexibility; positive effect (higher) Receptive vocabulary; positive effect (higher)	Parent conversational turns and question-asking; no effect Child-led question-asking; positive effect (higher)	N/A	RCT High risk
Study 23 **Danko 2014** **United States**	Parent-Child Interaction Therapy (PCIT); therapist delivered; caregiver–child dyads; in person; approx. 14 x 1hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves	Disruptive behaviour challenges; positive effect (lower)	Caregiver depression; no effect	Child–caregiver attachment; no effect	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 28 **Haggerty 2021; 2023** **United States**	Connecting Program; workbook; caregiver–child dyads	Psychoeducation, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves	Problem-solving skills; mixed effects Involvement in making family rules; mixed effects Improved refusal skills; no effect Antisocial norms about substance use and violence; no effect	Caregiver recognition for positive behaviour; no effect Inconsistent discipline; no effect Monitoring; no effect	Bonding communication; no effect Family conflict; no effect	RCT Some concerns
Study 40 **Maaskant 2017; 2016** **United States**	Parent Management Training Oregon (PMTO); therapist delivered; caregiver–child dyads; in person; approx. 20 weekly sessions	Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Child social, emotional, and behavioural wellbeing (total difficulties); no effect	Parenting behaviour; no effect Parenting stress; positive effect (lower)	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 47 **Montgomery 2020** **United States**	Foster Parent College (FPC) – Culturally Competent Parenting (CCP); multimedia course; caregivers; online; 2hr course presented across 5 modules	FCAP Specific	N/A	Cultural receptivity; positive effect (greater receptivity)	N/A	RCT High risk
Study 52 **Pacifici 2005** **United States**	Foster Parent College (FPC) – Anger Outbursts Program; multimedia course; caregivers; online or DVD; 30min course	Psychoeducation, Proactive Parenting, Skills for Caregivers Themselves	N/A	Parent knowledge; positive effect (higher)	N/A	RCT High risk
Study 54 **Platt 2024** **United States**	The Connected Family Series – For Foster Families (CFS-FF); multimedia course; caregiver–foster child sibling dyads; online; self-paced	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	N/A	N/A	Sibling relationship; positive effect (improved) Family hardiness; positive effect (improved) Family preparedness/ readiness to foster; no effect	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 60 **Schoemaker 2020** **The Netherlands**	Video-feedback Intervention to Promote Positive Parenting and Sensitive Discipline in Foster Care (VIPP-FC); therapist delivered; caregiver–child dyads; in person, home-based; 6 x home visits over 3–4 months	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, FCAP Specific	N/A	Parental sensitivity; no effect Parental sensitive discipline; no effect Attitudes towards sensitivity and sensitive discipline; no effects	N/A	RCT Low risk
Study 63 **Sprang 2009** **United States**	Attachment and Biobehavioral Catch-up (ABC); parent coach delivered; caregiver–child dyads; in person; 10 x weekly sessions	Psychoeducation, Relationship Enhancement/ Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves	Child behavioural challenges (externalising); positive effect (decrease) Child behavioural challenges (internalising); positive effect (decrease)	Parenting stress; positive effect (decrease)	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 68 **Van Holen 2017** **Belgium**	NR (Vanschoonlandt et al., 2016); therapist delivered; caregiver–child dyads; home-based, in person; 10 x weekly home-based sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Child behavioural challenges (internalising); no effect Child behavioural challenges (externalising); positive effect (lower) Placement breakdown; no effect	N/A	N/A	RCT High risk
Study 69 **Vanschoonlandt 2012** **Belgium**	NR; therapist delivered; caregiver–child dyads; home-based, in person; 10 x weekly home-based sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	Child behavioural challenges (externalising); mixed effect (case level)	Parenting stress; mixed effect (case level)	N/A	QED Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 70 **Van Andel 2016** **The Netherlands**	Foster Carer Foster Child Intervention (FFI); therapist delivered; caregiver–child dyads; home-based, in person; 6 x 90min home-based sessions	Psychoeducation, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	Child stress (salivary cortisol); no effect	Parenting stress; no effect	Dyadic interactions between carers and children; positive effect (higher)	RCT Some concerns
Study 71 **Vranjin 2012** **United States**	Trauma Affects Kids Everywhere 5 Ways to Resilience (TAKE-5); therapist delivered; caregivers; in person or telehealth; 5 x sessions	Psychoeducation, Positive Reinforcement, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills Caregivers Teach/ Facilitate In Their Children	Child behaviour problems; no effect	Parental emotional reactions to child sexual abuse; no effect	N/A	RCT High risk
Study 76 **West 2024** **Belgium**	Video-feedback Intervention to Promote Positive Parenting and Sensitive Discipline – Foster Care/ Adoption (VIPP-FC/A); therapist delivered; caregiver–child dyads; in person, home-based; 7 home visits over 3–4 months	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, FCAP Specific	Child behavioural challenges (externalising); no effect	Sensitive parenting behaviour; no effect	Insecure attachment behaviour; no effect	RCT Some concerns

What is the effectiveness of individual-level interventions for foster carers and children/young people in their care?

Table 20 summarises the overall findings for each of the three key outcome domains – child, caregiver, and relationship outcomes – across the studies that evaluated individual-level interventions that included foster carers, and provides an overall confidence level following GRADE for the evidence presented. Table 19 presents a more detailed description, including practice elements, outcomes measured, and reported findings for these studies. Across the 17 evaluations, 16 were RCTs and one study used a QED. Nine of these studies were assessed as being at a high risk of bias (nine RCTs), six RCTs and one QED presented some concerns, and one RCT was at a low risk of bias.

Table 20. Summary of findings for studies that evaluated the effectiveness of an individual-level intervention that included foster carers

Outcome domain	Studies (n)	Reported outcomes	Confidence
Child	n = 13 studies (12 RCTs; 1 QED)	12 positive effect 4 mixed effects 10 no effect	LOW Due to risk of bias; inconsistency
Caregiver	n = 15 studies (14 RCTs; 1 QED)	7 positive effect 2 mixed effects 13 no effect	LOW Due to risk of bias
Relationship	n = 7 studies (7 RCTs)	3 positive effect 1 mixed effects 6 no effect	VERY LOW Due to risk of bias; indirectness

Confidence in the reported effects: Overall, risk of bias was high across these studies. There was variation across the interventions, substantial variation across the outcomes reported, and a lack of consistency across the reported effects. For these reasons, the confidence we can have in the reported findings is low to very low and findings are likely to change as more high-quality studies become available.

Child outcomes

Across the 17 evaluations of individual-level interventions for foster carers, 13 studies included at least one measure evaluating child outcomes. Of these, measures of child behavioural challenges were most common, with nine studies evaluating internalising and/or externalising behaviours or child social, emotional, and behavioural wellbeing (Studies 4; 9; 23; 40; 63; 68; 69; 71; 76). These outcomes were primarily measured for therapeutic interventions, but there was substantial

variation in the reported effects across studies when comparing the intervention and control group participants post-intervention. Four studies reported at least one positive effect (Studies 4; 23; 63; 68), one reported mixed effects (Study 69), and six reported no effect of the intervention on at least one measure (Studies 4; 9; 40; 68; 71; 76). Across the studies that evaluated child outcomes, the following outcomes were evaluated by far fewer studies, only one or two studies each: caregiver–youth conflict (Study 3: positive effect), sleep-based outcomes (Study 4: mixed effect), sleep disturbances (Study 4; positive effect), placement breakdown (Study 68: no effect), cortisol levels to measure child stress (Study 9: positive effect; Study 70: no effect), receptive vocabulary or language (Studies 9; 10: positive effect), executive functioning and cognitive flexibility (Study 10: positive effect), problem-solving skills and involvement in making family rules (Study 28: mixed effect), improved refusal skills and antisocial norms about substance use and violence (Study 28: no effect).

Caregiver outcomes

Most of the studies (all except Study 24) included measures for at least one caregiver outcome. Overall, outcomes related to parenting were the most evaluated caregiver outcomes; however, these were somewhat varied across the studies and included monitoring behaviours (Study 3: no effect; Study 28: no effect), inconsistent disciplining (Study 28: no effect), caregiver recognition for positive behaviour (Study 28: no effect), parenting behaviour (Study 40: no effect), maternal or parenting sensitivity (Study 9: positive effect; Studies 60; 76: no effect), conversational turns (Study 10: no effect), and child-led question-asking (Study 10: positive effect). Parenting stress was evaluated by five studies, with varying results reported across these studies (Studies 4; 69: mixed effect; Studies 40; 63: positive effect; Study 70: no effect). Parent knowledge was evaluated by two studies, with both studies reporting a positive effect of the intervention (Studies 3; 52). The following outcomes were assessed in one study each: cultural receptivity (Study 47: positive effect), parental emotional reactions to child sexual abuse (Study 71: no effect), and caregiver depression (Study 23: no effect).

Relationship outcomes

Fewer of the 17 studies that evaluated individual-level interventions for foster carers included measures evaluating relationship outcomes (n = 7 studies; Studies 2; 9; 23; 28; 54; 70; 76), and a majority of these reported mixed or no effect. Measures of attachment and/or interactions between children and caregivers were the most frequent, with studies evaluating insecure or other parent–child attachment (Study 9: mixed effect; Studies 23; 76: no effect), parent–child communication (Study 2: no effect), bonding communication (Study 28: no effect), and dyadic interactions between carers and children (Study 70: positive effect). The following outcomes were evaluated by one study each: family conflict (Study 28: no effect), sibling relationships and family hardiness (Study 54: positive), and family preparedness or readiness (Study 54: no effect).

Key findings

Outcomes measuring child behavioural challenges were the most commonly evaluated child outcome, reported across 10 studies. Even so, there was a notable lack of consistency across the reported effects for this and other child outcomes that does not appear to be associated with the risk of bias of the studies or the broad type of intervention (therapeutic, psychoeducational). Evidence supporting the effectiveness of individual-level interventions for foster carers is currently

inconclusive, but given that the certainty we have in the reported findings for this outcome domain is currently low, this will probably change as more evaluations become available. Similarly, the current available evidence does not strongly support the effectiveness of individual-level interventions on caregiver outcomes. However, there was notable variation across the reported outcomes and the certainty we can have in the current available evidence is low – further research is likely to have an important impact on confidence and is likely to change the findings. The findings were also inconclusive in relation to these interventions' effects on relationship outcomes. However, given that relationship outcomes were measured by a smaller number of evaluations and the certainty is very low, estimates of effect will probably change as more high-quality studies are undertaken.

Group-based interventions

Table 21 presents the practice elements and reported outcomes measured for group-based interventions. Of the 65 studies that explored the effectiveness of interventions delivered to foster carers, 31 (described across 41 reports) were group-based interventions delivered to groups of foster carers and/or adoptive parents.

What different types of group-based interventions/models have been evaluated for foster carers?

Almost all of the group-based interventions that included foster carers were delivered to small groups of foster and/or adoptive parents in person by a trained facilitator. These programmes were generally manualised and modular in nature and were usually delivered in weekly sessions that ran for 1.5 to five hours, for three to 14 consecutive weeks. Although there was some variation in the specific focus of these interventions (e.g. promoting siblings' bonds, reading, parenting skills), there were common practice elements implemented across these group-based interventions. For example, most included psychoeducation and promoted a range of positive parenting techniques, such as positive reinforcement, proactive parenting, and nonviolent disciplining. Notably, several studies evaluated the same intervention, including Resource Parent Curriculum (RPC; Studies 5; 64; 66), Fostering Changes (Studies 12; 48), Incredible Years (Studies 16; 21; 36; 50), and Keeping Foster Parents Trained (KEEP; Studies 19; 35; 55).

What practice elements and intervention components are associated with group-based interventions for foster carers?

This section addresses **RQ3. How:** What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

Table 21 presents the practice elements for group-based interventions that included foster carers. Twenty-three group-based interventions were coded for practice elements. A full table of practice element frequency can be found in Appendix 7.

Of the 11 practice elements within the Psychoeducation general technique, the three most common elements found across group-based interventions for foster carers included in our review were: Explaining the Impacts of Abuse, Corporal Punishment, and Trauma (n = 12 interventions, 52.2%); Explaining Caregiver–Child Interactions (n = 11 interventions, 47.8%); and Explaining Child Development (n = 11 interventions, 47.8%).

Of the three practice elements within the Positive Reinforcement general technique, Praise was the most common (n = 9 interventions, 39.1%, each). Of the four practice elements in the Nonviolent Disciplining general technique, Natural/Logical Consequences was the most common (n = 8 interventions, 34.8%).

Of the nine practice elements within the Proactive Parenting general technique, the three most common were Setting Expectations Through Use of Rules and Routines (n = 8 interventions, 34.8%); Direct and Positive Commands (n = 6 interventions, 26.1%); and Monitoring (n = 5 interventions, 21.7%).

Of the eight practice elements within the Relationship Enhancement/Promoting Sensitivity general technique, the two most common found across group-based programmes were: Empathy (n = 10 interventions, 43.5%); and Responding Sensitively (n = 8 interventions, 34.8%). One intervention (4.3%) was coded for the Reflections on Caregivers' Family of Origin practice element.

Of the nine practice elements within the Skills for Caregivers Themselves general technique, the most common practice elements were: Self-Care (n = 10 interventions, 43.5%); Emotion Regulation Skills (n = 9 interventions, 39.1%); Problem-Solving Skills (n = 7 interventions, 30.4%); and Reflective Functioning (n = 7 interventions, 30.4%).

Of the three practice elements within the general technique of Skills Caregivers Teach/ Facilitate in Their Children, the most common practice element was Emotion Regulation Skills (n = 10 interventions, 43.5%).

Of the 10 practice elements within the FCAP Specific general technique, the most common were: Facilitating Children's Positive Connections (n = 4 interventions, 17.4%); Respecting Child's Physical Boundaries (n = 4 interventions, 17.4%); Communicating with Birth Parents (n = 3 interventions, 13.0%); and Being Child's Advocate (n = 3 interventions, 13.0%).

Of the 21 practice elements within the Delivery Method general technique, the three most common practice elements were: Use of Video Vignettes (n = 11 interventions, 47.8%); Homework (n = 11 interventions, 47.8%); and Roleplays (n = 11 interventions, 47.8%).

Under the Practitioner's Approach general technique, the three most common practice elements of 10 were: Promote Therapeutic Relationship (n = 3 interventions, 13.0%); Goal-Directed (n = 3 interventions, 13.0%); and Life Story Work (n = 3 interventions, 13.0%).

Table 21. Practice elements and reported outcomes for group-based interventions including foster carers

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 1 **Adkins 2018; Bammens 2015** **United States**	Family Minds (FM); instructor delivered; caregivers; in person; 3 x 3hr classes over 4–6 weeks	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	N/A	Parenting stress; positive effect (decrease) Parental reflective functioning; positive effect (increase)	N/A	QED High risk
Study 2 **Adkins 2022** **United States**	Family Minds (FM); instructor delivered; caregivers; in person; 3 x 3hr classes over 4–6 weeks	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	Child behavioural challenges; no effect	Parenting stress; mixed effect Parental reflective functioning; mixed effect	N/A	RCT Low risk
Study 5 **Angelöw 2023** **Sweden**	Resource Parent Curriculum (RPC); psychologists, psychotherapists; social workers and caregivers; in person; 8 x 2.5hr training sessions/ modules fortnightly	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	Child behaviour challenges; mixed effects	Resource parents' knowledge and beliefs; positive effect (increase) Parenting (foster) efficacy; positive effect (higher)	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 8 **Benjamin 2010** **United States**	Benjamin Interactive Parenting Model (BIPM); Love and Logic Parenting (LLP); book, instructor; caregivers, caregiver–child dyad exercises; in person; 7 x weekly 90min sessions	BIPM: Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children LLP: Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	Child behavioural challenges; no effect	Caregivers' attachment characteristics; no effect	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 12 **Briskman 2010** **United Kingdom**	Fostering Changes; instructor; caregivers; in person; 12 x 3hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	Child behavioural challenges; positive effect (lower) Child social, emotional, and behavioural wellbeing (total difficulties): positive effect (decrease)	Foster carer parenting style; no effect Foster carer coping strategies; positive effect (increase) Foster carer sense of confidence; positive effect (increase) To what extent carers felt able to facilitate their foster child's learning by helping them with reading and homework; no effect Foster carer quality of life; no effect	Foster child attachment relationship with foster carer; positive effect (increase)	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 15 **Burry 1999** **United States**	NR; fostering infants with prenatal substance effects; instructor; caregivers; in person; 4 x 2.5hr weekly sessions	Insufficient materials to code practice elements	N/A	Foster parents' knowledge about infants with prenatal substance effects; positive effect (increase) Foster parents' abilities to demonstrate specific caregiving skills for infants with prenatal substance effects; positive effect (increase) Foster parents' feelings of efficacy about foster parenting; no effect Feelings of social support of foster parents; no effect Foster parents' intention to foster infants with prenatal substance effects; no effect	N/A	QED High risk
Study 16 **Bywater 2011** **United Kingdom**	Incredible Years (IY); facilitator-led; caregivers; in person; 12 x 2hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	Child emotional problems; positive effect (lower)	Foster carer depression levels; positive effect (decrease) Foster carer parenting competencies; no effect	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 19 **Chamberlain 2008a; 2008b; Price 2008** **United States**	Keeping Foster Parents Trained and Supported (KEEP); facilitator-led; caregivers; in person; 16 x 90min weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves, FCAP Specific	Child behaviour problems; positive effect (decrease) Placement status outcome – exit rates (positive exits vs negative exits); positive effect	Proportion positive reinforcement from foster parents; positive effect (higher)	N/A	RCT High risk
Study 21 **Conn 2018** **United States**	Incredible Years (IY) – trauma-informed adaptation; facilitator-led; caregivers; in person; 14 x 2hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	Child behavioural challenges (total); no effect	Caregiver stress; no effect Parenting attitudes; no effect	N/A	RCT High risk
Study 22 **Conolly 2021** **England, UK**	Reading Together, plus foster carer training; book, instructor delivered; caregivers; in person or phone; 2 x 2hr sessions, 7 x modules in the book	Psychoeducation, Positive Reinforcement, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	Reading comprehension; no effect Reading accuracy; no effect Reading rate; no effect Receptive vocabulary: no effect Reading attitudes: no effect	N/A	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 29 **Herbert 2007** **England, UK**	Child Wise Programme (CWP); trainer delivered; caregivers; in person; 4 x 5hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves	Child behavioural challenges; no effect Fewer unplanned terminations of placements; no effect	Knowledge of behavioural principles; positive effect (higher) The understanding and implementing of cognitive behavioural techniques; positive effect (increase)	N/A	RCT High risk
Study 32 **Job 2022** **Germany**	Taking Care Triple P; facilitator delivered; caregivers; in person, phone; 2 x 20min phone conversations, 5 x 2.5hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	Child behavioural challenges (externalising); no effect Child behavioural challenges (internalising); no effect Child mental health; no effect	Dysfunctional parenting behaviour; no effect Nurturing parenting behaviour; no effect	Positive child relationship investment behaviour; no effect Negative child relationship investment behaviour; no effect	RCT Some concerns
Study 34 **Kim 2011; 2013** **United States**	Middle School Success (MSS); facilitator; caregivers, female foster children; in person; 6 x twice weekly session for caregivers, 6 x twice weekly sessions for female foster children	Psychoeducation, Nonviolent Disciplining	Prosocial behaviour; positive effect (higher) Placement stability, number of placements; positive effect (fewer)	N/A	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 35 **Leathers 2011** **United States**	Keeping Foster Parents Trained and Supported (KEEP) adaptation; facilitator-led; caregivers; in person; 16 x 90min weekly sessions	Proactive Parenting, Skills Caregivers Teach/ Facilitate In Their Children	Child behavioural challenges (externalising); positive effect (lower) Child behavioural challenges (internalising); positive effect (lower)	Parenting behaviour; no effect	N/A	QED High risk
Study 36 **Linares 2006** **United States**	Adapted Incredible Years (IY) with a co-parenting component; trainers (parent leaders); caregivers; in person; 12 x 2hr weekly sessions, plus 1 x co-parenting session	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	Child behavioural challenges (externalising); no effect	Parenting practices; mixed effects Co-parenting; mixed effects	N/A	RCT Some concerns
Study 37 **Linares 2015** **United States**	Promoting Siblings Bonds (PSB); clinician delivered; caregivers, sibling pairs; in person; 8 x 1.5hr weekly sessions	Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	N/A	Parent conflict mediation; mixed effects	Sibling interaction quality; mixed effects Sibling aggression; mixed effects	RCT Low risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 38 **Lotty 2020** **Ireland**	Fostering Connections; trained practitioners, trained foster carer; caregivers; in person; 6 x 3.5hr weekly sessions	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	Child social, emotional, and behavioural wellbeing (total difficulties); mixed effects	Knowledge of trauma-informed fostering; positive effect (increase) Tolerance of child misbehaviour; positive effect (increase) Fostering efficacy; positive effect (increase)	N/A	RCT High risk
Study 41 **MacDonald 2005** **United Kingdom**	NR; trainer; caregivers; in person; 4 x 5hr weekly sessions (varied over study)	[Manual was based on an intervention that became Child Wise Programme and no other materials could be found; therefore practice elements listed here are from the CWP] Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/ Promoting Sensitivity, Skills for Caregivers Themselves	Child behaviour problems; no effect Unplanned placement breakdowns (from 8 months before study to 6 months); no effect	Knowledge of behavioural principles as applied to children; positive effect (higher) Behaviour management skills; no effect	N/A	QED High risk
Study 44 **Messer 2018** **United States**	Child Adult Relationship Enhancement (CARE); trainer delivered; caregivers; in person; 2 x 3hr sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves	Foster child trauma symptoms; no effect	Positive parenting statements; positive effect (increase) Negative parenting statements; positive effect (decrease)	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 46 **Minnis 2001** **United Kingdom**	Unclear	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	N/A	N/A	Attachment disorders; no effect	RCT High risk
Study 48 **Moody 2020** **United Kingdom**	Fostering Changes; instructor; caregivers; in person; 12 x 3hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	Carer-defined problems; no effect Child social, emotional, and behavioural wellbeing (total difficulties); positive effect (lower) Carer-reported child engagement with education; no effect	Carers' coping strategies; positive effect (increase) Carer efficacy in supporting child education; no effect Carer quality of life; no effects	Quality of carer–child relationship; no effect	RCT Low risk
Study 50 **Nilsen 2007** **United States**	Incredible Years (IY) – augmented version for foster care; trainer; caregivers; in person; 12 x 2hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	Child psychosocial functioning; mixed effect	Parenting knowledge and attitudes; no effect Parenting stress; no effect	N/A	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 55 **Price 2015** **United States**	Keeping Foster Parents Trained and Supported (KEEP); facilitator-led; caregivers; in person; 16 x 90min weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves, FCAP Specific	Child behaviour problems; positive effect (decrease)	Parenting stress; positive effect	N/A	RCT Some concerns
Study 56 **Puddy 2003** **The Netherlands**	Model Approach to Partnerships in Parenting/Group Preparation and Selection of Foster and/or Adoptive Families (MAPP/ GPS); intervention details unclear	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	N/A	Knowledge; no effect Parenting skills; no effect	N/A	QED High risk
Study 62 **Smith 2011** **United States**	Middle School Success – a preventative intervention for girls in foster care; 6 x separate sessions twice weekly for 3 weeks for female foster children and caregivers	Psychoeducation, Nonviolent Disciplining	Child internalising challenges; positive effect (lower) Child externalising challenges; positive effect (lower) Child prosocial behaviour; no effect	N/A	N/A	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 64 **Stenason 2022** **Canada**	Resource Parent Curriculum (RPC); unclear; caregivers; 8 x modules	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	N/A	Parenting stress; no effect Knowledge & beliefs; positive effect (increase) Protective factors; no effect	N/A	QED High risk
Study 65 **Strickler 2015; 2018** **United States**	Pressley Ridge Treatment Foster Care (PR-TFC) Training; trainer delivered, manual; caregivers; in person; 30 hours over 12 units	Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	N/A	Parenting attitudes; mixed effects Fostering readiness (3x measures); no effect Licensing status; positive effect (higher likelihood of getting a licence)	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 66 **Sullivan 2019** **United States**	Resource Parent Curriculum (RPC), plus Trauma Informed Parenting Skills (TIPS); plus smartphone app; trainer delivered, manual, multimedia interactive app; caregivers; in person; 10 x 2.5hr sessions, multimedia content on the app	RPC: Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific TIPS: Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	Child social, emotional, and behavioural wellbeing (total difficulties); mixed effects	Knowledge of childhood trauma and trauma-related parenting strategies; positive effect (higher) Caregiver strain; mixed effects Parenting self-efficacy; positive effect (higher).	N/A	QED High risk
Study 67 **Triantafillou 2003** **Canada**	Solution-focused parent group treatment; facilitator-led; caregivers; in person; 6 x 1.5hr weekly sessions	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves	Child social skills; no effect Child problem behaviours; no effect Psychotropic drug use; no effect	N/A	Family cohesion; no effect	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Caregiver outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 72 **Wassall 2011** **United Kingdom**	Fostering Attachments (now called Nurturing Attachments); facilitator-led; caregivers; unclear	Psychoeducation, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children, FCAP Specific	Child social, emotional, and behavioural wellbeing (total difficulties); no effect Sense of security; no effect	Parenting stress; no effect Parenting self-efficacy; no effect Carer's sense of competence and confidence in their care of and relationship with their child; positive effect (higher) Carer's mind-mindedness; no effect	N/A	RCT High risk
Study 73 **Wilson 2008** **United States**	Parenting with Love and Logic; facilitator-led; caregivers; in person; 7 x weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/Facilitate In Their Children	N/A	Parenting behaviours and attitudes; no effect	N/A	QED High risk

Note: The effects reported are for the first post-intervention timepoint, comparing the intervention group with the comparison group.

What is the effectiveness of group-based interventions for foster carers and children/young people in their care?

Table 22 summarises the overall findings for each of the three key outcome domains – child, caregiver, and relationship outcomes – across the studies that evaluated group-based interventions that included foster carers, and provides an overall confidence level following GRADE for the evidence presented. Table 21 presents a more detailed description, including practice elements, outcomes measured, and reported effects for these studies. Across the 31 evaluations, there were 12 QEDs and 19 RCTs. Of these, 12 QEDs and eight RCTs were assessed as being at a high risk of bias (Table 21). Eight RCTs presented with some concerns, and three were assessed as having a low risk of bias (Table 21).

Table 22. Summary of findings for studies that evaluated the effectiveness of a group-based intervention that included foster carers

Outcome domain	Studies (n)	Reported outcomes	Confidence
Child	n = 23 studies (19 RCT; 4 QED)	13 positive effect 4 mixed effects 25 no effect	LOW Due to risk of bias; inconsistency
Caregiver	n = 26 studies (18 RCT; 8 QED)	25 positive effect 7 mixed effects 27 no effect	LOW Due to risk of bias; inconsistency
Relationship	n = 6 studies (5 RCT; 1 QED)	1 positive effect 2 mixed effects 5 no effect	VERY LOW Due to risk of bias; indirectness; inconsistency

Confidence in the reported effects: Overall, risk of bias was relatively high across these studies. There was some variation across the interventions and outcomes measured, and an overall lack of consistency across the reported effects (particularly for caregiver outcomes). For these reasons, the confidence we can have in the reported findings is low to very low – further research is likely to have an important impact on confidence and is likely to change the findings.

Child outcomes

Across the studies that evaluated group-based interventions for foster carers, 23 included child outcomes. Measures that captured child behaviour were the most common, included in 21 studies. These studies implemented measures for internalising and/or externalising child behavioural challenges (Studies 12; 16; 35; 62: positive effect; Study 5: mixed effect; Study 2; 8; 21; 29; 32; 36; 41: no effect); behaviour problems (Studies 19; 55: positive effect; Study 67:

no effect); social, emotional, and behavioural wellbeing or prosocial behaviour (Studies 12; 34; 48: positive effect; Studies 38, 66: mixed effects; Study 72: no effect); child psychosocial functioning (Study 50: mixed effect); social skills (Study 67: no effect); and carer-defined problems (Study 48: no effect). Outcome measures that evaluated placement and stability outcomes were the second most common and included: placement status (Study 19: positive effect); unplanned placement terminations (Study 29: no effect); placement stability (Study 34: positive effect); and unplanned placement breakdown (Study 41: no effect). Further measures were assessed in one study each and included outcomes for: reading and vocabulary (Study 22: no effect across five measures); child mental health (Study 32: no effect); foster child trauma symptoms (Study 44: no effect); child engagement with education (Study 48: no effect); psychotropic drug use (Study 72: no effect); sense of security (Study 72: no effect).

Caregiver outcomes

Across the studies that evaluated group-based interventions for foster carers, 26 included outcome measures to capture caregiver outcomes. Various measures of parenting behaviours, attitudes, and skills were evaluated across 19 of the 26 studies reporting caregiver outcomes and included: parenting style or behaviour (Studies 38; 44: positive effect; Studies 12; 32: no effect); parenting skills (Studies 15; 19; 29: positive effect; Studies 36; 37: mixed effect; Studies 41; 56: no effect); parenting attitudes (Study 65: mixed effects; Studies 21; 73: no effect); parental reflective functioning (n = 2 studies; Study 1: positive effect; Study 2: mixed effect); and co-parenting (Study 36: mixed effect). Nine of the 26 studies evaluated caregiver outcomes that related to knowledge (Studies 5; 15; 29; 38; 41; 64; 66: positive effect; Studies 50; 56: no effect), a majority of which reported a positive effect of the intervention. Seven studies measured parenting stress, with four of these reporting no effect of the intervention (Studies 1; 55: positive effect; Study 2: mixed effect; Studies 21; 50; 64; 72: no effect), and a further eight studies included measures evaluating parent self-efficacy or competence (Studies 5; 12; 38; 66; 72: positive effect; Studies 12; 15; 16; 48; 72: no effect). Fewer studies measured and reported on the following caregiver outcomes: caregiver quality of life (Studies 12; 48: no effect); caregiver's attachment characteristic (Study 8: no effect); foster carer coping strategies (Studies 12; 48: positive effect); feelings of social support (Study 15: no effect); foster carers' intention to foster (Study 15: no effect); foster carer depression (Study 16: positive effect); fostering readiness (Study 65: no effect); licensing status (Study 65: positive effect); and carer's mind-mindedness (Study 72: no effect).

Relationship outcomes

Far fewer studies – six of the 31 studies that evaluated group-based interventions – evaluated relationship outcomes. The outcomes evaluated were heterogenous and included: child–carer attachment (Study 12: positive effect; Study 46: no effect); carer–child relationship quality (Study 48: no effect); positive/negative child relationship investment (Study 32: no effect); sibling interactions and aggression (Study 37: mixed effects); and family cohesion (Study 67: no effect).

Key findings

Outcome measures that evaluated a group-based intervention's effect on child behaviour were the most common. Although several studies reported positive effects of the evaluated intervention, there was substantial inconsistency across the reported effects for child outcomes and more studies reported no effects of the intervention than positive findings. Given the relatively high risk of bias across individual studies, and low confidence across the studies reporting child outcomes, it is possible that the current evidence base does not represent the true effects of these interventions. Outcome measures capturing parenting behaviours, attitudes, and skills were the most common caregiver outcomes reported; however, there was a lack of consistency across the reported effects for group-based interventions including foster carers. There were more consistent positive effects reported for caregiver knowledge outcomes, with most studies that evaluated this outcome reporting a positive increase in knowledge. Again, given the relatively high risk of bias and low confidence we have in these findings, the reported effects will probably change as more high-quality studies become available. Fewer studies evaluated relationship outcomes, and the outcomes reported across the relationship outcome domain were varied, with few studies reporting positive effects. Again, risk of bias was relatively high across the studies and confidence was very low. There is an opportunity for future evaluations to further capture relationship outcomes – particularly those relating to caregiver–child attachment.

Multi-level interventions

Table 23 presents the practice elements and outcomes measured for multi-level interventions. Of the 65 studies that explored the effectiveness of interventions delivered to foster carers, 16 (described across 26 reports) were multi-level interventions delivered to groups of foster carers and/or adoptive parents.

What different types of multi-level interventions/models have been evaluated for foster carers?

The multi-level interventions that were evaluated across these studies were diverse. These programmes involved the implementation of different approaches at different levels, often including multiple discrete interventions (e.g. therapeutic approaches, case management, group work), often focusing on both caregivers and children/young people. These interventions included Treatment Foster Care (TFC) and Multidimensional Treatment Foster Care (MDTF; Studies 13; 14; 25; 33) – which generally encompass a range of approaches to support professional foster carers including care coordination, support groups, caregiver training, home visits, and supervision. Two studies evaluated flexible programmes that adjusted the approaches to intervention depending on the needs of the child/young person, caregiver, and/or family (Blended Preservice Training: Study 53; Neighbour to Family: Study 57) – these could include training, regular group supervision, monthly support groups, or other professional services. Two further studies evaluated the Mockingbird Home Hub Model, where 6–10 satellite fostering families form a supportive network, led by an experienced foster carer (Studies 74; 75). Seven of the studies combined group-based interventions with additional components, such as online psychoeducational learning, dyadic therapeutic approaches, follow-up phone calls, and peer support (Studies 18; 20; 26; 39; 43; 45; 59).

What practice elements and intervention components are associated with multi-level interventions for foster carers?

This section addresses **RQ3. How:** What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

Table 23 presents the core components and outcomes for multi-level interventions. Twenty-four multi-level interventions were coded for practice elements. A full table of practice element frequency can be found in Appendix 8.

Of the 11 practice elements within the Psychoeducation general technique, the three most common elements found across multi-level interventions for foster carers included in our review were: Explaining Child Development; Explaining Caregiver–Child Interactions; and Explaining the Impacts of Abuse, Corporal Punishment, and Trauma (n = 3 interventions, 50.0%, each).

None of the multi-level interventions for foster carers included practice elements in the Positive Reinforcement general technique. One intervention (10.0%) included the Ignore practice element under the Nonviolent Disciplining general technique.

Of the nine practice elements within the Proactive Parenting general technique, the three most common practice elements were Fostering Positive Caregiving Attitudes (n = 3 interventions, 30.0%); Setting Expectations Through Use of Rules and Routines (n = 2 interventions, 20.0%); and Supporting Child with School (n = 1 intervention, 10.0%).

