



# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

ALL SITE REPORT  
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## EXECUTIVE SUMMARY

The National Training and Development Curriculum (NTDC) is a new curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. NTDC provides potential foster or adoptive parents with the information, resources and tools needed to parent a child who has experienced trauma, separation, or loss. NTDC includes three primary components - the self-assessment, Classroom-Based Training, and the Right-Time Training. The NTDC is being rigorously evaluated. A robust [evaluation](#) of the curriculum was previously produced. Due to COVID, the previous evaluation only considered remote delivery. To ensure the curriculum could also be delivered in-person, we engaged two sites to pilot in-person delivery and repeated the evaluation criteria for these two sites to identify any differences between remote and in-person delivery. This report is intended to give implementation sites data from the evaluation on **who** is leading and participating in the NTDC and evaluation, **what** components are being implemented, **how well** facilitators are covering the curriculum materials, and **how satisfied** participants are with the curriculum materials. This report includes data from 12 cohorts of in-person NTDC implementation between February 2023 and July 15, 2024.

**Who** is facilitating and participating in the NTDC? 8 facilitators are using NTDC. Of these, 5 are professional trainers, 2 are foster, adoptive, or kinship parents and 1 are both. Facilitators are primarily female (7) and White (6), and 3 identified as people of color. A total of 232 foster, adoptive, and kinship parents enrolled in the in-person curriculum. Of that 232, 174 agreed to participate in the evaluation within the February 2023 through July 2024 timeline, reporting an average age of 42, and the majority identified as female (63%) and White (62%) with 25 percent identifying as Hispanic.

**What** components are being implemented? Participants completed a self-assessment before the training and 90 days after the training. All classroom themes were trained in-person. Participants were also required to take one Right-Time Training as part of their preparation.

**How well** was the program implemented? Overall, fidelity to the curriculum was strong with facilitators completing on average 94% (range 83-100%) of curriculum activities. For the self-assessment, participants saw improvements between baseline and 90-days after training completion for all five themes and all 14 characteristics. Of these improvements, all of the improvements in themes and 12 of the improvements in characteristics were statistically significant. These in-person results were very similar to those from the previously completed virtual evaluation of the self-assessment. For the classroom curriculum, participant post tests showed statistically significant knowledge gains in 7 out of 12 themes, with the greatest improvements in “Foster Care - A Means to Support.” The same average level of knowledge gain (+16%) was observed across those themes that were implemented in both the in-person and virtual evaluations of the NTDC classroom curriculum. For outcome results, participant responses to the “Challenging Children (CC) - Applicant Subscale of the Casey Foster Applicant Inventory (CFAI-A)” outcome measure showed slight, but not statistically significant improvement from baseline to six-month follow-up, with a change in magnitude similar to that seen in the evaluation of the virtual implementation of NTDC.

**Participant Satisfaction** was high. Among all NTDC sites, participant satisfaction has been strong, with an average rating of 5.3 on a 1-6 scale. This average participant satisfaction rating was very similar to the average rating of 5.4 observed in the evaluation of the virtual implementation of the NTDC curriculum. For the in-person evaluation, the highest rated theme was 'History of Sexual Trauma (rated 5.40), and the lowest rated theme was 'Trauma Informed Parenting' (rated 5.17). Participants most liked the engagement and interaction during class, the videos, and information learned during the training.

*"I liked how the training was designed to be interactive and engaging. It made me think beyond my preconceived ideas."*

**Overall**, there was strong participation in the evaluations of both the in-person and virtual deliveries of the NTDC training program. Very similar and highly positive classroom curriculum knowledge gain and satisfaction results, as well as similar and positive outcome evaluation results, suggest that both the in-person and virtual modalities of NTDC can serve as effective delivery methods of this high quality resource parent training program.

# INTRODUCTION

## National Training and Development Curriculum (NTDC)

The National Training and Development Curriculum (NTDC) is a new curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. NTDC is funded through a five-year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Spaulding for Children is the lead agency for the initiative, in close partnership with four other national partners. NTDC provides potential foster or adoptive parents with the information and tools needed to parent a child who has experienced trauma, separation, or loss. NTDC also gives parents access to information and resources needed to continue building skills once they have a child in their home.

NTDC includes three primary components - 1) self-assessment, 2) Classroom-Based Training, and 3) Right-Time Training.

1. The self-assessment is an online tool that parents who are fostering, adopting or caring for relatives complete before starting the Classroom-Based Training and again 90 days after they complete the training. This component allows parents to gauge their own levels of knowledge and growth over time. It helps parents to identify the areas and themes presented in the classroom that would aid in their knowledge growth. This tool is also designed to assist them in identifying areas where greater training is needed so they can make more informed decisions on the types of training to seek out post-licensure to maximize parenting success.
2. The Classroom-Based Training involves the use of a variety of training modalities including lectures, class discussion, and learning activities based around 19 key themes determined to be essential for families who want to foster or adopt. There were also two online training themes. The effectiveness of the trainings is measured through pre and post knowledge tests, behavior-based skills checks, and participant satisfaction surveys.
3. Right-Time Training is an exclusively online, self-paced curriculum which offers parents 15 themes and provides on-going learning and skill development for participants, which they can access at their convenience, 24/7 either pre- or post-licensure. Parents are required to take at least one of the Right-Time Trainings as part of their preparation. Right-Time Trainings can be completed individually, with a parenting partner, with a caseworker as part of a monthly home visit, or in a support

group environment. The effectiveness of the Right-Time Training is measured through pre and post knowledge tests and participant satisfaction surveys.

This report contains the results from data collected between February 2023 and July 15, 2024, for pilot sites: Florida (FL) and Oregon (OR).

Fourteen facilitator led themes were implemented in the in-person intervention pilot sites. Of these, 13 classroom themes were evaluated. The 'Introduction and Welcome' theme was not included for analysis as the theme included no pre test, post test, or self-assessment evaluation component. Listed below are all the themes for the NTDC training as well as the target population for whom the theme is applicable to. If 'all' is stated that means the theme is relevant to families who want to foster or adopt from the child welfare system, families who want to adopt via the intercountry or private domestics process, families who are kinship caregivers and families who are American Indian/Alaska Native. The themes that were not implemented as part of the in-person evaluation are followed by '(not implemented in-person)' and the themes that were implemented as part of the in-person evaluation but were not analyzed in this report are followed by '(not analyzed)'. The titles of the 13 themes that were implemented in-person and analyzed are bolded.

### *Foundational Classes*

- Introduction and Welcome (all) (not analyzed)
- **Child Development** (all)
- **Attachment** (all)
- **Separation, Grief and Loss** (all)
- **Trauma Related Behaviors** (all)
- **Trauma Informed Parenting** (all)
- Effective Communication (all) (not implemented in-person)

### *Expanding Families*

- **Reunification - The Primary Permanency Planning Goal** (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native)
- **Foster Care - A Means to Support Families** (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native)
- Preparing for and Managing Intrusive Questions (all) (not implemented in-person)
- **Maintaining Children's Connections** (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native)

- Cultural Humility (all) (not implemented in-person)
- **Parenting in Racially and Culturally Diverse Families** (all)

### *Specialized Care Considerations*

- **Mental Health Considerations** (all)
- **Impact of Substance Use** (all)
- **History of Sexual Trauma** (all)

### *Power in Practicalities*

- **Creating a Stable, Nurturing, Safe Home Environment** (all)
- Accessing Services and Support (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native) (not implemented in-person)

### *Themes Specific to a Targeted Population*

- Kinship Parenting (kinship caregivers, families who are American Indian/Alaska Native) (not implemented in-person)
- Building Resilience for Kinship Caregivers (kinship caregivers, families who are American Indian/Alaska Native) (not implemented in-person)

### *Self-directed Online Themes*

- Expanding Your Parenting Paradigm (all) (not analyzed)
- Overview of the Child Welfare System (all) (not analyzed)

### *Right-Time Training Themes* (required to complete one theme; not analyzed)

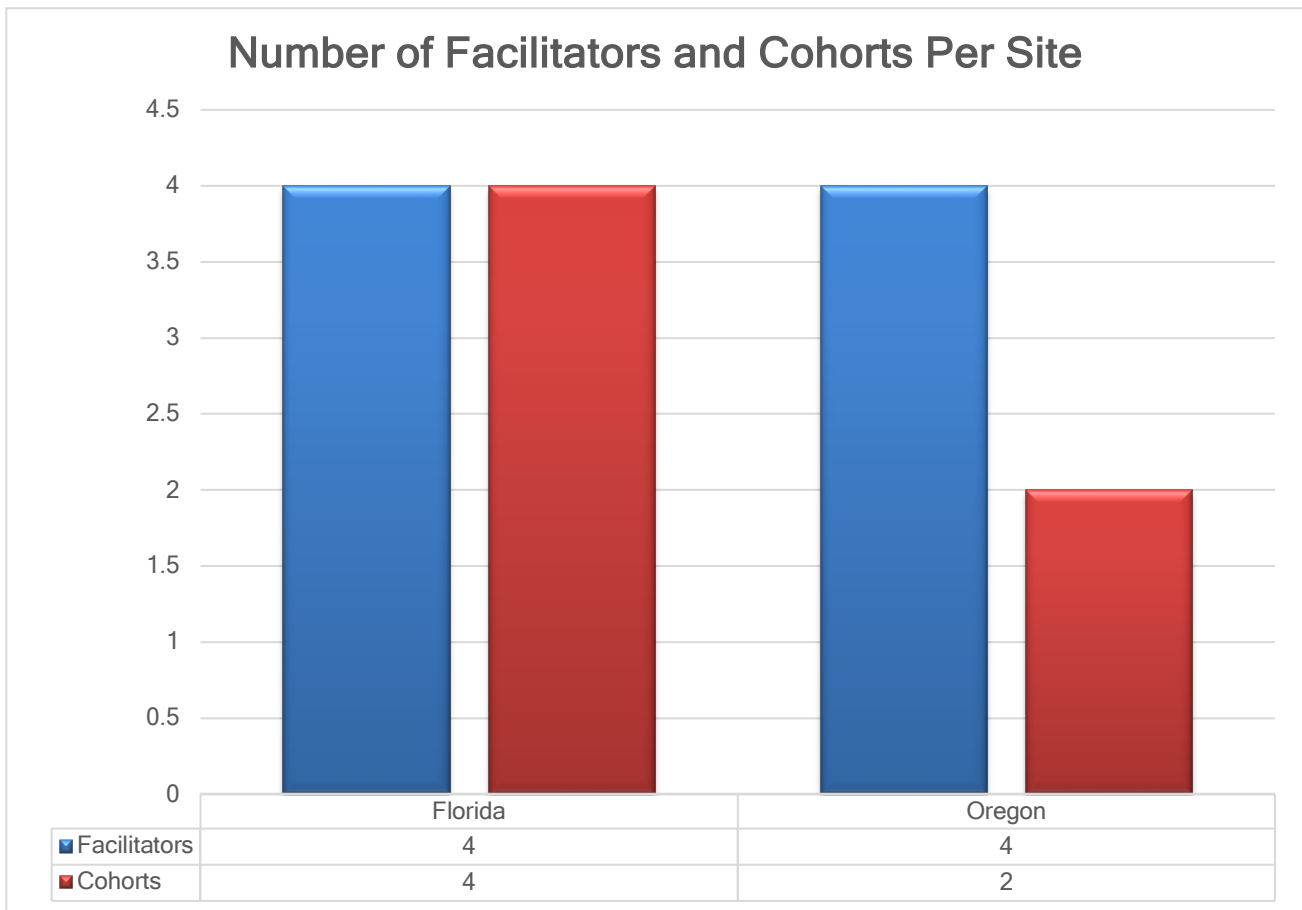
- Accessing Services and Supports
- Building Children's Resilience
- Building Parental Resilience
- Common Feelings Associated with Being Adopted
- Education
- Family Dynamics
- Intercountry Adoptions Medical Considerations
- Life Story Birth Story and Adoption Story
- Managing Placement Transitions
- Preparing for Adulthood
- Preparing for and Managing Visitation
- Responding to Children in Crisis
- Sensory Integration
- Sexual Development and Identity
- Sexual Trauma



# CHAPTER 1: FACILITATOR DEMOGRAPHICS

There were 8 facilitators who completed the demographics for cohorts enrolled between February 2023 to July 15, 2024. A total of 12 cohorts were trained between February 2023 to July 15, 2024. See Figure 1.1.

Figure 1.1 Number of Facilitators and Cohorts Per Site



Over two-thirds of facilitators identified as professional facilitators (63%), and 25% had lived experience as a resource parent. Half of the facilitators had over 2 to 5 years of experience (50%) and were considered full-time trainers (100%). Most facilitators were female (88%), White (75%), and college graduates (100%). It is important to note that the racial ethnic make-up of facilitators is not reflective of the children and families in the child welfare system.

