

# **Institute of Child Protection Studies**

Australian Catholic University

## **Foster carer attraction, recruitment, support and retention**

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## Glossary and Definitions

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**AIHW:** Australian Institute of Health and Welfare.

**Adoptive care:** Adoption is the legal process by which a person legally becomes a child of the adoptive parent(s) and legally ceases to be a child of his/her existing parent(s). In Australia, adoption from care is usually a 'known adoption' by a carer (AIHW, 2015).

**Emergency foster care:** Emergency care in home-based care is provided for children who require a placement immediately due to concerns for their safety.

**Foster care:** Care provided for a child who is unable to live in their usual home by an authorised carer (authorised by a jurisdiction to care for children in out-of-home care) and is placed in that carer's home. The carer is normally reimbursed for the costs of caring for that child. The care may be emergency, respite, short-term, long-term or may be permanent care.

**Home-based out-of-home care:** Care provided for a child who is unable to live in their usual home by an authorised carer (authorised by a jurisdiction to care for children in out-of-home care) and is placed in that carer's home. The carer is normally reimbursed for the costs of caring for that child. The care may be emergency, respite, short-term, long-term or may be permanent care. This is often called 'foster care'.

**Long term foster care:** The length of longer term foster care also varies according to jurisdiction and legislative arrangements. This care is provided when it is anticipated that a child may not be able to return home for a longer length of time.

**Out-of-home care (OOHC):** Overnight care for children aged 0–17, where the jurisdiction usually makes a financial payment to the provider.

**Permanent care:** Refers to home-based care under a 'permanent care order' or 'enduring parental responsibility order' or similar depending on jurisdiction. It refers to the transfer of guardianship to a third-party carer. Such orders are only available in some jurisdictions (AIHW, 2016, p. 129). Unlike adoption orders, permanent care orders do not change the legal status of the child, and they expire when the child turns 18 or marries. An application may be made to revoke or amend a permanent care order (AIHW, 2015, p. 102)

**Professional home-based care:** 'Professional foster care refers to a model of home-based foster care whereby carers are employed in a professional capacity to care for children and young people with complex needs, who are unable to be placed in more traditional less intensive forms of Out-of-Home Care' (ACIL Allen Consulting, 2013, p. 1).

**Relative or kinship care:** A form of out-of-home care in which the caregiver is a relative other than parents, or someone who has a pre-existing relationship with the child. They may be a member of a child's community. This can be formal (where the carer is authorised and reimbursed by the jurisdiction in which they live), formal through the Family Court of Australia, which may not involve any financial support, or informal. 'For Aboriginal and Torres Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community or from the same language group' (AIHW, 2016, p. 132).

**Residential care:** Care in a residential building where care staff are paid and which is intended to provide residential placements for children in out-of-home care.

**Respite foster care:** A form of out-of-home care used to provide short-term accommodation for children and young people, where the intention is for the child to return to their prior home. In family-based out-of-home care, this may be organised in a planned and regular fashion to give the child/ren's usual carers, parents or guardians a break.

**Short term foster care:** The length of short-term foster care varies according to jurisdictions and legislation. It often refers to care extending to about six months. Often children in short-term care may return to their biological or extended families.

**System of Care:** 'A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organised into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life' (Stroul, Blau, & Friedman, 2010, p. 6).

**Therapeutic home-based /foster care:** The terminology used about this type of care lacks clarity. In Australia the following terms may be used to indicate this type of care: enhanced, intensive, specialised and therapeutic models of foster care. Particular programs apply explicitly theoretically based approaches (trauma, attachment, resilience) to meeting children's individual and complex needs and ensuring that carers are seen as key therapeutic agents. In some programs, the therapeutic program is time limited.

Acknowledgements for glossary: ACIL Allen Consulting (ACIL Allen Consulting, 2013) AIHW (AIHW, 2015, 2016); Centre for Excellence in Child and Family Welfare (Verso Consulting Pty Ltd, 2012).

## Executive Summary

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### Background

This report aims to review the literature available on what works to help people to make the complicated choice to become a home-based carer, and on the evidence regarding retention of these carers for children in out-of-home care.

Databases and sources of grey literature were searched for systematic reviews and literature reviews, mainly from 2005, and then for more recent individual studies on the major questions of this review:

1. What strategies work for attracting, engaging, supporting carers and retaining skilled carers in order to promote quality care for children and young people in family/home-based out-of-home care?
2. What evidence is there about the different models of care in terms of success in attracting, engaging, supporting and retaining these carers?

Strict criteria for inclusion of reviews or studies based on high levels of research rigour were not applied. There is a widely noted lack of availability of reviews/studies undertaken with strict gold standard review or research designs in these topic areas (Dixon et al., 2013; Munro & Hardy, 2006). Had we included only those meeting high levels of evidence on the evidence hierarchies, we would have identified one or two practices that are clearly effective in one particular social and political context and missed emerging or promising practices. Our approach is to identify practices or policies where common themes from a range of literatures converge.

The boundaries around different models of family-based care (traditional volunteer foster care, kinship care, adoptive care, therapeutic and professional care) overlap. This can be related to the carers involved or to purposes and functions. This is partly as a result of rapidly increasing understanding of children's complex needs, foster carers' needs, differing reimbursements and qualifications for carers. In addition, principles of therapeutic care are gradually permeating other forms of care, including programs not designated specifically as intensive or specialist.

The evidence points to the retention of home-based family carers as a key factor in providing stable and settled arrangements for children in out-of-home care (Munro & Hardy, 2006; Pecora et al., 2010), and in facilitating positive outcomes for children and young people in care (Pecora et al., 2010). There is also evidence that the wellbeing of foster carers has a positive relationship to the well-being of children in their care (Blythe, Wilkes & Halcomb, 2014; Turner, Macdonald & Dennis, 2007) and that the relationship of the carer to the child is critical for the positive development of the child (Hek & Aiers, 2010).

Longitudinal studies which track or evaluate the longer term results of particular carer recruitment or support strategies to look at how they play out in carer retention are scarce. There is a lack of research in Australia and overseas that connects the characteristics and attributes of new foster carers to outcomes such as retention of foster carers and placement stability (Luke & Sebba, 2013).

Most reviews on these subjects identified limitations in the methodologies of the studies reviewed, or the amount of empirical research available on the topic of recruitment or retention (Colton, Roberts, &

Williams, 2008; Sebba, 2012). Methodological limitations frequently included: lack of randomisation; lack of control groups; differences in outcomes measured and methods of measurements; and differences in contexts which affect their generalisability. In interpreting the research, the issue of transferability of strategies to different contexts with different cultural, social welfare and political systems is ever-present (McGuinness & Arney, 2012; Sebba, 2012).

The contemporary literature confirms older findings (Sinclair, Gibbs, & Wilson, 2004; Triseliotis, Borland, & Hill, 2000) that carer retention and carer recruitment are inextricably linked: satisfied carers can be effective recruiters through word of mouth.

## Key messages from research on attraction and recruitment

1. Maintaining an adequate supply of foster carers seems challenging for all models of family - based care, although there is not sufficient evidence about fully professional models to know if that is the case with professional care.
2. Knowing someone who has cared for a child for whom this has seemed a positive experience - 'word of mouth' - is the most effective strategy for initially attracting potential carers. Satisfied carers and caring families can be part of word of mouth communications, which interest others in caring.
3. Involving current carers, possibly with suitable remuneration, as people who can be ambassadors for caring and providers of accurate information, offers possible (not empirically tested) ways of operationalising the word of mouth strategy.
4. Potential carers are not a homogenous group, and recruitment strategies, publicity, information packages, and responses to enquiries need to be examined for inclusiveness and clarity.
5. Targeted recruitment campaigns using marketing science informed methods, reaching populations which may not have been reached before, and recent technologies, provide an increased yield of enquiries and are showing promise. They are not yet fully evaluated for longer term outcomes of successful recruitment and retention.
6. Research suggests that by forming links with particular communities, including culturally and linguistically diverse groups, and drawing on knowledge of these communities, recruitment from these groups may be enhanced. Robust evaluation of this has not been identified.
7. Converting enquiries about family-based care to applications to foster requires individualised responsiveness to individual enquiries.
8. There needs to be provision of clear, realistic information on requirements, supports and benefits, together with taking an individualised, developmental and culturally appropriate approach to assessment and approval.
9. Assessment processes need to be sensitive to the individuals and families, including children, enquiring and applying. Normative positions, which may act as deterrents to potential carers, need to be avoided. Particular examples where this could apply are lesbian, gay, bisexual and

transgender people, people from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander Peoples.

10. In Australia, the recruitment for Aboriginal and Torres Strait Islander kin and other carers is acutely needed, and the most promising way forward may be through Aboriginal and Torres Strait Islander Controlled Organisations. The Winangay Carer Assessment Tool is an example of a culturally sensitive assessment tool developed through an Aboriginal and Torres Strait Islander led-process with ongoing evaluation.
11. Professional workers in kinship care need specialised skills to respectfully recruit kinship carers, where possible through early family conferencing.
12. Personal, social, material resources or disadvantage may impact upon potential carers' willingness or capacity to care, and these resource issues stand in the way of recruitment.
13. The important dimension of matching the needs of children needing care with the capacities and family situations of carers suggests a link to recruitment: the possibility of targeting recruitment for particular care types (respite, long term, infant emergency etc). We have not been able to identify studies which systematically examine this in terms of outcomes of carer recruitment, but it is an important element of support for carers.
14. Evaluation of recruitment approaches, with particular models of care and carer groups, in terms of the longer term outcomes of placements and of carer satisfaction and retention, is important for the development of knowledge about what is effective in recruitment.

## Support and retention

1. Most studies of intervention with foster carers measure outcomes for children, with little attention to the effect on retention. Foster carer satisfaction with the intervention is sometimes measured.
2. Retention success is not easily defined and may be different for different types of caring models. For example, retention for kinship carers means that the carers retain the care of the child until they are able to live independently or safely with their biological parents, rather than the carer being necessarily retained in the care system.
3. Factors affecting the individual carer and whether they decide to stay or leave include: their level of satisfaction with fostering, family circumstances, the circumstances of fostering, the extent to which the carer has received a package of support, including training, support (including from other carers), respite and enhanced finances, and finally, whether or not a placement breaks down. If there is not another child in care in the home; that may be the critical point when they decide to leave.
4. Many factors affect the level of satisfaction with fostering and include: the extent to which the carer and their views are respected; the extent to which they are given information about the children; specific service accessibility for children; adequacy of financial support; how well they



are supported through critical events such as the loss of a child and allegations of abuse; and practices which enhance children's wellbeing.

5. Carers mostly welcome training, even if the long term 'hard' evidence of effectiveness is not available. There are indications that theories and knowledge relevant to fostered children (e.g. trauma, neuroscience, child development, attachment) help carers understand and care for the children. Operationalising adult learning principles in foster carer training and obtaining views from foster parents themselves about what they need, together with involving foster carers in training, may increase satisfaction.
6. Training programs which show the greatest promise in USA research reviews are those which give the opportunity for foster carers to practise new learning in their own homes with their child in care, as well as to receive feedback on this, such as Multidimensional Treatment Foster Care derivatives such as KEEP (Keeping Foster and Kin Parents Trained and Supported) (Kinsey & Schlösser, 2012; Leve et al., 2012).
7. There is plenty of research to indicate that individualised and respectful support from foster care workers, social workers, or caseworkers for the whole fostering family makes an enormous difference to the overall 'support package' and satisfaction with fostering for carers.
8. Support from other carers, through groups and carers' centres buddying programs seems to aid retention (a small number of studies) and perceived support. For example, the Mockingbird Family Model, an innovative community-based support program in the USA, explicitly aims to increase retention through increased peer support and respite care to foster carers. This program involves 'satellite' family foster carers living in proximity to a 'hub' home carer, who can offer respite and support to foster carers. The program is undergoing evaluation in the UK.
9. Adequate financial support is important in retaining carers. This is not uncomplicated in terms of pay, taxation rulings and conditions, and qualifications needed. The gap between traditional foster care and professional care is becoming more a continuum of professionalisation than a difference in category. Carers caring for children in specialist placements receive higher subsidies than those not recognised as specialist placements.
10. Respite for carers of all types is well supported by the evidence as vital for carer support and retention. There are indications that regular respite is more supportive than irregular. Ironically, the importance of respite care highlights the need for recruitment and retention of respite carers.
11. Support across multiple dimensions is needed through individualised and responsive support packages: adequate financial arrangements; respite; out-of-hours 24 hour telephone support; specialist help; positive relationships with social workers/foster care workers; quality training; carers' centres providing opportunities for buddying or other peer support; and agencies recognising the caring families as part of the caring team around the child.
12. Matching the needs of children needing care with the capacities and family situations of carers is an important part of carer support.

