

A particular topic in which participants would like to have more emphasis on during training was how to care for children with trauma history or complex needs. Training in trauma is a clear area of need expressed by carers and will be further elaborated in later sections of this report. Carers consistently reiterated the importance of having information about caring for a child with trauma prior to the placement and acknowledged that receiving training about trauma enabled them to stand back in situations and respond appropriately to children's behaviours. However, carers often did not have an in-depth understanding of trauma before their first placement and described the experience of caring for children with (diagnosed or undiagnosed) trauma as 'a tsunami' that could negatively impact all people in the caring household. While some participants noted that it had been useful to be told to "treat the children as part of [their] own family", simply being told to "just parent normally" was a source of frustration for others as they felt there were many expectations placed on them but a lack of support from professionals to care for a child who was likely to have difficult behaviours.

Receiving information about the impact of trauma on children in OOHC is critical during training

Frustration with a lack of sufficient training was particularly marked for carers who reported delays in receiving information about the children prior to placement (e.g., information about children's medical or family history), which highlights the important connection between agency communication and carer training. Carers noted that receiving appropriate background information about the children would have been crucial for enabling them to seek early diagnoses and treatment for the children, as well as access relevant training opportunities to tackle potential issues that could emerge when children were placed in their care.

Not receiving enough information about the child's background prior to placement was a source of frustration as carers wanted to seek training opportunities to respond to anticipated challenges.

"The first six months of placement was very difficult. We were expecting that. For us, it was challenging, but the training mentioned that. So, for us, it was totally expected. Now, there would be questions down the track, but we would have liked to have more training and be much more prepared to understand the needs of our child being placed. There's a lot of things we needed to know."

Alongside clear concerns from carers about not feeling adequately prepared for their caring role, carers also expressed the view that they would not expect training alone to be capable of fully equipping them with the necessary skills prior to the placement. Many carers agreed that it was an entirely new learning experience when the child was actually placed with them and they raised questions about whether they would have benefited from more training during the early stages of placement as opposed to prior to placement. Overall, the general consensus was that learning on-the-go was considered the best resource for coping and parenting effectively; that is, no amount of pre-service training would have adequately prepared them to address all the challenges involved.

"Training [mostly] prepared me for the foster care expectations of family contact; life-story; intense monthly meetings. But not for the child himself. I think children are unique, it's hard to prepare."

Kinship carers receive minimal or no pre-service training

In light of the perspectives put forward by the foster carers who participated in this study, it is critical to acknowledge the perspectives of kinship carers who, for the most part, had a very different experience from non-kinship carers. Nearly all kinship carers stated that they did not receive any training prior to having a child placed in their care. Most kinship carers noted that First Aid training was the only formal qualification they were required to have prior to placement.

Many kinship carers in this study were grandparent carers and described relying on their own experience and insights as parents and grandparents to navigate the caring role. They relied on learning on-the-go and seeking out support and ongoing training wherever possible, as well as grandparent or kinship networks and support groups. For those who did attend pre-service training, it was training that was targeted towards a foster carer audience. Kinship carers were often reluctant to refer to themselves as 'carers'. Such reluctance among kinship carers suggests the need to ensure careful tailoring of training to ensure that it is appropriate to different types of carers. There was clear consensus that kinship carers need support and training that is specific to their experiences and circumstances. Many would have welcomed having an experienced peer guide them through the challenges of being a kinship carer.

"I think that throughout the first 30 years [as a parent], I had to do everything the hard way. I wished to hell that [this time] I could have been placed with a well-experienced grey-haired old lady like myself, where I could have come daily and been a part of their life, rather than sitting in an office with 30 other people who were just as frightened and just as unaware of what the expectations are. Instead of being treated as baby warehouses, we need to be treated with respect as carers."

Kinship carers typically do not receive any training prior to a child being placed in their care

Few kinship carers received pre-placement training, but they benefit from informal peer networks for information and support.

Current or ongoing training

While ongoing training for carers is mandated by the Office of the Children's Guardian in NSW, agencies ultimately set their own requirements for training, which creates variability in carers' experiences of ongoing training. It is apparent that the participants in this study were highly motivated to seek out training opportunities, often in response to issues as they emerged for the child in their care.

Participants were asked to list the types and names of training programs they had attended and, if they could not recall the name of the program, to provide details about key topics covered in training. As summarised in Figure 1, participants had undertaken a large number of training programs as part of current or ongoing training which covered a range of topics. Participants were also asked to indicate the training programs or topics that they found to be the 'best' they ever received (these are marked by asterisks in Figure 1). It appears that training topics perceived as most valuable include child development, attachment, trauma-informed care, strengthening parenting skills, and managing relationships with birth family.

Topics and programs carers have participated in

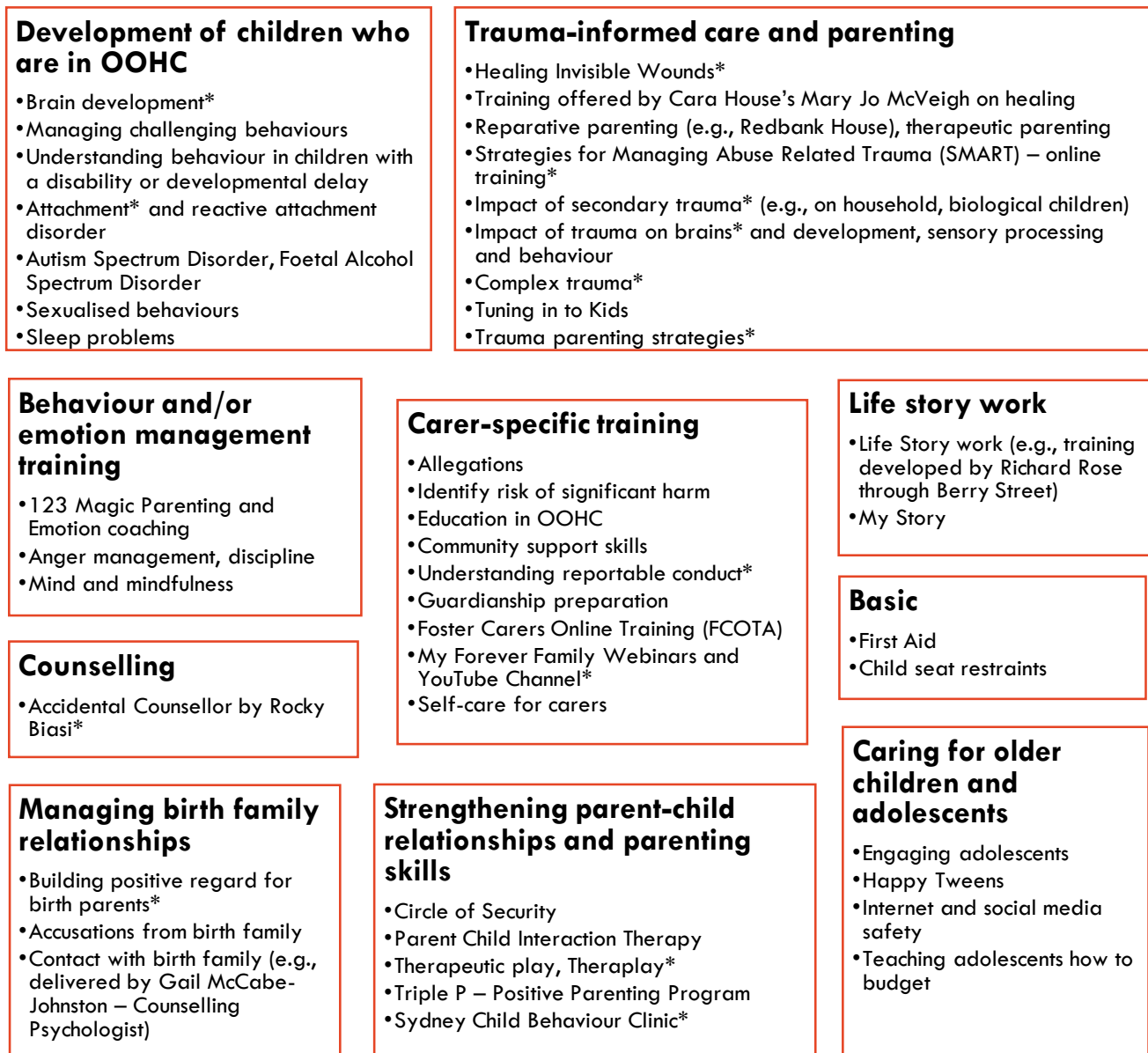


Figure 1. Training programs and topics undertaken by carers.

