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Foster Parents' Experiences of Learning within a Supportive and Accessible Program: Connect for Kinship and Foster Parents

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ABSTRACT

This exploratory study evaluated the implementation and pandemic-inspired pivot to virtual delivery of an attachment-based, trauma-informed multi-session program, Connect for Kinship and Foster Parents (CKFP), from the perspective of caregivers of adolescents, across four sites within three provinces in Canada in 2020–2022. Data analysis identified three themes: 1. Experiencing community and connection, 2. Interactive, integrated, and informed learning, and 3. Accessibility and feasibility. While participating in CKFP, foster parents experienced connection with other caregivers and the facilitators and developed knowledge with respect to attachment and trauma, which aided in improved understanding of their teen. Caregivers also indicated that online delivery facilitated their participation. CKFP holds promise in addressing the need for specialized training for foster caregivers of adolescents.

Scope of the problem

Foster care is a complex and unique context within the child welfare system (Cooley et al., 2017). Foster parents are tasked with providing family-based care for children and youth involved with the child welfare system when care within extended family is unavailable (Canadian Association of Social Workers, 2018). In Canada, 59,283 children were living in kinship/foster care in 2019 (Saint-Girons et al., 2020). These children represent a vulnerable population given their adverse childhood experiences that led to their out-of-home placement, which can include experiences of severe maltreatment (Hambrick et al., 2016). Children who experience the trauma of abuse, neglect, and separation from their primary caregiver are at greater risk for mental

health and behavioral challenges (Greeson et al., 2011; Hambrick et al., 2016). Mental health and medical needs of children in foster care have increased over time, while concurrently, the availability of foster and kinship families in Canada has declined (Canadian Association of Social Workers, 2018; Smith et al., 2015). Young people living within the foster care system experience further instability as young people are relocated twice per year on average (Shin, 2005; Shpiegel, 2016). Frequent placement changes impact a child's formation of healthy attachment bonds, preventing the formation of strong ties with foster caregivers (Dworsky et al., 2013; Fechter-Leggett & O'Brien, 2010). Unfortunately, adolescents in foster care are more likely than younger children to experience placement breakdowns (Newton et al., 2000; Rock et al., 2015; Rubin et al., 2007). A placement breakdown refers to the premature and unplanned ending of a current foster care arrangement (Vinnerljung et al., 2017). Placement breakdowns are recognized as exacerbating emotional and behavioral problems (Aarons et al., 2010; Newton et al., 2000; Proctor et al., 2010; Rubin et al., 2007).

When out-of-home placement is necessary for children, family-based care is the preferred choice (United Nations General Assembly, 2010). Family-based care includes placement with extended family (i.e., kinship care) or placement with non-relatives (i.e., foster care). Foster parenting is a challenging experience as caregivers are required to navigate a complex child welfare system and engage with multiple stakeholders including biological parents, social workers, legal professionals, mental health professionals, and law enforcement (Cooley et al., 2017; Lotty et al., 2020). After initial preparatory training, fostering is a life-changing experience that is marred by difficulties in navigating the complexities of the child welfare system, feeling disrespected and unappreciated for one's contributions, and experiencing a lack of support (Cooley et al., 2017). The pandemic context accentuated these challenges for all stakeholders involved including kinship and foster caregivers, birth families and children and youth. Anecdotal evidence suggests that these challenges included difficulties in the recruitment of foster families, greater child children isolation from birth families, and caregiver stress in negotiating risk of contracting the novel coronavirus (Rinaldo & Flanagan, 2020). Indeed, parenting-related stress levels increased during the pandemic, underscoring the need for effective supports for foster caregivers (Miller et al., 2022).

Sustaining the foster caregiver-youth relationship

Experiencing helplessness, inadequate support, and negative relationships with child welfare professionals can lead to caregivers deciding to discontinue fostering (Geiger et al., 2013). Conversely, supportive factors that

facilitate positive placement outcomes include caregivers' self-awareness and skills in managing stress, the availability of community support, and participation in relevant training (Saarnik, 2021). Notably, a central factor underpinning the success of a foster care placement is the caregiver-child relationship (Saarnik, 2021). Sensitive parenting and caregivers' supportive presence can promote attachment security in the caregiver-child relationship (Gabler et al., 2014; West et al., 2020), and, for older youth, a positive caregiver-teen relationship may well lead to better long-term outcomes for young people in the transition to emerging adulthood (Greeno et al., 2016). However, many young people exit the child welfare system without familial or consistent caregiver support (Katz & Courtney, 2015).

Meeting the needs of youth-in-care through foster parent training

Extensive research shows that adolescents who lack a sense of connection and security with caring adults are at significant risk for a wide range of adverse outcomes, including both internalizing and externalizing problems (Madigan et al., 2016); conversely, a sense of security in relationships is a powerful asset that buffers them against risk and promotes resilience, including strong emotion regulation skills (Mikulincer & Shaver, 2019). Foster parents are often reluctant to take teens into their care as they view their behavioral and mental health challenges as more daunting than younger children, and they lack adequate training to respond to teens' mental health needs (Cooley & Petren, 2011). Training can help to improve parenting skills, wellbeing, and role satisfaction, and prevent placement breakdown (Akin et al., 2017; Ciarrochi et al., 2012). However, there is a dearth of kinship and foster parent training programs specifically tailored to the unique needs of caregivers of adolescents. Existing training also rarely addresses issues at the intersection of trauma and attachment in relation to serious behavioral and mental health challenges, nor deeply translates this knowledge into day-to-day caregiving skills and challenges. As most mental health disorders have their onset in adolescence (Kessler et al., 2005), and youth in foster care have a higher rate of mental disorders (Leslie et al., 2000; Oswald et al., 2010), there is a critical need for effective training and parenting interventions specifically for foster and kinship caregivers of adolescents.

Present study

In this paper we present findings from an evaluation of a parenting intervention with foster caregivers of adolescents, the Connect for Kinship and Foster Parents (CKFP) program and its virtual adaptation during the

COVID-19 pandemic. We begin by describing the CKFP program which evolved from our original development of the Connect Program, an attachment and trauma-informed program for parents of teens and pre-teens. Next, we contextualize our work in relation to the current literature examining attachment and adolescence, the mental health, psychological and cultural needs of adolescents in care, and foster parents' experiences of training and caregiving. Third, we present findings from our evaluation of CKFP with facilitators and foster parent participants across four implementation sites in Canada between 2020 and 2022. We conclude with a discussion of the study limitations and implications of our findings for foster parent training and directions for future research. Of note, we will be using the terms foster/kinship parent and caregiver interchangeably.

The connect program

The CKFP program builds on the successful development, implementation, and evaluation of a manualized, trauma-informed, attachment-based program for parents of at-risk youth, *Connect* (see Moretti et al., 2018 for a detailed description of the program; and Moretti, 2020 for program manuals). Developed in Canada, Connect is delivered by two trained facilitators who guide a group of 8–14 birth parents through ten, 90-min sessions. Throughout the 10-week program, caregivers are incrementally introduced to attachment principles that serve to effectively translate attachment concepts (e.g., attachment is a developmental need across the life course) into principles (e.g., "Attachment is for life"; Moretti et al., 2018, p. 383) that can be meaningfully applied in their caregiver-teen relationship. Experiential role-plays and reflective exercises are used to engage parents and promote sensitivity and responsiveness, emotion regulation, and strong parent-teen partnerships in problem-solving. For example, during Session 5, caregivers are introduced to the principle "Empathy: Understanding growth and change begin with empathy", and asked to reflect on situations when they have experienced empathy from others (Moretti, 2020; Moretti et al., 2018, p. 387). Caregivers are then invited to reflect on how their expression of empathy influences their teen's behavior (Moretti, 2020; Moretti & Obsuth, 2009). Sessions build progressively as each principle fuses to the next, and supports caregivers in identifying and responding to attachment needs underlying teens' problem behaviors.

