

EVIDENCE ANNEX

Support for Foster Carers Practice Guide

Introduction

This Annex sets out the evidence underpinning each of the seven recommendations specified in the Foster Care Practice Guide. Influenced by our evidence toolkit standards, the table pulls out the key methodological information which defines the strength of evidential certainty behind our recommendations. It also identifies the qualitative evidence which underpins our principles. A [reference list](#) of studies is provided.



Department
for Education

For more information on the evidence underpinning this Guide:

- Technical annex on methodology: foundations.org.uk/wp-content/uploads/2026/05/foster-care-practice-guide-technical-annex.pdf
- Systematic review: foundations.org.uk/our-work/publications/equity-focused-systematic-review-interventions-foster-carers-adoptive-parents

Go to the Foster Care Practice Guide: foundations.org.uk/toolkit/practice-guides/foster-care

Find out more about the series of Practice Guides: foundations.org.uk/toolkit/practice-guides



Evidence underpinning recommendations (narrative synthesis)

Recommendation 1. Provide foster carers with evidence-based multi-level support to improve a range of outcomes [*Strong*]

Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Blair 2018; Mersky et al, 2015; Mersky et al, 2016	RCT	Intervention: 83 Control: 46	Foster carers and children in a licensed, nonrelative foster home in the United States. Children were between three and six years old, and scored in the clinical range for externalising problems on the Eyberg Child-Behaviour Inventory (ECBI) according to foster carer ratings	Low	<p>Mersky et al (2015; 2016) and Blair (2018) evaluated Parent–Child Interaction Therapy (PCIT) by comparing three conditions: brief PCIT, extended PCIT and a wait-list control.</p> <p>The Eyberg Child Behaviour Inventory (ECBI) was used to measure disruptive behaviours at baseline, eight weeks post-baseline and 14 weeks post-baseline.</p> <p>A small but significant intervention effect was found for ECBI Problem behaviour scores, with the combined PCIT groups showing both a greater overall decrease over time (linear $p = .006$, $ES = .06$) and a more pronounced early improvement compared with the control group (quadratic $p = .004$, $ES = .07$).</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>Permanency was measured using administrative data in the 12 months following baseline. Permanent placements were defined as adoption, guardianship or reunification.</p> <p>Children in the combined intervention groups were significantly more likely to achieve permanence within 12 months post-baseline than those in the control group ($p = .030$; 95% CI [1.10, 6.31]).</p>
Midgley et al, 2026	RCT	Intervention: 271 Control: 253	Foster carers (including kinship carers) of a child aged four to 13 years	Low	<p>Midgley et al (2026) evaluated the Reflective Fostering Programme, comparing to business-as-usual support.</p> <p>The Parental Reflective Functioning Questionnaire (PRFQ) was used to measure carer capacity for reflective functioning with three subscales: pre-mentalizing states of mind, certainty about mental states and interest/curiosity. The three subscales of the Professional Quality of Life Questionnaire (PQoL): compassion fatigue, secondary traumatic stress and burnout was also</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>used. The Parenting Stress Index (PSI) – Short Form was used to measure caregiver functioning, the functioning of the child and the level of stress in the caregiver–child relationship. Carer defined problems were measured using the Carer Defined Problems Scale. Carers identified the three most significant concerns/problems in relation to the child in their care and indicated the severity of each. Outcomes were measured at baseline, four months (post-intervention) and 12 months post-baseline.</p> <p>In relation to mentalizing (parental reflective functioning) capacity, those in the intervention group had a statistically significant greater increase in their ‘interest and curiosity’ in the child at four (p=0.005) and 12 months (p=0.009). The intervention group also had a statistically significant decrease in their use of ‘pre-mentalizing’ modes of thinking at four months (p=0.047), but not 12 months. The third subscale of the PRFQ, certainty about mental states, was not statistically significant at either 4 or 12 months.</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>No statistically significant differences between the two groups were found in relation to any aspects of parenting stress (PSI) or professional quality of life (PQoL) at four months, but by 12 months carers in the intervention arm showed small but statistically significant greater reductions in 'parental distress' (p=0.003), as well as in 'parent-child dysfunctional interaction' (p=0.014) (both subscales of the PSI). They also reported small but significantly lower levels of carer burnout (p=0.001) and of secondary traumatic stress (p=0.030) (two of the three scales on the PQoL) at 12 months. There were no significant differences between the two groups at 12 months in relation to 'compassion fatigue' (PQoL) or the reporting of the 'difficult child' subscale of the PSI.</p> <p>The intervention group showed statistically significant improvements in carer defined problems at four months (p = .015), compared to usual care (but the difference was</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					no longer statistically significant at 12 months).
Chamberlain, Moreland and Reid, 1992	RCT	Intervention: 31 Control: 41	Children aged 4 to 7 years in foster care between 1988 and 1990 in the United States and their foster parents. Children were expected to have been in care for at least three months	Some concerns	<p>Chamberlain, Moreland and Reid (1992) evaluated Enhanced Support & Training (EST) through three group comparisons: carers who received enhanced support and training plus an extra \$70/month (n = 31), carers who received the extra \$70/month only (n = 14), and carers receiving no added support or payment (n = 27).</p> <p>Child behavioural problems were measured using the Parent Daily Report (PDR) at baseline and 3 months post-baseline.</p> <p>Placement stability was measured using administrative data to establish the number of successful days in care. A “successful” day meant the child remained in their study foster home; days were considered “unsuccessful” if the child ran away, moved to another foster home, or was placed in residential care. This was measured over the two-year study period.</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					The ES&T intervention group showed a significantly larger reduction in children's daily problem behaviours when compared to the other two conditions (but p-value was not reported). Children in the intervention group experienced significantly more successful days in care than those in the other two study conditions ($F = 3.45, p < .04$).