13. A small but increasing number of adoptions are from care in Australia. Pre-adoption and post-adoption services are vital to prevent disruption. Adoptive parents also need to have individualised support, including information about their children, and the likely problems they may face, particularly in education and during adolescence; and guidance as to how to access services.
14. Like traditional foster carers, kinship carers need individually tailored supports. Peer support for kinship carers has evidence of effectiveness, for example, the Kinship Liaison approach, peer support groups and community-based kinship centres in the USA. Kinship Navigators, in which paid human service workers assist in accessing services, also has evidence of effectiveness.
15. Aboriginal and Torres Strait Islander kinship and foster carers, many of whom are relative carers, may have a negative view of statutory services, given the history of their families' and communities' experiences at the hands of white authorities. In addition, they may not receive the support and training they would like or need. They are also likely to have material support needs and may live remotely, making service access difficult. Community-based approaches to support are indicated through providing adequate funding arrangements for Aboriginal and Torres Strait Islander controlled organisations to develop culturally sensitive ways to support Aboriginal carers. There are notable successes through this strategy, for example, Yorganop, which builds a community of carers.
16. Team approaches to therapeutic foster care, which operate from a strong theoretical basis shared with all members of the team, demonstrate an explicit focus on carer support and retention: team approaches such as Team Parenting® and the Victorian Circle Program regard the carer as an equal partner in the therapeutic team. Evidence so far is that these approaches are promising in terms of retention and carers feeling supported.
17. We are moving towards the professional end of the professionalising continuum. However, no evidence has been identified regarding the outcomes of a fully professional care model in terms of support and retention.

## Summary

The evidence on recruitment and retention is varied in terms of methodologies, epistemological models, terminologies used, outcomes measured and contexts in which the research has been undertaken. This literature review has not been exhaustive and has placed heavy, but not exclusive, reliance on other research literature reviews. We make tentative conclusions drawing on multiple sources of evaluative evidence to identify promising principles, programs or practices.

A key message is that retention and recruitment are linked and create a cycle: satisfied carers and caring families can interest others in caring through word of mouth, which has been shown to be an effective mechanism for recruitment. The wellbeing of carers has been shown to be linked to the wellbeing of children in their care. Supporting carers in ways which are perceived by them to be supportive is important for retention, and therefore for recruitment to help people make that 'complicated choice' to become carers. Multi-faceted approaches to support are needed, covering the package of support.

What constitutes effective support has been identified by carers many times over, in research projects over many years. Individualised and skilled responses to carers by foster care workers/social

workers/caseworkers are needed: one size of support does not fit all. Critical events in the life of a family caring for children in out-of-home care need to be ameliorated through early intervention, or responded to in a timely fashion.

Facilitating the development of supportive networks of carers who are valued and respected within communities and by the professionals with whom they work is a way forward. Adequate financial reimbursement, training and respite opportunities continue to be important elements in support packages.

Importantly, all this requires resources. Case workers cannot support carers, if they themselves are stressed by inadequate support systems and resources. Systems of care need to be properly resourced to build into policy and practice an emphasis on respect to all carers as equal partners in the therapeutic endeavour of caring for children with individual and often complex needs. There is evidence in Australia of efforts to encourage this through therapeutic approaches (distinct from therapeutic programs) to out-of-home care, including home-based care. Particular emphasis is needed on resourcing Aboriginal and Torres Strait Islander organisations, and partnering with culturally and linguistically diverse communities to recruit and support carers.

Resourcing is also required to evaluate these strategies and their retention outcomes.

## Introduction

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'Becoming a foster carer is a complicated choice' (Hendrix & Ford, 2003, p. 26). Providing family-based care has some job-like aspects, but it is different. Generally there is lower remuneration, extended and unpredictable working hours, lack of boundaries between work and home (Kirton, 2011), high levels of emotional labour and ambiguity of role (Blythe, Halcomb, Wilkes, & Jackson, 2012; Thomson & McArthur, 2009). Recruitment and retention strategies are required, which take into account the complexity of life for carers providing home-based care to children (Randle, Miller, Dolnicar, & Ciarrochi, 2014). This literature review aims to review the literature available on what works to help people to make the complicated choice to become a carer, and on the evidence regarding retention of home-based carers for children in out-of-home care.

The recruitment and retention of home-based carers to meet the demand for children needing out-of-home care is problematic world-wide (Colton, Roberts, & Williams, 2008; McHugh & Pell, 2013). The issues which contribute to this situation have been canvassed widely, both in Australian literature and internationally (Colton et al., 2008; McGuinness & Arney, 2012), in government reports (Cummins, Scott, & Scales, 2012; Woods, 2008) and academic literature (Blythe, Wilkes, & Halcomb, 2014). Effective early intervention to reduce the number of children needing care away from their families of origin through family support and enhancing the work of child protection professionals is key to improved outcomes for children and young people (Ainsworth & Hansen, 2014), though outside the scope of this review. The need for family-based out-of-home care remains acute.

In Australia, the *National Framework for Protecting Australia's Children* identifies 'the attraction and retention of an appropriately skilled and qualified workforce' of carers as a 'high priority' (Council of Australian Governments, 2009, p. 25). This literature review will contribute to this agenda, by identifying evidence-informed methods for attracting, engaging, supporting and retaining such carers.

While a considerable amount has been written in recent years on the general topic of foster care, how to provide quality care, the needs of carers (Blythe et al., 2014; Sinclair et al., 2004) and the challenges of maintaining a pool of effective carers (Sellick, 2006; Sinclair et al., 2004), there is less empirical research which evaluates the effectiveness of specific strategies to recruit, attract, support or retain them (McGuinness & Arney, 2012).

This narrative review provides a brief overview of the problem of carer recruitment and retention in the context of contemporary out-of-home care in the western world, and particularly in Australia. In order to maximise the use of the important work which has already been undertaken on this topic, it will outline the findings of reviews undertaken in the past ten years to answer the first question of this review:

1. What strategies work for attracting, engaging, supporting carers and retaining skilled carers in order to promote quality care for children and young people in family/home based out-of-home care?

This review also focuses on seeking answers in recent academic research and grey literature sources to the question which has not been so clearly answered in these recent reviews:

2. What evidence is there about the different models of home-based care in terms of success in attracting, engaging, supporting and retaining carers?

This review begins with an overview of out-of-home and home-based care, then a brief discussion of quality of care, before outlining our methodology and findings.

## Caring for children in out-of-home care

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### Children and their needs

There has been a dramatic increase in both the number of children needing out-of-home care and the complexity of their needs over the past thirty years (ACIL Allen Consulting, 2013; AIHW, 2015; Barber, 2001; CAFWAA, 2002; McHugh & Pell, 2013). Between 2011 and 2015, the rate of children in out-of-home care in Australia increased from 7.4 to 8.1 per 1,000 (AIHW, 2016). There were almost 43,400 children in out-of-home care at 30 June 2015 (AIHW, 2016). At the same time, authorities across the country report difficulties recruiting and retaining skilled foster carers (AIHW, 2016). Consequently, there is a growing disparity between the numbers of children needing care and the number of qualified carers in all Australian states (Bromfield & Osborn, 2007; McHugh & Pell, 2013; Riggs, Delfabbro, & Augustinos, 2010). This disparity is related to a combination of factors:

- Increase in reporting and response rates related to legislative changes, increasing the scope of the states' mandate (ACIL Allen Consulting, 2013);
- The possibility has also been a real rise in child abuse and neglect in recent decade (Barber & Delfabbro, 2004);
- Children entering care are staying there for longer (Tilbury, 2009);
- Children entering care appear to have more complex needs than those in past (Bromfield et al., 2005; Barber & Delfabbro, 2004); and,
- De-institutionalisation of out-of-home care since the 1970s (Osborn & Bromfield, 2007; Smyth & Eardley, 2008).

As a result, the vast majority of the children in out-of-home care in Australia at 30 June 2015 (93%) were in home-based care: 40% living with foster carers, 47% living with kinship carers, and 6% in other forms of home-based care (AIHW, 2016).

### Supply of home-based carers

In Australia, during 2014-2015, there were 12,948 foster carer households and 18,401 relative/kinship households that had one or more children placed with them (AIHW, 2016). In the same year, 2,113 households commenced foster care and 1,688 left foster care. Three out of the eight jurisdictions reported more households leaving foster care than joining (AIHW, 2016). However, interpretation of these data is difficult due to different or changing counting methods in different jurisdictions and incomplete data.

McHugh and Pell (2013, p. 1) estimate that 14% of carers in Australia are choosing to cease caring every year. Some of the reasons for this are thought to include:

- Rise in women's participation in the workforce (Barber, 2001);
- Subsidies for the care of foster children have not kept up with costs or adjusted to the rise in women's workforce participation (McHugh, 2002);

- Fostering is experienced as very demanding, both physically, practically and emotionally with increasing complexity of health and behaviour issues experienced by children and young people in out-of-home care (Blythe et al., 2014; Siminski, Chalmers, & McHugh, 2005); and,
- Institutional and structural issues that may deter suitable people from becoming foster carers, for example, lack of material resources (McGuinness & Arney, 2012) or poor response from authorities providing foster care (Keogh & Svensson, 1999, cited in Sebba, 2012).

## Public inquiries into child protection and the care of children

In Australia over the past 15 years there have been many inquiries, commissions and parliamentary committees into child protection and out-of-home care. They have constantly identified the need for high quality, stable home-based care for children who cannot live with their biological families, and the challenges in providing sufficient carers to provide stability of care (Cummins et al., 2012; Queensland Crime and Misconduct Commission, 2004; Senate Community Affairs Reference Committee, 2005; Woods, 2008).

## Theorising foster caring

It is out of the scope of this review to describe in detail the application of theory to foster care over the past 40 years. However, theory is relevant to understanding needs of children, families and the foster care process, and provides the bases for some of the strategies which show encouraging or promising results and so we provide a brief overview here.

Hek and Aiers (2010) identify the following theoretical frameworks as some of the frameworks increasingly applied in understanding children in out-of-home care, and they note the importance of these in assisting carers to understand and care for children (Cairns, 2002). These include: attachment theory, which has informed the secure base model; resilience theory; cognitive behavioural theories; and perspectives relating to trauma and loss, including neuroscientific and psychobiological developments (Ehlert, 2013; B. D. Perry, 1995). There are, of course, many other theories relevant to understanding foster care. In particular, in Australia, where Aboriginal and Torres Strait Islander children are in care at a 9.5% higher rate than non-Aboriginal and Torres Strait Islander children (AIHW, 2016), theories relating to white privilege, intergenerational trauma and grief, and structural and material disadvantage are important (Bamblett, Long, Frederico, & Salamone, 2014).