Connect is designed for use by a wide range of health, education, and affiliated practitioners to maximize accessibility across diverse communities. Practitioners receive in-depth training and collaborative supervision in addition to detailed program manuals and in-person and virtual program delivery is available in five languages. Extensive national and international

implementation trials, quasi-experimental, and randomized trials provide strong evidence that Connect increases parenting efficacy and satisfaction, decreases caregiver depression and stress, reduces parent-teen physical and emotional aggression, improves emotional regulation, and improves youth mental health (Barone et al., 2021; Giannotta et al., 2013; Moretti & Obsuth, 2009; Osman et al., 2017; Ozturk et al., 2019; see https://www.cebc4cw.org/program/connect-an-attachment-based-program-for-parents-and-caregivers/detailed; and http://connectattachmentprograms.org/). These effects are statistically and clinically significant and are retained up to two years post-treatment (Högström et al., 2017). Effects are particularly strong for youth with the most behavioral and social-emotional problems (Pasalich et al., 2022).

Adapting connect for kinship and foster parents

In 2015 we identified a gap in reaching kinship and foster parents, which led us to develop CKFP. CKFP supports caregivers in developing sensitive and strength-focused caregiving skills in the context of adolescent trauma to promote a sense of security within relationships and foster adolescents' resilience. The concept of an "attachment suitcase" is introduced to help foster parents understand the influence of their teens' past experiences in relationships with caregivers (Moretti et al., 2020) and support foster parents' understanding that "children come with histories" (Tucker & MacKenzie, 2012, p. 2217). Importantly, the analogy of an "attachment suitcase" evokes discussions of the unique family, cultural and contextual experiences of each youth in care and reinforces the importance of understanding the attachment meaning of their behavior. To consolidate this understanding in CKFP, foster parents create an attachment needs list that they use to link their child's behavior to their unique history of trauma and attachment disruptions (Moretti et al., 2020). For example, Tucker and MacKenzie (2012) suggest that foster children often enter care anticipating the possibility of being rejected by their caregivers and that this anticipation engenders behaviors in children that are defensive and disproportionate to the circumstance. Many carry such beliefs based on community, familial and individual experiences of discrimination due to cultural and sexual diversities. Such experiences and their impact on youth behavior is discussed during CKFP sessions.

Importantly, the issue of loyalty is discussed to support foster parents' understanding of the difficulties teens may have in balancing feelings between birth families and foster parents. Loyalty conflict can undermine the stability of the relationships children form with their foster families and may signal adjustment difficulties (Leathers, 2003). Rather than focus on

how to contain loyalty conflicts, facilitators and parents discuss how to understand these challenges, and how to express empathy and support for children's very real and painful worries about separation and loss. Facilitators also explore the meaning of holidays and celebrations for teens-in-care and the meaning embedded in constructions of placements as "successful" or a "failure." Aligned with Connect, learning activities are experiential and include role plays and reflection exercises. Core relational principles of CKFP encourage engagement, respect for the voice and autonomy of each young person, and safety across diversities of culture and gender. A recent systematic review of successful foster caregivers' competencies emphasized the importance of applying a cultural lens to understanding discipline and communication styles, along with caregivers' self-examination of stereotypes and prejudices (Day et al., 2021). Informed by our extensive experience in adapting Connect for diverse communities and cultures, including with Somalian refugee parents in Sweden (Osman et al., 2017) and with caregivers of gender nonconforming teens (Dangaltcheva et al., 2021), CKFP program materials are flexible and can be tailored to reflect the unique characteristics of each community and each group of caregivers. During facilitator training, we specifically frame the CKFP program as situated within an embedded model of child development in which children, their families and their communities are embedded in culture and history and culture permeates our understanding of children and families. The development of CKFP is also informed by our emerging and continuing work with Indigenous Elders, knowledge holders, caregivers, and community members in creating *Reclaiming Connections*—an adaptation of Connect that acknowledges historical and continuing discrimination, prioritizes and honors cultural wisdom, caregiving practices, and autonomy.

eConnect online and eCKFP

An online adaptation of Connect (eConnect) was developed to respond to the COVID-19 pandemic context in which face-to-face services and supports were largely shuttered in Canada and mental health needs increased (Bao & Moretti, 2023). The structure of the eConnect program (e.g., number of sessions, session length, group size, content) is the same as the in-person delivery of Connect (Bao & Moretti, 2023). A videoconferencing platform was adopted whereby eConnect is facilitated in real-time and screen-shared live documents are used to record parents' responses and promote reflective discussions (Bao & Moretti, 2023). Facilitators received specific training on engaging parents online, and a tech support person (i.e., "Tech Facilitator") was embedded in the virtual delivery (Bao & Moretti, 2023). Findings from an evaluation of eConnect noted

parent-reported decreases in teens' internalizing and externalizing problems, reductions in aggressive behavior toward parents, and lessening attachment anxiety and avoidance (Bao & Moretti, 2023).

Our research evaluating CKFP and its implementation is ongoing. Findings from an uncontrolled trial (Moretti et al., 2020) and a recent randomized control trial evaluating CKFP with kinship caregivers in Australia identified a decrease in caregiver strain at both post-intervention and 6-month follow up, along with caregiver feedback that suggested CKFP offered opportunities for social support and a collaborative context for learning (Pasalich et al., 2022). CKFP has the potential to create practice and policy changes in child welfare as it enhances caregivers' responsiveness to adolescents' needs while promoting caregivers' resilience.

Attachment and adolescence

As the outcome of a foster placement is in large part dependent upon the quality of the relationship between the foster child and the foster parent (Saarnik, 2021), this study is guided by attachment theory as a framework for understanding the impact of security in youth-caregiver relationships that can help buffer youth adversity, reduce risk or harm, and promote wellbeing.

Attachment behaviors developed in response to the quality of repeated parent–child interactions are known to reflect young children's beliefs regarding themselves and their significant caregivers, usually their biological parent (Bowlby, 1988; Bretherton & Munholland, 2016). Over time, and as children grow, these representations, referred to as attachment internal working models (IWM), are subsequently extended outside the family context, influencing children's perceptions of relationships more broadly (Bowlby, 1988; Bretherton & Munholland, 2016). For better or worse, attachment IWM are thus hypothesized to guide children's expectations and behaviors within these new relationships. When attachment models are insecure, which is often the case among children and adolescents with a history of out-of-home placements (Bovenschen et al., 2016; Briggs et al., 2012; Joseph et al., 2014; Lionetti et al., 2015; van den Dries et al., 2009; Zegers et al., 2006), young people are at greater risk for a wide range of adverse outcomes, including difficulties in regulation emotions and in developing and sustaining positive and fulfilling relationships with others (Allen & Tan, 2016).