**Table 1.1 Facilitator Demographics Across All Sites (N=8)**

Characteristic	n	%
	All Site	
<b>Role</b>		
Professional Facilitator	5	63
Resource Parent Facilitator	2	25
Both	1	13
<b>Years employed in social service field</b>		
1 year or less	2	25
2 to 5 years	4	50
10 + years	2	25
<b>Capacity of facilitator</b>		
Full Time	8	100
<b>How often do you train</b>		
1 time a year	1	13
2 to 3 times a year	1	13
Monthly	1	13
Weekly	4	50
First Training	1	13
<b>Gender</b>		
Female	7	88
Male	1	13
<b>Age</b>		
30 to 39 years old	3	38
40 to 49 years old	3	38
50 to 59	2	25
<b>Race/Ethnicity</b>		
White	6	75
African American	1	13
Hispanic	1	13
Asian American	1	13
<b>Education Level</b>		
College Graduate	4	50
Some Postgraduate	1	13
Post Graduate Degree	3	38

<b>Facilitator Experience as a Resource Parent</b>		
6 to 10 years	1	13
Not applicable	7	88

Facilitators were asked to rate to what degree they felt they possessed characteristics of successful facilitators by selecting the rating that best fit their perception of what characteristics they brought as a trainer. These questions were completed as a baseline and prior to training the NTDC. The level of agreement was based on a five-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree.’ A mean score (M=Mean or average) was calculated for each characteristic. A higher score indicates that a facilitator identifies with the characteristic, with 5 being the highest score. The standard deviation is a number used to tell how measurements for a group are spread out from the average. A low standard deviation means that most of the numbers are close to the average, while a high standard deviation means that the numbers are more spread out. Facilitators rated themselves an average of 5.0 to 5.8 on each characteristic, indicating they agreed the characteristics represented what they brought to the training. There was a small amount of variation from the mean which ranged from 0.5 to 1.5, meaning the spread from the mean was less than 1.5. The four highest rated facilitator characteristics were ‘high level of professionalism” (M=5.8, SD=0.5), ‘passionate about learning’ (M=5.8, SD=0.5), ‘creative’ (M=5.8, SD=0.5), and ‘motivated in the role’ (M=5.8, SD=0.5). The characteristic with the greatest deviation from the mean was ‘knowledgeable about child welfare system’ (M=5.1, SD=1.5),

**Table 1.2 All Site Characteristics of Successful Facilitators**

<b>Characteristic</b>	<b>Average</b>	<b>Standard Deviation</b>
	M	SD
<b>Strong communication skills</b>	5.7	0.5
<b>Knowledgeable about child welfare system</b>	5.1	1.5
<b>Passionate about learning</b>	5.8	0.5
<b>High level of professionalism</b>	5.8	0.5
<b>Collaborates with parents</b>	5.6	0.5
<b>Flexibility</b>	5.6	0.5
<b>Creative</b>	5.8	0.5
<b>Real life experience</b>	5.0	0.9
<b>Engaging</b>	5.6	0.5

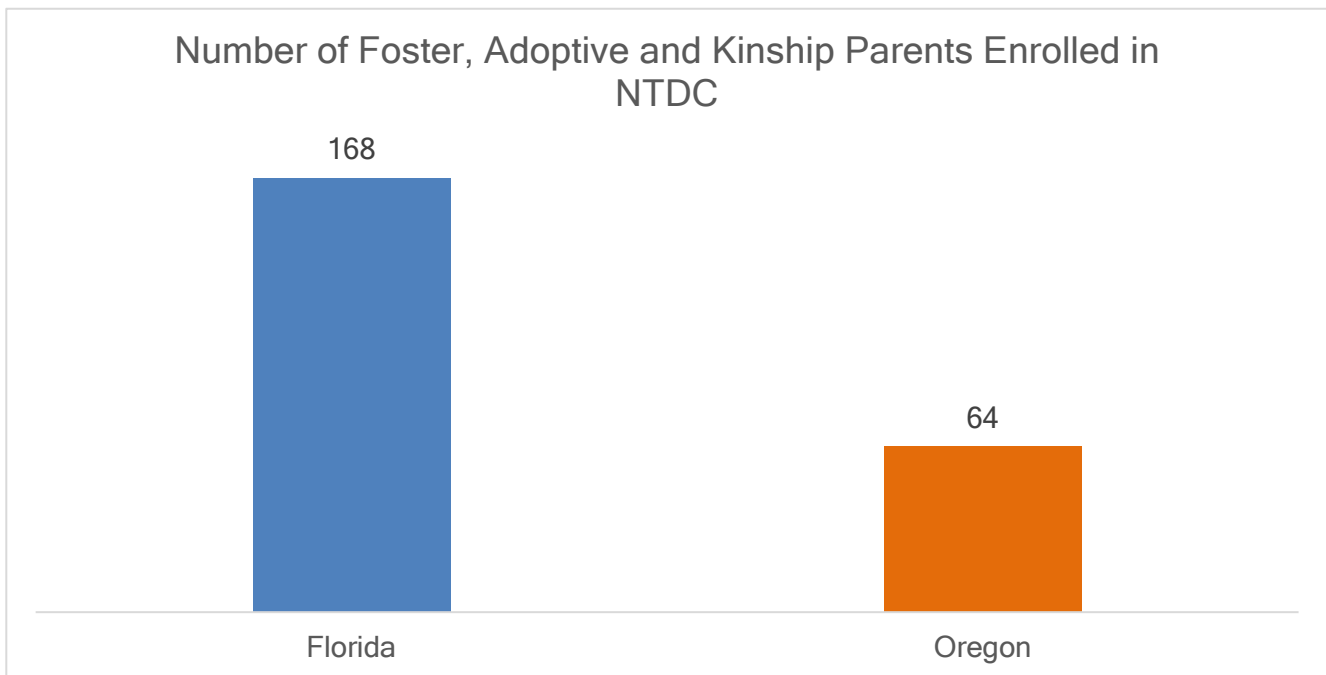
<b>Provide clear feedback</b>	5.5	0.5
<b>Adjust lessons to meet the needs of the parents</b>	5.5	0.5
<b>Plan ahead for the trainings</b>	5.6	0.5
<b>Motivated in the role</b>	5.8	0.5
<b>Average across all characteristics</b>	5.6	0.6

## CHAPTER 2: PARTICIPANT DEMOGRAPHICS

### Sampling plan for intervention group

The original sampling plan for this project included a goal of 240 participants across two sites that successfully completed all aspects of the in-person training curriculum with a minimum of 140 that completed the in-person training and all evaluation components.

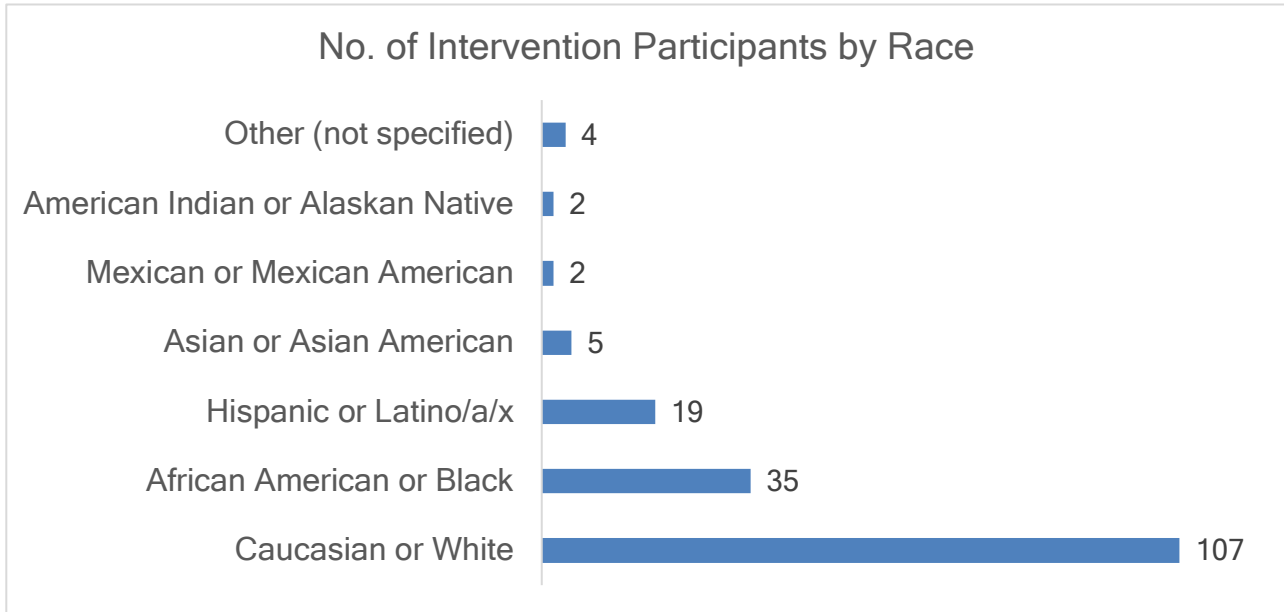
**Figure 2.1 Number of Foster Adoptive and Kinship Parents Enrolled in Each Site in the Intervention group (N=232)**



### Intervention Group Participant demographics

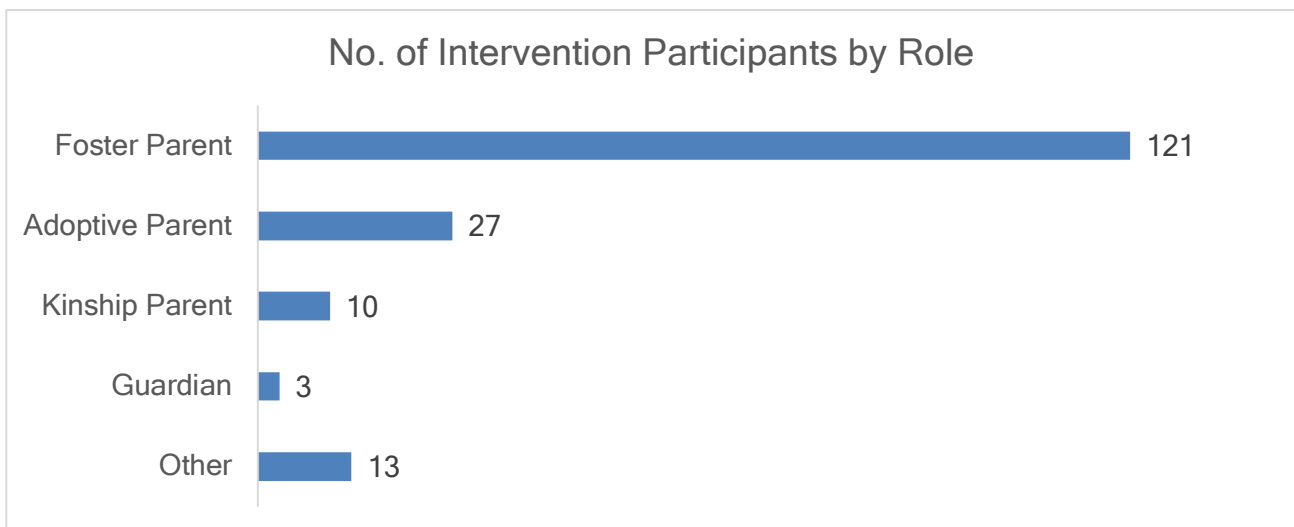
A total of 232 foster, adoptive, and kinship parents participated in the curriculum within the February 2023 - July 15, 2024 timeline. Of that group, 174 met the inclusion criteria (consented to participate in the study, started training on or before June 30, 2024, did not suspend prior to completing the training). Participants reported an average age of 42, and most of the participants identified as female (63%), straight/heterosexual (85%), and White (62%). In regard to ethnicity, 25% of the participants identified as Hispanic (participants answered questions about race and ethnicity separately). No demographic information was collected for participants who did not consent to participate. See figures and table below for participant demographics.

**Figure 2.2 Participant Race from All Intervention Sites Combined**



\*Participants included are those that completed the consent and the training between February and July 2024. Participants who selected the “other” race provided open-ended responses describing their race and those responses were grouped thematically. Participants who wrote, “other” were grouped among the following categories: “Hispanic or Latino/a/x” (N=19), “Mexican or Mexican American” (N=2), and chose not to write in a response (N=4).

**Figure 2.3 Participant Role Type from All Intervention Sites Combined**



\*Participants included are those that completed the consent and the training between February and July 2024. Participants who selected the “other” role provided open-ended responses describing their role and those responses were grouped thematically and included in other categories listed when applicable.

**Table 2.4 Demographics for Participants for the Intervention (n=174) from all sites combined**

Intervention (n=174)		
Characteristic	M	SD
Age, M (SD)	42	12

	N	%
<b>Gender identity, N (%)</b>		
Female	110	63
Male	63	36
Non-binary	1	1
<b>Sexual Orientation, N (%)</b>		
Heterosexual/straight	147	85
Bisexual	7	4
Lesbian	5	3
Gay	4	2
Pansexual	1	1
Other (not specified)	2	1
Choose not to identify	8	5
<b>Race, N (%)<sup>2</sup></b>		
African American or Black	35	20
American Indian or Alaskan Native	2	1
Asian or Asian American	5	3
Caucasian or White	107	62
Other	25	14
<b>Hispanic ethnicity N (%)</b>	44	25
<b>Education, N (%)</b>		
Some high school	8	5
High school graduate	37	21
Some college	40	23
Trade/technical/vocational training	9	5
College graduate	55	32
Some postgraduate work	5	3
Postgraduate degree	20	12
<b>Marital status, N (%)</b>		

Married/Living with a partner	130	75
Single	30	17
Separated/widowed/divorced	14	8

<sup>2</sup>Percentages may not equal 100%, due to rounding. Additionally, for the race variable, participants could select more than one option. The number of participants who answered each question may also not equal the number of participants who consented to participate, due to some participants not answering all demographic questions. Participants who selected the "other" race provided open-ended responses describing their race and those responses were grouped thematically. Participants who wrote, "other" were grouped among the following categories: "Hispanic or Latino/a/x" (N=19), "Mexican or Mexican American" (N=2), and chose not to write in a response (N=4).



# CHAPTER 3: SELF-ASSESSMENT

## Introduction

The self-assessment is a tool of the NTDC curriculum used to help participants recognize their personal strengths and areas for growth. This chapter focuses on the results of the self-assessment for all in-person participants, with findings indicating that the NTDC classroom curriculum was largely effective for this cohort. The remainder of this chapter describes the self-assessment, the methodology of the study, details of the results, and a summary of the key findings.

## Description of Self-Assessment

Researchers designed the self-assessment tool to examine foster, adoptive, and kinship parents' knowledge and attitudes associated with successful parenting (see Tables 3.1 and 3.2 below for the list of the themes and characteristics as well as a sample question for each). Foster, adoptive, and kinship parents from the training group took the self-assessment prior to beginning the classroom component of the NTDC (i.e., baseline) and 90 days after training completion. Using the results of the self-assessment, adult learners can seek out resources and support for areas where they might be able to grow their knowledge and skills. The full 58 question self-assessment includes 5 themes and 14 characteristics. Each participant received a personal profile from their self-assessment. Each item was measured through questions related to knowledge as well as attitudes. The self-assessment measured each theme and characteristic using an 11-point scale that ranged from 0 (strongly disagree) to 10 (strongly agree).