Of the eight practice elements within the Relationship Enhancement/Promoting Sensitivity general technique, the three most common practice elements found across group-based programmes were: Empathy (n = 4 interventions, 40.0%); Improving Communicative Skills of Caregivers in Interaction with Their Child (n = 4 interventions, 40.0%); and Responding Sensitively (n = 3 interventions, 30.0%). One intervention (10.0%) was coded for the Reflections on Caregivers' Family of Origin practice element.

Of the nine practice elements within the Skills for Caregivers Themselves general technique, the most common practice elements were: Emotion Regulation Skills; Reflective Functioning; Planning and Organisation; and Self-Care (n = 3 interventions, 30.0%, each).

Of the three practice elements within the general technique of Skills Caregivers Teach/ Facilitate in Their Children, the most common practice elements were Emotion Regulation Skills; and Social Skills (n = 2 interventions, 20.0%).

Of the 10 practice elements within the FCAP Specific general technique, the most common was Communicating with Birth Parents (n = 3 interventions, 30.0%).

Of the 21 practice elements within the Delivery Method general technique, the most common practice elements were: Child Involvement (n = 6 interventions, 60.0%); Home Visitation (n = 4 interventions, 40.0%); Reframing Techniques (n = 3 interventions, 30.0%); Homework (n = 3 interventions, 30.0%); and Birth Family Involvement (n = 3 interventions, 30.0%).

Under the Practitioner's Approach general technique, the most common practice elements of 10 were: Client-Directed (n = 3 interventions, 30.0%); and Promote Therapeutic Relationship (n = 2 interventions, 20.0%).

Table 23. Practice elements and reported outcomes for multi-level interventions including foster carers

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 13 **Fisher 2000** **United States**	Early Intervention Foster Care (EIFC)/ Multidimensional Treatment Foster Care Programme for Preschoolers (MTFC-P); therapist, support group, foster parent consultant; caregivers, children; in person, phone; daily phone contacts, weekly home visits, weekly support group, weekly playgroup	Psychoeducation, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves	Child behaviour problems; positive effect (lower) Child stress (cortisol levels); no effect	Parenting strategies; positive effect (higher for both treatment groups) Parenting stress; no effect	N/A	QED High risk
Study 14 **Fisher 2007; 2007b; 2011; Bruce 2009; Graham 2012; Lynch 2014** **United States**	Early Intervention Foster Care (EIFC)/ Multidimensional Treatment Foster Care Programme for Preschoolers (MTFC-P); therapist, support group, foster parent consultant; caregivers, children; in person, phone; daily phone contacts, weekly home visits, weekly support group, weekly playgroup	Psychoeducation, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves	Child stress (cortisol); mixed effect Placement disruption; positive effect (lower) Cognitive processing; mixed effect	N/A	Attachment-related behaviours; positive effect (increased secure, decreased avoidant/ resistant)	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 18 **Chamberlaine 1992** **United States**	Enhanced support and training (ES&T)/modified MTFC; group leader/ facilitator; caregivers; in person, phone; 2hr group meeting with other foster carers, 3x weekly phone calls	ES&T: FCAP Specific MTFC-P: Psychoeducation, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves	Child behaviour problems; positive effect (lower) Successful days in care; positive effect	N/A	N/A	RCT Some concerns
Study 20 **Chung 2021** **United States**	Illinois Birth Through 3 (IB3), which consists of Child–Parent Psychotherapy and Nurturing Parenting Program; unclear	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children	N/A	N/A	Family reunification: mixed effects Attachment quality: mixed effects	RCT Some concerns
Study 25 **Farmer 2010** **United States**	Treatment foster care (TFC); multiple interventions and support, including care coordination, team treatment approaches, respite, frequent supervision, teaching oriented approaches to behaviour	Psychoeducation, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves	Child social, emotional and behavioural wellbeing (total difficulties); positive effect (lower)	N/A	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 26 **Fowler 2024** **United States**	National Training and Development Curriculum (NTDC); facilitator-led, online, video conferencing; caregivers; video conferencing, online; 19 x modules	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child permanency & stability outcomes (several measures); mixed effect	Likelihood of becoming a resource parent; positive effect (increase)	N/A	QED High risk
Study 33 **Jonkman 2017** **The Netherlands**	Multidimensional Treatment Foster Care Programme for Preschoolers (MTFC-P); therapist delivered, foster parent consultant; caregivers, children; in person, phone; multiple interventions including intensive 12hr training, daily 24hr phone support, 2hr weekly child playgroup sessions, less frequent parent strategy training	Psychoeducation, Nonviolent Disciplining, Proactive Parenting, Skills for Caregivers Themselves	Child behavioural challenges (internalising & externalising); no effect Trauma symptoms; no effect Child stress (cortisol); no effect	Parenting stress; no effect	Attachment disturbance; no effect	RCT High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 39 **Lynch 2017; Pears 2012; 2013; 2016** **United States**	Kids in Transition to School (KITS); teacher facilitator; caregivers, children; in person; 8 x 2hr fortnightly sessions for caregivers, 24 x 2hr weekly sessions for children	Proactive Parenting; Skills Caregivers Teach/ Facilitate In Their Children	Child internalising symptoms; days free from internalising symptoms (IFD); positive effect (increase) Child externalising behaviour; days free from externalising behaviour (EFD); positive effect (increase) Self-regulation; positive effect (increase) Early literacy skills; positive effect (increase) Prosocial skills; no effect Self-competence in third grade; positive effect (increase) Health-risking behaviour: positive attitudes towards alcohol in third grade; child interview; positive effect (decrease) Positive attitudes towards antisocial behaviour in third grade; positive effect (decrease) Involvement with deviant peers; no effect	N/A	N/A	RCT Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 43 **Mersky 2016, 2015; Blair 2018** **United States**	Parent-Child Interaction Therapy (PCIT; group-based adaptation); therapist delivered; group-based, caregiver–child dyads; in person, phone calls; approx. 14 x 1hr weekly sessions	Psychoeducation, Positive Reinforcement, Nonviolent Disciplining, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Caregivers' Family of Origin, Skills for Caregivers Themselves	Child behavioural challenges (internalising); mixed effects Child behavioural challenges (externalising); mixed effects Child behaviour problems; positive effect (lower) Permanence at 12 months; positive effect Stability; no effect	Foster parent licence status; no effect	N/A	RCT Low risk
Study 45 **Midgley 2019** **United Kingdom**	Mentalization-based treatment (MBT); facilitator; caregivers, children; in person; 2x psychoeducation sessions, consultations with the professional network; 6–12 sessions of family-based therapy	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child social, emotional, and behavioural wellbeing (total difficulties); mixed effect	N/A	N/A	RCT Some concerns
Study 49 **Midgley 2025** **United Kingdom**	Mentalization-based treatment (MBT); facilitators; caregivers; in person and online; 10 x 2hr weekly sessions	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	Child social, emotional, and behavioural wellbeing (total difficulties); no effect Carer-defined problems; positive effect (lower) Emotion regulation; mixed effects	Parenting stress; no effect Parental reflective functioning questionnaire; mixed effect Professional quality of life questionnaire; no effect	N/A	RCT Low risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 53 **Pithouse 2002** **United Kingdom**	Blended Preservice Training; a range of interventions were implemented to meet the needs of individual children	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	Behavioural challenges; no effects Participation outside the home; no effects	Carer stress/ emotional and physical wellbeing; no effect Carers' reactions to challenging behaviours; no effect (both groups showed a statistically significant decrease) Carers' beliefs about the causes of challenging behaviour; no effects	N/A	QED High risk
Study 57 **Rast 2014** **United States**	Neighbor To Family (NTF); NFT caregivers receive multiple supports including 50 hours of training, regular group supervision, monthly support groups, other professional services	Skills for Caregivers Themselves, FCAP Specific	Placement stability (4x measures); positive effect	Safety in care; no effect	N/A	QED High risk

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 59 **Salazar 2024; 2025** **United States**	National Training and Development (NTDC) Curriculum for Foster and Adoptive Parents; multimedia course; caregivers; online; 15 x 1hr module as-needed training resource	Psychoeducation, Proactive Parenting, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, Skills Caregivers Teach/ Facilitate In Their Children, FCAP Specific	N/A	Knowledge; positive effect (increased) Resource parent self-efficacy; no effect Attitudes and beliefs towards trauma; positive effect (improved) Receptivity to birth family connections; no effect Successful foster potential; no effect	Family social climate; no effect	QED High risk
Study 74 **Ott 2020** **United Kingdom**	Mockingbird Home Hub Model; extended family network, foster carer facilitator; caregivers, whole family; in person, other; 6–10 satellite fostering families supported by a home hub operated by an experienced foster carer	Psychoeducation, Proactive Parenting, Skills for Caregivers Themselves, FCAP Specific	Child wellbeing; no effect Placement stability; no effect Missing from placement; no effect	Caregiver retention; positive effect Placement options; positive effect (more options)	N/A	QED Some concerns

Study ID; first author, year; country	Intervention name; delivered by; delivered to; modality; duration	Core components	Child outcomes; reported effect	Carer outcomes; reported effect	Relationship outcomes; reported effect	Study design; risk of bias
Study 75 **Goodvin 2017** **United States**	Mockingbird Home Hub Model; extended family network, foster carer facilitator; caregivers, whole family; in person, other; 6–10 satellite fostering families supported by a home hub operated by an experienced foster carer	Psychoeducation, Proactive Parenting, Skills for Caregivers Themselves, FCAP Specific	Permanency measures (various); mixed effect Child safety (various); negative effect	Caregiver retention; positive effect	N/A	QED High risk
Study 77 **White 2014** **United States**	Blended Preservice Training; online units, facilitator; caregivers; online, in persons; 10 x online units, 4 x 3hr classroom meetings	Psychoeducation, Relationship Enhancement/Promoting Sensitivity, Skills for Caregivers Themselves, FCAP Specific	N/A	Parenting knowledge/ subjects' overall knowledge of material covered in the training programmes; positive effect (higher) Parents' self-perceptions of how well they understand parenting issues; positive effect (higher for comparison classroom-only group)	N/A	QED High risk

Note: The effects reported are for the first post-intervention timepoint, comparing the intervention group to the comparison group.

What is the effectiveness of multi-level interventions for foster carers and children/young people in their care?

Table 24 summarises the overall findings for each of the three key outcome domains – child, caregiver, and relationship outcomes – across the studies that evaluated multi-level interventions that included foster carers and provides an overall confidence level following GRADE for the evidence presented. Table 23 presents a more detailed description, including practice components, outcomes measured, and reported findings for these studies. Across the 16 evaluations, two RCTs and seven QEDs were assessed as being at a high risk of bias (Studies 13; 14; 26; 33; 53; 57; 59; 75; 77; 13; 14), there were some concerns raised for five RCTs and one QED (Studies 18; 25; 39; 45; 74), and two RCTs were low risk (Studies 43; 49).

Table 24. Summary of findings for studies that evaluated the effectiveness of a multi-level intervention that included foster carers

Outcome domain	Studies (n)	Reported outcomes	Confidence
Child	n = 14 studies (8 RCT; 6 QED)	16 positive effect 1 negative effect 7 mixed effects 13 no effect	LOW Due to risk of bias; inconsistency
Caregiver	n = 9 studies (3 RCT; 6 QED)	9 positive effect 1 mixed effects 11 no effect	VERY LOW Due to risk of bias; inconsistency
Relationship	n = 4 studies (3 RCT; 1 QED)	1 positive effect 2 mixed effects 2 no effect	VERY LOW Due to risk of bias; inconsistency

Confidence in the reported effects: Overall, risk of bias was high across these studies. There was variation across the interventions and the outcomes reported, and a substantial lack of consistency across the reported effects (especially for caregiver and relationship outcomes). For these reasons, the confidence we can have in the reported findings is low to very low and findings are likely to change as more high-quality studies become available.

Child outcomes

Fourteen of the 16 studies that evaluated multi-level interventions for foster carers included measures of child outcomes. Nine of these evaluated child behavioural outcomes, including child behavioural and emotional challenges (Studies 25; 39; positive effect; Studies 43; 45: mixed effect;

Studies 33; 49; 53: no effect), child behavioural problems (Studies 13; 18; 43; 49: positive effect), prosocial skills (Study 39: no effect), and self-regulation or emotion regulation (Study 39: positive effect; Study 49: mixed effects). Six studies evaluated measures relating to placement stability, with most studies reporting some positive effects of the intervention – outcomes measured included child permanency and stability (Study 43; 57: positive effect; Studies 26; 75: mixed across multiple outcomes; Studies 43; 74: no effect), placement disruption (Study 14: positive effect), successful days in care (Study 18: positive effect). Three further studies measured child stress (Study 14: mixed effect; Studies 13; 33: no effect). Several outcomes were measured in a single study only, and these included: cognitive processing (Study 14: positive effect); trauma symptoms (Study 33: no effect); early literacy skills and self-competence in the third grade (Study 39: positive effect); attitudes towards health-risking and antisocial behaviours (Study 39: positive effect); deviant behaviour with peers (Study 39: no effect); participation outside the home (Study 53: no effect); child wellbeing (Study 74: no effect); and child safety (Study 75: negative effect across several measures; Study 57: no effect).

Caregiver outcomes

Nine of the 16 studies evaluating multi-level interventions for foster carers evaluated caregiver outcomes. Five studies reported on measures that related to participants' status as a resource parent; these included likelihood of becoming a resource parent (Study 26: positive effect), foster parent licence status (Study 43: no effect), foster carer potential (Study 59: no effect), and caregiver retention (Studies 74; 75: positive effect). Four studies measured parenting stress, with none of these reporting an effect (Studies 13; 33; 49, 53: no effect). Further outcomes that were measured across multi-level interventions for foster carers were: parenting knowledge, attitudes, and beliefs (Studies 59; 77: positive effect; Study 53: no effect); carers' reactions to challenging behaviours (Study 53: no effect); parental reflective functioning (Study 49: mixed effects); professional quality of life (Study 49: no effect); parenting strategies (Study 13: positive effect); carer receptivity to birth family connections (Study 59: no effect); placement options (Study 74: positive effect); and parent self-perceptions of how well they understand parenting issues (Study 77: positive effect).

Relationship outcomes

Only four studies included measures for relationship outcomes. Three of these studies measured attachment-related outcomes (Study 14: positive effect; Study 20: mixed effects; Study 33: no effect), one study evaluated family reunification (Study 20: mixed effect), and one further study evaluated family social climate (Study 59: no effect).

Key findings

Although there was some variation across the specific outcomes measured and the direction of reported effects for child outcomes across these evaluations, there is some promising evidence supporting the effectiveness of these interventions to support child behaviour and placement stability. Importantly, studies at a lower risk of bias tended to report more positive child outcomes. While the confidence we can have in the current evidence base is low, further high-quality evaluations of multi-level interventions will assist with confirming the findings reported here. There was considerable variation across the specific caregiver outcomes measured, with substantial heterogeneity in the reported effects. There are some promising effects of these interventions on outcomes relating to the likelihood of becoming a resource parent and caregiver retention, and

some further positive findings reported for outcomes relating to parenting skills, knowledge, attitudes, and beliefs. Again, the risk of bias across these studies is substantial and confidence in the findings very low. Once again, few studies measured and reported relationship outcomes, and the direction of effects was inconsistent. There is substantial opportunity for further studies exploring the effect of multi-level interventions on relationship outcomes.

Findings about practice elements across levels and subgroups

This section addresses **RQ3. How:** What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

The majority of interventions (n = 48 of 55 interventions, 87.3%) had fixed modes of delivery (i.e. standardised, set content and ordering of sessions), with only seven programmes being coded as having flexible modes of delivery. Programmes that included more flexible modes of delivery were either psychotherapeutic interventions for both adoptive and foster carers (e.g. Child–Parent Psychotherapy, Neuro-Physiological Psychotherapy, Neurosequential Model of Therapeutics) or navigator-type programmes for foster carers (e.g. Mockingbird Home Hub Model, Neighbor to Family).

New practice elements were identified for this review and added to the existing practice element framework that had been developed prior to this project. These practice elements predominantly centred around the unique needs of foster and adopted children and their caregivers, with content-specific practice elements grouped into the FCAP Specific general technique. This includes practice elements around respecting children's racial/cultural identities as well as respecting children's physical boundaries. Other added practice elements were more specific to foster children and carers (e.g. planning for reunification, facilitating positive connections with foster children's birth families, communicating with birth families). New process-related practice elements for these populations were identified and added to the Delivery Method (e.g. respite care, 24h crisis support) and Practitioner's Approach (e.g. life story work, family systems) general techniques.

We detail below key findings to note about the similarities and differences in practice elements across intervention levels and between adoptive parents and foster carers.

Most interventions at each level and for each subgroup included practice elements under the Psychoeducation general technique (ranging from 60.0% for multi-level interventions for foster carers to 100.0% for individual-level interventions for adoptive parents). The most common psychoeducation practice elements across all levels (individual, group, multi-level) and both populations were: Explaining Child Development, Explaining Caregiver–Child Interactions, and Explaining the Impacts of Abuse, Corporal Punishment, and Trauma.

Practice elements under the Positive Reinforcement general technique were more commonly identified in individual-level interventions for adoptive parents (50.0% of interventions for this category) and for foster carers (50.0% of interventions for this category). Praise and Intangible Rewards were the most commonly coded elements in this category.

The Nonviolent Disciplining practice elements and Positive Reinforcement practice elements generally occurred in similar amounts in group-based interventions (36.4% of group-based interventions for both adoptive parents and foster carers). The elements Ignore and Natural/ Logical Consequences were the most commonly coded under the Nonviolent Disciplining general technique.

Practice elements under the Proactive Parenting general technique occurred in most interventions at each level and for each population (ranging from 54.5% to 71.4%), except in multi-level interventions for adoptive parents, where these practice elements were identified in only 42.9% of interventions. Setting Expectations Through Use of Rules and Routines, Direct and Positive Commands, Monitoring, and Empowering the Child were the most commonly found practice elements in this category.

Practice elements under the Relationship Enhancement/Promoting Sensitivity general technique were identified in the majority of interventions at each level and for each population (ranging from 66.7% to 85.7%), except in multi-level interventions for foster carers, where these practice elements were identified in 40.0% of interventions. This is probably due to the inclusion of navigator-type programmes in this category, which may be more focused on practical and social supports for foster carers. The most common practice elements under this general technique were Responding Sensitively, Promoting Dyadic Caregiver–Child Play, Empathy, and Improving Communicative Skills of Caregivers in Interaction with Their Child.

The practice element of Reflections on Caregivers' Family of Origin were found in a minority of interventions. FCAP Specific practice elements were identified to a moderate extent across levels and populations (ranging from 33.3% to 60.0%).

Practice elements under the Skills for Caregivers Themselves general technique were found in most interventions at each level and for each population (ranging from 70.0% to 83.3%). Emotion Regulation, Problem-Solving Skills, and Reflective Functioning were most common.

Practice elements under the Skills Caregivers Teach/Facilitate in Their Children general technique were identified predominantly in group-based interventions for adoptive parents (72.7% of interventions) and were least found in individual-level interventions for adoptive parents (33.3%).

Interventions at each level and for each subgroup were varied in their Delivery Methods. Discussions of Challenging Situations, Use of Video Interaction Guidance, and Use of Video Vignettes were the most common practice elements under this general technique. Home Visitation was generally more common in interventions for foster carers. Homework was generally more common in individual-level and group-based interventions for both subgroups, while Reframing Techniques was generally more common in multi-level interventions for both subgroups.

Practice elements under Practitioner's Approach were found in variable amounts at each level and for each subgroup. Overall, Promote Therapeutic Relationship was the most common.

Qualitative review

Characteristics of studies that included adoptive parents

The study and participant characteristics for qualitative research and implementation and process evaluations of interventions that included adoptive parents are summarised in Table 25 and narratively in the following sections.

Study characteristics

Of the nine qualitative studies of interventions that support adoptive parents, six were conducted in England only, two were delivered within the UK (unspecified locations), and one was delivered UK-wide (excluding Northern Ireland). Eight of the nine interventions were delivered face-to-face, with the remaining intervention taking place online. Of the eight face-to-face interventions, five were delivered in the community and three comprised of therapy, in private settings. The number of participants included in qualitative data collection activities in these studies ranged from 5 to 89 (m = 32.1, not including studies where the sample size was ambiguous or not reported).

One mixed-methods evaluation of an RCT of the Cake intervention for adoptive parents is included in both the quantitative and qualitative synthesis (Selwyn et al., 2009).

Participant characteristics

Participants in the included studies of interventions for adoptive parents were parents, delivery staff (facilitators, therapists), social workers (both as participants in the interventions and as key stakeholders), LA staff, and trustees.

The gender of caregivers was provided in eight of the studies. In all eight of these papers, women made up the majority of the sample – ranging from 58% to 100%. The age of caregivers was provided in three of the studies, with a range from 28 to 61 years.

The race or ethnicity of caregivers was provided in five of the included studies. Of these studies, 2 reported that 100% of caregivers identified as White British, a further 2 reported that over 90% of caregivers identified as White British, and 1 reported that the 'vast majority' identified as White.

Information regarding socioeconomic status, occupation, and/or education of caregivers was reported in three of the included studies. One study with a small sample (Cocker et al., 2019) reported that all participants were in mother–father pairs, all participants were qualified to degree level, and at least one parent in each pair worked full-time. Grollman et al. (2020) reported narratively that the adoptive parents in their sample were more likely to have paid work than foster carers, but did not provide data. Finally, Harold et al. (2017) reported that 31% of caregivers in their study were in full-time employment, 35% were in part-time employment, and 24% were not working. They also reported that 31% had GCSEs, A-levels, or a diploma, 45% had a bachelor's degree, and 8% were educated to a Master's degree level or higher.

Other characteristics reported inconsistently across studies for caregivers included relationship status (Harold et al., 2017; Hewitt et al., 2018; Selwyn et al., 2009; Wingfield and Gurney-Smith, 2018), time since adoption (Purrington et al., 2025; Wingfield and Gurney-Smith, 2018), whether they attended solo or as a couple (Hewitt et al., 2018; Selwyn et al., 2009), presence of biological

children (Harold et al., 2017), sexual orientation (Wingfield and Gurney-Smith, 2018), number of children in their care (Grollman et al., 2020), and whether caregivers had a disability (Cocker et al., 2019).

Characteristics of children in the participating families were reported in six of the included studies. The proportion of children who were female ranged from 38% to 78%. One study (Price et al., 2023) explicitly included caregivers of children with diagnosed or probable foetal alcohol spectrum disorder. The ages of children of parents who participated in the included studies ranged from 2 to 17 years old. The race or ethnicity of children was only reported in one study (Harold et al., 2017), where 79% of children identified as White British.

Table 25. Study and participant characteristics for qualitative studies of interventions including adoptive parents

Study ID	Population placement type; study population	Intervention	Sample size	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
Cocker 2019	Adoption Adoptive parents, intervention staff	Dyadic Developmental Psychotherapy (DDP)	2 parents 3 staff	Implementation experiences Acceptability & usefulness	Face-to-face therapy (London)	Mixed-methods	Interviews	Unclear
***Grollman 2020**	Foster care (incl. kinship) & adoption Foster carers & adoptive parents	The Adolescent and Children's Trust Peterborough (TACT)	71 carers / parents	Implementation experiences Acceptability & usefulness	Face-to-face in the community (England)	Mixed-methods	Survey	Unclear
Harold 2017	Adoption Adoptive parents, intervention facilitators	AdOPt parenting programme	33 adoptive parents N facilitators not reported	Implementation experiences Acceptability & usefulness	Face-to-face in the community (England)	Mixed-methods	Semi-structured interviews, focus groups	Thematic analysis
Hewitt 2018	Adoption Adoptive parents	Nurturing Attachments group (DDP informed)	8 adoptive parents	Implementation experiences Acceptability & usefulness	Face-to-face in the community (England)	Qualitative study	Semi-structured interviews	Interpretative phenomenological analysis

Study ID	Population placement type; study population	Intervention	Sample size	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
Luckock 2017	Adoption Adoptive parents, intervention mentors, intervention leads (social workers), managers	Cornerstone Adoption Support Programme	34 adoptive parents 9 mentors 8 social workers 3 managers	Implementation experiences Acceptability & usefulness	Face-to-face in the community (England)	Mixed-methods	Focus groups, semi-structured interviews, observations, parent feedback	Unclear
Price 2023	Adoption Adoptive parents, intervention facilitators	Salford Parents and carers Education Course for Improvements in FASD outcomes in Children (SPECIFiC)	10 adoptive parents 2 facilitators	Implementation experiences Acceptability & usefulness	Online (UK)	Mixed-methods	Semi-structured interviews	Thematic analysis
Purrington 2025	Adoption Adoptive parents, intervention facilitators	Integrative psychological intervention for adoptive families including elements of Sensory Regulation, Theraplay®, DDP, and EMDR (STEDi)	14 adoptive parents 9 therapists	Implementation experiences Acceptability & usefulness	Face-to-face by a private-sector integrative psychotherapy service (England)	Mixed-methods	Semi-structured interviews	Framework Analysis

Study ID	Population placement type; study population	Intervention	Sample size	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
Selwyn 2009	Adoption Adoptive parents, intervention trainers, purchasers, Adoption UK staff and trustees	Cake	89 adoptive parents (from 78 families) N stakeholders unclear	Implementation experiences Acceptability & Usefulness	Face-to-face in the community (UK)	Mixed-methods	Survey, interviews, focus groups	Unclear
Wingfield 2019	Adoption Adoptive parents	Dyadic Developmental Psychotherapy (DPP)	12 adoptive parents	Implementation experiences Acceptability & Usefulness	Face-to-face clinician delivered therapy (UK)	Qualitative	Semi-structured interviews	Interpretative phenomenological analysis

Note: Grollman et al. (2020) is included in both the foster care and the adoption tables of included studies.

Characteristics of studies that included foster carers

The study and participant characteristics for qualitative research and implementation and process evaluations of interventions that included foster carers are summarised in Table 26, and narratively in the following sections.

Study characteristics

All 19 studies included in the qualitative synthesis of interventions that included foster carers were conducted within the UK, as defined by the inclusion criteria. Eight studies were conducted in England only, four were either delivered across multiple sites in the UK or the specific geographic location was not reported, four were delivered in Wales only, one in Scotland only, one in Scotland and England, and one was delivered online (it is unclear whether there were any geographical eligibility criteria for participants). The majority of these interventions were delivered face-to-face in the community (n = 16) and three were delivered online. The number of participants included in qualitative data collection (interviews, focus groups, open-ended survey questions, etc.) ranged from 10 to 83 (m = 45, excluding participant numbers from reports where sample sizes were ambiguous or not reported).

Two of the included qualitative studies from Wales (Channon et al., 2020; Moody et al., 2021) relate to the same RCT of the Fostering Changes intervention (Moody et al., 2020), which is included in our quantitative analysis. One is the process evaluation (Channon et al., 2020) and the other (Moody et al., 2021) is a qualitative exploration of recruitment to the RCT intervention. The overlap between samples in these two qualitative studies is unclear from the reporting; however, we have included them as individual studies and analysed them separately because they answered distinct research questions and provided novel data.

Four of the included qualitative studies evaluate the Reflective Fostering intervention in the UK, or adapted variations of it, including a feasibility and pilot evaluation (Midgley et al., 2019), a process evaluation embedded within the full RCT (Katangwe-Chigamba et al., 2025), a qualitative evaluation of an adaptation for online delivery (Redfern et al., 2023), and a mixed-methods evaluation of an adaptation for co-facilitation by a social worker and a foster carer (Midgley et al., 2021). Although three of these studies are embedded within the full RCT it seems unlikely that Midgley et al.'s (2021) and Katangwe-Chigamba et al.'s (2025) samples overlap given that the evaluations were conducted within different regions and local authorities. Redfern et al. (2023) did not report the specific local authorities involved in their evaluation of the adapted intervention for online delivery so it is unclear to what extent, if any, the sample overlaps with Katangwe-Chigamba et al.'s process evaluation. Despite this potential overlap in samples, we included these studies individually in the analysis because they answered distinct research questions and provided novel data. Both the feasibility and pilot evaluation (Midgley et al., 2019) and the impact evaluation of the full RCT (Midgley et al., 2021) are included in our quantitative synthesis.

Four mixed-methods RCT evaluations of interventions for carers – Incredible Years, Reading Together, the Child Wise programme, and Mockingbird – are included in both the quantitative and qualitative synthesis (Bywater et al., 2011; Connolly et al., 2021; Herbert and Wookey, 2007; Ott et al., 2020).

Participant characteristics

Participants in the included studies of interventions of foster carers were foster carers (including participants and co-facilitators), intervention developers, delivery staff (trainers, facilitators, managers, operational staff), social workers, fostering agency staff, school staff, other professionals (clinical psychologists, child and adolescent mental health service (CAMHS) practitioners), researchers, subject area academics, and children in foster care.

The age of participating foster carers was provided in eight of the studies, though in some cases this range represented the full study population rather than the qualitative research sample. Ages ranged between 28 and 71 years, with averages between 45 and 55 years. The gender of participating foster carers was provided in 10 of the included studies, though in some cases this again represented the full study population. The percentage of female caregivers in the sample ranged from 87% to 97%.

The race or ethnicity of caregivers was provided in six of the included studies, though some represent the full study population. In the six studies reporting ethnicity, two had 100% white samples (Midgley 2021; Rees and Handley 2022) and the other four reported that 96% (Midgley 2019), 88% (Katangwe-Chigamba 2025), 73% (Oliveria 2022), and 60% (Redfern 2023) of their respective samples were white. White participants were the single most represented ethnicity in all six studies.

Participant characteristics for professionals and/or other delivery staff were not routinely reported, though gender was reported in two studies, both of which reported at least twice the number of females as males (Moody 2021; Oliveria 2022).

Education or socioeconomic status of foster carers was absent from all but two studies, both of which provided information on the educational attainment level of caregiver participants, with 28% in Midgley et al. (2019) and 24% in Midgley et al. (2021) reporting a bachelor's degree or higher. In both samples GCSE level was the most frequently reported category, with 43% (Midgley 2019) and 39% (Midgley 2021).

Eight of the included studies reported participants' fostering experience, though in some cases for the full RCT sample. Foster carer experience ranged from 0 to 29 years. One study (Oliveria 2022) reported the range (3–20 years) of clinical experience of facilitators. Other foster carer characteristic variables, including number of children being cared for (Grollman 2020; Midgley 2019; Rees and Handley 2022), marital status (Midgley 2019; Midgley 2021), and previous placement breakdowns (Midgley 2019), were reported sporadically across studies.

The characteristics of children in the participating families were reported in five of the included studies (Bywater 2011; Connolly 2021; Midgley 2021; Midgley 2019; Oliveria 2022), though again data represented full RCT samples in multiple cases. The proportion of children who were female ranged from 43% to 62%. The ages of children who participated in the studies ranged from 2 to 19 years old. The race or ethnicity of children was only reported in one study (Oliveria 2022), where 47% of children were White British. Length of current placement was reported in three studies (Bywater 2011; Midgley 2019; Midgley 2021), proportion of children who had experienced a previous placement breakdown in two studies (Midgley 2019; Midgley 2021), and total length of time in foster care in one study (Oliveria 2022).

Table 26. Study and participant characteristics for qualitative studies of interventions including foster carers

Study ID	Population placement type; study population	Intervention	Sample size (n carers / parents / professionals)	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
Bywater 2011	Foster care Foster carers, intervention facilitators	Incredible Years	46 foster carers in the trial (unclear how many are in the qualitative sample) 3 facilitators	Implementation experiences Acceptability & usefulness	Face-to-face in the community (Wales)	Mixed-methods	Questionnaires, semi-structured interviews	Thematic analysis
Cameron 2020	Foster care Foster carers, early education professionals	Treasure Baskets	13 foster carers 17 professionals	Implementation experiences Acceptability & usefulness	Face-to-face in the community (UK)	Qualitative	Interviews, participant feedback	Thematic analysis
Channon 2020	Foster care Foster carers, intervention developers, trainers, and social workers	Fostering Changes	26 foster carers (8 of whom did not attend the intervention) 19 professionals	Implementation experiences Acceptability & usefulness	Face-to-face in the community (Wales)	Qualitative	Focus groups, interviews, observation	Thematic analysis
Connolly 2021	Foster care Foster carers, foster children	Reading together (enhanced book-gifting)	27 families (carer & child) interviewed pre-intervention 19 families post-intervention	Implementation experiences Acceptability & usefulness	Online	Mixed-methods	Interviews	Framework analysis

Study ID	Population placement type; study population	Intervention	Sample size (n carers / parents / professionals)	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
***Grollman 2020**	Foster care (incl. kinship) & adoption Foster carers & adoptive parents	The Adolescent and Children's Trust Peterborough (TACT)	71 carers / parents	Implementation experiences Acceptability & usefulness	Face-to-face in the community (England)	Mixed-methods	Survey	Unclear
Herbert 2007	Foster care Foster carers	Child Wise Programme	117 foster carers in the trial (unclear how many were interviewed)	Acceptability & usefulness	Face-to-face in the community (England)	Mixed-methods	Unclear	Unclear
Katangwe-Chigamba 2025	Foster care (incl. kinship) Foster carers	Reflective Fostering Programme	24 foster carers	Implementation experiences Acceptability & usefulness	Face-to-face in the community (UK)	Qualitative	Interviews	Thematic analysis
Knibbs 2016	Foster care (incl. kinship)	Keeping Foster and Kinship Carers Supported (KEEP)	15 foster carers	Implementation experiences Acceptability & usefulness	Face-to-face in the community (UK)	Mixed-methods	Interviews	Unclear

Study ID	Population placement type; study population	Intervention	Sample size (n carers / parents / professionals)	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
Luke 2025	Foster care (incl. kinship) Foster carers, teachers, virtual school staff, social workers, and mental health specialists	Shared Training and Assessment for Well-Being intervention (STrAWB)	Survey: 11 foster carers 7 teachers attending the intervention Interviews: 9 foster carers 5 teachers 7 other professionals	Implementation experiences Acceptability & usefulness	Online (England)	Mixed-methods	Survey, interviews	Thematic analysis followed by framework analysis
Madigan 2017	Foster care Foster carers	The Solihull Approach course	83 foster carers	Implementation experiences Acceptability & usefulness	Face-to-face in the community (Scotland)	Mixed-methods	Evaluation forms	Thematic analysis
McDermid 2016	Foster care Foster carers, children / young people (CYP), staff stakeholders	Mockingbird Family Model	34 foster carers 2 support carers 12 fostered CYP 5 of foster carers' own children 23 staff stakeholders	Implementation experiences Acceptability & usefulness	Face-to-face in the community at home (England)	Mixed-methods	Interviews, focus groups, observations	Unclear

Study ID	Population placement type; study population	Intervention	Sample size (n carers / parents / professionals)	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
McDermid 2022	Foster care Foster carers	Head, Heart, Hands (HHH) programme	76 foster carers	Acceptability & usefulness	Face-to-face in the community (Scotland & England)	Mixed-methods	Interviews	Thematic analysis
Midgley 2021	Foster care (incl. kinship) Foster carers	Reflective Fostering Programme	38 foster carers	Implementation experiences Acceptability & usefulness	Face-to-face in the community (England)	Mixed-methods	Focus groups	Framework analysis
Midgley 2019	Foster care Foster carers, intervention facilitators	Reflective Fostering Programme	32 foster carers 2 intervention facilitators	Implementation experiences Acceptability & usefulness	Face-to-face in the community (England)	Mixed-methods	Focus groups, interviews	Framework analysis
Moody 2021	Foster care (incl. kinship) Foster carers, social workers, intervention trainers, recruiting staff	Fostering Changes	34 foster carers (8 of whom did not take part in the intervention) 5 trainers 12 social workers 7 researchers	Implementation experiences Acceptability	Face-to-face in the community (Wales)	Qualitative	Focus groups, interviews	Thematic analysis

Study ID	Population placement type; study population	Intervention	Sample size (n carers / parents / professionals)	Phenomenon reported	Setting	Study design	Qualitative data collection methods	Analysis approach
Oliveira 2022	Foster care Foster carers, stakeholders	Modified video-feedback intervention	11 foster carers 10 stakeholders	Implementation experiences Acceptability	Face-to-face in the community in collaboration with outpatient CAMHS (England)	Mixed-methods	Interviews	Thematic analysis
Ott 2020	Foster care Foster carers, delivery staff, fostering agency staff, CYP	Mockingbird Family Model	43 foster carers 27 fostering agency staff 14 operations staff 38 CYP	Implementation experiences Acceptability	Face-to-face in the community and at home (England)	Mixed-methods	Interviews	Unclear
Redfern 2023	Foster care (incl. kinship) Foster carers, intervention facilitators	Reflective Fostering Programme	10 foster carers	Implementation experiences Acceptability	Online (UK)	Qualitative	Interviews	Deductive thematic analysis
Rees 2022	Foster care (incl. kinship) Foster carers, peer facilitators, pioneers, professionals	Fostering Wellbeing	18 foster carers 8 peer facilitators 9 pioneers 5 trainers 4 managers	Implementation experiences Acceptability	Face-to-face in the community (Wales)	Mixed-methods	Interviews, focus groups, surveys, observations	Thematic analysis

Note: Grollman et al. (2020) is included in both the foster care and the adoption tables of included studies.

