Intensive Alternative Family Treatment®
Social Marketing Report

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Introduction

Social marketing is the application of commercial marketing techniques to the analysis, planning, execution, and evaluation of programs designed to influence the behavior of the target audience to improve their personal welfare and that of society. Social marketing recognizes that *behavior change* is the criterion for effectiveness and that programs must address the full range of individuals and entities whose behavior must be affected in order to bring about change. Finally, successful campaigns must include the entire marketing mix: product, price (perceived costs and barriers), place, and promotion strategies to bring about behavior change. Social marketing – grounded in successful commercial marketing techniques – represents an innovative, comprehensive approach to increasing participation in clinical research trials. The social marketing scope of work related to this project includes a situation analysis; formative research; message strategy development, testing, and refinement; and development of select communication materials. This document reports on the social marketing work undertaken through May 1, 2019:

Phase One: Situational Analysis

The first phase of this project involves better understanding perceptions, current communication practices, and relevant target audiences associated with administering IAFT® and foster care more generally. To accomplish this scope of work, secondary research was conducted to understand the current representation(s) of foster care in the minds of the public and through marketing and communication campaigns. The situation analysis also involves an audit of communication materials currently created by RRFF to facilitate and promote IAFT® as well as an audience mapping session to identify, better understand, and prioritize target audience segments. At the conclusion of this phase, preliminary goals and objectives for target audience segments were established.

Phase Two: Formative Research

The second phase of the project involved formative research with key stakeholder groups, including representatives from partner agencies and current IAFT(R)® treatment parents. Findings informed the development of message concepts for testing.

Phase Three: Development of Messaging Strategy and Concepts

Two creative platforms were developed by a graphic designer for testing, guided by over-arching messaging goals of better explaining what IAFT® is (other than the 14 points), more clearly conveying how the IAFT® system works, and why IAFT® may be best for some youth. These messaging goals are intended to support RRFF objectives of improving treatment parent recruitment (through partner agencies), referrals, and protocol compliance by partner agencies administering IAFT®.

Situation Analysis

Secondary Research

To better understand current marketing and communication efforts associated with foster care, an online search was conducted in December 2018 to identify information at the intersection of therapeutic foster care and communication. A total of 30 relevant articles emerged and were analyzed to identify best practices in framing and messaging tactics as well as examples from foster care campaigns around the country.

Search Terms	
Foster Care, Therapeutic Foster Care (TFC) Intensive alternative family treatment (IAFT(R)) Therapeutic foster parents Family Focused Treatment Association (FFTA) Juvenile justice system Youth behavioral health	Message, Framing, Narrative, Campaign, Social marketing, Marketing, Communication, Dissemination, Policy, Policy makers, Parent recruitment, Matching process

Through this search, several themes and topics emerged, including: barriers to recruiting and retaining foster parents, ideal characteristics of foster parents; how foster care is presented and perceived; and the methods of foster care recruitment by agencies.

Barriers to recruiting foster parents

A number of factors make foster care recruitment challenging. In some cases, parents are too busy with their own families and may not have the time or resources necessary to foster. The analysis also showed that some parents felt that they could not cope with the responsibilities of fostering. In addition to the time and resource barriers, prospective parents may be fearful of the impact a new child will have on their current family structure. Lastly, prospective parents are wary of the potential negative outcome for the child (i.e., a failed match and reassignment), which may worsen the child's life.

Another barrier outlined in the literature is a general lack of interest in becoming a foster parent. While this may be justified by the aforementioned perceptions, it is still plausible that there may not be enough motivational messaging as to why people should become a foster parent. At present, it seems that interest is low. To that point, several studies reported that some prospective parents have simply never been asked if they would like to become a foster parent.

Finally, misconceptions about the foster care system and foster children also hinder recruitment. The foster care system typically is portrayed as intensely bureaucratic and difficult to navigate across social services and other organizations touching the fostering process. It appears there is a "sea of red tape," which can make the process to becoming a foster parent long and tiresome. Additionally, several studies reported that the agents in the foster care system (e.g., social workers, case managers, government employees) are apathetic or uncaring about the needs of the child or incompetent in knowing how to help, ultimately slowing down the process.

Barriers to retaining foster parents

The literature revealed a number of barriers to retaining current foster parents, some of which mirror barriers to recruitment. These include difficult behavior from children, particularly by those in need of a higher-level care (e.g., therapeutic care), such that some parents find they lack the skills necessary to handle this level of care and quit. Other foster parents drop out of the system because of the negative impact fostering had on their own family, as well as out-of-pocket expenses that may not have been properly outlined when agreeing to become a foster parent. Finally, some parents drop out of the system due to the time commitment and effort involved in check-ins, paperwork, policy changes, and evaluations required by multiple government agencies.

Ideal Characteristics and Behaviors

The literature suggests a profile for the ideal foster parent, including personality charactics and behaviors. Six key characteristics emerged for an ideal foster parent, including being flexible, teachable, and up for a challenge, as dealing with foster children – in particular, therapeutic and higher levels of care – can be difficult and foster parents need to adapt to and learn from multiple obstacles. Furthermore, another characteristic is being team-oriented due to the interaction with a multitude of parties, such as the foster care agency, governmental agencies, doctors, counselors and therapists, and potentially biological parents or guardians. Finally, ideal foster parents need to be loving and interested in strengthening a family, due to the potential strain it can have on their current family as well as potential permanency placements for the foster children.

The behaviors foster parents most frequently exhibited that might demonstrate high-quality care included: loving and nurturing the healthy development of the child; accepting the child as a full member of the family; advocating for the needs of the child; strengthening the child's connection to his or her birth family; valuing the role of team member; and knowing when to ask for help.

Media Misconceptions of Foster Children and Foster Care System

The media play a pivotal role in perpetuating false stereotypes and misconceptions of foster care that may negatively affect prospective parents' decision to foster. Movies, in particular, tend to over-represent children with behavioral problems or mental illness. Additionally, movies over- represent the number of children who try to escape from foster care due to dire circumstances (e.g., physically, verbally, or sexually abusive relationships with foster parents). To this point, a majority of movies that involve foster care make the system appear to be a detriment to the child, rather than an opportunity for improvement and growth. Finally movies rarely include the stories of foster children being reunited with his or her biological family.

Similar to movies, mainstream news places more emphasis on negative outcomes of the foster care system. In general, news outlets cover the foster care system as broken and dysfunctional, with a particular focus on children "falling through the cracks." They also fail to mention the positive outcomes foster care has on society, such as lower costs of future care, reduced homelessness and crime, and instead reinforce negative stories.