## Methods

All participants completed the self-assessment via an online Moodle survey. To be included in the study, respondents needed to identify as a participant of the study (not a facilitator), consent to participate in the study, and complete the classroom training during the February 2023 - July 2024 timeframe.

The self-assessment data was analyzed using the software R. Questions belonging to a particular theme were combined into an average score for that theme. The average score was calculated across all participants for each theme. Themes were analyzed independently, and participants with missing data for a certain construct were not included in that construct's analysis. Lower scores in each theme and characteristic indicate lower levels of competency.

Summary statistics were provided for each theme and characteristic. A Wilcoxon signed-rank test was conducted for each theme and characteristic to compare participants' scores from the first time they took the survey (baseline) to the second time they completed the survey (90 days after completing the training) in order to see if participants' scores significantly changed between the two time points.

In addition, Cronbach's Alpha was calculated to measure the internal reliability for the sets of items (constructs) related to each theme trained (Table 3.1) and parenting characteristic (Table 3.2) in the self-assessment. This test describes the extent to which all items in a scale measure the same concept, by measuring the items' correlation to one another. The test provides a number between 0 and 1, with 1 representing no random error in the scores. As the number provided increases from 0 to 1, the fraction of that score that can be attributable to error will decrease. When the items within a scale correlate to one another, the alpha value increases and gets closer to 1. A general rule of thumb for alpha scores is that scores above .70 indicate good levels of internal reliability.

**Table 3.1 Sample Questions by Theme**

<b>Item</b>	<b>Sample question</b>	<b>Alpha</b>
<b>Attachment</b>	I am committed to developing a healthy attachment with the children I parent, no matter how long it takes.	.80
<b>Child development</b>	I believe it is my role to support children in reaching their unique and full developmental potential.	.71
<b>Separation, Grief, and Loss</b>	I know the various losses that children who are adopted or from foster care may experience.	.62
<b>Trauma Informed Parenting</b>	I know trauma-informed parenting strategies and techniques.	.71
<b>Trauma Related Behaviors</b>	I understand how early trauma, abuse, and neglect impacts brain development.	.66

**Table 3.2 Sample Questions by Characteristic**

<b>Item</b>	<b>Sample question</b>	<b>Alpha</b>
<b>Adaptability/flexibility</b>	I am able to adjust rules to meet the developmental and emotional needs of a child when a parenting technique is not working.	.67
<b>Appreciation for diversity/other world views</b>	I respect the opinions of a child I'm parenting, even if they are different from mine.	.72
<b>Attunement</b>	When children "act out", I am usually able to figure out what triggered the behavior.	.72
<b>Belief in self-efficacy</b>	I believe that I can change my parenting style to help a child heal and grow.	.78
<b>Committed</b>	I know that even when a child is rejecting or hostile towards me, they need people who will commit to caring for them.	.76

<b>Emotionally supportive/nurturing</b>	I know that at times my being a supportive listener is one of the most important things I can do for a child.	.84
<b>Empathy &amp; Compassion</b>	I believe that children need to be supported or helped to express their pain and grief.	.69
<b>Having a sense of humor</b>	I think that using humor is an important way for me to deal with parenting stress or challenges.	.79
<b>Realistic</b>	I recognize that the success of the child I am parenting may look different than success for other children.	.70
<b>Relationally oriented</b>	I believe that current and former relationships have an effect on a child's self-perception and identity.	.61
<b>Resilient and patient</b>	If the child I am parenting and I work together to solve a problem, we'll eventually find a way to resolve it.	.52
<b>Self-awareness/self-reflection</b>	In most situations, I can identify why I have responded inappropriately in a parenting situation.	.76
<b>Tolerance for rejection</b>	I do not need to receive love and affection from a child in order to provide love and affection as a parent.	.74
<b>Trustworthiness</b>	I understand the importance of being honest and reliable in building trust with a child I am parenting.	.72

## Sample

For the baseline, 172 participants met the inclusion requirements and completed the self-assessment. Of those participants, 120 also completed the 90-day follow-up self-assessment. More participants consented to participate in the study and completed the demographics portion of the questionnaire than completed both the baseline and follow-up of the self-assessment.

## Results

### Themes

For each of the 5 themes, Table 3.3 presents the mean (average) and standard deviation of participant self-assessment scores at baseline and 90-day follow-up, along with the change in means to measure participant learning from the NTDC classroom curriculum. In addition, statistical results are reported for each theme to understand if any observed changes in mean scores are significant (p-value).

At baseline, the caregivers rated themselves at an average of 8.7 on a scale from 0 to 10, which indicates having some competency in a content area but are not feeling confident in having the full range of skills. The theme with the lowest average score at baseline for participants was "Separation, Grief, and Loss" (M=8.1, SD=1.3). The highest rated theme was "Child Development" (M=9.1, SD=1.1).

At the 90-day follow-up, caregivers rated themselves at an average of 9.2 on a scale from 0 to 10, which indicates confidence in having near the full range of skills. The theme with

the lowest average score at 90-day follow-up for caregivers was “Separation, Grief, and Loss” (M=8.8, SD=1.0). The highest rated theme was “Child Development” (M=9.4, SD=0.9).

Participants’ scores improved 0.5 points on average from baseline to the 90-day follow-up after completing the NTDC classroom curriculum. All five themes had statistically significant improvements from baseline to 90-day follow-up.

**Table 3.3 All Site Theme Scores at Baseline and at the 90-Day Follow-Up (n=120)**

Theme	Baseline M (SD)	90 Day <sup>^</sup> M (SD)	Change in Means
Attachment	9.0 (1.0)	9.3 (0.9)	+0.3***
Child Development	9.1 (1.1)	9.4 (0.9)	+0.3**
Separation, Grief, and Loss	8.1 (1.3)	8.8 (1.0)	+0.7***
Trauma Informed Parenting	8.8 (1.2)	9.4 (0.9)	+0.6***
Trauma Related Behaviors	8.6 (1.1)	9.1 (0.9)	+0.5***

<sup>^</sup>=90 days after training was completed; \*= $p < .05$ , \*\*= $p < .01$ , \*\*\*= $p < .001$

### Characteristics

For each of the 14 parenting characteristics, Table 3.4 presents the mean (average) and standard deviation of the kinship caregivers’ self-assessment scores at baseline and 90-day follow-up, along with the change in means to measure caregiver learning from the NTDC classroom curriculum. In addition, statistical results are reported for each characteristic to understand if any observed changes in mean scores are significant (p-value).

At baseline, participants rated themselves at an average of 8.8 on a scale from 0 to 10, which indicates having a high degree of competency in a content area but are not feeling confident in having the full range of skills. The characteristic with the lowest average score at baseline for participants was “Resilient and patient” (M=8.3, SD=1.2). The highest rated characteristic was “Emotionally supportive/nurturing” (M=9.4, SD=1.0).

At the 90-day follow-up, participants rated themselves at an average of 9.3 on a scale from 0 to 10, which indicates confidence in having near the full range of skills. The characteristic with the lowest average score at 90-day follow-up for caregivers was “Realistic” (M=8.9, SD=1.0). The highest rated characteristic was “Emotionally supportive/nurturing” (M=9.6, SD=0.8).

Participants’ scores improved 0.5 points on average from baseline to the 90-day follow-up after completing the NTDC classroom curriculum. There were 12 characteristics that had statistically significant improvements from baseline to 90-day follow-up. Of the two

characteristics without statistically significant results, both had baseline scores of 9.2 or higher. These very high baselines make it difficult to measure improvement statistically.

**Table 3.4 All Site Characteristic Scores at Baseline and at the 90-Day Follow-Up (n=120)**

Characteristic	Baseline M (SD)	90 Day <sup>^</sup> M (SD)	Change in Means
Adaptability/flexibility	8.4 (1.4)	9.2 (0.9)	+0.8***
Appreciation for diversity/other world views	8.8 (1.1)	9.2 (0.9)	+0.4**
Attunement	8.7 (1.1)	9.1 (1.0)	+0.4***
Belief in self-efficacy	9.1 (1.0)	9.4 (0.9)	+0.3**
Committed	8.7 (1.3)	9.0 (1.0)	+0.3***
Emotionally supportive/nurturing	9.4 (1.0)	9.6 (0.8)	+0.2
Empathy & Compassion	8.6 (1.2)	9.3 (0.9)	+0.7***
Having a sense of humor	9.2 (0.9)	9.4 (0.9)	+0.2*
Realistic	8.5 (1.2)	8.9 (1.0)	+0.4**
Relationally oriented	8.6 (1.0)	9.1 (0.9)	+0.5***
Resilient and patient	8.3 (1.2)	9.2 (0.9)	+0.9***
Self-awareness/self-reflection	9.1 (1.1)	9.4 (0.8)	+0.3**
Tolerance for rejection	9.1 (1.0)	9.4 (0.8)	+0.3***
Trustworthiness	9.2 (1.0)	9.4 (0.8)	+0.2

<sup>^</sup>=90 days after training was completed; \*= $p < .05$ , \*\*= $p < .01$ , \*\*\*= $p < .001$

### Comparison with Virtual Self-Assessment Evaluation

The results of the in-person self-assessment analysis suggest that the NTDC classroom curriculum is helpful for caregivers to further develop their characteristics, attitudes, knowledge, and skills in a range of content areas related to effective parenting. In-person participants saw statistically significant improvements between baseline and 90-days after training completion for all five themes and 12 of 14 characteristics. The other two characteristics saw improvements, but these changes were not statistically significant due to very high baseline scores. The results of the virtual evaluation were very similar. Of these themes and characteristics, virtual participants saw statistically significant improvements between baseline and 90-days after training completion for all five themes and all 14 characteristics. Overall, these results indicate that caregivers in both the in-person and virtual evaluations were knowledgeable in how to care for children before starting NTDC, and that

the NTDC classroom curriculum helped those caregivers to become even more knowledgeable by identifying and filling in those areas of learning opportunities that did exist.

# CHAPTER 4: CLASSROOM-BASED TRAINING

## Introduction

The NTDC training contains 14 Classroom-Based Training themes that were determined to be essential for resource parents. Themes are the individual topical content areas that constitute segments of the comprehensive child welfare training and development curriculum. They can be compared to modules in a training manual or chapters in a book. Each theme is a mini training on a specific topical area. Each theme runs approximately one to two hours in length (range 55 minutes to 105 minutes).

For the purpose of analysis, the 'Introduction and Welcome' theme is not included in this report as no evaluation tools were developed for this theme outside of the facilitator fidelity form. Classroom sessions were done in-person led by a facilitator. The length of sessions and order of themes varied by site. Each theme has competencies that were developed to address important knowledge, attitudes and skills associated with that topic. All of the Classroom-Based Training themes followed a similar construct which included:

- Prior to class, participants completed a pre-test survey to establish baseline knowledge and registered for the NTDC online portal.
- The Participant Resource Manual was provided to participants at the start of training. The manual contains basic information about the curriculum including a summary of each of the three components. There is a place provided in the manual for participants to take notes and journal their thoughts.
- Content layered learning that includes 15 to 20 minutes of lecture and then some type of activity, discussion, skills check and/or media that reinforces the information relayed in the lecture.
- Reflection/relevance section where parents are asked to apply the information learned in the theme to their own life.
- Resources that parents can access on the NTDC portal to continue their learning on the topic.
- Skill checks (for themes that contain them) to evaluate skill level.
- Post-test to evaluate competency gains.

## Methods

### Sample

The participants included in the analysis consented to participate in the study and completed training on or before July 15, 2024. Participants were excluded if they did not complete the pre-

test and/or post-test, or if they dropped out of training prior to completion. Due to this exclusion, the range of participants analyzed in each theme differs from the total number of participants that consented to participant.

## Measures

Facilitators completed fidelity forms after training each theme. Participants completed a pre-test at baseline and post-test, skill checks, and satisfaction surveys at the end of each theme. These data are reported for each training theme.

**Pre- and post-tests.** Participants completed a pre-test electronically prior to attending the NTDC. The post-test was implemented at the end of each theme on paper. Each post-test contained two knowledge questions regarding that theme and several satisfaction questions (found in Participant Satisfaction section). The pre- and post-test section provides the following information:

- The number of participants that completed both the pre- and post-test knowledge questions.
- Average pre-test score and average post-test score: the percentage of correct responses at pre- and post-test.
- The difference between the pre- and post-test scores. Themes in which there were gains are indicated in bold.
- Whether there was a significant difference between the overall mean (all themes combined) of the pre-test and post-test

**Participant satisfaction** was examined using the post-test survey's satisfaction section. Participants were asked to select their level of agreement with statements regarding their satisfaction with the training overall, their satisfaction with the activities, and their satisfaction with the facilitator's competence. A six-point scale ranging from 1 - 'strongly disagree' to 6 - 'strongly agree' was used to indicate the level of agreement. For overall satisfaction with the theme, participants rated their level of agreement with statements that the training was relevant and helpful, interactive, and used many techniques to keep their attention. Participants were also asked their level of agreement with the following statements: the training was rushed; boring; and organized and easy to follow. In regard to satisfaction with the activities, participants rated their level of agreement with statements that activities were organized and easy to follow; relevant and helpful; engaging; boring (reverse coded); and rushed (reverse coded). For their satisfaction with the facilitator, participants rated their level of agreement with statements that the facilitator answered questions; was disorganized (reverse coded); encouraged



participation; was culturally respectful; was knowledgeable; stayed on topic; was approachable; and was engaging. We report an average score for each of the response categories (satisfaction with the training, activities, and facilitation). The negative responses were reverse coded prior to scoring. Higher scores indicate higher levels of satisfaction for each category.

Participants were also asked if they had a facilitator with experience as a foster, adoptive, or kinship parent. If the participant indicated 'yes', they were asked if it was helpful to have a facilitator with lived experience as a foster, adoptive or kinship parent. This was followed up with an open-ended question of why or how it was helpful. The results are presented as a percentage of participants who found having a facilitator with lived experience helpful.