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Farmer et al, 2010	RCT	Intervention: 137 Control: 110	Children and young people who lived in treatment foster care homes and their treatment parents in the United States	Some concerns	<p>Farmer (2010) evaluated Together Facing the Challenge (TFTC) by comparing the programme with a business-as-usual control group.</p> <p>Child emotional and behavioural wellbeing was measured using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score, the Parent Daily Report (PDR) and the Behavioural and Emotional Rating Scale (BERS). Outcomes were measured at baseline, 6-month and 12-month follow up.</p> <p>Rates of change on the PDR, SDQ and BERS were all significantly greater for the intervention group than the control group. At 6 months, these group-by-time effects were significant for all three measures (PDR $p < .01$, SDQ $p < .001$, BERS $p < .05$). At 12 months, the effect remained significant only for the PDR ($p < .01$).</p>
Lynch et al, 2017; Pears	RCT	Intervention: 113 Control: 106	Children in relative or nonrelative foster care and their carers in the	Some concerns	Lynch et al (2017); and Pears (2012; 2013; 2016) evaluated Kids in Transition to



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
2012, 2013, 2016;			United States who are entering their first year of school		<p>School (KITS) by comparing the programme with a business-as-usual control group.</p> <p>Early literacy skills were measured using subtests of the Dynamic Indicators of Basic Early Literacy Skills (DIBELS), the Concepts About Print Test and a caregiver rating of pre-reading skills measure developed for the study. Child self-regulation was measured using composite scores for inhibitory control, behavioural regulation and emotional regulation derived from Children’s Behavior Questionnaire (CBQ) subscales, Brief Rating Inventory of Executive Function-Preschool Version (BRIEF-P) subscales, two direct tasks (Go/No-Go; Flanker), Child Behaviour Checklist (CBCL) subscales and Emotion Regulation Checklist (ERC) subscales. Measures were administered at baseline (T1, beginning of summer prior to school), and T2 (end of summer prior to school entry).</p> <p>The intervention group showed statistically significant improvements in early literacy</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>skills ($p < .05$, ES: .26) and self-regulation ($p < .05$, ES: .18).</p> <p>Internalising and externalising child behaviour were measured using the Child Behaviour Checklist (CBCL) which was used to calculate days free from internalising behaviour (IFD) and days free from externalising behaviour (EFD) over 12 months.</p> <p>The intervention group showed significant improvements in both internalising and externalising behaviours compared with the foster care control group (FCC), with significantly higher IFDs (M = 310.5, SD = 78.8 vs. FCC M = 284.5, SD = 101.5; $p = .016$) and significantly higher EFDs (M = 218.6, SD = 102.4 vs. FCC M = 192.0, SD = 104.6; $p = .049$).</p> <p>Positive attitudes towards alcohol use were measured using an adapted version of the Monitoring the Future National Survey Questionnaire. Positive attitudes towards antisocial behaviour were measured using a</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>2-item measure created for this study. Self-competence was measured using the Global Self-Worth Scale of the Self-Perception Profile for Children (SPPC). Measures were administered in third grade when children were 9 years old, approximately 4 years after the intervention.</p> <p>There were significant reductions in positive attitudes towards alcohol use ($p < .05$) and positive attitudes toward antisocial behaviour ($p < .05$), as well as significant improvements in self-competence ($p < .01$) when comparing the intervention with the control group.</p>
Ott et al, 2020	QED	Intervention: 288 Control: 2,968	3,256 fostering households in the United Kingdom	Some concerns	Ott et al (2020) evaluated the Mockingbird Home Hub Model identifying a matched comparison group of families who did not receive the programme but were similar on key characteristics, comparing outcomes between the two groups.



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>Carer retention and placement options were measured using administrative data from the Ofsted fostering dataset.</p> <p>There were significant positive effects on foster carer retention and placement options. Households participating in Mockingbird were less likely to de-register than those who were not participating in the programme ($p < 0.001$) between 2016/17 and 2018/19. Households participating in Mockingbird were also less likely to have an unavailable placement than those who were not participating ($p = .004$ unadjusted; $p = .03$ adjusted).</p>



Recommendation 2. Provide foster carers with evidence- based positive child behaviour support to improve children’s behavioural outcomes [Strong]

Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Mersky et al, 2015; Mersky et al, 2016	RCT	Intervention: 83 Control: 46	Foster carers and children in a licensed, nonrelative foster home in the United States. Children were between 3 and 6 years old and scored in the clinical range for externalising problems on the Eyberg Child-Behaviour Inventory (ECBI) according to foster carer ratings	Low	<p>Mersky et al (2015; 2016) evaluated Parent-Child Interaction Therapy (PCIT) by comparing three conditions: brief PCIT, extended PCIT and a wait-list control.</p> <p>The Eyberg Child Behaviour Inventory (ECBI) was used to measure disruptive behaviours at baseline, 8 weeks post-baseline and 14 weeks post-baseline.</p> <p>A small but significant intervention effect was found for reduced ECBI Problem behaviour scores, with the combined PCIT groups showing both a greater overall decrease over time (linear $p = .006$, $ES = .06$) and a more pronounced early improvement compared with the control group (quadratic $p = .004$, $ES = .07$).</p>
Moody et al, 2020	RCT	Intervention: 204 Control: 108	Foster or kinship carers currently looking after children	Low	Moody et al (2020) evaluated Fostering Changes by comparing the programme to a business-as-usual control group.