Critical appraisal of qualitative studies

The quality of reporting of the included studies was found to be sufficient for synthesis in this review. The CASP tool was used to assess the quality of studies, with findings summarised in Table 27 and the full assessment in Appendix 10.

Ten of the included 27 qualitative papers were grey-literature reports, which sometimes have less systematic reporting standards than peer-reviewed articles. However, the quality of these reports was deemed adequate. Inclusion of grey-literature reports is also appropriate for this review, particularly in the qualitative findings, because it can provide access to highly relevant research by third-sector organisations.

Confidence in qualitative findings

CERQual was used to assess confidence in each of the finding statements, the results of which are at the start of each findings section. The evidence profiles indicate that nine of the findings for adoptive parents can be viewed with a high degree of confidence, two with a moderate degree of confidence, and five with a low degree of confidence (see Appendix 11). The evidence profiles indicate that nine of the findings for foster carers can be viewed with a high degree of confidence, six with a moderate degree of confidence, and one with a low degree of confidence (see Appendix 12). For all of the findings, moderate concerns regarding methodological limitations were identified, along with a few moderate concerns surrounding adequacy. Overall, confidence in the majority of the findings generated during the review are high because they are well supported from data across studies of reasonable quality. For the full CERQual assessments, see Appendix 11 and Appendix 12.

Table 27. CASP summary table

Study ID	Placement type	Quality judgement
Bywater 2011	Foster care	Low
Cameron 2020	Foster care	Low
Channon 2020	Foster care	High
Cocker 2019	Adoption	Low
Connolly 2021	Foster care	Moderate–high
Grollman 2020	Foster care & adoption	Low
Harold 2017	Adoption	Low
Herbert 2007	Foster care	Very low
Hewitt 2018	Adoption	High

Study ID	Placement type	Quality judgement
Katangwe-Chigamba 2025	Foster care	High
Knibbs 2016	Foster care	Low
Luckock 2017	Adoption	Moderate
Luke 2025	Foster care	Moderate
Madigan 2017	Foster care	Low–moderate
McDermid 2016	Foster care	Low–moderate
McDermid 2022	Foster care	Low–moderate
Midgley 2019	Foster care	Moderate–high
Midgley 2021	Foster care	Moderate–high
Moody 2021	Foster care	Moderate–high
Oliveira 2022	Foster care	Moderate–high
Ott 2020	Foster care	Moderate
Price 2023	Adoption	High
Purrington 2025	Adoption	High
Redfern 2023	Foster care	Moderate
Rees 2022	Foster care	Low–moderate
Selwyn 2009	Adoption	Moderate
Wingfield 2019	Adoption	High

Qualitative review findings

In this section we address research questions four and five:

RQ4. Implementation: What are the enablers and barriers to successful implementation of effective interventions for non-related foster carers and adoptive parents, and children and young people in the UK?

RQ5. User perspectives: What are the views of foster carers and adoptive parents and families about the acceptability and usefulness of different interventions in the UK?

By analysing the findings reported in the qualitative studies included in this review, the research team established 12 findings statements that answer the research questions about implementation and experiences (summarised in Table 28). The nature of these interventions and the experiences of the adoptive parents and foster carers attending them means that these findings statements necessarily overlap and interact with each other. For example, an enabler to implementation of the intervention was also seen as making it acceptable and useful. However, we have drawn out distinct themes. In this section we present each of the finding statements, along with a narrative description of the context in which it appears, the importance of each finding, and specific quotes and examples.

Table 28. Finding statements for research questions 4 and 5

Finding statement	Summary	Research questions addressed
1	Facilitated peer support provides parents and carers with a much-needed space for emotional support, reciprocal learning, and feeling heard and seen	4, 5
2	Providing a space to focus on parent and carer needs was welcomed and seen as useful	5
3	Parents and carers value interventions that are structured but have room for flexibility, enabling facilitators to be responsive to individual needs	4, 5
4	Facilitator warmth and genuine passion are vital to building trusting relationships, fostering engagement, and making participants feel valued	4, 5
5	Parents and carers value learning strategies that integrate theory and practice	4, 5

Finding statement	Summary	Research questions addressed
6	Parents and carers found interventions that address multiple areas of their lives and help to provide a network around the child useful	4, 5
7	Clear communication of the intervention aims and activities to referrers and participants, alongside a strengths-based approach to recruitment, is key to recruiting appropriate participants	4
8	Social worker and wider system support for an intervention tends to encourage attendance	4
9	More research is needed to understand how interventions work for different groups, particularly those from minoritised racial and cultural backgrounds	Identified evidence gaps
10	The assumption that primary caregivers are female can be a barrier to male caregivers, single women, and same-sex couples	4, 5
11	Parents and carers have limited time; interventions need to be perceived as relevant and effective to maintain engagement	4, 5
12	Parents and caregivers most frequently reported benefits related to five areas: **a.** Understanding the need for self-care **b.** Improvements in carers' abilities to slow down, engage in reflection, and regulate their emotions before responding to children **c.** Increased understanding of, empathy for, and attunement to the child's needs leads to more responsive and patient caregiving **d.** Increased carers' confidence in parenting and empowered them in their role **e.** Improved foster carer retention and/or placement stability	5

Finding 1. Facilitated peer support provides parents and carers with a much-needed space for emotional support, reciprocal learning, and feeling heard and seen

Contributing papers:

Foster care:

- Knibbs et al., 2016
- McDermid et al., 2016
- Midgley et al., 2019
- Midgley et al., 2021
- Katangwe-Chigamba et al., 2025
- Grollman et al., 2020
- Channon et al., 2020
- Redfern et al., 2023
- Cameron et al., 2020
- Herbert and Wookey, 2007
- Bywater et al., 2011
- Ott et al., 2020
- Rees and Handley, 2022
- Madigan et al., 2017
- Oliveira et al., 2022.

Adoption:

- Luckock et al., 2017
- Hewitt et al., 2018
- Grollman et al., 2020
- Harold et al., 2017
- Price et al., 2023
- Selwyn et al., 2009.

Confidence in finding 1 for foster care: High.

Confidence in finding 1 for adoption: High.

Peer support provided both organically and intentionally through group interventions was repeatedly identified across both foster care and adoption literature as a driver of positive experiences and outcomes for foster carers and adoptive parents.

In the included studies, peer support was provided both as a core intervention activity, through group-based interventions that target a specific population (e.g. foster carers) and as one element of multi-modal interventions that aim to provide a community around the carer and child (e.g. Mockingbird). These interventions give foster carers and adoptive parents the opportunity to meet others in a similar position, who may be facing the same challenges and harbouring the same worries. Participants in these studies reported that opportunities to hear from other carers and adoptive parents are otherwise rare, leading parents and carers to feel that the challenges they are facing are unique or unusual. The value of simply connecting foster carers/adoptive parents with one another and facilitating communication should not be underestimated as foster carers and adoptive parents repeatedly highlighted how helpful being able to meet and share with similar others was.

> "I cannot tell you, and I may cry now, what it's like being able to just talk to another parent who gets it, who knows what you're going through, and who shares your worries and concerns."
> – Adoptive mother, Price et al., 2023

Carers and parents reported that being around others who had similar experiences created a safe space where they could discuss and reflect on their experiences, speak openly and honestly, and feel heard and understood. This opportunity to meet and talk to peers reportedly helped to combat feelings of guilt, made carers feel less alone by normalising their experiences, and provided them with a much-needed outlet for emotional support and empathy. The importance of feeling safe and held in these peer groups was evident from the included studies, with references to safety and safe spaces recurring throughout studies.

> "Carers likened the experiential aspect of the programme to being in 'therapy', where they saw the sessions as a safe space to reflect on difficult experiences and be heard by others who could relate to their experiences."
> – Foster carer, Katangwe-Chigamba et al., 2025

An important feature of peer support identified is the lack of judgement from others in a similar caring or parenting position. It was reported that interventions designed specifically for foster carers or adoptive parents offered a non-judgemental space in a way that general parenting interventions offered to foster carers and adoptive parents often do not. Reflecting on experiences attending universal parenting support, foster carers and adoptive parents reported feeling unseen, misunderstood, and even judged. However, within interventions targeted at foster carers and/or adoptive parents, they felt able to speak openly, without judgement of them or their child. The role and skills of the facilitator were also thought to help ensure spaces were non-judgemental.

In the included studies, uncommon but notable negative experiences were described: one foster carer found the negativity expressed during group sessions unhelpful because it had brought him "down". Elsewhere, a minority of parents and carers reflected on their negative experiences of sharing in a group, where they had felt judged or criticised by others, leading to them being less willing to share again in future.

Peer support also contributed practical benefits to parents and carers via advice giving and reciprocal learning. Carers were able to offer each other guidance and strategies based on their own similar experiences to help others tackle challenges or novel situations by sharing things they had found to be helpful. This benefit was consistently highlighted across the included studies, with the other foster carers and adoptive parents in the group seen as a resource provided by an intervention, and as such there was a desire to factor in sufficient time for group discussion.

> "I do think that's a really important thing, that foster carer, especially the more experience you've got, the more you're going to be able to give and share in the training and you can't have too little of that, there's always more to take from each other."
> – Foster carer, Midgley et al., 2019

The included studies also reported that in groups where children were involved, non-judgemental peer support encouraged parents to attend activities with their children without worrying about being judged for challenging behaviours arising. This in turn provided social outlets for both the carer/parent and child and opportunities for shared carer/parent activities and bonding.

> "Mockingbird is a place where you can belong. Mockingbird is a place where you will make new friends that you will have for life really … You'd get opportunities.

> You'd become part of a family really."
> – Foster child, age 15, Ott et al., 2020

Providing foster carers and adoptive parents with access to a network of their peers via group interventions was perceived to have wide-ranging benefits for foster carers and adoptive parents, both emotional and practical. Reported benefits often persisted beyond the end of interventions as foster carers and adoptive parents stayed in touch and continued to be outlets of support for one another. Including a group component in interventions targeting foster carers or adoptive parents and ensuring sufficient time for group discussion can offer benefit.

Finding 2. Providing a space to focus on parent and carer needs was welcomed and seen as useful

Contributing papers:

Foster care:

- Knibbs et al., 2016
- McDermid et al., 2016
- Midgley et al., 2019
- Midgley et al., 2021
- Katangwe-Chigamba et al., 2025
- Grollman et al., 2020
- Ott et al., 2020
- Rees and Handley 2022
- Madigan et al., 2017
- Oliveira et al., 2022.

Adoption:

- Wingfield and Gurney-Smith, 2018
- Hewitt et al., 2018
- Grollman et al., 2020
- Harold et al., 2017
- Price et al., 2023
- Selwyn et al., 2009.

Confidence in finding 2 for foster care: High.

Confidence in finding 2 for adoption: High.

Foster carers and adoptive parents reported that having time and space to focus on their own needs and an outlet for emotional support was welcome and often missing from their lives. This finding was consistent across both the foster care and adoption studies.

In some studies, caregivers described how interventions offered to them tend to focus on how a carer/parent can help the child in their care. It is clear from the included studies that adoptive parents and foster carers feel that addressing their needs is often absent from interventions, but it is valued when included.

> "A lot of the courses we go onto have a lot about attachment, this theory, that theory and we are told this is why this, this is why your children is doing it, but none of them actually step back and say you are ok, you are important in this and if we look after ourselves, how that is gonna benefit the child."
> – Foster carer, Midgley et al., 2021

Foster carers and adoptive parents expressed that where interventions provided carer-focused support for their wellbeing, their capacity to provide care or parent was enhanced. Simply being asked by someone how *they* were feeling or coping gave foster carers and adoptive parents a much-needed feeling of being seen, valued, and supported. One foster carer who took part in The Adolescent and Children's Trust Peterborough's intervention described how they appreciated:

> "Just to have someone to ask to about how I feel."
> – Adoptive parent, Grollman 2020

Carers viewed carer-focused support as therapeutic in many of the included interventions, with foster carers and adoptive parents feeling they could unburden themselves in a non-judgemental and safe space. Foster carers and adoptive parents reported that they do not often have the opportunity to focus on themselves and their needs, to talk about their own struggles and emotions and to feel held by others.

> "I think the most useful thing for me is that feeling of being listened to in a non-judgemental way and being held, contained in that way. We have to hold and contain the children all the time. You come to this sort of thing and you get it back."
> – Foster carer, Midgley et al., 2021

Foster carers and adoptive parents reported benefits of reduced stress and feelings of isolation and increased hope. Interventions that addressed the importance of self-care for foster carers and adoptive parents were valued because this is reportedly an area that is often overlooked in interventions and missing from their lives in general.

> "I think self-care should go through every single session and in a much more valued way … because without regulated parents and carers we don't get regulated kids and for me that's the most important thing."
> – Adoptive parent, Price et al., 2023

Carers' own wellbeing was perceived as necessary to provide patient, responsive caregiving. Ensuring that interventions integrate a component of emotional support along with education about the importance of and strategies for implementing self-care can be beneficial to this population defined in their role in caring for others.

Finding 3. Parents and carers value interventions that are structured but have room for flexibility, enabling facilitators to be responsive to individual needs

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Channon et al., 2020
- Rees and Handley, 2022
- Ott et al., 2020
- McDermid et al., 2016
- Oliveira et al., 2022
- Cameron et al., 2020
- Bywater et al., 2011
- Midgley et al., 2019
- Midgley et al., 2021

- Katangwe-Chigamba, et al., 2025
- Connolly et al., 2021.

Adoption:

- Purrington et al., 2025
- Cocker et al., 2019
- Wingfield and Gurney-Smith, 2018
- Luckock et al., 2017
- Price et al., 2023
- Harold et al., 2017.

Confidence in finding 3 for foster care: High.

Confidence in finding 3 for adoption: High.

Foster carers and adoptive parents consistently reported how useful and beneficial they found structured interventions that were tailored to their needs – in terms of both an intervention being designed for their group (i.e. foster carers or adoptive parents) and interventions that incorporate the flexibility to tailor content to the needs of participants.

> "Carers identified 2 main, unique benefits of the KEEP training: Firstly, there was a structure, albeit flexible, to the training, and relevant issues were discussed which resonate with the experience of carers in the group."
> – Author, Knibbs et al., 2016

Participants appreciated interventions that were specifically designed to address their needs as foster carers or adoptive parents, as opposed to universal parenting interventions, which they could feel disenfranchised by.

> "Carers welcomed the opportunity to attend a parenting programme run specially for them as a unique population. They felt more able to share their experiences, difficulties and concerns regarding their role, and their relationship with the child they were looking after, in this confidential environment."
> – Author, Bywater et al., 2011

While foster carers and adoptive parents appreciated structured, evidence-based learning, they highlighted that programmes and practitioners having the flexibility to tailor content to the presenting individual, family, or group was beneficial. Tailored content was considered more engaging and responsive to their needs. One adoptive parent highlighted the importance of tailoring intervention content and delivery when describing Dyadic Developmental Psychotherapy:

> "[It was] a very natural approach. It felt as though it was very focused on our situation and the challenges we were facing, so it didn't feel like something was being force-fit."
> – Adoptive parent, Wingfield and Gurney-Smith, 2018

Flexibility was also beneficial in multi-modal interventions (e.g. Mockingbird) where hub carers or mentors adapt services and delivery in response to individual family needs.

> "The hub carers were described as extremely responsive to immediate requests for support and flexible to [the] individual's needs and circumstances. Of particular note was the hub carers' own experiences and knowledge of fostering

which was particularly valued by the interview participants."
– Foster carer, McDermid et al., 2016

On the other hand, in instances where generalised, non-tailored content was delivered some papers reported that participants viewed content as irrelevant and were less likely to engage.

Group composition influences the extent to which content can be suitably tailored. Participants in the included studies reported that content should be well matched to the composition of the group it was being delivered to. However, tailoring content to a group with diverse needs is challenging. For example, new adoptive parents of a baby will have significantly different support needs from long-term adoptive parents of an adolescent with a disability. Staff recruiting participants and delivering sessions should consider whether groups have sufficient similarities, in terms of their roles and experiences, or heterogeneity is factored into session planning. Some group diversity was viewed as a benefit provided by providing reciprocal learning, however.

"They would have been better off to say right we'll have foster carers with children from nine or from ten to sixteen and then from zero to seven. They needed to split it up. … it was very difficult for the guys to put information across that dealt with everybody's needs, so it was a very quick snip onto that … and a quick snip onto this because they were covering such a wide range of age."
– Foster carer, Channon et al., 2020

Participants and practitioners valued interventions with an experiential and collaborative focus that facilitated discussion among participants, which allowed them to shape the intervention through reflecting on their own experiences. Some foster carers and adoptive parents reported that being given the opportunity to drive the discussions and influence the focus of the intervention was preferable to merely being a recipient of an expert's lecture.

"It wasn't about just preaching to us. I was quite surprised."
– Foster carer, Knibbs et al., 2016

Included studies suggest that ensuring interventions are intentionally relevant and responsive to participants' needs is important. This can be achieved through establishing a structured and evidence-based intervention that facilitators can adapt. Eliciting individual needs by focusing on personal and shared experiences in group discussion can provide a blueprint for facilitators of how to tailor content and where to focus time.

Finding 4. Facilitator warmth and genuine passion are vital to building trusting relationships, fostering engagement, and making participants feel valued

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Channon et al., 2020
- Rees and Handley 2022
- Ott et al., 2020
- Herbert and Wookey 2007
- Cameron et al., 2020
- Midgley et al., 2019
- Midgley et al., 2021

- Katangwe-Chigamba et al., 2025.

Adoption:

- Purrington, Goodall, & Lynch, 2025
- Cocker et al., 2019
- Wingfield & Gurney-Smith, 2019
- Luckock et al., 2017
- Hewitt, Gurney-Smith & Golding, 2018
- Selwyn et al., 2009
- Price et al., 2023
- Harold et al., 2017.

Confidence in finding 4 for foster care: High.

Confidence in finding 4 for adoption: High.

Across studies, facilitator characteristics were central in determining the perceived usefulness of interventions. Facilitator traits of warmth and passion were reported as factors in foster carers' and adoptive parents' overall perception of interventions. Where implemented, peer facilitators or mentors were well received, creating a strong element of trust and understanding between facilitator and participant. This finding was found for both foster carers and adoptive parents.

The facilitator's role in encouraging engagement and building relationships with foster carers and adoptive parents was crucial. Where foster carers and adoptive parents perceived facilitators to be warm, supportive, and genuinely passionate, it instilled trust, created good relationships, and encouraged participation. The studies included here suggest that although facilitator experience and knowledge are important factors in the quality of delivery, perceived empathy from facilitators may be more highly valued. Positive facilitator descriptions included, "non-judgmental", "authentic", and "encouraging". One adoptive parent receiving Dyadic Developmental Psychotherapy described the facilitator as:

> "[She was] very accepting and non-judgemental, which we had hoped for but not necessarily expected. … She never made us feel in any way that we weren't competent parents."
> – Adoptive parent, Wingfield and Gurney-Smith, 2018

An important element related to facilitator authenticity, warmth, and passion was their ability to make foster carers and adoptive parents feel valued. Foster carers and adoptive parents appreciated when facilitators respected their expertise through experience and talked to them as competent equals (or professionals, in the case of foster carers), avoiding talking down or lecturing. They also indicated that collaborative problem-solving was at times preferable to imparting "expert" knowledge. Problem-solving facilitators encouraged participation in the intervention as foster carers and adoptive parents felt included, valued, and empowered to speak up.

> "The facilitators were amazing … It wasn't like they were teachers or judgemental or … you know, they emphasised all the time that there wasn't a right or a wrong."
> – Adoptive parent, Harold et al., 2017

Facilitators who were able to integrate professionalism and knowledge with empathy and genuine warmth seemed to have the most positive effect on participants. In essence what foster carers and

adoptive parents are describing is a certain humanness that some may feel is often missing from statutory services. Where foster carers and adoptive parents felt facilitators listened to them, understood them, and cared about helping them they responded in a more positive way to structured and evidence-based content and could engage more meaningfully in discussions.

> "The way that they have understood us and the empathy that we have had from them. They have remained professional, but they have really shown that they care."
> – Adoptive parent, Cocker et al., 2019

Where a trained peer facilitator was involved in delivering the intervention it was extremely well received across studies. The inclusion of peer facilitators reportedly instilled trust in foster carers and adoptive parents due to their shared experiences and lent credibility to the intervention. Foster carers and adoptive parents reported being put at ease by the presence of a peer facilitator, which led to increased engagement. Participants felt they had a short-hand with the peer facilitator, who inherently understood their struggles and could empathise with them in a way that was unavailable to professionals without lived experience.

> "I think they're the best people to do it because they've been there and done it. I was exhausted with explaining [my child] to people who haven't experienced it. They don't understand; they continually say, 'but all children do that'. It would have been too over-whelming if they hadn't been adopters. I couldn't have done it. It was such a relief to find that these people knew."
> – Adoptive parent, Selwyn et al., 2009

Where co-facilitation involving a "professional" and a trained peer facilitator was implemented, the roles were described as complementary, providing a good balance between expertise and empathy.

> "Another perceived benefit of this co-facilitation was the value of having different perspectives: [foster carer facilitator] has got empathy for what has been going on because she is doing that herself and [social worker facilitator] can see that side and can see the other side of what people deal with, so she sees more of what the role of being a foster career involves."
> – Author, Midgley et al., 2021

Across studies, facilitators helped establish participant engagement and shape participants' perception of the intervention. Facilitator recruitment and training is therefore an important facet of intervention delivery. Findings also suggest that facilitators should seek to encourage participation and engage in collaborative thinking with participants as peers, as opposed to "teaching" students. Peer facilitators or co-facilitators are also well received and can increase engagement, trust, and confidence in interventions.

Finding 5. Parents and carers value learning strategies that integrate theory and practice

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Channon et al., 2020
- Rees and Handley 2022
- McDermid et al., 2022
- Herbert and Wookey, 2007
- Katangwe-Chigamba et al., 2025
- Midgley et al., 2019.

Adoption:

- Purrington et al., 2025
- Cocker et al., 2019
- Luckock et al., 2017
- Hewitt et al., 2018
- Harold et al., 2017
- Price et al., 2023.

Confidence in finding 5 for foster care: Moderate.

Confidence in finding 5 for adoption: Low.

Foster carers and adoptive parents both reported valuing intervention content where theory was integrated with practice and provided them with applied strategies. Where interventions integrated opportunities to put theory into practice, either in-session or at home, reflect on this practice through discussion, and receive feedback, they were largely well received and considered useful by foster carers and adoptive parents.

Foster carers and adoptive parents appreciated understanding foundational theory and how it related to their existing parenting strategies. This included the consolidation of knowledge (i.e. putting names to ideas they knew intuitively or from experience). However, foster carers and adoptive parents want to understand how to translate theoretical principles into practical strategies that they can implement. Where this was done well, it was received positively and deemed useful by participants and deliverers.

> "They're great theories, but actually the practice is what do you do. What is the best thing to do, and what is the next best thing to do?"
> – Foster carer, Katangwe-Chigamba et al., 2025

Opportunities to put strategies into practice were implemented in a variety of ways, including role play or supervised behavioural practice during sessions and/or home practice between sessions. In-session play or home-based practice helped participants feel more engaged, consolidating learning and enhancing confidence. However, findings from some studies suggest it may be important to space out sessions to allow participants to try the strategies during the intervening time, otherwise engagement may be negatively impacted. An adoptive parent involved in the SPECIFiC intervention (Price et al., 2023) highlighted where they felt the pace of the intervention precluded sufficient practice between sessions.

> "We haven't been able to initiate some of the things because we only had a gap of three days."
> – Adoptive parent, Price et al., 2023

Whether practice was within sessions or at home, foster carers and adoptive parents valued having in-session discussions to reflect on their experiences of trying new strategies, receiving feedback, and engaging in collaborative problem-solving. It was reported that this cycle of learning, practice, and feedback promoted engagement and could motivate foster carers and adoptive parents to try something different. For example, some foster carers and adoptive parents involved in the Cornerstone adoption intervention (Luckock et al., 2017) reported finding that the kinaesthetic methods practised were emotionally impactful and the opportunity for reflection and discussion following this practice was considered important.

> "The practical exercises were very, very though provoking, quite tricky actually … it was quite emotive. And it got easier as we went along, but also because we got to know each other as well, the people on the course. But yes, it really opened your eyes to a lot of things … I hadn't really thought about it like that. So yes, absolutely, incredibly powerful."
> – Adoptive parent, Luckock et al., 2017

Another point evidenced throughout was that foster carers and adoptive parents positively engage with interventions that focus on practical strategies and how to implement them.

> "I think it's been great, informative and I think how it's, sort of, presented and delivered … it feels, like, you can actually go on and use that and put it into practice. I don't know I just felt engaged, like, most of the time."
> – Adoptive parent, Luckock et al., 2017

It is worth noting that appropriateness of theory in relation to the wider implementation context should be considered, because poor fit between theory and context can negatively impact perceived acceptability, as was reported by one foster carer taking part in the Head, Heart, and Hands programme (McDermid et al., 2022).

> "It's like trying to fit social pedagogy into a system it doesn't fit with; when [foster carers are] skilled up we should be able to make decisions, but I don't think the system or social workers are necessarily up for that."
> – Foster carer, McDermid et al., 2022

Interventions that integrate appropriate theory with implementable practice throughout seem to engage foster carers and adoptive parents well and are deemed useful. Incorporating practice during and between sessions helps to consolidate learning and provides a good basis for reflection and feedback discussions where further learning occurs and confidence grows.

Finding 6. Parents and carers found interventions that address multiple areas of their lives and help to provide a network around the child useful

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Rees & Handley, 2022
- McDermid et al., 2016
- Herbert & Wookey, 2007
- Grollman et al., 2020
- Midgley et al., 2019
- Ott et al., 2020.

Adoption:

- Harold et al., 2017
- Grollman et al., 2020.

Confidence in finding 6 for foster care: Low.

Confidence in finding 6 for adoption: Low

Foster carers (primarily) reported finding interventions that helped support them and/or their child in multiple areas of their lives beneficial: for example, by providing referrals to other services, providing respite care[8], and/or providing support for a wider system around a child. This was less prominent in the included adoption studies, though two interventions (TACT and AdOPT) with adoptive parents (one a mixed sample with foster carers) are represented.

Foster carers positively received interventions that provided support to the wider network around the child (e.g. to key school staff or other family members) and/or practical support such as referrals or respite care. Evidence from the studies included here suggests foster carers can be under pressure and face a myriad of simultaneous challenges. Where an intervention can address multiple challenges, foster carers indicated that they found it highly useful. Multi-modal interventions such as Mockingbird, TACT, and Fostering Connections exemplify this approach, with a core aim being to create a community of support around the family. Within these interventions, foster carers have access to support groups, respite care, advice, and practical support with issues such as accessing payments and benefits. The respite care provided by these interventions was valued because it gave carers a break and provided a safe social outlet for children.

> "Respite when behaviours are challenging helps. Both the foster child and carers have time to have peace and builds resilience and other positive relationships if

[8] Although we recognise that Foundations prefers the term "short breaks" over "respite care" and that there is currently important debate around suitable terminology, we use "respite care" throughout the report to reflect current language used in social work practice and policy in the UK and the language of the original evidence (i.e. primary studies).

> respite is matched correctly."
> – Foster carer, Grollman et al., 2020

> "I love Mockingbird and my sleepovers."
> – Foster child, age 9, Ott et al., 2020

Foster carers indicated that where interventions included referrals or access to other services/professionals it provided them with much-needed support in areas beyond the intervention's direct remit. Interdisciplinary involvement in the delivery or attendees of the intervention enabled a holistic approach to supporting families and facilitated effective relationship building, communication, and collaboration within the team around the child. For instance, education professionals were involved in the Fostering Connections intervention (Rees & Handley, 2022) and provided information about local services.

> "I loved the fact that everybody … there's different professions there, so hearing their input, not just from those that presented it, those who were just there in the breakout rooms as well. So, hearing from a school nurse, hearing from a social worker."
> – Foster carer, Rees and Handley 2022

Some foster carers and adoptive parents indicated that support for the wider family and system around them would also be beneficial. Including others in interventions better equips a wider network to support a child and reduces the pressure and reliance on foster carers and adoptive parents.

Foster carers and adoptive parents face many complex challenges that require multi-faceted support. Involving interdisciplinary teams in interventions can help alleviate the pressure on foster carers and adoptive parents by providing them with practical support and multi-sector advice. Furthermore, creating a community around the family through foster carer constellations or by engaging the wider network around the child can lighten carer/parent burden.

Finding 7. Clear communication of the intervention aims and activities to referrers and participants, alongside a strengths-based approach to recruitment, is key to recruiting appropriate participants

Contributing papers:

Foster care:

- Moody et al., 2021
- Channon et al., 2020
- Ott et al., 2020
- Oliveria et al., 2022
- Rees and Handley, 2022
- Luke et al., 2025
- McDermid et al., 2016.

Adoption:

- Luckock et al., 2017
- Harold et al., 2017.

Confidence in finding 7 for foster care: Moderate.

Confidence in finding 7 for adoption: Low.

Findings show that clear communication of the intervention aims and activities during recruitment and referrals facilitates engagement by aligning expected and actual intervention content and delivery structure. Clear and accurate information from the delivery organisation to referrers and subsequently to participants supports them to meaningfully understand whether the intervention will be suitable for each family's situation. Contrastingly, poor or inaccurate information can lead to recruiting inappropriate families for the intervention, resulting in low attendance and potentially preventing the intervention from having the intended effect.

This finding was predominantly reflected in the foster care literature, though the nature of the implementation challenges described means it is likely to be applicable for interventions that support adoptive parents, too.

The person or organisation responsible for recruitment varied across studies, including researchers, trainers, administrators, social workers, and other local authority staff. In this section we refer to the 'recruiting agency' to include all or any of those responsible.

Inappropriate recruitment was described reasonably frequently across the included studies as a barrier to quality implementation. Buy-in and prioritisation from the recruiting agency and individuals was a key but often missing element of recruitment processes (e.g. Luke et al., 2025; Moody et al., 2021).

In many cases, the referring or recruiting agency was distinct from the delivery agency. For example, Moody et. al. (2021) explicitly explored recruitment challenges for an RCT of Fostering Changes, a 12-week intervention to build positive relationships between carers and children, encourage positive child behaviour, and set appropriate limits for behaviour, through a practical skills-based approach (Briskman et al., 2012). In this study, eligible foster carers were identified by social workers in local authority fostering teams and independent fostering providers then recruited by the research team. They found that the information provided to foster carers was frequently misleading or insufficient and how it was communicated (by email, by phone) varied. This could be due to limited recruiting staff capacity or not having sufficient training on the process. They recommend establishing strong collaboration between agencies prior to recruitment to facilitate shared understanding among all parties and investment in ensuring high-quality recruitment.

Findings in the included studies also demonstrate that referrers need to understand how an intervention is delivered and the challenges it addresses in order to assess its suitability for the parents, carers, and families they work with; referring a parent in crisis to a long-term intervention on parenting skill theory will not address their presenting challenges and could make them hesitant to engage in future services. The timing of referral to an intervention was also noted as a particular concern for foster carers, for whom placements and challenges can change rapidly.

> "It very much varies, some of the conversations [between the agency and foster carers] are really in-depth, the carers come on the course, have a real insight into what they're coming to, some of them it feels that they need numbers for a course and they just hurl people at the course, and they haven't a clue."
> – Trainer, Moody et al., 2021

Recruitment challenges were also reported to arise due to complex eligibility criteria and specificity of eligibility criteria. The resulting effects of this could be neutral (ineffective use of resources) or even harmful (inhibiting or reducing the potential benefits of the intervention for the individual and/or others in the group). In some cases, authors reported that participants and trainers felt that referrals had been made just to "make up the numbers", meaning participants were not able to contribute, benefit, or commit. Findings also showed that narrow eligibility criteria can be experienced as frustrating by trainers and referrers if they perceive the criteria to exclude parents, carers, or families who could potentially benefit.