There is less application of theory to recruitment, retention and the life of the caring foster family, despite the increasing research with foster carers and their experiences of the roles they undertake (Blythe et al., 2014; Gurney, 2001). Theories can inform recruitment, support and retention policies and practices. Resource and exchange theories (Rhodes, Orme, Cox, & Buehler, 2003), motivation and marketing science inform recruitment (Ciarrochi, Randle, Miller, & Dolnicar, 2011).

The theories outlined above in relation to understanding the child's experience are relevant to the foster care experience: attachment, grief and loss, including the ambiguous loss experiences, are clearly part of the foster family's life (Blythe et al., 2014; Thomson & McArthur, 2009). It is well known that helping and emergency professionals experience secondary or vicarious trauma (Cunningham, 2004), and there is now more recognition of the importance of understanding its impact on carers, as the 'frontline' in caring for children experiencing trauma (Manley, Barr, & McNamara, 2014).

Trauma theory was applied to therapeutic communities in the 1980s through the Sanctuary Model, which also utilises constructivist self-development theory, burnout theory, systems theory and valuation theory of organisational change (Esaki et al., 2013). This is now explicitly applied to residential care settings, and more recently to organisations providing out-of-home care, including foster care, and is in the early stages of application to systems or communities of care for children (Esaki et al., 2013; Leigh-Smith & Toth, 2014; Manley et al., 2014).

Kirton (2011), drawing upon the broader literature in the sociology of work and of care work, discusses the boundaries between work and non-work in foster care. He notes the similarity with other forms of care work, in particular the 'shifting hybrid relationships between state and family' concomitant with the reduction in institutional care and the changing roles of women (p. 670). He argues that there is 'deep hybridity' (Kirton, 2011, p. 670) in foster care due to the lack of separation between work and family and the external scrutiny and management of both domains. This deep hybridity is exemplified by the requirements that foster carers provide high levels of emotional caring, and yet at the same time maintain some detachment. Kirton (2011) suggests that more work linking foster care work with care work literature in general may be useful.

Theories of family boundary ambiguity and of the resultant family stress which can occur shed light on the lived experiences of carers in this hybrid situation (Thomson & McArthur, 2009). Thompson et al. highlighted the importance of family systems theory in understanding the effects on the caring family of the introduction of a new person to the family (Thompson, McPherson, & Marsland, 2016).

The ecological systems theory of Bronfenbrenner (2005) has been used as a framework for understanding needs and possible interventions in policy and practice in kinship care (Hong, Algood, Chiu, & Lee, 2011).



## **Out-of-home care family-based ‘models’ in this literature review**

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Much of the literature focusing on attraction, recruitment, supply and retention has focused on traditional foster care models or has not distinguished between different models of home-based out-of-home care. The models on which this review focuses are all home-based care: traditional volunteer foster care; kinship or relative care; permanent care, including adoption from care (which is not strictly out-of-home care); professional foster care; and therapeutic foster care. However, these are not always easy to distinguish from each other: the purposes and functions of each are beginning to overlap with increasing understanding of children’s needs, foster carers’ needs and therapeutic care models. Dorsey et al. refer to this difficulty when they talk about the ‘fuzzy edge’ between treatment and traditional foster care (Dorsey et al., 2008, p. 1405).

Within these models, there are different timeframes involved, leading to different phases of foster care, ranging from emergency care to permanent care. All these models and phases of care occur within wider social care, social policy and child protection systems, with differing emphases on family reunification, permanency planning and funding arrangements. One of the relatively recent changes in Australia and overseas is the increased use of private, non-government and even for-profit organisations in the state-licensed provision of foster care (Colton et al., 2008; Sellick, 2007). In some countries, for example, the Nordic countries, the state has more direct relationship with the foster carers: their role and responsibilities are not mediated by non-government organisations (ACIL Allen Consulting, 2013). Concurrent or twin track planning, where children are placed in a situation where they can stay permanently if reunification with parents is not achieved in a timely way, also makes specific demands on foster carers to work with birth parents for reunification, as well as to be willing to care for a child permanently (D’Andrade, Frame, & Berrick, 2006). The different timeframes for care; short term, long term, adoption, do not necessarily remain distinct, and can blend into each other (Kirton, Beecham, & Ogilvie, 2006).

As Rork and McNeil (2011) emphasise, it is vital to bear in mind that foster carers are not a homogenous group, and that any recommendations for policy, practice and research need to keep this awareness at the forefront.

A description of the models on which we focus this review follows.

### **Traditional volunteer foster care: emergency, short term, respite, longer term and permanent**

This is non-relative, home-based out-of-home care where the caregiver is authorised by the state and reimbursed by the state for the care of the child. This is the traditional form of foster care, in which the foster carer is in a volunteer role, where expenses for the child are reimbursed to a greater or lesser extent. It is the model about which most has been written of the struggle to attract and retain carers to keep up with the demand for care, both in Australia and overseas (Colton et al., 2008; McHugh & Pell, 2013). McHugh and Pell (2013) outline the history of traditional foster in Australia and its resurgence, with the decline of residential care, in the 1980s and 1990s, and they argue that this has saved governments considerable expense. The outcomes for children and young people who have experienced out-of-home care, in domains such as health, education, mental health and employment, have been found to be much less satisfactory than children who have not experienced out-of-home care. However, traditional foster care is undergoing changes related to the family and societal changes outlined under

the heading 'supply of home-based carers', and to the developing understanding of the needs of children in out-of-home care.

Within foster care there are different timeframes involved, which affect the type of out-of-home care offered in the home. These are: emergency care; short term care; respite care; long term care and permanent care. In the review, we will highlight research available about recruitment and retention for each of these, where possible.

In particular, it is important to note that permanent care orders are becoming more widely used in Australia, as a way of ensuring and acknowledging a permanent home for children, though it is hard to gauge their prevalence from publicly available data (Humphreys, 2012). The difference between permanent care orders and adoptive care is that the permanent care order, while granting guardianship to a carer, does not change the legal status of a child, and applications can be made to amend or revoke the order. While several jurisdictions have provision for such orders, they have differing boundaries and definitions and entitlements for support. New South Wales does not include the children in care on the basis of finalised third party parental responsibilities in its child protection data for AIHW (AIHW, 2016), and it is not possible to gauge how many children are living in permanent care in Australia (Humphreys, 2012). Victoria provides statistics, which are included in the Australian Institute of Health and Welfare's *Adoptions* publication. These have increased from 11 in 1992-1993 when provision was first made for these to 277 in 2014-2015 (AIHW, 2015).

The number of carers providing respite-only care in Australia is not available. They tend to be included in the jurisdictions' reporting of general foster carers or relative carers (AIHW, 2016). The one listing of a small number (18) of respite-only carers is very incomplete, as information from three jurisdictions is missing (AIHW, 2016, p. 107)

## Kinship care

Kinship care refers to the placement of children with relatives (kin); persons without a blood relation, but who have a relationship with the child or family; or persons from the child/family's community (kith). Kinship care is also referred to as 'relative care', 'kith and kin care', and 'family and friends as carers' (Warren-Adamson & Stroud, 2015). In the context of kinship care, the term 'related child' is used to define a child who has a prior relationship with a carer, although this may not necessarily be a blood relation (Richardson, Bromfield, & Higgins, 2005, p. 44).

As noted by Smyth and Eardley (2008), the emergence of kinship care can be seen as both a proactive policy that emerged in response to the recognition of the importance of biological, emotional and cultural continuity, as well as a reactive response to the decline in willing volunteer foster carers. In Australia, this model of care has been used in particular with Aboriginal and Torres Strait Islander children, in keeping with the Aboriginal Placement Principle (AIHW, 2016), but kinship carers providing care to these children are also in short supply (McGuinness & Arney, 2012). Grandparents provide substantial kinship care in Australia (Purcal, Brennan, Cass, & Jenkins, 2014). Some may provide this through the Family Court and some through child protection authorisation. Some kinship care may be formal (with expenses reimbursed by the state) and some informal (not supervised or reimbursed by the state) (Brennan et al., 2013). In Aboriginal families, the line between 'relative' and 'non-relative' care may be blurred, affected by the broader concepts of families in Aboriginal and Torres Strait Islander communities compared with many communities of Anglo backgrounds (D. Higgins, Bromfield, & Richardson, 2005). Some Aboriginal and Torres Strait Islander carers may be providing care for their own

children, care for relatives' children on a formal or informal basis, and some carers may also be registered foster carers for non-related children (D. Higgins et al., 2005).

There is evidence provided by a Campbell Review (Winokur, Holtan, & Batchelder, 2014) that children in kinship care 'tend to have better behavioural development, mental health functioning and greater placement stability than their counterparts in non-related foster care', and that 'kinship care can facilitate maintenance of cultural and community ties while not sacrificing outcomes' (Shlonsky et al., 2013, p. 33).

## Adoptive care

In the USA and the UK, adoption of children in out-of-home care has been emphasised through policy and legislation, particularly in the last 25 years, concurrent with the emphasis on achieving permanency for children (Coakley & Berrick, 2008). Most children who are adopted from out-of-home care are adopted by their foster carers rather than strangers (Biehl, 2009). Indeed, the potential for adoption may be part of the attraction of fostering for some carers (Kirton et al., 2006). Although long term foster care is intended to be permanent and stable, the evidence is that adoption is the more stable care arrangement of the two (Kirton et al., 2006), and that outcomes for children are enhanced in comparison (Vinnerljung & Hjern, 2011). However, this finding can be related to the earlier age that children are adopted by strangers after entering care, thus avoiding long periods of instability (Biehl, 2009), though the effect of this earlier age has been questioned (Vinnerljung & Hjern, 2011).

Children in out-of-home care in Australia are still only rarely placed in adoptive homes, and are more likely to be placed under long term guardianship, permanent care or enduring parental responsibility orders (AIHW, 2015; Riggs, 2011). This does appear to be changing slightly: carer adoptions are increasing and being made more possible by some jurisdictions facilitating these through changes in legislation, most recently NSW. In 2014-15, out of a total of 292 finalised adoptions in Australia, 209 were local adoptions, of which 94 were carer adoptions (61% of known child adoptions), having risen from 25 in 2003-2004 (AIHW, 2015).

## Therapeutic foster care

Therapeutic foster care is a home-based model of care where children and young people are placed with carers who have special training and skills to meet their particular therapeutic needs. We can use the term therapeutic or treatment foster care as an umbrella term for a number of different types of specialist or treatment focused foster care utilised around with world. Increasing numbers of children in out-of-home care have experienced trauma and consequently have trauma-related behavioural, emotional, social and health problems (Osborn & Bromfield, 2007). These therapeutic programs exist across Australia (Department of Communities, 2011), including *Take Two* in Victoria and *Intensive Foster Care in NSW* and the Circle Program (Frederico, Long, McNamara, & McPherson, 2014). International examples include Treatment Foster Care (TFC) (Macdonald & Turner, 2008) and Multidimensional Treatment Foster Care (MTFC) (Smyth & Eardley, 2008).

In recognition of the higher level needs of children and young people placed in these specialist programs in Australia, foster carers involved in these programs may receive a higher level of subsidy or carer allowance for these children (McHugh & Smyth, 2006). However, there are a variety of levels of these subsidies: therapeutic or specialist foster care is not necessarily professional care, where the foster carer is paid a salary and the role of foster carer is recognised as a full time role, with training and conditions

reflecting this. MTFC is one of the few models of care which has a strong evidence base supporting positive outcomes for children and young people (Shlonsky et al., 2013). Many of these explicitly treatment oriented programs are time-limited.