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
			aged 2+ years for at least 12 weeks in Wales		<p>Child behaviour and emotional wellbeing was measured using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score measured at baseline, 3 months and 12 months.</p> <p>There were small but statistically significant differences in carer reported child emotional and behavioural wellbeing favouring the intervention. The time × trial arm interaction for the SDQ Total Difficulties score was 1.90 (0.07–3.72, p = .04) indicating greater improvement in the intervention group over the first three months. This effect had diminished by 12 months.</p>
Briskman, 2010	RCT	Intervention: 34 Control: 29	Foster carers caring for a child aged 2-12 years old in England	Some concerns	<p>Briskman et al (2010) evaluated Fostering Changes by comparing the programme with a wait-list control group.</p> <p>The carer established a ‘target’ child considered to be exhibiting the most challenging behaviour pre-intervention. Child behavioural problems were measured using the Carer Defined Problem Scale, and child</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>emotional and behavioural wellbeing using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score at baseline and follow-up (3 months post randomisation).</p> <p>There were significant effects for carer defined child behaviour problems (whole sample: effect size = 0.95 SD, p = .003; target children: effect size = .99, p = .006) and a small to moderate effect on emotional and behavioural wellbeing as measured by the SDQ Total Difficulties (whole sample: effect size = 0.3, p = .027; target children: effect size = 0.32 SD, p = .03).</p>
Chamberlain, Moreland and Reid, 1992	RCT	Intervention: 31 Control: 41	Children aged 4 to 7 years in foster care between 1988 and 1990 in the United States and their foster parents. Children were expected to have been in care for at least three months	Some concerns	Chamberlain, Moreland and Reid (1992) evaluated Enhanced Support & Training (EST) through three group comparisons: carers who received enhanced support and training plus an extra \$70/month (n = 31), carers who received the extra \$70/month only (n = 14), and carers receiving no added support or payment (n = 27).



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>Child behavioural problems were measured using the Parent Daily Report (PDR) at baseline and 3-months post-baseline.</p> <p>The ES&T intervention group showed a significantly larger reduction in children's daily problem behaviours when compared to the other two conditions (but p-value was not reported).</p>
Farmer et al, 2010	RCT	Intervention: 137 Control: 110	Children and young people who lived in treatment foster care homes and their treatment parents in the United States	Some concerns	<p>Farmer (2010) evaluated Together Facing the Challenge (TFTC) by comparing the programme with a business-as-usual control group.</p> <p>Child emotional and behavioural wellbeing was measured using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score, the Parent Daily Report (PDR) and the Behavioural and Emotional Rating Scale (BERS). Outcomes were measured at baseline, 6-month and 12-month follow up.</p> <p>There were significant improvements in children's emotional and behavioural</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>wellbeing for those in the intervention group. Rates of change on the PDR, SDQ and BERS were all significantly greater for the intervention group than the control group. At 6 months, these group-by-time effects were significant for all three measures (PDR $p < .01$, SDQ $p < .001$, BERS $p < .05$). At 12 months, the effect remained significant only for the PDR ($p < .01$).</p>
Kim and Leve, 2011; 2013	RCT	Intervention: 48 Control: 52	Girls aged 10 to 12 years in nonrelative or relative foster care and their foster carers in the United States	Some concerns	<p>Kim and Leve (2011; 2013) evaluated Middle School Success (MSS) by comparing the programme to a business-as-usual control group.</p> <p>Prosocial behaviour was measured using a subscale from the Parent Daily Report Checklist (PDR). Outcomes were measured at baseline, 6-months (T2), 12 months (T3), 24 months (T4) and 36 months (T5) post-baseline.</p> <p>There was a significant intervention effect on prosocial behaviour, based on the composite of T2 and T3 assessments, with girls</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					in the intervention group showing higher prosocial behaviour than those in the control group ($t(97) = -2.25, p = .03$) with a small-moderate effect size ($d = .46$).
Lynch et al, 2017	RCT	Intervention: 113 Control: 106	Children in relative or nonrelative foster care and their carers in the United States who are entering their first year of school.	Some concerns	<p>Lynch et al (2017) evaluated Kids in Transition to School (KITS) by comparing the programme with a business-as-usual control group.</p> <p>Internalising and externalising child behaviour were measured using the Child Behaviour Checklist (CBCL) which was used to calculate days free from internalising behaviour (IFD) and days free from externalising behaviour (EFD) over 12 months.</p> <p>The intervention group showed significant improvements in both internalising and externalising behaviours compared with the foster care control group (FCC), with significantly higher IFDs ($M = 310.5, SD = 78.8$ vs. FCC $M = 284.5, SD = 101.5; p = 0.016$) and significantly higher EFDs ($M = 218.6, SD$</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					= 102.4 vs. FCC M = 192.0, SD = 104.6; p = 0.049).
Price et al, 2015	RCT	Intervention: 179 Control: 175	Foster and kinship families in the United States caring for children between the ages of 5 and 12 years	Some concerns	<p>Price et al (2015) evaluated Keeping Foster Parents Trained and Supporting (KEEP) by comparing the programme with a business-as-usual control group.</p> <p>Child behaviour problems were measured using the Parent Daily Report Checklist (PDR) at baseline and post-intervention (18-20 weeks post-baseline).</p> <p>There was a significant group × time effect, with the intervention group showing a greater reduction in child behaviour problem scores over time than the control group for both the focal child (B = -0.73, p = .033) and the sibling (B = -0.55, p < .001).</p>