A key determinant reported across studies to facilitate positive engagement with an intervention is the approach taken by referral agencies in communicating to participants. A theme across studies was that participants who felt they were being referred punitively or because their caregiving was not considered good enough were less likely to engage positively with interventions, as were parents and caregivers who felt they did not have a choice in participating. Findings suggest that a strengths-based approach that emphasises the opportunity for foster carers to build on their existing skills could reduce dropouts.

> "They emphasised the importance of being clear about the potential benefits to foster carers and specifically emphasising its strengths-based approach."
> – Author, Oliveria et al., 2022

> "[They were told] 'If you're having problems with fostering, you need to go and get some more information and be better.' And that they were made to feel that you go on this course because you were rubbish, is basically what they were saying."
> – Trainer, Channon et al., 2020

Taking a personal approach was also reported to help with recruitment and engagement, whether that was face-to-face conversations between recruiting agencies and potential participants or through word of mouth from trusted peers and professionals who could personally attest to the benefits of the intervention. For example, recruitment of foster carers by other foster carers could encourage questions and promote understanding by participants.

> "One pioneer suggested that being involved in recruitment might also be helpful so that prospective foster carers might feel more able to ask questions."
> – Author, Rees and Handley, 2022

In summary, these findings suggest that successful recruitment and retainment can be supported by providing clear communication between delivery and recruitment agencies or individuals to ensure accurate understanding of the intervention and match with participants' needs; gaining buy-in from referring social workers; specifying clear and potentially flexible eligibility criteria; taking a strengths-based approach; and taking a personal approach

Finding 8. Social worker and wider system support for an intervention tends to encourage attendance

Contributing papers:

Foster care:

- Channon et al., 2020
- Knibbs et al., 2016
- Rees and Handley, 2022
- Ott et al., 2020
- Luke et al., 2025
- McDermid et al., 2022
- Oliveria et al., 2022.

Adoption:

- Luckock et al., 2017
- Cocker et al., 2019
- Harold et al., 2017
- Selwyn et al., 2009.

Confidence in finding 8 for foster care: Moderate.

Confidence in finding 8 for adoption: Low.

Social worker and local authority support was highlighted as a factor that encouraged the attendance of foster carers and, to a lesser extent, adoptive parents. It should be noted that this finding was less evident in adoption studies, with prior mistrust of social services sometimes reported as a barrier to engagement with social services-based interventions. In many of the included papers, adoptive parents, foster carers, trainers, and social workers alike reflected that explicit support for the intervention from a family's social worker made them more likely to attend.

> "The main reason parents gave for attending the programme was that the programme was recommended to the adoptive parents by a social worker, post-adoption support leader, or friends."
> – Author, Harold et al., 2017

> "However, among those carers who had heard of KEEP through an email or training platform, they did not seem to seriously consider participating in the programme until their supervising social worker encouraged it."
> – Author, Knibbs et al., 2016

Social worker and local authority support was widely reported to legitimise interventions as a worthwhile exercise in the eyes of foster carers and adoptive parents. Intervention alignment with social services and/or local authorities also promoted attendance, especially among carers and parents early in the fostering or adoptive journey, who hoped to win favour with the professionals that have decision-making power over placements and reviews.

> "I'd say we felt like we had to go on it. So that … we were not only, you know, making the most of the training opportunities to increase our knowledge but so that we were, sort of, showing willing. So, that when we go to the panel, if we happened to be in competition with another couple about over, you know, a child

> or children, you know, that might give us the edge to put it bluntly."
> – Adoptive parent, Luckock et al., 2017

On the other hand, findings suggested that where social workers did not prioritise an intervention, it could undermine engagement and the use of practices advocated by the intervention (e.g. McDermid et al., 2022). Similarly, some papers described how social workers viewed the intervention content as an "add-on" rather than central to positive caregiving, meaning they did not support foster carers in taking part.

> "Those foster carers who became less enthusiastic about the programme over time reported the primary reason being a perceived lack of support for the approach across the wider service."
> – Author, McDermid et al., 2022

In some instances, social worker or fostering agency involvement in intervention recruitment or delivery was interpreted negatively by foster carers and adoptive parents due to poor working relationships and prior negative experiences with them. This is related to finding 7, which emphasises the importance of adopting a strengths-based recruitment approach to communicating the intervention content and potential benefits.

> "The invitation to attend the programme came from their agency so the pre-existing relationship framed how that invitation was issued and perceived. Similarly, the Fostering Changes training process and content will be received by foster carers in the context of their experience of the agency training more generally."
> – Author, Channon et al., 2020

Overall, the included studies suggested that social worker and/or local authority support for an intervention encourages attendance, especially among foster carers. However, this is a mixed finding and for some who had prior negative experiences with these services or where attendance was perceived as mandatory or punitive this same involvement could hinder engagement and thwart beneficial outcomes.

Finding 9. More research is needed to understand how interventions work for different groups, particularly those from minoritised racial and cultural backgrounds

Confidence in finding 9 for foster care: High.

Confidence in finding 9 for adoption: High.

This finding statement differs from others in that it is rooted in an identified gap in the evidence, rather than a theme that emerged from the literature.

This review set out to analyse the literature through an equity lens. That is, to understand how the implementation, effectiveness, and acceptability of interventions differ for different groups of foster carers and adoptive parents, particularly those who are marginalised or systemically oppressed. However, the included literature provided extremely limited evidence of this nature.

Few papers discussed the ethnicity of participants in relation to recruitment and participation of adoptive parents. Selwyn et al. (2009) explained that the majority of the participants in the Cake intervention were "white middle-class adopters … even in areas of the country which have high minority ethnic populations." However, they did not go on to discuss the experiences of the few Black, Asian, and working-class parents who did attend the intervention, differentiate findings by race, ethnicity, or socioeconomic status, or reflect on how being further minoritised in this way could compound systemic biases and exacerbate inequality. More widely in the literature, biases have been noted as barriers to Black, Asian, Mixed Ethnic, and Other minoritised groups coming forward to and being approved to adopt in the UK (Cane, 2023), meaning that they are less likely to part of an eligible pool for interventions.

McDermid et al. (2016) discussed the ethnicities of hub participants in relation to the "nurturing cultural identity" element of the Mockingbird Family Model, acknowledging that this was most relevant in hubs where a higher proportion were from Black or minoritised ethnic communities.

Finding 10. The assumption that primary caregivers are female can be a barrier to male caregivers, single women, and same-sex couples

Contributing studies:

Foster care:

- Rees and Handley, 2022
- Katangwe-Chigamba et al., 2025.

Adoption:

- Luckock et al., 2017
- Selwyn et al., 2009.

Confidence in finding 10 for foster care: High.

Confidence in finding 10 for adoption: High.

Across the included qualitative studies, for both foster carers and adoptive parents, the majority of participating parents and foster carers were women. In parallel, very few (three) of the studies directly commented on the reasons for and consequences of this imbalance for the content of interventions and the experiences of participants.

In some studies, participants described how the intervention had been designed with the assumption that the primary caregiver in the family was a woman with a male partner, and that this heteronormative approach had potentially exclusionary and/or limiting effects on the efficacy of the intervention for male caregivers. For example, researcher observations of delivery reported in Luckock et al. (2017) found that adoptive mothers were exclusively referenced as the main caregiver and that it was assumed all women had a partner – "Single women had to correct the assumption that dad would be coming home from work."

As an example of how this affected male participants, we identified that in Katangwe-Chigamba et al. (2025), although most participants provided very positive feedback about the course, male caregivers were more critical and found the content difficult to engage with or not useful.

> "One male carer described this activity as contrary to their approach to coping, which was to mainly focus on the positives in life and not dwell on negative experiences. [He said] 'It can be quite a negative environment and that can sometimes bring you down.'"
> – Author, Katangwe-Chigamba et al., 2025

While some of the studies explicitly encouraged both caregivers to attend the training, they often found that male foster carers and adoptive parents did not attend. As one parent observed:

> "Their husbands aren't coming, you know, there's not a lot of dads on some of these courses."
> – Adoptive parent, Luckock et al., 2017

Conversely, a same-sex couple reported that attending together was beneficial:

> "I do wonder though if our same sex status has made us potentially more receptive to this type of training because we are the only, on our course we were the only 2 people who were there together, everybody else had husbands who were working and not entering into the training."
> – Adoptive parent, Luckock et al., 2017

Diversity in gender among those delivering interventions (e.g. facilitators, home hub carers, mentors, etc.) should also be considered, with some carers/parents reporting that more male representation is needed to foster inclusion and participation among male foster carers and adoptive fathers.

> "There was a suggestion that there should be some male pioneers, I think as well to try and get some male foster carers on board as well."
> – Foster Carer, Rees & Handley, 2022

Findings related to this theme suggest that the current recruitment approaches and intervention content may be compounding historical assumptions and biases regarding the primary caregiver. Future recruitment and intervention development could benefit from intentional attention to this topic to address these imbalances.

Finding 11. Parents and carers have limited time; interventions need to be perceived as relevant and effective to maintain engagement

Contributing studies:

Foster care:

- Katangwe-Chigamba et al., 2025
- Ott et al., 2020
- Knibbs et al., 2016
- Redfern et al., 2023
- Bywater et al., 2011
- Midgley et al., 2019
- Channon et al., 2020
- Cameron et al., 2020
- Madigan et al. , 2017
- Oliveria et al., 2022
- Rees and Handley, 2022.

Adoption:

- Purrington et al., 2025
- Luckock et al., 2017
- Harold et al., 2017
- Price et al., 2023
- Cocker et al., 2019
- Grollman et al., 2020
- Wingfield and Gurney-Smith, 2018
- Hewitt et al., 2018.

Confidence in finding 11 for foster care: Moderate.

Confidence in finding 11 for adoption: Moderate.

The included studies consistently highlighted the challenge of attending interventions, given people's busy lives and responsibilities. However, across studies the included participant views of intervention enjoyment were overwhelmingly positive – which was seen as necessary to building and sustaining consistent attendance.

Findings suggested that participants need to see and feel benefits of an intervention quickly upon starting – whether through enjoying the time or seeing tangible change in their own or their child's wellbeing and other outcomes – to justify the time commitment. There were several studies which provided this to participants, and "I need to see the evidence" was identified as a theme in Wingfield and Gurney-Smith (2018). They noted that participants initially came to the intervention with scepticism but shifted their views once they could see positive changes or evidence of progress.

> "We were sceptical for a while, until something clicked … We went willingly, feeling very lucky that we got access to it, we didn't let our cynicism, scepticism, whatever it is, sway us."
> – Adoptive parent, Wingfield and Gurney-Smith, 2018

> "Initially, I thought 'What have I done? I've given such a commitment and I'm such a busy person.' But after the first couple of sessions, I found actually I feel like this is my time."
> – Foster carer, Katangwe-Chigamba et al., 2025

Similarly, Hewitt, Gurney-Smith, & Golding (2018) noted a shift in buy-in from participants once they felt confident in what they were being taught:

> "Participants described having confidence in the strategies but also empowerment from this increased knowledge to adapt these strategies in line with the theory when these strategies did not appear to be helping."
> – Author, Hewitt et al., 2018

Time commitment also arose in other contexts. For example, Knibbs et al. (2016) and Price et al. (2023) both reported that participants had found it hard to commit to training that required a long-term commitment and/or where a session lasted several hours. The ability to commit time to interventions was also reported to be mediated by other accessibility factors, such as whether they could attend online and how geographically convenient the training location was.

Further delivery elements identified in this theme that can influence commitment included whether the pace of delivery is appropriate. Foster carers and adoptive parents feeling either

rushed or left behind, or conversely as if content was being covered too slowly, was reported to disincentivise attendance. Finding the right pace for the participants is clearly key, as noted here:

> "It didn't feel like a burden because we were obviously getting a lot out of it."
> – Adoptive parent, Purrington et al., 2025

A key indicator of foster carer and adoptive parent views of interventions is whether they would recommend the service to others. Across the majority of studies, it was reported that participants would or had recommended it to others.

> "Several parents stated that they felt AdOpt should be made available nationally, with some parents suggesting that the course should be compulsory for adoptive parents."
> – Author, Harold et al., 2017

However, a sub-theme was that foster carers and adoptive parents must also be open and receptive to the intervention from the start. For example, enthusiasm for recommending Dyadic Developmental Psychotherapy was notably moderated by one parent in Cocker et al. (2019), noting that although all adoptive parents could potentially benefit from the support, it requires engagement and a willingness to be challenged to have the full intended positive effect. Similarly, a participant in Wingfield & Gurney-Smith (2019) emphasised that some patience and investment from parents may be required before changes become evident.

> "Whilst it may not seem to be going anywhere or may not seem to be right, it's preparation that's well worth investing in."
> – Adoptive parent, Wingfield and Gurney-Smith, 2018

Findings suggest that gaining buy-in from foster carers and adoptive parents, especially for longer-term or more intensive interventions, can be supported by demonstrating positive change from early in the process but also requires an element of good-faith investment of time from participants.

Finding 12. Parents and caregivers most frequently reported benefits related to five areas, reported here

12.1. Understanding the need for self-care

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Rees & Handley, 2022
- Katangwe-Chigamba et al., 2025
- Madigan, Paton, & Mackett, 2017
- Midgley et al., 2019
- Midgley et al., 2021
- Cameron et al., 2020.

Adoption:

- Harold et al., 2017
- Price et al., 2023
- Selwyn et al., 2009.

Confidence in finding 12.1 for foster care: Moderate.

Confidence in finding 12.1 for adoption: Moderate.

A common outcome reported by foster carers and adoptive parents was an enhanced understanding of the importance of their own wellbeing and how to practise self-care. This outcome is linked to finding 2, foster carers and adoptive parents appreciating having a space to focus on themselves and an outlet for emotional support.

Some group-based interventions incorporated a module on carer wellbeing and/or self-care (Harold et al., 2017; Madigan et al., 2017; Price et al., 2023; Selwyn et al., 2009) and in other interventions such as the Reflective Fostering intervention (Midgley et al., 2021) this aspect was integrated throughout as a primary focus. One foster carer involved in the KEEP intervention described how the check-in calls contributed to improved wellbeing by acting as an opportunity to reflect on their stress levels.

Foster carers and adoptive parents valued learning how their wellbeing impacted the child in their care and the importance of making time for oneself, understanding and addressing their own needs, and regulating their emotions. Importantly, some foster carers and adoptive parents emphasised that being supported to implement strategies to improve wellbeing, through practical advice and support, had led to real changes in their wellbeing.

> "I think we've noticed as well, we've been on quite a few courses, and on all the other courses it is all mentioned that you must look after yourself, you must keep looking after yourself to be able to carry on, but you don't get any answers on how to do that … and I think that doing this course is the first one where we actually got, yes, we now know how to look after ourselves."
> – Foster carer, Midgley et al., 2019

Findings suggested that interventions should place emphasis on self-care because it is a foundational element of good caregiving.

Foster carers and adoptive parents reported that increased understanding of their own wellbeing and capacity to address their needs subsequently improved their ability to provide sensitive and responsive care for children. Foster carers and adoptive parents reported increased confidence, feeling more connected with themselves, and an improved understanding of how to manage their own emotions, all of which contribute to better caregiving capacity.

> "I realized that actually it is important for me to find me … and have my thoughts and feelings considered … so now I've got hold of me again."
> – Foster carer, Midgley et al., 2019

Incorporating education and strategies for improving carer and parent wellbeing and self-care seems to be a useful tool in supporting foster carers and adoptive parents to provide sensitive caregiving. Foster carers and adoptive parents felt that this focus alongside having a space to focus on themselves (see Finding 2) and an emotional outlet can have a positive knock-on impact on the children in their care.

12.2: Improvements in carers' abilities to slow down, engage in reflection, and regulate their emotions before responding to children

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Herbert and Wookey, 2007
- Katangwe-Chigamba et al., 2025
- Oliveria et al., 2022
- Rees and Handley, 2022
- Madigan et al., 2017
- Midgley et al., 2019
- Midgley et al., 2021
- Cameron et al., 2020
- Channon et al., 2020.

Adoption:

- Harold et al., 2017
- Hewitt et al., 2018
- Luckock et al., 2017
- Selwyn et al., 2009
- Wingfield and Gurney-Smith, 2018.

Confidence in finding 12.2 for foster care: High.

Confidence in finding 12.2 for adoption: High.

Improvements in foster carer's and adoptive parents' abilities to regulate their emotions and engage in reflective thinking before responding to children were widely reported across studies as a result of various interventions (e.g. group-based psychoeducation). This outcome tended to be reported in interventions that focused on improving the caregiver–child relationship, whether via group-based psychoeducation (Midgley et al., 2019) or attachment-focused Dyadic Developmental Psychotherapy (Wingfield and Gurney-Smith, 2018).

Participants reported that interventions often provided them with tools that helped to reduce reactivity, "take a step back" and think before engaging with the child, improving their responses. The Reflective Fostering intervention utilises mentalisation techniques and tools such as emotional thermometers and Mind Checks (Katangwe-Chigamba et al., 2025; Midgley et al., 2021) to help foster carers and adoptive parents to assess and monitor their cognitive capacity and emotional states. Other interventions like the cognitive behavioural-based Child Wise programme (Herbert and Wookey, 2007) or the Solihull Approach course (Madigan et al., 2017) provided tools and methods such as ABC analysis or using reflective language to help foster carers and adoptive parents to pause, reflect, and engage with children.

> "I think overall, it's made me stop and think more, before you do something, or maybe react to something."
> – Foster carer, Channon et al., 2020

Findings showed that foster carers and adoptive parents drew a direct line between their ability to reflect and regulate themselves and their capacity to provide responsive, sensitive caregiving. As their own emotion regulation improved, their frustration tolerance increased, and they reported feeling more able to respond patiently to challenging behaviours. Moreover, findings suggested that carers' ability to help children regulate themselves improved, thus providing dual benefits to children of a calmer more patient caregiver and one who can actively calm them.

> "The programme helps us to be better and to give us the tools to be calmer and more reflective, and therefore, it helps the child."
> – Foster carer, Midgley et al., 2021

Including skills to help foster carers and adoptive parents to understand and regulate their own emotions and to enhance reflective thinking capacities in interventions seems to be useful in increasing responsive caregiving.

12.3. Increased understanding of, empathy for, and attunement to the child's needs leads to more responsive and patient caregiving

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Luke et al., 2025
- Katangwe-Chigamba et al., 2025
- Oliveria et al., 2022
- Rees and Handley, 2022
- Madigan et al. , 2017
- Midgley et al., 2019
- Midgley et al., 2021
- Cameron et al., 2020
- Channon et al., 2020.

Adoption:

- Harold et al., 2017
- Hewit et al., 2018
- Cocker et al., 2019
- Selwyn et al., 2009
- Wingfield and Gurney-Smith, 2019.

Confidence in finding 12.3 for foster care: High.

Confidence in finding 12.3 for adoption: High.

Increased understanding of and empathy for the child was a prominent outcome reported in both the adoption and foster care studies. Increased empathy was discussed in relation to helping foster carers and adoptive parents be more attuned and responsive to their child's needs.

This finding is related to yet distinct from finding 12.2 as it is about foster carers' and adoptive parents' understanding of and compassion for the child in their care, more than their own emotion regulation abilities. Interventions that provided education on child development and the impact of trauma such as the Solihull Approach (Madigan et al., 2017), Fostering Wellbeing (Rees and Handley, 2022), and Cake (Selwyn et al., 2009) were reported by participants and deliverers to increase empathy for the child. The importance of relationships, attachment, and the role foster carers and adoptive parents can play in child development were emphasised across many studies.

> "It's that ability to reflect, that ability to sort of stop, that ability to not, not assume that actually [Child]'s just doing it to be a bit bloody-minded, that actually she can't help herself, you know, this is pre-determined, this is about her own, her own early trauma and the impact that early trauma is having on her now."
> – Adoptive parent, Wingfield and Gurney-Smith, 2018

Interventions also taught skills such as active listening and mentalising techniques to help foster carers and adoptive parents become more attuned to the child. Participants across studies felt this gave them a better understanding of why a child may present with challenging behaviours and what survival mechanisms may be driving them. This in turn allowed foster carers and adoptive parents to be more reflective and patient with the child. Increasing this understanding of the child seems to be a key driver in improving caregiver–child interactions.

> "I now get it's not always defiance but genuine not understanding. I can see how his experiences give him expectations that I didn't understand."
> – Foster carer, Madigan et al., 2017

When foster carers and adoptive parents better understood the child, they described how they managed challenging behaviours – for example, by imagining situations from the child's perspective and responding more patiently and sensitively:

> "I have learned to consider my foster child's comfort zone and areas of anxiety. This has in turn helped me to apply ideas of his proximity zone for allowing him to learn and stretch himself."
> – Foster carer, Cameron et al., 2020

Foster carers and adoptive parents widely reported increased empathy for children following interventions, which improved their patience and responsivity in caregiving. Interventions that provide education on trauma, child development, attachment, and the importance of relationships may help improve foster carers' and adoptive parents' understanding of a child. Utilising techniques such as mentalising and teaching skills such as active listening can increase carer/parent empathy and improve the carer/parent–child relationship.

12.4. Improved parent/carer confidence and empowered them in their parenting/caring role

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Luke et al., 2025
- Katangwe-Chigamba et al., 2025
- Oliveria et al., 2022
- Rees and Handley, 2022
- Madigan et al., 2017
- Midgley et al., 2019
- Midgley et al., 2021
- Cameron et al., 2020
- Channon et al., 2020.

Adoption:

- Hewitt, Gurney-Smith, & Golding, 2018
- Harold et al., 2017
- Cocker et al., 2019
- Selwyn et al., 2009
- Purrington, Goodall, & Lynch, 2025
- Wingfield & Gurney-Smith, 2019.

Confidence in finding 12.4 for foster care: High.

Confidence in finding 12.4 for adoption: High.

Both foster carers and adoptive parents widely reported increased confidence in their caregiving abilities post-intervention.

This increased confidence reportedly instilled hope that foster carers and adoptive parents would be better able to cope in future, despite the inevitable challenges they would face. This sense of hope was described as stemming from the self-belief that participants were equipped to deal with these challenges following the intervention.

> "I mean you always have concerns when you have children, but I feel much more confident that whatever happens now we can sort of manage it."
> – Adoptive parent, Cocker et al., 2019

Adopting a strengths-based positive approach in interventions seems to be helpful in increasing carer/parent confidence. Successful approaches included giving foster carers and adoptive parents opportunities to identify and reflect on what they are doing well, encouraging them to continue to build on this foundation, and providing them with positive and constructive feedback. When foster carers and adoptive parents perceived positive outcomes related to the strategies they were implementing, it motivated and encouraged them further, creating a positive feedback loop.

> "I can see that it does work and that helps my confidence."
> – Adoptive parent, Purrington et al., 2025

Beyond carer/parent confidence in their own skills and abilities, some studies reported that participants had a broader sense of empowerment in inhabiting their guardian role as a consequence of the intervention. For some foster carers and adoptive parents this meant empowerment to advocate on behalf of the child in their care.

> "The one thing that did stick out for me was advocating for the child, like not to be scared, advocate for what the child wants, and stand by what they want, and not what the social worker wants you to do, or the family want to do."
> – Foster carer, Channon et al., 2022

In Adoption UK's Cake intervention, an adoptive parent reported that benefits accrued from an intervention directly improved their family's life:

> "My life improved and the children's life improved. I had lost all hope and now beyond my wildest dreams, I am in control."
> – Adoptive parent, Selwyn et al., 2009

Interventions that build carer/parent confidence can provide much-needed confidence and hope to a population who often feel isolated and unsupported while tackling immense challenges. Interventions using strengths-based approaches, facilitator encouragement, and tailored content to build skills and coping capacities in areas of need can increase confidence, instil hope, and improve the lives of participating families.

12.5. Improved foster carer/adoptive parent retention and/or placement stability

Contributing studies:

Foster care:

- Knibbs et al., 2016
- Luke et al., 2025
- Katangwe-Chigamba et al., 2025
- Herbert and Wookey, 2007
- Ott et al., 2020
- McDermid et al., 2016

Adoption:

- Harold et al., 2017.

Confidence in finding 12.5 for foster care: Moderate.

Confidence in finding 12.5 for adoption: N/A.

This outcome almost exclusively relates to foster care studies, with many reporting that a particular placement and/or their future as a foster carer had been saved due to the benefits accrued from an intervention. It is worth noting that one adoption study also included a parent referencing how the AdOpt parenting intervention had probably saved the placement.

> "To me it's been the difference between whether he stayed or went!"
> – Adoptive parent, Harold et al., 2017

Foster carers described interventions as having "saved" (Katangwe-Chigamba et al., 2025) a placement by providing them with skills, better relationships, access to services, and the determination to persist (Herbert and Wookey, 2007; Knibbs et al., 2016; Ott et al., 2020).

> "Before I did the training programme, I was quite ready for her [foster child] to go, but now I try to ignore some of the little things and deal with the bigger problems. I feel more in control and have a better relationship with her now."
> – Foster carer, Herbert and Wookey, 2007

> "The difference with Mockingbird is that we actually do feel like we're cared about, and we do feel like we're appreciated. Therefore, I think because of Mockingbird, we're able to continue fostering."
> – Foster carer, Ott et al., 2020

In the case of some short-term foster care placements, an intervention provided the necessary support in transitioning to a long-term placement, thus providing continuity and stability for the child.

> "If I didn't have Mockingbird, these children wouldn't be long-term with me. I'd have given up by now."
> – Foster carer, Ott et al., 2020

This finding is linked to those above related to caregiver outcomes: interventions can support hope and confidence to grow alongside each other to support more stable, long-term

foster care and adoption placements. This outcome highlights the immense impact the right intervention can have by increasing continuity and stability in a child's life and reducing social care costs associated with workforce turnover and placement disruptions.

DISCUSSION

Key findings for the research questions and objectives

This section discusses the findings by research question.

RQ1. What works?

What is the effectiveness of interventions to support non-related foster carers and adoptive parents of children and young people aged 0–18 placed in out-of-home care or (being) adopted from out-of-home care?

This review included a large number of RCTs and QEDs that reported on the efficacy of interventions for foster carers, adoptive parents, and/or the children in their care. A complex picture emerged in terms of the effectiveness of interventions to support foster carers and adoptive parents. Interventions were not neatly defined, and it was difficult to group them into categories by intervention type or content, as was originally intended in our sub-questions for this question. Indeed, as shown in the component analyses, most interventions included elements of several practices, including psychoeducation, proactive parenting, relationship enhancement, skills for caregivers themselves, and skills for caregivers to pass on to the children in their care. The theoretical underpinning of interventions described by authors was also widely variable and not always closely associated with the actual content or delivery practices of interventions.

As such, for the purposes of synthesis in this review, interventions were grouped into interventions for foster carers and for adoptive parents based on whether they worked with participants at the individual level, group level, or multiple levels (e.g. individually and in a group). Across all six categories, interventions were effective at positively changing some carer- and child-level outcomes, but confidence in findings across the level was low or very low – primarily due to risk of bias in individual studies and lack of coherence in the data from mixed or null findings.

Mixed and null findings for interventions with these populations are not necessarily surprising, due to the complex and high-level needs that they often experience. Children who can no longer live with their birth parents, permanently or temporarily, are likely to have experienced both personal and systemic challenges. Therefore, short-term, targeted interventions for their caregivers (as the majority of the included studies explored) may have limited impact within the wider context of their lives and longer-term unmet needs. However, as noted in the qualitative findings, any support may be better than none and contribute to incremental positive change.

Importantly, for children who have experienced abuse and/or neglect, it may be harder to significantly change their outcomes through working with their parents or carers. For instance, the inconsistent findings on group-level parenting interventions presented in this review are somewhat surprising given there is a strong evidence base showing parenting

skills programmes are effective in improving both caregiver outcomes and child emotional and behavioural outcomes – across universal populations, as well as for populations of children presenting with behavioural or other challenges and parents experiencing complex and multiple needs (e.g. Barlow and Coren, 2018; Baan et al., 2025). It is unclear whether this finding reflects the quality of this body of evidence, or whether the programmes themselves have not been adapted and/or implemented in a way that meets the needs of the in-focus populations of adoptive parents, foster carers, and children.

A notable gap in the outcomes reported on within the included literature is those related to foster placement stability and retention of foster carers. This may be due to the challenges of follow-up time from interventions and the nuances of defining a 'good' placement ending – a placement move may be planned and based on the needs and/or preferences of a child and a placement may end due to reunification with parents or other permanency placements. In both cases, a placement may be short but still be considered stable and appropriate for the child. Within small samples, placement breakdowns can also be infrequent, making it hard to detect meaningful change within a study period. It is also important to recognise that stability in placement/home as measured by placement duration or number of moves is not the same as the perceived stability or emotional bonding experienced by children.

RQ2. For whom?

What are the known demographics and characteristics of the foster carers, adoptive parents, and children and young people served by these interventions?

Although demographics were reported and synthesised from the studies, the lack of subgroup analysis and diversity of the studies meant that we cannot provide firm conclusions about how different populations and intersecting identities may be served more or less effectively by different types of interventions. Studies provided more information about caregiver characteristics than children's characteristics, including ethnic and racial categories (most prominently classified as White/Caucasian, Black/African American, Hispanic/Latino, and mixed or multiple ethnicities). Female caregivers made up the majority of participants across both interventions for adopters and for foster carers.

The lack of firm findings for caregivers and children of specific demographics, including for male caregivers and those from minoritised ethnic backgrounds, across the quantitative and qualitative literature is probably due to a combination of poor reporting completeness and quality, funder priorities, and a historical lack of co-design and participatory methods in intervention design and social care research. Understanding the experiences of parents, carers, and children with different and intersecting identities is crucial to designing and implementing interventions that improve outcomes for all, not just those most able to engage. Furthermore, interventions have the potential to address systemic inequality and advance equity, starting by ensuring the intervention does not have unintended or harmful consequences for marginalised people, including those from minoritised racial and cultural backgrounds.

What are the different types of interventions/models that are effective for children in different developmental age ranges?

Similarly, we have reported the age of children in the studies but are not able to report differential outcomes by developmental age. For the studies with adoptive parents, all but one reported child/young person participant characteristics. Children's ages ranged from 0 to 21 years, with the mean age ranging from 42 months to 14.13 years (n = 22 studies). For studies with foster carers, around three-quarters reported on children's ages (n = 52 studies), with the mean age ranging from 9.9 months to 14.13 years within an overall age range of 0 to 21 years.

We have been unable to fully answer the second part of this question, which seeks to understand what is effective for developmental age ranges. This is for four main reasons. First, studies often worked with children of a wide age range; this may be due to the design of the intervention being about training or a multi-modal model of support across carers with children of different ages or due to the difficulty of recruiting enough participants with children of a narrow age range when compared with a universal offer for parents and carers. Second, reporting of age varied, and studies were underpowered and/or there was a lack of subgroup analysis to understand what is most effective for different developmental ages. Third, the diversity of studies and outcomes makes it more challenging to continue to split them into more sub-categories and look at development ages. And last, child development when children have experienced trauma and neglect and/or abuse means that there is a higher likelihood that children's chronological age may not align with their developmental age, further challenging analysis by categories of chronological age ranges.

RQ3. How?

What practice elements and intervention components are associated with successful interventions for foster carers and adoptive parents, and children and young people?

We looked at practice elements and intervention components described in interventions with positive outcomes, rather than performing a complex statistical analysis to disentangle the impact of elements (though the dataset could be used for that analysis in future). For those interventions where common elements could be coded, most had fixed (i.e. standardised or set) modes of delivery. The majority of interventions delivered for foster carers or adopters included psychoeducational techniques (explaining child development or explaining the impacts of abuse and trauma), skills for caregivers themselves (emotion regulation, problem-solving), proactive parenting, and relationship enhancement. Practice elements for positive reinforcement were common across individual-level interventions; nonviolent disciplining and positive reinforcement were common in group-based interventions. Interventions that included components relating to skills caregivers teach children were most commonly group-based interventions for adoptive parents. We identified new foster carer- and adoptive parent-specific practice elements, which were added to the coding framework: advocacy and reflections on caregivers' family of origin.

RQ4 and 5. Implementation and user perspectives

What are the enablers and barriers to successful implementation of effective interventions for non-related foster carers and adoptive parents, and children and young people in the UK?

A rich UK-based literature was identified to answer the research questions on implementation barriers and enablers. Of the included qualitative studies, 16/19 of the studies related to foster care and 9/9 of the studies related to adoption reported on implementation enablers and barriers for the delivery of interventions. However, there were gaps in the literature in terms of how it addressed implementation in different contexts and for diverse populations – as described in finding 9. From this literature, the following finding statements that address implementation were created.

Finding statement 1. Facilitated peer support provides parents and carers with a much-needed space for emotional support, reciprocal learning, and feeling heard and seen.

Finding statement 3. Parents and carers value interventions that are structured but have room for flexibility, enabling facilitators to be responsive to individual needs.

Finding statement 4. Facilitator warmth and genuine passion are vital to building trusting relationships, fostering engagement, and making participants feel valued.

Finding statement 5. Parents and carers value learning strategies that integrate theory and practice.

Finding statement 6. Parents and carers found interventions that address multiple areas of their lives and help to provide a network around the child useful.

Finding statement 7. Clear communication of the intervention aims and activities to referrers and participants, alongside a strengths-based approach to recruitment, is key to recruiting appropriate participants.

Finding statement 8. Social worker and wider system support for an intervention tends to encourage attendance.

Finding statement 9. More research is needed to understand how interventions work for different groups, particularly those from minoritised racial and cultural backgrounds.

Finding statement 10. The assumption that primary caregivers are female can be a barrier to male caregivers, single women, and same-sex couples.

Finding statement 11. Parents and carers have limited time; interventions need to be perceived as relevant and effective to maintain engagement.

These finding statements refer to barriers and facilitators to implementation and are interrelated with one another. These qualitative findings provide support and contextual background regarding participant priorities and delivery contexts for the findings surfaced by the quantitative analysis. These findings address all stages of delivery, from the initial recruitment of participants and the communication of programme aims, to the skills and characteristics of practitioners, the level of support from local authorities and other services, and the content of interventions.