Current Campaigns and Provider Agency Recruitment Efforts

This analysis uncovered a number of recent foster care campaigns. A common theme is that foster parents can enrich the lives of the children they foster. One campaign employed sadness appeals to connect with the target audience. For example, one headline reads, "The world looks different when you don't have a place to go home to. It's a feeling that no child should have to face" and the body copy includes a personal story about witnessing children tied to their crib and having to steal food to survive. The messaging then positions foster care as the answer through a call to action: "Help show a child a brighter future. Become a foster parent" and "Help turn things around for a child. Become a foster parent". Some of the most powerful campaigns involve testimonials detailing the story of a child going through foster care or a foster parent recounting her or her experiences as a foster parent. Most campaigns share that foster care is a wonderful experience for both the parent and child.

Statewide campaigns in Ohio and Wisconsin focus on statistics to express the need for foster care. For example, "Nearly 16,000 children are in the custody of Ohio county children services agencies and "There are so many children in our backyard who needed a home." The organizations played upon the idea of proximity and that the children in need were part of the prospective foster parents' community.

Another theme that emerged across multiple messages was the use of "mom" and "dad" in referencing the foster parent. This approach occurred both in testimonials – from foster parents and foster children, respectively – and general messages from organizations, creating a sense of family because the children had found their "parents." There were few – if any – messages that talked about reuniting children with their current families.

Advertising campaigns tended to fall into one of several categories. The majority of campaigns used testimonials from current foster parents, past foster parents, and children who grew up through the foster system. These testimonials provided a real-world look into the benefits of fostering and the subsequent impacts that these efforts had on the children. These messages were mostly shot as floating head interviews, but higher production videos included cut scenes of the parents interacting with the children.

The AdCouncil's "Perfect Parent" campaign focused on humor to encourage people to become a foster parent. The campaign includes scenarios of parents may be in awkward situations with their child (i.e., at a youth concert), and that they may not know how to handle it, but being there is the most important part. Finally, campaigns focused more on informational appeals toward the organization and why someone should become a foster parent with them.

Regarding emotional appeals, the messages seemed evenly split. While some focused heavily on negative emotions and showcasing how downtrodden a child's life is without foster care, there were not any that overtly stated that "you" (the prospective parent) are causing this by not becoming a foster parent. Instead, the messages tried to evoke a sense of despair in the child's life that a foster parent can help solve.

Positive emotional appeals showcased building relationships between the foster parents and the children, and witnessing the personal growth in self-confidence, academic performance, social situations, and temper in the

child. Positive emotional appeals also highlighted the uplifting nature of being a foster parent and serving the "greater good." One message stated, "To be a foster parent, you look at yourself and you look at the world and you look at possibility. You're providing a place for people to feel belong, who don't actually belong anywhere. But then you decide that they belong everywhere."

What these messages lacked, however, was an attempt to dispel myths surrounding foster care. There were no messages that talked about the difficulties of being a foster parent – both interacting with the child and handling the bureaucracy of social work/governmental departments. Even the testimonials failed to mention any "red tape" or "hoops to jump through," and instead focused on the positive aspects of fostering. These messages ultimately fail to thoroughly paint an accurate picture of foster care.

Finally, most messages included a call to action such as signing a pledge, becoming a foster parent, joining an advocacy group, visiting the website to learn more, refering a friend, or donating money to a cause. Further, there seemed to be strong collaboration with civic groups within the materials (i.e., churches, supermarkets, community centers, etc.), as well advertisements sponsored by a larger government entity.

Communication Audit

A communication audit of Rapid Resources for Families' current communication and recruitment efforts was conducted to understand what the organization is doing, areas for improvement, and recommendations moving forward based on the situation analysis.

Target Audiences

First, the target audiences with whom RRFF communications about IAFT(R)® were identified. These included:

- Biological / Family of permanence
- Current foster parents
- Current partner organizations & Managed Care Organizations (MCOs)
- Prospective partner organizations & MCOs
- Internal stakeholders
- Policymakers
- Media
- Government agencies (e.g., Departments of Juvenile Justice and Social Services)

Current communication strategy

The goals and strategies for these messages centered around the ideas of informing the target audiences of RRFF and the Intensive Alternative Family Therapy (IAFT(R)®) program, and ultimately enabling action through recruiting foster parents, referring and implementing the IAFT(R)® program. These messages were delivered through a variety of materials, including:

- PowerPoint presentations
- Newsletters
- Fliers
- Rack card
- Informational folder

- Local events (recruitment and informational)
- Testimonial (video on website and hand-written letter)
- Research reports

Current message strategies

Most of the messaging underway takes an informational approach, highlighting the organization and the 14 elements of IAFT(R)®. Prospective foster parents may be unaware of the IAFT(R)® program or how they would fit in as a foster parent; thus, message strategies aimed at identifying why they would be a good foster parent for IAFT(R)®. For MCOs, the primary avenue for referrals to provider agencies, message strategies focus on the 14 elements and justify IAFT(R)® selection for the best possible high-level care needs of some foster children.

Some communication materials highlight evidence-based outcomes to showcase the success of the IAFT(R)® program. This is accomplished through research reports disseminated from RRFF.

At present, RRFF appears to be using three different taglines across its communication materials:

- "Change a life"
- "Are you the missing link?"
- "Excellence through outcomes"

The "Change a life" and "Are you the missing link?" taglines are utilized as recruitment calls-to-action for prospective parents, establishing that becoming a foster parent and working with the IAFT(R)® program will lead to an improved life for the child. The "excellence through outcomes" tagline was used for the research reports shared with MCOs, provider agencies, internal stakeholders, and current IAFT(R)® treatment parents.

Strengths

Based on this analysis, it appears that Rapid Resources for Families has developed a large amount of materials, particularly considering the small size of the staff. Communication materials include PowerPoint presentations, fliers, informational folders, and local outreach through events. In many cases, materials are co-branded with partner agencies.

Another strength identified was the utilization of the "Parent Satisfaction Survey" to IAFT(R)® treatment parents that provides empirical evidence to support the program. Results from this survey can use a rational approach to establish quality queues that may influence MCOs to refer the IAFT(R)® program. Additionally, the use of testimonials from current and past IAFT(R)® treatment parents showcase the program's importance and offer solid recruiting materials. Such materials provide credibility and message believability. Lastly, because RRFF is well established and IAFT(R)® is known for its success and rigorous auditing process, there is a strong network of recruitment possibilities and avenues to reach prospective and current IAFT(R)® treatment parents.

Challenges

While RRFF produces a large number of materials, it must consider how to address a number of challenges in the future. The "are you the missing link?" tagline does not answer the organization's mission/goals, nor does it directly tie back to how working with RRFF and the IAFT(R)® program will help the child by providing the link.

Furthermore, the "Change a child's life" tagline does not answer question of in what way the child's life will be changed. As a result, the tag lines come across as vague and empty.

Additionally, the organization's brand identity is inconsistent across materials. Some messaging utilized the link logo and other messaging utilized clipart of a child holding a "We need your help" sign. RRFF is encouraged to use consistent branding and logos across its communication materials in the future. By working smart, not just hard, RRFF can be more efficient. Fewer, well strategized materials will work harder and accomplish more.