Note. Training denoted with an asterisk (*) indicates training regarded by participants as the 'best' training they received.

The importance of receiving practical training about trauma early on

When asked about topics they found most useful, nearly all carers noted that training for parenting children who have experienced trauma was invaluable. When they were provided with information about the impact of trauma on development and attachment, carers reported developing a new perspective of children's behaviour which allowed them to help children navigate their reactions.

“Trauma parenting can sometimes be repetitive, but I always get something new each time”

In addition, participants appreciated training that offered practical strategies to respond to children's trauma behaviours and promote healing. The benefits of such practical training was particularly marked when training was conducted within a group setting that allowed for interaction and shared problem-solving with other carers.

“The one with the psychologist about how to work with kids with trauma, and just strategies... It was a really good course and I wish I could do it properly. It was quite practical, you want it to be practical. It was similar to a focus group; the whole idea about sharing experiences together really helped.”

“Informal chats were great. You would chat to the carers and get practical strategies during lunch. [You get] more understanding of what the children have gone through, and why they're acting out, that sort of thing, why they might be telling you they hate you. A wonderful experience. The lady who ran it, she was a foster carer (for 30 years). She opened everyone's eyes, helped us understand and feel it. [If you, as a carer] just read from a book, it doesn't come across as well.”

Carers also found training related to building positive relationships with the children in their care (e.g., Theraplay) or with birth parents to be useful. One carer described a training designed to build positive regard for birth parents as “life changing and enlightening” and that “understanding the [birth] parents do love [the children], gave me the ability to not judge them.”

Carers consistently noted that they wished they received the training they had undertaken at an earlier time point, which suggests there is often a mismatch between the timing of training relative to the challenges that emerge as a placement progresses. For instance, one carer noted that she received training for *Circle of Security*, which is tailored towards carers of children aged zero to five, but she would have preferred that training a few years earlier when the child in her care was in the recommended age bracket. Similarly, in the case of the webinars and YouTube channel made available by My Forever Family NSW, carers noted that they were not informed when they first began caring for the child and only found out about them after the child was placed in their care. Indeed, carers consistently expressed that they would benefit from a more *proactive* approach to training rather than *reactive*.

Carers stressed the importance of receiving ongoing information about trauma and practical strategies for responding to children's trauma behaviours.

Some participants noted that they would have benefited receiving certain training at an earlier time point.

Carers' motivations to seek information about training

Sources of information about training used by carers:

- Agency emails, newsletters and websites
- Caseworkers
- Emails from *My Forever Family NSW*
- Facebook groups and pages, social media
- Peer groups
- Word of mouth
- Workplace notices

Participants in this study utilised numerous channels to seek out training opportunities, which may not be typical of the broader carer population. Participants stated that their motivations to attend training were primarily for the benefit of their children, to ensure they could provide the best care for them and respond to challenges as they emerged:

“The main reason is obviously to give more help to our boy, to better understand what he is doing and why, how to do it; main issue is around emotional control and how to handle it; for him to manage his emotions and to be happier every day.”

“You want to have a better understanding of what they’re thinking, their emotions, their thought processes; especially when they’ve gone through trauma; what strategies to cater for those things, just so you have some kind of resources to draw upon”

Carers also see benefits in gaining knowledge for themselves and their family:

“Through that, we are learning a lot about the mind, about children and ourselves, so it’s a benefit as well.”

Caseworkers and agencies. Carers noted that their caseworkers often provided information about training, but there was variability in how satisfied they were with what they received. For instance, some carers stated that, despite a high workload, their caseworker was a great source of information about training and regularly corresponded about upcoming training events.

“If you get a good caseworker, you’ll get an email a month saying these courses are on, it’s up to you to book and do the course.”

Other carers stated that their caseworkers often did not provide enough information, with some expressing concerns that the high turnover of caseworkers created inconsistency in the flow of information. Further, when assigned a new caseworker, carers were uncertain about the reliability and applicability of the training information they were given.

There were also mixed opinions about the quality of information provided by agencies. Some carers stated that they received regular emails about training opportunities from their agency. By contrast, other carers noted that their agencies have provided little assistance with ongoing training, with some agencies offering fewer training opportunities due to low uptake.

Online searching. In general, most participants were self-driven to search for training opportunities by looking online. Many carers were of the mentality that they would “try anything and everything” as most training opportunities would provide them with some extra information they did not know before. However, this process was not straightforward, and some expressed difficulties in finding training and not knowing

Participants in this study are a highly motivated group who largely engage in self-directed learning

Carers are motivated to attend training to be able to help their children; to improve their knowledge and self-care practices; and to speak to other carers.

There was variability in how consistently carers received information from caseworkers and agencies about training.

Carers were motivated to search for training opportunities online but not everyone had the time to look.

where to look when they needed tailored advice. It was apparent that not all were able to dedicate lots of time to searching.

“I probably need some courses and strategies for how things work; and options for other different things that could be used. Other training about technology; more parenting stuff I’ve tried to do but I haven’t done many; don’t really know what’s out there”

Concerns about not knowing what training to engage in was more apparent as the child in their care was entering adolescence, which coincides with the apparent lack of training about caring for adolescents

Other carers. Participants highlighted that carer support groups (both in-person and online) and connecting with other carers were invaluable for finding out about training. In fact, word-of-mouth from other carers at training events was the most common way for participants to learn about other training opportunities.

Particularly for kinship carers, this kind of word-of-mouth information was critical. Kinship carers described interaction with very experienced carers as beneficial, and many were members of official or unofficial grandparent carer groups. Kinship carers expressed the need for tools and strategies to assist their parenting, particularly when taking on children as a grandparent carer. Lists and checklists were considered useful, as well as guides for navigating the medical and educational systems, parenting in the technological age and navigating the child protection system. At present, these types of sector supports for kinship carers are limited.

Carer organisations. *Connecting Carers NSW* (CCNSW) provided carer training, support and advocacy before it was replaced by *My Forever Family NSW* in 2018. Most carers noted that they had participated in training organised by CCNSW that covered a range of topics (e.g., trauma-informed care, accidental counselling, guardianship, responding to sexualised behaviours in children, engaging with tweens and teens in the 21st century, healing invisible wounds).

Another training organisation, *Foster Care Online Training Australia* (FCOTA), was often raised in discussions. FCOTA is a not-for-profit training organisation that provides online courses for carers and workers in a range of topics, including the impact of trauma on brain development, life story work, and trauma informed care. Carers described how they accessed FCOTA courses: “Agencies provide training through FCOTA, or you can pay \$500 for a subscription outside of an agency.” However, carers’ views of FCOTA were typically less favourable and perceived to be low in quality, non-interactive, a difficult platform to use, and often more theoretical than practical.