Typically, removal from home and placement in care is precipitated by concerns about a child's safety and welfare, and the goal of foster care is to provide safety and promote physical, emotional and social well-being. It is hoped that the provision of safe and sensitive care within the child-parent

relationships promotes changes in IWM a shift toward greater attachment security (Joseph et al., 2014; Munson & McMillen, 2009). However, youth carry the burden of significant disruptions and trauma in their care prior to their placement which creates relational barriers for them and their foster parents (Dozzier & Rutter, 2016). Insecure and disorganized attachment may give rise to distant, resistant, hostile, inconsistent and confusing behaviors that "miscue" their foster parents about their underlying attachment needs. Under these conditions, high levels of foster parent sensitivity are crucial for promoting a security within the caregiver-youth relationship (Joseph et al., 2014). Youth attachment security is associated with greater foster parents' sensitivity (e.g., awareness of and sensitivity to the child's needs) and positivity (e.g., warmth, involvement) during parent-adolescent interactions (Joseph et al., 2014). Thus, it is critical to promote relationship security and psychosocial functioning among vulnerable youth through attachment-based interventions, such as CKFP, which support foster parents' age-appropriate responsiveness and sensitivity (Moretti et al., 2018). Indeed, children and youth in care identify the need for emotional support, respect for autonomy, and caregiver sensitivity as important features for relationship building (Mitchell et al., 2010).

Youth in care

Youth living in foster care are more likely to experience serious mental health challenges (McMillen et al., 2004), including suicide risk at 5 times the general population (Farand et al., 2004; Vinnerljung et al., 2006). Most youth in care have experienced at least one trauma experience, which can impact several areas of their life (Spinelli et al., 2021). In a review of the mental health needs of youth in foster care, Kerker and Dore (2006) found that externalizing disorders are most common, characterized by aggression, self-destructive behavior, and difficulties in social relationships. Attachment disruption ignited by the separation from the biological family may exacerbate these difficulties. Impacts are long term as mental health challenges can persist into adulthood after exiting care (Brown et al., 2015; Hudson & Nandy, 2012) and increase young peoples' risk for homelessness (Dworsky et al., 2013). Care-leaving, in the absence of secure attachments with caregivers or family supports, increases vulnerability and risk for adverse outcomes (Gaetz et al., 2016; Lee et al., 2016).

The over-representation of Indigenous and racialized youth in care of the child welfare system is well-documented in Canada and internationally. Government initiatives amounted to cultural genocide through the purposeful suppression and destruction of cultural knowledge, traditions, and practices in breaking bonds between Indigenous parents and their children

through removal to residential schools and adoption to non-Indigenous parents (Caldwell & Sinha, 2020; McKenzie et al., 2016). Forced separations disrupted the caregiver-child attachment (Barnes & Josefowitz, 2019) breached the transmission of culturally embedded parenting practices, and caused direct and secondary trauma for caregivers, children, and their communities (Bombay et al., 2009; Haskell & Randall, 2009; Muir & Bohr, 2020). Racial disparities are notable within the child welfare system as ethnic minority children are more likely to be reported to, and screened by, authorities (Derezotes et al., 2005). Emerging research in Canada indicates Black children were more than five times likely to be reported and screened by child protection services than White children (Boatswain-Kyte et al., 2020). Retrospective accounts from Indigenous youth-in-care indicate that maintaining connection to their families and cultures, and being in close proximity geographically to their community, are supportive to their well-being (Quinn, 2022). To be effective in foster parenting Indigenous youth, caregivers must promote Indigenous identity, be willing to access cultural resources and extended kin, while being resilient and amenable to change (Day et al., 2021). Culturally responsive foster care must include training that is trauma-informed (Day et al., 2021) and supports caregivers' understanding and motivation to sustain youths' attachments to family, community, and land.

Our understanding of the needs of youth in foster care continue to evolve, underscoring their complexity. Van den Steene et al. (2019) propose that complex needs can be defined as "profound and interacting needs in the context of issues on several life domains (family context, functioning and integration in society) as well as psychiatric problems" in which the existing resources available are inadequate and "cross-sector, integrated and assertive care" is needed (p. 60). Foster parent training that is culturally responsive, enhances understanding of attachment disruptions and trauma and its impacts, and builds supportive networks for caregivers, will enrich foster care for adolescents.

Foster parent training for caregivers of adolescents

Training is mandated for all prospective foster parents (Alberta Children & Youth Services, 2008). Preparatory foster parent training is typically designed to orient caregivers to the child welfare system, provide information on the role of foster parents, and offer an introductory understanding to childhood trauma (Benesh & Cui, 2017). In-service training post licensure emphasizes the acquisition of specific skills and building caregivers' reflective capacity (Benesh & Cui, 2017). Training requires a significant time commitment and is typically offered in group format over several

sessions, psychoeducational in their approach, and comprised of didactic teaching, dialogue, experiential learning activities and role playing (Benesh & Cui, 2017). Research evaluating foster parent training is limited, yet available findings suggests that training is not aligned with caregivers' expressed needs (Kaasbøll et al., 2019). Kaasbøll and colleagues' (2019) systematic review of the literature found 13 publications, several of which indicate caregivers' desire for more flexible and practical training that was responsive and relevant to the unique needs of parenting children and youth in care. Equally, Saarnik (2021) noted foster parents identified the need for additional training in parenting children who experienced trauma, abuse, and neglect, as well as training on how to form relationships with foster children, and to negotiate the challenges and stress of fostering. Some studies have found an association between foster parent training and increased parenting skills, wellbeing, increased role satisfaction, and preventing placement breakdown (Akin et al., 2017; Randle et al., 2018; Whenan et al., 2009). However, foster parents also report a lack of relevant training to support older youth in their care (Greeno et al., 2016). Many foster parents feel inadequately prepared to respond to teens' mental health needs and are reluctant to accept teens into their care (Cooley & Petren, 2011).

As child welfare is under provincial jurisdiction in Canada, there is no national strategy or universal approach to foster parent training. Several provinces mandate the standardized program Parent Resources for Information, Development, and Education (PRIDE) as preparatory training. PRIDE is designed to increase foster parents' competencies in protecting and nurturing children, meeting developmental needs, supporting children's relationships with their biological families, connecting children to lifelong relationships, and working as a member of a professional team (Nash & Flynn, 2016). Similar to other foster parent training programs, PRIDE is designed to meet foster caregivers' universal learning needs, yet is not specifically focused on the requisite skills and knowledge needed for parenting adolescents. Indeed, there are very few foster parenting training interventions exclusively tailored to the care of adolescents (Day et al., 2022).

One self-directed and self-paced program specific to caregiving younger adolescents ages 11–15 is Connecting. Caregivers and their youth complete activities outlined in a workbook as they progress through the 10-chapter program (Haggerty et al., 2021). A trained family consultant provides weekly telephone support, monitors progress, and addresses implementation issues as they arise. On average, Connecting requires 8 h of time for caregivers and youth to complete the program. Emerging evidence suggests that participation in Connecting is associated with improvements in parent-youth communication, youth participation in negotiating rules, youth

developing skills in problem-solving, and recognition by foster parents for youth's positive behaviors and choices (Haggerty et al., 2016, 2021).