Recommendation 3. Offer evidence-based training to support consistent foster carer-child interactions, to improve children’s development and wellbeing [Good]

Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Moody et al, 2020	RCT	Intervention: 204 Control: 108	Foster or kinship carers currently looking after children aged 2+ years for at least 12 weeks in Wales	Low	<p>Moody et al (2020) evaluated Fostering Changes by comparing the programme to a business-as-usual group.</p> <p>Child behaviour and emotional wellbeing was measured using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score measured at baseline, 3 months and 12 months.</p> <p>There were small but statistically significant differences in carer reported child emotional and behavioural wellbeing favouring the intervention. The time × trial arm interaction for the SDQ Total Difficulties score was 1.90 (0.07–3.72, p = .04) indicating greater improvement in the intervention group over the first three months. This effect had diminished by 12 months.</p>
Alfano et al, 2024	RCT	Intervention: 22	Foster carers and adoptive parents of	Some concerns	Alfano et al (2024) evaluated Sleep and Adjustment in Foster Environments for



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
		Control: 23	children aged 2 to 5 years in the United States		<p>Toddlers and Preschoolers (SAFE-T) by comparing the programme with an active control condition known as ‘Sleep Education Support’ (SES).</p> <p>Child behaviour was measured using the Child Behaviour Checklist preschool form (CBCL). Children's sleep disturbances were measured using the Children's Sleep Habits Questionnaire (CSHQ). Carers also completed weekly diaries to record children's sleep patterns. Measures were assessed at baseline, post-intervention (T2) and 3 months follow-up (T3).</p> <p>The SAFE-T group scored significantly lower than the SES group on CBCL Internalizing behaviours at T2 with a large effect size ($g = -0.99$, 95% CI [-1.58, -0.37]), but no significant effects at T3.</p> <p>There was a significant and large effect on CSHQ total sleep disturbance scores favouring the SAFE-T group at both T2 ($g = -$</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>0.95 [-1.54, -0.32]) and T3 (g =-0.81 [-1.39, -0.20]).</p> <p>Caregivers in the SAFE-T group reported significantly longer nighttime sleep duration compared to the active control at T2 based on medium effect size (g=0.66, 95% CI [0.02, 1.27]). This was non-significant at T3.</p>
Briskman, 2010	RCT	Intervention: 34 Control: 29	Foster carers caring for a child aged 2-12 years old in England	Some concerns	<p>Briskman et al (2010) evaluated Fostering Changes by comparing the programme with a wait-list control group.</p> <p>The carer established a ‘target’ child considered to be exhibiting the most challenging behaviour pre-intervention. The child’s emotional and behavioural wellbeing was measured using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score at baseline and follow-up (3 months post randomisation).</p> <p>There was a small to moderate significant effect on emotional and behavioural wellbeing as measured by the SDQ Total</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					Difficulties score (whole sample: effect size = 0.3, p = .027; target children: effect size = 0.32 SD, p = .03).
Farmer, 2010	RCT	Intervention: 137 Control: 110	Children and young people who lived in treatment foster care homes and their treatment parents in the United States	Some concerns	<p>Farmer (2010) evaluated Together Facing the Challenge (TFTC) by comparing the programme with a business-as-usual control group.</p> <p>Child emotional and behavioural wellbeing was measured using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score, the Parent Daily Report (PDR) and the Behavioural and Emotional Rating Scale (BERS). Outcomes were measured at baseline, 6-month and 12-month follow up.</p> <p>There were significant improvements in children’s emotional and behavioural wellbeing for those in the intervention group. Rates of change on the PDR, SDQ and BERS were all significantly greater for the intervention group than the control group. At 6 months, these group-by-time effects were significant for all three measures (PDR p < .01,</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					SDQ $p < .001$, BERS $p < .05$). At 12 months, the effect remained significant only for the PDR ($p < .01$).
Lynch et al, 2017; Pears 2012, 2013, 2016;	RCT	Intervention: 113 Control: 106	Children in relative or nonrelative foster care and their carers in the United States who are entering their first year of school	Some concerns	<p>Lynch et al (2017); and Pears (2012; 2013; 2016) evaluated Kids in Transition to School (KITS) by comparing the programme with a business-as-usual control group.</p> <p>Early literacy skills were measured using subtests of the Dynamic Indicators of Basic Early Literacy Skills (DIBELS), the Concepts About Print Test and a caregiver rating of pre-reading skills measure developed for the study. Child self-regulation was measured using composite scores for inhibitory control, behavioural regulation and emotional regulation derived from Children’s Behavior Questionnaire (CBQ) subscales, Brief Rating Inventory of Executive Function-Preschool Version (BRIEF-P) subscales, two direct tasks (Go/No-Go; Flanker), Child Behaviour Checklist (CBCL) subscales and Emotion Regulation Checklist (ERC) subscales. Measures were administered</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>at baseline (T1, beginning of summer prior to school), and T2 (end of summer prior to school entry).</p> <p>The intervention group showed statistically significant improvements in early literacy skills ($p < .05$, ES: .26) and self-regulation ($p < .05$, ES: .18).</p> <p>Internalising and externalising child behaviour were measured using the Child Behaviour Checklist (CBCL) which was used to calculate days free from internalising symptoms (IFD) and days free from externalising behaviour (EFD) over 12 months.</p> <p>The intervention group showed significant improvements in both internalising and externalising behaviours compared with the foster care control group (FCC), with significantly higher IFDs (M = 310.5, SD = 78.8 vs. FCC M = 284.5, SD = 101.5; $p = 0.016$) and significantly higher EFDs (M = 218.6, SD = 102.4 vs. FCC M = 192.0, SD = 104.6; $p = .049$).</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>Positive attitudes towards alcohol use was measured using an adapted version of the Monitoring the Future National Survey Questionnaire. Positive attitudes towards antisocial behaviour was measured using a 2-item measure created for this study. Self-competence was measured using the Global Self-Worth Scale of the Self-Perception Profile for Children (SPPC). Measures were administered in third grade when children were 9 years old, approximately 4 years after the intervention.</p> <p>There were significant reductions in positive attitudes towards alcohol use ($p < .05$) and positive attitudes toward antisocial behaviour ($p < .05$), as well as significant improvements in self-competence ($p < .01$) when comparing the intervention with the control group.</p>
Sprang, 2009	RCT	Intervention: 29 Control: 29	Foster parents and children who had experienced severe maltreatment	Some concerns	Sprang (2009) evaluated Attachment and Biobehavioural Catch-up (ABC) by comparing the programme with a waitlist control group.