For classes that were trained in a virtual classroom, two additional questions were asked regarding participants' experiences with the online setting. These questions include the following: 'I am comfortable with using online technology' and 'the remote online platform made it difficult to fully learn the material.' Participants responded using a Likert scale ranging from 1 - 'strongly disagree' to 6 - 'strongly agree' to indicate their level of agreement. An average score was reported out for each question. The higher the number in the first question indicates the participants are comfortable with using technology. The lower the number in the second question indicates that participants did not feel that the online platform impeded their learning.

**Open-ended feedback on training themes.** Two open ended questions were asked of participants: 'what aspect of the training did you like most?' and 'what aspects of the training could be improved? How?' The feedback and the number of times a theme was mentioned for each training session is provided.

## Results

### Pre and Post test Scores

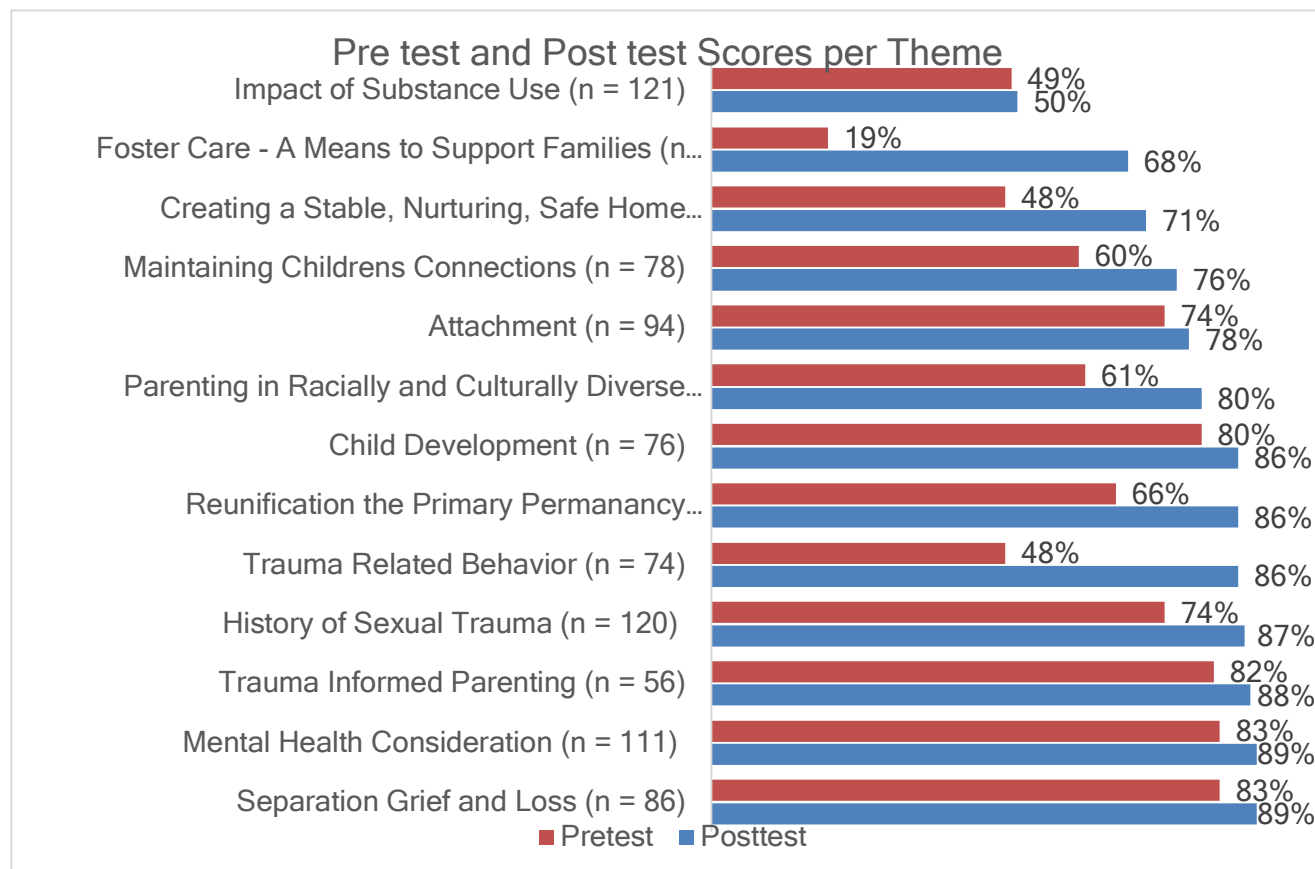
Those who agreed to participate in the study took pre- and post-tests during each theme. The pre- and post-tests include two knowledge questions per theme. On average, there were 86 participant responses per theme (range 56-121). The sample size varies due to the number of participants in each theme. Significance testing was conducted using a paired samples t-test between the means of the pre-test (per theme) and the post-test (per theme). There was a significant increase in the test scores after training in 7 themes. Overall, there was improvement on 13 out of 13 themes, ranging from an increase of 1% to 49%. The 'Foster Care - A Means to Support Families' theme had the greatest score improvement. See Figure 4.1. Additional information on pre- and post-test scores is available in Table 4.1.

Table 4.1 All Site Pre and Post test scores

Theme	Number completing pre/post test	Pre test score (%)	Post test score (%)	Difference
Attachment	94	74	78	4
Child Development	76	80	86	6
Creating a Stable, Nurturing, Safe Home Environment	62	48	71	<b>23***</b>
Foster Care - a Means to Support Families	71	19	68	<b>49***</b>
History of Sexual Trauma	120	74	87	<b>13***</b>
Impact of Substance Use	121	49	50	1
Maintaining Children's Connections	78	60	76	<b>16**</b>
Mental Health Considerations	111	83	89	6
Parenting in Racially and Culturally Diverse Families	109	61	80	<b>19***</b>
Reunification - The Primary Permanency Planning Goal	60	66	86	<b>20***</b>
Separation Grief and Loss	86	83	89	6
Trauma Informed Parenting	56	82	88	6
Trauma Related Behaviors	74	48	86	<b>38***</b>

Bold indicates \*=p<.05, \*\*=p<.01, \*\*\*=p<.001

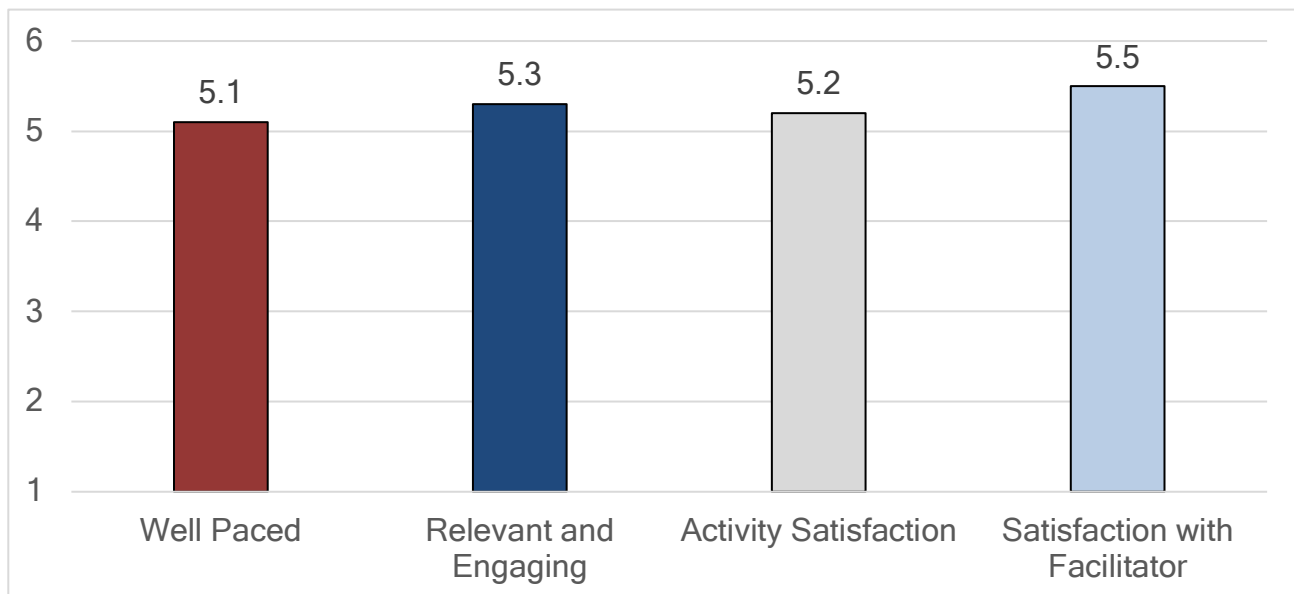
Figure 4.1 Pre and Post test Scores Per Theme and Number of Participants



## Participant Satisfaction

Participants selected their level of agreement with statements regarding their satisfaction with training, activities, and the facilitator. A six-point scale ranging from 1 - 'strongly disagree' to 6 - 'strongly agree' was used to indicate the level of agreement. A score closer to 6 indicates greater satisfaction. The means (or average) scores of participants were calculated. In addition, the standard deviation (variation from the mean) was also calculated. Overall, participants appeared satisfied with the process and facilitation, with an overall average of 5.3 (range 5.1 to 5.5). The sample size (n) for each theme differs due to variation in responding to the post test. Figure 4.2 provides a visual of the four satisfaction categories. Figure 4.3 provides a visual of four satisfaction categories per theme. The **light blue** indicates participant satisfaction with the facilitator's knowledge, ability to stay on topic, and level of engagement. **Grey** indicates participants felt the group activities were easy to follow, relevant and helpful, and engaging. The **red** indicates participants felt the training was not rushed or boring and was organized and easy to follow. Lastly, the **dark blue** indicates the participants felt the training was relevant and helpful, interactive, and used many techniques to keep their attention. See Figures 4.2 and 4.3. Table 4.2 provides the averages and standard deviation of the four satisfaction categories.

**Figure 4.2 Overall Participant Satisfaction**



**Figure 4.3 Participant Satisfaction Per Theme**



Satisfaction with facilitator= participants were satisfied with the facilitator’s knowledge, ability to stay on topic, and level of engagement. Activity Satisfaction=participants felt the group activities were easy to follow, relevant and helpful, and engaging. Well-paced =participants felt the training was not rushed or boring and was organized and easy to follow. Relevant and Engaging =participants felt the training was relevant and helpful, interactive, and used many techniques to keep their attention.

**Table 4.2 All Site Participant Satisfaction (1-6 scale)**

Theme	Training was relevant and helpful, interactive, and used many techniques to keep their attention		Training was not rushed or boring and was organized and easy to follow		Group activities were easy to follow, relevant and helpful, and engaging core		Participants were satisfied with the facilitator's knowledge, ability to stay on topic, and level of engagement	
	M	SD	M	SD	M	SD	M	SD
Attachment	5.1	1.1	5.1	0.8	5.2	0.7	5.5	0.6
Child Development	5.3	0.9	5.1	0.8	5.2	0.8	5.4	0.7
Creating a Stable, Nurturing, Safe Home Environment	5.3	0.7	5.4	0.6	5.3	0.7	5.5	0.5
Foster Care as a Means to Support	5.4	0.7	5.2	0.8	5.4	0.7	5.5	0.7
History of Sexual Trauma	5.4	0.7	5.1	0.8	5.3	0.7	5.9	0.1
Impact of Substance Use	5.4	0.7	5.0	0.9	5.1	0.9	5.5	0.6
Maintaining Children's Connections	5.4	0.8	5.1	0.8	5.2	0.8	5.5	0.6
Mental Health Considerations	5.4	0.8	5.1	0.9	5.1	0.9	5.5	0.6
Parenting in Racially and Culturally Diverse Families	5.3	0.8	5.1	0.8	5.1	0.9	5.3	0.9
Reunification - The Primary Permanency Planning Goal	5.4	0.6	5.3	0.7	4.9	1.0	5.4	0.6
Separation Grief and Loss	5.3	0.7	5.1	0.7	5.1	0.6	5.3	0.5
Trauma Informed Parenting	5.2	0.9	4.8	1.4	5.0	1.1	5.4	0.6
Trauma Related Behavior	5.3	0.7	5.0	0.9	5.0	0.9	5.3	0.6

**Facilitator Experience as Foster, Adoptive, or Kinship Parent**

Of the participants who indicated they had a facilitator who was an adoptive, foster, or kinship parent, 95% reported having a facilitator with parental experience was helpful. Participants reported having a facilitator with foster, adoptive or kinship experience was helpful because of the knowledge and experience they bring, the ability to take the curriculum and provide real life examples and application, and that those facilitators understood what the participants were going through and were able to provide feedback and support.

**Open-ended Questions**

After each post-test participants were asked two open-ended (also known as qualitative) questions. Participants were asked, 1) What aspects of the training did you like the most?, and 2) What aspects of the training could be improved and how? As a part of the analysis, the written responses were placed in thematic categories and counted. It is important to note that not all participants wrote in answers to the open-ended questions.

The most common responses to what aspects of the training participants enjoyed were the engagement and interaction with other parents (22%), the videos (21%), learning something new (14%), the group activities (8%), the examples and case studies presented (7%), the shared real-life experience by facilitators and other parents (6%), everything about the training (5%), and the skill building aspects of the training (5%).

The most common responses to what aspect of the training could be improved was that there was nothing to be improved (54%). Additional responses included specific suggestions for improving the training (each individual suggestion is listed under the accompanying theme in the appendix; 8%), wanting more interaction time (6%), and wanting to increase or better use the time of trainings (5%).

Detailed feedback, including the frequency in which participants mentioned each of the above categories, can be found in Appendix A. The details are broken out by theme and sometimes include specific feedback on topics and suggested additions. See table below for the page number of each theme.