Additionally, the CORE Teen program is designed to prepare and sustain foster caregivers in parenting teens aged 12–20 years in their homes (Day et al., 2022). Features of CORE Teen include a self-assessment process to identify family strengths, challenges, and functioning, classroom instruction to develop caregivers' understanding of trauma, and additional opportune modules to address potential difficulties (e.g., preventing placement breakdown) and realistic expectations (e.g., managing emotional state and responses to behavior). Early evidence suggests that caregivers who complete the CORE Teen program were more able to differentiate between normal and trauma-related behaviors, and felt more prepared to care for adolescents in their home (Day et al., 2022).

CKFP was developed to complement and enhance the existing repertoire of foster parent training programs by providing an attachment and trauma-informed multi-session program specifically for caregivers of adolescents. Sustaining foster parents decreases the likelihood of placement breakdown and ensures youth have support as they transition to independence in late adolescence. Further, as Indigenous and racialized youth are over-represented in child welfare settings, cultural responsiveness and maintenance are key considerations for in foster parent training. With the aim of evaluating the implementation of CKFP and informing future directions, we explored the experiences of program participants and facilitators.

Methods

Prior to commencing data collection, this study underwent institutional and organizational review and obtained ethical approvals from Simon Fraser University, Concordia University, Université de Sherbrooke and partnering organizations.

Participants

Relationships were cultivated with 4 community partnering organizations in 3 Canadian provinces who were providing services to foster parents to act as CKFP implementation sites. Partnering organizations were comprised of publicly funded youth mental health and nonprofit community organizations. Facilitator training in the CKFP program was provided virtually over a 3-day period to staff identified by each organization, with 18 program and tech facilitators proceeding with the implementation of 9 CKFP groups with 73 foster parents between November 2020 and February 2022. With

the onset of the COVID-19 pandemic in early 2020, one of the CKFP groups was offered to foster parents virtually using the Zoom platform (i.e., eCKFP). To ensure program fidelity, facilitators engage in a certification process during their initial implementation of CKFP that involves weekly review of video recordings of each CKFP session followed by participation in 1-h teleconference with a trained clinical supervisor. All facilitators that required certification in CKFP were successful in completing the certification process.

Program facilitators within partnering organizations actively recruited caregivers to participate in the CKFP and eCKFP programs. During the recruitment process, caregivers were informed by program facilitators about the present study. Facilitators obtained consent from caregivers who expressed interest in participating in the program evaluation to share their contact information with the research team. A member of the research team followed up with caregivers to provide them with more information about the study and answer questions. Consent was obtained from those caregivers who volunteered to participate in the study ($N = 22$; see Table 1).

Each caregiver reported background information on one of the youths in their care that they attended the CKFP program (see Table 2) and data were also gathered from 12 CKFP group facilitators and 4 Tech Facilitators who volunteered to participate in the research (see Table 3).

Table 1. Demographics of caregivers ($N = 22$).

Age (mean)	49.05 (SD = 10.42)
Gender	90.9% female ($N = 20$)
	10.1% male ($N = 2$)
Caregiver type	59.1% foster parents ($N = 13$)
	27.3% adoptive parents ($N = 6$)
	4.5% step-caregiver ($N = 1$)
	9.1% kinship caregiver ($N = 2$)
Ethnicity	90.9% White ($N = 20$)
	4.5% Indigenous ($N = 1$)
	4.5% Black ($N = 1$)
Education level	50.0% college or university level degree ($N = 11$)
	9.1% some college or university ($N = 2$)
	4.5% trade certificate or apprenticeship ($N = 1$)
	27.3% high school diploma or equivalent ($N = 6$)
	4.5% some high school or equivalent ($N = 1$)
	4.5% did not report ($N = 1$)
Annual family income	81.8% $40,001 or higher ($N = 18$)
	4.5% $40,000 or lower ($N = 1$)
	13.6% did not report ($N = 3$)
Household composition	86.4% multiple caregiver household ($N = 19$)
	9.1% single-caregiver household ($N = 2$)
	4.5% did not report ($N = 1$)
Other service utilization	59.1% sought other treatment 6 months prior to CKFP (e.g., family therapy, individual therapy, group therapy, and other treatments)
	13.6% were enrolled in another caregiving/support course at the start of CKFP

Table 2. Demographics of identified youth (N = 22).

Age (mean)	13.14 (SD = 3.12)
Gender	50% female (N = 11)
	50% male (N = 11)
Ethnicity	54.5% white (N = 12)
	45.5% Indigenous (N = 10)
	4.5% Asian (N = 1)
	4.5% Black (N = 1)
	9.1% not reported (N = 2)
	(Multiple ethnicities endorsed for 4 youth)
Duration of living with the caregiver (mean)	7.12 years (SD = 4.04)
Length of placement (range)	1–14 years (SD = 48.5 months)

Table 3. Demographics of CKFP facilitators and tech facilitators (N = 16).

	Group facilitators (N = 12)	Tech facilitators (N = 4)
Age (mean)	43.40 (SD = 7.69)	34.50 (SD = 9.88)
Gender	100% female (N = 12)	75% female (N = 3)
	25% female (N = 1)	
Ethnicity	66.7% white (N = 8)	75% white (N = 3)
	8.3% Asian (N = 1)	25% Asian (N = 1)
	16.7% Indigenous (N = 2)	25% Indigenous (N = 1)
	16.7% preferred not to answer (N = 2) (1 endorsed multiple ethnicities)	(1 endorsed multiple ethnicities)
Education level	100% college or university level degree (N = 12)	100% college or university level degree (N = 4)
Professional training	58.3% social work (N = 7)	75% psychology (N = 3)
	41.7% Other (e.g., nursing, childcare, developmental services worker, child and youth work or mental health; N = 5)	25% social work (N = 1)
Years of practice in child and youth mental health	16 (SD = 8.5)	13 (SD = 10.58)

Procedures

The final session of Connect and CKFP focuses on feedback and integration. In this session caregivers are invited to complete a short online Feedback Form and to participate in a 45-min semi-structured group interview (see Moretti, 2020; and Table 4) following the final CKFP session. The feedback session is led by an external facilitator (e.g., a member of the research team, or a staff member from the partnering organization) and CKFP facilitators or Tech Facilitator are not present. The online Feedback Form and interview taps caregivers' perceptions of the intervention and group experience as well the program's components and format.

In addition, program and tech facilitators completed online questionnaires pre- and post-implementation of CKFP. Prior to facilitating CKFP facilitators self-assess their knowledge of the CKFP program, knowledge of online delivery of CKFP, and confidence in organizational support and their role as a facilitator by indicating a rating on a 5-point Likert scale from "strongly disagree" to "strongly agree." After the program completion, facilitators provided feedback on technical challenges and their experience

Table 4. Guided group interview questions.

1. How did you come to know about the group?
2. What were your expectations about the group before it started?
3. "Connect Foster Parent—Information Session"
   a. Did you feel welcome at the Information Session?
   b. Were you provided with enough and the right kind of information at the Information Session?
   c. Is there anything you can suggest for the Information Session to help parents feel more welcome and prepared to enter the group?

4. The Connect Foster Parent group is designed to be structured, educational and experiential. Each week included an agenda, information about attachment and trauma, a principle, role-plays, and exercises.
   a. Was the information on attachment and trauma clear and helpful (e.g., secure base and safe haven, attachment needs and strategies, the "attachment suitcase")?
   b. How the information on attachment and foster care helpful (e.g., how past attachment influence your child's response to your support; loyalty conflict; balancing your needs and those of your family with the needs of your child)?
   c. How did the structure/organization of the group fit your needs?
   d. Is there anything you would change about the way the group is structured/organized?