These models, with their strong theoretical underpinnings of attachment, trauma and resilience, are influencing more general foster care programs which do not have the funding for specialist programs (Manley et al., 2014). Therapeutic approaches to care recognise the needs of all children in out-of-home care in relation to trauma and attachment, whether they are part of designated therapeutic (specialist) programs or not.

## Professional foster care

*'Professional foster care refers to a model of home-based foster care whereby carers are employed in a professional capacity to care for children and young people with complex needs, who are unable to be placed in more traditional less intensive forms of Out-of-Home Care. Under professional care models, carers would be paid a salary that is commensurate with their level of skill; would be required to hold a relevant qualification and / or undertake ongoing competency based learning and development; and would provide, or have access to, therapeutic clinical support and other specialist supports.'* (ACIL Allen Consulting, 2013, p. 1)

Across the world, including Australia, foster care is becoming more professionalised, with requirements for standardised training and foster care standards (McHugh & Smyth, 2006). However, in Australia, models of professional foster care that fulfil the requirements of the above have not been fully implemented (ACIL Allen Consulting, 2013). Internationally, there is also a variety of professional/professionalised models depending on the particular state and program (Colton et al., 2008; Colton & Williams, 2006). ACIL Allen Consulting's report to the Department of Family Services and Indigenous Affairs about issues involved in implementing a professional model of foster care, provides a useful table outlining this variety (ACIL Allen Consulting, 2013, p. 24).

ACIL Allen's report also notes some of the issues in designing a professional model of foster care including: employment and taxation status, qualification requirements; how remuneration is to be calculated; and how 'normal' working conditions can be built in appropriately to the fostering situation, for example holidays, time off and superannuation.

## Defining ‘quality’ care

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### Policy context

Key important quality outcomes indicating quality care and placement success relate to positive health, educational and wellbeing outcomes for children. These have been captured in the 13 *National Standards for Out-of-home Care* (Department of Families & National Framework Implementation Working Group, 2011). These specific standards were developed in pursuit of the outcomes 4 and 5 of the *National Framework for Protecting Australia’s Children 2009–2020*:

- Supporting outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and wellbeing;
- Supporting outcome 5: Indigenous children are supported and safe in their families and communities. (Council of Australian Governments, 2009)

Of particular relevance to this review is Standard 12, relating to the recruitment, support and retention of foster carers. The inclusion of this standard highlights the widely accepted relationship of this recruitment and retention to providing to quality care and outcomes for children.

### Foster carers and quality outcomes

Luke and Sebba, in their review of Instruments utilised to select foster carers note that the success of a placement will ultimately depend on an interaction of child, carer and external factors (Luke & Sebba, 2013a). Sinclair et al.’s 2005 survey of carers showed that three groups of stakeholders (which notably did not include children and young people) agreed that success in a placement:

*‘... was positively related to the carer’s involvement in doing things with the child, as well as to a composite measure of positive parenting (ratings of caring, accepting, clear expectations, not being upset by the child’s failure to respond, seeing things from the child’s viewpoint and encouraging). Success was negatively related to a composite measure of rejection (lack of fondness, inability to tolerate child, missed reactions from self and partner and apathy towards understanding the child’s behaviour or explaining their own reactions to it). In addition involvement with the child was related to fewer placement disruptions, while rejection predicted more disruptions.’ (Sinclair et al., 2005, cited in Luke & Sebba, 2013a, p. 7)*

Placement stability been found to enable the best outcomes for children for whom reunification with their biological family is not a possibility (Carnochan, Moore, & Austin, 2013; Munro & Hardy, 2006). This is not without its complications: some placements continue when they are not of assistance to the child, but for most children, stability is to be aspired to (Munro & Hardy, 2006).

A number of factors challenge the achievement of placement stability (Carnochan et al., 2013). These include crisis-driven placements, problems in matching the needs of children with particularly suitable carers, behavioural and health problems of children, particular circumstances of carers and their attributes (they need to be warm people) and stressful events (Munro & Hardy, 2006).

The evidence points to the retention of foster carers as a key factor in providing stable and settled arrangements for children in out-of-home care (Munro & Hardy, 2006; Pecora et al., 2010), and in facilitating positive outcomes for children and young people in care (Pecora et al., 2010). There is also evidence that the wellbeing of foster carers has a positive relationship to the well-being of children in their care (Blythe et al., 2014; Turner et al., 2007).

Despite this knowledge and acceptance, there is a lack of research in Australia and overseas which connects the characteristics and attributes of new foster carers to outcomes such as retention of foster carers and placement stability (Luke & Sebba, 2013a). When it comes to attraction and recruitment, the limited research available focuses on the numbers of people who respond and the proportion which progress through the advertising and recruitment process to actually become carers (Delfabbro, Borgas, Vast, & Osborn, 2008). Longitudinal studies that could explore the longer term trajectories of recruited carers is difficult to find, and difficult to fund.

## Methodology

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In our first search of the literature, we focused on literature reviews already undertaken.

Databases were searched firstly for systematic reviews and literature reviews, on the major questions of this review:

1. What strategies work for attracting, engaging, supporting carers and retaining skilled carers in order to promote quality care for children and young people in family/home based Out-of-Home Care?
2. What evidence is there about the different models of care in terms success in attracting, engaging, supporting and retaining these carers?

The following key words were used in combination:

foster carer OR kinship carer OR relative carer OR resource family Or foster parent

OR

AND

Attract\* OR recruit \* OR support OR retention

AND

Evaluation stud\* OR meta anal\* OR Systematic Review\* or research review OR literature review

We used other search terms such as 'out of home care', 'foster care', and 'kinship care', coupled with 'carer'

'professional', 'payment', 'characteristic', 'demographic', 'assessment', 'recruitment',

'retention', 'training', or 'support' to identify relevant literature.

These search terms were varied according to the search terms used in the databases. The following databases were searched:

- Google scholar, Google;
- Cochrane and Campbell Collaborations;
- PsycInfo;
- MEDLINE via OVID;
- Social Work Abstracts, Sociological Abstracts, Social Sciences Citation; and,
- The Cochrane and Campbell Collaborations.

We hand searched the references in relevant articles and grey literature from the following sites:

- The Australian Institute of Family Studies (AIFS): <http://www.aifs.gov.au/>;

- Child Family Community Australia (CFCA) Information Exchange: <http://www.aifs.gov.au/cfca/index.php>;
- Australian Institute of Health and Welfare (AIHW): <http://www.aihw.gov.au/>;
- Child and Family Welfare Association of Australia: <http://www.cafwaa.org.au/>;
- Australian federal, state, territory and local government websites: <http://australia.gov.au/>;
- Australian Research Alliance for Children and Youth (ARACY): <http://www.aracy.org.au/>;
- Social Care Institute for Excellence: <http://www.scie-socialcareonline.org.uk/searchp.asp>;
- British Association for Adoption and Fostering: [www.baaf.org.uk](http://www.baaf.org.uk);
- California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org>; and,
- Child Welfare Information Gateway, U.S. Department of Health and Human Services.

Over 1000 articles and reports were identified and the following criteria applied:

- Does it relate to attraction, engagement support and retention of home-based carers of children in out-of-home care? AND
- Does it relate to a strategy policy, practice or program? AND
- Does it report findings or results from studies of effectiveness of these strategies policies, practice or programs? AND
- Has it been published since 2005?

The same databases and websites were also searched for studies which had been written more recently than the reviews, or which could assist with answering questions arising from the review studies. We generally limited our search to studies and reviews undertaken since 2005, but occasionally used seminal studies conducted earlier (for example Sinclair et al., 2004). We have relied on reviews and empirical studies addressing the evaluation of recruitment and retention strategies, although descriptive and analytical papers informed the problem analysis, context and discussion.

Strict criteria for inclusion of reviews or studies based on high levels of research rigour, for example, were not applied. There is a widely noted lack of availability of reviews/studies undertaken with strict gold standard review or research designs in these topic areas (Dixon et al., 2013; Munro & Hardy, 2006). Had we included only those meeting high levels of evidence on the evidence hierarchies, we would have identified one or two practices which are clearly effective in one particular social and political context and missed emerging or promising practices.

Our review synthesises key findings, identifying underlying themes, convergences and divergences, across the studies, always tempered by the acknowledgement of methodological limitations found in many of the reviews and studies and our non-exhaustive search.



## Findings

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In this review we separate the findings about attraction and recruitment from support and retention. This is a strategy of convenience. As noted by McGuinness and Arney (2012), retention is recruitment. It is not just a matter of attracting more people to foster care: attracting large numbers of people regardless of suitability is not the goal. People who have the willingness and ability to develop the capacity to provide quality care need to be attracted, recruited, supported and therefore retained. The evidence points to the more satisfied foster carers becoming the most effective recruiters.

### State of the literature

As the prolific UK researcher, Clive Sellick, noted back in 2006, the availability of literature and research on out-of-home care has developed from 'famine' to 'feast' (Sellick, 2006), and many papers have been published in Australia over the past 40 years (Vicary, 2015). Quite appropriately, most research has focused on identifying and measuring needs and outcomes for children and young people, and analysis of larger administrative data sets from the USA has helped with this (Fernandez & Barth, 2010). There have been far fewer research studies on carer outcomes.

The literature available on the topic of recruitment and attraction is limited both in quantity and quality. There is a prevalence of discussion, theoretical and policy papers. Despite the acceptance of the importance of the foster carer to the quality and success of placements, and the increasing use of larger administrative data sets in the USA, there is a lack of research in Australia and overseas which connects the characteristics and attributes of new foster carers to outcomes such as retention of foster carers and placement stability (Luke & Sebba, 2013a).

When it comes to attraction and recruitment, the research available focuses on the numbers of people who respond, barriers to responding, and the proportion which progress through the advertising and recruitment process to actually become carers (Delfabbro et al., 2008). There is a large amount of largely qualitative, but some quantitative, literature on support of foster carers, what foster carers experience and how they feel about foster care, and what supports they need. Longitudinal studies which track or evaluate the longer term results of particular recruitment or support strategies are scarce.

Most reviews identified limitations in the methodologies of the studies reviewed or the amount of empirical research available on the topic of recruitment or retention, which limited the generalisability of any conclusions drawn (Colton et al., 2008; Sebba, 2012). Methodological limitations frequently included: lack of randomisation; lack of control groups; differences in outcomes measured and methods of measurements; and differences in contexts.

There are considerable challenges in the analysis and interpretation of this literature, both international and Australian. These include:

- The blurring of distinctions between different models of foster care;
- The effects of different legislative, cultural and social policy contexts and changes on the home-based fostering role; and,
- The methodological challenges to precision and rigour in research posed by these differences.

The transferability of strategies and learnings to different contexts, for example, care for Aboriginal children in Australia, is a complex consideration in interpreting and utilising the literature (McGuinness & Arney, 2012; Sebba, 2012). Even the well-supported Multi-Dimensional Treatment Foster Care (now known as Treatment Foster Care Oregon), originating in the USA, has demonstrated lower levels of effectiveness when piloted across different sites in the United Kingdom (Biehal et al., 2012), than in studies completed at the sites of origin (Macdonald & Turner, 2008).

## Attraction and recruitment

### Relevant reviews

This section is partially reliant on the following seven literature reviews, which are summarised at Appendix A. Each of these reviews deals with different aspects of attraction and recruitment, and with different levels of concentration on strategies which work successfully to promote attraction and recruitment. Only some of the reviews distinguish between different types of care in their inclusion of studies and the findings of their reviews.

Where needed, original studies reviewed in the following publications have been further investigated to enable analysis of attraction and recruitment for differing models of foster care. More recent research reports and papers have also been utilised for this purpose.