Finally, the materials – primarily the PowerPoint presentations – were not clearly tailored to specific audience. It was unclear as to how and where these tools were used. Furthermore, the messaging could more clearly convey "benefits sought" by IAFT(R)® treatment parents with specific examples.

Audience Mapping

On February 4, 2019, members of the research team met with the RRFF team to better understand the decision journey to IAFT placement and the roles of each target audience or stakeholder group. This mapping included the following stakeholder groups: Biological/families of permanence, referrers (DSS, DJJ, caseworkers, therapists), current IAFT partner agencies, prospective IAFT® partner agencies, MCOs, current IAFT® treatment parents, prospective IAFT® treatment parents, policymakers, and the media. At the end of the session, both teams agreed that the project would benefit from formative research with representatives from current provider agencies and current IAFT® treatment parents.

Formative Research

Executive Summary

This report outlines the findings from two sets of interviews with IAFT® treatment parents and provider agencies that implement the program. The purpose of these interviews was to better understand provider agency and treatment parent perceptions of IAFT® service delivery including training, recruitment of families, ongoing support and supervision, and current facilitators and barriers to program implementation.

Throughout the five interviews with six IAFT® treatment parents, participants explained their motivations for becoming a foster parent in general and their subsequent transition into the IAFT® program. While several parents mentioned the benefit of only having one child in the home, it was overwhelmingly clear that the parents considered their acts altruistic, with the goals of improving the children's lives. Additional motivations for working with IAFT® in particular was the ongoing support from the entire care team, including daily meetings and having constant communication.
The IAFT® treatment parents also outlined how they were specifically recruited by their respective agency, and all but one said they were approached directly. There was no recollection of IAFT®-specific recruitment materials, but rather the agency believed they would make an ideal fit for the program. Once being made aware of the program, each parent learned more through training conducted by the provider agency.

Due to their satisfaction in working with the IAFT® program, as well as seeing the success of the program in helping children, each parent said they have and will continue to recruit more parents to become IAFT® treatment parents. Main successes included seeing the child be reunited with their biological family and being able to work with a diverse team of case managers, providers, and therapists.

Despite IAFT® being a higher level of care, few parents reported any challenges, and several explained that children whom they had in therapeutic foster care previously were about the same as the children in the IAFT® program. The only real challenges were the increasing need for IAFT® treatment parents, which caused a lack of respite for some, and the level of documentation required, albeit this was noted as being necessary.

When asked about their connection to Rapid Resource for Families, the parents seemingly did not know much – if any – about the organization other than it oversees the IAFT® treatment program. Only two parents said they received any formal contact with RRFF, in the forms of a Treatment Parent Satisfaction Survey and training tips.

This information provided deeper insights into current IAFT® treatment parents, and it was mainly consistent with the findings from the interviews conducted with three provider agencies.
The provider agencies spoke in-depth about partnership with RRFF and the adoption of the IAFT® program, and its differences between TFC. The provider agencies then talked about the benefits of the IAFT® program for a variety of populations, including children, treatment parents, providers, managed care organizations, society, and the state government. Like the treatment parent interviews, the provider agencies detailed the constant level of communication and oversight, as well as a reduction in problem behaviors for the child.

Similar to the answers from the treatment parents, it appears that the provider agencies do not hold any specific recruitment events or utilize any materials for the IAFT® program, but rather slowly introduce the program to potentially interested parties and identify those who would be well qualified for the program. The provider agencies pitched the IAFT® program as the best and most elite program, in which foster parents would work their way to achieve. If anything, the provider agencies felt that recruitment should not occur to prospective parents, but should rather be targeted at those currently working in TFC.

Where the two sets of interviews vastly differed though was the motivations for becoming an IAFT® treatment parent. While the current treatment parents outlined their altruistic reasoning and wanting to improve the children's lives, two of the provider agencies mentioned that money could be a key motivating factor. One agency even said that becoming an IAFT® treatment parent is not an altruistic process, nor does the agency treat it as such, and that IAFT® treatment parents are "professional parents" and should be viewed as employees.

The provider agencies then detailed their views on the compliance process required by RRFF and explained the challenges in working with such an intensive program. These challenges included frequent audits, copious documentation, and fear of being negatively scored by RRFF. Despite these concerns, though, each agency understood the value of the rigorous standards in holding them accountable and ensuring the IAFT® program was properly implemented. Additionally, a lack of IAFT® treatment parents made their work more challenging.

The information gleaned from these interviews was consistent with the elements in the IAFT® model. There was mention of one child per family, weekly face-to-face supervision and meetings, 24/7 crisis support, daily child behavior tracking, access to additional care, improvements in child well-being, and reduction in problem behaviors.

IAFT® Provider Agency Interviews

Method

To better understand provider agency and treatment parent perceptions of IAFT® service delivery including training, recruitment of families, ongoing support and supervision, and current facilitators and barriers to IAFT® program implementation, the researchers conducted three interviews with three foster care provider agencies that implement the IAFT® program. The discussions lasted approximately 45 minutes to an hour each, and each interview was audio-recorded. The provider agencies were provided by the governing body of the IAFT® treatment program. Agency 1 and 2 were classified as highly engaged with the program, while Agency 3 was deemed least engaged, per the governing body. The university's institutional review board approved all aspects of this study.

Findings

Partnership with Rapid Resource for Families and adoption of IAFT® program

Agency 1 and 2 mentioned that the IAFT(R) program was already in place when they took their respective positions at the organization, while the representative from Agency 3 said she was part of team in making the decision to implement the program. Agency 1 stated that the IAFT® was appealing for their organization as the higher rates of reimbursement and compensation for the parents made it easier to handle the higher levels of need that the children required. For example, Agency 1 said, "It's easier to deal with a kid who is violent or verbally abuse for $85 {IAFT® payment} than $55 {TFC payment}." Agency 1 felt that the monetary aspect of the program was essential, and that IAFT® treatment parents should be treated as employees. She continued, "We do a great disservice if we don't talk about money… we blind ourselves to why and what people are doing."

Agency 2 had a different outlook toward the program, stating that the former director as passionate about IAFT® and the successes that it afforded both the children and the treatment parents.

Agency 3 was most drawn into different elements of the program that were able to serve children who had higher needs and those who were trying to acclimate to family settings. For example, she mentioned the daily collaborative communication with the case manager, supervisor, therapist(s), treatment parents, and biological parents. Additionally, because only one child was placed in each home, there was more targeted focus and training to help build successful outcomes.

Differences between IAFT(R) and Therapeutic Foster Care

All agencies were consistent in their responses for what makes the IAFT® program different from TFC, in that

each explained the constant communication, higher levels of care, ability to make proactive changes to treatment, working in a collaborate environment, and maintaining communication with the biological parents as part of the care team. From a strict provider oversight standpoint, Agency 1 detailed that the IAFT® program allows her to understand issues that both the child and treatment parent may be facing. She said, "Our team is going to the home, addressing the behavior that week, looking at stress level of that parent, and talking with them. For example, if the parent is having a bad week and is cranky and the child does XYZ behavior, the parent may rate that as a 6 or 7 {out of 10}, but their bad week may alter their perception. The IAFT® program allows me to address XYZ behavior in a more enhanced way because I can see the whole picture and make sure I'm not dealing with other stressors. I can see if that behavior is really a 6 or 7, when it really may be closer to a 4." Furthermore, Agency 2 and Agency 3 detailed how the providers are able to step in immediately when there are problems, and they are responsive 24/7 in multiple environments, including the home and school, whereas TFC may be limited to weekly meetings held at the office.