5. The Connect Foster Parent group is designed to provide support to foster parents but it is not a "support group" in the sense that the topics covered are set out in advance and we do not go too deeply into the particular issues or challenges that any one foster parent experiences. Instead, we cover specific information, principles and focus on skills.
   a. Were you pleased or disappointed that this was not a typical "support group"?
   b. Even though Connect is not a typical "support group" did you feel you were supported by the leaders and fellow parents?

6. This group was not designed to be teach "A-B-C" techniques of how to manage to your child's behavior. Instead, it is a tool kit of principles that can be applied across situations because every situation is different and as foster parents, we are each different and so are our children.
How did this approach—learning about principles of attachment, trauma and foster care—fit or not fit with your needs as a foster parent and your need to support your child?

7. Connect is designed around the principles of attachment.
   a. Do you feel that the principles were clearly explained?
   b. Was there sufficient information about each principle to help you understand the principles and how they apply to foster parenting?
   c. Do you feel that the "teaching" part of the group was done well?
   d. Did you feel some principles could have been left out or others added?

8. Role-plays were often used in the group to illustrate principles and challenges.
   a. Did you find the role-plays helpful? In what way?
   b. Is there anything you would change about the role-plays?
   c. Were there any role-plays you would leave out or some you would add?

9. You also engaged in a variety of exercises that asked you to reflect on your experiences, your thoughts and feelings when certain situations arise with your children. (e.g., in what ways do you celebrate attachment in your relationship; how do you balance your needs and those with your family with the needs of your foster child?)
   a. Did you find these exercises helpful? In what way?
   b. Is there anything you would change about the exercises?
   c. Is there anything we could do to help more foster parents take part in the role-plays?

10. Each week you received a handout.
    a. Were the handouts clear?
    b. Were they helpful?
    c. Do you refer to them on occasion?

11. Was there anything that interfered with your ability to attend any of the sessions? Is there anything we could have done differently to help support your attendance?
12. The leaders of this group depend on your feedback for their development.
    a. What do you think they did well?
    b. What areas are there for improvement in the leaders' performance?
    c. Is there anything you would like us to pass on to the group leaders (*remember this will be presented in a manner that protects your confidentiality*).

13. If you are receiving other services for your family or your child, how did the material covered in the group fit or not fit with these other components of care?
14. Looking back at the Connect group as a whole, what feedback or suggestions do you have to offer?
    a. Is there anything we should do differently?
    b. Do you have any feedback to the administrators of this service (i.e., those responsible for funding the cost of the groups, when, where, and how they are run)?
    c. Any other suggestions for improvement?

15. Finally, do you have anything you would like us to pass on to foster parents like you who are considering taking the Connect program? Any comments or suggestions?

of online delivery (if applicable), organizational support for implementing CKFP, and knowledge of the CKFP program.

Measures

Pre-group Sociodemographic Questionnaire

Prior to the start of the CKFP groups, caregivers completed a sociodemographic questionnaire assessing their age, gender, family configuration, level of education and annual family income, among other things. Information regarding the target youth (age, gender) and the caregiver's history of care with the child was also gathered.

Post-group Connect Feedback Form

This Connect Feedback Form includes 18 items completed by caregivers to obtain quantitative information regarding their experience in the group. The first nine items assess the extent to which caregivers perceived various aspects of Connect (e.g., learning about attachment, discussing how attachment might be related to my child's behavior, role-plays, etc.) to be helpful, using the following 4-point rating scale: *Unhelpful* (0), *Not that Helpful* (1), *Helpful* (2), and *Very Helpful* (3). Eight additional items ask caregivers to rate how participating in Connect helped them to understand their child better, how safe and welcomed they felt in the group to discuss their experience, and how confident they feel in their ability to parent as a result of attending the group, among other things. These items were rated on a similar 4-point rating scale: *Not at all* (0), *Not really* (1), *Somewhat* (2), and *A great deal* (3). A final question asks caregivers to rate how eConnect Online compares to other groups in terms of what they gained.

Analysis

The first author conducted the initial analysis of the qualitative data. Transcriptions from each guided group interview and qualitative text responses from facilitator and foster parent Feedback Forms underwent thematic analysis outlined by Clarke and Braun (2017) and Braun and Clarke (2006, 2013). Analysis commenced with an initial full read of the transcripts and Feedback Forms, followed by a line-by-line coding process, identifying aspects of the data relevant to the study's aims. Following this, codes are reviewed to identify patterns of meaning, with the purpose of identifying and interpreting key features of the data (Clarke & Braun, 2017). Patterns are identified within and across data to distill central themes about participants' perspectives on the implementation of, and participation in, CKFP. Themes, as Joffe (2012) suggests, are a "specific pattern

of meaning" containing both observable content and implicit content (p. 209). The second author and a research assistant reviewed the application of codes and code book to check for reliability.

Descriptive statistics (frequencies and mean) using SPSS version 25 were used to report on the socio-demographic characteristics of caregivers and target youth by the second author. Descriptive statistics (frequencies) were also used to illustrate the nature of responses on the program participant and facilitator Feedback Forms.

Findings

In this section, we present the experiences of foster parents and facilitators who participated in CKFP delivered in person and online. Three themes were identified: 1. Experiencing community and connection, 2. Interactive, integrated, and informed learning, and 3. Accessibility and feasibility. Participant quotations are offered as illustrations of each theme.

Theme 1: Experiencing community and connection

The theme "Experiencing Community and Connection" emerged across the groups and encompassed connecting with other foster parents and experiencing a supportive space during CKFP. Foster parents' accounts emphasized the value of connecting with other foster parents within the supportive climate generated within the program. At times, connecting with other foster parents was anticipated by participants at the outset of the program and a motivation for attending. For example, one foster parent stated, "I was told it was a good way to connect with other foster parents and share experiences." Comradery in shared experience with other caregivers of teens garnered participation in CKFP, as illustrated by the following foster parent's statement: "I wanted to meet people who were going through similar experiences." Notably, the experience of community and connection across during CKFP safeguarded against feelings of isolation. As caregivers engaged in the Connect program, listened to other participants' experiences, and connected with other foster parents, participants learned they were not alone. For example, one caregiver noted that CKFP "made me feel like I was not the only one in these situations with my kid", and another foster parent shared that "it feels good to know you're not the only one out there having these problems."

Across all groups, CKFP was experienced as a supportive space for participants, a co-created space led by comforting, supportive, inclusive and respectful facilitators. Participants' written feedback indicated that most (90%) felt safe, welcomed, and respected when discussing their experiences

and concerns. In addition, participants felt challenged in the context of supportive relationships. CKFP facilitators were described by participants as patient, enthusiastic, skilled, and helpful. Importantly, facilitators were positioned in the group "like equals" alongside the participants, while working together as a team. To illustrate, one participant commented that the facilitators "were real, they were one of us." For another participant, the supportive space provided an opportunity to engage with others in the group in a new way: "This group opened me up. I am really quiet, and with this group, I felt comfortable." Harmoniously, the majority of facilitators in post-CKFP questionnaires indicated that the program would be appreciated by families (100%) and community partners (91%).