The complex nature of the challenges faced by foster carers and adoptive parents came across strongly, with participants seeking support for multiple areas of their lives – emotional, behavioural, financial, practical – and requiring interventions that can respond with multi-faceted support. The theme of interventions being specific and appropriate for the lives and needs of the intended participants (rather than universal for all parents) was therefore present throughout. This was seen both in the overall nature of interventions – designing content to explicitly address the unique challenges of foster carers rather than general parenting skills, for example – and in the ability of practitioners to flex intervention content to presenting and arising needs.

This need for targeted support reinforces the finding that there is a gap in research related to diverse experiences, particularly related to race, ethnicity, and culture, and gender-based parenting roles. If the need for needs-led, targeted support comes across this strongly within the literature based on a fairly homogenous (in terms of race, gender, and cultural identity) sample, we can only assume that it would be even more prevalent for foster carers, adoptive parents, and the children in these families whose identities lay outside the presumed majorities.

The successful implementation of interventions can therefore be informed by the following principles – ensuring clarity and accessibility of communication at all stages, developing genuine buy-in from stakeholders both within the delivery agency and more widely (including referrers), and integrating responsiveness to participants' needs.

What are the views of foster carers and adoptive parents and families about the acceptability and usefulness of different interventions in the UK?

A rich UK-based literature was identified to answer this research question, which is addressed in 10 of the finding statements. Of the included qualitative studies, 17/19 of the studies related to foster care and 9/9 of the studies related to adoption reported on the acceptability and usefulness of interventions. However, there were gaps in the literature in terms of how different populations perceived and experienced the benefits of interventions – as described in Finding 9.

Finding statement 1. Facilitated peer support provides parents and carers with a much-needed space for emotional support, reciprocal learning, and feeling heard and seen.

Finding statement 2. Providing a space to focus on parent and carer needs was welcomed and seen as useful.

Finding statement 3. Parents and carers value interventions that are structured but have room for flexibility, enabling facilitators to be responsive to individual needs.

Finding statement 4. Facilitator warmth and genuine passion are vital to building trusting relationships, fostering engagement, and making participants feel valued.

Finding statement 5. Parents and carers value learning strategies that integrate theory and practice.

Finding statement 6. Parents and carers found interventions that address multiple areas of their lives and help to provide a network around the child useful.

Finding statement 9. More research is needed to understand how interventions work for different groups, particularly those from minoritised racial and cultural backgrounds.

Finding statement 10. The assumption that primary caregivers are female can be a barrier to male caregivers, single women, and same-sex couples.

Finding statement 11. Parents and carers have limited time; interventions need to be perceived as relevant and effective to maintain engagement.

Finding statement 12. Parents and caregivers most frequently reported benefits related to five areas.

Findings related to acceptability and usefulness demonstrate that participants and deliverers generally have positive views of interventions and highlight the features of interventions that are most valued and the conditions in which benefits are likely to be perceived. Some themes are interconnected across findings: the theme of authenticity and judgement-free spaces pervades – providing intervention participants with the physical and emotional safety they need to fully engage with and therefore feel the benefits of intervention content and approaches. Caregivers also particularly highlighted the value of both organic and structured opportunities for peer support.

The outcomes most commonly reported on by caregivers and practitioners did not necessarily neatly match those measured within quantitative studies of intervention impact. For example, understanding the need for caregiver self-care was prevalent in qualitative literature but was not measured in quantitative studies. The perceptions of intervention participants and practitioners may reflect priorities and internal feelings of change that cannot be directly measured or are not prioritised by impact evaluations. Counter to that, outcomes deemed most important by funders and evaluators may not be prioritised by participants.

The perspectives of children and young people were notably absent from the included literature, with only two of the interventions for foster carers reporting qualitative reflections from young people. Given the scope of this review – interventions for caregivers themselves – this may not be surprising. Additionally, engaging children and young people in research raises ethical and practical questions. The findings related to this research question are therefore not deemed to be hindered by this absence.

Strengths and limitations

This review – per its scope – looked at interventions for foster carers and adoptive parents. As such, it did not consider systems factors fundamental for improving the support for foster carers and adoptive parents outside interventions, or interventions delivered to children in foster care or adoptive families. Foster carers, adoptive parents, and care-experienced young people consistently request better relational work (including the continuity of social worker support), support for children and families to prevent entry into care and prevent harm, better information sharing and systems work, better and more equitable recruitment and assessment, better matching with children in their care, better funding for the system, and support for the children themselves (Ott et al., 2021; Ott et al., 2023; Rennolds et al., 2025). Foster carers and adoptive parents also ask to be treated with respect, and for their skill,

knowledge, and understanding of the children in their care to be treated seriously in meetings and decision making (Ott et al., 2023).

Under this scope, the quantitative review did not answer questions related to the presenting needs of foster carers or adoptive parents or the needs of the children in their care, or look at correlational literature between interventions and outcomes. It also did not compare forms of care (i.e. comparing two or more types of care such as kinship care, foster care, adoption, residential care, return to birth parents; e.g. Winokur et al., 2018).

Additionally, the qualitative review only looked at the literature on implementation and experiences with programmes from the UK. There is vast global literature on these topics, including implementation and process evaluations linked to the impact studies included in the quantitative analysis that may have been useful to understand why interventions were or were not found effective. However, the timeline and scope of this review meant that incorporating the global literature was not feasible for this element of the review.

This was a full systematic review with clear, transparent review methods. The search methods were relatively sensitive, with 7,158 records identified (5,073 after de-duplications) in the quantitative search and 2,518 records identified (2,122 after de-duplications) in the qualitative search, including literature identified from the grey literature. The review team was experienced with similar reviews in this field and was surprised at how many studies showed non-significant results. This may indicate that the search was sensitive enough to detect studies that may struggle to be published due to non-significant results, which illustrates the completeness of reporting outcomes for quantitative studies in this field. Studies were more likely to be detected if they had foster carers or adoptive parents as their primary group of caregivers, and there may be studies we did not find that analysed these groups as subgroups of a wider population of parents and caregivers.

The review was limited in its time and scope by practical considerations. Given the far greater number of studies found than expected, it was unfeasible to do meta-analyses with the available time and resources, so a narrative synthesis has been provided. As such, it is not possible to say statistically which specific programmes or which practice elements offer the most promise of effectiveness. There are substantial opportunities for more advanced analyses with the available dataset. Additionally, while the rigour was maintained through the review and quality assurance processes, there may be minor errors in data extraction and reporting due to the volume of studies.

Available evidence

Methodological limitations and clarity in reporting

Importantly, the review is limited by the evidence itself. Studies were limited in the quality of reporting – especially around equity and who they were serving. Most studies were about foster carers, or both foster carers and adoptive parents, with few studies reporting on adopters alone or disaggregating results. Reflecting the inclusion of studies predominantly conducted in the US in the quantitative synthesis, the populations were primarily White/Caucasian followed by Black/African American and Hispanic. The degree to which the ethnic, racial, cultural, and historical contexts of different groups can be translated to the UK context is therefore limited. A vast majority of study participants identified as women, limiting findings for male caregivers and non-binary caregivers. Participants were also

predominantly heterosexual, limiting generalisation to same-sex couples. This review aimed to be equity-focused but was unable to explore differential effects of the interventions based on participant characteristics, both due to the need to limit the scope of the synthesis to a narrative approach and because the reporting of this data was inconsistent across studies.

There were serious concerns around risk of bias in individual studies which compromised the overall confidence of the findings reported in the syntheses. Studies were also limited in their ability to detect impact by issues such as sample size, and there was a lack of clarity around what quantifies meaningful change. It may also take longer to demonstrate positive outcomes for these populations of children and young/people who have been impacted by substantial trauma. We present post-intervention outcomes in this review but only a small proportion of the included studies measured change over longer periods and attrition was relatively high. Multiple evaluations examined many outcomes and often with overlapping constructs (e.g. multiple items or measures for the same specific outcome) – this approach is more likely to find *some outcome* of statistical significance, and many of the included studies did not account for multiple comparisons in their statistical tests.

Coherence and relevance of data

In general, there was strong coherence in the data, including between the studies in the quantitative and qualitative reviews, though there are some notable differences. There was great diversity in the studies and large and complicated overlap of their practice elements; indeed, the nature of these programmes made it hard to coherently classify types of programmes. Over half of studies in the quantitative review came from the US, raising questions around transferability and adaptability of interventions to the UK context. However, many of the models discussed in the implementation findings in the UK originated from the US or other countries.

Other areas of congruence and difference between the quantitative and qualitative literature are:

- Whereas quantitative studies showed mixed intervention effects and low confidence in statistical findings across the outcome domains, the qualitative literature suggested that caregivers from both populations predominantly have positive opinions of the support provided, reporting that interventions are acceptable particularly when they include peer support, address multiple needs, and provide practical strategies to use. The qualitative literature also suggested that caregivers find interventions helpful in relation to promoting self-care, improving confidence in parenting skills, improving the ability to provide attuned and responsive care, promoting understanding of children's needs, and (largely for foster carers) leading to better placement stability. These findings were supported by multiple quantitative evaluations as well, but not consistently across the whole body of literature.
- Most of the interventions reported in the quantitative literature were delivered using a fixed delivery structure, whereas a key finding in the qualitative literature was that caregivers appreciate support that is flexible and responsive to their specific and arising needs.
- The qualitative insights suggested that interventions that address multiple areas or outcomes are considered acceptable and useful by caregivers. Although the available quantitative literature for multi-level interventions was somewhat limited by the

number of studies and low confidence, multi-level and multi-modal interventions reported more consistent positive findings for both caregiver and child outcomes than the other types of interventions.

- There were notable gaps in both the quantitative and the qualitative literature regarding experiences and effectiveness of interventions for diverse groups, meaning it is not possible based on the existing literature to answer questions regarding who benefits the most from these interventions and how interventions can be adapted for different cultural contexts.

Recommendations and next steps

Policy and practice

Foster carers and adoptive parents have clear support needs and value interventions that provide empathetic, tailored support. Interventions for foster carers and adoptive parents can make an impact. The most common positive effects are for child behaviour and caregiver outcomes. Importantly, many studies showed no effect or mixed effects for outcome domains. These findings taken together imply that practitioners and caregivers should consider the effectiveness and appropriateness of any specific intervention when choosing a programme or considering its implementation with particular caregivers or families.

The implications of these findings for practice could include moving towards a common elements approach, in which effective and/or promising delivery components are delivered in appropriate combinations depending on the local delivery context and/or individual participants, rather than standardised manualised programmes. Appropriate synthesis methods such as a component network meta-analysis would further elucidate the appropriateness of this approach.

Qualitative findings can support intervention development and provide useful guidance for implementation of new and existing interventions. For example, taking a strengths-based approach to recruitment, prioritising clear and accessible communications, ensuring interventions include flexibility to be responsive to participants' needs, embedding peer support, facilitator training in warmth and cultural competence, and integrating theory with practice opportunities. High-quality implementation is crucial for positive and sustainable outcomes and to avoid research waste. Incentivising strong implementation based in theory and practice could promote this.

Multi-modal and multi-level interventions should also be explored in practice – for example, those that combine psychoeducation with peer support and/or offer navigation and practical support. There were fewer of these studies in the impact evaluations, but they had more consistent positive outcomes. This could also inform the type of interventions that show evidence of promise for future investment.

Future funding opportunities for interventions should consider how they address gaps in support for minoritised racial and cultural groups, male caregivers, and same-sex couples. Understanding how practice can be or should be tailored to support caregivers from diverse backgrounds should be prioritised. This could be promoted as a recommendation or requirement within funding calls.

Young people's outcomes, particularly children's behavioural outcomes, were reported widely but results were mixed and there is low confidence in the findings due to high risk of bias. Further understanding of how caregiver interventions lead to positive changes for children should be explored. Children may be more likely to benefit from dyadic or family-based interventions. Understanding the longer-term outcomes of interventions for caregivers and children is also crucial to understanding how best to guide practice, policy, and investment.

Research recommendations

This review has highlighted four key opportunities to expand on the current evidence base on interventions for adoptive parents and non-relative foster carers:

1. There is a substantial need for more research exploring the effectiveness and implementation of interventions for **adoptive parents** – this review highlighted the lack of research focused specifically on adoptive parents.
2. Research needs to work with **diverse populations** of foster and adoptive families, record that diversity, and undertake subgroup, mediator, and moderator analysis to understand what works for whom and how to drive equity.
3. There is an exciting opportunity to explore the effectiveness of practice elements using a **component network meta-analysis approach** – this review uncovered a substantial overlap in the practice elements delivered across many different types of interventions for foster carers and adoptive parents. This approach could highlight effective components within interventions.
4. There is a need to improve the **rigour and overall quality of evaluations** in this field exploring the effectiveness of interventions for foster carers and adoptive parents – a high proportion of studies within this review were at a high risk of bias, which seriously compromises the confidence we can have in their reported findings.

REFERENCES

Reference list of included citations

Anthony, R., Moore, G., Page, N., Hewitt, G., Murphy, S. and Melendez-Torres, G.J. (2022) 'Measurement invariance of the short Warwick-Edinburgh Mental Wellbeing Scale and latent mean differences (SWEMWBS) in young people by current care status', *Quality of Life Research*, 31(1), pp. 205–213. doi:10.1007/s11136-021-02896-0

Baan, A-M., Backhaus, S., Tan, E., Castellanos, P., Ni Ho, H., Kwok, J., Dean, R., Ott, E., Shlonsky, A., Barlow., J., Gardner, F., and Lewis, J. (2025) *Effective interventions and practices for parents experiencing complex and multiple needs: a systematic review*. Foundations. Available at: foundations.org.uk/wp-content/uploads/2025/02/systematic-review-interventions-practices-parents-complex-multiple-needs.pdf (Accessed 12 December 2025)

Barlow, J. and Coren, E., (2018) 'The effectiveness of parenting programs: A review of Campbell reviews', *Research on Social Work Practice*, 28(1), pp.99-102. doi:10.1177/1049731517725184

Baumann, A.A. and Cabassa, L.J. (2020) 'Reframing implementation science to address inequities in healthcare delivery', *BMC health services research*, *20*(1), pp.190. doi:10.1186/s12913-020-4975-3

BBC News (2024) 'Parents threatened and blamed by authorities as 1,000 adopted children returned to care', *BBC News*, 28 November 2025. Available at: https://www.bbc.co.uk/news/articles/c0kdv1x83gko (Accessed: 10 December 2025).

Bergström, M., Cederblad, M., Håkansson, K., Jonsson, A.K., Munthe, C., Vinnerljung, B., Wirtberg, I., Östlund, P. and Sundell, K. (2020) 'Interventions in foster family care: A systematic review', *Research on Social Work Practice*, 30(1), pp. 3–18. doi:10.1177/1049731519832101

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77–101. doi:10.1191/1478088706qp0630a

Briskman, J., Castle, J., Blackeby, K., Bengo, C., Slack, K., Stebbens, C., Leaver, W., and Scott, S. (2012) *'Randomised controlled trial of the fostering changes programme'*. London: National Academy for Parenting Research/London: King's College/Department of Education. Available at: assets.publishing.service.gov.uk/media/5a79f4d4e5274a3dc09d7506/DFE-RR237.pdf (Accessed: 10 December 2025)

Campbell, M., McKenzie, J.E., Sowden, A., Katikireddi, S.V., Brennan, S.E., Ellis, S., Hartmann-Boyce, J., Ryan, R., Shepperd, S., Thomas, J. and Welch, V. (2020)

'Synthesis without meta-analysis (SWiM) in systematic reviews: reporting guideline', *BMJ*, 368. doi:10.1136/bmj.l6890

Cane, T. (2023) BRAC2eD model: An approach to de-bias decision-making in adoption assessments with prospective adopters from minoritised ethnic groups. Adoption & Fostering, 47(1), 58-76.

Critical Appraisal Skills Programme (2023) *CASP (qualitative studies) checklist*. Available at: casp-uk.net/casp-tools-checklists/qualitative-studies-checklist/ (Accessed: 10 December 2025)

Children's Commissioner (2025) *The criminalization of children in care*. Available at: assets.childrenscommissioner.gov.uk/wpuploads/2025/11/cc-criminalisation-of-children-in-care.pdf (Accessed: 9 December 2025)

Community Care (2025) 'Number of fostering households falls for fourth consecutive year, despite £36m investment', *Community Care*. Available at: communitycare.co.uk/content/news/number-of-fostering-households-falls-for-fourth-consecutive-year-despite-36m-investment (Accessed: 12 December 2025)

Cummings, A. and Shelton, K. (2024) 'The prevalence of mental health disorders amongst care-experienced young people in the UK: A systematic review', *Children and Youth Services Review*, 156, pp. 107367. doi:10.1016/j.childyouth.2023.107367

Dalgaard, N.T., Filges, T., Viinholt, B.C.A. and Pontoppidan, M. (2022) 'Parenting interventions to support parent/child attachment and psychosocial adjustment in foster and adoptive parents and children: A systematic review', *Campbell Systematic Reviews*, 18(1), pp. e1209. doi:10.1002/cl2.1209

Department for Education (2025) *Children looked after in England including adoptions*. London: Department for Education. Available at: gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2024-to-2025 (Accessed 10 December 2025)

Department for Education (2025) *Main findings Fostering in England 1 April 2024 to 31 March 2025*. London: Department for Education. Available at: gov.uk/government/statistics/fostering-in-england-1-april-2024-to-31-march-2025/main-findings-fostering-in-england-1-april-2024-to-31-march-2025 (Accessed: 12 December 2025)

Department for Education. (2026) *Renewing Fostering: homes for 10,000 more children*. Department for Education. Available at: assets.publishing.service.gov.uk/media/69826905015e2ba11991bbef/Renewing_Fostering_-_homes_for_10_000_more_children_-_February_2026_accessible.pdf (Accessed 27 February 2026)

Evans, R., MacDonald, S., Trubey, R., Melendez-Torres, G., Robling, M., Willis, S., Boffey, M., Wooders, C., Vinnicombe, S. and Noyes, J. (2024) 'Interventions targeting the

mental health and well-being of care-experienced children and young people: Mixed-methods systematic review with stakeholder consultation to inform transportability and adaptability to UK context', *The British Journal of Social Work*, 54(8), pp. 3590–3618. doi:10.1093/bjsw/bcae061

Evans, R., MacDonald, S., Trubey, R., Noyes, J., Robling, M., Willis, S., Boffey, M., Wooders, C., Vinnicombe, S. and Melendez-Torres, G.J. (2023) 'Interventions targeting the mental health and wellbeing of care-experienced children and young people in higher-income countries: Evidence map and systematic review', *Systematic Reviews*, 12(1), pp. 111. doi:10.1186/s13643-023-02260-y

Evans, R., White, J., Turley, R., Slater, T., Morgan, H., Strange, H. and Scourfield, J. (2017) 'Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence', *Children and Youth Services Review*, 82, pp. 122–129. doi:10.1016/j.childyouth.2017.09.020

Featherston, R., Barlow, J., Song, Y., Haysom, Z., Loy, B., Tufford, L., and Shlonsky, A. (2024) 'Mindfulness-enhanced parenting programmes for improving the psychosocial outcomes of children (0 to 18 years) and their parents', *The Cochrane database of systematic reviews*, *1*(1), CD012445. doi:10.1002/14651858.CD012445.pub2

Fleming, M., McLay, J.S., Clark, D., King, A., Mackay, D.F., Minnis, H. and Pell, J.P. (2021) 'Educational and health outcomes of schoolchildren in local authority care in Scotland: a retrospective record linkage study', *PLoS Medicine*, 18(11), pp. e1003832. doi:10.1371/journal.pmed.1003832

Ford, T., Vostanis, P., Meltzer, H. and Goodman, R. (2007) 'Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households', *British Journal of Psychiatry*, 190, pp. 319–325. doi:10.1192/bjp.bp.106.025023

Gubbels, J., van der Put, C.E. and Assink, M. (2019) 'The Effectiveness of Parent Training Programs for Child Maltreatment and Their Components: A Meta-Analysis', *International Journal of Environmental Research and Public Health*, 16(13), pp.2404. doi:10.3390/ijerph16132404

Hitchcock, C., Goodall, B., Sharples, O., Meiser-Stedman, R., Watson, P., Ford, T. and Dalgleish, T. (2021) 'Population prevalence of the posttraumatic stress disorder subtype for young children in nationwide surveys of the British general population and of children in care', *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(10), pp. 1278–1287.e1273

Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., Jones, L. and Dunne, M.P. (2017) 'The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis', *The Lancet Public Health*, 2(8), pp. e356–e366. doi:10.1016/S2468-2667(17)30118-4

Kerr, L., and Cossar, J. (2014) 'Attachment Interventions with Foster and Adoptive Parents: A Systematic Review', *Child Abuse Review*, *23*(6), pp. 426–439. doi:10.1002/car.2313

Leijten, P., Gardner, F., Melendez-Torres, G.J., van Aar, J., Hutchings, J., Schulz, S., Knerr, W. and Overbeek, G. (2019) 'Meta-Analyses: Key Parenting Program Components for Disruptive Child Behavior', *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(2), pp.180–190. doi:10.1016/j.jaac.2018.07.900

Lewin, S., Booth, A., Glenton, C., Munthe-Kaas, H., Rashidian, A., Wainwright, M., Bohren, M.A., Tunçalp, Ö., Colvin, C.J., Garside, R. and Carlsen, B. (2018). 'Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series', *Implementation Science*, *13*(Suppl 1), pp.2. doi:10.1186/s13012-017-0688-3

Long, S.J., Evans, R.E., Fletcher, A., Hewitt, G., Murphy, S., Young, H. and Moore, G.F. (2017) 'Comparison of substance use, subjective well-being and interpersonal relationships among young people in foster care and private households: a cross-sectional analysis of the School Health Research Network survey in Wales', *BMJ Open*, 7(2), pp. e014198. doi:10.1136/bmjopen-2016-014198

MacDonald, S., Trubey, R., Noyes, J., Vinnicombe, S., Morgan, H.E., Willis, S., Boffey, M., Melendez-Torres, G., Robling, M. and Wooders, C. (2024) 'Mental health and wellbeing interventions for care-experienced children and young people: systematic review and synthesis of process evaluations', *Children and Youth Services Review*, 156, pp. 107266. doi:10.1016/j.childyouth.2023.107266

Maguire, D., May, K., McCormack, D. and Fosker, T. (2024) 'A systematic review of the impact of placement instability on emotional and behavioural outcomes among children in foster care', *Journal of Child & Adolescent Trauma*, 17(2), pp. 641–655. doi:10.1007/s40653-023-00606-1

Murad, M. H., Mustafa, R. A., Schünemann, H. J., Sultan, S., & Santesso, N. (2017) 'Rating the certainty in evidence in the absence of a single estimate of effect', *BMJ Evidence-Based Medicine,* 22(3) pp. 85-87. doi:10.1136/ebmed-2017-110668

NICE (2021a) *Looked-after children and young people [C]: Interventions to support positive relationships for looked-after children, young people and care leavers. NICE guideline NG205*. London: NICE.

NICE (2021b) *Looked-after children and young people [F]: Interventions to promote physical, mental, and emotional health and wellbeing of looked after children, young people and care leavers. NICE guideline NG205*. London: NICE.

NICE (2021c) *Looked-after children and young people: NG205*. London: NICE. Available at: nice.org.uk/guidance/ng205 (Accessed: 10 December 2025)

NSPCC (2024) *Children in care: statistics briefing*. London: NSPCC. Available at: learning.nspcc.org.uk/research-resources/statistics-briefings/children-in-care (Accesssed 10 December 2025)

Ofsted (2025) *Main findings: fostering in England 1 April 2024 to 31 March 2025*. London: Ofsted. Available at: gov.uk/government/statistics/fostering-in-england-1-april-2024-to-31-march-2025/main-findings-fostering-in-england-1-april-2024-to-31-march-2025 (Accessed: 10 December 2025)

Oswald, S.H., Heil, K. and Goldbeck, L. (2009) 'History of maltreatment and mental health problems in foster children: a review of the literature', *Journal of Pediatric Psychology*, 35(5), pp. 462–472. doi:10.1093/jpepsy/jsp114

Ott, E., Hall, A., Thompson, I., Young, K., Winokur, M., Mann, G., Wills, E., Verdugo, P. and Shlonsky, A. (2024) *What interventions improve outcomes for kinship carers & the children in their care: Systematic review*. London: Foundations. Available at: foundations.org.uk/wp-content/uploads/2024/10/systematic-review-kinship-care-practice-guide.pdf (Accessed: 10 December 2025)

Ott, E., Wills, E., Hall, A., and Gupta, S. (2023) *Foster carer recruitment and retention in England*. Centre for Evidence and Implementation and The Fostering Network. Available at: ceiglobal.org/sites/default/files/uploads/files/CEI_Report_Foster_Carer_Retention_and_Recruitment_May2023.pdf (Accessed: 10 December 2025)

Ott, E., Dean. R., Mackenzie, M., Mann, G., Albers, B., and Chakraborty, S. (2021) *Matching in foster care: Systematic review*. London: Foundations. Available at: foundations.org.uk/wp-content/uploads/2021/08/WWCSC_Matching_Foster_Care_Systematic_Review_Aug2021-v3.pdf (Accessed: 12 December 2025)

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., Shamseer, L., Tetzlaff, J.M., Akl, E.A., Brennan, S.E., Chou, R., Glanville, J., Grimshaw, J.M., Hróbjartsson, A., Lalu, M.M., Li, T., Loder, E.W., Mayo-Wilson, E., McDonald, S., McGuinness, L.A., Stewart, L.A., Thomas, J., Tricco, A.C., Welch, V.A., Whiting, P. and Moher, D. (2021) 'The PRISMA 2020 statement: An updated guideline for reporting systematic reviews', *British Medical Journal*, 372, pp. n71. doi:10.1136/bmj.n71

Purrington, J., Goodall, S. and Lynch, J. (2024) 'Family-based psychological interventions for domestically adoptive families: a systematic review', *European Child & Adolescent Psychiatry*, 33(5), pp. 1239–1256. doi:10.1007/s00787-023-02210-y

Racine, N., Premji, S., Plamondon, A., McDonald, S., Tough, S. and Madigan, S. (2025) 'Perinatal risk and protective factors associated with diagnosis of mental health disorders in children by age 9 years', *European Child & Adolescent Psychiatry*, 34(11), pp. 3565–3575. doi:10.1007/s00787-025-02759-w

Rennolds, N., Murphy, A. and Neil, E. (2025) *Pre-Adoption Order Disruptions in England: Learning from disruption reports 2017-2024*. Norwich: UEA Centre for Research on Children and Families. Available at: adoptionengland.co.uk/sites/default/files/2025-06/Pre-Adoption%20Order%20Disruptions%20in%20England.%20Learning%20from%20disruption%20reports%202017-2024.pdf (Accessed 12 December 2025)

Schoemaker, N. K., Wentholt, W. G. M., Goemans, A., Vermeer, H. J., Juffer, F., and Alink, L. R. A. (2020) 'A meta-analytic review of parenting interventions in foster care and adoption', *Development and Psychopathology*, *32*(3), pp. 1149–1172. doi:10.1017/S0954579419000798

Selwyn, J., and Gardiner, J. (2025) *Family Routes: children who returned to care after leaving adoption or to live with a special guardian: Research report*. Department for Education (DfE). Available at: assets.publishing.service.gov.uk/media/68bad3f6cc8356c3c882ab4e/family-routes-children-who-returned-to-care-after-leaving-for-adoption-or-to-live-with-a-special-guardian.pdf (Accessed: 10 December 2025)

Selwyn, J., Wijedasa, D.N. and Meakings, S.J. (2014). *Beyond the Adoption Order: challenges, interventions and disruptions: Research brief*. London: Department for Education. Available at: assets.publishing.service.gov.uk/media/5a7db954e5274a5eaea65f22/Final_Research_brief_-_3rd_April_2014.pdf (Accessed: 10 December 2025)

Shea, B. J., Reeves, B. C., Wells, G., Thuku, M., Hamel, C., Moran, J., Moher, D., Tugwell, P., Welch, V., Kristjansson, E., and Henry, D. A. (2017) 'AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both', *BMJ (Clinical research ed.)*, *358*, j4008. doi:10.1136/bmj.j4008

Sterne, J. A. C., Savović, J., Page, M. J., Elbers, R. G., Blencowe, N. S., Boutron, I., Cates, C. J., Cheng, H. Y., Corbett, M. S., Eldridge, S. M., Emberson, J. R., Hernán, M. A., Hopewell, S., Hróbjartsson, A., Junqueira, D. R., Jüni, P., Kirkham, J. J., Lasserson, T., Li, T., McAleenan, A., … Higgins, J. P. T. (2019) 'RoB 2: a revised tool for assessing risk of bias in randomised trials', *BMJ (Clinical research ed.)*, *366*, l4898. doi:10.1136/bmj.l4898

Taylor, D., Albers, B., Mann, G., Lewis, J., Taylor, R., Mendes, P., Macdonald, G. and Shlonsky, A. (2024) 'Systematic review and meta-analysis of policies and interventions that improve health, psychosocial, and economic outcomes for young people leaving the out-of-home care system', *Trauma, Violence & Abuse*, 25(5), pp. 3534–3554. doi:10.1177/15248380241253304

Trubey, R., Evans, R., McDonald, S., Noyes, J., Robling, M., Willis, S., Boffey, M., Wooders, C., Vinnicombe, S. and Melendez-Torres, G. (2024) 'Effectiveness of mental health and wellbeing interventions for children and young people in foster, kinship, and

residential care: systematic review and meta-analysis', *Trauma, Violence & Abuse*, 25(4), pp. 2829–2844. doi:10.1177/15248380241227987

Winokur, M.A., Holtan, A. and Batchelder, K.E. (2018) 'Systematic review of kinship care effects on safety, permanency, and well-being outcomes' *Research on Social Work Practice*, 28(1), pp.19-32. doi:10.1177/1049731515620843

Reference list of included quantitative studies

Adkins, T., Luyten, P., and Fonagy, P. (2018) 'Development and Preliminary Evaluation of Family Minds: A Mentalization-based Psychoeducation Program for Foster Parents', *Journal of Child and Family Studies*, 27(8), 2519–2532. doi:10.1007/s10826-018-1080-x

Adkins, T., Reisz, S., Hasdemir, D., and Fonagy, P. (2022) 'Family Minds: A randomized controlled trial of a group intervention to improve foster parents' reflective functioning', *Development and Psychopathology*, 34(3), 1177–1191. doi:10.1017/S095457942000214X

Ahrens, K. R., Udell, W., Albertson, K., Lowry, S., Hoopes, T., and Coatney, A. (2021) 'Development and two-phased pilot RCT of a foster/kinship caregiver intervention to improve sexual health communication with youth', *Children and Youth Services Review*, 122, Article 105877. doi:10.1016/j.childyouth.2020.105877

Alfano, C. A., Rech, M. E., Harmouch, S., Gallagher, M. W., and Zhang, Y. (2024) 'Sleep and adjustment in foster environments for toddlers and preschoolers (SAFE-T): Initial efficacy of a trauma-informed sleep intervention for young children in foster care', *Child Abuse & Neglect*, 157, Article 107083. doi: 10.1016/j.chiabu.2024.107083

Angelöw, A., Niwhede, V., and Psouni, E. (2023) 'Evaluating trauma-informed training for foster parents—A controlled pilot study of the resource parent curriculum in Sweden', *Children and Youth Services Review*, 148, 106891. doi:10.1016/j.childyouth.2023.106891

Bammens, A.-S., Adkins, T., and Badger, J. (2015) 'Psychoeducational intervention increases reflective functioning in foster and adoptive parents', *Adoption & Fostering*, 39(1), 38–50. doi:10.1177/0308575914565069

Baker, M. A. (2012) Emotional availability (EA) teleintervention for adoptive families. ProQuest Dissertations & Theses.

Baker, M., Biringen, Z., Meyer-Parsons, B., and Schneider, A. (2015) 'Emotional attachment and emotional availability tele-intervention for adoptive families', *Infant Mental Health Journal*, 36(2), 179–192. doi:10.1002/imhj.21498

Baskin, T. W., Rhody, M., Schoolmeesters, S., and Ellingson, C. (2011) 'Supporting Special-Needs Adoptive Couples: Assessing an Intervention to Enhance Forgiveness, Increase Marital Satisfaction, and Prevent Depression', *The Counseling Psychologist*, 39(7), 933–955. doi:10.1177/0011000010397554

Benjamin, J. L. (2010) Biopsychosocial-based versus behavioral-based parenting model: A clinical trial for adoptive parents with attachment-challenged children. ProQuest Dissertations & Theses.

Bick, J., and Dozier, M. (2013). 'The Effectiveness of an Attachment-Based Intervention in Promoting Foster Mothers' Sensitivity toward Foster Infants', *Infant Mental Health Journal*, 34(2), 95–103. doi:10.1002/imhj.21373

Bernard, K., Lee, A. H., and Dozier, M. (2017) 'Effects of the ABC Intervention on Foster Children's Receptive Vocabulary: Follow-Up Results From a Randomized Clinical Trial', *Child Maltreatment*, 22(2), 174–179. doi:10.1177/1077559517691126

Blair, K. (2018) Parent-Child Interaction Therapy and Resilience within Child Welfare. ProQuest Dissertations & Theses.

Bruce, J., McDermott, J. M., Fisher, P. A., and Fox, N. A. (2009) 'Using Behavioral and Electrophysiological Measures to Assess the Effects of a Preventive Intervention: A Preliminary Study with Preschool-Aged Foster Children', *Prevention Science*, 10(2), 129–140. doi:10.1007/s11121-008-0115-8

Burry, C. L. (1999) 'Evaluation of a Training Program for Foster Parents of Infants with Prenatal Substance Effects', *Child Welfare*, 78(1), 197–214.

Bywater, T., Hutchings, J., Linck, P., Whitaker, C., Daley, D., Yeo, S. T., and Edwards, R. T. (2011) 'Incredible Years parent training support for foster carers in Wales: a multi-centre feasibility study'. *Child: Care, Health & Development*, 37(2), 233–243. doi:10.1111/j.1365-2214.2010.01155.x

Carnes-Holt, K. (2010) Child-Parent Relationship Therapy (CPRT) with adoptive families: Effects on child behavior, parent-child relationship stress, and parental empathy. ProQuest Dissertations & Theses.

Carnes-Holt, K., and Bratton, S. C. (2014) 'The Efficacy of Child Parent Relationship Therapy for Adopted Children With Attachment Disruptions', *Journal of Counseling and Development*, 92(3), 328–337. doi:10.1002/j.1556-6676.2014.00160.x

Chamberlain, P., Moreland, S., and Reid, K. (1992) 'Enhanced services and stipends for foster parents: effects on retention rates and outcomes for children', *Child Welfare*, 71(5), 387–401.