**Table 1. Attraction and retention reviews**

Authors, year and country	Model of care, scope of literature	Type of review
Brown, H.C., Sebba, J. & Luke, N. (2015) UK,	Non-kin lesbian, gay bisexual and transgender foster carers, international review	Narrative review
Colton, M., Roberts, S., & Williams, M. (2008). UK	All- international focus	Narrative review. Addresses varying contexts in which recruitment and retention strategies are attempted.
Luke, N., & Sebba, J. (2013) UK	Non-kin, international review	Narrative review on effectiveness of instruments used internationally for foster carer selection
McDermid, S., Holmes, L., Kirton, D., & Signoretta, P. (2012). UK	Non-kin, UK review	Addresses barriers
McGuinness, K. & Arney, F. (2012) Australia	All, international review	Narrative review-effectiveness of recruitment methods
Richardson, N. Bromfield, L., Higgins, D. (2005) Australia	Aboriginal and Torres Strait Islander foster carers Australia- focused review	Narrative review: Recruitment (and retention and support)-effective strategies
Sebba, J. (2012) UK	Non-kin International review	Narrative research synthesis Motivation to foster-

Colton et al. (2008) looked at recruitment internationally and in doing so canvassed a range of models of foster care: kinship, traditional foster care, which he calls altruistic, and professional foster care. Luke

and Sebba's review had a narrower focus, which was the effectiveness of assessment tools. Their emphasis was not on attraction and recruitment, it was on 'selection' (Luke & Sebba, 2013a), choosing the 'right' foster carers for non-kin care. Colton et al. (2008) point out that there are two elements which need to coincide to produce suitable recruitment of foster carers: capacity and motivation.

### Who needs to be attracted and recruited to promote positive outcomes?

The importance of matching children and young people to suitable carers (McGuinness & Arney, 2012), to maximise placement stability and positive outcomes for children, together with the need for more carers, has led foster care providers and governments to seek to attract a wider range of demographic, cultural and family groups and carers than have previously been involved in foster care. The literature supports the view that it is the quality of the relationship between carer and child that is important, rather than particular family structures or the sexual orientation of parents (Brown, Sebba, & Luke, 2015). Fathers are increasingly recognised as important foster care resources (McGuinness & Arney, 2012; Riggs et al., 2010; Wilson, Fyson, & Newstone, 2007). In addition, the important role and experiences of biological children of carers indicates that the recruitment strategies need to take account of whole family situations (Noble-Carr, Farnham, & Dean, 2014; Targowska, Cavazzi, & Lund, 2016).

The literature on desirable carer characteristics, while mostly not linked with carer retention outcomes and only rarely including the views of foster children, does show considerable consistency. Luke and Sebba (2013a) highlighted Sinclair et al.'s seminal study of 596 foster children and carers in the UK. This found that that carers (largely female respondents), social workers and family placement workers agreed that success in a placement is related to carer involvement, positive parenting, and seeing things from a child's point of view (Sinclair et al., 2005, cited in Luke & Sebba, 2013a, p. 7).

These characteristics are consistent with Luke and Sebba's review findings that like empathy; nurturing qualities and flexibility are transferable across cultures (Luke & Sebba, 2013a). They identified other characteristics in the reviewed assessment scales, which raised questions of cultural transferability.

Similar qualities were found in Berrick et al.'s (2011) research, as reviewed by McGuinness and Arney (2012). Through focus groups with 46 foster carers who had been identified by social workers as quality carers, they found that quality foster carers were 'flexible, teachable, members of a team, loving, interested in strengthening a family and up for a challenge' (McGuinness & Arney, 2012, p. 24). Berrick et al. (2011) identified the following relevant behaviours as indicating quality care: (a) loving and nurturing the healthy development of a child; (b) accepting the child as a full member of the family; (c) advocating for the needs of the child; (d) strengthening the child's connections to his/her birth family; (e) valuing the role of team member; and (f) knowing when to ask for help' (Berrick et al., 2011, p. 277). These behaviours were confirmed by social workers who regarded these foster carers as excellent carers.

There are a few research projects which ask children and young people about what constitutes a good foster carer or foster care placement, and the findings of these are also consistent with the above. The Northwest Alumni study (Pecora et al., 2010), which interviewed 479 alumni of foster care in three American agencies, identified a link between feeling loved and being involved with the foster family and doing well in several outcome domains. Randle (2013) conducted a qualitative study of eleven people who were over 18 and had been in foster care as children. Her interviews with those people indicated that a successful placement was one where they felt wanted by the carers and other people in the same household. Randle's interviews confirmed the importance of stability, a place where they felt secure,

loved and happy. They identified characteristics of good foster carers as: motivations to help and to treat children and young people as full family members; people who enjoyed being around children; show the love; provide care, do extra things that they would do for their own children, to have had previous experience with caring; to be good listeners; and show understanding for what the child has been through. In Australia, a report card from children and young people in out-of-home care by the CREATE Foundation reports results consistent with these and adding the opportunity to 'do' lots of things (McDowell, 2013, p. 35).

Colton et al. (2008) draw a distinction between ability and capacity as a foster carer: that abilities as a foster carer are constantly developing, whereas capacity refers to the 'potential to acquire ability' (Colton et al., 2008, p. 868). Colton et al. conclude that selection procedures and instruments need to identify those who have this potential. However, both Colton et al. (2008) and Blythe et al. (2014) cite Hendrix and Ford's (2003) study, which demonstrated that foster families who intended to continue fostering scored higher on the Family Hardiness Index than those who did not intend to continue or those who did not provide foster care. This study certainly had limitations, but the findings 'fit' with the characteristic noted early of 'being up for a challenge' and with the research, also with limitations, cited in McGuinness and Arney's (2012) review, which indicated that foster carers at assessment who were more willing to foster children with higher levels of complexity were more likely to have children placed with them within 14 months of assessment (Cox & Orme, 2002).

While the research on positive carer characteristics is largely focused on traditional volunteer foster carers, it does yield overall consistent findings, albeit with the strong caveat of the effect of cultural and contextual differences. However, research that distinguishes desirable characteristics of carers for different models of care is scarce, aside from the higher levels of skills and knowledge expected for intensive/specialist/treatment/therapeutic foster carers. Luke and Sebba (2013a) emphasise the need for different sorts of assessments for different sorts of carers, and later in this review, we will explore what evidence is available about some of the different models of care.

## Who is interested?

The evidence on what motivates people to foster provides the foundation for attraction and recruitment strategies. In terms of attraction to fostering, the literature and research reviews of Sebba (2012), Luke and Sebba (2013a), and McGuinness and Arney (2012) concluded that knowing or meeting foster carers, or perhaps having had a relative who was a foster carer, is the most effective means of attraction, as well as education of foster carers.

Sebba (2012) reviewed 32 studies, mostly from the USA (10), with 14 studies from Australia, and others from Canada (6), Norway (1) and Sweden (1). She added findings from the UK by including the literature review on motivation to foster from McDermid et al.'s review (2012) in her analysis. The review was limited to non-kinship foster care, and did not distinguish between different types of non-kinship care. She outlined the general stages in the process from initial thoughts of fostering to becoming a foster carer: initial enquiry; initial screening; assessment; approval; and placement (Sebba, 2012, p. 7).

The main motivators to seek more information about adoption were 'intrinsic' to the foster carer and largely altruistic: a desire to help, the love of children, and wanting to put something back into society (McGuinness & Arney, 2012; Sebba, 2012). Then there were family-related motivations, like extending the size of the family, seeing fostering as a step towards adoption, and providing a sibling for a lone child. Community related motivations included giving something back, and being aware of the needs in the community.

The studies reviewed by Sebba (2012) did not find money a motivating factor, though they noted that it is well established as a factor in retention. Sebba (2012) noted that very few studies have drilled down to the financial circumstances of carers and whether or not this makes a difference to the progression of foster carer application. An exception to this was the Australian study by Randle, Miller, Dolnicar and Ciarrochi (2014), who found that the role of payments in attraction to foster caring varies amongst different income groups. McDermid et al.'s analysis (2012) of 32 UK studies revealed that foster carers had a slightly lower than average household income. While financial reward was not cited as an initial motivator, the evidence suggests that financial rewards can enable families to foster. Both McDermid's and Sebba's reviews of studies noted that money may play a part in whether or not to proceed further in the application process (McDermid et al., 2012; Sebba, 2012).

McGuinness and Arney noted that motivations of kinship carers and traditional foster carers will often be different: kinship carers may be motivated by the particular needs of a specific child whom they know. Kinship carers do not make a decision to be a foster carer, but rather they make a decision to care for a child with whom they have a pre-existing relationship and sense of duty towards (McGuinness & Arney, 2012).

### **Attracting and recruiting suitable people**

The steps in recruitment for non-relative care, which lead to success (placement of child in a family home receiving quality care) are, depending on jurisdiction and context: initial enquiry; initial screening; assessment; approval and pre-service training; and placement of child/ren. For kinship carers the process may be substantially different: approval and training may take place while the child is already in the care of the kinship carer. The reviews highlight the regularly reported drop off between initial enquiry following mass publicity campaigns and becoming a foster carer (McGuinness & Arney, 2012; Sebba, 2012). Delfabbro et al.'s 2008 study showed that 2% of initial inquirers became carers following a recruitment campaign in South Australia (Delfabbro et al., 2008; Sebba, 2012).

### **Promoting initial enquiry – general and targeted publicity campaigns**

The results of the research sourced for these reviews indicate that publicity and media campaigns targeted to the general population are less useful than word of mouth (McGuinness & Arney, 2012; Sebba, 2012). However, non-relative foster carers may spend several years considering foster caring before enquiring, so that ongoing publicity may be needed to keep the possibility of fostering in the minds of those who may be considering it (McGuinness & Arney, 2012). Whilst publicity campaigns may generate awareness of foster caring, they may not be so successful in the translation into foster carers.

Targeted rather than generalised marketing may offer more productive recruitment. Both the Sebba (2012) and McGuinness and Arney (2012) reviews identified the possibilities suggested by the findings of Randle et al. (2012) and the team undertaking research at the University of Wollongong utilising marketing science. In a series of publications they opened up possibilities of groups who may be specifically targeted, identifying that people who have not yet fostered are not a homogenous group (Randle et al., 2012). This large Australian survey identified that a substantial proportion of people were not interested in fostering because they had not been asked or did not know about foster care (Randle et al., 2012). They suggest that campaigns are targeted to particular groups (Randle et al., 2012). Such groups may include specific cultural or geographic groups, which could be reached through undertaking community engagement and through bringing an understanding of geographic and cultural factors influencing them.

Similarly, Ciarrochi et al. (2011), using marketing science techniques to identify the people who may have the potential to be foster carers, highlighted the possibilities of aiming communication at those who had high support from friends, were high in empathy, which could perceive the perspective of the child, and possessed the characteristics of hope and positive problem solving (Ciarrochi et al., 2011).

Randle et al. (2014), in a more recent study using segmentation analysis, identified two particular groups which would warrant targeted communications, and which showed the level of personal and social resources potentially suitable for foster caring. These were 'mums and dads' who were currently busy with their own children, and those who had 'never been asked' (Randle et al., 2014). Randle et al. (2014) suggest the characteristics of the 'never been asked' group give clues as to the communications channels more likely to reach them.