Benefits of IAFT® program

Each provider agency outlined several benefits of the IAFT(R) program to a variety of populations. This included the children, treatment parents, providers, managed care organizations, and the society and state government.

Children. All three agencies were unanimous in stating that the children were benefitted most through the IAFT® program. Because these children need higher levels of care, the IAFT® program introduces proper training and constant supervision in which allows the child to succeed. Agency 1 said, "We do the IAFT® treatment program at the most advanced level… Across the program, you're getting higher level of supervision, more conversations, more focused interventions, having people more outside of box, and ultimately problem solving." Agency 2 explained that their approach to matching a child with a treatment parent and having multiple people introduced to their lives are things that reap benefits for the child. She said, "For the child, one of the things they learn is that we spend a great time to identify a match. By taking additional time at the beginning, we can prevent disruptions and keep them on track. We also have a big care team, and each part is another person in the child's wheelhouse. They are getting to meet multiple people who can help and be part of their lives. We are creating normalcy for them" Agency 3 added to that in detailing that many of the children had been in care for years, so this innovative approach was refreshing and, at times, "fun." All agencies also highlighted that the ability to be placed back into their biological home was the greatest benefit.

Treatment Parents. As aforementioned, the 24/7 consultation and daily communication was deemed to be the most beneficial for treatment parents. All three agencies outlined this as the greatest benefit to the IAFT® program, as it allowed for a team approach to handling this higher level of care. Agency 3 remarked that a past IAFT® treatment parent was initially skeptical of all the communication and stated that it was unnecessary later "ending up loving it because they got extra support to where they could explain everything and de-escalate situations that could be bigger issues… They're not doing it alone." Agency 1 and Agency 2 also explained that the increased trainings were beneficial to the treatment parents, as they were able to learn more skills and become better foster parents overall.

Providers. Agency 1 explained that the providers also benefits from the team approach. She said this trickled

down to properly matching the care the child needed to a particular provider. Additionally, Agency 2 explained that the IAFT(R) program allowed providers to "have satisfaction in knowing that they are reducing problems and crises before they happen."

Managed Care Organizations. Benefits to MCOs were mentioned briefly, and all agencies argued that while the IAFT(R) program may be a more expensive option for MCOs to refer children, it may actually save money in the future based on reduced hospitalizations and lower levels of care. All agencies noted that MCOs may not be completely knowledgeable of the benefits the IAFT(R) program provides.

Society and State Government. Similar to the MCOs, all agencies mentioned that the IAFT(R) program actually lessens the cost of care for the child long-term, despite the increased up-front costs. This was noted to help the state government, as they are having to allocate less money to these children's therapeutic and foster care needs. Additionally, from a societal standpoint, the IAFT(R) program helps alleviate and lessen problematic behaviors and help children become acclimated with society. This not only improves the child's life, but also helps reduce hospitalizations and higher levels of care – both of which also cost the state additional resources. When recalling a story about a particular child who received the IAFT(R) program, Agency 2 stated, "This child had been through 6 treatment homes, was violent, assaulted treatment parents, and we placed him single home with strong IAFT(R) treatment parent… the child immediately did better… We took a kid who was 'disposable' and an unproductive member of a community, and we gave him a family."

Like the MCOs, though, Agency 1 explained that the benefits of the IAFT® program may not be readily apparent. Additionally, the Department of Social Services and Department of Juvenile Justice may need help in understanding the criteria for referrals to IAFT®. She said, "I have people who call me all the time that they need TFC, but they actually need IAFT® … helping external providers know what the criteria is, and allowing clinicians make a decision." Additionally, by correctly referring a child to IAFT® at an earlier age was thought to help manage the child and prevent future societal problems such as arrests and homelessness.

Improvement Recommendations

When asked what could be done by RRFF to improve the IAFT® program, the agencies had few recommendations. Agency 1 outlined that, despite the increase need for beds, there needs to be a hire expectation and accountability for IAFT® treatment parents. She explained that the standards for hiring may need to be improved across all provider agencies that implement the IAFT® program, equating making bad hires as "putting a Band-Aid on an open wound." Agency 2 noted that RRFF has particular guidelines regarding caseloads that should not exceed a specific number, but often referrers and outside companies tweak their protocols to circumvent this. She said, "We need RRFF to tell independent agencies to hard stop… we are getting spread too thin." Additionally, Agency 2 remarked that the workload of the IAFT® program has negative impact on her staff. She noted, "The level of paperwork and documentation that exceeds any other program. We spend 60% of the time is on the paperwork and documentation vs. 40% hands on intervention and engagement with the treatment parent and kid… too much documentation that pulls away from being effective… There's no such thing as a 40-hour workweek without burnout… people excel in therapeutic but can't do paperwork or vice versa." Agency 3 could not think of any improvements for RRFF to make.

Treatment parent recruitment process

When describing how each provider agency presents the IAFT® program as an option to prospective foster parents, none of the organizations mentioned an IAFT®-specific recruitment. Instead, all the agencies explain the IAFT®program when talking about all the levels of care the agency offers.
Agency 1 said that she tries not to present IAFT® initially or solely market the program, in fear of scaring off potential parents. She exclaimed, "Who chooses this?!" She continued, "You have to look at people, bring them along slowly, give them skills so they're not overwhelmed." Instead, she chooses to present foster care as a continuum, where IAFT® is a later stage of foster care. She said, "During the onboarding process, we say we provide foster care on a continuum, during our training, we use Pressley Ridge, during that training, we are observing them, evaluating them, and talking to them." Agency 2 somewhat agreed in that they build mention of the program into other trainings. She explained, "We breakdown what foster care is, what the levels of care are, what the expectations are, what the documentation requirements are, training period for the next 6 months, training with the Pressley Ridge model… but they need to be proven strong in TFC to be considered for IAFT®." Both Agency 1 and Agency 2 said they would not consider people who were first-time foster parents eligible for the IAFT®program.