**Table 4.3 Open ended response by theme**

Theme	Appendix Page Number
Attachment	52
Child Development	53
Creating a Stable, Nurturing, Safe Home Environment	55
Foster Care as a Means to Support	56
History of Sexual Trauma	57
Impact of Substance Use	59
Maintaining Children’s Connections	61
Mental Health Considerations	62
Parenting in Racially and Culturally Diverse Families	64

<b>Reunification - The Primary Permanency Planning Goal</b>	66
<b>Separation Grief and Loss</b>	67
<b>Trauma Related Behaviors</b>	69
<b>Trauma Informed Parenting</b>	71

### **Comparison with Virtual Classroom Curriculum Evaluation**

The evaluation of the in-person classroom curriculum produced very similar results to the evaluation of the virtual classroom curriculum conducted previously. Of the themes that were evaluated in both the in-person and virtual implementations of the classroom curriculum, both the in-person and virtual evaluations saw an average increase in knowledge scores from pre test to post test of 16 percentage points. Satisfaction was also similarly high in both, with the average satisfaction rating in both the in-person and virtual evaluations corresponding to a rating of “agree” with statements regarding satisfaction with the training, facilitator, and activities. In particular, the average satisfaction rating in the virtual evaluation was 5.4 on a scale from 1 = “strongly disagree” to 6 = “strongly agree” while the average in the in-person evaluation was 5.3 on the same scale. Finally, both the in-person and virtual evaluation participants reported high levels of satisfaction (95% and 96% respectively) with having a facilitator with foster, adoptive, or kinship parental experience. These very similar levels of knowledge gain and participant satisfaction with both the in-person and virtual implementations of the NTDC classroom curriculum suggest that both modalities can serve as effective delivery methods for participants.

# CHAPTER 5: OUTCOME

## Introduction

The effect of the overall NTDC training program on caregiver participants was also measured as part of the evaluation. Participants were asked to complete a short outcome survey both at baseline (immediately before starting the NTDC training) and at a six-month follow-up. In particular, the outcome survey was designed to measure the potential for caregivers to successfully foster children who might be considered challenging. In addition, rates of caregiver receipt of licensure were measured for caregivers at least three months after completing the NTDC training program.

## Methods

### Challenging Children (CC) - Applicant Subscale of the Casey Foster Applicant Inventory (CFAI-A)

The Challenging Children-Applicant Subscale of the CFAI-A<sup>4</sup> is made up of 13 items and specifically measures the potential to successfully foster children who may be considered more challenging. In the NTDC study, a subset of 8 of the original 13 items was included with some items being adapted for clarity in language for the intended population. Table 5.1 below shows the survey items and answer choices for this survey construct.

The mean and standard deviation of the overall survey score were calculated along with the mean change in score from baseline to the six-month follow-up. The statistical significance of that mean change in score was calculated using a t-test.

**Table 5.1 Outcome measure question and answer choices**

Challenging Children (CC)- Applicant Subscale of the Casey Foster Applicant Inventory (CFAI-A)	
Question	Answer Choices
I can foster/ care for/ adopt a child who lies about everything.	1= strongly disagree 2 = disagree 3 = agree 4 = strongly agree
I'm able to foster/ care for/ adopt a child who rejects me.	
I can foster/ care for/ adopt a child who says mean and hurtful things to me.	
I can foster/ care for/ adopt a child who uses bad language, such as dirty words for body parts and sex.	
** I can foster/ care for/ adopt a child with inappropriate sexual behavior.	
I can foster/ care for/ adopt a child who has a really bad temper.	



I can foster/ care for/ adopt a child who steals.	
+ I can't foster/ care for/ adopt a child who doesn't try at all in school.	
<i>** Item added to the original by evaluation team</i>	
<i>+ Item reversed scored</i>	

### Caregiver Licensing Rates

Rates of caregiver licensure were also analyzed for those caregivers for whom sites had data and who completed the in-person training as late as February 2024. In Oregon, the date at which receipt of licensure was measured was 5/10/2024 for all in-person participants who had completed the training. In Florida, the date at which receipt of licensure was measured was 6/8/2024.

### Results

#### Challenging Children (CC) - Applicant Subscale of the Casey Foster Applicant Inventory (CFAI-A)

The following table shows the mean baseline and 6-month scores for in-person NTDC caregivers on the Challenging Children (CC) Applicant subscale. In-person NTDC caregivers scored slightly higher (+0.04 on a scale from 1 to 4) at the 6-month follow-up than at baseline, though the difference was not statistically significant ( $p = 0.24$ ).

**Table 5.2 In-person outcome measure results**

Challenging Children (CC) - Applicant Subscale - Mean Scale Scores		
	In-Person NTDC (N = 129)	
	M	SD
Baseline score	2.87	0.44
6-Month follow-up score	2.91	0.42
Mean change	+0.04	
Note: Answer choices ranged from 1 (Strongly Disagree) to 4 (Strongly Agree)		
Note: ^ $p < 0.10$ , * $p < 0.05$ , ** $p < 0.01$ , *** $p < 0.001$ , n/s = no statistically significant difference		

### Caregiver Licensing Rates

The rate of obtaining caregiver licensure was analyzed for those caregivers ( $n = 120$ ) for who met the eligibility criteria described in the methods section above. The rate of in-person participants who received licensure three or more months after completing training was 32.5%.

## Comparison with Virtual Outcome Evaluation

The following table shows the mean baseline and 6-month follow-up scores for the virtual NTDC and virtual control groups on the Challenging Children (CC) Applicant subscale.

**Table 5.3 Virtual outcome measure results**

Challenging Children (CC) - Applicant Subscale - Mean Scale Scores			
	Virtual NTDC (N = 395)	Virtual Control (N = 397)	Statistical Comparisons
Baseline score	2.79	2.72	**
6-Month follow-up score	2.84	2.69	
Mean change	+0.05	-0.02	***
Note: Answer choices ranged from 1 (Strongly Disagree) to 4 (Strongly Agree)			
Note: ^ p<0.10, * p<0.05, ** p<0.01, *** p<0.001, n/s = no statistically significant difference			

Virtual NTDC caregivers scored statistically significantly higher on the Challenging Children Applicant Subscale than virtual control caregivers, and also had statistically significantly larger growth in their scores by the 6-month follow-up. The growth in scores observed for the set of NTDC caregivers who received the training virtually (+0.05 on a scale from 1 to 4) was very similar to the growth in scores observed for the set of NTDC caregivers who received the training in-person (+0.04).

## CHAPTER 6: CAREGIVER FOCUS GROUPS

### Introduction

The evaluation team held six focus groups between April and July 2024 about the NTDC curriculum in the two pilot sites that offered in-person training: Florida and Oregon. Two in-person focus groups were held at the Embrace Families offices in Orlando, Florida, one for those who received NTDC training in-person and the other for those who received the training virtually. Similarly, two focus groups were held virtually for Florida, one for those trained in-person and the other for those trained virtually. One focus group was held in-person in Salem, Oregon, at the state Department of Human Services offices, and another virtually. NTDC was also known by the alternative name of Resource and Adoptive Family Training (RAFT) in Oregon and was referred to as such by Oregon focus group participants.

The evaluators used a semi-structured focus group protocol of 12 questions (please see Appendix B). Each session was approximately an hour long and audio recorded by the evaluators. The in-person recordings were transcribed by an online transcription service, while the virtual recordings were automatically transcribed by Zoom. A member of the evaluation team listened to each recording and verified the accuracy of the transcription. Participants were compensated with a \$50 gift card for attending the focus groups. Additionally, participants were asked to complete a brief demographic survey at the beginning of the focus groups.

### Methods

#### Participant Sampling

The focus group population consisted of former, current, and potential resource caregivers who completed the NTDC training. Participants in Oregon were recruited by the Department of Human Services' child welfare training team and NTDC lead consultant. Participants in Florida were recruited by Embrace Families, the nonprofit agency responsible for licensing resource caregivers for the state in the greater Orlando area during this grant period. At the time of the focus groups, Embrace Families was in the final stages of shutting down its operations after ending its contract with the state, resulting in resource caregivers needing to change licensing agencies. Oregon only offered in-person training, while Florida offered both in-person and virtual training. Table 6.1 lists the number of participants in each focus group.

**Table 6.1 Focus Group Dates and Participants**

Date	State	Training Method	Focus Group Method	Participants
04/03/2024	Florida	Virtual	In-Person	3
04/03/2024	Florida	In-Person	In-Person	4
06/20/2024	Oregon	In-Person	In-Person	4
07/09/2024	Florida	Virtual	Virtual	2
07/10/2024	Florida	In-Person	Virtual	6
07/25/2024	Oregon	In-Person	Virtual	1

There was a total of 20 participants across all focus groups. Of the 19 who completed the demographic survey, the majority identified as female (84.2%), white (63.2%) and with a current foster youth in their home (68.4%). Most (57.9%) are caring for youth 12 years or younger, and 3 families (10.5%) are caring for a sibling set. Table 6.2 provides more demographic details.

**Table 6.2 Focus Group Demographics**

	Number of Participants	Percentage of Total Participants
<b>Female</b>	16	84.2
<b>Male</b>	3	15.9
<b>Black or African-American</b>	5	26.3
<b>Hispanic/Latino</b>	3	15.8
<b>White</b>	12	63.2
<b>Have current foster child in home</b>	13	68.4
<b>Does not have current foster child in home</b>	5	26.3
<b>Caring for sibling set</b>	3	10.5
<b>Caring for youth 12 years and younger</b>	11	57.9
<b>Caring for youth 13 years and older</b>	3	15.8

## Data Analysis

Using a thematic analysis approach (Braun & Clarke, 2006), an evaluator listened to the recordings and verified the accuracy of the transcripts. The transcripts were then simultaneously read and coded by two evaluators using the qualitative analysis software Dedoose. After the initial code development, the evaluators met and compared codes to ensure inter-rater reliability and establish emerging themes. Codes were subsequently grouped together, with some merged due to overlapping definitions. The evaluators re-coded the transcripts with the common codes and finalized the main themes and sub-themes of the focus groups. The evaluators also ran a standardized statistical test of inter-rater reliability, known as Cohen's kappa, to ensure they were defining and applying codes the same way. The test is scored between -1 and 1, with more agreement between evaluators as the score approaches 1. For the Florida focus groups, there was a Cohen's kappa of exactly  $\kappa = 1.00$ , suggesting near perfect agreement between the coders. For the Oregon focus groups, there was a Cohen's kappa of  $\kappa = 0.96$ , which also indicates a very high degree of agreement between the coders.

## Results

There were three main themes discussed by the focus group participants: 1) accessibility and feasibility of training, 2) personal or family preparation, and 3) recommendations for the training. Each category had several sub-themes.

### Accessibility and Feasibility of the Training

#### *In-person vs. Virtual Training*

Participants spent most of the sessions discussing their satisfaction with the NTDC training and logistics. Conversations naturally led to the evaluators asking the focus groups about the delivery of their training, whether in-person or virtual, given the curriculum's initial design of in-person instruction. Participants were consistent in that those who received training in a particular mode were insistent that it was the best way to learn the curriculum.

*"For us, we have kids, so doing it at home behind a computer and then still having our kids around, I don't think we would've listened to half what was said, so in person was the way to go."* - Oregon participant

*“You also had to share, and that was really good because you had to participate as opposed to just ... hiding behind a screen, or in a Zoom meeting where you can maybe turn your monitor off or turn your volume off. You had to participate, you had to engage with one another.”* - Florida participant

*“I worked full time while I did it and I had my own kids at home, so it was very helpful for me to do online. I understand why they might encourage in person, but at the same time do I feel like in person is necessary?”* - Florida participant

Those who took the NTDC training in-person placed a high value on the interactions they had with fellow classmates and the community they built. Both Oregon and Florida in-person participants described staying after class to continue their conversations with the facilitator and their classmates. The classroom format allowed participants to focus on the facilitator rather than being distracted by things at home had they taken the training online. In Oregon, there was strong appreciation that the agency offered childcare during their classes, allowing them to attend without needing to find alternative care.

Conversely, those who took the training virtually placed a high value on the flexibility that distance learning offered them. They noted that juggling work, their own children and other commitments while taking a lengthy resource caregiver training was not feasible. They also reported being able to connect with their classmates online.

### ***Practical Information and Resources***

Of particular value to participants were the resource binders and the NTDC portal. Participants in both states noted how they would often use them as references to either inform their own practices as a resource caregiver or to provide advice and knowledge to other caregivers regarding child behavior and other topics. For example, one participant described sharing information with their neighbor. There was also a strong desire by participants to keep the NTDC portal active as a continuing resource.

*“There were great practical aspects, how to make the children feel welcome in your home, have nightlights in the hall, give 'em a little tour. That kind of stuff. And it did help. Those tips were great for welcoming our kids that were a little bit older and weren't just being held and put into their crib at night. We've taken from infants to, our*

*oldest was 11, and so those were phenomenal because I wouldn't have thought of some of those things.” - Florida participant*

*“The NTDC portal is what helped me find the phone number of who I needed to call in Tallahassee because Osceola County was not helpful. So like I said, I got a lot of resources from the portal.” - Florida participant*

*“Yeah, there was a whole multiple sections on emotional regulation that I think it could apply to anybody. And I find myself thinking back on some of those things when I get worked up at work or something, just thinking through the things I said, walk with somebody, don't have a face to face. That's really good. I've been using that in meetings a lot. Yeah, just the emotional regulation stuff is really useful all around.” - Oregon participant*

Participants also found that the concepts and practices they learned from NTDC were applicable not just to their role as resource caregivers, but in other areas of their lives as well. They described using techniques they learned in the work setting, or with their biological children or students they may work with.

### ***Facilitation and Training Logistics***

Overall, participants were satisfied with the logistics of training and did not want it to be shortened for fear of losing content. Both in-person and virtual trainings were held once a week in a three-hour block, usually after the workday concluded. All focus group participants strongly praised their facilitator, regardless of state or method of instruction.