Participation in CKFP offered a community of support that "fit" with caregivers' cultural location and experiences. For example, one participant noted that CKFP " … was an excellent fit with my cultural background and with my role as a caregiver; it took all types of caregivers into consideration." Notably, the majority of participants identified as Caucasian in the study. Other foster parents noted the lack of foster fathers in attendance. One caregiver observed, "I wish more foster dads were able to attend as I feel a lot of them haven't grasped the concept of attachment with foster children. Often mothers find attachment to be easier." Another foster parent discussed how the scheduling of CKFP limited their partner's participation:

> Nothing made it difficult for me [to participate], but my partner could have benefitted from it if it had been hosted in the evenings or weekends.

While foster parents reported that CKFP provided a safe and supportive community that promoted connections between caregivers in the present study, conspicuously, there was limited successful recruitment and participation of caregivers from diverse cultural groups and foster fathers.

Theme 2: Interactive, integrated and informed learning

Caregivers' learning within the CKFP program evolved within interactive, integrated and informed sessions. The structure, content and learning activities in CKFP sustained participants' engagement and focus. One foster parent noted: "I have been ambivalent to trainings in the past, thought they were boring. But I was very impressed and my attention increased with every session."

The structure of the program—the pedagogical design—was appreciated by the participants. Materials were presented visually, and reflection exercises and role plays were connected to the principle of attachment presented in each session. In addition, didactic components were balanced with experiential exercises, and the use of flip-charts provided participants with a map to follow during the session. During the feedback interview,

caregivers drew attention to the program's structure. One foster parent remarked, "I liked that all the exercises and role plays referred back to the principle, but also to the previous principles." The majority of participants (approximately 90%) indicated that program materials, including handouts and flip-charts, and learning activities, including reflection exercises and role-plays were "helpful" or "very helpful", suggesting that the pedagogical design was experienced favorably by participants.

Experiential exercises within each session, and specifically the role-plays, offered participants new insights and connections. One caregiver commented, "Role-plays were very educational… related my day-to-day situations, [and] made me feel like I was not the only one in these situations with my kid." Another caregiver noted that role-plays provided a "mirror" for what they were experiencing in their interactions with their child. However, some participants found the role-plays did not go far enough in demonstrating a child's difficult behaviors or the emotional impact on the foster parent. To illustrate, one foster parent commented that they would like the role-plays to "use situations where the teen says devasting things to hurt you. It's much harder to pick up the pieces." Correspondingly, some participants desired more role plays that were specific to their situation, and suggested that the CKFP facilitators gather "a story from each of us beforehand and us[ing] those for the role plays." Another foster parent commented that the role plays were "excellent, except sometimes in a real situation… things could be a lot more aggressive." However, this same caregiver suggested that the role plays still offered foundational learning, stating "The concept was there. We got it anyway."

Learning is promoted when participants experience training as valuable and relevant. Caregivers clearly valued participating in CKFP as they prioritized their attendance at the weekly sessions in spite of family obligations or difficult events. To illustrate, one foster parent stated, "Many nights I wondered how I am going to make the group. I wanted to be here to make a difference for my family." Another caregiver experienced the death of their mother during the 10-week program, yet remained engaged: "My mom died during this time. I didn't miss any sessions because I wanted to be sure to participate." As an additional indicator of participants' appraisal of the CKFP program, the attendance rate of 70% or higher was achieved by all participants. All caregivers who participated in the study completed the CKFP program.

The program content, and specifically the focus on learning about attachment, how attachment is related to the teen's behavior, and their behavior, was rated favorably by caregivers in every group. The majority of caregivers (95.5%) indicated learning about attachment was "helpful" or "very helpful", while over ninety per cent indicated discussions about attachment and

their child's behavior and their behavior was "helpful" or "very helpful." Notably, many participants identified a need for more sessions, with some participants desiring longer sessions as they felt rushed:

> I found it a bit rushed at times, maybe because we talk so much, maybe make it more than ten weeks. When we go through the role play some questions would be skipped due to time, if we had more time, we could go back to it and not miss anything.

Another foster parent recommended increasing the amount of time for each session: "It was good but it was too short. A 2-hour group would be better." For some caregivers, the amount of content and exercises offered within each session seemed to stifle discussion. For example, one caregiver commented, "Lots of material to cover each week, [and the] facilitators always seemed to be clock watching to get it all in, which may have limited our discussion."

Despite the expressed challenges regarding the amount of content delivered each week, CKFP participants acquired and applied new knowledge throughout the program. For one participant, what they anticipated they would gain from CKFP did not materialize, however, the learning they acquired exceeded their expectations: "I wanted to know rights and restrictions. I did not get any of that information, I got way more help." CKFP broadened participants' perspectives, increased self-compassion and self-understanding, reframed children's behaviors, and instilled hope for change. Analysis of the feedback forms indicated that the majority of caregivers (86.4%) found that the program improved their understanding of their child "somewhat" or "a great deal." Many participants (95.4%) also applied their learning "somewhat" or "a great deal" when parenting. Information about trauma was identified as supporting participants in reframing their child's behaviors, while information about attachment engendered hope and reminded participants of important elements in their interactions with their foster children. To illustrate, one caregiver stated, "I really appreciated learning about trauma. [It] helped me to reframe her behaviours." Another caregiver noted that within the CKFP program, attachment was "talked about in a very understanding way." The caregiver stated further that CKFP was "very different from other programs when I felt like there was less hope for change."

Indeed, CKFP offered hope for improved outcomes in interactions with their child in the future. For example, one foster parent noted how applying learning from CKFP may work to prevent violence: "This group will teach you to avoid getting to the point of no return and hopefully prevent violence." Reflection exercises on foster parents' personal experiences deepened participants' learning about themselves, in relationship to their foster child. For some participants, personal reflection offered opportunities for

greater empathic understanding of their child. One caregiver noted that CKFP "helped [them] to think about it from a kid's perspective," and another caregiver recognized their influence on the parent-teen relationship, stating "I can't change my son, but I can change how I am with my son."

CKFP participants appreciated the structure, experiential exercises and content on attachment and trauma in the program. Foster parents found value in participating as evidenced by the positive attendance rate and application of learning. Notably, foster parents suggested that the duration of CKFP sessions be lengthened to allow for more discussion and that role plays be enhanced to vividly reflect the interactions participants were experiencing in their relationships with their youth.

Theme 3: Accessibility and feasibility

Accessibility and Feasibility was a prominent theme that emerged in the analysis of the participant and facilitator data pertaining to the online delivery of CKFP (i.e., eCKFP).

To ensure foster parents' optimal participation, the presence of a technical support person (i.e., "Tech Facilitator") was embedded within eCKFP (Bao & Moretti, 2023). As part of the welcoming and orientation to the program, the Tech Facilitator met with parents individually to help them set up the Zoom platform and to guide them in the use of the platform features. These personalized sessions reassured parents who were less familiar or comfortable with an online mode of delivery. One foster parent noted: "The private meetings are necessary. [I] would never have been able to do it with people watching me." Another foster parent shared that the meeting with the technical support person before the start of the group "allowed predictability", providing knowledge of what to expect in the program. The Tech Facilitator was also present for each session over the course of the 10-week program. During the sessions, the Tech Facilitator would remain available to participants via the chat feature to trouble-shoot technological problems, while managing the sequencing and contributions to the flip-charts (i.e., recording foster parents' responses to reflection questions). Many foster parents appreciated that the technical support person was available to them should they face a technical problem. One foster parent commented that they "felt safe" knowing that the Tech Facilitator was available, while another foster parent stated it was "nice to have help if struggling to get online." In addition, the majority of participants (95.5%) indicating the support from the Tech Facilitator was "helpful" or "very helpful," and were described as patient, persistent, helpful, and "like a guardian angel."