Furthermore, when explaining the program to prospective treatment parents, each organization said they outline expectations and explain all that the IAFT® program entails, which may deter potential parents. Agency 2 said, "Not everyone wants to talk to us five days a week or have a therapist coming to their home once a week… this is the expectation and we're upfront about everything. It's a major commitment on their part and they need understand that it's 24/7… they have to share everything, but it helps us understand their stress levels are good to handle needs of their child." Agency 3 also said that due to the demands of the IAFT® program, not every parent would be an ideal fit. When assessing who would succeed as an IAFT® treatment parent, Agency 3 said, "We go through every program and map out every level. We then try to work through people's strengths and weaknesses to determine if they will good for IAFT®." Agency 1 then said that even if prospective parents do showcase interest in the program, there is an extensive vetting process despite the increasing need for IAFT® treatment parents. She noted, "I may train 10 parents, but I will get two who can do IAFT®… I don't want disruptions. I don't want outcomes to look bad. I want to stop kids from being bounced around homes. I would rather be small and great than big and okay. We are outcome driven, not quantity driven."

While the organizations do present IAFT® as a high level of care and outline the amount of work involved, they do not frame it necessarily as a negative. Agency 1 claims that the IAFT® program is for the "most skilled and most dedicated foster parents." She explained, "These parents are our rockstars, who have the capacity to deal with the most significant behaviors. You're the best, the VIP, the MVP. Who doesn't want to be an MVP. That's the sell for the IAFT® kids." Agency 2 takes a similar approach, equating the IAFT(R) program as "Ph.D. of foster parenting."

Motivations for prospective IAFT(R) treatment parents

Similar to the reasons that current IAFT® treatment parents mentioned as to why they became part of the program, Agency 3 said, "Every individual who feels called to become a foster parent wants to make a difference. They can help make a difference in a child's life. IAFT(R) is about making a difference." Additionally, Agency 2 explained because IAFT(R) always has a permanency plan for where the child will be placed, a big sell

is that IAFT(R) treatment parents will get to work with biological families to see the child reunited. Agency 1, however, stressed that money, to her, is most likely the reason why parents consider the IAFT(R) program. When asked what motivates parents to become an IAFT(R) treatment parent, she bluntly said, "We do not treat this as an altruistic process. You're a professional parent. Not treating it as a job is where we fail."

IAFT® recruitment events

Agency 3 was the only organization that admitted to using specific events to recruit IAFT® treatment parents. This included churches, civic organizations, community fairs, group homes and PRTFs in the region, and having representatives from the agency going to the government to find potential parents.

As aforementioned, Agency 1 and 2 do not follow this process. Agency 1 believes the IAFT® program is too daunting for some, and Agency 2 said that she worries that people will only want to join the program for the increased incentives.

IAFT® communication and marketing materials

Agency 3 made no mention of communication or marketing materials about IAFT®, but Agency 1 stated she used PowerPoints provided by RRFF. Agency 2 also mentioned fliers she gives out to peers, as well as a pamphlet that has information on IAFT®, the treatment models, and contact information for interested parties.

In co-ordinance with the treatment parent interviews, the agencies mentioned that the current IAFT(R) treatment parents may be their best source of advertisement and communication to prospective parents. Agency 2 said, "It's challenging to find foster parents, but two of our IAFT® treatment parents make around five referrals a year. They'll call us and recommend them, and then we will groom them."

Recruitment suggestions and modifications

When asked what types of materials could be used to better inform and recruit people to the IAFT® program – withstanding any barriers such as experience and extrinsic motivation – the agencies differed. Agency 1 said that there was a clear and blatant need to recruit IAFT® treatment parents, it's not easily done. She did not feel marketing materials would help with this endeavor. Instead, she believed that recruitment would need to come through TFC parents or through new parents and building their skills to the IAFT® program. She said, "If RRFF really wants more IAFT® parents, we need to recruit more in general and then evaluate them on who may have the capacity to do this service… resulting in more parents for all levels of care." Agency 2 said that more training and programs made available to the public could be beneficial, as well, which could then lead to potential IAFT® treatment parents. Agency 3 said that word-of-mouth recruitment was still her biggest recruitment tool, but she mentioned that short videos (e.g., testimonials) from current or past IAFT® treatment parents could be help in their recruitment efforts.

Awareness of IAFT® program by biological parents and guardians

Because children who come into contact with the provider agencies are referred, most of the biological families are familiar with the IAFT® program. However, each agency still noted that there was substantial upfront work to inform the biological parent of the program as well as outlining expectations for the parent.

Agency 1, who admitted past failures in this endeavor, stated, “We are doing much better job of this… we did not do a good job of our expectations of them, parents thought that we were going to ‘fix’ their kid… now we meet with them ahead of time and go over our expectation with them as parents. They can choose to participate or not. People originally thought it was a fix and that they don’t have to change their own behavior. We put everything up front. You’re going to have to commit to making change and coming to meetings.” Agency 3 echoed these sentiments and said they do meet and greets and request that biological parents or guardians be part of this. She said, “We discuss who is involved in the program and everybody’s role… everything is laid out… expectations as part of the program… Constant communication, updates, discuss CFT meetings, aware of doctor’s appointments, medicines, being a part of it. It’s the most difficult part of the program, but it’s worth it if we can get the parent on board.” difficult part of program! To that point, though, Agency 2 mentioned, “With IAFT®, they know that the child is coming back {vs. being taken away” and that helps the family.”

Compliance with Rapid Resource for Families

All three agencies outlined the rigorous processes for compliance, as well as the high standards placed on each organization from RRFF. While they all mentioned that it was necessary and helping in ensuring that they were properly implementing the IAFT® program, only Agency 3 said it was a positive experience. She explained, “I absolutely love the audits. It helps us to be on task and accountable. We are having to make sure things are done in a timely fashion. Things are constantly changing, but it always helps keep us focused on things we have to do as an agency. With other audits/programs, it’s once a year or two years, a lot gets missed. When you’re having to stay focused and on top for quarterly audits, it just helps keep everyone focused and on the same page.” Agency 1 and Agency 2 did not feel the same, and often felt the compliance process had a negative impact on their jobs, despite its necessity. Agency 1 said, “I understand why we do it, but it’s exhausting in a lot of ways. My staff has said ‘we can’t work because we are busy making compliance.’ It’s stressful and we are worried if we’ve missed something. We don’t want RRFF to ding us. I would say there is a high level of professional paranoia.” Agency 2 was less downtrodden on it; however, she mentioned that there was a multitude of paperwork and tight windows in which things need to be posted. Again, though, she remarked that this level of compliance ensured that her and the organization were held accountable. Additionally, Agency 3 explained, “Everything is clear on what we are supposed to do.”

IAFT(R) Treatment Parent Interviews

Method

To better understand what motivates parents to become an IAFT(R) treatment parent, how they are recruited, and overall perceptions of the IAFT(R) program, the researchers conducted five interviews with current IAFT(R) treatment parents who had been using the program for at least one year. In total, there were six parents, as one interview was completed with a treatment parent and his spouse who perform the IAFT(R) program together. The discussions lasted approximately 30 to 45 minutes each, and each interview was audio-recorded. Participants were provided a $25 gift card for their participation. The university’s institutional review board approved all aspects of this study.