Some participants mentioned *My Forever Family NSW* when asked about where they received training information. There were mixed views about the usefulness of the information they received from *My Forever Family NSW*. Some carers found the *My Forever Family NSW* webinars and YouTube to be very useful but noted that such resources were not mentioned when they began caring and they only found out about them later.

“I actually don’t know who My Forever Family is. I talked to another carer and they don’t know either. They introduce themselves at the beginning but maybe we forget.”

“I don’t know a lot about them, I do know they exist, and we do get relevant stuff from times about things they do... I don’t know enough about them. You’re bombarded with a lot of things to do and sometimes people think that’s one more thing to do that we don’t need.”

Knowledge about where to access training can be limited, especially as children mature.

Carer support groups and networks are highly valuable for learning about other training opportunities, particularly for kinship carers.

There were mixed views about the quality of training offered by carer organisations.

Some noted the usefulness of information about training from *My Forever Family NSW* but several indicated that they did not know what or who *My Forever Family NSW* are.

Suggestions for improving the training experience

Carers suggested improvements for training in four areas: (1) topics and content covered in training; (2) quality and delivery of training; (3) accessibility of training; and (4) availability of post-training support.

Improvements in the content of training

A summary of topics suggested by participants for both pre-service and ongoing training is shown in Figure 2, with key topics further elaborated in the text below. The overlap in training topics between Figures 1 and 2 shows that participants are not consistently receiving or accessing available training options. As previously mentioned, these inconsistencies may relate to a lack of clear and accessible information about training.

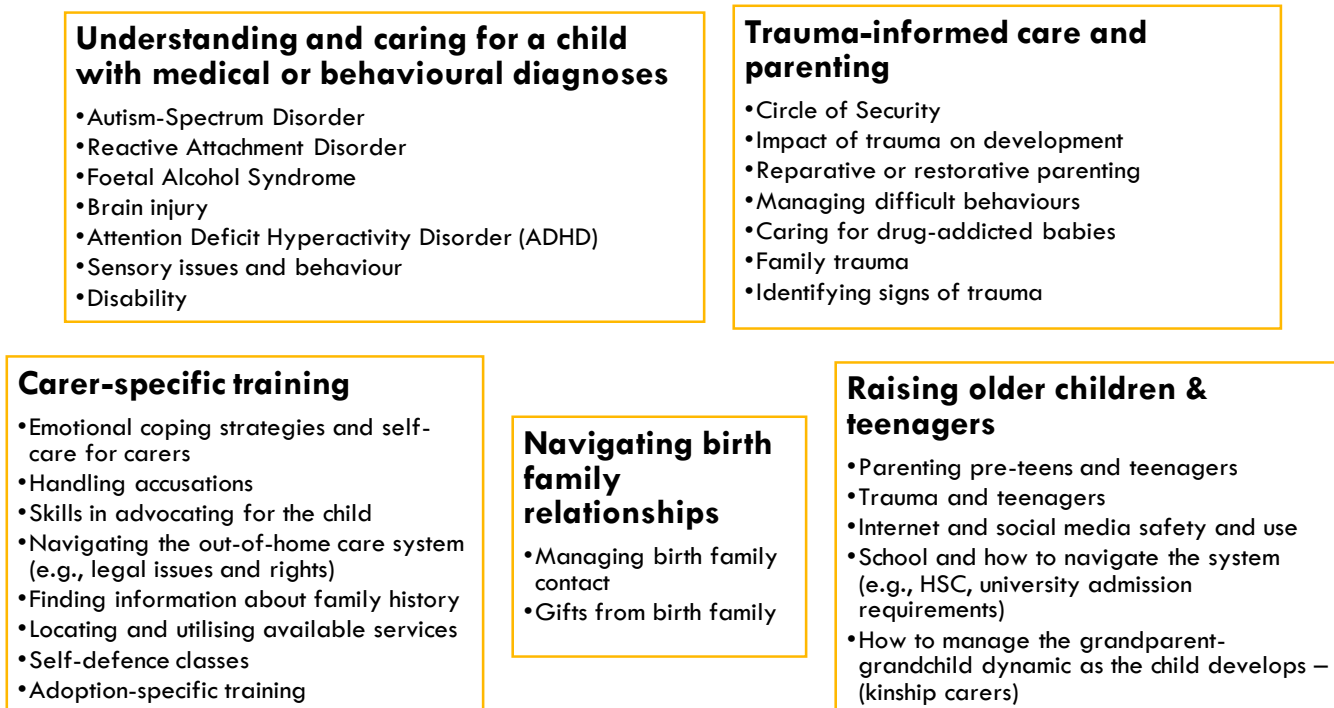


Figure 2. Carers' suggested topics for pre-service and ongoing training

Adequate and continuing training for responding to children's trauma behaviours.

Participants consistently emphasised the value and need for ongoing training about providing trauma-informed care and addressing children's difficult behaviours:

"I would have liked maybe a psychologist to do training with foster parents about effects of trauma, what it does to children, how to respond better, how to talk to them. Parenting strategies to help because they can become quite reactive, but they also have a lower tolerance for certain things; so I think those things would have helped to better cater for them and their struggle."

"[When placement occurs], you suddenly discover the information that you received just wasn't enough to give you the insight into trauma and related behaviour that you needed. There was so many things I've learned since and wished I could have known when she first moved in, to have the intellectual knowledge behind the behaviour so I could handle it."

Most participants had already undertaken a significant amount of training, but there were some aspects of care that they wanted more training as the children in their care matured. Other sought-after topics included guardianship care, birth family contact,

The most requested training by carers is understanding how to deal with difficult behaviours and trauma

internet and social media use, parenting teenagers, and specialist training for grandparents.

Guardianship training. For those moving into guardianship, carers wanted training for how to manage contact and relationships with birth family independently. This included training on how to keep safe boundaries between families and strategies for managing challenging or conflicted situations. It was apparent that participants who were considering guardianship or were guardians felt that they needed more information and develop more confidence in navigating the system.

“Guardianship is very scary, we want to do it, but we aren’t sure. Not sure how we’ll handle it without the outside help. It seems really final; we’re set adrift once we sign the paper.”

Navigating birth family contact. A prominent theme expressed by participants was the need for more in-depth training on how to handle birth family relationships, contact with parents or extended families, and how to navigate the difficulties that may arise within such relationships. This included strategies for carers to manage their own emotions and behaviours in the presence of birth family to avoid sending negative signals to children. There was a general perception of no official agency support for managing contact.

“How to navigate the way [the children] feel about their blood family and how we [as carers] deal with the children’s reactions; it keeps retraumatizing children who come through regularly.”

“Would have been liked to be warned that those situations can be dicey and be trained with how to deal with that; and probably still now I can be quite reactive to [the birth family’s] behaviour. I probably would have dealt it with better if I had the training or been warned beforehand.”

Social media training. As children moved into adolescence, carers noted their need for training in how to manage children’s social media use with respect and privacy, while maintaining safety:

“Looking at giving them the freedom to be young maturing people and keeping them safe in a technology world and everything that is out there. Transitioning from pre-teen to teen. And even just an idea of some of the things they might come across, there could be a lot to gain from that”.

Training on parenting traumatised teenagers is also a priority for carers, because:

“...it is not like parenting [one’s] own teenagers where you understand their background and why they behave the way they do; it’s like a new ball game and you don’t know their background, and how to navigate them.”