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
			<p>(resulting in termination of parental rights) and who had disruptions in their primary attachment relationships during their early years (0–5 years of age). Caregiver-child dyads were eligible for participation if the identified child was younger than six years of age</p>		<p>Child internalising and externalising behaviour was measured using the Child Behaviour Checklist (CBCL) at baseline and post-intervention.</p> <p>The intervention group showed significant improvements in both internalising (p = .05) and externalising behaviours (p = .01) when compared to the control group. The treatment group also showed significantly greater improvements over time for externalising behaviours (p = .01), and internalising behaviours (p = .01) compared with the control group. This means that not only did the treatment group have better scores at follow-up, but they also improved more over time than the control group.</p>



Recommendation 4. Provide foster carers with evidence-based self-care skills and positive child behaviour support to improve carer wellbeing [Good]

Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Moody et al, 2020	RCT	Intervention: 204 Control: 108	Foster or kinship carers currently looking after children aged 2+ years for at least 12 weeks in Wales	Low	<p>Moody et al (2020) evaluated Fostering Changes by comparing the programme to a business-as-usual control group.</p> <p>Carers' coping strategies were measured using the Carers' Coping Strategies scale (CCS), at baseline, 3 months and 12 months.</p> <p>Small but statistically significant differences in carer coping strategies (CCS) over time favoured the intervention. The time × trial arm interaction was -1.81 (-3.60 to -0.02, $p = .048$) for CCS. These effects were evident at three months but diminished by 12 months.</p>
Briskman, 2010	RCT	Intervention: 34 Control: 29	Foster carers caring for a child aged 2-12 in England	Some concerns	<p>Briskman et al (2010) evaluated Fostering Changes by comparing the programme with a wait-list control group.</p> <p>Carer coping strategies were measured using the Carer Coping Strategies (CCS) scale at baseline and follow-up (3 months post-randomisation).</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					Parents in the intervention group showed significant improvements in carer coping strategies (CCS) when compared to the control group (p = .011, ES = 0.5).
Maaskant et al, 2016; 2017	RCT	Intervention: 47 Control: 41	Foster parents in the Netherlands, caring for children aged 4-12 years who demonstrate severe externalising behaviour. Foster parents who reported a mean number of more than five different types of problem behaviour each day on the Parent Daily Report (PDR) during recruitment screening were eligible to participate	Some concerns	<p>Maaskant et al (2016; 2017) evaluated Parent Management Training Oregon (PMTO) by comparing the programme with a business-as-usual control group.</p> <p>Parenting stress was measured using the Parenting Stress Index-Revised (PSI-R) at baseline and post-intervention (10 months post-baseline).</p> <p>PMTO produced reductions in parenting stress, but these reductions were consistently larger and only significant for foster mothers, not for foster fathers. Total parenting stress decreased for mothers (-0.48) and for fathers to a smaller degree (-0.23). Child-related parenting stress showed a similar pattern, with reductions for mothers (-0.34) and fathers (-0.29). The clearest effect was in parent-related parenting stress, where mothers</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					showed a substantial reduction (-0.54) and fathers a smaller reduction (-0.14).
Price et al, 2015	RCT	Intervention: 179 Control: 175	Foster and kinship families in the United States caring for children between the ages of 5 and 12 years	Some concerns	<p>Price et al (2015) evaluated Keeping Foster Parents Trained and Supporting (KEEP) by comparing the programme with a business-as-usual control group.</p> <p>Child behaviour problems and associated parental stress were measured using the Parent Daily Report Checklist (PDR) at baseline and post-intervention (18-20 weeks post-baseline).</p> <p>Parents in the intervention group showed a significant reduction in stress related to the focal child over time (Group × Time: B = -1.73, p = .021), but not for siblings (B = -1.17, p = .108).</p>