*“It could have went a little longer. I think it was just because our group we were really into discussing things. And so we had to cut like cut our discussions a little short sometimes. But we were all very vocal group of people. So you know, for our group, it could have been longer for other groups that might have been too long. But I think it was a good timeline.” - Oregon participant*

*“I always had a million questions and ... they never made me feel that (I had to) stop. No, they answered everything. They were amazing. I can't say more about them.” - Florida participant*

*“I just felt like (the facilitator) did a really good job. It's tricky. You've got, whatever, 10 screens and he ... was kind of served a tough bill of goods. We're on the heels of COVID, so everyone's used to a virtual visit, but is anyone really used to it? It's like the traction level's high and he was just natural, kind, inclusive. He was a great facilitator.”*

- Florida participant

Focus group participants emphasized the importance of the use of scenarios in the training to help them better understand the concepts being taught and especially enjoyed the interactive parts of the training, such as group discussions and tangible activities to do with foster youth. Many participants recalled the “pack your bag” activity as particularly helpful, with the resource caregivers needing to choose a limited number of items in their home to take with them in simulation of what a sudden placement change can feel like for a foster youth.

### ***Willingness and Preparation to Become a Resource Caregiver***

Focus group participants felt that the NTDC training helped prospective resource caregivers determine whether they were actually ready to become a foster parent. Consistent with previous findings about NTDC, the participants noted that some people did not come back to training after a few classes after realizing they would be unable to adequately care for a foster youth. On the other side, some participants felt the training solidified their motivation to become a foster parent, though it may have altered the age or other characteristics of children they were willing to take.

*“So for us, it kind of changed our motivation a little bit just because the age that we were looking forward to (older youth), we kind of learned that they're more aggressive, more violent, they deal with depression and all that. And so that kind of scared me to have those kids, that type of kid around my kids. I didn't know how it would work out or what was going to be the impact on my younger kids.”* - Oregon participant

*“At first I was kind of like, I don't know, but a couple of people dropped out along the way. Class got a little smaller because everybody's not equipped to deal with it. But yeah, it was very good. The training was amazing. Yeah, a little scary, but necessary. They try to prepare you for what's ahead.”* - Florida participant



*“It prepared me to not have adoption or have long-term as a goal, because, you know, it really emphasize that reunification is the goal. And so coming into fostering, or once I finish a course like my mindset shifted as far as what is my purpose in this process.”-*  
Florida participant

There were some differences in opinion as to whether the self-assessment was a helpful tool. Some participants were unable to remember the tool at all, given the length of time that passed between their training and the focus group. Those who did remember, however, tended to appreciate what they were able to learn about themselves before becoming foster parents but may have expressed some ambivalence around the usefulness of the assessment.

*“And I love the assessments that we did, even if it was about ourselves. It was funny when they would ask us in the training and people were like, I'm shocked. I'm like, you were answering about yourself, and you're shocked of who you were, but that's okay. And so that did help affirm because looking back seven months and when the agency was saying, you're very resilient, I'm like, well, that was the top on my thing (self-assessment). And it just helped remembering, okay, I can do this.”-* Florida participant

*“Yeah, I'd say before the self-assessment I'd have, I was like 65% confident that we were going to be able to do this. All right. And then after the self-assessment, I was like 20% confident. And then after taking the course and doing the self assessment again, I'm probably like ... maybe 50%.”-* Oregon participant

*“I don't think it's helpful at all. I think what would be helpful is what we've talked about and then if you want to ask me to reflect, it's those exercises to take me out of my own self. The truth is we've done enough heart reflection to get to a place where we're sitting in a training. So we know we have strengths, we know we have weaknesses. We know we're not perfect, but we also know we're kind of willing to lay ourselves down. So don't try and talk someone out of that and write out your life story.”-* Florida participant

### ***Personal or Family Preparation for Training***

Though not one of the focus group questions, participants discussed at length their personal backgrounds and what they did to prepare for both the training and for being a resource caregiver. Some had young biological children and felt this helped equip them to be a resource caregiver. Others had an empty nest and wanted to bring children back into their home. Most sought extra resources outside the classes, including seeking formal supports such as the local foster closet or a foster parent support group. Still, there was a general sentiment that no one can ever be prepared for everything that might happen as a resource caregiver.

*"I got like more books on something that ... I thought, well, maybe I need more about. So I search out more of that information rather than just let it slide, because they gave me something to work towards."* - Oregon participant

*"But until you are in the trenches, and although I have not received a child of my own as of yet, just having the opportunity to work in the field and to see what these children go through, you have to have the resiliency. You have to have the tough skin, you have to have the passion in order to want to provide a structured and healthy avenue."* - Florida participant

*"I mean, again, my background is way different than a lot of these foster parents that I've met. I actually have nothing in common with any of them. It's kind of like two different worlds. I'm very street smart. I hate to say it, but, I mean, I used to be friends with half of these kind of people that back in the day who got their kids taken away. And so I feel like I can relate to these kids a little better than some of the others."* - Florida participant

## **Participant Suggestions**

### ***Localization and Navigating the Child Welfare System***

The universal criticism from the focus groups was a lack of localization of the NTDC curriculum. While participants may have felt prepared to address the socioemotional aspects of being a resource caregiver, they were unable to navigate their specific jurisdiction's Court system and did not understand the hierarchy and communication channels of their local child welfare agency. There were recommendations ranging from a short paper guide to the local

child welfare agency, to ensuring there was time during the training sequence to discuss the jurisdiction's local agencies.

*"I know that's difficult, but if the local facilitators had a sheet that they could write out provided with the state training, but that they could fill out with the numbers or the names or who, that could be very helpful because that would then localize it."* - Florida participant

*"Just like a set aside, two-hour period. What's unique about Oregon? How do things work in Oregon?"* - Oregon participant

*"I didn't feel like there was much, and I understand it's a national program, but I really think it would benefit from some localization like, here's a flow chart of how the legal system here works with reunification or how it would work for you know, different situations like, here's what the process looks like specific to your area. So like, and also just specific state and local regulations, you know."* - Florida participant

There was particular consternation that participants felt unprepared to work with caseworkers who were overwhelmed, constantly turning over and unable or unwilling to provide the help resource caregivers were looking for.

*"I had this amazing case manager for our first placement in the beginning until she quit."* - Florida participant

*"I would call my case manager, 'I don't work on the weekends. I'll talk to you Monday.' And she would never call. So I got to the point where I'm like, 'do your monthly visit, 10 seconds and it's okay, go. I'll handle it.' So we've literally been doing this on our own."* - Florida participant

*"Also, what to do when DHS [Department of Human Services] is difficult. That wasn't discussed, but in all the foster parent forums and people I talk with, there's often anecdotes about frustrations with the caseworker or with appointments or something and how they had to navigate that. And I mean it's great. DHS is putting stuff like this on, but you have weaknesses. Every program does. And saying if you can't reach*

*somebody, here's what you do. Or options for appointments would be really helpful because I feel like we learned really late that sometimes the biological parents could take them to appointments or the caseworker could take them to appointments, which will dramatically change how we approach things with our jobs. But yeah. Yeah, more DHS stuff. The good and the bad.” - Oregon participant*

### ***Scheduling and Pacing***

While there did not appear to be any appetite to cut down the curriculum and reduce the length of time spent in NTDC training, there were many suggestions to extend the time to lessen the burden on working parents. This was especially true of those who trained in-person, as they noted that they were often staying after class to talk with each other and there never seemed to be enough time to learn everything.

*“I think two hours, two times a week, one module every day. Every section would work good. Also, I think our brains maybe could retain more knowledge because I feel like I was getting at the beginning, I was paying attention. Midway. I was like, whoa.” - Oregon participant*

*“And then you also got to realize even after 9:30 p.m. there's still chatter going on. There's still questions. So sometimes we weren't getting out until almost 10 o'clock and then having to still have to go home and for those who go to work the next day too. It was on a Wednesday night. So I do think maybe having the option to do it on a weekend or during the weekend, a Saturday or a Sunday sometime. I think that might be a little bit more helpful too.” - Florida participant*

### ***Resources and Homework***

Though participants appreciated the resources provided to them by the NTDC training, there were suggestions that the resource binder needed to be cleaned up, as pages were poorly numbered, making it difficult to follow along with the instructor. Additionally, participants in both Oregon and Florida criticized the length of the podcasts played during class. Some participants suggested that training elements such as the podcasts can become homework that they can do in the intervening time between classes. This would then free up more time in the classroom for further discussion of the material rather than absorbing it for the first time.

*"I am not a good auditory learner. I'm a very good visual learner, but audio stuff just in one ear out the other, there's no way to follow along what's in the book with what they're talking about. The instructors often didn't even know what page they were supposed to be on or what section. It wasn't, it wasn't in order. Things would have multiple page 21s in a row or something like that. It was impossible to follow along the book."* - Oregon participant

*"There was one thing that drove me crazy every time it happened. It was listening ... to like a podcast, and sometimes it was like 20 minutes long. And it's 8:30 at night and we have a 20 minute long podcast to listen to. Not that the podcasts aren't great, but it's too long. And if there's no visuals then yeah."* - Oregon participant

*"The podcast sections of them – while the content was I'm sure fine like again, maybe this is me, because I'm a visual person – they will legit ... put me to sleep."* - Florida participant

## **Recommendations**

These focus groups have provided rich textual data on how the two in-person pilot site participants felt about NTDC. Overall, it confirms what has been regularly described by surveys and other quantitative data throughout the life of the project. Each focus group consisted of a wide range of quality conversations yet distilling them into themes proved relatively simple as the participants described consistent or similar experiences with NTDC throughout the six different focus groups.

Participants appeared to take great value from NTDC. However, the most common criticism across all focus groups was a lack of localization. After some discussion, there was an awareness among the participants that, as its name denotes, NTDC is a national curriculum developed for broad use. As the pilot phases of NTDC come to an end, it is recommended that trainers across the country consider weaving in local knowledge and processes into the curriculum, or otherwise find ways to provide that information to resource caregivers. There was a strong desire to learn more about local Court systems, including the disposition of local judges and how to have conversations with attorneys.

Because of the mixed feedback on the self-assessments, it could also benefit resource caregivers to examine that particular tool for potential improvement. Among the suggestions participants had was incorporating a journaling section into the self-assessments that they can fill out week-to-week so they can keep track of their progress and knowledge gains and course correct if needed.

Those who were trained virtually and those trained in-person were strongly in favor of their particular method of instruction, with criticism levied against the other method. It would be interesting to see if those criticisms can be mitigated by perhaps developing a hybrid version of NTDC that can provide the convenience and flexibility of virtual training with the tangibility and community building of in-person training. Another potential area of modification is having some asynchronous portions (homework) that resource caregivers can complete prior to coming to class. This would hopefully leave more room for group discussion and peer learning, which was a highlight for the participants across all focus groups. These changes could also help with the fatigue people seemed to feel at having three-hour blocks of training while navigating the context of full-time jobs or parenting responsibilities.

## CHAPTER 7: LESSONS LEARNED

During an in-person site visit in June 2024, evaluators gathered feedback from Oregon Department of Human Services (DHS) trainers who taught NTDC during the pilot period. The central office of DHS provided the training, as opposed to the local county training units. Oregon provided only in-person training during the pilot period. However, local offices are beginning to offer online trainings to the next cohorts. Trainers covered two NTDC themes a night during a three-hour session from 6 to 9 p.m. on Wednesdays. They also covered two Right-Time Training themes in one session to demonstrate the asynchronous trainings to the resource caregivers.

### **In-Person Experience**

Trainers reported that there were a lot of strengths in delivering the content in-person, as the resource caregivers are able to witness the human behavior of caring from each other that is difficult to recreate virtually. However, it was difficult to get people to attend training in person. Prior to the COVID-19 pandemic, the trainers reported filling the training room with more than 100 people; now, they were lucky to have 30 people in a room. Food offerings appeared to be a much better incentive for attendance than gift cards. Some of the classes were held at the central office's training room, while others were held at a partner YMCA. YMCA had difficulty providing childcare for resource caregivers taking the classes, as it was mostly volunteers. Trainers recommend hiring for childcare in future in-person sessions. The central office training room also had some difficulties, as the public internet would be shut off at 6 p.m., sometimes disrupting resource caregivers completing activities online.

Some of the resource caregivers started off the course sequence guarded, but were able to open up and participate over time as they grew comfortable. Trainers observed that kinship caregivers tended to be quieter than non-relative resource caregivers. It appeared they did not want other people to know why they were there (to care for related children). Oregon did not use kin-specific modules during the pilot. Similar to the resource caregiver focus group results, the trainers reported that caregivers felt there was a lot of repetition in the curriculum, and that activities were the best way to cement learning.

## **Self-Assessment**

Trainers noted that the self-assessment tool did not lend itself to be used on a cellphone and that some caregivers bought a Chromebook to participate in class and complete the surveys. Because many completed the self-assessments by phone, they did not continue and read the post-assessment materials. Some resource caregivers were unable to view the self-assessment as a growth tool, as they felt some of the questions were tricky and that there was a right answer for each question. Some of the questions appeared to be at a higher level than some caregivers were comfortable with. Trainers also advocated for a Spanish-language version of the self-assessment.

## **Next Steps**

The central office training team will be moving to virtual trainings now that the pilot has concluded, though there are efforts to work with local offices to offer some in-person sessions. At least one local office was interested in a hybrid approach, with 3 or 4 out of 9 sessions in-person and the rest virtual. Longer term, the state is exploring a blend of live teaching and asynchronous modules. The Right-Time Training has also been moved to the state's learning management system so resource caregivers can get their maintenance training hours. The central office also created a pre-training facilitator checklist and a guide to establishing in-person training based on the lessons learned from the pilot (please see Appendix C).



# APPENDIX

## Appendix A

### Open-ended Feedback by Theme

After each post test participants were asked two open-ended questions (this is known as qualitative data):

Q1: “What aspects of the training did you like the most?”

Q2: “What aspects of the training could be improved? How?”

As part of the analysis, the written responses were placed in thematic categories and counted. Some themes may contain additional categories. If a piece of qualitative data recurred frequently and was not adequately captured by existing categories, a new category was created for that theme. To assist in understanding the results of the qualitative data, the most common categories of feedback and their definitions are listed below.

