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**CHILDREN'S
SOCIAL
CARE**

EMMIE SUMMARY

**Treatment
foster care**

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Zoe Bezeczky, Cindy Corliss, Jillian Grey,
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About the What Works Centre for Children's Social Care

The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services,

child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: whatworks-csc.org.uk, or
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This evidence summary is based on the following systematic review

Turner, W. and MacDonald, G. (2011) *Treatment foster care for Improving Outcomes in Children and Young People: A systematic review. Research on Social Work Practice. 21(5), 501-527.*

What is the intervention?

A foster family-based intervention, Treatment Foster Care (TFC) aims to facilitate positive changes in the lives of young people, and where appropriate, their families, through an individually tailored programme. TFC was designed to cater for the needs of children whose difficulties or circumstances (e.g. neglect, trauma, mental health problems, antisocial behaviour or offending, or serious medical conditions) place them at risk of multiple placements or being placed in hospital, secure residential or youth justice settings. The nature of TFC as an individualised programme means it provides a flexible approach, which can accommodate different client populations.

TFC seeks to provide foster caregivers with the skills to manage challenging behaviour and the range of challenges associated with caring for children who may have experienced maltreatment. Additionally, direct work with children and young people is undertaken that includes immediate access to child and adolescent mental health services, and steps are taken to maximise the influence of the foster caregivers over the influence of peers (e.g. antisocial behaviour). TFC is not the only term to describe this type of intervention. Other terms include Specialised foster care, Wraparound foster care and Multidimensional TFC.

Turner and MacDonald's systematic review reports the results of five randomised controlled trials. However, limitations are highlighted in respect of the broad definitions of TFC used. Turner and MacDonald's review aims to assess the impact of TFC on psychosocial and behavioural outcomes, offending, placement stability, and discharge status for children and adolescents who require out-of-home-placements.

Which outcomes were studied?

The review focused on a number of outcome measures: looked-after child outcomes, treatment foster caregiver/caregivers/family outcomes and TFC agency outcomes.

Each overarching outcome included sub-categories. For example, looked-after children outcomes encompassed behavioural outcomes, psychological functioning and educational functioning. Foster carer outcomes included measures of skills whilst TFC agency outcomes comprised placement stability and attainment of treatment goals.

This summary focuses primarily on outcomes for looked-after children:

1. Behavioural outcomes - covering a) behavioural problems within the treatment foster home using measures of externalising behaviour; b) antisocial behaviour measured by rates of offending, arrest, conviction and incarceration c) drug and substance abuse and d) prescribed medication for behavioural symptom reduction/management.
2. Placement stability - number of requests for removal, number of unrequested removals and/or completion of allocated stay.

The authors used the Cochrane Collaboration's criteria to assess the methodological quality of studies that met the inclusion criteria.

Effectiveness: how effective are the interventions examined?

Five studies were included in the review and data on particular outcomes were mostly available from one or sometimes two studies. Consequently, this limits the cumulative picture of the effectiveness of TFC, and its generalisability.

The reviewer authors' view is that TFC is a promising approach for children and young people who are at risk of having their liberty restricted and at risk of adverse outcomes. Across all outcomes included in the review (where data were available), there were significant and clinically meaningful effects reported for some outcomes, but the overall picture was of mixed evidence of effect.

Outcome 1 – Child behaviour

Effect rating	+/- (mixed)	
Strength of Evidence rating	2	

Outcome 2 – Care

Effect rating	+/- (mixed)	
Strength of Evidence rating	1	

The authors highlight that in the absence of a larger body of evidence on the effects of TFC, it is not possible to make statements about whether TFC is more, or less, effective than other composite interventions.

Mechanisms and Moderators: When, where and how does it work, and who does it work for?

The authors do not report on mechanisms relating to how the intervention may have worked across or within individual studies. However, within their introduction section, they infer some statements about the theory of change.

TFC provides foster caregivers with training in skills for managing challenging behaviour. The combination of training and support helps their job to be more manageable. In addition, direct work with children and young people is undertaken which includes immediate access to child and adolescent mental health services.