Being a grandparent carer. Kinship carers noted the value of having training approaches that recognise the unique challenges they face. Many were grandparent carers who felt it was unfair that they had been “given the job based on what we did 30 years ago and expected to do it [without support]”. They expressed concerns about being out of touch with present-day parenting approaches; for instance, being able to relate to young children, changes in the education system, and knowledge of technology use. In addition, grandparent carers wanted more information for how to navigate the “grandparent-grandchild dynamic”. For example, grandparent carers were aware of feeling ‘different’ from other parents when visiting the school for parent-teacher interviews:

More information and training for guardianship is needed.

A range of preferred topics for training include trauma, advocacy skills, self-care, parenting teenagers, and managing family contact.

Grandparent carers sometimes feel ‘out of touch’ and need up-to-date information about caring for children.

“You are the little grey-haired lady in the room and 30 years older than anyone else in the room... it’s about making [my granddaughter] feel comfortable with having me as her carer.”

Training for the caring household and community. Carers noted that training or support should not be limited to carers only, but instead should be inclusive of other members of their households, including carers’ own children:

“It wasn’t our children’s choice to do this; we made the decision and they just had to go along with the ride. We did [consider] how they’d deal with it and work with it, but it’s been a real trial by fire for them too. They don’t know how to react, what they can or can’t say. They’re sharing their space and parent, feeling isolated at times because we’re busy trying to help the child in the system...that is something I would have liked to give my children in hindsight [training].”

Training for other people in the caring household—not just the carers—would be beneficial.

One carer noted that she would have wanted more information about how to parent traumatised children who had violent behaviours, and how other members of the household could be supported and trained as well:

*“Useful if the training coincided with how much the other children should know about [being a carer] that is happening with their mother, so they aren’t as critical. They need to know. I think training for my [adult] kids would be useful even if they’re married and have moved out of home, so they know that aspect of what we go through as a carer. **Training should be included with the others because it takes a community to look after them, not just me. It takes all of us.**”*

Improvements in the quality and delivery of training

Carers noted that high quality training is relevant, useful, easy to understand, applicable to real life and goes beyond a series of ‘ticking boxes’ and knowledge they already had. Several suggestions were provided to improve the quality of training delivery.

Practical information that they can use is at top of the list for training preferences.

Clear messaging about relevance to care context and expected learning outcomes.

Participants wanted training to be tailored and appropriate to the type of care provided, whether it was respite care, emergency care, short-term care or long-term care. Carers also noted that it was important for training to coincide with the progression of the child’s placement. Carers stressed that training was needed both before and during the placement. Having training prior to placement was easier to achieve and was an opportunity to provide information to first-time carers about the realities of caring for a child in out-of-home care.

Participants value transparent information on training content and learning outcomes, to decide whether the training is worth their time and effort

“For people interested in fostering, I’d tell them to make sure to do some training first because if you’re trying to do it while you’re living in it, it’s really hard but if you can have it before you start you’re actually ahead of the game a little bit.”

Carers also wanted greater clarity about the content of training opportunities to know whether it something that is relevant for current or potential future circumstances. For them, information about training is sometimes not clear enough to help them decide whether to participate. Some carers said that they would often go anyway and try to get something out of it even if it did not appear relevant. However, it was acknowledged that such an approach was not always a good use of time or resources. Carers appreciated when learning outcomes were clearly outlined beforehand and then delivered upon during training. For the time and effort carers invested in getting

Training needs to be applicable to the placement type and length

to the training, most carers highlighted the importance of feeling like the decision had been worthwhile.

The need for ongoing training throughout the length of the placement was a point of consensus. Ongoing training needed to be relevant and applicable to children's ages. Some long-term carers expressed interest in having a staggered and extended approach to training, where each training module builds on the last one, and each module is associated with a set of issues that are anticipated to emerge as children mature. This suggestion is in line with other discussion points raised about whether training should be standardised and mandatory to ensure that all carers attend and receive consistent information. Gaining professional qualifications or accreditation was viewed favourably, especially among foster carers.

The quality of facilitators. Facilitators who are well-qualified and have extensive experience in the sector are highly preferred, with experienced carers as facilitators/co-facilitators being equally important and valued by carers. Training run by workers who had minimal experience were not viewed positively by carers. When there were opportunities to interact with facilitators, participants noted the training experience as enjoyable and worthwhile. Having contact with other carers or having carers as facilitators at training, particularly during pre-service training, was also seen as a very beneficial experience.

"I would have preferred to receive training from experienced carers than workers."

Opportunities for peer support and learning synthesis. One of the most common themes identified was the value of having peer support at training. Carers noted that the opportunity to speak to an experienced carer at training was a valuable aspect of any training. Break times or dedicated sessions for discussion were also important for synthesising their learning with other carers and forming peer support networks.

"Peer support at training is important; being a carer is really isolating. It becomes like tunnel vision, so it is nice to know you're not alone and that others have similar struggles, reactions, emotions. Being able to sit with a group of people struggling together can encourage you to keep going."

"It was the best because we were discussing with other carers who really understand what we are going through. It was great because it was live, can talk to people on an ongoing basis, not a one-off (it was a 6-8 week program), so we can discuss in detail what the issue is for us, the other carers would give solutions for us or think with us. The psychologist would guide us and was specialised for kids with trauma. Just to talk about our own case, it was very relieving."

Carers value having high-quality facilitators (including experienced carers as co-facilitators) and ample opportunities to interact with them.

Carers are motivated to attend training when it is accessible, includes peer support, and has relevant and applicable content.

Improvements in the accessibility of training

Participants, especially those who lived in regional or rural areas where training opportunities were often limited, noted a number of barriers to accessing training and offered potential solutions.

Location. Carers expressed concern about the distances required to travel for face-to-face training. While some stated that they would be happy to travel whatever distance was needed, others were reluctant. For those living in regional areas, carers reported travelling between 45 minutes to 3 hours to attend training. In addition, even if participants lived in a metropolitan area, travel time and distance was still a concern due to traffic and distance from school-pick up. Carers typically preferred travelling less than one hour to training.

The location of training is important, especially for those living in rural or regional areas.

“When they come through in an email, you do the ones you want; the ones that relevant are far and few between. Not a lot of them in the city when we were there, but in [regional town] forget it.”

Clear and accessible information about training opportunities. Emails, websites and word-of-mouth are the most common ways carers find out about training. However, participants recognised that agencies did not always communicate with each other to share training programs. Some carers suggested that a one-stop-shop for carer training information would be useful so that carers did not miss out on valuable opportunities.

“It’s really good when other agencies actually share their courses. There should be a pool of emails for foster carers so they can access a website, the flavour of the month topic. Everyone is busy, maybe attending a training from a different foster care agency so everyone can access it if they are too busy for their own agency’s training... I’ve gotten emails from My Forever Family, which has been good but it’s not all the training offered in the one place.”

“Would be nice to be added to a list somewhere that shows the training (e.g., through MFF) offered in the area over the next 6 months and updated, so I can add the notes to my calendar; if there a list that goes out every few months to pencil in dates.”

Schedules for training. Advance notice was very important to carers. Participants stated that they often received notifications about upcoming training that were less than a few weeks away, which did not leave them enough time to plan for attendance (e.g., arranging childcare, time off work). This was an issue in regional areas because a lack of notice meant less people signed up, which often resulted in training being cancelled due to a lack of numbers.

Carers noted that it was helpful when agencies offered the same training at different times of the week. Many carers indicated that current training opportunities were held at times they were not available (e.g., training scheduled on weekdays when they were available only during weeknights). Training that is scheduled with limited consideration of the circumstances of carers means they are less likely to attend.