Recommendation 5. Provide foster carers with evidence-based positive child behaviour support in a group setting to improve placement stability and permanence [Good]

Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Blair, 2018;	RCT	Intervention: 83 Control: 46	Foster carers and children in a licensed, nonrelative foster home in the United States. Children were between 3 and 6 years old, and scored in the clinical range for externalising problems on the Eyberg Child-Behaviour Inventory (ECBI) according to foster carer ratings	Low	<p>Blair (2018) evaluated group Parent-Child Interaction Therapy (PCIT) by comparing a combined brief and extended PCIT group and a wait-list control.</p> <p>Permanency was measured using administrative data in the 12 months following baseline. Permanent placements were defined as adoption, guardianship or reunification.</p> <p>Children in the intervention group were significantly more likely to achieve permanence within 12 months post-baseline than those in the control group ($p = .030$; 95% CI [1.10, 6.31]).</p>
Chamberlain, Moreland and Reid, 1992	RCT	Intervention: 31 Control: 41	Children aged 4 to 7 years in foster care between 1988 and 1990 in the United States and their foster parents. Children	Some concerns	<p>Chamberlain, Moreland and Reid (1992) evaluated Enhanced Support & Training (EST) through three group comparisons: carers who received enhanced support and training plus an extra \$70/month ($n = 31$), carers who received the extra \$70/month only</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
			<p>were expected to have been in care for at least three months</p>		<p>(n = 14), and carers receiving usual foster care with no added support or payment (n = 27).</p> <p>Placement stability of the child was measured using administrative data to establish the number of successful days in care. A “successful” day meant the child remained in their study foster home; days were considered “unsuccessful” if the child ran away, moved to another foster home, or was placed in residential care. This was measured over the two-year study period.</p> <p>Children in the intervention group experienced significantly more successful days in care than those in the other two study conditions (F = 3.45, p < .04).</p>
<p>Kim and Leve, 2011; 2013</p>	<p>RCT</p>	<p>Intervention: 48 Control: 52</p>	<p>Girls aged 10 to 12 years in nonrelative or relative foster care and their foster carers in the United States</p>	<p>Some concerns</p>	<p>Kim and Leve (2011; 2013) evaluated Middle School Success (MSS) by comparing the programme to a business-as-usual control group.</p> <p>Placement stability was measured using administrative data capturing the number of</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					placement changes over the 12 months post-baseline. Girls assigned to the MSS intervention experienced significantly fewer placement disruptions ($p = .02$) than those in the control group.



Recommendation 6. Offer foster carers evidence-based relationship-focused training to strengthen relationships with children [Good]

Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Midgley et al, 2026	RCT	Intervention: 271 Control: 253	Foster carers (including kinship carers) of a child aged four to 13 years	Low	<p>Midgley et al (2026) evaluated the Reflective Fostering Programme, comparing to business-as-usual support.</p> <p>The Parenting Stress Index (PSI) – Short Form was used to measure parent-child dysfunctional interaction at baseline, four months (post-intervention) and 12 months post-baseline.</p> <p>No statistically significant differences between the two groups were found at four months, but by 12 months, carers in the intervention arm showed small but statistically significant greater reductions in ‘parent–child dysfunctional interaction’ (p=0.014).</p>
Briskman, 2010	RCT	Intervention: 34 Control: 29	Foster carers caring for a child aged 2-12 years old in England	Some concerns	Briskman et al (2010) evaluated Fostering Changes by comparing the programme with a wait-list control group.



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					<p>The foster child's attachment relationship with their foster carer was measured using the Quality of Attachment Relationships Questionnaire (QUARQ) at baseline and follow-up (3 months post-randomisation).</p> <p>The quality of attachment between the child and carer was significantly improved in the intervention group compared with the control group (ES = 0.4 SD, p = .04).</p>
Van Anandel, 2016	RCT	Intervention: 65 Control: 58	Children under 5 years old recently (in the last 8-10 weeks) placed in foster care and their foster carers in the Netherlands	Some concerns	<p>Van Anandel (2016) evaluated Foster Carer Foster Child Intervention (FFI) by comparing the programme with a business-as-usual control group.</p> <p>The quality of parent-child interactions was measured using the Emotional Availability Scales (EAS) at baseline and 6 months post-baseline.</p> <p>There was a positive effect on the quality of child-parent interaction for children in the FFI group, with significantly more improvement across most Emotional</p>



Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
					Availability Scale domains (sensitivity, structuring, nonintrusiveness, responsivity) compared with the control group ($p < .05$), except for the involvement domain.