Chamberlain, P., Price, J., Leve, L. D., Laurent, H., Landsverk, J. A., and Reid, J. B. (2008) 'Prevention of Behavior Problems for Children in Foster Care: Outcomes and Mediation Effects', *Prevention Science*, 9(1), 17–27. doi:10.1007/s11121-007-0080-7

Chamberlain, P., Price, J., Reid, J., and Landsverk, J. (2008) 'Cascading Implementation of a Foster and Kinship Parent Intervention', *Child Welfare*, 87(5), 27–48.

Chung, G., Ansong, D., Brevard, K. C., and Chen, D-G. (2021) 'Identifying treatment moderators of a trauma-informed parenting intervention with children in foster care: Using model-based recursive partitioning', *Child Abuse & Neglect*, 117, Article 105065. doi:10.1016/j.chiabu.2021.105065

Conn, A.-M., Szilagyi, M. A., Alpert-Gillis, L., Webster-Stratton, C., Manly, J. T., Goldstein, N., and Jee, S. H. (2018) 'Pilot randomized controlled trial of foster parent training: A mixed-methods evaluation of parent and child outcomes', *Children and Youth Services Review*, 89, 188–197. doi:10.1016/j.childyouth.2018.04.035

Connolly, P., Shebba, J., Winter, K., Roberts, J., Tah, P., Neeson, L., and Millen, S. (2021) The effectiveness of an enhanced book-gifting intervention for improving reading outcomes for children in care: final report.

Danko, C. M. (2014) The Effect of Parent-Child Interaction Therapy on Strengthening the Attachment Relationship with Foster Parents and Children in Foster Care. De Paul University, Chicago, Illinois

Dorsey, S., Pullmann, M. D., Berliner, L., Koschmann, E., McKay, M., and Deblinger, E. (2014) 'Engaging foster parents in treatment: A randomized trial of supplementing trauma-focused cognitive behavioral therapy with evidence-based engagement strategies', *Child Abuse & Neglect*, 38(9), 1508–1520. doi:10.1016/j.chiabu.2014.03.020

Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S., Ackerman, J., Bernier, A., and Levine, S. (2006) 'Developing Evidence-Based Interventions for Foster Children: An Example of a Randomized Clinical Trial with Infants and Toddlers', *Journal of Social Issues*, 62(4), 767–785. doi:10.1111/j.1540-4560.2006.00486.x

Dozier, M., Peloso, E., Lewis, E., Laurenceau, J.-P., and Levine, S. (2008) 'Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care', *Development and Psychopathology*, 20(3), 845–859. doi:10.1017/S0954579408000400

Dozier, M., Lindhiem, O., Lewis, E., Bick, J., Bernard, K., and Peloso, E. (2009) 'Effects of a Foster Parent Training Program on Young Children's Attachment Behaviors: Preliminary Evidence from a Randomized Clinical Trial', *Child & Adolescent Social Work Journal*, 26(4), 321–332. doi:10.1007/s10560-009-0165-1

Fisher, P. A., and Kim, H. K. (2007) 'Intervention Effects on Foster Preschoolers' Attachment-Related Behaviors From a Randomized Trial', *Prevention Science*, 8(2), 161–170. doi:10.1007/s11121-007-0066-5

Fisher, P. A., Stoolmiller, M., Gunnar, M. R., and Burraston, B. O. (2007) 'Effects of a therapeutic intervention for foster preschoolers on diurnal cortisol activity', *Psychoneuroendocrinology*, 32(8), 892–905. doi:10.1016/j.psyneuen.2007.06.008

Fisher, P. A., Gunnar, M. R., Chamberlain, P., and Reid, J. B. (2000) 'Preventive Intervention for Maltreated Preschool Children: Impact on Children's Behavior, Neuroendocrine Activity, and Foster Parent Functioning', *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(11), 1356–1364. doi:10.1097/00004583-200011000-00009

Fisher, P. A., Stoolmiller, M., Mannering, A. M., Takahashi, A., and Chamberlain, P. (2011) 'Foster Placement Disruptions Associated With Problem Behavior: Mitigating a Threshold Effect', *Journal of Consulting and Clinical Psychology*, 79(4), 481–487. doi:10.1037/a0024313

Farmer, E. M. Z., Burns, B. J., Wagner, H. R., Murray, M., and Southerland, D. G. (2010) 'Enhancing "Usual Practice" Treatment Foster Care: Findings From a Randomized Trial on Improving Youths' Outcomes', Psychiatric Services (Washington, D.C.), 61(6), 555–561. doi:10.1176/ps.2010.61.6.555

Fowler, J., Day, A., Phan, V., Thompson, J., Park, S., and Salazar, A. (2024) 'National training and development curriculum training program impact on placement,

permanency, and stability', Child Abuse & Neglect, 149, Article 106712. doi:10.1016/j.chiabu.2024.106712

Gaudreau, C., Delgado, A., Confair-Jones, R., Flambaum, S., Hirsh-Pasek, K., Raby, K. L., Dozier, M., and Golinkoff, R. M. (2024) 'The Unanticipated Side Effects of an Attachment Intervention: Parents Ask Higher Quality Questions', *Developmental Psychology*, 60(3), 456–466. doi:10.1037/dev0001707

Graham, A. M., Yockelson, M., Kim, H. K., Bruce, J., Pears, K. C., and Fisher, P. A. (2012) 'Effects of maltreatment and early intervention on diurnal cortisol slope across the start of school: A pilot study'. Child Abuse & Neglect, 36(9), 666–670. doi:10.1016/j.chiabu.2012.07.006

Goodvin, R., and Miller, M. G. (2017) Evaluation of the foster care hub home model: Outcome evaluation. Washington State Institute for Public Policy.

Haggerty, K. P., Barkan, S. E., Skinner, M. L., and Hanson, K. (2021) 'Proximal outcomes of Connecting, an evidence-based, family-focused prevention program for caregivers of adolescents in foster care', *Children and Youth Services Review*, 126, Article 106009. doi:10.1016/j.childyouth.2021.106009

Haggerty, K. P., Barkan, S. E., Caouette, J. D., Skinner, M. L., and Hanson, K. G. (2023) 'Family, mental health, and placement outcomes of a low-cost preventive intervention for youth in foster care', Children and Youth Services Review, 150, Article 106973. doi:10.1016/j.childyouth.2023.106973

Herbert, M., and Wookey, J. (2007) 'The Child Wise Programme: A Course to Enhance the Self-Confidence and Behaviour Management Skills of Foster Carers with Challenging Children', *Adoption & Fostering*, 31(4), 27–37. doi:10.1177/030857590703100405

Hunsley, J. L. (2019) Hope Connection 2.: A Therapeutic Camp Intervention to Improve Adoptive Family Functioning. ProQuest Dissertations & Theses.

Hunsley, J. L., Crawley, R. D., and Call, C. D. (2022) 'The Pilot of a Therapeutic Family Camp Intervention to Improve Adoptive Family Functioning', *Adoption Quarterly*, 25(2), 138–161. doi:10.1080/10926755.2021.2005728

Hunsley, J. L., Shelley, L. T., West, A., Call, C., and Knight, D. K. (2025) 'Hope Connection® 2.0: The effectiveness of a post-adoption family camp intervention for promoting emotional and behavioral health among adopted children', *Children and Youth Services Review*, 168, Article 108058. doi:10.1016/j.childyouth.2024.108058

Job, A.-K., Ehrenberg, D., Hilpert, P., Reindl, V., Lohaus, A., Konrad, K., and Heinrichs, N. (2022) 'Taking Care Triple P for Foster Parents With Young Children in Foster Care: Results of a 1-Year Randomized Trial', *Journal of Interpersonal Violence*, 37(1–2), 322–348. doi:10.1177/0886260520909196

Jonkman, C. S., Schuengel, C., Oosterman, M., Lindeboom, R., Boer, F., and Lindauer, R. J. L. (2017) 'Effects of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) for Young Foster Children with Severe Behavioral Disturbances', *Journal of Child an*d Family Studies, 26(5), 1491–1503. doi:10.1007/s10826-017-0661-4

Kim, H. K., and Leve, L. D. (2011) 'Substance Use and Delinquency Among Middle School Girls in Foster Care: A Three-Year Follow-Up of a Randomized Controlled Trial',

Journal of Consulting and Clinical Psychology, 79(6), 740–750. doi:10.1037/a0025949

Kim, H. K., Pears, K. C., Leve, L. D., Chamberlain, P., and Smith, D. K. (2013) 'Intervention Effects on Health-Risking Sexual Behavior Among Girls in Foster Care: The Role of Placement Disruption and Tobacco and Marijuana Use', *Journal of Child & Adolescent Substance Abuse*, 22(5), 370–387. doi:10.1080/1067828X.2013.788880

Leathers, S. J., Spielfogel, J. E., McMeel, L. S., and Atkins, M. S. (2011) 'Use of a parent management training intervention with urban foster parents: A pilot study', *Children and Youth Services Review*, 33(7), 1270–1279. doi:10.1016/j.childyouth.2011.02.022

Leathers, S. J., Spielfogel, J. E., Gleeson, J. P., and Rolock, N. (2012) 'Behavior problems, foster home integration, and evidence-based behavioral interventions: What predicts adoption of foster children?', *Children and Youth Services Review*, 34(5), 891–899. doi:10.1016/j.childyouth.2012.01.017

Linares, L. O., Montalto, D., Li, M., and Oza, V. S. (2006) 'A Promising Parenting Intervention in Foster Care', *Journal of Consulting and Clinical Psychology*, 74(1), 32–41. doi:10.1037/0022-006X.74.1.32

Linares, L. O., Li, M., and Shrout, P. E. (2012) 'Child training for physical aggression?' *Children and Youth Services Review*, 34(12), 2416–2422. doi:10.1016/j.childyouth.2012.08.010

Lind, T., Lee Raby, K., Caron, E. B., Roben, C. K. P., and Dozier, M. (2017) 'Enhancing executive functioning among toddlers in foster care with an attachment-based intervention', *Development and Psychopathology*, 29(2), 575–586. doi:10.1017/S0954579417000190

Lynch, F. L., Dickerson, J. F., Saldana, L., and Fisher, P. A. (2014) 'Incremental net benefit of early intervention for preschool-aged children with emotional and behavioral problems in foster care', *Children and Youth Services Review*, 36, 213–219. doi:10.1016/j.childyouth.2013.11.025

Linares, L. O., Jimenez, J., Nesci, C., Pearson, E., Beller, S., Edwards, N., and Levin-Rector, A. (2015) 'Reducing Sibling Conflict in Maltreated Children Placed in Foster Homes', *Prevention Science*, 16(2), 211–221. doi:10.1007/s11121-014-0476-0

Lotty, M., Dunn-Galvin, A., and Bantry-White, E. (2020) 'Effectiveness of a trauma-informed care psychoeducational program for foster carers – Evaluation of the Fostering Connections Program', *Child Abuse & Neglect*, 102, Article 104390. doi:10.1016/j.chiabu.2020.104390

Lynch, F. L., Dickerson, J. F., Pears, K. C., and Fisher, P. A. (2017) 'Cost effectiveness of a school readiness intervention for foster children', *Children and Youth Services Review*, 81, 63–71. doi:10.1016/j.childyouth.2017.07.011

Maaskant, A. M., van Rooij, F. B., Overbeek, G. J., Oort, F. J., and Hermanns, J. M. A. (2016) 'Parent training in foster families with children with behavior problems: Follow-up results from a randomized controlled trial', *Children and Youth Services Review*, 70, 84–94. doi:10.1016/j.childyouth.2016.09.005

Macdonald, G., and Turner, W. (2005) 'An Experiment in Helping Foster-Carers Manage Challenging Behaviour', *The British Journal of Social Work*, 35(8), 1265–1282. doi:10.1093/bjsw/bch204

McCullough, E., and Mathura, A. (2019) 'A comparison between a Neuro-Physiological Psychotherapy (NPP) treatment group and a control group for children adopted from care: Support for a neurodevelopmentally informed approach to therapeutic intervention with maltreated children', *Child Abuse & Neglect*, 97, Article 104128. doi:10.1016/j.chiabu.2019.104128

Mersky, J. P., Topitzes, J., Janczewski, C. E., and McNeil, C. B. (2015) 'Enhancing foster parent training with Parent-Child Interaction Therapy: Evidence from a randomized field experiment', *Journal of the Society for Social Work and Research*, 6(4), 591–616. doi:10.1086/684123

Mersky, J. P., Topitzes, J., Grant-Savela, S. D., Brondino, M. J., and McNeil, C. B. (2016) 'Adapting Parent–Child Interaction Therapy to foster care: Outcomes from a randomized trial', *Research on Social Work Practice*, 26(2), 157–167. doi:10.1177/1049731514543023

Messer, E. P., Greiner, M. V., Beal, S. J., Eismann, E. A., Cassedy, A., Gurwitch, R. H., Boat, B. W., Bensman, H., Bemerer, J., Hennigan, M., Greenwell, S., and Eiler-Sims, P. (2018) 'Child adult relationship enhancement (CARE): A brief, skills-building training for foster caregivers to increase positive parenting practices', *Children and Youth Services Review*, 90, 74–82. doi:10.1016/j.childyouth.2018.05.017

Midgley, N., Besser, S. J., Fearon, P., Wyatt, S., Byford, S., and Wellsted, D. (2019) 'The Herts and Minds study: feasibility of a randomised controlled trial of Mentalization-Based Treatment versus usual care to support the wellbeing of children in foster care', *BMC Psychiatry*, 19(1), Article 215. doi:10.1186/s12888-019-2196-2

Midgley, N., Irvine, K., Rider, B., Byford, S., Cirasola, A., Ganguli, P., Katangwe-Chigamba, T., Murdoch, J., Pond, M., Pursch, B., Redfern, S., Richards, Z. L., Shepstone, L., Sims, E., Smith, C., Sprecher, E., Swart, A. M., Wyatt, S., and Wellsted, D. (2021) 'The Reflective Fostering Programme—improving the wellbeing of children in care through a group intervention for foster carers: a randomised controlled trial', *Current Controlled Trials in Cardiovascular Medicine*, 22(1), Article 841. doi:10.1186/s13063-021-05739-y

Midgley, N., Irvine, K., Redfern, S., Murdoch, J., Smith, C., Byford, S., Wellsted, D., Sims, E., Rayfield, E., Ganguli, P., Colles, A., Pursch, B., Rider, B., Sprecher, E., Cirasola, A., Hopson, H., Choudhury, A., Izzidien, S., Stemp, R., Rangel, A., Flanagan, R., Cresswell, C., and Shepstone, L. (2025) The Reflective Fostering Programme – improving the wellbeing of children in care through a group intervention for foster carers: a randomised controlled trial.

Minnis, H., Pelosi, A. J., Knapp, M., and Dunn, J. (2001) 'Mental health and foster carer training', *Archives of Disease in Childhood*, 84(4), 302–306. doi:10.1136/adc.84.4.302

Montgomery, J. E. (2020) 'Culturally Competent Parenting: A Test of Web-Based Training for Transracial Foster and Adoptive Parents', *Journal of Marital and Family Therapy*, 46(3), 442–454. doi:10.1111/jmft.12401

Moody, G., Coulman, E., Brookes-Howell, L., Cannings-John, R., Channon, S., Lau, M., Rees, A., Segrott, J., Scourfield, J., and Robling, M. (2020) 'A pragmatic randomised controlled trial of the fostering changes programme', *Child Abuse & Neglect*, 108, Article 104646. doi:10.1016/j.chiabu.2020.104646

Nilsen, W. (2007) 'Fostering Futures: A Preventive Intervention Program for School-age Children in Foster Care', *Clinical Child Psychology and Psychiatry*, 12(1), 45–63. doi:10.1177/1359104507071055

Opiola, K. K. (2016) The effects of child parent relationship therapy (CPRT) for adoptive families. ProQuest Dissertations & Theses.

Ott, E., Mc Grath-Lone, L., Pinto, V., Sanders-Ellis, D., and Trivedi, H. (2020) Mockingbird Programme: Evaluation report.

Price, J. M., Chamberlain, P., Landsverk, J., Reid, J. B., Leve, L. D., and Laurent, H. (2008) 'Effects of a Foster Parent Training Intervention on Placement Changes of Children in Foster Care', *Child Maltreatment*, 13(1), 64–75. doi:10.1177/1077559507310612

Pears, K. C., Kim, H. K., and Fisher, P. A. (2012) 'Effects of a school readiness intervention for children in foster care on oppositional and aggressive behaviors in kindergarten', *Children and Youth Services Review*, 34(12), 2361–2366. doi:10.1016/j.childyouth.2012.08.015

Pears, K. C., Fisher, P. A., Kim, H. K., Bruce, J., Healey, C. V., and Yoerger, K. (2013) 'Immediate Effects of a School Readiness Intervention for Children in Foster Care', *Early Education and Development*, 24(6), 771–791. doi:10.1080/10409289.2013.736037

Pears, K. C., Kim, H. K., and Fisher, P. A. (2016) 'Decreasing risk factors for later alcohol use and antisocial behaviors in children in foster care by increasing early promotive factors', *Children and Youth Services Review*, 65, 156–165. doi:10.1016/j.childyouth.2016.04.005

Pacifici, Caesar, et al. (2005) 'Foster Parent College: Interactive Multimedia Training for Foster Parents', *Social Work Research*, 29(4), 243–51, doi:10.1093/swr/29.4.243

Pithouse, A., Hill-Tout, J., and Lowe, K. (2002) 'Training foster carers in challenging behaviour: a case study in disappointment?', *Child & Family Social Work*, 7(3), 203–214. doi:10.1046/j.1365-2206.2002.00249.x

Platt, C., Hunsley, J., Platt, B., Morrison, H., Pace, T., and Gephart, S. (2024) 'Effects of a behavioral intervention with foster families: A randomized controlled trial', *Child Abuse & Neglect*, 155, Article 106984. doi:10.1016/j.chiabu.2024.106984

Price, J. M., Roesch, S., Walsh, N. E., and Landsverk, J. (2015) 'Effects of the KEEP Foster Parent Intervention on Child and Sibling Behavior Problems and Parental Stress During a Randomized Implementation Trial', *Prevention Science*, 16(5), 685–695. doi:10.1007/s11121-014-0532-9

Puddy, R. W., and Jackson, Y. (2003) 'The Development of Parenting Skills in Foster Parent Training', *Children and Youth Services Review*, 25(12), 987–1013. doi:10.1016/S0190-7409(03)00106-3

Raby, K. L., Freedman, E., Yarger, H. A., Lind, T., and Dozier, M. (2019) 'Enhancing the language development of toddlers in foster care by promoting foster parents' sensitivity: Results from a randomized controlled trial', *Developmental Science*, 22(2), e12753-n/a. doi:10.1111/desc.12753

Rast, J., and Rast, J. E. (2014) 'Neighbor to Family: Supporting Sibling Groups in Foster Care', *Families in Society*, 95(2), 83–91. doi:10.1606/1044-3894.2014.95.11

Rushton, A., Monck, E., Leese, M., McCrone, P., and Sharac, J. (2010) 'Enhancing adoptive parenting: A randomized controlled trial', *Clinical Child Psychology and Psychiatry*, 15(4), 529–542. doi:10.1177/1359104510365041

Salazar, A. M., Day, A., Thompson, J., Podsobinski, J., Spiers, S. S., Fowler, J., Vanderwill, L., and Kongira, M. (2024) 'The Role of the National Training and Development Curriculum for Foster and Adoptive Parents in Improving Caregiver Perceived Preparation and Confidence to Parent', *Child & Family Social Work*, 30(4), 600–613. doi:10.1111/cfs.13197

Salazar, A. M., Day, A., Thompson, J., Buckland Young, E., Podsobinski, J., Fowler, J., Vanderwill, L., Spiers, S. S., and Kongira, M. (2025) 'Assessing Foster/Adoptive Parent Training Curriculum's Improvement of Resource Parent Knowledge and Skills', *Research on Social Work Practice*, 35(1), 71–87. doi:10.1177/10497315231222813

Schoemaker, N. K., Juffer, F., Rippe, R. C. A., Vermeer, H. J., Stoltenborgh, M., Jagersma, G. J., Maras, A., and Alink, L. R. A. (2020) 'Positive parenting in foster care: Testing the effectiveness of a video-feedback intervention program on foster parents' behavior and attitudes', *Children and Youth Services Review*, 110, Article 104779. doi:10.1016/j.childyouth.2020.104779

Selwyn, J., del Tufo, S., and Frazer, L. (2009) 'It's a Piece of Cake?: An evaluation of an Adopter Training Programme', *Adoption & Fostering*, 33(1), 30–43. doi:10.1177/030857590903300104

Smith, D. K., Leve, L. D., and Chamberlain, P. (2011) 'Preventing Internalizing and Externalizing Problems in Girls in Foster Care as They Enter Middle School: Impact of an Intervention', *Prevention Science*, 12(3), 269–277. doi:10.1007/s11121-011-0211-z

Sprang, G. (2009) 'The Efficacy of a Relational Treatment for Maltreated Children and their Families', *Child and Adolescent Mental Health*, 14(2), 81–88. doi:10.1111/j.1475-3588.2008.00499.x

Stenason, L., and Romano, E. (2022) 'Evaluation of a Trauma-Informed Parenting Program for Resource Parents', *International Journal of Environmental Research and Public Health*, 19(24), 16981. doi:10.3390/ijerph192416981

Strickler, A. (2015) Assessing the efficacy of pre-service trainings for treatment foster parents. ProQuest Dissertations & Theses.

Strickler, A., Trunzo, A. C., and Kaelin, M. S. (2018) 'Treatment Foster Care Pre-service Trainings: Changes in Parenting Attitudes and Fostering Readiness', *Child & Youth Care Forum*, 47(1), 61–79. doi:10.1007/s10566-017-9418-x

Sullivan, A. D., Breslend, N. L., Strolin-Goltzman, J., Bielawski-Branch, A., Jorgenson, J., Deaver, A. H., Forehand, G., and Forehand, R. (2019) 'Feasibility investigation: Leveraging smartphone technology in a trauma and behavior management-informed training for foster caregivers', *Children and Youth Services Review*, 101, 363–371. doi:10.1016/j.childyouth.2019.03.051

Triantafillou, N. (2003) Solution -focused parent groups: A new approach to the treatment of youth disruptive behavioural difficulties. ProQuest Dissertations & Theses.

Van Holen, F., Vanschoonlandt, F., and Vanderfaeillie, J. (2017) 'Evaluation of a foster parent intervention for foster children with externalizing problem behaviour', *Child & Family Social Work*, 22(3), 1216–1226. doi:10.1111/cfs.12338

Vanschoonlandt, F., Vanderfaeillie, J., Van Holen, F., and De Maeyer, S. (2012) 'Development of an Intervention for Foster Parents of Young Foster Children with Externalizing Behavior: Theoretical Basis and Program Description', *Clinical Child and Family Psychology Review*, 15(4), 330–344. doi:10.1007/s10567-012-0123-x

Van Andel, H., Post, W., Jansen, L., Van der Gaag, R. J., Knorth, E., and Grietens, H. (2016) 'Optimizing Foster Family Placement for Infants and Toddlers: A Randomized Controlled Trial on the Effect of the Foster Family Intervention', *American Journal of Orthopsychiatry*, 86(3), 332–344. doi:10.1037/ort0000162

Vranjin, J. A. (2012) Establishing Efficacy of the TAKE-5 Program: An Intervention for Nonoffending Foster Parents of Sexually Abused Children. ProQuest Dissertations & Theses.

Walsh, N. E. (2016) Participant engagement in a foster parent training intervention. ProQuest Dissertations & Theses.

Wassall, S. (2011) Evaluation of an attachment theory based parenting programme for adoptive parents and foster carers. ProQuest Dissertations & Theses.

West, D., Stas, L., Van Holen, F., Gypen, L., and Vanderfaeillie, J. (2024) 'Effectiveness of a video-feedback intervention to promote positive parenting for foster children', *Developmental Child Welfare*, 6(1), 23–49. doi:10.1177/25161032231220922

White, L., Delaney, R., Pacifici, C., Nelson, C., Whitkin, J., Lovejoy, M., and Smalley, B. K. (2014) 'Efficacy of Blended Preservice Training for Resource Parents', *Child Welfare*, 93(6), 45–72.

White, K., Rolock, N., Hambrick, E., Bai, R., Bender, A., Evans, K., Diamant-Wilson, R., and Bailey, K. (2023) 'Longitudinal Evaluation of the Neurosequential Model of Therapeutics with Adoptive Families in Tennessee', *Journal of Evidence-Based Social Work* (2019), 20(6), 1004–1025. doi:10.1080/26408066.2023.2245819

Reference list of qualitative studies included

Bywater, T., Hutchings, J., Linck, P., Whitaker, C., Daley, D., Yeo, S.T. and Edwards, R.T. (2011) 'Incredible Years parent training support for foster carers in Wales: a multi-centre feasibility study', *Child: Care, Health and Development*, 37(2), pp. 233–243. doi:10.1111/j.1365-2214.2010.01155.x

Cameron, C., Meetoo, V., Johansen, T. and Jackson, S. (2020) 'Knowledge exchange, foster care and early education: Introducing treasure baskets to foster carers of young children', *Child & Family Social Work*, 25(4), pp. 805–813. doi:10.1111/cfs.12757

Channon, S., Coulman, E., Moody, G., Brookes-Howell, L., Cannings-John, R., Lau, M., Robling, M. (2020) 'Qualitative process evaluation of the Fostering Changes program for foster carers as part of the Confidence in Care randomized controlled trial', *Child Abuse & Neglect*, 109, pp. 104768. doi:10.1016/j.chiabu.2020.104768

Cocker, C., Sorensen, P. and Neil, E. (2019) *Summary report: Evaluation of dyadic developmental psychotherapy/practice programme*. Norwich: University of East Anglia. Available at: assets.uea.ac.uk/f/185167/x/20bdccc673/adoptionplus-report-final-december-2019.pdf (Accessed: 10 December 2025)

Connolly, P., Sebba, J., Winter, K., Roberts, J., Tah, P., Neeson, L. and Millen, S. (2021) *The effectiveness of an enhanced book-gifting intervention for improving reading outcomes for children in care: Final report*. Available at: www.education.ox.ac.uk/wp-content/uploads/2021/12/ESRC-Reading-Together-Final-Report_6Sept_2021.pdf (Accessed 10 December 2025)

Grollman, C., Izod, L. and Cheesbrough, S. (2020) *TACT Peterborough: Early evaluation*. London: Department for Education. Available at: assets.publishing.service.gov.uk/media/5fa2ca638fa8f5788c2a4531/TACT.pdf (Accessed: 10 December 2025)

Harold, G., Hampden-Thompson, G., Rodic Bjedov, M. and Sellers, R. (2017) *An evaluation of the AdOPt parenting programme (Version 1)*. University of Sussex. Available at: hdl.handle.net/10779/uos.23442554.v1 (Accessed: 10 December 2025)

Herbert, M. and Wookey, J. (2007) 'The Child Wise Programme: A course to enhance the self-confidence and behaviour management skills of foster carers with challenging children', *Adoption & Fostering*, 31(4), pp. 27–37. doi:10.1177/030857590703100405

Hewitt, O., Gurney-Smith, B. and Golding, K. (2018) 'A qualitative exploration of the experiences of adoptive parents attending "Nurturing Attachments", a dyadic developmental psychotherapy informed group', *Clinical Child Psychology and Psychiatry*, 23(3), pp. 471–482. doi:10.1177/1359104517753511

Katangwe-Chigamba, T., Murdoch, J., Irvine, K., Redfern, S. and Midgley, N. (2025) 'A qualitative evaluation of the reflective fostering programme—examining foster and kinship carers' experiences, practical application, and perceived impact', *Clinical Child Psychology and Psychiatry*, 30(3), pp. 588–610. doi:10.1177/13591045251321032

Knibbs, S., Mollidor, C. and Bierman, R. (2016) *KEEP Standard evaluation: Research Report*. London: The Department for Education. Available at: dera.ioe.ac.uk/id/eprint/27728/1/DFE-RR530-KEEP_Standard_training_programme_for_foster_and_kinship_carers.pdf (Accessed: 10 December 2025)

Luckock, B., Sims, L., Whiting, R., Meleyal, L. and Hampden-Thompson, G. (2017) *Cornerstone Adoption Support Programme: Evaluation report*. London: Department for Education. Available at: assets.publishing.service.gov.uk/media/5a81c52ced915d74e33fff7e/Cornerstone_Adoption_Support_Programme.pdf (Accessed: 10 December 2025)

Luke, N., Banerjee, R., Dunn, V., Douglas, N., Kelly, Á., Trivedi, H., Bauer, A., Cook, A., Midgley, N. and Woolgar, M. (2025) 'Well-being package for foster carers and teachers of looked-after children aged 8 to 11 years: the STrAWB feasibility RCT', *Public Health* Research (Southampton, England), pp. 1–45. doi:10.3310/NGXR5244

Madigan, S., Paton, K. and Mackett, N. (2017) 'The Springfield Project service: Evaluation of a Solihull Approach course for foster carers', *Adoption & Fostering*, 41(3), pp. 254–267. doi:10.1177/0308575917719373

McDermid, S., Baker, C., Lawson, D. and Holmes, L. (2016) *The evaluation of the Mockingbird Family Model: Final evaluation report*. London: Department for Education. Available at: https://assets.publishing.service.gov.uk/media/5a7f1cb1e5274a2e8ab4a2ff/DFE-RR528-Mockingbird_family_model_evaluation.pdf (Accessed 10 December 2025)

McDermid, S., Trivedi, H., Holmes, L., and Boddy, J. (2022) 'Foster carers' receptiveness to new innovations and programmes: an example from the introduction of social pedagogy to UK foster care', *The British Journal of Social Work, 52*(3), 1213-1230. doi:10.1093/bjsw/bcab152

Midgley, N., Irvine, K., Rider, B. et al. (2021) 'The Reflective Fostering Programme—improving the wellbeing of children in care through a group intervention for foster carers: a randomised controlled trial', *Trials*, 22, pp. 841. doi:10.1186/s13063-021-05739-y

Midgley, N., Cirasola, A., Austerberry, C., Ranzato, E., West, G., Martin, P., Redfern, S., Cotmore, R. and Park, T. (2019) 'Supporting foster carers to meet the needs of looked after children: A feasibility and pilot evaluation of the Reflective Fostering Programme', *Developmental Child Welfare*, 1(1), pp. 41–60. doi:10.1177/2516103218817550

Moody, G., Brookes-Howell, L., Cannings-John, R., Channon, S., Coulman, E., Rees, A., Segrott, J. and Robling, M. (2021) 'What are the challenges when recruiting to a trial in children's social care? A qualitative evaluation of a trial of foster carer training', *Trials*, 22(1), pp. 241. doi:10.1186/s13063-021-05186-9

Oliveira, P., Stevens, E., Barge, L., Comyn, J., Langley, K., Ramchandani, P. et al. (2022) 'A modified videofeedback intervention for carers of foster children aged 6 years and under with reactive attachment disorder: a feasibility study and pilot RCT', *Health Technology Assessment*, 26(35). doi:10.3310/SLIZ1119

Ott, E., McGrath-Lone, L., Pinto, V.S., Sanders-Ellis, D. and Trivedi, H. (2020) *Mockingbird programme: Evaluation report*. London: Department for Education. Available at: assets.publishing.service.gov.uk/media/5fa412dfd3bf7f03a40fe598/Fostering_Network_Mockingbird.pdf (Accessed: 10 December 2025)

Price, A.D., Mukherjee, R.A.S., Webster, A. et al. (2023) 'Development and pre-feasibility testing of SPECIFiC: A psychoeducation programme for caregivers of children with Fetal Alcohol Spectrum Disorder (FASD)', *Journal of Child and Family Studies*, 32, pp. 3026–3041. doi:10.1007/s10826-023-02637-6

Purrington, J., Goodall, S. and Lynch, J. (2025) 'Feasibility and acceptability of integrating principles of sensory regulation, Theraplay®, Eye Movement Desensitisation and Reprocessing, and dyadic-developmental psychotherapy (STEDi) with adoptive families: A framework analysis', *Journal of Child and Family Studies*, pp. 1–18. doi:10.1007/s10826-025-03052-9

Redfern, S., Pursch, B., Katangwe-Chigamba, T., Sopp, R., Irvine, K., Sprecher, E.A., Schwaiger, T. and Midgley, N. (2023) 'The Reflective Fostering Programme—Adapting a group parenting programme for online delivery in response to the COVID-19 pandemic in the United Kingdom', *Psychology and Psychotherapy*, 97(S1), pp. 16–30. doi:10.1111/papt.12497

Rees, A. and Handley, B. (2022) *Evaluation of Fostering Wellbeing: Final report*. CASCADE. Available at: cascadewales.org/wp-content/uploads/sites/3/2023/01/Fostering-Wellbeing-Evaluation-2022.pdf (Accessed: 10 December 2025)

Selwyn, J., del Tufo, S. and Frazer, L. (2009) 'It's a Piece of Cake?: An evaluation of an Adopter Training Programme', *Adoption & Fostering*, 33(1), pp. 30–43. doi:10.1177/030857590903300104

Wingfield, M. and Gurney-Smith, B. (2018) 'Adoptive parents' experiences of dyadic developmental psychotherapy', *Clinical Child Psychology and Psychiatry*, 24(4), pp. 661–679. doi:10.1177/1359104518807737

APPENDICES

Appendix 1: Long descriptive text

Figure 1. PRISMA flow diagram reporting the study search, screening and selection process for the quantitative literature

A flow diagram presenting the stages of identifying, screening and including quantitative studies in the systematic review. The diagram is laid out vertically and shows counts of records at each stage in text boxes with arrows between them to indicate the process flow.

Identification stage

The diagram shows that a total of 7,103 records were identified from databases and registers:

- Ovid PsychINFO:1,537
- Proquest International Bibliography of Social Science: 1,527
- Clarivate Web of Science: 1,464
- Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews: 1,463
- Ovid MEDLINE: 1,021
- Wiley Campbell's Collaboration Library: 91

An additional 55 records were identified from other sources:

- Citation searching: 32
- Grey literature: 22
- Embargoed paper: 1

A total of 2,085 records were removed:

- 2,046 by Covidence
- 39 manually

Screening stage

5,073 records were screened. 4,847 records were excluded.

226 reports were sought for retrieval. 2 reports were not retrieved.