Similarly, where carers worked full-time and training was scheduled on weeknights, it was not always possible for carers to attend on time because of the distance required to travel from work. These carers noted that weekends were the only times they were available to attend face-to-face training. However, weekends were also sometimes difficult if children had regular extracurricular activities or events, or if the carer did not necessarily want to spend weekends attending training. Overall, the consensus is that different times of the day suit different people, so training that can be held regularly at different times would allow more carers the chance to attend.

Face-to-face versus online training. There were mixed responses about the preferred modes of delivery for training (e.g., face-to-face, online live or self-directed). Most carers had tried face-to-face and online training at least once and were varied in their preferences. There was a clear preference for face-to-face delivery because it allowed them to actively engage in the learning process and connect with facilitators and other carers to ask questions and receive immediate feedback. However, carers were aware of the usefulness of online training because it did not require them to travel or make additional arrangements. Carers who were less motivated to complete online training said that it was often not sufficiently engaging, poor quality, confusing or not relevant:

“When your life revolves around meeting the needs of your child, when I have half an hour, I don’t want to sit in front of a computer.”

A ‘one-stop-shop’ listing all NSW trainings by location would be useful.

Timing is a deciding factor in whether carers attend training. Given that carers need to arrange child care and/or time off work, advance notice is necessary.

Face-to-face and online training were perceived as having benefits and drawbacks; a mix of delivery options is preferred.

Online training was typically preferred if it was easier to access, with clear relevant content, and a live webinar to allow for interaction with others rather than a process of scrolling through pages and ticking boxes. Carers suggested that online training worked well as an ongoing and available resource to supplement face-to-face training.

Cost of training. While not an issue raised frequently in the focus group and interviews, which could be reflective of the characteristics of the study participants, a few mentioned that the cost to attend training is also a barrier. Carers noted that when they were eligible, agencies were sometimes able to support the cost of them participating in training, but there were other times where they were not able to cover their own expenses.

Cost of training and the provision of appropriate childcare are also important.

Appropriate childcare. Some carers preferred to organise their own childcare or attend training when children were at school. However, others noted that they would only attend training if there was childminding available at the training venue and this was not always available. They mentioned that, when training did offer childminding, it was generally only for younger children. Carers suggested that having childminding for older children would be useful. Although childcare was important, carers expressed concern about the adequacy of such facilities for multiple children who may have challenging behaviours:

“[When they tell us they’ve got a creche] Okay, so I’d like you to imagine 30 kids with [the disorders our children have] in one room together. How much training do you think we’re going to take in? It’s not going to work.”

Availability of post-training support

It is apparent that training was often treated as a one-off or separate instances rather than an integrated and connected process. After training, carers indicated that they would like to apply what they have learnt at home, so it was useful when they were provided with practical strategies or ‘take-home’ points. Follow-up after training and ongoing support to implement lessons from training, including with caseworkers, was also seen as invaluable.

Participants want training that is relevant to their role; delivered by a trusted source; and accompanied by follow-up support.

Achievable take-home points or strategies. Typically, training was perceived to be worthwhile when it provided carers with strategies that were realistic and could be implemented. Carers expressed a wish to go home and implement the things that they learnt. While they acknowledged the importance of acquiring a theoretical understanding of trauma and development, they wanted that information to be complemented by practical strategies for their caring role.

Post-training follow-up. Several participants mentioned that post-training support was rarely available and recommended having a structured follow-up procedure to check in with carers as they applied their learning. Some suggested that even a phone call from the trainers shortly after the training session would be useful. Particularly for pre-service training, offering individualised and tailored follow-up support after initial training would help address issues of training being perceived as ‘too general’:

A coaching model with some post-training support would be valued and enable continuous quality improvement for training.

“I think before having a placement, obviously you don’t know how old a child will be, so that’s why the training is quite general. But once you have a placement and you find out about two weeks before, I think we need support or training as one-to-one with caseworker or psychologist to know what is going to happen with let’s say, looking at his history, what could happen, different situations. We had lots of tantrums; we knew we would expect some but not as many as we had. So, all that, I would have liked to have been advised of that”

Post-training follow-up and support would allow trainers to evaluate how effective the training had been and whether practical learning outcomes were achieved.

Ongoing support from caseworkers. Carers typically wanted their caseworkers to know what the training involved and to be able to incorporate the learning into subsequent case management meetings during the length of the placement. It was common for participants to indicate that caseworkers should be upskilled to be aware of carer training programs as the often mentioned experience was of having a caseworker who had limited knowledge of available and relevant training opportunities.

It is important for caseworkers to be aware of trainings on offer and connect the content of the trainings to their support of carers.



Figure 3. Summary of training preferences.

DISCUSSION

The aim of this study was to explore out-of-home carers' perspectives and experiences of training. Across different types of care and geographical areas in NSW, carers highlighted challenges they faced with respect to caring for a child in OOHC and how they incorporated training in their lives. Overall, benefits of training were apparent, but it is clear that improvements to the content, delivery and accessibility of training are warranted. The findings of this study align closely with the conclusions from our literature review and the My Forever Family NSW 2019 carer survey. We outline several recommendations below based on key findings from this study.

Offer more support for carers to undertake training both before and during the early stages of placement. All participants agreed that training, especially pre-placement training, is critical. Training before the arrival of a child is important for building skills to manage stress, minimise negative child-carer interactions and reduce the likelihood of placement breakdown. As indicated in the Outline for the National Standards for OOHC (Department of Families, Housing, Community Services, 2011), receiving quality care while in OOHC is vital for enabling a child or young person to recover from the effects of trauma. Participants in this study expressed concerns about pre-placement training, with many reporting not feeling adequately prepared for their caring role. At present, *Shared Lives* is a mandatory training program in NSW that is typically conducted with prospective carers prior to the assessment of their suitability as carers. After being authorised as a carer, it appears that the frequency and quality of training offered to carers varies, with many carers seeking out training of their own accord.

Carers acknowledged that no amount of training could have fully prepared them prior to placement. However, they are clear in wanting more training early on to anticipate issues that may emerge based on children's child protection, medical or family history. Indeed, while some of the ongoing training participants have undertaken are empirically based, including *Triple-P*, *1-2-3 Magic*, *Circle of Security* and *Parent Child Interaction Therapy*, these programs were often undertaken in reaction to issues that occurred as the placement unfolded rather than as an anticipatory measure. To sum, carers noted that they would have benefited from more guidance about training opportunities in the early stages of placement.

Provide more consistent and tailored training for different types of carers, particularly kinship carers. While pre-service training is mandated by the NSW Office of the Children's Guardian and ongoing training is recommended, training does not appear to be offered consistently across different types of carers. The lack of training for kinship carers is concerning; it is often unspecified, underdeveloped and not sufficiently targeted. As some kinship carers reported, when they did attend training, the content was often tailored for a foster carer audience. There are also sensitivities around the use of the word 'training' with kinship carers. Terms such as 'support' or 'equipping skills' may be more suitable for kinship carers to avoid connotations of inadequacy (McHugh, 2009). Differences in experiences between kinship and foster care need to be acknowledged: they are more likely than foster carers to have pre-established relationship with the parents of the child they are caring for, so support is needed for addressing unique issues, such as managing complex family dynamics and supporting parents. Other defining characteristics of kinship carers include age and health-related difficulties, perceptions about the need for training, and distinct motivations for commencing care of children (Brennan et al., 2013; Lin, 2014; Selwyn, Farmer, Meakings, & Vaisey, 2013), which also need to be accounted for to ensure effective delivery of training and support.