*The 'Never been asked' segment is older, with the average age in their forties, and have higher incomes and tend to be more male than female. Publications that attract readers of this demographic should be targeted not only for direct advertisements but also for 'good news' public relations stories, which are informative and promote the positive impact foster carers have. (Randle et al., 2014, p. 74)*

*The use of more targeted marketing strategies was built into Victoria's Foster Care Communication and Recruitment Strategy project (Verso Consulting Pty Ltd, 2012). The evaluation of this strategy found that there had been an increase in the number and proportion of enquiries which came through the Internet, Facebook, and word of mouth, whereas the proportion generated through such means as magazines, newspapers and television had declined (Verso Consulting Pty Ltd, 2012).*

Given the increase in enquiries shown by same-sex couples and single people (Verso Consulting Pty Ltd, 2012), Brown, Sebba and Luke's (2015) review on recruiting and supporting lesbian, gay, bisexual and transgender (LGBT) people as foster carers is of particular relevance. They note that LGBT people too have a range of experiences and are not a homogenous group. They note that recruitment can be limited by LGBT people considering their sexuality a barrier, and that this can be assisted by agencies' clear policy statements regarding their recruitment and by fully accepting attitudes of agency staff (Brown et al., 2015).

The application of marketing science creates new possibilities for increasing enquiries about home based care. In Australia, these approaches are being adopted together with social networking technologies, based on the accumulated evidence available (Stevenson, Fergus, & Webster, 2011). Publicly available evidence about what sort of targeting approaches work most effectively in terms of outcomes of approved foster carers and their retention is not yet available (McGuinness & Arney, 2012), but may well be forthcoming, given the recommended current public and private investment in this (Verso Consulting Pty Ltd, 2012). Conscious applications of marketing techniques and utilisation of marketing personnel and various social media in a recent NSW recruitment campaign have yielded promising results in terms of initial enquiries, and possibly in terms of applications from potential carers. Due to data limitations, and to impact timeframes (difficult to know if it was a previous campaign or current which yielded some results), it was not possible in the evaluation to identify clear outcomes in terms of numbers of authorised carers, though there were some encouraging indications (ARTD Consultants, 2014).

## Promoting initial enquiry: word of mouth

Overwhelmingly, the reviews cited research evidence that word of mouth, meeting or knowing someone who fostered, or having been fostered or part of a fostering family are the most effective ways of initially attracting people to fostering (McDermid et al., 2012; McGuinness & Arney, 2012; Richardson et al., 2005; Sebba, 2012; Verso Consulting Pty Ltd, 2012). This highlights the importance of including current foster carers in recruitment campaigns and information sessions. Sebba suggests that research indicates the importance of foster carers being employed and properly remunerated as ‘ambassadors’ for foster care (Sebba, 2012, p. 5). Research has shown that many foster carers do find great rewards in their fostering work, particularly when they sense they are contributing to a child’s well-being and development (Blythe et al., 2014; Thomson, McArthur, Layton, & Evans, 2007). Satisfied and supported foster carers who talk with others about their satisfaction are more likely to be effective recruiters.

## Initial enquiry

Sebba’s review (2012) found that one of the barriers to recruitment may be that responses by agencies to initial enquiries may not be prompt or effective. An Australian study showed that, while half of those enquirers did not proceed for personal reasons, a quarter did not proceed because the agency did not follow up their enquiry (Sebba, 2012). Other reasons for not proceeding included that they felt inadequate; had concerns about fostering, in particular unfounded allegations of abuse; and strict assessment and bureaucratic requirements (Delfabbro et al., 2008; Sebba, 2012). Sebba’s review (2012) noted that Casey Family Programs had recruitment success in following up enquirers and offering individual one-on-one sessions to enquirers who did not attend planned information sessions.

Sebba’s review (2012) indicated that people often seem to have incorrect ideas about what fostering entails and that providing accurate information, perhaps in the form of factsheets, may assist with this, together with the participation of foster parents themselves in information sessions. This is in line with Randle et al.’s assertion from the marketing perspective that marketing messages should paint a ‘realistic picture of the complexities associated with foster caring, e.g. the increased likelihood that foster children will display challenging behaviours and/or have serious health problems, while not presenting such a negative picture that individuals who might be very capable of being foster carers are turned off foster caring altogether’ (Randle et al., 2014, p. 74). There is emerging evidence that websites with attractive and useful information and opportunity for timely responses to enquiries may be of assistance (McGuinness & Arney, 2012; Verso Consulting Pty Ltd, 2012), and we await more publicly available research on the effectiveness of responses via websites. The evaluation of the 2012-2014 NSW Fostering recruitment campaign indicated increased enquiries shown via visits and enquiries to the Fostering NSW website and Facebook (ARTD Consultants, 2014).

## Screening and assessment

Luke and Sebba’s (2013a) review of foster carer selection instruments (which excluded kinship carers) noted that there is a lack of research linking characteristics and competencies of new carer applicants to measures of placement success, including carer retention and placement stability. Many of the scales in the 25 studies they reviewed reported tests on existing foster carers and not on new or potential applicants. In addition, these studies did not link the selection instruments to placement outcomes. Luke and Sebba’s review (2013a) cautions that evidence gathering only instruments do not predict outcomes. This may be possible in future research using psychology and marketing perspectives (Randle et al., 2012).

Luke and Sebba (2013a) suggest that any instruments need to be used in a way which can promote foster carers' development and their relationship with the agency, rather than alienating potential foster carers through processes seen as overly bureaucratic. They (Luke & Sebba, 2013a) emphasise the need for different sorts of assessments for different sorts of carers. As an example, Aboriginal and Torres Strait Islander services in Australia have recognised the importance of culturally sensitive and safe assessment tools and processes to the recruitment and retention of Aboriginal and Torres Strait Islander carers (McGuinness & Arney, 2012; Winangay Resources Inc., 2012). At least one study has shown that young people in care would like to have a say in assessing foster carers (Mathiesen, Jarmon, & Clarke, 2001), but we have identified no research which evaluates such a process in terms of recruitment, retention success or placement stability.

Most of the research has been focused on foster carers in the voluntary model, or else the model has not been specified, though this is gradually changing. Thus, the results of reviews and studies discussed apply most closely to attracting and recruiting people to general foster care. However, with the increasing use of other forms of family based care, adoptive, kinship care and therapeutic foster care, there is a trickle of research in these areas.

Under the following headings, we explore what evidence is available about recruitment to other models of home-based care.

### **Attraction and recruitment in adoptive care**

Most of the research in this area comes from the USA and UK where adopting children from out-of-home care is closely associated with permanency policies and legislation. Those who adopt children from out-of-home care are very often drawn from the pool of longer term carers (AIHW, 2015; Kirton et al., 2006; Ward, 2011). Kirton's UK study of 1181 foster carers, which was primarily focused on remuneration for carers, found that carers who were more involved in foster care were more likely to consider adopting, to be less concerned about the financial aspects of adopting (although financial and other support did figure in the decision about whether or not to adopt) and was negatively associated with feeling valued by social workers, perhaps wanting more autonomy (Kirton et al., 2006).

However, there are those who may seek to adopt children without out-of-home care experience, often because of infertility and a wish to start a family (Ward, 2011). Ward (2011) concluded that the 2003 National Adoption Week recruitment campaign in the UK was successful in generating applications and interest, that the information pack sent in response to enquiries was useful, that clear messages need to be given about age and finances, and recommended the use of tailored web pages. Follow-up calls may be useful because they can give the message that the agency is interested in them. Ward (2011) found that 12 months after the 2003 National Adoption Week recruitment campaign in the UK, 18% of enquirers had started the process towards adoption, with the biggest predictor being infertility and being older. Enquirers who were willing to adopt a child with learning difficulties were more than 2.5 times likely to be in the 'started the process' group. In Wallis's (2006) UK study, people who were black, non-professionals or people with disabilities were more likely to report a negative response from the agency to their initial enquiry. Twenty-three percent of initial enquirers decided not to adopt because of the lack of babies, and because of the information given about the characteristics of children (possible disabilities and impacts of trauma).



## Attraction and recruitment in kinship care

As with all family-based carers, it is vital to emphasise that kinship carers are not a homogenous group. Even within one 'group' of kinship carers, for example Aboriginal grandparents, there are different demographic characteristics, needs and circumstances (Brennan et al., 2013; Purcal et al., 2014). Literature on the characteristics and needs of kinship carers have been summarised in the review by McGuinness and Arney (2012). The findings from studies in Australia, Canada and the US, indicate that kinship carers are likely to be older, be grandparents, be from minority ethnic backgrounds, be poorer economically, have lower levels of education and live in crowded conditions compared with traditional generalist carers (McGuinness & Arney, 2012).

Attraction and recruitment in kinship and relative care has different underlying processes from traditional foster care (McGuinness & Arney, 2012). The 'complicated decision' to become carers often has to be made quickly and in relation to a particular child with whom they have a pre-existing relationship. They may agree to kinship care in a context of emergency need and may do so out of family obligations. There is emerging literature on the need for relative carer-specific assessment and approval processes and the negative effects of inappropriate or elongated processes on the wellbeing of children and kin carers and their families (O'Brien, 2014).

The importance of kinship care specific practice frameworks for child protection and foster care workers has been identified (Boetto, 2010). However, there is a gap in the literature about the effects of particular practices surrounding the placement of the child with kin or kith on recruitment and retention of kinship carers. Two examples of practices which could be evaluated include extended family conferencing, identification of possible kinship carers prior to the need for placement, and temporary placement with a stranger foster carer prior to initial kin placement (G. Perry, Daly, & Kotler, 2012).

There is a dearth of literature which evaluates effectiveness of strategies for attraction and recruitment of kinship carers.

## Aboriginal and Torres Strait Islander carers

Potential Aboriginal and Torres Strait Islander carers may have conflicting feelings about caring. The history of the Stolen Generation for Australian Aboriginal kin, may act as both an incentive (wanting to keep children within the family and the culture) and a disincentive (wanting to avoid involvement with statutory services) (McGuinness & Arney, 2012; Richardson et al., 2005). Aboriginal families may wish to avoid children being placed outside their family and culture and involved with statutory services (Elarde & Tilbury, 2007). The involvement of extended family in as early as possible when it seems children may need care has been noted as a possible way of supporting children in their community whilst providing safety (Martin, 2015).

In Australia, there is evidence that potential Aboriginal and Torres Strait Islander kinship and foster carers find mainstreamed assessment and approval processes alienating (Libesman, 2011; McGuinness & Arney, 2012). Winangay Resources Inc. have developed resources for the assessment of Aboriginal and Torres Strait Islander carers, many of whom would be kinship carers, and there is further evaluation of these pending (The Australian Senate Community Affairs Reference Committee, 2014; Winangay Resources Inc., 2012).

There is a dearth of literature evaluating effectiveness of strategies for attraction and recruitment of kinship carers. In Australia, the literature supports low-key localised, Aboriginal and Torres Strait Islander community-led efforts to recruit Aboriginal and Torres Strait Islander foster and kin carers

(Libesman, 2011; McGuinness & Arney, 2012). Word of mouth as an effective recruitment strategy is supported by the experience of Yorganop Association Incorporated, which has a 'promising practice' in the recruitment of Aboriginal and Torres Strait Islander foster carers (J. Higgins & Butler, 2007). They informed researchers in 2007 that they have not had to advertise, because current carers refer new carers or carers refer themselves as a result of hearing from others about foster caring with Yorganop, which concentrates on creating a community of Yorganop carers who feel valued (J. Higgins & Butler, 2007).

Providing sufficient resources to Aboriginal and Torres Strait Islander controlled organisations to develop community-based recruitment attraction and recruitment approaches is indicated (Verso Consulting Pty Ltd, 2012).

### **Attraction and recruitment in therapeutic foster care**

Partially due to the blurring of boundaries between therapeutic and professional foster models of care, it is difficult to identify clear distinguishing strategies between these two models, both in terms of recruitment and retention. There is limited literature on recruitment effectiveness specifically for foster carers in therapeutic programs, distinct from professional foster carers. However, what little evidence there is indicates that recruitment is challenging. The evaluation of Victoria's Circle Program, a therapeutic foster care program which provides enhanced foster carer allowances, found that in some regions where the program operates, recruiting therapeutic foster carers was difficult (Frederico et al., 2012). Similar findings emerged in the NSW Intensive Foster Care Program Survey (McHugh, 2015). In the one region of the Victorian Circle Program, which had a waiting list of approved carers, word of mouth was considered by the agency to be a major factor in that success (Frederico et al., 2012).