The online format increased accessibility to CKFP in multiple ways. Foster parents shared that they "loved being able to attend online" and that "it was so great to just click into it." Indeed, the availability of CKFP online facilitated foster parent participation. For caregivers, CKFP delivered online was deemed "convenient, doable, easily accessible" and made it easier to commit to participating. For example, one caregiver noted that "it's sometimes hard to get a babysitter, especially if there is travel involved." Other caregivers reported that online delivery was "easier due to distance, work" and it was "easy to pop in, do the work, and leave." Hence, the online format seemed to be more convenient for some foster parents who would not have been able to commit to an in-person version of the program.

Nevertheless, some foster parents mentioned that they desired more connection, that the online format did not allow for discussions with other parents: "there was no room to talk to each other." Connecting with the other caregivers and the facilitators in the group was deemed valuable by participants, yet the online delivery of CKFP restricted personal contact. For example, one caregiver identified that there was "no opportunity to stay after the meetings like in-person," and another caregiver noted that they "don't think we made the same connections [we] would have in person." Similarly, another foster parent shared that "it's nice doing [CKFP] from the comfort of our own homes, but after sessions in person we could connect with someone, help each other out, check in on everyone." For one caregiver, the desire to connect with other foster parents caring for teens extended beyond the 10-week program: "Leaders could reach out and ask us if we're okay to share our contact info with the group so we can still stay connected." Other caregivers suggested that there be opportunities to connect in person, even if the main mode of delivery was online, suggesting "It would be nice if we could get everyone together either before or at the end of the group."

A few caregivers shared additional barriers associated with CKFP delivered online. Barriers identified included the need for a babysitter for their children who were at home during group sessions ("kids at home due to schools being closed "; "the presence of kids at home due to school closings") and tech-related difficulties ("the internet freezing episodes"). Overall, participants appreciated the ease of accessing CKFP online and the technical support offered, yet desired greater contact with other foster parents and opportunities to connect in person.

Aligned with accessibility, the feasibility of CKFP identified in analysis of facilitator participant data. Facilitators noted the amount of time required to prepare the activities and familiarize themselves with the content for each session. To illustrate, one facilitator noted that they needed more support in terms of time and human resources to implement CKFP,

identifying the challenge of having "adequate staffing" and "time availability of staffing to commit to running the group" as barriers. Although the majority (69%) of facilitators indicated in post-CKFP questionnaires that they can count on support from their organization to a "great extent" or "very great extent" when encountering issues with the implementation of CKFP, one facilitator identified that CKFP required additional time "outside of normal duties" suggesting that the program may be precariously positioned off the side of the desk.

In post-CKFP questionnaires, the majority (70%) of facilitators indicated that online delivery offered flexibility in adapting to the local context of communities. While participants appreciated the availability of technological support, CKFP facilitators struggled finding an additional person to assist with the group. Several facilitators reported that "accessing a Tech Facilitator is difficult" given the time required, yet simultaneously indicated the need for "continual support for participants" including computers and internet access. Further, the need for supplementary tools, including laptops, webcams, speakers, headphones, reliable internet connection, and technological training and support were identified by facilitators as prerequisites needed for online delivery of CKFP.

CKFP offered a chance for foster parents to develop connections and a sense of community with other caregivers in the context of a welcoming and safe space. The integration of content with experiential learning activities was appreciated, however, caregivers desired role plays that better depicted the challenges they faced with their teen. Attending CKFP online enhanced program accessibility, although for some caregivers, the pandemic context and technical issues were novel challenges to navigate while participating in the program.

Discussion and implications

CKFP is specifically designed to deepen caregivers' understanding of attachment, trauma, adolescent development and placement in care through structured weekly sessions and learning activities. The manualized program works to promote reflective and sensitive care through the lens of trauma and attachment. Findings from the present study suggest that CKFP was acceptable to caregiver participants who experienced program delivered in-person and virtually online.

One of the most profound inequities experienced by all children placed in care is the disruption of their attachment relationships with primary caregivers, which is a critical protective factor when facing adversity (Mikulincer & Shaver, 2019). Attachment disruptions persist for youth-in-care as they are frequently moved from placement to placement (Newton

et al., 2000; Rock et al., 2015; Rubin et al., 2007). Ideally, family-based care would offer young people opportunities for secure and prolonged connections with caregivers until they are reunited with their family or transition into adulthood. However, the foster care experience can be fraught with further disruptions in relationships, multiple moves and challenges to their mental health and educational success (Aarons et al., 2010; Newton et al., 2000; Proctor et al., 2010; Rubin et al., 2007). Building attachment security within the caregiver-youth relationship can buffer the adversities experienced by youth-in-care (Joseph et al., 2014). Training for foster parents in attachment and trauma, such as CKFP, supports caregivers' resiliency in staying the course while increasing parental sensitivity which is a building block for developing secure relationships with youth in their care.

Foster parents' resilience is a critical concern for sustaining caregivers over the long term (Cooley et al., 2017), and foster parent retention is, in large part, contingent upon the support they experience from other caregivers (MacGregor et al., 2006). Foster caregiver resilience and retention are linked to receiving informal and formal supports (Piel et al., 2017) and impact the quality of care provided to youth. Indeed, successful placements are supported by participation in organized community networks of foster parents (Saarnik, 2021). Experiencing connection, within these networks, can promote caregivers' learning in more meaningful and richer ways (Cooley et al., 2017).

Notably, CKFP is not structured as a support group characterized by the mutual, open sharing of challenges and experiences. Support is not a mechanism for change in enhancing attachment security in caregiver-youth relationships, however, caregivers in the present study experienced CKFP as a supportive community in which connections with other foster parents were cultivated. Creating a community of support may be geographically challenging as foster parents are not centralized in one locale, but dispersed throughout communities and regions. Thus, the virtual delivery of CKFP is a flexible strategy that links foster families together, promoting a sense of community among caregivers in providing opportunities for connection and support while participating in the program. The wish for community is evident in CKFP participants' expressions of desiring ways to stay connected with other caregivers, including opportunities to connect in person where they can build relationships that go beyond participating in the program.

Ongoing development and implementation of CKFP accounts for the advantages of building supportive communities among foster parents. For example, connecting with other foster parents can be a benefit that is articulated during the recruitment process, and structured, well-timed learning activities that engage caregivers with each other may be useful as participants complete the program. Findings suggest that community building among foster parents is a beneficial feature of training. Future research

is needed to explore how community building in CKFP influences foster parent retention and resilience in caring for teens.