Limited availability of kinship carer training is concerning given that there is an increasing reliance on placing children in OOHC with kin or relatives where possible. The percentage of Australian children currently in kinship/relative care as of June 2018 is 51% (Australian Institute of Health & Welfare, 2019) and even greater in NSW. It is plausible that the system is risking the breakdown of kinship placements by not offering appropriate training and support for the kinship carers upon which it so heavily relies. Investment in support and training for kinship carers is critical in ensuring that the growing number of children placed with kin are kept safe, nurtured and cared for effectively.

Provide more training targeted towards guardians and adoptive parents. In addition to the need for more tailored training for kinship carers, more targeted training for guardians and adoptive parents is essential. Indeed, the lack of international research and documentation into training for prospective adoptive parents is acknowledged, with limited studies on pre-adoption interventions, unclear reporting and poor evaluation designs (Drozd et al., 2018). In Australia, the lack of training for adoptive parents is possibly due to the reduction in the rates of domestic adoption and the relatively low numbers of adoptions from care. However, limited training options for prospective adoptive parents and guardians is concerning when considered against the backdrop of NSW's increasing prioritisation of these permanency pathways for children in OOHC.

The limited training for guardians or adoptive parents could be based on a presumption that they do not need further training because they already received the required service training during their time as carers. However, we argue that it is vital that the state's emphasis on permanency is still accompanied by appropriate and tailored training for those who take on the permanent care of children as they are likely to face additional challenges. For instance, unlike foster carers, guardians and adoptive parents are expected to take on independently managing and facilitating children's contact with birth family, an area in which training is not widely available (Collings, Wright, Spencer, & Luu, 2019) and which was identified by participants in this study as training they would find valuable.

Consistent with international findings, training standards related to carers who become guardians are unclear and represent the least well-documented or regulated form of carer training (Simmonds, Harwin, Brown, & Broadhurst, 2019). In the current study, guardians, or those looking to transition to guardianship, expressed concern about the lack of training for guardians. They expressed that they would be more confident becoming a guardian if they received more information about what to expect and how to navigate the system if they required support. Indeed, Henry (1999) noted that guardians typically do not receive training with regard to their new parenting role.

Develop and provide specialised training for carers of Aboriginal and Torres Strait Islander children and other diverse populations. Two participants in this study were of Aboriginal or Torres Strait Islander heritage. One commented on the value of receiving training that provided information about the importance of maintaining connection to culture and kin for Aboriginal children in care. It is important to note that, despite the significant rate of Aboriginal children in out-of-home care—11 times than the rate for non-Indigenous children (Australian Institute of Health & Welfare, 2019) – there are still few targeted training programs for carers of Aboriginal children. More efforts are needed to ensure modules on cultural sensitivity are consistently incorporated into foster care training (Libesman, 2011), addressing a range of culturally diverse populations.

Ensure ongoing training and follow-up that provides practical information about trauma and difficult behaviours. The most common content gaps in training, as raised in our literature review, include grief and loss, kinship carer issues, trauma-informed care, and the aetiology of problem behaviours (Hek & Aiers, 2010; Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019; McHugh, et al., 2004; Murray, Tarren-Sweeney, & France, 2011; Richmond & McArthur, 2017). This is consistent with what was raised by participants in this study. Carers consistently pointed to their need to be well-informed about the impact of trauma and strategies for responding to children who have challenging behaviours as a result of their trauma history.

Strongly consistent with the existing literature (Hek & Aiers, 2010; Murray et al., 2011), participants most frequently wanted to learn how to manage and understand children's difficult behaviours. This preference is largely recognised within training programs and forms a core component of almost every foster care training model to some degree (Thompson et al., 2016). Notably, there has been a response to this need through the addition of trauma components into training programs including a trauma topic in Shared Lives and the Positive Futures Caring Together training, which includes a four-day intensive trauma focussed training provided by the Australian Childhood Foundation (McHugh & Pell, 2013).

In the current study, participants expressed that receiving information about trauma was highly valued during training and they had a very strong preference for continuing to receive information about trauma and how to respond to children's trauma-related behaviours. They prefer training that utilises real life scenarios and facilitates the practice of learning in the home (Chamberlain, Price, Reid, & Landsverk, 2008; Dorsey et al., 2008; Murray et al., 2011; Octoman & McLean, 2014; Osmond, Scott, & Clark, 2008). Many participants wanted practical strategies to implement at home and would appreciate post-training home visits or support from facilitators to reinforce the new strategies they had learnt. Indeed, a systematic review by Thompson et al. (2016) noted that the most promising training programs provide carers with opportunities to practice new learning in their own home.

Deliver high quality and accessible training content. As commonly found in the literature (Kaasbool et al., 2019; McHugh, et al., 2004; McHugh & Pell, 2013; Octoman & McLean, 2014; Richmond & McArthur, 2017), participants expressed a strong preference to receive training from experienced carers in conjunction with training professionals. The involvement of foster carers is important to ensure carers' voices guide the content and facilitation of training. Such findings also point to the importance of integrating carers into training, not just as a facilitator, but as a key source of peer support.

The effectiveness of a training model is also intrinsically connected to its accessibility (Murray et al., 2011; Richmond & McArthur, 2017). That is, if training is not provided in a location or medium that is convenient for carers nor address important constraints (e.g., child care, access to public transport, timing), it is less likely to be used. The difficulties in attending ongoing training due to the constraints and stress of their caring role, accessibility, lack of child care, cost of training and perceived usefulness of training are evident from participants' responses and are consistent with agencies' reports (McHugh, et al., 2004; Richardson, Bromfield, & Higgins, 2005). This suggests that flexibility and accessibility of training is critical for enabling carers to fit in attendance where they can, and to ensure that the training is relevant and necessary so that carers find it to be a good use of their limited time.

In addition to considering logistics, it is important to tailor training to address the other unique needs of adult learners. *Andragogy*, developed by Knowles (1984), is a theory and approach to teaching that highlights qualities of adult learners (compared to *pedagogy* directed to children). As learners, adults are presumed to be motivated to learn what they need to know and to connect new knowledge to their prior experience. They benefit from experiential and self-directed teaching approaches facilitated by instructors. Training models for foster carers can incorporate principles of andragogy by designing learning activities that relate to learners' interests and concerns; prepare them for events likely to occur in the context of being a carer; allow participants to connect with others and share their relevant experiences (Whiting et al., 2007).

The availability and clarity of information about training is also essential so that carers do not spend too much time trying to search for training opportunities or decide whether a training opportunity is worthwhile. The participants in this study were particularly motivated to look up training but not all carers are likely to have the same capacity. Consistent with the findings of My Forever Family NSW (2019) carer survey, carers reported inconsistencies in the quality of information they received from their caseworker or agency about training.

With the advance of technology, the use of multi-modal delivery of training was also valued by participants, particularly those who need to travel long distances to training sessions. Some studies have identified technology-based training as especially beneficial for foster carers in rural or remote areas for whom attending multi-session training is not feasible (Buzhardt & Heitzman-Powell, 2006). Online training delivering content can also be combined with face-to-face sessions focused on interaction, in an approach called blended learning. Awareness of online resources through My Forever Family NSW to supplement the trainings made available by agencies is increasing. Several participants suggested that having a calendar that compiles information in the one place about all types of training options would be very useful.