### **Attraction and recruitment in professional care**

Using Ancil Allen's (ACIL Allen Consulting, 2013) definition of a fully professional model of care, salary and conditions of employment, including holidays, are fundamental. Recruitment is targeted to people with particular qualifications and skills, according to the needs of the children and the requirements of the particular professional model of care being utilised.

There is little research reporting results of recruitment strategies for professional home-based care. In the UK, some Independent Fostering Agencies (non-government organisations) reported that, given enhanced foster care 'salaries' and enhanced packages of support, people in the helping professions, such as teachers, social workers and nurses, transferred to being foster carers (Sellick, 2007, p. 30; Sellick & Connolly, 2002), indicating that recruitment could be targeted towards that group.

In Australia, Habel, Clark and Sebel (2013) reported an exploratory survey to gauge the interest of people with professional qualifications in becoming professional carers. They surveyed university students studying for the caring professions. While the results were equivocal, and the respondents were students and not qualified professionals, they concluded that a similar survey targeting human service professionals would be worth undertaking to further extend knowledge in where attraction and recruitment strategies can best be targeted for professional carers.

## Key messages from research on attraction and recruitment

1. Maintaining an adequate supply of foster carers seems challenging for all models of family-based care, although there is not sufficient evidence about fully professional models to know if that is the case with professional care.
2. Knowing someone who has cared for a child for whom this has seemed a positive experience - 'word of mouth' - is the most effective strategy for initially attracting potential carers. Satisfied carers and caring families can be part of word of mouth communications which interest others in caring.
3. Involving current carers, possibly with suitable remuneration, as people who can be ambassadors for caring and providers of accurate information, offers possible (not empirically tested) ways of operationalising the word of mouth strategy.
4. Potential carers are not a homogenous group and recruitment strategies, publicity, information packages and responses to enquiries need to be examined for inclusiveness and clarity.
5. Targeted recruitment campaigns, using marketing science informed methods, reaching populations which may not have been reached before and recent technologies provide an increased yield of enquiries and are showing promise. They are not yet fully evaluated for longer term outcomes of successful recruitment and retention.
6. Research suggests that by forming links with particular communities (perhaps particular cultural or ethnic groups) and drawing on knowledge of those communities, recruitment from those groups may be enhanced. Robust evaluation of this has not been identified.
7. Converting enquiries about family-based care to applications to foster requires individualised responsiveness to individual enquiries.
8. There needs to be provision of clear, realistic information on requirements, supports and benefits, together with taking an individualised, developmental and culturally appropriate approach to assessment and approval.
9. Assessment processes need to be sensitive to the individuals and families, including children, enquiring and applying. Normative positions which may act as deterrents to potential carers need to be avoided. Particular examples where this could apply are lesbian, gay, bisexual and transgender people, people from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander Peoples.
10. In Australia, the recruitment for Aboriginal and Torres Strait Islander kin and other carers is acutely needed, and the most promising way forward may be through Aboriginal and Torres Strait Islander Controlled Organisations. The Winangay Carer Assessment Tool is an example of a culturally sensitive assessment tool developed through an Aboriginal and Torres Strait Islander led-process with ongoing evaluation.
11. Professional workers in kinship care need specialised skills to respectfully recruit kinship carers, where possible through early family conferencing.

12. Personal, social, material resources or disadvantage may impact upon potential carers' willingness or capacity to care, and these resource issues stand in the way of recruitment.
13. Evaluation of recruitment approaches, with particular models of care and carer groups, in terms of the longer term outcomes of placements and of carer satisfaction and retention is important for the development of knowledge about what is effective in recruitment.

## Support and retention

We preface this section on findings about support and retention by repeating the clear message from the literature so far:

- Placement stability maximises quality outcomes for children in out-of-home care (Pecora et al., 2010);
- Carer stability ('retention') is key to placement stability (Colton et al., 2008);
- Retention IS recruitment (McGuinness & Arney, 2012; Sebba, 2012). Word of mouth has been shown to be a most effective recruitment strategy (McGuinness & Arney, 2012; SuccessWorks, 2007) and such word of mouth will not occur if foster carers are not satisfied.

## Relevant reviews

The following 14 literature reviews (for more details see Appendix A) were accessed and drawn upon to provide answers to the question about what works in support and retention. Several studies were reviewed in more than one review. Half the reviews were narrative reviews (7), drawing on both qualitative and quantitative studies. The systematic reviews (7) were mostly focused on training effectiveness. The studies reviewed in these generally had a mix of outcomes, mostly child-focused, but with some carer outcomes. We also drew on reviews from the earlier section on attraction and recruitment, as there was some overlap of content. More recent research, or that which provided more detail than found in the reviews, was also drawn upon.

**Table 2. Support and retention reviews**

Authors, year and country	Model of care, scope of literature	Type of review
<b>Blythe, S. L., Wilkes, L., &amp; Halcomb, E. J. (2014).</b>	All models of foster care Addresses needs of carers	Narrative review
<b>Australia</b>		
<b>Carnochan, S., Moore, M., &amp; Austin, M. J. (2013). Achieving Placement Stability.</b>	Includes professional care, treatment, and kin. Placement stability through support and training of foster carers	Narrative Review
<b>USA</b>		
<b>Everson-Hock, E. S., Jones, R., Guillaume, L., Clapton, J., Goyder, E., Chilcott, J., Swann, C. (2012).</b>	Treatment foster care excluded Effectiveness of training and support for carers	Systematic review of 6 studies

<b>UK and USA</b>		
<b>Festinger, T., &amp; Baker, A. J. L. (2013).</b>	Kinship, traditional, adoptive, professional not specifically mentioned	Narrative review of evaluations of foster parent trainings
<b>USA</b>		
<b>Kinsey, D., &amp; Schlösser, A. (2012).</b>	Kinship, traditional, professional not specifically mentioned. Studies of foster carer interventions	Systematic review
<b>UK and USA studies</b>		
<b>Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., &amp; Vostanis, P. (2012).</b>	All types successful interventions for foster families	Systematic review
<b>Turner, W., Macdonald, G., &amp; Dennis, J. A. (2007).</b>	CBT interventions	Systematic review
<b>Rork, K. E., &amp; McNeil, C. B. (2011).</b>	Excluded kinship and treatment carers Training programs for foster parents	Systematic review
<b>Dorsey, S., Farmer, E. M. Z., Barth, R. P., Greene, K. M., Reid, J., &amp; Landsverk, J. (2008).</b>	Focused on non-relative foster carers - both traditional and treatment	Systematic review
<b>Luke, N., &amp; Sebba, J. (2013). Supporting each other. UK, international literature</b>	Excluded kinship carers - effectiveness of peer contact between foster carers.	Narrative literature review
<b>Brown, H. C., Sebba, J., &amp; Luke, N. (2015). UK, international literature</b>	The recruitment, assessment, support and supervision of lesbian, gay, bisexual and transgender foster carers	Narrative review
<b>Lin, C.-H. (2014).</b>	Evaluating services for kinship carers	Systematic review
<b>Hek, R., &amp; Aiers, A. (2010).</b>	Unspecified models of care Strategies for promoting best outcomes for children and carers	Narrative literature of 120 articles (not only empirical)
<b>Coakley, J. F., &amp; Berrick, J. D. (2008).</b>	Adoptions from care Preventing disruption of adoptions from care	Narrative research review

### What support do carers need? The experiences of carers

Carers are not a homogenous group and their support needs will vary (Blythe et al., 2014). People in different circumstances with different demographic, cultural and other characteristics, and people working in different models of care are likely to have differing support needs. It has been well documented that kinship carers are often much less well supported than non-relative foster carers (Coleman & Wu, 2016; McGuinness & Arney, 2012). Richardson et al. (2005) suggest that mainstream fostering training may be experienced as unsupportive to Aboriginal and Torres Strait Islander foster carers and that this needs further documentation (Richardson et al., 2005).

With that caveat, it is notable that Blythe et al. (2014) reported findings consistent with studies undertaken over many years: what carers need is multifaceted. This multifaceted support needs to respond to the interaction of individual factors, including informal supports available, and factors related to fostering. It must be noted that carers do report immense satisfaction and joys in caring for

children, in addition to the strains and stressful events experienced (Schofield, Beek, Ward, & Biggart, 2013; Sinclair et al., 2004; Wilson, Sinclair, & Gibbs, 2000).

The stresses and strains of fostering contribute to the complexity and individual nature of support needs: every carer, family and child is different (Schofield et al., 2013). The stresses and strains of providing foster care have been documented over the past twenty years through numbers of research projects and include: coping with the special needs of children; lack of specialist support for children's complex needs; experienced lack of support and respect from professional foster care staff; role ambiguity (volunteer or professional, parent or worker, part of the care team around the child or not); trauma associated with planned or unplanned loss of a child; allegations of abuse and lack of support or information to deal with these; vicarious trauma due to the frontline caring for a traumatised child; lack of opportunity to participate in decisions about children's future; effects on the carers' own children and the caring family; relationships with parents of the children in care; and being required to undertake care types which the carer did not anticipated they would need to undertake, for example, when short term care becomes long-term; and lack of adequate financial support (Blythe et al., 2014; Gurney, 2001; Manley et al., 2014; Roche & Noble-Carr, 2016; Schofield et al., 2013; Sinclair et al., 2004; Thompson et al., 2016; Thomson & McArthur, 2009, 2010; Wilson et al., 2000).

The seminal UK study by Sinclair et al. (2004) about what factors lead carers to stay and what lead them to leave, drew some conclusions which are consistent with more recent reviews, studies and jurisdictional enquiries (Blythe et al., 2014; Cummins et al., 2012; Gurney, 2001; Murray, Tarren-Sweeney, & France, 2011; Thomson & McArthur, 2010). These link the concepts of the strains of fostering with levels of satisfaction with fostering. In summary, Sinclair et al. (2004) suggest that the:

- Levels of satisfaction with fostering reflect the strains arising from fostering and the support both informal and formal that is available;
- These levels of satisfaction, family circumstances and the extent to which a carer received a 'professional package' involving training, support from other carers and enhanced finance all have an influence on whether a carer thinks of leaving; and,
- Whether a carer leaves partly depends on their views of fostering (their satisfaction with fostering), partly on the circumstances of fostering, and in particular, on whether or not a placement breaks down and there is not another child in care at the time. Commitment to a child and the loss of that child may be the critical point at which a carer decides to leave (paraphrased from Sinclair et al., 2004).

More recently, Murray et al.'s study (2011), included in the review by Blythe et al. (2014) summarised three categories of perceived unmet needs of foster carers identified in the literature:

- Specific services or forms of support that are either unavailable, difficult to access or in short supply, for example, support from social workers or foster care workers, other professionals and peers; easy access to crisis support respite care; adequate financial assistance; the availability of specialist services and practical assistance to access these services;
- Acknowledgement and respect, recognising the important role of foster carers. For example, being informed about children's situations, having their opinions valued and being involved in decision making;

- 'Preventative practices', which relates to policy, practices and support for children that affect improvement in children's well-being and felt security, and thus reduce foster carers' need for support. (Murray et al., 2011, p. 51)

### How do we understand success in retention?

There is no clear agreement in the literature about what retention means - how long are we aiming to retain carers for children? How can we assess the ideal length of retention for particular models of care? Munro and Hardy (2006) provide a reminder that sadly some placements remain stable long after they are beneficial for the child/ren involved, so that stability, like foster carer retention, is generally desirable, but individual circumstances and needs change. Given the benefits for young people of relationships with foster care families well after formal transition from care (Pecora et al., 2010), carer relationships may in fact continue long after they are formally ceased.