Recommendation 7. Build evidence-based foster carer support networks to improve retention [*Promising*]

Citation	Study design	Sample size	Population	Study Risk of Bias (RoB)	Primary findings
Ott et al, 2020	QED	Intervention: 288 Control: 2,968	3,256 fostering households in the United Kingdom	Some concerns	<p>Ott et al (2020) evaluated Mockingbird Home Hub Model identifying a comparison group of families who did not receive the programme but were similar on key characteristics, comparing outcomes between the two groups.</p> <p>Carer retention was measured using administrative data from the Ofsted fostering dataset.</p> <p>There was a positive effect on foster carer retention. Households participating in Mockingbird were less likely to de-register than those who were not participating in the programme ($p < 0.001$) between 2016/17 and 2018/19.</p>



Evidence underpinning principles

Practice Guide key principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
<p>Key principle 1: Create a coordinated network of support for foster families</p>	<p>1.1 Parents and carers found interventions that address multiple areas of their lives and help to provide a network around the child useful.</p>	<p>This finding was informed by 7 qualitative studies:</p> <ul style="list-style-type: none"> • Grollman et al., 2020 • Herbert & Wookey, 2007 • McDermid et al., 2016 • Midgley et al., 2019 • Ott et al., 2020 • Knibbs et al., 2016 • Rees & Handley, 2022 	<p>Low: This finding was graded as low confidence due to concerns about methodological limitations, limited relevance of the available data, and issues with coherence across the contributing studies.</p>
<p>Key principle 2: Support should be provided by practitioners who are warm, passionate and empathetic, and who approach foster carers as equal partners.</p>	<p>2.1 Facilitator warmth and genuine passion are vital to building trusting relationships, fostering engagement, and making participants feel valued.</p>	<p>This finding was informed by 9 qualitative studies:</p> <ul style="list-style-type: none"> • Cameron et al., 2020 • Channon et al., 2020 • Herbert & Wookey 2007 • Katangwe-Chigamba et al., 2025 • Knibbs et al., 2016 • Rees & Handley, 2022 • Midgley et al., 2019 • Midgley et al., 2021 • Ott et al., 2020 	<p>High: This finding was graded as high confidence because of the richness of the data, and there were only moderate concerns regarding methodological limitations.</p>



Practice Guide key principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
<p>Key principle 3: Offer facilitated peer support, as it is valued by foster carers as being important for their emotional wellbeing.</p>	<p>3.1 Facilitated peer support provides parents and carers with a much-needed space for emotional support, reciprocal learning, and feeling heard and seen.</p>	<p>This finding was informed by 15 qualitative studies:</p> <ul style="list-style-type: none"> • Bywater et al., 2011; Cameron et al., 2020; • Channon et al., 2020 • Grollman et al., 2020 • Herbert & Wookey, 2007 • Katangwe-Chigamba, et al., 2025 • Knibbs et al., 2016 • Madigan, Paton, & Mackett, 2017 • McDermid et al., 2016 • Midgley et al., 2019 • Midgley et al., 2021 • Oliveira et al., 2022 • Ott et al., 2020 • Redfern et al., 2023 • Rees & Handley, 2022 	<p>High: This finding was graded as high confidence because of the richness of the data, and there were only moderate concerns regarding methodological limitations.</p>
<p>Key principle 4: Support should include a focus on carers' needs,</p>	<p>4.1 Providing a space to focus on parent and carer needs was welcomed and seen as useful.</p>	<p>This finding was informed by 10 qualitative studies</p> <ul style="list-style-type: none"> • Grollman et al., 2020 	<p>High: This finding was graded as high confidence because of the richness of the data, and there were</p>



Practice Guide key principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
enabling them to provide children with stable, loving care.		<ul style="list-style-type: none"> • Katangwe-Chigamba et al., 2025 • Knibbs et al., 2016 • Madigan, Paton, & Mackett, 2017 • McDermid et al., 2016 • Midgley et al., 2019 • Midgley et al., 2021 • Oliveira et al., 2022; Ott et al., 2020 • Rees & Handley, 2022 	only moderate concerns regarding methodological limitations.
	4.2 Parents and caregivers reported benefits to understanding the need for self-care.	This finding was informed by 7 qualitative studies: <ul style="list-style-type: none"> • Cameron et al., 2020 • Katangwe-Chigamba et al., 2025 • Knibbs et al., 2016 • Madigan, Paton, & Mackett, 2017 • Midgley et al., 2019 • Midgley et al., 2021 • Rees & Handley, 2022 	Moderate: This finding was graded as moderate confidence because of the data relevance and coherence. However, there were concerns about methodological limitations and richness of detail in the studies included.
Key principle 5: Prioritise support that strengthens foster carers'	5.1 Parents and caregivers reported benefits related to improvements in	This finding was informed by 10 qualitative studies:	High: This finding was graded as high confidence because of the