Question 1: “What aspects of the training did you like the most?”

Category	Description
Videos	Brief video clips illustrating concepts being taught
Real life experience	Shared stories by experienced parents
Engagement/interaction	The discussion and interaction during the class
Examples/case studies	The presentation of examples and/or case studies to review
Activities	This included general mention of activities, however, with some themes specific activities were mentioned. When that occurred, a theme was created for that specific activity
Delivery style	The facilitator’s style and/or personality, the way the material was presented
Resources offered	The handouts, definition sheets, visuals, etc. that were provided to support the content
Knowledge attainment	The participant indicated that they learned something new
Skill building	The participant indicated they developed practical techniques for parenting

<b>Everything</b>	Participant said they liked everything about the training, or did not provide any feedback more specific than saying it was great
<b>Podcasts</b>	Episode of a podcast played to participants in order to illustrate concepts pertinent to the training or provide testimony from experts or those with lived experience
<b>Physical environment</b>	The participant described something related to the physical environment of the training like the chairs or the food offered
<b>Critique</b>	The participant offered a critique of the training rather than something that they liked
<b>Pre/post questions</b>	Participants reported they enjoy the questions from the pre/post test
<b>Nothing</b>	Participants reported they did not enjoy anything from the training
<b>Unclear response</b>	Participants provided responses that were unclear

Q2: “What aspects of the training could be improved? How?”

<b>Category</b>	<b>Description</b>
<b>None</b>	Participants reported nothing, n/a, or described how the training was great and needed no changes
<b>More interaction time</b>	Participants requested an increase in engagement
<b>Better interaction/ less distraction</b>	Participants requested better engagement and less distraction by either the facilitator or other participants
<b>Stop reading from script</b>	Participant indicated that they felt like the trainers spent too much time reading verbatim from the training materials
<b>Repetitive</b>	Participants described that the theme felt redundant, that the information being covered was too similar to that of prior themes
<b>Fixing the manual/handouts</b>	Participants described disorganized manual or difficulty finding handouts

<b>Technology issues</b>	Issues related to technological implementation of the curriculum, such as difficulty playing videos or audio concerns
<b>Lessening the amount of information/reducing the length of training</b>	Participants reported being overwhelmed by the information or feeling like the training theme was too long
<b>Increasing the time of training/ better time use</b>	Participants reported feeling like the training theme can be addressed adequately by increasing training time or having better time use
<b>More / longer breaks</b>	Participants indicated that the number or length of breaks should be increased
<b>More lived experience perspectives</b>	Participants requested hearing more perspectives from people who had lived experience as caregivers or children who had lived with resource parents
<b>Accessibility</b>	Participants reported ADA accessibility concerns like not being able to hear and requesting captions
<b>Refreshments</b>	Participants requested more or different food and drinks
<b>More videos</b>	Participants indicated the desire for more videos, sometimes as a replacement for the podcasts
<b>Better podcast</b>	Participants requested better podcast options
<b>More/ better examples</b>	Participants requested more or better examples to demonstrate the lessons
<b>Prefer online format</b>	Participants reported that they prefer online format
<b>More information/ resources</b>	Participants expressed desiring more information and resources about the themes they learned
<b>Suggestions</b>	Participants provided some specific suggestions on the content or delivery of the NTDC. These were placed in bullet points since they could not be categorized
<b>Unclear responses</b>	Participants provided responses that were unclear

Below you will find each theme, the frequency (n) by which each category was mentioned, and the percentage of total participants at the site endorsing each theme. Reporting the percentage is intended to provide a measure of how prevalent that piece of feedback is

relative to the entire sample at each site. Note that the percentages will not equal 100% because each participant’s feedback could be coded under more than one thematic category, when appropriate.

**Attachment.**

For this theme, 91 participants provided a response for the first question and 72 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=91)

Category	N	%
Videos	26	29
Engagement / interaction	26	29
Knowledge attainment	17	19
Real life experience	10	11
Skill building	6	7
Delivery style	5	5
Examples / case studies	4	4
Everything	4	4
Resources offered	3	3
Activities	2	2
Physical environment	1	1
Critique	1	1

Q2: “What aspects of the training could be improved? How?” (N=72)

Category	N	%
None	44	61
More interaction time	6	8
Suggestions	5	7
Technology issues	4	5
Refreshments	2	3

Increasing the time of training/ better time use	2	3
More / longer breaks	2	3
Fixing the manual/handout	2	3
More/better examples	2	3
Lessening the amount of information/reducing the length of training	1	1
More lived experience perspectives	1	1
Accessibility	1	1

Suggested improvements for Attachment include the following:

- “Justifying that making a song justifies a day's worth of playing around at school” (FL)
- “A variety of age groups” (FL)
- “This training could incorporate more effective ways of healing that disconnect” (OR)
- “Focusing or looking at the child with looking at them as not just them but all of them (parents) taking all into consideration” (OR)
- “Having different way to connect to families in multiple way visual.” (FL)

### Child development.

For this theme, 64 participants provided a response for the first question and 43 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=64)

Category	N	%
Engagement / interaction	23	36
Knowledge attainment	16	25
Resources offered	10	26
Delivery style	6	9
Activities	5	8

Podcast	4	6
Physical environment	2	3
Real life experience	2	3
Examples / case studies	2	3
Videos	1	2
Everything	1	2
Pre/post questions	1	2

Q2: “What aspects of the training could be improved? How?” (N=43)

Category	N	%
None	14	33
Accessibility	4	9
More interaction time	4	9
Suggestions	4	9
Fixing the manual/handouts	3	7
Lessening the amount of information/reducing the length of training	3	7
Repetitive	2	5
Technology issues	2	5
More videos	2	5
Increasing the time of training/ better time use	2	5
Refreshments	1	2
More lived experience perspectives	1	2
Stop reading from script	1	2
More/better examples	1	2

Suggested improvements for Child Development include the following:

- “Give students access to the portal early to give people time to complete tasks before class 1” (FL)
- “Start of the training seemed a little under prepared” (OR)

- “A more natural flow with topic/ power point presentation” (OR)
- “Seemed geared toward foster care, not as much for adoption.” (FL)

### Creating a Stable, Nurturing, Safe Home Environment.

For this theme, 43 participants provided a response for the first question and 36 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=43)

Category	N	%
Videos	10	23
Real life experience	6	14
Examples / case studies	6	14
Engagement / interaction	5	12
Activities	4	9
Skill building	4	9
Delivery style	3	7
Everything	3	7
Resources offered	1	2
Knowledge attainment	1	2
Physical environment	1	2
Pre/post questions	1	2

Q2: “What aspects of the training could be improved? How?” (N=36)

Category	N	%
None	27	75
Fixing the manual/handouts	2	5
Unclear responses	2	5
More videos	1	3
Lessening the amount of information/reducing the length of training	1	3

Increasing the time of training/ better time use	1	3
More lived experience perspectives	1	3
Suggestions	1	3

Suggested improvements for Creating a Stable, Nurturing, Safe Home Environment include the following:

- “Guests having guest speakers” (FL)

The unclear responses are:

- “creating a stable, nurturing, safe home environment” (OR)
- “I 999 your current 999 wwith the skill you want improve.” (FL)

**Foster care as a means to support.**

For this theme, 61 participants provided a response for the first question and 44 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=61)

Category	N	%
Videos	25	41
Engagement / interaction	14	23
Everything	6	10
Skill building	4	7
Knowledge attainment	4	7
Real life experience	3	5
Delivery style	3	5
Unclear responses	3	5
Activities	2	3
Podcast	2	3
Resources offered	1	2
Examples/ case studies	1	2



Nothing	1	2
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The unclear responses in are:

- “Compact hes for trainings” (FL)
- “Both” (n=2) (FL)

Q2: “What aspects of the training could be improved? How?” (N=44)

Category	N	%
None	29	66
Unclear responses	4	9
Increasing the time of training/ better time use	3	7
More interaction time	3	7
More / longer breaks	1	2
Better interaction/ less distraction	1	2
Lessening the amount of information / reducing the length of training	1	2
More videos	1	2
Prefer online format	1	2

The unclear responses in are:

- Both (n=2) (FL)
- “Any situation that require improvement or when offering advice at a solution 999” (FL)
- “?” (OR)

### History of sexual trauma.

For this theme, 101 participants provided a response for the first question and 89 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=101)

Category	N	%
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Videos	31	31
Engagement / interaction	28	28
Knowledge attainment	15	15
Skill building	8	8
Activities	5	5
Everything	5	5
Real life experience	4	4
Resources offered	4	4
Delivery style	4	4
Examples / case studies	3	3
Critique	2	2
Physical environment	1	1

Q2: “What aspects of the training could be improved? How?” (N=89)

Category	N	%
None	48	54
Lessening the amount of information/reducing the length of training	10	11
Suggestions	7	8
Increasing the time of training/ better time use	4	4
More interaction time	4	4
Fixing the manual/handouts	3	3
Better interaction/ less distraction	2	2
More / longer breaks	2	2
Repetitive	2	2
Technology issues	2	2
More/ better examples	2	2
Refreshments	1	1
Better podcast	1	1

<b>More information/ resources</b>	1	1
<b>Prefer online format</b>	1	1

Suggested improvements for History of Sexual Trauma include the following:

- “More activities for training” (FL)
- “The reality of sexual abuse” (FL)
- “A list of books that are age appropriate for this topic” (FL)
- “additional examples of responses and practice methods” (FL)
- “It can help you to build a life around your strengths and help you to identify your weaknesses.” (FL)
- “more conversation about what developmentally appropriate sexual behavioral looks like” (OR)
- “Adding a dry erase board to the training room could help.” (FL)

#### **Impact of substance use.**

For this theme, 84 participants provided a response for the first question and 75 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=84)

<b>Category</b>	<b>N</b>	<b>%</b>
<b>Engagement / interaction</b>	28	33
<b>Knowledge attainment</b>	13	15
<b>Examples / case studies</b>	11	13
<b>Activities</b>	9	11
<b>Videos</b>	8	9
<b>Real life experience</b>	6	7
<b>Everything</b>	5	6
<b>Delivery style</b>	4	5
<b>Resources offered</b>	2	2
<b>Nothing</b>	2	2

<b>Unclear responses</b>	<b>1</b>	<b>1</b>
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The unclear responses in are:

- “Slide 30” (FL)

Q2: “What aspects of the training could be improved? How?” (N=75)

<b>Category</b>	<b>N</b>	<b>%</b>
<b>None</b>	<b>36</b>	<b>48</b>
<b>More information/ resources</b>	<b>8</b>	<b>11</b>
<b>Increasing the time of training/ better time use</b>	<b>6</b>	<b>8</b>
<b>Better podcast</b>	<b>5</b>	<b>7</b>
<b>Lessening the amount of information / reducing the length of training</b>	<b>3</b>	<b>4</b>
<b>Suggestions</b>	<b>3</b>	
<b>More interaction time</b>	<b>2</b>	<b>3</b>
<b>More / longer breaks</b>	<b>2</b>	<b>3</b>
<b>More videos</b>	<b>2</b>	<b>3</b>
<b>More/ better examples</b>	<b>2</b>	<b>3</b>
<b>Unclear responses</b>	<b>2</b>	<b>3</b>
<b>Refreshments</b>	<b>1</b>	<b>1</b>
<b>Fixing the manual/handouts</b>	<b>1</b>	<b>1</b>
<b>Better interaction/ less distraction</b>	<b>1</b>	<b>1</b>
<b>Repetitive</b>	<b>1</b>	<b>1</b>
<b>Technology issues</b>	<b>1</b>	<b>1</b>
<b>More lived experience perspectives</b>	<b>1</b>	<b>1</b>
<b>Prefer online format</b>	<b>1</b>	<b>1</b>
<b>More videos</b>	<b>1</b>	<b>1</b>

Suggested improvements for Impact of Substance Use include the following:

- “Knowing about differenc child difficulties” (FL)
- “Length of class- Different foods, Maybea follow up class for people that have take similar classes (4th)” (OR)
- “Better actors” (FL)

The unclear responses in are:

- “?” (n=2) (OR)

### Maintaining children’s connections.

For this theme, 70 participants provided a response for the first question and 57 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=70)

Category	N	%
Videos	23	33
Engagement / interaction	18	26
Activities	9	13
Knowledge attainment	9	13
Examples / case studies	5	7
Skill building	3	4
Real life experience	3	4
Delivery style	2	3
Everything	2	3
Resources offered	1	1
Podcast	1	1
Unclear responses	1	1

The unclear responses in are:

- “Deb Schugg!” (OR)

Q2: “What aspects of the training could be improved? How?” (N=57)

Category	N	%
None	30	53
Suggestions	7	12
More lived experience perspectives	5	9
More interaction time	4	7
Increasing the time of training/ better time use	3	5
More information/ resources	3	5
More / longer breaks	1	2
Refreshments	1	2
Technology issues	1	2
Better podcast	1	2
Unclear responses	1	2

Suggested improvements for Maintaining Children’s Connections include the following:

- “Show of real examples” (FL)
- “Further resources & scenarios on how to maintain & identifying connections - toxic or otherwise” (FL)
- “The thing could be improve are keep doing better” (FL)
- “Do not send a child to a school with a self made song to apologize.” (FL)
- “what question they ask us, to get our feedback” (OR)
- “group what we need to do a ground setting” (OR)
- “Have at their time.” (FL)

The unclear responses in are:

- “Everything” (FL)

### **Mental health considerations.**

For this theme, 92 participants provided a response for the first question and 74 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=92)

Category	N	%
Engagement / interaction	22	24
Videos	19	21
Knowledge attainment	16	17
Real life experience	7	8
Activities	5	5
Examples/ case studies	5	5
Delivery styles	5	5
Everything	5	5
Skill building	4	4
Resources offered	3	3
Nothing	2	2
Unclear responses	2	2
Critique	1	1

The unclear responses in are:

- “The 999 can also help one determine some many thing as and the children.” (FL)
- “Both” (FL)

Q2: “What aspects of the training could be improved? How?” (N=74)

Category	N	%
None	43	58
More information/ resources	6	8
More videos	5	7
Increasing the time of training/ better time use	4	5
More interaction time	4	5
Fixing the manual/handouts	2	3
Technology issues	2	3
Suggestions	2	3
Refreshments	1	1
More / longer breaks	1	1

Better interaction/ less distraction	1	1
Lessening the amount of information / reducing the length of training	1	1
More/ better examples	1	1
Prefer online format	1	1

Suggested improvements for Mental health considerations include the following:

- “DHS needs to STOP medicating kids just cause they are in foster care.” (OR)
- “There could be more visuals.” (FL)

### Parenting in racially and culturally diverse families.

For this theme, 82 participants provided a response for the first question and 67 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=82)

Category	N	%
Activities	20	24
Engagement / interaction	19	23
Knowledge attainment	13	16
Videos	11	13
Everything	6	7
Real life experience	6	7
Examples/ case studies	4	5
Podcasts	3	4
Resources offered	2	2
Delivery style	2	2
Skill building	2	2
Pre/post questions	1	1
Unclear responses	1	1

The unclear responses in are:



- “the end” (OR)

Q2: “What aspects of the training could be improved? How?” (N=67)

Category	N	%
None	29	43
Suggestions	9	13
More interaction time	6	9
Lessening the amount of information / reducing the length of training	6	9
More information/ resources	6	9
More videos	2	3
Refreshments	1	1
Better interaction/ less distraction	1	1
Repetitive	1	1
Technology issues	1	1
Increasing the time of training/ better time use	1	1
More lived experience perspectives	1	1
More/ better examples	1	1
Better podcast	1	1
Unclear responses	1	1

Suggested improvements for Parenting in Racially and Culturally Diverse Families include the following:

- “More sheet activities” (FL)
- “The class was great but maybe try to bring out different races or people who are biracial” (FL)
- “We need more beads” (FL)

- “Trainers to have a little more background & information on the topic, The topics should be reversed - birth parents first, then race. Race triggers people, and it's hard to focus afterwards” (OR)
- “Remove the audio only portions” (FL)
- “Not sure how others felt but looking around I'm the only hispanic person, so for me it was awkward. I was also bracing myself for unkind comments. Not sure if that can be improved just worked and that way.” (OR)
- “That training help you to become more confident and to feel more empowered can keep you build a life” (FL)
- “it is difficult to get rid of racism by telling white people they are racist and don't know it” (OR)
- “nothing really improved but questions #1 is hard for me - I feel that if I'm color blind is that if - I don't see the race or color that they are equal there's no difference but it's being traught as a racist - wrong feelings” (OR)

**Reunification - the primary permanency planning goal.**

For this theme, 48 participants provided a response for the first question and 37 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=48)

Category	N	%
Examples / case studies	15	31
Engagement / interaction	10	21
Knowledge attainment	8	17
Videos	6	12
Activities	4	8
Real life experience	4	8
Resources offered	2	4
Everything	2	4
Skill building	1	2
Podcasts	1	2
Nothing	1	2

Q2: “What aspects of the training could be improved? How?” (N=37)

Category	N	%
None	29	78
More interaction time	4	11
Refreshments	1	3
Better podcast	1	3
Prefer online format	1	3
Suggestions	1	3

Suggested improvements for Reunification - The Primary Permanency Planning Goal include the following:

- “more interactive worksheets” (FL)

**Separation, grief, and loss.**

For this theme, 81 participants provided a response for the first question and 61 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=81)

Category	N	%
Engagement / interaction	22	27
Knowledge attainment	20	25
Videos	18	22
Everything	7	9
Podcasts	5	6
Skill building	4	5
Activities	4	5
Examples / case studies	4	5
Real life experience	4	5
Resources offered	3	4
Delivery style	2	2

Unclear responses	2	2
Critique	1	1

The unclear responses in are:

- “Very useful” (FL)
- “5 note charge drop!” (FL)

Q2: “What aspects of the training could be improved? How?” (N=61)

Category	N	%
None	36	59
Suggestions	7	11
Increasing the time of training/ better time use	4	7
More videos	3	5
More / longer breaks	2	3
More interaction time	1	2
Refreshments	1	2
Lessening the amount of information/reducing the length of training	1	2
More lived experience perspectives	1	2
Accessibility	1	2
Stop reading from script	1	2
Better interaction/ less distraction	1	2
Technology issues	1	2
Unclear responses	1	2

Suggested improvements for Separation, Grief, and Loss include the following:

- “How this also effects resource parents children” (OR)
- “lots of talk about how children develop behaviors, but no solutions to help foster parents teach kids how to deal with loss and behaviors” (OR)

- “Noise reduction, announce using silent devices like soft squeeze balls. No clicking devices” (OR)
- “There is a lot of information on what to expect but not enough on how to deal with it. I would like more on techniques you can use to help.” (OR)
- “physical into packet” (OR)
- “more questions that are objective. Lots of subjective/ narrative - based conversations” (OR)
- “more linear with program” (OR)

The unclear responses in are:

- “The 999 improved some 999 everyday I when I come here.” (FL)

### Trauma related behaviors.

For this theme, 86 participants provided a response for the first question and 69 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=86)

Category	N	%
Videos	30	35
Engagement / interaction	18	21
Knowledge attainment	13	15
Activities	8	9
Everything	7	8
Skill building	5	6
Real life experience	5	6
Delivery style	4	5
Examples/case studies	2	2
Resources offered	1	1

Q2: “What aspects of the training could be improved? How?” (N=69)

Category	N	%
None	36	52

<b>More information/ resources</b>	6	9
<b>Suggestions</b>	5	7
<b>More interaction time</b>	4	6
<b>Repetitive</b>	3	4
<b>Technology issues</b>	3	4
<b>More/ better examples</b>	3	4
<b>Increasing the time of training/ better time use</b>	2	3
<b>Better interaction/ less distraction</b>	2	3
<b>Lessening the amount of information/reducing the length of training</b>	1	1
<b>More lived experience perspectives</b>	1	1
<b>Refreshments</b>	1	1
<b>More videos</b>	1	1
<b>Unclear responses</b>	1	1

Suggested improvements for Trauma Related Behaviors include the following:

- “understanding each other” (FL)
- “Next week we will be learning how to respond but perhaps putting those two sections on one night” (FL)
- “Speakers could speak louder.” (OR)
- “Personalities” (FL)
- “trainers to feel more equipped to answer questions” (OR)

The unclear responses in are:

- “?” (OR)

## Trauma informed parenting.

For this theme, 79 participants provided a response for the first question and 63 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=79)

Category	N	%
Videos	22	28
Podcast	13	16
Examples/case studies	11	14
Engagement / interaction	10	13
Skill building	8	10
Real life experience	7	9
Activities	5	6
Knowledge attainment	4	5
Everything	3	4
Unclear responses	3	4
Delivery style	2	2
Resources offered	2	2

The unclear responses in are:

- “I really felt 999 out of the training” (FL)
- “Both topic (FL)
- “There was no mention of irish twins.” (FL)

Q2: “What aspects of the training could be improved? How?” (N=63)

Category	N	%
None	30	48
Suggestions	10	16
More interaction time	5	8
Better podcast	5	8
Repetitive	4	6
Technology issues	3	5
More videos	3	5

Increasing the time of training/ better time use	2	3
More lived experience perspectives	1	2
Refreshments	1	2
Better interaction/ less distraction	1	2
Accessibility	1	2
More information/ resources	1	2

Suggested improvements for Trauma Informed Parenting include the following:

- “Eliminate the ‘middle men.’ After child welfare case manager retaliation, I find it to be necessary that parent NEED to build a relationship with the parents” (OR)
- “Felt safety rejection - how to deal with” (FL)
- “I liked the loud speaker” (OR)
- “the questions the ask the class” (OR)
- “facilitator knowledge for answering questions outside of training outline/ material” (OR)
- “more activities that require movement” (OR)
- “we sat really far back so hard to see screen” (OR)
- “move it to 1 Wednesday” (OR)
- “more interactions between people. Move to a Wednesday or Thursday” (OR)
- “Keep reminding students about the 3Rs and routines.” (FL)





### INTERVENTION FOCUS GROUP QUESTIONS

1. How did the NTDC training prepare you for having a child in your home?
2. Did NTDC make you more open to the range of children you were willing to take into your home vs before you were exposed to the training? If so, in what ways?
3. Did exposure to the training change/impact your motivation to foster/adopt?
4. What did you find most helpful about the (in-person or virtual) training?
5. Were you able to apply the concepts you learned from training?
  - a. Which concepts were you able to apply?
6. Have you ever had a child in your home where the placement didn't work out; if so, why didn't that work out?
7. What are some of the most common challenging behaviors that you have experienced with your current child in home?
  - a. Did the activities in the training prepare you to address these challenging behaviors?
8. The next questions are about the Self-Assessment Surveys you have completed.
  - a. How was your experience with the Self-Assessments?
  - b. Did the Self-Assessment Survey help you think about what your parenting strengths are and has also help you identify any areas for growth?
  - c. Did you seek out more information on areas of growth after taking the Self-Assessment?
    - i. What was that experience like?
    - ii. Did you find it helpful?
  - d. Did you talk about the areas of growth with a partner or friend?
  - e. Were there any competencies that were identified as an area of growth that you disagree on?
9. Are there any areas that you would change in the training?
10. When you signed up for NTDC, were you expecting something to be taught that wasn't?
11. Did you get everything that you wanted out of the training with the time that was allotted? (examples: Weekend retreat style, evenings during the week, other?)
12. Was it OK to combine modules, or was it overwhelming?

## Appendix C

### Oregon Facilitator Checklist and In-Person Training Guide

#### ETWD Discussion Guide: In-Person Training Planning (Local Office)

##### **Scheduling / Annual Planning**

Virtual training cohorts have allowed participants to choose from multiple schedules to find training times to meet their needs. As we move to a place of returning to in-person training, consider the following questions in planning.

##### Looking Back

- How many RAFT cohorts did your district provide last year?
- How many local families were served in the cohorts your district provided? How many of the local families attended cohorts offered statewide?
- What is the volume of applications coming into your district per month/year? {See table at end for data over annual time of # of newly certified families and primary language}

##### Current Scheduling

- What are your districts current 2023 RAFT schedule and proposed delivery method?
- How was the schedule and delivery method determined?
- How do you know the cohorts you have planned for 2023 meet the scheduling needs of participants in your district?
- If not, how will your local area plan facilitation to meet participants scheduling needs?
- What options will be communicated for participants who are unable to attend local training? If offering out of town options, what funds will be accessed?
- What changes/increases in workload may be needed for in-person delivery?
- How will facilitators code their time? Flex, OT, CT, regular schedule? What about workload coverage (if holding dual roles)

##### Future Planning

How many cohorts does your district currently plan to offer annually?

##### **Registration Considerations**

##### Accommodation needs

- How will your local area process participant requests for accommodations such as spoken language or and/or simultaneous interpretation?
- Does your office have staff who are bi/multilingual to provide the training in the requested spoken language? If not, what will your process be to obtain interpreters onsite?
- How will your local area process requests for American Sign Language (ASL) interpretation? Is this a service your local area offers?
- (Other accommodations?)

## Child Care

What have you identified as meeting childcare needs for participants?

## **Training Preparation and Logistics**

### Preparation of the training space

Set up and Tear down--Are you able to leave the space set up, or will you need to do set up/tear down for each session? Some preparation activities:

- Configuration of tables/chairs, sanitize surfaces.
- Training materials and activity set up. (fidgets, Kleenex, hand sanitizer, pens/paper, participant guides for each table group) (posters, pens, other activity materials)
- Technology run through. (Projector or Smartboard working, sound working and reaching all areas of space)
- Refreshments. (Setting out snacks, brewing coffee, napkins etc.)
- Tear down, returning tables/chairs to previous place, clean up materials/Activities, snacks, empty rubbish, sanitize surfaces/pens etc.
- Advertising for the training.

### Facilitation Preparation Time

- Preparation of materials, facilitation. How familiar are facilitators with material? Could they currently facilitate with an outline, rather than relying on notes? If not, how much time would they need to add to prep?
- Becoming proficient with learning material, creating brief guide/notes. (6-20 hours. Depends on current familiarity with material.)
- Back up facilitators. What is their comfort and familiarity with the content? How will they prep or be ready to step into in person if necessary?
- Handouts, Participant guide printing. Is this something someone else can help with, maybe a Case Aide/Cert tech?

### Building Security

- What does security look for the space? Will participants need to be badged into one or more rooms?
- How many staff do you need to meet security needs? For example, if doors and restrooms are secure do you need two staff dedicated to security? For how long?

### Health and Safety

- How might you navigate health and safety precautions? As we have not yet been given the green light to return to in person training, we do not have specific guidance on health and

safety precautions. Using the most recent Family Time guidelines, it is likely we may be asked to follow many or all of the same requirements.

- Proper ventilation, social distancing, health screening (subject to change, will need to remain flexible and adaptable)
- Who from your local area will be tasked with staying up to date on requirements and ensuring they are being met?

## **What logistics and financial considerations may need to be explored?**

### Training funds consideration

- Refreshments--Costs will vary based on number of participants, health and safety standards. Example, if they need to be individually packaged cost to increase.
- Health and Safety items--hand sanitizer, masks, disinfectants, thermometer, possible air filtration/ventilation etc. (I am struggling to find any information or program who is currently facilitating in person to gather information beyond Family Time guidance)
- Facilitation materials--Posters, presentation paper, markers. Potential electronics if not currently owned, such as; Smart Board, projector, clicker, speakers.
- Participant materials--pens/pencils/markers, paper for notes, sticky notes, fidgets.

### Cost analysis based on facilitation schedule

In-person facilitation takes a considerable amount more time than virtual, increasing workload costs, materials expenses, etc. How many participants would you need to have attend for in person to make sense?