The authors did not report on moderators for all outcomes or studies included in their review. However, there were some moderator effects indicated. With respect to the antisocial behaviour/offending outcome, one study found the gender of the young person had a moderating effect. This showed that the intervention appeared to be more effective for boys.

In relation to placement stability, age had a moderating effect: differences between treatment and control group in time spent in placement were only significant for older children (11.5-16 years).

The authors suggest that TFC is a particularly promising social intervention for those with conduct disorders and offending.

The review authors note that all five studies included were conducted in the USA. Four of the studies were undertaken at the Oregon Social Learning Centre, and one in Florida, and that almost all participants were white. They acknowledge that the location and profile of the included samples may limit applicability of the evidence. Further, it raises the questions of how generalisable findings are to a UK context.

Implementation: how do you do it?

The review did not specify key aspects of implementation.

However, referring to one of the studies, elements found to be important in mediating the effects of TFC on offending are: management of young people by foster caregivers who provide consistent and predictable forms of discipline; close supervision; and the separation of the young person from his/her offending peers.

Economics: what are the costs and benefits?

No economic analysis was included in the study. The authors advised that where possible they had intended to report data on programme costs and cost-benefit analysis. However, none of the studies included cost-benefit data. One study did report on the costs per young person of each condition. These were \$3,000 per month for young people in the TFC condition and \$6,000 per month for those in the State Mental Hospital. The investigators estimated that an average saving of \$10,280 per case in hospitalisation costs for those participants in the experimental condition, over the length of time of the study.

What are the strengths and limitations of the review?

The review is a comprehensive attempt to assess the impact of TFC on psychosocial and behavioural outcomes, offending, placement stability, and discharge status for children and adolescents in out-of-home care or who are at risk of out-of-home placement. The authors were thorough in their search strategy and followed specific categories described in the Cochrane Handbook to assess individual study quality. A table of methodological quality for the five included studies is provided in the paper.

The review also has its limitations. Study quality was generally poorly reported within individual studies. The detail of the methodological assessment was dependent on unpublished information requested by the review authors from the original study investigators. With all five studies included in the review conducted in the USA, the authors highlight the possibility of limited applicability of the evidence to other countries. Additionally, the effectiveness of TFC is limited due to data on particular outcomes only being available from one, or sometimes two, studies. The authors further note that the set of outcomes included in the review did not fully account for the importance of social inclusion for children and youth marginalised through offending, chronic illness, or mental or physical impairment.

How TFC works for each outcome included was not reported. There was limited reference to who the intervention might work for. Despite advising the variables thought important in mediating the effects of TFC on offending, these comments were restricted to this specific outcome only. Nonetheless, within the boundaries of its aim, the review provided a robust and clear assessment of the evidence in this field.

Summary of key points

- Findings from the five studies in the review were mixed. Some studies found improved outcomes among those in the treatment group of TFC compared to control groups. However, there were also a number of outcomes where TFC had no significant effect.
- Data on particular outcomes were mostly available from only one or sometimes two studies. Consequently, this limits the cumulative picture of the effectiveness of TFC, and its generalisability.
- Individual studies within the review generally indicate that TFC is a promising intervention for children and youth experiencing mental health problems, behavioural problems, or problems of offending. However, the evidence base is less robust than that usually reported. Furthermore, in the absence of a larger body of evidence on the effects of TFC, it is not possible to make statements about its effectiveness in relation to other composite interventions.
- Implementation was not explicitly discussed, however important variables in mediating the effects of TFC on offending were highlighted: management of young people by foster caregivers who provide consistent and predictable forms of discipline; close supervision; and the separation of the young person from his/her offending peers.
- It is unclear whether the findings from this review are generalisable to the UK. All five studies were conducted in the USA (four in Oregon and one in Florida)
- We do not know about the costs and benefits of TFC programmes so future studies should examine these.

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+44 (0)20 7360 1208
wwccsc@nesta.org.uk
@whatworksCSC
whatworks-csc.org.uk