Foster parents expressed that they felt respected in the context of supportive and safe relationships when participating in the group, suggesting that CKFP facilitators actively worked to create a welcoming group environment. Research has demonstrated the vital links between foster parents experiencing support and connection and caregiver satisfaction and retention (Geiger et al., 2013). A safe and supportive space aides foster caregivers' learning within foster parent training (Lotty et al., 2020). Hence, the various requisite preparatory and between-session activities conducted by the facilitators, such as the orientation provided by the Tech Facilitator, the pre-inclusion interviews (i.e., "Invitation to Connect") with each parent, facilitating an initial Welcoming Session, and between session check-ins, are critical features of CFKP that promote a supportive learning environment. Our study participants' feedback is congruent with prior research showing that supportive relationships, characterized by open and timely communication, with professionals are integral to caregivers' positive experience of fostering (Cooley et al., 2017; MacGregor et al., 2006). Consequently, considerations for foster parent training should extend substantially beyond the delivery of content within scheduled sessions. In practice, foster caregiver training should be considered a relational endeavor between facilitators and caregivers that commences with the facilitators' initial contact with participants during recruitment and continuing as the program progresses within and between group sessions. For example, CKFP facilitators provide between session phone calls to connect with foster parents who were absent at a previous session. Facilitators may also extend a phone call to a caregiver based on observations during the session that warranted follow up (i.e., visibly upset after a learning exercise).

Timing, convenience and relevance of content are critical factors in engaging foster parents in training (Patton, 2014). Online training has been viewed favorably by foster parents in past studies (Benesh & Cui, 2017) and participants in the present study identified the virtual delivery of the program as accessible and feasible. Barriers, such as childcare, travel or work obligations, were allayed by online delivery. Caregivers were able to relate to program content and experiential learning activities to their relationship with their teen. For some caregivers, the role plays offered in the program accurately reflected interactions in their relationship with their teen. However, congruent with Davies et al. (2015) findings, other caregivers questioned the relevance of the role plays suggesting that they were not reflective of the severity of the teens' behaviors or the caregivers' experience of personal attacks. Consistent with our findings, foster parent participants in Davies et al. (2015) study expressed a desire for more role

plays that offered ways to address difficult behaviors. Training related to managing challenging behaviors is of central concern for foster parents (Hebert & Kulkin, 2018). While CKFP is not designed to be a behavior management program, further refinement of the role plays and the reflection exercises that follow would be beneficial. CKFP facilitators must carefully consider the level of emotional provocation in tailoring role plays to caregivers' experiences to prevent emotional reactivity and dysregulation which would constrain openness to learning.

As Rork and McNeil (2011) suggest, the effectiveness of foster parent training is influenced by the infrastructure and policies that support its implementation. This requires the engagement of multi-level, multi-sectorial stakeholders including foster parents, child protection social workers, foster family support workers, youth mental health teams, and policy makers. Systemic change requires a deep understanding of the geographic, historical, social, and temporal implementation context. In the present study, CKFP facilitators noted barriers in implementing the program within their existing work demands and organizational context. As understanding the systemic context of CKFP's dissemination is integral to our implementation efforts (Jumper-Thurman et al., 2003), in the future we will examine readiness in implementing CKFP within organizations to ensure the program uptake is sustainable and well-supported.

Birth fathers remain greatly underrepresented across parenting interventions (Panter-Brick et al., 2014; Tully et al., 2018) and this was also the case in CKFP. Prior research has demonstrated that paternal involvement promotes youth mental health, resulting in lower rates of youth social-emotional and behavioral problems, less substance abuse, lower rates of delinquency, and more positive peer and romantic relationships (Alleyne-Green et al., 2016; Jeynes, 2016). Nonetheless, Mallette et al. (2021) suggest that foster fathers are largely ignored within the child welfare system. Foster fathers often perform traditionally masculine roles, viewing themselves in a complimentary role alongside their spouse (Boyer & Noël, 2019; Heslop, 2014). Notably, fathers' entrenched beliefs about gender roles can serve as a barrier to participating in parenting interventions (Hansen et al., 2021). Evidence of the importance of paternal attachment on adolescent mental health is increasing and recent research points to the need for parenting interventions to attend to father participation (Rivers et al., 2022). Foster fathers' notable absence in the CKFP program may be related to lower confidence and more stress in comparison to foster mothers in providing care (Mitchell & Lashewicz, 2019). Further, Gilligan (2000) identified foster fathers may have additional constraints on their engagement in parenting as they may be positioned as a potential threat to children. Indeed, foster fathers have unique concerns and require tailored strategies that consider

identity, informal and formal support, and the quality of relationship between foster fathers and foster children (Mallette et al., 2021). Going forward, our research will closely examine the CKFP program content and learning activities in relation to fathering, developing and employing foster father-specific engagement strategies, while exploring foster fathers' experiences of support and community while participating in CKFP.

A systemic review exploring the content of foster parent training in studies published between 1970 and 2014 by Benesh and Cui (2017) found that training includes an overview of the child welfare system, parenting skills, needs of foster parents and foster children, and education on topics such as prenatal drug exposure and sexual trauma. Based on Benesh and Cui (2017) review, specific content on cultural considerations is notably absent in foster parent training. It was noticeable in the present study that participants were predominantly White (95%) and female (86.4%) while racialized and Indigenous youth are over-represented in the child welfare system (Caldwell & Sinha, 2020; Derezotes et al., 2005; Maiter & Leslie, 2015). In the absence of an ethnically diverse pool of foster parents, placement in foster care is often a cultural mismatch that constrains the capacity of caregivers to understand, and be responsive to, maintaining youths' cultural ties (Waniganayake et al., 2019). Indeed, foster parent training has offered little by way of cultural considerations and greater ethnic and racially diverse participants are needed in foster parent research (Rork & McNeil, 2011). Understanding cultural knowledge and beliefs about mental health and building trust is essential in supporting youth and families of first- and second-generation immigrants (Okeke-Ihejirika et al., 2020). The ongoing development of CKFP is informed by cultural and gender adaptations of the original program for birth families—Connect. For example, research implementing a culturally tailored adaptation of Connect with Somalian refugees conducted by Osman et al. (2021) found that program benefits (e.g., positive changes in parents' and children's mental health) were maintained 3 years after participating in the program. Thus, continuing development of CKFP, and training in general, requires close collaboration with members of diverse communities to generate culturally responsive programs in order to meet the needs of Indigenous and racialized youth-in-care.

Limitations

There is a significant need for effective foster parent training tailored to caregivers of adolescents, and CKFP attempts to address this gap. Our initial evaluation suggests CKFP promotes community among foster parents, provides an informed and integrated curriculum, and is easily accessible in online delivery. In addition to these strengths, our study had several

limitations. Only four organizations within three provinces in Canada were represented in the present study. Scaling up implementation with greater representation of organizations and provinces would strengthen our evaluation of CKFP. Adding further qualitative data collection points post-participation in CKFP, and including interviews with youth residing in the foster home, would improve our understanding of CKFP's impact on foster parent-youth relationships. Lastly, we did not gather data on the specific training and professional development courses previously completed by caregivers. Greater understanding of foster parents' prior training experiences would inform how CKFP supplements and extends existing efforts.

Conclusion

Preliminary evidence from the present study suggests that the CKFP program offers a supportive and connected foster parent community, integrated and informed learning opportunities, all while being accessible and convenient for caregivers and feasible to implement. Ongoing development of the CKFP program will bolster the relevance and applicability of experiential learning activities and cultural considerations, explore engagement strategies and program adaptations to strengthen foster father involvement, and investigate how CKFP may be integrated with the original Connect program for primary or biological parents, to prevent placement in care where possible, or support family reunification. Future research may also explore the unique experiences of kinship caregivers and non-kinship caregivers who participate in CKFP. Additionally, a randomized control trial would examine whether CKFP decreases caregiver burnout and increases resiliency, or decreases placement disruptions and increases placement stability, and the impact of caregiver participation in CKFP on youth mental health.

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