Findings

Becoming an IAFT(R) treatment parent

All six treatment parents who were interviewed explained that they had extensive backgrounds in foster care, prior to becoming an IAFT® treatment parent. These ranged from 40 years to 9 years in foster care, which included traditional foster care, group homes, and therapeutic foster care (TFC); however, all came directly from TFC. Five of the six participants noted that their respective provider agency approached them to learn more about becoming an IAFT® treatment parent, and one woman who had been fostering for 40 years contacted her agency because she had a pre-existing relationship with a child who was referred to the IAFT® program. Three of the six parents were introduced to IAFT® when it was first launched by Rapid Resource for Families (RRFF), and were part of the initial group of parents trained for the program.

When describing the program to the treatment parents, provider agencies highlighted that it was higher level of care, in which the foster children may have more disruptive behaviors and potential mental health issues. As one male IAFT® treatment parent explained, "They {the provider agency} explained that we were going to have to be able to withstand more aggressiveness, defiant behaviors, and we had to make ourselves available for services that the child needed." Additionally, the provider agencies presented the IAFT® treatment program as having only one child – whereas other types of foster care had numerous children in the home – and an increase in pay. Lastly, the provider agencies outlined expectations of the IAFT® treatment parents, including: a team-based environment working with multiple parties such as the agency, care coordinator, therapist(s), doctors, and biological parents; daily meetings/phone calls with the provider agency; and diligent documentation for all behaviors of the child. After training for the IAFT® program was complete, parents could then decide if the wanted to serve as IAFT® treatment parents. Training was described as relatively simple, and all of it was handled by the provider agency. The only negative that came up was one family who said they were not sure if they could uphold the expectations of dealing with a higher level of care; however, they later noted that having upfront conversations about what was expected was actually a positive because they knew exactly what they were going to face when dealing with a child in the IAFT® program.

Motivations for becoming IAFT(R) treatment parent

Motivations for becoming an IAFT® treatment parent was consistent for all six parents. It seemed that all parents were motivated intrinsically by their desire to help a child in need rather than the extrinsic motivation of increased pay. For example, one woman said, "I've been doing therapeutic foster care for 11 years, and I decided to give it a try – anything I could do to help kids get back into the home." Additionally, one family said, "We wanted to give good services to these kids regardless of their situation."

An additional motivation was the prospect of only having one child in care. One woman stated, "One child was most appealing… I've had kids before in therapeutic who probably needed IAFT® , but the work was still the same." This sentiment was echoed through several other parents, as most have been performing foster care for years and have seen several children who they deemed should probably have been given the IAFT® program. Additionally, the higher level of care and increased training actually appealed to some. One family said, "We felt that we can almost deal with almost any situation and we want to be at the most advanced atmosphere to get the kids back on track. Talked with my wife about it, and she said let's go for it."

Even though there was increase in pay for implementing the IAFT® program, none of the parents said the money was a motivating factor for their decision. One said, "Extra pay not really motivational. We're out there to support the kids."

Despite all parents agreeing to be part of the IAFT® program, two were initially hesitant. One woman stated that she was asked twice by her provider agency if she would like to become an IAFT® treatment parent, and she rejected it on both occasions. She said she didn't want to go to a higher level of care and was unsure if she was qualified to do so. After a year of asking and three contacts by the provider agency, she decided to learn more and try the program, with the knowledge that she could opt out at any time. The other parent had similar thoughts, although she was not recruited on multiple occasions by her provider agency. She explained, "From my experience with regular kids, I just wasn't sure that I would've been able to handle it. My impression was that the kids' behavior was worse than regular kids."

IAFT® recruitment tools

When asked if the provider agency provided any types of recruitment materials about IAFT(R), all the parents said that they received no initial information about the program in regards to a flier, email, or pamphlet, nor were there any IAFT® -specific recruitment events. As aforementioned, most were contacted by the provider agency – either in person or through the phone – to become an IAFT® treatment parent.

When being formally introduced to the IAFT® program, all stated that the provider agencies provided specific IAFT® training to explain the program and outline expectations. One parent noted that her provider agency used videos and role-playing skits, and another family detailed that provider agency outlined multiple situations that the parents may face and ways in which in to properly implement the IAFT(R) program. A couple of parents mentioned that informational materials were provided at these events which explained the program further. One woman, who had been doing foster care for 40 years, said that she dismissed most of the information as she "already knew it."

Word-of-mouth recruitment from other current IAFT® treatment parents

While none of the parents were referred to the IAFT® program by other IAFT® treatment parents, several explained that they reached out to talk with those who have gone through the program. This helped alleviate some concerns about the higher level of cares the children needed. One woman, who was initially hesitant said, "I talked with a few parents who have done it… the information they had given me made it seem better. They talked about the kid they had vs. regular therapeutic care." One parent wasn't able to talk to anybody, and she remarked that having somebody to bounce ideas off of and answer questions would've been helpful when deciding whether or not to become an IAFT® treatment parent. Furthermore, one family explained that having contact with current IAFT(R) treatment parents would be effective for future IAFT® parents as there are "a whole lot of questions need to be asked before a child gets put into home."

Recommendation of IAFT(R) to other prospective treatment parents

Due to their positive experiences while being an IAFT® treatment parent, overwhelmingly all respondents said they have and will continue to recommend the IAFT® program to prospective treatment parents. When

describing the program to prospective parents, all parents recalled their own experiences within the program. A majority stated that they like to provide a realistic picture of the program and the subsequent children that they've experienced. This includes both positive and negative outcomes with the children. For example, one parent said, "I just talked explain IAFT® and why I prefer it because one child and daily contact. But, you cannot sugarcoat it and tell them it'll be easy. The behaviors in the children vary, and it can be a challenge." Another added, "I don't paint a pretty picture. I don't tell them that they're angels or that it'll be an easy task. You have to be in there for the right reason." One parent talks her past experiences with TFC to better explain IAFT® to prospective parents. She said, "I talk about my kids in IAFT® and in therapeutic, and how some of the kids were actually worse." Overwhelmingly, though, the parents liked to focus on the successes that they've had with the IAFT® program. This primarily occurs through highlighting that the child gets reunited with their biological parents. Other key touchpoints in recommendations are about the constant communication with the care team and daily check-ins to ensure their needs are met. One family explained, "You talk to them about your success and your expectations… Work together, be strict with rules, and set standards. You want them to know what it entails." Once the parents made the recommendation, they then turned to their provider agency to make contact and finish the process. Only one of the six parents mentioned using recruitment material (e.g., a flier or informational pamphlet) provided by the provider agency. Only one parent said that she does not mention any negatives about the IAFT® program, though, because she hasn't experienced any yet.

When identifying people who could become effective IAFT® treatment parents, a majority of parents said it depends on the person. One noted that "not everyone is cut out to be IAFT®." Additionally, one parent said, "I just don't recommend it to any parent that I meet. I have to know something about the parent and how they parent." Skills that were deemed to be effective were being able to handle intimidation, being unfazed by threats, having a strict schedule and rules, having communication skills, and being able to provide tough love.