Practice Guide key principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
<p>capacity to understand and respond sensitively to a child in their care.</p>	<p>their ability to slow down, reflect, and regulate their emotions before responding to children.</p>	<ul style="list-style-type: none"> • Cameron et al., 2020 • Channon et al., 2020 • Herbert & Wookey 2007 • Katangwe-Chigamba et al., 2025 • Knibbs et al., 2016 • Madigan, Paton, & Mackett, 2017 • Midgley et al., 2019 • Midgley et al., 2021 • Oliveria et al., 2022 Rees & Handley 2022 	<p>richness of the data, and there were only moderate concerns regarding methodological limitations.</p>
	<p>5.2 Parents and caregivers identified increased understanding of, empathy for, and attunement to the child’s needs as a key benefit, contributing to more responsive and patient caregiving.</p>	<p>This finding was informed by 10 qualitative studies:</p> <ul style="list-style-type: none"> • Cameron et al., 2020 • Channon et al., 2020 • Katangwe-Chigamba et al., 2025 • Knibbs et al., 2016 • Luke et al., 2025 • Madigan, Paton, & Mackett, 2017 • Midgley et al., 2019 • Midgley et al., 2021 	<p>High: This finding was graded as high confidence because of the richness of the data, and there were only moderate concerns regarding methodological limitations.</p>



Practice Guide key principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
		<ul style="list-style-type: none"> • Oliveria et al., 2022 Rees & Handley 2022 	
<p>Key principle 6: Support should be structured but allow for flexibility and tailoring to individual needs.</p>	<p>6.1 Parents and carers value interventions that are structured but have room for flexibility, enabling facilitators to be responsive to individual needs.</p>	<p>This finding was informed by 12 qualitative studies:</p> <ul style="list-style-type: none"> • Bywater et al., 2011 • Cameron et al., 2020 • Channon et al., 2020 • Connolly et al., 2021 • Katangwe-Chigamba, et al., 2025 • Knibbs et al., 2016 • McDermid et al., 2016 • Midgley et al., 2019 • Midgley et al., 2021 • Oliveira et al., 2022 • Ott et al., 2020 • Rees & Handley, 2022 	<p>High: This finding was graded as high confidence because of the richness of the data, and there were only moderate concerns regarding methodological limitations.</p>
<p>Key principle 7: Help foster carers engage confidently with support by using a strengths-based, inclusive approach.</p>	<p>7.1 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.</p>	<p>This finding was informed by 7 qualitative studies:</p> <ul style="list-style-type: none"> • Channon et al., 2020 • Luke et al., 2025 • McDermid et al., 2016 • Moody et al., 2021 • Oliveria et al., 2022 	<p>Moderate: This finding was graded as moderate confidence because of the data relevance and coherence. However, there were concerns about methodological limitations and richness of detail in the studies included.</p>



Practice Guide key principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
		<ul style="list-style-type: none"> • Ott et al., 2020 • Rees & Handley, 2022 	
	<p>7.2 Social worker and wider system support for an intervention tends to encourage attendance.</p>	<p>This finding was informed by 7 qualitative studies:</p> <ul style="list-style-type: none"> • Channon et al., 2020 • Knibbs et al., 2016 • Luke et al., 2025 • McDermid et al., 2022 • Oliveria et al., 2022 • Ott et al., 2020 • Rees & Handley, 2020 	<p>Moderate: This finding was graded as moderate confidence because of the data relevance and coherence. However, there were concerns about methodological limitations and richness of detail in the studies included.</p>
	<p>7.3 The assumption that primary caregivers are female can be a barrier to male caregivers, single women, and same-sex couples.</p>	<p>This finding was informed by 2 qualitative studies:</p> <ul style="list-style-type: none"> • Katangwe-Chigamba et al., 2025 • Rees & Handley, 2022 	<p>High: This finding was graded as high confidence because of the richness of the data, and there were only moderate concerns regarding methodological limitations.</p>
	<p>7.4 Parents and carers have limited time; interventions need to be perceived as relevant and effective to maintain engagement</p>	<p>This finding was informed by 11 qualitative studies:</p> <ul style="list-style-type: none"> • Bywater et al., 2011 • Cameron et al., 2020 • Channon et al., 2020 	<p>Moderate: This finding was graded as moderate confidence because of the data relevance and coherence. However, there were concerns about methodological limitations and</p>



Practice Guide key principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
		<ul style="list-style-type: none"> • Katangwe-Chigamba et al., 2025 • Knibbs et al., 2016 • Madigan, Paton, & Mackett, 2017 • Midgley et al., 2019 • Ott et al., 2020 • Oliveria et al., 2022 • Redfern et al., 2023 • Rees & Handley, 2022 	richness of detail in the studies included.
Key principle 8: Provide foster carers with opportunities to put theory into practice.	8.1 Parents and carers value learning strategies that integrate theory and practice.	<p>This finding was informed by 7 qualitative studies:</p> <ul style="list-style-type: none"> • Channon et al., 2020 • Katangwe-Chigamba et al., 2025 • Knibbs et al., 2016 • Herbert & Wookey, 2007 • McDermid et al., 2022 • Midgley et al., 2019 • Rees & Handley 2022 	Moderate: This finding was graded as moderate confidence because of the data relevance and coherence. However, there were concerns about methodological limitations and richness of detail in the studies included.



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