224 reports were assessed for eligibility. 89 reports were excluded for the following reasons:

- Wrong intervention: 6
- Wrong study design (e.g., no control group): 33
- Wrong outcomes (e.g., no carer/child outcomes): 2
- Topic out of scope (e.g., international adoption): 11
- Wrong comparator (e.g., residential care, custody): 5
- Wrong publication/report type (e.g., conference proceedings): 1
- Wrong participants (e.g., kinship; unclear if population is over 50% foster carers/children): 31

Inclusion stage

76 studies were included (from 104 full-text reports and 19 linked clinical trials).

135 records were included (from 104 full-text reports, 19 linked clinical trials, and 12 completed/ongoing trials).

Source information
Page MJ, et al. BMJ 2021;372:n71. DOI:10.1136/bmj.n71. Licensed under CC BY 4.0.

Go back to the report.

Figure 2. PRISMA flow diagram reporting the study search, screening and selection process for the qualitative literature

A flow diagram presenting the stages of identifying, screening and including qualitative studies in the systematic review. The diagram is laid out vertically and shows counts of records at each stage in text boxes with arrows between them to indicate the process flow.

Identification stage
The diagram shows that a total of 1,460 records were identified from databases and registers:
- Ovid PsycINFO: 432
- Ovid MEDLINE: 241
- Proquest International Bibliography of Social Science: 268
- Clarivate Web of Science: 437
- Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews: 84

An additional 1,058 records were identified from other sources:
- Linked to a study in search: 7
- Grey literature: 1,051

A total of 396 records were removed before screening:
- 393 by Covidence
- 3 manually

Screening stage
2,122 records were screened. 2,055 records were excluded.
67 reports were sought for retrieval. All were successfully retrieved.
67 reports were assessed for eligibility: 51 from search and 16 from grey literature.
40 reports were excluded for the following reasons:
- Wrong publication type (e.g. protocol): 3
- No intervention: 2
- Wrong participants (e.g. kinship carers): 7
- Wrong study design (e.g. no useful findings): 11
- Wrong study location (i.e. outside UK): 9
- Wrong outcomes (i.e. not in review scope): 2
- Grey literature excluded: 6

Inclusion stage
27 studies were included in the systematic review: 17 from search and 10 from grey literature.

Go back to the report.

Figure 3. Countries where included adoptive carer studies were undertaken

The figure is a world map showing the geographic distribution of the 25 studies relating to adoptive parents that are included in the review. Countries are shaded in different intensities of blue or grey to indicate the number of studies conducted in each location.

The United States is coloured in dark blue, indicating the highest number of studies. A text label with an arrow pointing to the country reads: “US 80% (20 studies)”.
The United Kingdom is shaded in a medium blue. A label pointing to the UK reads: “UK 16% (4 studies)”.

Canada is shaded in light blue. A label pointing to Canada reads: “Canada 4% (1 study)”.
All other countries are shown in pale grey, indicating zero studies conducted outside of the US, UK, and Canada.

A small footer at the bottom left reads: “Created with Datawrapper”.

Go back to the report.

Figure 5. Countries where included foster carer studies were undertaken

The figure is a world map showing the geographic distribution of the 65 studies relating to foster carers included in the review. Countries are shaded in different intensities of blue or grey to indicate the number of studies conducted in each location.

The United States is coloured in dark blue, indicating the highest number of studies. A text label with an arrow pointing to the country reads: “US 61.5% (40 studies)”.

The United Kingdom is shaded in a medium blue. A label pointing to the UK reads: “UK 18.5% (12 studies)”.

Canada, Ireland, Belgium, Netherlands, Germany and Sweden are shaded in light blue. A label pointing to Canada reads: “Canada 3.1% (2 studies)”.

A label pointing to Ireland reads: “Ireland 1.5% (1 study)”. A label pointing to Belgium reads: “Belgium 4.6% (3 studies)”. A label pointing to Netherlands reads: “Netherlands 7.7% (5 studies)”. A label pointing to Germany reads: "Germany 1.5% (1 study)”. A label pointing to Sweden reads: “Sweden 1.5% (1 study)”.

All other countries are shown in pale grey, indicating zero studies conducted in those countries.

A small footer at the bottom left reads: “Created with Datawrapper”.

Go back to the report.

Appendix 2: Coding framework for practice elements

Content/ process	General technique	Definition	Practice element	Definition
Content	Psycho-education	Caregivers' knowledge and understanding of various areas are increased through a variety of methods (e.g., didactic teaching, reflective discussions) and time was dedicated at certain timepoints during the intervention to educate/teach caregivers about the topic.	Explaining child development	Caregivers are informed about typical and atypical child development
			Explaining caregiver-child interactions	Caregivers are informed about how caregivers and children shape each other's behaviour in everyday interactions, about attachment styles and conflict management
			Explaining child's communication skills	Caregivers are informed about the various ways children communicate at various stages of development
			Explaining life skills	Caregivers are informed about necessary life skills that promote children's development
			Teaching family/support network skills	Caregivers are taught about the importance of having a good support network
			Explaining child safety	Caregivers are informed about keeping children safe physically and/or psychologically
			Explaining the impacts of abuse, corporal punishment and trauma	Caregivers are informed about the impacts of child abuse and/or neglect and/or corporal punishment and trauma

Content/ process	General technique	Definition	Practice element	Definition
			Explaining the impact of caregiver's well-being on child	Caregivers are informed about the impact of their well-being (e.g., physical health, psychological distress) on their children's development
			Explaining parenting styles	Caregivers are informed about the various parenting styles (e.g., authoritative, dismissing, authoritarian)
			Explaining the various caregiving roles	Caregivers are informed about the potentially different caregiving roles each caregiver might play (e.g., father, mother, adopted parent, foster carer, biological parent)
			Explaining bias	Caregivers are informed about bias and decision-making
Content	Positive Reinforcement	React to positive child behaviour with praise and/or rewards	Praise	Verbally praise positive child behaviour
			Tangible rewards	Reward positive child behaviour with tangible rewards (e.g., stickers)
			Intangible rewards	Reward positive child behaviour with social/intangible rewards (e.g., hugs, kisses)
Content	Non-violent Disciplining	React to disruptive child behaviour with a nonviolent consequence that is intended to reduce the	Time-out/Calm down time	React to disruptive child behaviour with a time-out procedure or time to calm down on their own (i.e., without caregiver)
			Ignore	Ignore disruptive attention seeking or demanding child behaviour

Content/ process	General technique	Definition	Practice element	Definition
		behaviour (timeout, ignore, and/or natural or logical consequences)	Natural/logical consequences	React to disruptive child behaviour with natural and/or logical consequences (e.g., take a toy away when the child plays too rough with it) including providing explanations for inappropriate behaviour
			Warning system	Implement a warning system when child behaves inappropriately (e.g., counting to 3, verbal warning)
Content	Proactive Parenting	Proactively prevent the occurrence of disruptive child behaviour	Direct and positive commands	Give children direct and positive commands (e.g., instruct rather than ask or beg, and tell children to "do" something rather than "not to do" something)
			Setting expectations through use of rules and routines	Set expectations about appropriate and inappropriate behaviour through use of rules and routines (e.g., so children know what activities to expect next)
			Monitoring	Invest in knowing what the child does and whom s/he plays with
			Fostering positive caregiving attitudes	Fosters more positive caregiving attitudes and beliefs
			Distraction	Distract the child with or redirect the child to another alternative (e.g., toy, activity)
			Pre-empting	Pre-empt the child about a desired behaviour (e.g., pre-empt about an upcoming change in activity/routine so child knows what to expect, prompt them about how they should behave before a situation)

Content/ process	General technique	Definition	Practice element	Definition
			Empowering the child	Empower the child by giving them some agency/choice through specific roles or tasks or responsibilities so that they have some ownership of their behaviour
			Conflict reframing	Practice reframing conflict as an opportunity for growth and connection
			Supporting child with school*	Equip caregiver to support child in managing the stress, challenges, and responsibilities of school
Content	Relationship Enhancement/ Promoting Sensitivity	Invest in building a positive caregiver-child relationship, through play and empathy; promoting sensitivity	Promoting dyadic caregiver-child play	Have daily play sessions with the child
			Empathy	Understand what the child feels in different situations
			Physical touch and affection	Encourage caregiver to demonstrate physical affection and touch with their child
			Encouraging watch, wait and wonder	Equip caregiver with watch, wait and wonder strategies
			Improving communicative skills of caregivers in interaction with their child	Improve caregivers' ability to communicate effectively with their child (e.g., delighting in the child by smiling, having eye contact, etc.)
			Active listening	Concentrate on what the child says, and show that s/he is listened to

Content/ process	General technique	Definition	Practice element	Definition
			Child-directed interactions	Equip caregiver with the skills to engage in child-directed/child-led interactions
			Responding sensitively	Equip caregiver with the skills to recognise child's cues promptly, understand them accurately and in turn, respond sensitively and appropriately
Content	Caregivers' Family-of-Origin	-	Reflections on caregivers' family-of-origin	Improve caregivers' understanding of their own family-of-origin issues and how it may affect the way they caregiver
Content	Skills for Caregivers Themselves	Techniques to improve caregiver's well-being	Emotion regulation skills	Recognize and regulate your own feelings as a caregiver (e.g., use relaxation techniques, mindfulness techniques)
			Problem-solving skills	Generate and implement solutions to difficult caregiving situations
			Partner support for caregiving	Improve partner relationships and co-caregiving
			Reflective functioning	Foster caregivers' ability to reflect about their behaviours and interactions with their child
			Communication skills	Fosters caregivers' communication skills with their partner, family members, etc. (not the child)
			Social support	Equips caregivers with skills to increase their social support network

Content/ process	General technique	Definition	Practice element	Definition
			Help-seeking*	Seek help from friends, family, services and professionals
			Planning and organisation*	Develop and maintain routines and plan for the future
			Self-care*	Being aware of and taking care of one's own physical, emotional, and psychological wellness
Content	Skills Caregivers Teach/ Facilitate In Their Children	Techniques to improve children's well-being	Emotion regulation skills	Teaching the child how to have words for emotions and how to regulate them (e.g., time-in strategies)
			Problem-solving skills	Teaching the child how to solve everyday problems (e.g., how to overcome unhelpful cognitions that the child may have)
			Social skills	Teaching the child how to interact with other children
Content	FCAP Specific*	Practices specific to foster carers and adoptive parents (FCAP)	Facilitating children's positive connections*	Supports the child in forming new or maintaining existing positive connections with others in their lives
			Managing sibling relationships*	Equip caregiver to be intentional in promoting healthy and positive relationships between foster/adopted siblings, or between foster/adopted and birth children
			Communicating with birth parents*	Effectively communicate with birth parents

Content/ process	General technique	Definition	Practice element	Definition
			Being child's advocate*	Caregiver is equipped with skills to be an advocate for the child (e.g., for child's needs) and communicates in a way that protects child's privacy and feelings
			Respecting child's physical boundaries*	Improve caregiver's ability to respect child's physical boundaries (e.g., read and respond to child's cues about personal space and touch) to ensure interactions are safe and comfortable for the child
			Respecting child's racial/cultural identity*	Caregiver is supported to understand and respect the child's racial/cultural identity, and equipped with ways to help child be proud of their identity
			Planning for reunification*	Facilitate caregivers' planning for reunification
			Case management	This includes access to wider teams/agencies
			Navigation support	Guidance and assistance in understanding, accessing, and coordinating resources, services, and processes to meet their child's needs and successfully manage the care system
			Direct financial contribution	Intervention involves direct access to financial support (e.g., a subsidy), or pays the caregiver a salary (e.g., as a professional foster carer)
Process	Delivery Method	Delivery techniques that practitioner uses	Use of video interaction guidance	Observe video recordings of the target caregiver-child interaction; providing strengths-based feedback; exploring what is happening and what the child might be feeling

Content/ process	General technique	Definition	Practice element	Definition
			Use of video vignettes	Observe video recordings of generic caregiver-child dyads
			Reframing techniques	Practitioner helps caregiver to reframe their perceptions of their child's behaviours
			Discussions of challenging situations	Practitioner discusses challenging situations that caregiver brings up
			Speaking for the baby/child	Practitioner narrates child's behaviour and possible emotions and intentions to caregiver
			Roleplays	Caregiver participates in roleplay with practitioner and/or other caregivers around caregiving
			Modelling	Practitioner models technique for caregiver to learn or uses peers as models for learning
			Homework	Caregivers are provided with homework they are expected to complete in between sessions
			Peer support	Caregivers are encouraged to reach out and connect with peers or are provided with regular access to peer support networks (e.g., via group sessions, forums, 1:1 mentoring)
			Home visitation	Practitioner delivers intervention in the caregiver's home setting

Content/ process	General technique	Definition	Practice element	Definition
			Group check-in	Practitioner checks in formally at the start or end of a group intervention session about how caregivers are feeling, whether there are any questions, whether caregivers have had any challenges since last session/foresee any difficulties before next session
			Live coaching	Practitioner provides coaching during live caregiver-child interactions (either in-person or through a wireless earphone or other technology)
			Use of observation rating scale	Practitioner observes the caregiver-child interaction and rates it using a checklist/scale and uses this to inform the implementation of the intervention
			Self-assessment	Caregiver completes self-assessment to identify strengths and areas for improvement that then guide programme delivery
			Child involvement	Intervention is delivered to the child as well
			Respite care*	Respite care is offered as part of an intervention to give carers/parents a break, child stays with other FC family/adoptive family that are part of an organised network
			24h crisis support*	24-hour crisis support is available for caregivers
			Birth family involvement*	Child's birth family are included in the intervention in some way e.g. collaborative co-parenting between foster carer(s) and birth parent(s)

Content/ process	General technique	Definition	Practice element	Definition
			Peer facilitators*	Intervention is led or co-led by a foster carer or adoptive parent who is trained to deliver the intervention
			Evaluation by practitioner*	Practitioner evaluates progress of caregiver (this is often seen in programmes with professionalised foster carers)
			Supervision*	Caregiver receives supervision from practitioner (this is often seen in programmes with professionalised foster carers)
Process	Practitioner's Approach	Approach that practitioner adopts in interaction with caregiver	Promote therapeutic relationship	Includes building rapport and trust in practitioner-client relationship, addressing rupture in the therapeutic relationship and repair
			Client-directed	Practitioner facilitates conversation/discussion rather than directs the content for discussion
			Recognising caregiver as experts	Practitioner explicitly recognises and involves caregivers as experts on the child
			Goal-directed	Practitioner and caregiver work out goals at the start of the intervention and work towards those goals together
			Motivational interviewing	Practitioner uses motivational interviewing techniques during intervention

Content/ process	General technique	Definition	Practice element	Definition
			Psychodynamic	Practitioner makes meaning of caregiver-child interactions in light of caregiver's unconscious processes (e.g., their preoccupation, current/past experiences, relational models)
			Mentalising approach	Includes practitioner taking caregiver's perspective and understanding caregiver's desires and beliefs
			Advocacy	Practitioner takes on an advocacy role
			Life story work*	Practitioner equips caregivers with the skills to recognise and communicate the importance of child's life story to the child
			Family systems*	A type of psychotherapy that views the child within the context of their whole family, family members are a whole system, not individuals. Includes multi-systemic therapy and any other multi-system-based approaches
* New practice elements added for the current review				

Appendix 3: Practice elements identified for individual-level interventions including adoptive parents (n=6 interventions total)

Practice element	No. of programmes	%
Psychoeducation	**5**	**83.3%**
Explaining child development	4	66.7%
Explaining the impacts of abuse, corporal punishment and trauma	4	66.7%
Explaining caregiver-child interactions	3	50.0%
Explaining life skills	3	50.0%
Explaining child's communication skills	2	33.3%
Teaching family/support network skills	1	16.7%
Explaining child safety	1	16.7%
Explaining the impact of caregiver's well-being on child	1	16.7%
Explaining parenting styles	0	0.0%
Explaining the various caregiving roles	0	0.0%
Explaining bias	0	0.0%
Positive reinforcement	**3**	**50.0%**
Intangible rewards	3	50.0%
Praise	2	33.3%
Tangible rewards	2	33.3%
Nonviolent disciplining	**2**	**33.3%**
Ignore	2	33.3%
Natural/logical consequences	2	33.3%
Time-out	0	0.0%
Warning system	0	0.0%
Proactive parenting	**4**	**66.7%**
Direct and positive commands	2	33.3%
Setting expectations through use of rules and routines	2	33.3%
Monitoring	2	33.3%

Practice element	No. of programmes	%
Empowering the child	2	33.3%
Fostering positive caregiving attitudes	0	0.0%
Distraction	0	0.0%
Pre-empting	0	0.0%
Conflict reframing	0	0.0%
Supporting child with school	0	0.0%
Relationship enhancement/promoting sensitivity	**4**	**66.7%**
Responding sensitively	3	50.0%
Caregiver-child play / promoting dyadic play	2	33.3%
Empathy	2	33.3%
Physical touch and affection	2	33.3%
Improving communicative skills of caregivers in interaction with their child	2	33.3%
Child-directed interactions	2	33.3%
Active listening	1	16.7%
Encouraging watch, wait and wonder	0	0.0%
Caregivers' family-of-origin: reflections on caregivers' family-of-origin	**1**	**16.7%**
Skills for caregivers themselves	**5**	**83.3%**
Problem-solving skills	3	50.0%
Reflective functioning	3	50.0%
Planning and organisation	2	33.3%
Emotion regulation skills	1	16.7%
Communication skills	1	16.7%
Help-seeking	1	16.7%
Self-care	1	16.7%
Partner support for caregiving	0	0.0%
Social support	0	0.0%
Skills caregivers teach/facilitate in their children	**2**	**33.3%**
Problem-solving skills	2	33.3%
Social skills	1	16.7%

Practice element	No. of programmes	%
Emotion regulation skills	0	0.0%
FCAP specific	**2**	**33.3%**
Being child's advocate	1	16.7%
Respecting child's physical boundaries	1	16.7%
Respecting child's racial/cultural identity	1	16.7%
Facilitating children's positive connections	0	0.0%
Managing sibling relationships	0	0.0%
Communicating with birth parents	0	0.0%
Planning for reunification	0	0.0%
Case management	0	0.0%
Navigation support	0	0.0%
Direct financial contribution	0	0.0%
Delivery method	**4**	**66.7%**
Use of video interaction guidance	2	33.3%
Use of video vignettes	2	33.3%
Discussions of challenging situations	2	33.3%
Homework	2	33.3%
Reframing techniques	1	16.7%
Roleplays	1	16.7%
Modelling	1	16.7%
Home visitation	1	16.7%
Group check-in	1	16.7%
Live coaching	1	16.7%
Speaking for the baby/child	0	0.0%
Peer support	0	0.0%
Use of observation rating scale	0	0.0%
Self-assessment	0	0.0%
Child involvement	0	0.0%
Respite care	0	0.0%

Practice element	No. of programmes	%
24h crisis support	0	0.0%
Birth family involvement	0	0.0%
Peer facilitators	0	0.0%
Evaluation by practitioner	0	0.0%
Supervision	0	0.0%
Practitioner's approach	**1**	**16.7%**
Promote therapeutic relationship	1	16.7%
Recognising caregiver as experts	1	16.7%
Client-directed	0	0.0%
Goal-directed	0	0.0%
Motivational interviewing	0	0.0%
Psychodynamic	0	0.0%
Mentalising approach	0	0.0%
Advocacy	0	0.0%
Life story work	0	0.0%
Family systems	0	0.0%

Appendix 4: Practice elements identified for group-based interventions including adoptive parents (n=11 interventions total)

Practice element	No. of programmes	%
Psychoeducation	**11**	**100.0%**
Explaining the impacts of abuse, corporal punishment and trauma	7	63.6%
Explaining child development	6	54.5%
Explaining caregiver-child interactions	6	54.5%
Explaining child safety	4	36.4%
Explaining child's communication skills	2	18.2%
Explaining the impact of caregiver's well-being on child	2	18.2%
Explaining parenting styles	2	18.2%
Explaining the various caregiving roles	1	9.1%
Explaining life skills	0	0.0%
Teaching family/support network skills	0	0.0%
Explaining bias	0	0.0%
Positive reinforcement	**4**	**36.4%**
Praise	3	27.3%
Intangible rewards	1	9.1%
Tangible rewards	0	0.0%
Nonviolent disciplining	**4**	**36.4%**
Natural/logical consequences	3	27.3%
Ignore	1	9.1%
Time-out	0	0.0%
Warning system	0	0.0%
Proactive parenting	**6**	**54.5%**
Setting expectations through use of rules and routines	3	27.3%
Empowering the child	3	27.3%
Direct and positive commands	2	18.2%

Practice element	No. of programmes	%
Monitoring	1	9.1%
Fostering positive caregiving attitudes	1	9.1%
Conflict reframing	1	9.1%
Supporting child with school	1	9.1%
Distraction	0	0.0%
Pre-empting	0	0.0%
Relationship enhancement/promoting sensitivity	**9**	**81.8%**
Responding sensitively	7	63.6%
Empathy	5	45.5%
Promoting dyadic caregiver-child play	4	36.4%
Physical touch and affection	3	27.3%
Active listening	3	27.3%
Improving communicative skills of caregivers in interaction with their child	2	18.2%
Child-directed interactions	1	9.1%
Encouraging watch, wait and wonder	0	0.0%
Caregivers' family-of-origin: reflections on caregivers' family-of-origin	**2**	**18.2%**
Skills for caregivers themselves	**9**	**81.8%**
Emotion regulation skills	8	72.7%
Self-care	6	54.5%
Reflective functioning	4	36.4%
Problem-solving skills	3	27.3%
Partner support for caregiving	2	18.2%
Communication skills	2	18.2%
Social support	2	18.2%
Help-seeking	2	18.2%
Planning and organisation	2	18.2%
Skills caregivers teach/facilitate in their children	**8**	**72.7%**
Emotion regulation skills	7	63.6%
Problem-solving skills	2	18.2%

Practice element	No. of programmes	%
Social skills	2	18.2%
FCAP specific	**4**	**36.4%**
Being child's advocate	3	27.3%
Respecting child's physical boundaries	3	27.3%
Facilitating children's positive connections	1	9.1%
Managing sibling relationships	1	9.1%
Communicating with birth parents	1	9.1%
Respecting child's racial/cultural identity	0	0.0%
Planning for reunification	0	0.0%
Case management	0	0.0%
Navigation support	0	0.0%
Direct financial contribution	0	0.0%
Delivery method	**11**	**100.0%**
Use of video vignettes	6	54.5%
Discussions of challenging situations	6	54.5%
Homework	6	54.5%
Reframing techniques	4	36.4%
Roleplays	4	36.4%
Group check-in	4	36.4%
Peer support	3	27.3%
Child involvement	2	18.2%
Use of video interaction guidance	1	9.1%
Home visitation	1	9.1%
Live coaching	1	9.1%
Use of observation rating scale	1	9.1%
Respite care	1	9.1%
Birth family involvement	1	9.1%
Peer facilitators	1	9.1%
Speaking for the baby/child	0	0.0%

Practice element	No. of programmes	%
Modelling	0	0.0%
Self-assessment	0	0.0%
24h crisis support	0	0.0%
Evaluation by practitioner	0	0.0%
Supervision	0	0.0%
Practitioner's approach	**5**	**45.5%**
Life story work	2	18.2%
Promote therapeutic relationship	1	9.1%
Recognising caregiver as experts	1	9.1%
Goal-directed	1	9.1%
Family systems	1	9.1%
Client-directed	0	0.0%
Motivational interviewing	0	0.0%
Psychodynamic	0	0.0%
Mentalising approach	0	0.0%
Advocacy	0	0.0%

Appendix 5: Practice elements identified for multi-level interventions for adoptive parents (n=7 interventions total)

Practice element	No. of programmes	%
Psychoeducation	**6**	**85.7%**
Explaining the impacts of abuse, corporal punishment and trauma	5	71.4%
Explaining child development	4	57.1%
Explaining caregiver-child interactions	4	57.1%
Explaining child safety	4	57.1%
Explaining the impact of caregiver's well-being on child	3	42.9%
Explaining child's communication skills	1	14.3%
Teaching family/support network skills	1	14.3%
Explaining life skills	0	0.0%
Explaining parenting styles	0	0.0%
Explaining the various caregiving roles	0	0.0%
Explaining bias	0	0.0%
Positive reinforcement	**1**	**14.3%**
Intangible rewards	1	14.3%
Praise	0	0.0%
Tangible rewards	0	0.0%
Nonviolent disciplining	**0**	**0.0%**
Time-out	0	0.0%
Ignore	0	0.0%
Natural/logical consequences	0	0.0%
Warning system	0	0.0%
Proactive parenting	**3**	**42.9%**
Setting expectations through use of rules and routines	2	28.6%
Fostering positive caregiving attitudes	2	28.6%
Pre-empting	1	14.3%

Practice element	No. of programmes	%
Empowering the child	1	14.3%
Direct and positive commands	0	0.0%
Monitoring	0	0.0%
Distraction	0	0.0%
Conflict reframing	0	0.0%
Supporting child with school	0	0.0%
Relationship enhancement/promoting sensitivity	**6**	**85.7%**
Empathy	5	71.4%
Improving communicative skills of caregivers in interaction with their child	5	71.4%
Responding sensitively	5	71.4%
Promoting dyadic caregiver-child play	4	57.1%
Physical touch and affection	3	42.9%
Active listening	1	14.3%
Child-directed interactions	1	14.3%
Encouraging watch, wait and wonder	0	0.0%
Caregivers' family-of-origin: reflections on caregivers' family-of-origin	**1**	**14.3%**
Skills for caregivers themselves	**5**	**71.4%**
Emotion regulation skills	4	57.1%
Reflective functioning	4	57.1%
Planning and organisation	3	42.9%
Self-care	3	42.9%
Problem-solving skills	1	14.3%
Help-seeking	1	14.3%
Partner support for caregiving	0	0.0%
Communication skills	0	0.0%
Social support	0	0.0%
Skills caregivers teach/facilitate in their children	**4**	**57.1%**
Emotion regulation skills	3	42.9%
Social skills	1	14.3%

Practice element	No. of programmes	%
Problem-solving skills	0	0.0%
FCAP specific	**4**	**57.1%**
Communicating with birth parents	2	28.6%
Respecting child's racial/cultural identity	2	28.6%
Case management	2	28.6%
Facilitating children's positive connections	1	14.3%
Being child's advocate	1	14.3%
Planning for reunification	1	14.3%
Navigation support	1	14.3%
Managing sibling relationships	0	0.0%
Respecting child's physical boundaries	0	0.0%
Direct financial contribution	0	0.0%
Delivery method	**6**	**85.7%**
Reframing techniques	4	57.1%
Discussions of challenging situations	3	42.9%
Modelling	3	42.9%
Use of video vignettes	2	28.6%
Peer support	2	28.6%
Home visitation	2	28.6%
Group check-in	2	28.6%
Child involvement	2	28.6%
Use of video interaction guidance	1	14.3%
Speaking for the baby/child	1	14.3%
Roleplays	1	14.3%
Homework	1	14.3%
Live coaching	1	14.3%
Self-assessment	1	14.3%
Peer facilitators	1	14.3%
Supervision	1	14.3%

Practice element	No. of programmes	%
Use of observation rating scale	0	0.0%
Respite care	0	0.0%
24h crisis support	0	0.0%
Birth family involvement	0	0.0%
Evaluation by practitioner	0	0.0%
Practitioner's approach	**4**	**57.1%**
Promote therapeutic relationship	2	28.6%
Client-directed	2	28.6%
Life story work	2	28.6%
Goal-directed	1	14.3%
Psychodynamic	1	14.3%
Recognising caregiver as experts	0	0.0%
Motivational interviewing	0	0.0%
Mentalising approach	0	0.0%
Advocacy	0	0.0%
Family systems	0	0.0%

Appendix 6: Practice elements identified for individual-level interventions for foster carers (n=14 interventions total)

Practice Element	No. of Programmes	%
Psychoeducation	**12**	**85.7%**
Explaining child development	7	50.0%
Explaining the impacts of abuse, corporal punishment and trauma	7	50.0%
Explaining caregiver-child interactions	6	42.9%
Explaining child's communication skills	3	21.4%
Explaining life skills	3	21.4%
Explaining child safety	3	21.4%
Explaining the impact of caregiver's well-being on child	2	14.3%
Teaching family/support network skills	1	7.1%
Explaining parenting styles	1	7.1%
Explaining the various caregiving roles	0	0.0%
Explaining bias	0	0.0%
Positive reinforcement	**7**	**50.0%**
Praise	6	42.9%
Tangible rewards	6	42.9%
Intangible rewards	3	21.4%
Nonviolent disciplining	**5**	**35.7%**
Ignore	4	28.6%
Natural/logical consequences	4	28.6%
Time-out	3	21.4%
Warning system	1	7.1%
Proactive parenting	**10**	**71.4%**
Setting expectations through use of rules and routines	8	57.1%
Empowering the child	6	42.9%
Monitoring	5	35.7%

Practice Element	No. of Programmes	%
Direct and positive commands	4	28.6%
Distraction	2	14.3%
Pre-empting	1	7.1%
Conflict reframing	1	7.1%
Fostering positive caregiving attitudes	0	0.0%
Supporting child with school	0	0.0%
Relationship enhancement/promoting sensitivity	**12**	**85.7%**
Responding sensitively	9	64.3%
Improving communicative skills of caregivers in interaction with their child	8	57.1%
Child-directed interactions	7	50.0%
Promoting dyadic caregiver-child play	5	35.7%
Empathy	5	35.7%
Active listening	4	28.6%
Physical touch and affection	3	21.4%
Encouraging watch, wait and wonder	1	7.1%
Caregivers' family-of-origin: reflections on caregivers' family-of-origin	**4**	**28.6%**
Skills for caregivers themselves	**11**	**78.6%**
Problem-solving skills	8	57.1%
Emotion regulation skills	7	50.0%
Reflective functioning	4	28.6%
Planning and organisation	3	21.4%
Self-care	2	14.3%
Partner support for caregiving	1	7.1%
Communication skills	1	7.1%
Help-seeking	1	7.1%
Social support	0	0.0%
Skills caregivers teach/facilitate in their children	**6**	**42.9%**
Emotion regulation skills	3	21.4%
Problem-solving skills	3	21.4%

Practice Element	No. of Programmes	%
Social skills	1	7.1%
FCAP specific	**5**	**35.7%**
Respecting child's physical boundaries	2	14.3%
Managing sibling relationships	1	7.1%
Communicating with birth parents	1	7.1%
Being child's advocate	1	7.1%
Respecting child's racial/cultural identity	1	7.1%
Facilitating children's positive connections	0	0.0%
Planning for reunification	0	0.0%
Case management	0	0.0%
Navigation support	0	0.0%
Direct financial contribution	0	0.0%
Delivery method	**12**	**85.7%**
Homework	6	42.9%
Home visitation	6	42.9%
Use of video interaction guidance	5	35.7%
Use of video vignettes	5	35.7%
Discussions of challenging situations	5	35.7%
Roleplays	4	28.6%
Reframing techniques	3	21.4%
Modelling	3	21.4%
Live coaching	3	21.4%
Group check-in	2	14.3%
Speaking for the baby/child	1	7.1%
Child involvement	1	7.1%
Peer support	0	0.0%
Use of observation rating scale	0	0.0%
Self-assessment	0	0.0%
Respite care	0	0.0%

Practice Element	No. of Programmes	%
24h crisis support	0	0.0%
Birth family involvement	0	0.0%
Peer facilitators	0	0.0%
Evaluation by practitioner	0	0.0%
Supervision	0	0.0%
Practitioner's approach	**5**	**35.7%**
Promote therapeutic relationship	2	14.3%
Recognising caregiver as experts	2	14.3%
Goal-directed	2	14.3%
Client-directed	1	7.1%
Mentalising approach	1	7.1%
Family systems	1	7.1%
Motivational interviewing	0	0.0%
Psychodynamic	0	0.0%
Advocacy	0	0.0%
Life story work	0	0.0%

Appendix 7: Practice elements identified for group-based interventions for foster carers (n=23 interventions total)

Practice element	No. of programmes	%
Psychoeducation	**19**	**82.6%**
Explaining caregiver-child interactions	12	52.2%
Explaining the impacts of abuse, corporal punishment and trauma	11	47.8%
Explaining child development	11	47.8%
Explaining child safety	7	30.4%
Explaining child's communication skills	4	17.4%
Explaining the impact of caregiver's well-being on child	4	17.4%
Explaining the various caregiving roles	3	13.0%
Explaining parenting styles	3	13.0%
Explaining life skills	1	4.3%
Teaching family/support network skills	1	4.3%
Explaining bias	1	4.3%
Positive reinforcement	**11**	**47.8%**
Praise	9	39.1%
Intangible rewards	7	30.4%
Tangible rewards	6	26.1%
Nonviolent disciplining	**11**	**47.8%**
Natural/logical consequences	8	34.8%
Ignore	6	26.1%
Time-out	1	4.3%
Warning system	1	4.3%
Proactive parenting	**14**	**60.9%**
Setting expectations through use of rules and routines	8	34.8%
Direct and positive commands	6	26.1%
Monitoring	5	21.7%

Practice element	No. of programmes	%
Empowering the child	4	17.4%
Fostering positive caregiving attitudes	2	8.7%
Distraction	1	4.3%
Supporting child with school	1	4.3%
Pre-empting	0	0.0%
Conflict reframing	0	0.0%
Relationship enhancement/promoting sensitivity	**17**	**73.9%**
Empathy	10	43.5%
Responding sensitively	8	34.8%
Promoting dyadic caregiver-child play	7	30.4%
Improving communicative skills of caregivers in interaction with their child	7	30.4%
Active listening	6	26.1%
Child-directed interactions	4	17.4%
Physical touch and affection	3	13.0%
Encouraging watch, wait and wonder	0	0.0%
Caregivers' family-of-origin: reflections on caregivers' family-of-origin	**1**	**4.3%**
Skills for caregivers themselves	**19**	**82.6%**
Self-care	10	43.5%
Emotion regulation skills	9	39.1%
Problem-solving skills	7	30.4%
Reflective functioning	7	30.4%
Communication skills	4	17.4%
Social support	3	13.0%
Planning and organisation	3	13.0%
Partner support for caregiving	1	4.3%
Help-seeking	0	0.0%
Skills caregivers teach/facilitate in their children	**14**	**60.9%**
Emotion regulation skills	10	43.5%
Problem-solving skills	9	39.1%