Experience working with IAFT®

When detailing the most beneficial aspects of working with the IAFT® program, three key themes were present: having constant communication with the provider agency and care team; watching the IAFT® improve; and reuniting the child with their biological family.

Regarding the constant communication, one parent highlighted that there's help when you need help and questions answered and "you will always have someone to reach out to you when you need them." She continued, "One thing I liked the most is that everything is in one setting… everybody can communicate." Another family further explained that the team environment is what makes the program successful. Additionally, one woman said that having daily and constant communication with the care team – and case manager, in particular – is the ability to focus on both the good and bad days. She explained that weekly meetings – like those in TFC – are often only summaries which typically highlight negative behaviors, whereas daily meetings can showcase what the child did well on a particular day. Furthermore, because children in the IAFT® program are in needs of higher level of care, the constant communication allows the care team to be flexible in their approach to meet the needs of the child. One woman explained, "We get ideas from whole team. We can change meeting days, go over goals, and if there's a big issue, daily meetings can take care of immediate issues."

When looking at how the children improve, one parent said, "The greatest part for me is just to see young

people get back on track. They're off track and have so many issues, they don't even know what their issues are. The more you listen and the more you can help them get back on track." Another parent said, "From what I've experienced as far as the setting, I've seen these kids improve from where they were, and I think it's because everything has been right there together for them."

The connection to biological parents was perhaps the greatest aspect of the program, though, as this was emphasized by a majority of the parents. In particular – and this goes hand-in-hand with the constant communication – because the biological parents are involved in the IAFT® program, they are part of the care team and receive training in which will help the child get properly assimilated back into their lives. One parent, who worked in TFC previously, said, "What I saw in therapeutic was so many children we could help them to positive points but they went back to same environment and same situations and regressed and ended back in foster care." Additionally, one family recalled a success story where the biological mother was able to witness firsthand the success the IAFT® program was having on her child as well as how the IAFT® treatment parents were helping her child. They explained, "We had their mother who was right there with us, that said 'You better be listening to that family,' for almost 2 years and this was beneficial to the family. The mom watched them progress, and she was behind us. She came to visit us, and when the child returned home, you get success and that's when you can become thankful. You want to matter. You were part of seeing their family reunited. That's the ultimate goal."

Challenges to the IAFT(R) program

While reuniting families is the ideal outcome, one parent said that working with biological parents can be challenging though, as the child may be ready to go home but the parent may not be. Additionally, if the biological parent does not buy into the program, it can become problematic, but that is handled through the provider agency. Other challenges included the provider agency not provided up-to-date information on the child or being unaware of all the problematic behaviors he or she may have. One parent said, "Coming into this area of services, it would help that more people know about the kids who come through this services. You can make foster parent more aware." Another challenge that one parent outlined was the increasing demand for IAFT® treatment parents, in which she was unable to get respite because there was no place for the child to go. Additionally, because compliance standards and the need to document everything, one parent thought that the frequent documentation may take away time from the child; however, she did note that she understands the need for this process. Overall, though, it did not appear that the IAFT® treatment parents had any overwhelming concerns about the IAFT® program.

Connection to Rapid Resource for Families

Understanding of who RRFF is and what the organization does varied. Most knew very little – if anything – about the organization, with one parent said she knew "they're over the IAFT® program" and another said she had heard of them, but that was all. One parent said she received a Christmas card from RRFF and an email to complete the Treatment Parent Satisfaction Survey. She was the only participant out of the six who had mentioned the survey. The only family who really appeared to know about RRFF explained that they receive monthly emails from the organization that highlights training tips, new information, scenarios to practice, and general information. However, all parents said that they receive most of their information from their provider agency.

Message Strategy Development and Concept Testing

Two creative platforms were developed by a graphic designer for testing: The IAFT® Advantage and The IAFT® Care Square. These concepts were developed based on the over-arching messaging goals of better explaining what IAFT® is (other than the 14 points), more clearly conveying how the IAFT® system works, and why IAFT® may be best for some youth. These messaging goals are intended to support RRFF objectives of improving treatment parent recruitment (through partner agencies), referrals, and protocol compliance by partner agencies administering IAFT®.

	What is IAFT?* (a better "handle" than the 14)	**How does it work?**	**Why is it best for some types of children? * (point of difference)**
Target Audiences	• Referrers (to influencing MCOs to authorize). • Agency partners (to recruit IAFT parents; inspire caseworkers to comply with heavy workload) • Treatment parents (to validate, WOM sharing) • Prospective (to recruit) • Bio parents (hope)	• MCOs (to inspire confidence in quality of process and results) • Bio parents (what is expected from them, required and optional). • Prospective (ability to provide; self-efficacy).	• Referrers (to influencing MCOs to authorize). • MCOs (to authorize IAFT over TFC) • Policymakers (RRFF legislative goals) • Agency partners (to recruit from TFC pool; inspire caseworkers to comply with heavy workload). • Bio parents (hope, confidence)

Concept Testing: Method

To obtain feedback about two different message concepts in order to select and improve the concept that bests explains what IAFT® is, how IAFT® works, and why it is best for some types of youth, the researchers conducted phone interviews with six parents who administer Intensive Alternative Family Treatment (IAFT®) therapy. The IAFT® treatment parents were located across the state: New Bern, Statesville, Raleigh, Greensboro, and Charlotte. The interviews were audio-recorded and each lasted 45 minutes to an hour. Each participant received a $50 gift card for their time. The UNC-Chapel Hill Institutional Review Board approved all aspects of this stage of research.

Concept Testing: Executive Summary of Findings

The purpose of these interviews was to obtain feedback about two different message concepts in order to select and improve the concept that bests explains what IAFT® is, how IAFT® works, and why this treatment option is best for some types of youth.

Throughout the interviews, it became apparent that the IAFT® program is well known across participant groups and that RRFF does an exemplary job outlining the program and explaining it to referrers and provider agencies, who in turn explain the program to IAFT® and TFC parents. Concept

testing findings also are consistency with prior formative research conducted to understand motivating factors for IAFT parents and why the IAFT program is an ideal fit for some types of youth who have advanced behavioral issues and have exhibited poor results in other types of foster care. Overall, reactions to the program were positive across IAFT® parents who enjoy providing the program. Referrers believe the program helps to improve outcomes for children with high-level needs.

IAFT® Advantage Concept

Several wins emerged in regarding to the **IAFT® Advantage** concept. First, participants accurately identified without aid the four unique attributes of the IAFT program (one child focus, whole family care, intensive support, and improved outcomes). To this point, the icons strongly resonated with the target audiences, and participants believed the icons fully encompassed what the program entails. Several ways to improve the icons also emerged. Participants recommended spelling out the IAFT acronym to avoid jargon and appeal to those who are unaware of the program. Additionally, the **improved outcomes icon** was perceived by some to represent a hot air balloon or circus tent. Color choice was also raised as an issue. Further, different categories of participants operationalized "improved outcomes" differently. For example, referrers see "improve outcomes" as fewer moves between homes and reduced hospitalization while IAFT® treatment parents see reunification with the biological family as the definition of an "improved outcome."