Ensure carers receive adequate support to supplement training, including peer support groups. Training intersects with other important aspects of support for carers in their role. Participants consistently noted the value of having a peer support group for sharing new information, brainstorming potential solutions for challenges they faced, and receiving emotional support throughout their time as a carer. Participants were motivated to attend training when they had opportunities to interact with other carers. Such findings suggest that training should integrate an element of peer support that allows carers to build networks that exist beyond the training session. Indeed, My Forever Family NSW seeks to provide a statewide 'one-stop' platform for support, training, advocacy and services for all different types of carers. This includes encouraging carers to connect with other carers through Carer Support Networks and peer mentoring via their dedicated volunteer program. It will be critical for agencies to inform new and prospective carers about My Forever Family NSW services.

The findings of this study also highlight a broader point about the interconnectedness between carer training and carer recruitment and retention. For instance, based on current research literature, it is likely that carers who receive appropriate training and support to equip them for their caring role have a reduced likelihood of placement breakdown and carer burnout. Given that the recruitment of carers is often highly dependent on word-of-mouth from existing carers or those who have had a positive caring experience, appropriate training and support is fundamental to increasing and maintaining the carer pool. As is known in the sector, there is a clear demand for more carers in response to the numbers of children in out-of-home care across different types of placement and carers exiting the system. Ensuring that new and existing carers are properly trained and supported will help to create a sustainable and effective basis for ensuring children are placed with carers who have the capacity to provide them with safe, secure and stable placements.

Further build the evidence base of current training for Australian carers. Most training programs undertaken by participants in this study fall under the category of *adapted parenting models*. These parenting programs were initially designed for use in non-child welfare contexts to target children's problematic behaviours, but have been adapted for use with foster and kinship carer populations. It is important to note that there is currently limited evidence of the effectiveness of such adaptations, with some promising evidence for *Triple-P* (Chandler, 2013), *1-2-3 Magic* (King, 2013) and *Parent-Child Interaction Therapy* (Phillips, Morgan, Cawthorne, & Barnett, 2008). However, further work is needed on building the evidence for the use of adapted parenting models with carer populations.

It is notable that *care-specific* and *integrated care models* do not make a strong appearance on participants' radar. Care-specific models comprise training which have been specifically designed for use with foster and kinship carer populations (e.g., *Keeping Foster and Kin Parents Supported and Trained*, otherwise referred to as KEEP). They commonly involve multi-session programs that provide carers with particular parenting strategies to support the child and manage difficult behaviours. The KEEP model is particularly noteworthy as it has been the focus of over twenty evaluation studies conducted across five countries. The implementation of programs such as KEEP may enable the upskilling of existing carers and an opportunity to advocate for the effectiveness of evidence-based training.

Integrated care models form part of a broader approach to foster care service delivery, which commonly have a strong evidence base and involve targeted therapeutic training (McPherson, Gatwiri, & Cameron, 2018). Examples of integrated care models include *Treatment Foster Care Oregon -Adolescents* and *-Preschoolers*, otherwise referred to as TFCO-A, TFCO-P. Although no evaluations are yet available, TFCO-A and -P have been implemented in the state of Victoria since 2016 and are beginning implementation in NSW as of 2018 (OzChild, 2018).

Overall, it appears common for carers to undertake training that is locally developed by departments, agencies or practitioners, but which are yet to be independently evaluated for broader use. There are several evidence-based models which have received substantial evaluation in countries with similar welfare contexts to Australia. However, careful monitoring is essential so that adaptations of training programs are appropriate to the ecology of the welfare system into which it is being introduced (Chamberlain et al., 2008). That is to say, current policies and practices for carer training have some catching up to do to more adequately align with the empirical evidence.

Practice implications

Moving to a standardised approach to training

The responses in this study strongly align with the recommendations for best practice as identified in our literature review. To summarise, carers want training that is:

- Balanced in the proportion of procedural information (e.g., policies, organisation details, processes) and competency or skill-building content
- Co-facilitated by experienced carers who can provide practical or experience-based knowledge
- Inclusive of practical information about trauma and difficult behaviours
- Multi-sessional and multi-modal (e.g., group sessions, home visits, one-on-one training) that are accessible, and supplemented by online-based modules
- Provide opportunities for implement of new strategies in their home environment, such as through live coaching
- Targeted and tailored for the unique needs of the type of carer, especially for kinship carers.

Based on the findings and recommendations of this report, the underlying theme appears to be a need for consistency in which carers can access and receive high-quality and ongoing training. At present, the carer experience suggests that they are getting different messages around the type, frequency, timing, and requirements for training, and there are additional variations based on the agency they are with, the type of carer they are, and where they live. Further, once current mandatory requirements are met, many carers feel they are left to their own devices to search for training opportunities that may be useful and relevant to them.

In line with the literature (Higgins & Butler, 2007; McHugh, et al., 2004), participants were concerned about the variability in which training standards were enforced across agencies. Such cross-agency differences can increase the chances of procedural confusion, unequal access to training for carers and less accountability to ensure training is delivered adequately. The solution to address these risks would be to ensure effective regulation of training for all types of carers.

Further to this, we suggest what is needed are carer- and sector-informed training standards specific to each type of care so that all carers are equipped with key competencies appropriate to the placement. Training should also be consistently available and accessible to carers as children mature and as life circumstances change over time. Such standards would serve as a means by which anticipated issues can be addressed early and, alongside other forms of support, provide a holistic approach throughout the carer journey. Consistent with the conclusions of our literature review, for training models to be most effective, we suggest that they should adhere to a national standard that outlines minimum requirements for duration, delivery and content.

Limitations of the study

As raised at the start of the Results section, participation in pre-service training may have occurred a number of years ago for some participants. Hence, some of the perspectives about pre-service training may be in reference to training they received before the *Shared Lives* training was redesigned in 2017. Further, the sample is limited by participant self-selection, so is not necessarily representative of all carers in NSW. However, given that there was a sizeable number of participants who lived in regional locations, the results demonstrate that the experiences and perspectives of carers are common across different parts of NSW. It is also apparent that many participants were well-connected with a network of other carers, which may not necessarily reflect the experiences of all carers in NSW. The sample is also skewed towards participants who regularly access information on the internet and can connect to an online focus group. However, this may be reflective of a sample who is quite experienced with using technology given that they responded to the study invitation that was posted on social media. Finally, we note that the study sample is small and comprised mainly of foster carers, kinship carers, and those transitioning towards adoption or guardianship. However, we were able to obtain a range of carer types and experiences.

CONCLUSIONS

The recent reforms initiated by the NSW government prioritise permanency and stability for children and young people who remain in long-term out-of-home care. Part of such efforts will involve providing carers with adequate training and support to help them care for children who are likely to have experienced early adverse experiences and difficult family situations. Being a carer requires a specialised set of skills in order to help children and young people in out-of-home care with healing from trauma, feeling a sense of safety, security and belonging, and maintaining connections to family and culture.

The findings of the study suggest that more efforts are needed to ensure carers, across all different types of care and locations, have access to high-quality and relevant training opportunities. Key areas in which carers are wanting more information are around trauma and strategies for managing difficult behaviours. There are currently more training options for foster carers than for kinship carers, guardians, and adoptive parents, which points to the need for tailored programs for specific carer types. At present, while preservice training is mandatory, the consistency by which ongoing training is offered and undertaken is less apparent. Carers are motivated to seek training opportunities, improve their knowledge and learn new strategies while juggling the other demands they have in their caring role. However, they need support in identifying the relevant training they need and in accessing training (e.g., suitable location, timing, childcare).

Finally, more investment is needed in ensuring that both locally developed training programs and specialised carer training programs, which may have a wealth of international evidence to support its effectiveness, are available for carers in Australia and evaluated for their implementation in a local context.