Practice element	No. of programmes	%
Social skills	5	21.7%
FCAP specific	**12**	**52.2%**
Facilitating children's positive connections	4	17.4%
Respecting child's physical boundaries	4	17.4%
Communicating with birth parents	3	13.0%
Being child's advocate	3	13.0%
Case management	2	8.7%
Navigation support	1	4.3%
Managing sibling relationships	1	4.3%
Respecting child's racial/cultural identity	1	4.3%
Planning for reunification	1	4.3%
Direct financial contribution	1	4.3%
Delivery method	**22**	**95.7%**
Use of video vignettes	11	47.8%
Homework	11	47.8%
Discussions of challenging situations	11	47.8%
Roleplays	10	43.5%
Reframing techniques	6	26.1%
Peer support	6	26.1%
Child involvement	4	17.4%
Modelling	3	13.0%
Home visitation	3	13.0%
Group check-in	3	13.0%
Respite care	2	8.7%
Birth family involvement	2	8.7%
Peer facilitators	2	8.7%
Live coaching	1	4.3%
Evaluation by practitioner	0	0.0%
Use of video interaction guidance	0	0.0%

Practice element	No. of programmes	%
Speaking for the baby/child	0	0.0%
Use of observation rating scale	0	0.0%
Self-assessment	0	0.0%
24h crisis support	0	0.0%
Supervision	0	0.0%
Practitioner's approach	**8**	**34.8%**
Promote therapeutic relationship	3	13.0%
Goal-directed	3	13.0%
Life story work	3	13.0%
Client-directed	1	4.3%
Recognising caregiver as experts	1	4.3%
Motivational interviewing	1	4.3%
Mentalising approach	0	0.0%
Psychodynamic	0	0.0%
Advocacy	0	0.0%
Family systems	0	0.0%

Appendix 8: Practice elements identified for multi-level interventions for foster carers (n=10 interventions total)

Practice element	No. of programmes	%
Psychoeducation	**6**	**60.0%**
Explaining child development	3	30.0%
Explaining caregiver-child interactions	3	30.0%
Explaining the impacts of abuse, corporal punishment and trauma	3	30.0%
Teaching family/support network skills	2	20.0%
Explaining child safety	2	20.0%
Explaining child's communication skills	1	10.0%
Explaining life skills	1	10.0%
Explaining the impact of caregiver's well-being on child	1	10.0%
Explaining parenting styles	0	0.0%
Explaining the various caregiving roles	0	0.0%
Explaining bias	0	0.0%
Positive reinforcement	**0**	**0.0%**
Praise	0	0.0%
Tangible rewards	0	0.0%
Intangible rewards	0	0.0%
Nonviolent disciplining	**1**	**10.0%**
Ignore	1	10.0%
Natural/logical consequences	1	10.0%
Time-out	0	0.0%
Warning system	0	0.0%
Proactive parenting	**6**	**60.0%**
Fostering positive caregiving attitudes	3	30.0%
Setting expectations through use of rules and routines	2	20.0%
Supporting child with school	1	10.0%

Practice element	No. of programmes	%
Direct and positive commands	0	0.0%
Monitoring	0	0.0%
Distraction	0	0.0%
Pre-empting	0	0.0%
Empowering the child	0	0.0%
Conflict reframing	0	0.0%
Relationship enhancement/promoting sensitivity	**4**	**40.0%**
Empathy	4	40.0%
Improving communicative skills of caregivers in interaction with their child	4	40.0%
Responding sensitively	3	30.0%
Promoting dyadic caregiver-child play	2	20.0%
Physical touch and affection	2	20.0%
Active listening	1	10.0%
Encouraging watch, wait and wonder	0	0.0%
Child-directed interactions	0	0.0%
Caregivers' family-of-origin: reflections on caregivers' family-of-origin	**1**	**10.0%**
Skills for caregivers themselves	**7**	**70.0%**
Emotion regulation skills	3	30.0%
Reflective functioning	3	30.0%
Planning and organisation	3	30.0%
Self-care	3	30.0%
Problem-solving skills	2	20.0%
Help-seeking	2	20.0%
Partner support for caregiving	1	10.0%
Communication skills	1	10.0%
Social support	1	10.0%
Skills caregivers teach/facilitate in their children	**3**	**30.0%**
Emotion regulation skills	2	20.0%
Social skills	2	20.0%

Practice element	No. of programmes	%
Problem-solving skills	0	0.0%
FCAP specific	**6**	**60.0%**
Communicating with birth parents	3	30.0%
Respecting child's racial/cultural identity	2	20.0%
Planning for reunification	2	20.0%
Case management	2	20.0%
Navigation support	2	20.0%
Direct financial contribution	2	20.0%
Facilitating children's positive connections	1	10.0%
Managing sibling relationships	1	10.0%
Being child's advocate	1	10.0%
Respecting child's physical boundaries	0	0.0%
Delivery method	**8**	**80.0%**
Child involvement	6	60.0%
Home visitation	4	40.0%
Reframing techniques	3	30.0%
Homework	3	30.0%
Birth family involvement	3	30.0%
Use of video vignettes	3	30.0%
Discussions of challenging situations	2	20.0%
Roleplays	2	20.0%
Modelling	2	20.0%
Peer support	2	20.0%
Live coaching	2	20.0%
Respite care	2	20.0%
24h crisis support	2	20.0%
Speaking for the baby/child	1	10.0%
Group check-in	1	10.0%
Self-assessment	1	10.0%

Practice element	No. of programmes	%
Peer facilitators	1	10.0%
Evaluation by practitioner	1	10.0%
Supervision	1	10.0%
Use of video interaction guidance	0	0.0%
Use of observation rating scale	0	0.0%
Practitioner's approach	**4**	**40.0%**
Client-directed	3	30.0%
Promote therapeutic relationship	2	20.0%
Psychodynamic	1	10.0%
Mentalising approach	1	10.0%
Life story work	1	10.0%
Goal-directed	1	10.0%
Advocacy	1	10.0%
Recognising caregiver as experts	0	0.0%
Motivational interviewing	0	0.0%
Family systems	0	0.0%

Appendix 9: Search terms used in the International Bibliography of te Social Sciences

Search number	Search String	Returns
Quantitative		
1.	MAINSUBJECT.EXACT("Foster care") OR "foster care" OR "looked after" OR ((out of home or substitute or residential or group or congregate or adoptive) N2 care) OR ((foster* or adopted) N2 (youth* or child*)) OR "foster home"	13,015
2.	MAINSUBJECT.EXACT("Foster carers") OR parent* OR caregiv* OR carer* OR family OR families OR MAINSUBJECT.EXACT("Adoptive parents")	64,7156
3.	[S1] AND [S2]	11,296
4.	S4 [S3] NOT "international adoption"	11,120
5.	TI,AB(RCT) OR TI,AB(trial*) OR TI,AB(randomi*) OR TI,AB((random*) N2 (allocat* or assign*)) OR (TI,AB(control* or treatment*) N1 intervention*) OR TI,AB(evaluat* study) OR (TI,AB(control or comparison) N2 (group* or condition* or treat*)) OR TI,AB("time series") OR TI,AB(before N1 after)	123,888
6.	(TI,AB("pre" OR post) N2 intervention) OR TI,AB("pre" post) OR TI,AB("longitudinal study") OR TI,AB("repeated measures") OR TI,AB("effect size*") OR TI,AB("comparative effective") OR TI,AB("experiment*") OR TI,AB("difference in difference") OR TI,AB("instrumental variable") OR TI,AB("propensity score")	145,470
7.	TI,AB("wait* list") OR TI,AB("quasi ex*") OR TI,AB("quasi experiment*") OR TI,AB(matched N2 (control or comparison)) OR MAINSUBJECT.EXACT("Clinical trials") OR MAINSUBJECT.EXACT("Longitudinal studies") OR MAINSUBJECT.EXACT("Prospective studies")	34,563
8.	[S5] OR [S6] OR [S7]	266,434
9.	[S4] AND [S8]	1,533
10.	([S4] AND [S8]) AND pd(19900101-20250530)	1,527
Qualitative		
1.	((MAINSUBJECT.EXACT("Adoption") OR MAINSUBJECT.EXACT.EXPLODE("Foster care") OR MAINSUBJECT.EXACT("Adopted children") OR MAINSUBJECT.EXACT.EXPLODE("Foster children")) AND (MAINSUBJECT.EXACT.EXPLODE("Foster carers") OR (MAINSUBJECT.EXACT.EXPLODE("Adoptive parents") NOT ("international adoption" OR "intercountry adoption")))) AND (("Qualitative" OR "Survey*" OR "Questionnaire*" OR	583

	"Implement*" OR "Interview*" OR "Focus group*" OR "Process evaluation" OR "ethnog*" OR "ethnomethodolog*" OR "ethnolog*" OR "phenomenolog*" OR "grounded theory" OR "narrative analysis" OR "lived experience*" OR "life experience*" OR "thematic analys*" OR "discourse analys*" OR "case stud*" OR "mixed method*") OR ("UK" OR "United Kingdom" OR "England" OR "Wales" OR "Scotland" OR "Northern Ireland" OR "Great Britain" OR "British Isles"))	
2.	#1 AND pd(19900101-20250530)	565

Appendix 10: CASP full assessment

Note: Y = Yes, N = No, U = Unclear.

Study	Placement type	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	Quality Judgement
Bywater et al., 2011	Foster care	Y	Y	U	U	U	N	Y	U	Y	Low
Cameron et al., 2020	Foster care	Y	Y	U	Y	U	N	N	U	N	Low
Channon et al., 2020	Foster care	Y	Y	Y	Y	Y	N	Y	Y	Y	High
Cocker et al., 2019	Adoption	Y	Y	Y	N	Y	N	N	N	Y	Low
Connolly et al., 2021	Foster care	Y	Y	Y	Y	Y	Y	Y	U	Y	*Moderate-High
Grollman, Izod, and Cheesbrough, 2020	Foster care & Adoption	Y	Y	Y	Y	Y	N	N	U	Y	Low
Harold et al., 2017	Adoption	Y	Y	U	U	U	N	N	U	Y	Low
Herbert and Wookey, 2007	Foster care	N	Y	U	U	U	N	N	U	Y	Very Low
Hewitt, Gurney-Smith, and Golding, 2018	Adoption	Y	Y	Y	Y	Y	N	Y	Y	Y	High

Study	Placement type	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	Quality Judgement
Katangwe-Chigamba et al., 2025	Foster care	Y	Y	Y	Y	Y	N	Y	Y	Y	High
Knibbs et al., 2016	Foster care	Y	Y	Y	U	U	N	U	U	Y	Low
Luckock et al., 2017	Adoption	Y	Y	U	Y	U	N	Y	U	Y	Moderate
Luke et al., 2025	Foster care	Y	Y	Y	Y	Y	N	Y	U	Y	Moderate
Madigan, Paton, and Mackett, 2017	Foster care	N	Y	Y	U	Y	N	Y	Y	Y	*Low-Moderate
McDermid et al., 2016	Foster care	Y	Y	Y	U	Y	N	N	N	Y	*Low-Moderate
McDermid et al., 2022	Foster care	Y	Y	Y	Y	Y	N	Y	U	N	*Low-Moderate
Midgley et al., 2021	Foster care	Y	Y	Y	Y	U	N	Y	Y	Y	*Moderate-High
Midgley et al., 2019	Foster care	Y	Y	Y	Y	U	N	Y	Y	Y	*Moderate-High
Moody et al., 2021	Foster care	Y	Y	Y	Y	Y	N	Y	Y	Y	*Moderate-High
Oliveira et al., 2022	Foster care	Y	Y	Y	Y	Y	N	Y	Y	Y	*Moderate-High
Ott et al., 2020	Foster care	Y	Y	Y	Y	Y	N	Y	Y	N	Moderate
Price et al., 2023	Adoption	Y	Y	Y	Y	Y	Y	Y	Y	Y	High

Study	Placement type	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	Quality Judgement
Purrington et al., 2025	Adoption	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
Redfern et al., 2023	Foster care	Y	Y	Y	Y	Y	N	N	Y	Y	Moderate
Rees and Handley, 2022	Foster care	Y	Y	Y	U	U	N	N	U	Y	*Low-Moderate
Selwyn et al., 2009	Adoption	Y	Y	Y	Y	Y	N	U	U	Y	Moderate
Wingfield et al., 2018	Adoption	Y	Y	Y	Y	Y	Y	Y	Y	Y	High

*Where ratings are split between two categories it is due to nuance in quality appraisals not captured by the categorical Y/N/U ratings.

- Q1: Was there a clear statement of the aims of the research?
- Q2: Is a qualitative methodology appropriate?
- Q3: Was the research design appropriate to address the aims of the research?
- Q4: Was the recruitment strategy appropriate to the aims of the research?
- Q5: Was the data collected in a way that addressed the research issue?
- Q6: Has the relationship between researcher and participants been adequately considered?
- Q7: Have ethical issues been taken into consideration?
- Q8: Was the data analysis sufficiently rigorous?
- Q9: Is there a clear statement of findings?

Appendix 11: CERQual assessment of confidence in the evidence summary – Adoptive parents

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
1	Facilitated peer support provides parents and carers with a much-needed space for emotional support, reciprocal learning, and feeling heard and seen	No or very Minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Though most contributing studies were of moderate or high quality there were inconsistencies in quality across studies and in general they lacked detail and clarity in reporting. Rationale and methodological approaches were often not well detailed. In two studies, ethical considerations were absent. Exploration of researcher reflexivity was largely absent across studies. In one study of low quality, the planned research design could not be implemented.	Minor concerns: The finding is widely supported by the data. However, a small minority reported contradictory findings.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Hewitt 2018, Selwyn 2009, Price 2023, Luckock 2017, Harold 2017, Grollman 2020

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
2	Providing a space to focus on parent and carer needs was and seen as useful	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Though moste studies contributing to this finding were of at least moderate quality, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed or justified. In some studies, the recruitment methods use introduced concerns or lacked clarity. In one study of low quality, the planned research design could not be implemented.	Minor concerns: The finding is widely supported by the data. However, a small minority reported contradictory findings.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Purrington 2025, Harold 2017, Cocker 2019, Wingfield 2019, Price 2023, Luckock 2017

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
3	Parents and carers value interventions that are structured but have room for flexibility, enabling facilitators to be responsive to individual needs	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Though most contributing studies were of high or moderate quality, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed or justified. In two studies, ethical considerations were absent. In one study of low quality, the planned research design could not be implemented.	No or very minor concerns: The finding is widely supported by the data, with little ambiguity or contradiction.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Harold 2017, Wingfield 2019, Price 2023, Hewitt 2018, Selwyn 2009, Grollman 2020

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
4	Facilitator warmth and genuine passion are vital to building trusting relationships, fostering engagement, and making participants feel valued.	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Though most contributing studies were of high or moderate quality, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed or justified. In places, recruitment procedures lacked clarity or were cause for concern. In two studies, ethical considerations were completely absent and in another, the planned research design could not be implemented.	No or very minor concerns: The finding is widely supported by the data, with little ambiguity or contradiction.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Hewitt 2018, Luckock 2017, Purrington 2025, Cocker 2019, Wingfield 2018, Selwyn 2009

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
5	Parents and carers value learning strategies that integrate theory and practice.	Minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Despite only one study being below moderate quality concerns remain as detail and clarity of reporting varied. Rationale and methodological approaches were not well detailed. Recruitment procedures lacked clarity in reporting or were cause for concern. In two studies, ethical considerations were completely absent and in all but two studies discussion of researcher reflexivity was absent.	Minor concerns: The finding is widely supported by the data with minimal ambiguity in some studies.	Major concerns: The finding is supported by multiple studies, but much of the data lacks depth and sufficiently rich detail.	**Low:** This finding was graded as low confidence due to the major concerns with data adequacy, as well as minor concerns regarding data coherence and the moderate methodological limitations of the supporting studies.	Harold 2017, Price 2023, Hewitt 2018, Luckock 2017, Purrington 2025, Cocker 2019

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
6	Parents and carers found interventions that address multiple areas of their lives and help to provide a network around the child useful.	Minor concerns: The studies contributing to this finding represented different regions and contexts in the UK (only in England).	Major concerns: Only two studies support this finding, both of low quality. The reporting in both studies lacks a lot of detail and clarity. Very little justification or rationale is given for methodological choices. Neither study discusses any ethical considerations.	Minor concerns: The finding is only supported By two studies so there is little ambiguity across the data.	Major concerns: The finding is only supported by two studies, and much of the data lacks depth and sufficiently rich detail.	**Low:** This finding was graded as low confidence due to the major concerns with data adequacy and methodological limitations of the two supporting studies. These major concerns along with the minor concerns regarding the coherence and relevance of the data mean this finding is of low confidence.	Grollman 2020, Harold 2017

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
7	Clear communication of the intervention aims and activities to referrers and participants, alongside a strengths-based approach to recruitment, is key to recruiting appropriate participants.	Moderate concerns: The study contributing to this finding only represented one local authority in the UK so while very relevant, the overall strength of relevance is poor.	Moderate concerns: The single contributing study lacked detail in the rationale and description of methodological choices. Furthermore, there was no reflection on ethical issues beyond reporting ethical approval and researcher reflexivity was not discussed.	Minor concerns: The finding is only supported by one study, in which there is minimal ambiguity within the data.	Major concerns: The finding is supported by only one study and the data lacks depth and richness in detail.	**Low:** This finding was graded as low confidence due to the major concerns related to adequacy of the data, as well as the minor concerns regarding data coherence and the moderate methodological limitations of the supporting studies.	Luckock 2017

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
8	Social worker and wider system support for an intervention tends to encourage attendance	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: All contributing studies are of moderate or low quality and lack Rationale and methodological approaches were not well detailed or justified. Three studies failed to report ethical considerations, and the planned research design of one study could not be implemented due to issues with recruitment.	Moderate concerns: The finding is largely supported by the data but there is ambiguity due to contradictions and inconsistencies across the data in places.	Major concerns: The finding is supported by a range of studies, some of which offer sufficiently rich detail though depth of description is lacking in places	**Low:** This finding was graded as low confidence because of the major concerns regarding the adequacy of the data, along with the moderate concerns regarding coherence and methodological limitations of the supporting studies.	Luckock 2017, Harold 2017, Cocker 2019, Selwyn 2009

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
9	More research is needed to understand how interventions work for different groups, particularly those from minoritised racial and cultural backgrounds	Minor concerns: Only a single study with samples drawn from multiple regions in the UK supports this finding. However, it is the lack of evidence that speaks to this finding more so than the supporting evidence.	No to minor concerns: Only one study contributes to this finding, and it is of moderate quality. However, this finding relies on a lack of evidence, so quality of this study is somewhat irrelevant.	No concern: There was little to no evidence supporting this finding, so ambiguity or contradictions are not an issue.	No concern: There was little to no evidence supporting this finding so lack of richness in the data is not an issue, the lack of any data, rich or otherwise, is the evidence.	**High:** Confidence is rated as high despite the lack of supporting evidence for this finding as it is the lack of evidence that indicates the accuracy of this finding.	Selwyn 2009
10	The assumption that primary caregivers are female can be a barrier to male caregivers, single women, and same-sex couples.	Minor concerns: The two studies contributing to this finding represented different regions and contexts in the UK however geographical coverage is somewhat limited given the small number of studies.	No to minor concerns: Only two studies contribute to this finding, one of high and one of low-moderate quality. However, this finding relies on lack of evidence, so quality of these studies is less important here.	No concern: There was little to no evidence supporting this finding, so ambiguity or contradictions are not an issue.	No concern: There was little to no evidence supporting this finding so lack of richness in the data is not an issue, the lack of any data rich or otherwise is the finding.	**High:** Confidence is rated as high despite the lack of supporting evidence for this finding as it is the lack of evidence that indicates the accuracy of this finding.	Luckock 2017, Selwyn 2009

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
11	Parents and carers have limited time; interventions need to be perceived as relevant and effective to maintain engagement	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting in places. Rationale and methodological approaches were often not well detailed, sample demographics missing and intervention descriptions lacked clarity. Furthermore, discussion of ethical considerations and researcher reflexivity was largely absent.	Minor concerns: The finding is largely supported by the data with very little ambiguity and few contradictions.	Moderate concerns: The finding is supported by multiple studies, but the data lacks sufficiently rich detail in places.	**Moderate:** This finding was graded as moderate confidence because of the moderate concerns regarding the coherence of the data, along with the minor concerns regarding relevance and adequacy and the moderate methodological limitations of the supporting studies.	Wingfield 2019, Price 2023, Purrington 2025, Luckock 2017, Harold 2017, Grollman 2020, Cocker 2019

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
12	Parents and caregivers most frequently reported benefits related to five areas:						
12.1	Understanding the need for self-care	No or very Minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: The quality of contributing studies varied significantly with detail and clarity lacking in places. Rationale and methodological approaches were not always well detailed or justified. Sample demographics were unclear or missing from two of the studies. Ethical considerations and reflections on researcher reflexivity was largely absent.	Minor concerns: The finding is widely supported by the data with minimal ambiguity in places.	Moderate concerns: The finding is supported by multiple studies, but the data lacks sufficiently rich detail in places.	**Moderate**: This finding was graded as moderate confidence because of the moderate concerns regarding the adequacy of the data and the methodological limitations of the supporting studies, along with the minor concerns regarding coherence of the supporting data.	Price 2023, Harold 2017, Selwyn 2009

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
12.2	Improvements in carers' abilities to slow down, engage in reflection and regulate their emotions before responding to children.	No or very Minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Though nearly all studies are of high or moderate quality, some lack detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics were missing, and ethical considerations absent in reporting from multiple studies.	No to minor concerns: The finding is Largely supported by the data with very little ambiguity and few contradictions.	No to minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Hewitt 2018, Wingfield 2019, Luckock 2017, Harold 2017, Selwyn 2009

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
12.3	Increased understanding of, empathy for and attunement to the child's needs, leads to more responsive and patient caregiving	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Quality of supporting studies varied a lot with a general lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed or justified. Discussion of ethical considerations was absent from three of the contributing studies.	No to minor concerns: The finding is largely supported by the data with very little ambiguity and few contradictions.	No to minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Hewitt 2018, Wingfield 2019, Harold 2017, Selwyn 2009, Price 2023, Cocker 2019

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
12.4	Increased carer's confidence in parenting and empowered them in their role.	No or very Minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Quality of supporting studies varied a lot with a general lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed or justified. Discussion of ethical considerations was absent from three of the contributing studies.	No or minor concerns: The finding is largely supported by the data with very little ambiguity or contradictions.	No or minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Hewitt 2018, Wingfield 2019, Purrington 2025, Harold 2017, Selwyn 2009, Cocker 2019

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual confidence in the findings	Studies contributing to the review
12.5	Improved foster carer/adoptive parent retention and/or placement stability	No or very minor concerns: The study contributing to this finding drew on a sample from across 7 geographically and economically diverse local authorities in the UK.	Major concerns: The single study contributing to this finding is low quality, lacking detail and clarity in reporting. Rationale and methodological approaches were not well detailed or justified.	No or minor concerns: The finding is supported by the data with little ambiguity or contradictions.	Major concerns: The finding is supported by only one quote within one study and as such the data lacks depth and richness in detail.	**Low:** This finding was graded as low confidence because of the major concerns regarding the adequacy of the data, along with the major concerns regarding methodological limitations of the supporting study.	Harold et al., 2017

Appendix 12: CERQual assessment of confidence in the evidence summary – Foster care

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
1	Facilitated peer support provides parents and carers with a much-needed space for emotional support, reciprocal learning, and feeling heard and seen	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Given the large number of studies contributing to the finding, there were inconsistencies in quality across studies. While some were of high quality, others lacked detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. In some studies recruitment and data collection procedures were unclear or not describe at all. Discussion of researcher reflexivity was largely absent across studies.	Minor concerns: The finding is widely supported by the data. However, a small minority reported contradictory findings.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Knibbs 2016, McDermid 2016, Midgley 2019, Midgley 2021, Katangwe-Chigamba 2025, Grollman 2020, Channon 2020, Madigan 2017, Redfern 2024, Cameron 2020, Herbert and Wookey 2007, Bywater 2011, Ott 2020, Rees 2022, Oliveira 2022

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
2	Providing a space to focus on parent and carer needs was and seen as useful	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. Discussion of researcher reflexivity was largely absent.	Minor concerns: The finding is widely supported by the data. However, a small minority reported contradictory findings.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Katangwe-Chigamba 2025, Grollman 2020, Ott 2020, Rees 2022, Knibbs 2016, McDermid 2016, Midgley 2019, Midgley 2021, Oliveira 2022, Madigan 2017
3	Parents and carers value interventions that are structured but have room for flexibility, enabling facilitators to be responsive to individual needs	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, and recruitment and data collection procedures lacked clarity and detail where reported. Discussion of researcher reflexivity was largely absent across all studies.	No or very minor concerns: The finding is widely supported by the data, with little ambiguity or contradiction.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Bywater 2011, Knibbs 2016, Channon 2020, Rees 2022, Ott 2020, McDermid 2016, Oliveira 2022, Cameron 2020, Midgley 2019, Midgley 2021, Katangwe-Chigamba 2025, Connolly 2021

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
4	Facilitator warmth and genuine passion are vital to building trusting relationships, fostering engagement, and making participants feel valued.	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: While over half the studies contributing to the finding are of high or moderate quality, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not detailed, sample demographics missing and intervention descriptions lacked clarity. In some cases, recruitment and data collection procedures lacked clarity or were not detailed at all. Discussion of researcher reflexivity was largely absent.	No or very minor concerns: The finding is widely supported by the data, with little ambiguity or contradiction.	No or very minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Knibbs 2016, Channon 2020, Rees 2022, Ott 2020, Herbert 2007, Cameron 2020, Midgley 2019, Midgley 2021, Katangwe-Chigamba 2025

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
5	Parents and carers value learning strategies that integrate theory and practice.	Minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: Detail and clarity of reporting varied across studies. Rationale and methodological approaches were not well detailed in some studies, recruitment and data collection lacked clarity or were missing completely, sample demographics were often missing and intervention descriptions lacked detail in places. Discussion of researcher reflexivity was largely absent across all studies.	Minor concerns: The finding is widely supported by the data with minimal ambiguity in some studies.	Minor concerns: The finding is supported by a range of studies, some of which offer sufficiently rich detail though depth of description is lacking in places.	**Moderate:** This finding was graded as moderate confidence due some missing richness in the data supporting it, minor concerns regarding relevance and coherence and moderate concerns regarding methodological limitations of the supporting studies.	Knibbs 2016, Channon 2020, Rees 2022, McDermid 2022, Herbert 2007, Katangwe-Chigamba 2025, Midgley 2019, Oliveria 2022
6	Parents and carers found interventions that address multiple areas of their lives and help to provide a network around the child useful.	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. Furthermore, discussion of researcher reflexivity was largely absent.	Minor concerns: The finding is widely supported by the data with some ambiguity.	High concerns: The finding is supported by multiple studies, but much of the data lacks depth and sufficiently rich detail.	**Low:** This finding was graded as low confidence because of missing richness in the data, as well as the minor concerns regarding the coherence of the data and the moderate methodological limitations of the supporting studies.	McDermid 2016, Rees 2022, Grollman 2020, Midgley 2019, Ott 2020

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
7	Clear communication of the intervention aims and activities to referrers and participants, alongside a strengths-based approach to recruitment, is key to recruiting appropriate participants.	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Minor concerns: Most contributing studies were of moderate or high quality. Despite this, some studies lacked detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, recruitment and data collection procedures unclear and sample demographics missing in places. Discussion of researcher reflexivity was largely absent.	Minor concerns: The finding is Widely supported by the data with minimal ambiguity in some places.	Moderate concerns: The finding is supported by multiple studies, but the data lacks sufficiently rich detail in places.	**Moderate:** This finding was graded as moderate confidence because of missing richness in the data, as well as the minor concerns regarding the coherence of the data and methodological limitations of the supporting studies.	Moody 2021, Channon 2020, Ott 2020, Oliveria 2022, Rees 2022, Luke 2025, McDermid 2016

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
8	Social worker and wider system support for an intervention tends to encourage attendance	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: While only two contributing studies fall below a moderate quality, there was a lack of detail and clarity in reporting across studies. Rationale and methodological approaches were often not well detailed, recruitment and data collection procedures lacked clarity and sample demographics were often missing. Furthermore, discussion of ethical considerations and researcher reflexivity was largely absent across studies.	Moderate concerns: The finding is largely supported by the data with some ambiguity due to contradictions and inconsistencies across the data in places.	Minor concerns: The finding is supported by a range of studies, some of which offer sufficiently rich detail though depth of description is lacking in places	**Moderate:** This finding was graded as moderate confidence because of the moderate concerns regarding the coherence of the data, along with the minor concerns regarding relevance and adequacy and the moderate methodological limitations of the supporting studies.	Knibbs 2016, Luke 2025, Ott 2020, Rees 2022, McDermid 2022, Oliveria 2022, Channon 2020
9	More research is needed to understand how interventions work for different groups, particularly those from minoritised racial and cultural backgrounds	Moderate concerns: Only a single study from England supports this finding but it is the lack of evidence that speaks to this statement more so than the supporting evidence.	No to minor concerns: Only one study contributes to this finding, and it is of low-moderate quality. However, this finding relies on lack of evidence, so quality of this study is somewhat irrelevant.	No concern: There was little to no evidence supporting this finding, so ambiguity or contradictions are not an issue.	No concern: There was little to no evidence supporting this finding so lack of richness in the data is not an issue, the lack of any data rich or otherwise is the finding.	**High:** Confidence is rated as high despite the lack of supporting evidence for this finding as it is the lack of evidence that indicates the accuracy of this finding.	McDermid 2016

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
10	The assumption that primary caregivers are female can be a barrier to male caregivers, single women, and same-sex couples.	Minor concerns: The two studies contributing to this finding represented different regions and contexts in the UK however geographical coverage is somewhat limited given the small number of studies.	No to minor concerns: Only two studies contribute to this finding, one of high and one of low-moderate quality. However, this finding relies on lack of evidence, so quality of these studies is less important here.	No concern: There was little to no evidence supporting this finding, so ambiguity or contradictions are not an issue.	No concern: There was little to no evidence supporting this finding so lack of richness in the data is not an issue, the lack of any data rich or otherwise is the finding.	**High:** Confidence is rated as high despite the lack of supporting evidence for this finding as it is the lack of evidence that indicates the accuracy of this finding.	Rees 2022, Katangwe-Chigamba 2025
11	Parents and carers have limited time; interventions need to be perceived as relevant and effective to maintain engagement	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. Discussion of researcher reflexivity was largely absent.	Minor concerns: The finding is largely supported by the data with very little ambiguity and few contradictions .	Moderate concerns: The finding is supported by multiple studies, but the data lacks sufficiently rich detail in places.	**Moderate:** This finding was graded as moderate confidence because of the moderate concerns regarding the coherence of the data, along with the minor concerns regarding relevance and adequacy and the moderate methodological limitations of the supporting studies.	Katangwe-Chigamba 2025, Ott 2020, Knibbs 2016, Redfern 2023, Bywater 2011, Midgley 2019, Channon 2020, Cameron 2020, Madigan 2017, Oliveria 2022, Rees 2002

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
12	Parents and caregivers most frequently reported benefits related to five areas:						
12.1	Understanding the need for self-care	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. Furthermore, discussion of ethical considerations and researcher reflexivity was largely absent.	Minor concerns: The finding is widely supported by the data with minimal ambiguity in places.	Moderate concerns: The finding is supported by multiple studies, but the data lacks sufficiently rich detail in places.	**Moderate:** This finding was graded as moderate confidence because of the moderate concerns regarding the adequacy of the data and the methodological limitations of the supporting studies, along with the minor concerns regarding coherence of the supporting data.	Knibbs 2016, Rees 2022, Katangwe-Chigamba 2025, Madigan 2017, Midgley 2021, Midgley 2019, Cameron 2020

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
12.2	Improvements in carers' abilities to slow down, engage in reflection and regulate their emotions before responding to children.	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. Furthermore, discussion of ethical considerations and researcher reflexivity was largely absent.	No to minor concerns: The finding is largely supported by the data with very little ambiguity or contradictions .	No to minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Knibbs 2016, Herbert 2007, Katangwe-Chigamba 2025, Oliveria 2022, Rees and 2022, Madigan 2017, Midgley 2019, Midgley 2021, Cameron 2020, Channon 2020
12.3	Increased understanding of, empathy for and attunement to the child's needs, leads to more responsive and patient caregiving	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. Furthermore, discussion of researcher reflexivity was largely absent.	No to minor concerns: The finding is largely supported by the data with very little ambiguity or contradictions .	No to minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Knibbs 2016, Luke 2025, Katangwe-Chigamba 2025, Oliveria 2022, Rees 2022, Madigan 2017, Midgley 2019 Midgley 2021, Cameron 2020, Channon 2020

Finding statement	Summary	Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence	Studies contributing to the review
12.4	Increased carer's confidence in parenting and empowered them in their role.	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, sample demographics often missing and intervention descriptions lacked clarity. Discussion of researcher reflexivity was largely absent.	No to minor concerns: The finding is largely supported by the data with very little ambiguity or contradictions .	No to minor concerns: The finding is widely supported by a range of studies which offer sufficiently rich detail.	**High:** This finding was graded as high confidence due to the richness of the data supporting it, only minor concerns regarding relevance and coherence and only moderate concerns regarding methodological limitations of the supporting studies.	Knibbs 2016, Luke 2025, Katangwe-Chigamba 2025, Oliveria 2022, Rees 2022, Madigan 2017, Midgley 2019, Midgley 2021, Cameron 2020, Channon 2020
12.5	Improved foster carer retention and/or placement stability	No or very minor concerns: The studies contributing to this finding represented different regions and contexts in the UK.	Moderate concerns: In some of the studies contributing to the finding, there was a lack of detail and clarity in reporting. Rationale and methodological approaches were often not well detailed, recruitment and data collection procedures unclear, sample demographics missing and intervention descriptions sparse. Discussion of researcher reflexivity was largely absent.	Minor concerns: The finding is widely supported by the data with minimal ambiguity in places.	Moderate concerns: The finding is supported by multiple studies, but the data lacks sufficiently rich detail in places.	**Moderate:** This finding was graded as moderate confidence because of the moderate concerns regarding the adequacy of the data and the methodological limitations of the supporting studies, along with the minor concerns regarding coherence of the supporting data.	Knibbs 2016, Luke 2025, Katangwe-Chigamba 2025, Herbert 2007, Ott 2020, McDermid 2016