For the **IAFT® Family** visuals, it appears that everyone knew involvement from the biological family was paramount for the child's success. The participants were also able to see that the IAFT® Family is all-encompassing, and the graphic did well in depicting this. Despite this, several participants reported that the biological family is not in the picture for a substantial amount of children and recommended including references to "natural supports" to be more representative of all situations.

The **IAFT Network®** graphic provided an accurate, comprehensive representation for those already knowledgeable of the program, such as referrers and provider agencies. The graphic was seen as providing a general flow for how IAFT® is implemented for the child. The IAFT® Network graphic, however, received the most negative feedback. Several participants remarked that it was a busy graphic with too much involved. Additionally, there was uncertainty about the difference between child wellbeing at the end and the improved outcomes within the IAFT® Advantage segment. Finally, MCOs and IAFT/TFC parents felt their roles within the IAFT model were either not adequately represented (MCO) or under-emphasized (parents).

The **IAFT® Strategies** graphic received positive feedback from all participants, who noted that the eight boxes provid clear depictions of the unique elements of the program. The provider agencies and IAFT parents said that these elements matched their trainings and daily activities. The participants also remarked that the IAFT® Strategies graphic would be helpful in practice for both referrals and explaining the program. The only challenges from this concept were that it was difficult to skim and there were some inconsistencies based on the wording. The biggest challenge, though, was figuring out how to differentiate the top IAFT-specific boxes from the bottom boxes for other evidence-based treatment models. Many participants did not understand that IAFT® encompasses both groups of boxes. Rather, they thought the graphic provided a comparison between approaches. Further, TFC parents did not understand that some of the underpinnings of TFC treatment are also present in

IAFT® treatment. Understanding this connection may serve as a mechanism to recruit them to be IAFT® treatment parents.

IAFT® Care Square Concept

The IAFT® Care Square was deemed to be the most visually appealing across all participant groups due to its simplicity. However, virtually all participants noted that it lacked necessary supporting information about what IAFT® actually is. Further, some participants viewed it as a clockwise flow process, which doesn't accurately reflect how IAFT® works.

Key Takeaway

Although the the IAFT® Care Square was considered visually superior, the concept does not tell the full story of the IAFT® program. Conversely, the IAFT® Advantage was seen as providing sufficient information and having more utility for all participants.

The IAFT® brand identity and graphics were revised to reflect these findings.

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Foster Care Campaign Examples

Foster Care: Shelter from the Storm, 2013

- Video PSAs:
  - https://www.youtube.com/watch?v=SS2UqrRqTT8
  - https://www.youtube.com/watch?time_continue=29&v=ek6kJ5e9UTc

AdCouncil – "Older Children Need Love Too"

- Video PSAs:
  - https://www.youtube.com/watch?time_continue=60&v=QyhdxuNNBRo
  - https://www.youtube.com/watch?time_continue=30&v=bDCT4svfDTQ
  - https://www.youtube.com/watch?v=z0oSGGefdQs
- Radio PSA:
  - https://www.adcouncil.org/Our-Campaigns/Family-Community/Adoption-from-Foster-Care
- Adoption Stories: PSA
  - https://adoptuskids.org/adoption-and-foster-care/overview/adoption-stories

CHAMPS Campaign – to ensure bright futures for kids in foster care (CHildren need AMazing ParentS)
https://fosteringchamps.org/

- Campaign informational overview & brochure:
  - http://fosteringchamps.org/wp-content/uploads/2019/01/CHAMPS-Brochure-2019.pdf
- CHAMPS Playbook:
  - http://fosteringchamps.org/assets/docs/CHAMPS-Policy-Playbook-Oct2017.pdf
- CHAMPS Policy Infographic:
  - http://fosteringchamps.org/wp-content/uploads/2018/09/CHAMPS-Infographic-final.pdf
- CHAMPS Policy Solutions:
  - http://fosteringchamps.org/wp-content/uploads/2018/06/CHAMPS-Policy-Priorities-final.pdf
- CHAMPS Animated Videos:
  - https://www.youtube.com/watch?v=JLuZwIgN__4 (English)
  - http://fosteringchamps.org/aprender-mas-acerca-de-champs/ (Spanish)
- CHAMPS Family First One-pager:
  - http://fosteringchamps.org/wp-content/uploads/2018/09/CHAMPS-Family-First-one-pager-final.pdf
- CHAMPS Research Highlights:
  - http://fosteringchamps.org/wp-content/uploads/2018/04/CHAMPS-Research-Highlights-formatted-1.pdf
- Get Involved Website:
  - http://fosteringchamps.org/get-involved/
- Foster Parent Appreciation Toolkit:
  - http://fosteringchamps.org/campaign/foster-parent-appreciation/

Foster Plus Campaign http://connections365.org/uncategorized/foster-plus-campaign-2/ & https://fosterplus.org

- Testimonials:
    - https://www.youtube.com/watch?v=tljFkhuqwAI
    - https://www.youtube.com/watch?v=ccKjfS5TYXA

Pressley Ridge – Be the Difference

- Video PSA:
    - https://www.youtube.com/watch?time_continue=26&v=ouqhQB1wlno

2013: NYC ACS: Be the Reason Campaign. https://www1.nyc.gov/site/acs/child-welfare/reason.page

- Ads:
    - https://www1.nyc.gov/site/acs/child-welfare/reason.page

Children's Rights - https://www.childrensrights.org/our-campaigns/foster-care-reform/

- Brochure:
    - https://www.childrensrights.org/wp-content/uploads/2016/01/CR-Works-Brochure-12.9.15-spreads-FINAL.pdf
- Media Kit:
    - https://www.childrensrights.org/wp-content/uploads/2018/07/CRMediaKit.pdf
- Videos:
    - https://www.childrensrights.org/newsroom/videos/

U.S. Department of Health & Human Services – National Foster Care Month 2018

- Facebook page (now deactivated):
    - https://www.childwelfare.gov/fostercaremonth/spread/facebook-campaign/

Ohio Department of Job and Family Services – Foster Care and Adoption
https://fosterandadopt.jfs.ohio.gov/wps/portal/gov/ofc/adoption/adoption

- Resource for prospective parents:
    - https://fosterandadopt.jfs.ohio.gov/wps/portal/gov/ofc/adoption/for-prospective-adoptive-parents/
- Resource for current treatment parents:
    - https://fosterandadopt.jfs.ohio.gov/wps/portal/gov/ofc/adoption/for-current-adoptive-parents/

FosterMore https://fostermore.org/

- Videos:
    - https://fostermore.org/videos/
    - https://vimeo.com/64662040
    - https://fostermore.org/videos/?id=64662038
    - https://fostermore.org/videos/?id=64662036
    - https://fostermore.org/videos/?id=64662034
    - https://fostermore.org/videos/?id=C4GlTopermc
- Blog:

- https://fostermore.org/blog/