REFERENCES

- Australian Bureau of Statistics. (2016). *Australian Statistical Geography Standard – Remoteness Area*. Canberra: ABS. Retrieved from www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure
- Australian Institute of Health & Welfare. (2019). *Child protection Australia: 2017–2018*. Child welfare series no. 70. Cat. no. CWS 65. Canberra: AIHW.
- Benton, M., Piggot, R., Price, M., Shepherdson, P., & Winkworth, G. (2017). *A national comparison of carer screening, assessment, selection, training and support in foster, kinship and residential care*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.
- Bowen, G. A. (2006). Grounded theory and sensitizing concepts. *International Journal of Qualitative Methods*, 5(3), 12–23.
- Brennan, D., Cass, B., Flaxman, S., Hill, T., Jenkins, B., McHugh, M., . . . Valentine, K. (2013). *Grandparents raising grandchildren: Towards recognition, respect and reward*. Sydney: Social Policy Research Centre, UNSW.
- Briggs, F., & Hunt, S. (2015). Foster care from a historical perspective. *Children Australia*, 40(4), 316–326.
- Buzhardt, J., & Heitzman-Powell, L. (2006). Field evaluation of an online foster parent training system. *Journal of Educational Technology Systems*, 34(3), 297–316.
- Chamberlain, P., Price, J., Reid, J., & Landsverk, J. (2008). Cascading implementation of a foster and kinship parent intervention. *Child Welfare*, 87(5), 27–48.
- Chandler, C. (2013). Being a foster carer in Queensland: Using qualitative and quantitative research methods to explore this experience and to tailor a parenting intervention for carers. Retrieved from UQ Espace: www.espace.library.uq.edu.au/view/UQ:315005
- Collings, S., Wright, A., Spencer, M., Luu, B. (2019). How foster carers experience agency support for birth family contact. *Child and Family Social Work*. Online early view www.onlinelibrary.wiley.com/doi/abs/10.1111/cfs.12656
- Department of Families, Housing, Community Services. (2011). *Outline of national standards for out of home care, a priority project under the National Framework for Protecting Australia's Children 2009–2020*. Sydney: Commonwealth of Australia.
- Department of Family and Community Services. (2019). *Department of Family and Community Services Annual Report 2018–19*. Sydney: FACS. Retrieved from www.facs.nsw.gov.au/__data/assets/pdf_file/0010/727849/FACS-Annual-Report-2018-19-Volume-1.pdf
- Dorsey, S., Farmer, Z. E., Barth, P. R., Greene, M. K., Reid, J., & Landsverk, J. (2008). Current status and evidence base of training for foster and treatment foster parents. *Children and Youth Services Review*, 30(12), 1403–1416.
- Drozd, F., Bergsund, H. B., Hammerstrom, K. T., Hansen, M. H., & Jabosen, H. (2018). A systematic review of courses, training, and interventions for adoptive parents. *Journal of Child & Family Studies*, 27, 339–354.
- Henry, J. (1999). Permanency outcomes in legal guardianships of abused/neglected children. *Families in Society*, 80(6), 561–568.
- Hek, R., & Aiers, A. (2010). *Promoting best outcomes for children and providing best support for carers*. Nottingham: International Center for Research and Innovation in Fostering.
- Higgins, J., & Butler, N. (2007). *Assessing, training and recruiting Indigenous carers. 'Promising Practices in Out-of-Home Care for Aboriginal and Torres Strait Islander Carers, Children and Young People' (booklet 2)*. Melbourne: Australian Institute of Family Studies.
- Kaasbool, J., Lassemo, E., Paulsen, V., Melby, L., & Osborg, S. O. (2019). Foster parents' needs, perceptions and satisfaction with foster parent training: A systematic literature review. *Children and Youth Services Review* 101, 33–41.

- King, P. (2013). *Evaluation of the 1-2-3 Magic and Emotion Coaching Parenting Program delivered in an Australian community setting*. Retrieved from UQ eSpace: www.espace.library.uq.edu.au/view/UQ:270257
- Knowles, M. (1984). *Andragogy in Action*. San Francisco: Jossey-Bass.
- Libesman, T. (2011). *Cultural care for Aboriginal and Torres Strait Islander children in out of home care*. Victoria: SNAICC; Barnardos.
- Lin, C. (2014). Evaluating services for kinship care families: A systematic review. *Children & Youth Services Review*, 36, 32–41.
- McHugh, M. (2009). *A framework of practice for implementing a kinship care program: Final report*. Sydney: Social Policy Research Centre, University of New South Wales.
- McHugh, M., McNab, J., Smyth, C., Chalmers, J., Siminski, P., & Saunders, P. (2004). *The availability of foster carers: Main report*. Sydney: Social Policy Research Centre, University of New South Wales.
- McHugh, M., & Pell, A. (2013). *Reforming the foster care system in Australia*. Melbourne: Berry Street.
- McPherson, L., Gatwiri, G., & Cameron, N. (2018). *Evaluation of the Treatment and Care for Kids Program (TrACK)*. Australian Childhood Foundation. Victoria: Southern Cross University.
- My Forever Family MFF. (2019). *NSW carer survey 2019: Report of findings*. Sydney: MFF. Retrieved from www.acmyforeverfamily.blob.core.windows.net/assets/pages/MFF%202019%20Carer%20Survey%20Report_Final.pdf
- Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work*, 16(2), 49–158.
- Octoman, O., & McLean, S. (2014). Challenging behaviour in foster care: What supports do foster carers want? *Adoption & Fostering*, 38(2), 149–158.
- Osmond, J., Scott, T., & Clark, J. (2008). The knowledge of caring: revisiting the need for knowledge support of carers. *Child & Family Social Work*, 13(3), 262–273
- OzChild. (2018). *2017–18 Annual Report*. Melbourne: OzChild. Retrieved from www.ozchild.org.au/wp-content/uploads/2018/11/OzChild-Annual-Report-2017-18.pdf
- Phillips, J., Morgan, S., Cawthorne, K., & Barnett, B. (2008). Pilot evaluation of parent-child interaction therapy delivered in an Australian community early childhood clinic setting. *Australian and New Zealand Journal of Psychiatry*, 712–719.
- Richardson, N., Bromfield, L., & Higgins, D. (2005). *The recruitment, retention, and support of Aboriginal and Torres Strait Islander foster carers: A literature review*. Melbourne: Australian Institute of Family Studies.
- Richmond, G., & McArthur, M. (2017). *Foster and kinship care recruitment and retention: Encouraging and sustaining quality care to improve outcomes for children and young people in care*. Canberra: Institute of Child Protection Studies, Australian Catholic University.
- Selwyn, J., Farmer, E., Meakings, S., & Vaisey, P. (2013). *The poor relations? Children and informal kinship carers speak out*. London: Buttle.
- Simmonds, J., Harwin, J., Brown, R., & Broadhurst, K. (2019). *Special guardianship: A review of the evidence (Summary Report)*. London: Nuffield Family Justice Observatory.
- Thompson, L., McArthur, M., & Watt, E. (2016). *Foster carer attraction, recruitment, support and retention*. Canberra: Institute of Child Protection Studies, Australian Catholic University.
- Whiting, J., Hither, P., & Koech, A. (2007). Foster parent pre-service training programs: A content analysis of four common curricula. *Relational Child & Youth Care Practice*, 20(3).
- Wilkinson, D. and Wright, A.C., (2019). *Standards of training for out-of-home carers*. Sydney: University of Sydney. Retrieved from www.acmyforeverfamily.blob.core.windows.net/assets/pages/Literature%20Review_Training%20standards%20for%20carers%20-%20FINAL.pdf