Retention is held in high regard, based on:

- The need to maintain a pool of suitable carers so that children's needs can be properly matched with carers' situations and capacities, and so that carers are not overburdened by too many children, thus leading to less than optimal outcomes for both children and carers;
- The vital importance of placement stability in achieving positive outcomes for children;
- The assumption that the longer we retain a carer the more experience of caring they have and the more likelihood they can provide high quality care; and,
- The costs associated with recruitment drives and processes, including training and supporting new and continuing carers.

Retention success may indeed be different for different types of caring models. Retention for kinship carers is not the same as for generalist foster carers. Instead, for kinship carers, it means that the carers retain the care of the child until they are able to live independently or safely with their biological parents, rather than the carer being necessarily retained in the care system (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005; McGuinness & Arney, 2012). For long term care and permanent care, the retention is also until and after the young person reaches adulthood (Schofield, 2002).

The reviews highlight that different measures of success are used in the evaluations of family foster care interventions, and these do not always include the measures of placement stability and carer retention (Festinger & Baker, 2013). Although the wellbeing of foster carers has been linked to the wellbeing and positive outcomes for children (Blythe et al., 2014), foster carer wellbeing is only rarely included in the outcomes measured in studies (Turner, Macdonald, & Dennis, 2007). Sinclair et al.'s (2004) research provides evidence for the important proposition that foster carer satisfaction is affected by several aspects of foster care and that foster carer satisfaction is related to retention, so that foster parent satisfaction is a key indicator of likely retention outcomes.

### Important principles of support

Back in 2004, Sinclair et al.'s (2004) large English study concluded that support needs to encompass several dimensions, and subsequent research supports this. Sinclair et al. concluded that three important principles need to be followed to support carers:

- The type of fostering carers are asked to undertake needs to fit with carers' situations and preferences;
- Carers need a combination of other support, including financial, and to be treated as part of the team;
- Carers need a supportive response to critical events (for example, allegations of abuse, placement breakdown) and early intervention, which might prevent these critical events (Sinclair et al., 2004, pp. 166-167).

We turn now to examine evidence available on individual elements of support to carers, and how that relates to retention, and follow this up with outlining evidence available about support to carers in particular models of home-based care.

### Evidence on training of carers

Much of the research on carer training aims to assess the effect of training programs upon the behaviour of children, primarily, rather than on carer satisfaction or retention. We know that constantly managing the difficult behaviour of children with complex needs forms part of the strain of caring (Blythe et al., 2014). The assumption is that training will assist foster carers to care for children with challenging and complex behaviours, and hence will promote placement stability and wellbeing for children and reduce carer attrition (Festinger & Baker, 2013; Leve et al., 2012; Turner et al., 2007).

Hek and Aiers (2010) concluded in their narrative review, that carers welcome training, even if the long term 'hard' evidence of effectiveness is not available. They reflect Cairns' (2002) view that theories and knowledge (e.g. trauma, neuroscience, child development, attachment) help carers understand the children they are caring for and therefore enable them to care for them better. Two reviews suggested that with the new pedagogies available it is important to operationalise adult learning principles in foster carer training (problem based, interactive) (Dorsey et al., 2008) and that obtaining views from foster parents themselves about what they need may increase retention in the training programs and also increase the skills and knowledge and skills of participants (Rork & McNeil, 2011).

The reviews of studies of training programs, most of which were systematic reviews, reported limitations in the methodologies of studies, which in turn limited generalisable conclusions. In summary, standalone training was generally not supported by the evidence in terms of child outcomes or placement stability (Everson-Hock et al., 2012; Kinsey & Schlösser, 2012). Multi-session programs of longer durations (10-16 weeks) had more beneficial effects than single sessions (Everson-Hock et al., 2012; Festinger & Baker, 2013). However, generally, follow-up periods were short in the studies reviewed and so findings are limited by this.

Festinger and Baker (2013) undertook a comprehensive review of training for kinship, foster carers and included adoptive care in their analysis. They looked at pre-service training, and training whilst in service. They found inconclusive evidence for the pre-training sessions (mostly MAPP and PRIDE, widely used in USA), but concluded that this may be because more rigorous evaluations are needed. A review of 29 USA studies (Dorsey et al., 2008) came to similar conclusions regarding the effectiveness of MAPP and PRIDE. Turner et al. (2007) undertook a meta-analysis of six (the six which provided the quality methodology and data needed for the Cochrane Review) trials of Cognitive Behavioural Therapy based foster carer training, involving 463 foster carers, and found little evidence for the efficacy of these programs on child outcomes, or on the skills and psychological wellbeing of foster carers. Kinsey and



Schlösser (2012), based on the evidence they reviewed, suggested that individualised training may be needed, based on carers' attachment styles.

The exception to this poor report card for training programs seems to be KEEP, (now standing for Keeping Foster and Kin Parents Trained and Supported) (Kinsey & Schlösser, 2012; Leve et al., 2012). A 16 week training program, it is derived from Multidimensional Treatment Foster Care (now called Treatment Foster Care Oregon) and so includes some elements other than group training. For example, there is a weekly call from a facilitator to troubleshoot any problems the carer is experiencing. Middle School Success, a derivative of KEEP, was also effective for young people leaving middle school in the USA. The California Evidence-based Clearinghouse for Child Welfare rates KEEP as having a scientific research rating of 3: promising research evidence (California Evidence-Based Clearinghouse for Child Welfare, 2013). More details on this program, and the evidence for its effectiveness, can be found at:

[http://www.cebc4cw.org/search/results/?keyword=Keep&q\\_search=Go&realm=simple](http://www.cebc4cw.org/search/results/?keyword=Keep&q_search=Go&realm=simple).

Dorsey et al. (2008) observed that the programs which showed the greatest promise were those which gave the opportunity for foster carers to practise new learning in their own homes with their child in care, and to receive feedback on this. Such programs include, for example, Incredible Years, ABC, Parent Child Interaction Therapy and MTFC adaptations such as KEEP. They cited a meta-analysis from the National Centre for Injury Prevention and Control (2004) which found that practise with the child was the element most closely linked with positive outcomes for carer and child. These opportunities are not present in pre-service training. Dorsey et al. (2008) also suggested the possibility that where evidence based parenting programs are used with foster parents; they could be properly evaluated as to their effectiveness with that group.

On the basis of their narrative review of 120 studies on foster carer support, Hek and Aiers (2010) concluded that there is a clear link shown between adequate training and satisfaction of foster carers, even if longer term outcomes such as retention are not clearly demonstrated (Hek & Aiers, 2010). They found that the enhancing carers' understanding of theories related to children who have suffered and the skills need to assist them, helps prevent placement breakdown. This conclusion is not quite as blanket as Dorsey et al.'s, that in general 'some training is better than no training' (2008, p. 1414), but reflects the findings across a number of the reviews that foster carer satisfaction with training tended to be positive when they are asked. Hek and Aiers (2010) also refer to the offerings of gaining formal qualifications in care, such as the NVQB certificate and other qualifications in the UK, such as BTEC, but we identified no reviews or studies that provide effects on retention of the move towards qualifications.

Rork and McNeill (2011) found it hard to draw any conclusions due to methodological issues (e.g. varying outcomes measured) from their review of 17 studies evaluating foster parent training. They cautioned that training programs occur within a policy and supervisory context, which means that there are factors affecting results other than the training programs themselves. Longitudinal studies of training programs that measure retention outcomes are needed (Dorsey et al., 2008; Rork & McNeil, 2011)

### **Support from foster care workers/social workers**

There is plenty of research to indicate that individualised attention and respect from foster care workers, social workers, or caseworkers (depending on what the foster care and child protection workers are called in the particular context) make a difference to the overall support package referred to by Sinclair et al. (2004). Several literature reviews and studies over many, many years have referred

to this (Blythe et al., 2014; Hek & Aiers, 2010). Blythe et al. (2014) summarise the research available on this when they say that positive relationships with foster care workers and child protection workers are:

*'...characterised as having effective communication which enables information sharing, conveys mutual respect and encourages foster carer input into decision making.... When good relationships are experienced, foster carers feel valued, involved and encouraged to continue providing foster care.'* (Blythe et al., 2014, p. 28)

In one of the few studies asking the views of foster children, Mathiesen, Jarmon and Clarke (2001) in the USA, found that fostered teenagers identified this support and respect to foster carers as critical to retention, therefore to recruitment of foster carers and to placement stability (cited in McGuinness & Arney, 2012).

Including all members of the fostering family in support arrangements is now recognised as of vital importance (Colton et al., 2008; Roche & Noble-Carr, 2016; Serbinski & Shlonsky, 2014; Targowska et al., 2016). Kirton refers to fostering as a 'family enterprise' (Kirton, 2011, p. 661). The impacts on biological children of the fostering experience, including the potential attachment and loss issues, can be profound and can have an effect on both retention and placement success (Thompson et al., 2016; Thomson & McArthur, 2009; Thomson et al., 2007). Research into the effectiveness of interventions designed to support the children of carers or the caring family is lacking (Hojer, Sebba, & Luke, 2013).

Early intervention to prevent critical events is desirable (Sinclair et al., 2004), and support when critical events do occur is a key intervention. The loss and grief associated with a child leaving a placement, whether planned or unplanned, is a critical point at which a carer can be lost to caring (Sinclair et al., 2004). Other critical moments include when there are allegations of abuse (Sinclair et al., 2004; Thomson & McArthur, 2010; Wilson et al., 2000), very difficult behavioural issues of children (Thomson et al., 2007), or complexities in relationships with birth families (O'Neill, 2000). This information points to the conclusion that responsive and skilled social casework at these critical times may make a difference to the well-being of caring families and to retention (Sinclair et al., 2004). We have identified no studies that test this kind of individualized, intentional intervention in relation to retention outcomes.

It is well recognised that when foster care workers and child protection social workers are over-worked with high caseloads and high staff turnover, it is very difficult for them to provide these individualised respectful relationships, which are so necessary for support for, and retention of, caring families (Thomson & McArthur, 2009). Without sufficient resourcing and supervision, these workers may well be experiencing workplace stress, including vicarious trauma (Cunningham, 2004; Janoski, 2010). In this area, as was noted in the training literature (Rork & McNeil, 2011), all parts of the system of care affect how well the carers are supported.

### **Support from other foster carers**

Available research strongly supports the value of support from other carers, although rigorous research is limited. A literature review by Luke and Sebba (2013b) examined 33 studies, which evaluated strategies involving support from other carers. Of these, only four studies examined links between peer support and retention. Two studies reported a link between participation in peer support (one buddy system and one group) leading to the foster carer feeling supported and being more likely to continue fostering. Carers' reflections in another study suggested that participation in peer support arrangements, including respite, had meant they could continue.

Most studies examined levels of perceived support. Nineteen of the 33 studies looked at support through local groups or formalised support schemes. Thirteen included individual contact formal or informal; and 12 looked at participation in training. Programs more focused on carer-to-carer support seemed to be experienced as more supportive than those with a training agenda.

Mockingbird Family Model (North West Institute for Children and Families, 2007), an innovative community based support program in the USA, explicitly aims to increase retention through increased peer support and respite care to foster carers. The program showed positive outcomes in terms of experienced support by foster carers in comparison with a control group not participating in the Mockingbird Family Model. This program involves 'satellite' family foster carers living in proximity to a 'hub' home carer who can offer respite and support to foster carers. It has recently been adopted on a pilot basis in the UK by the Fostering Network and will be evaluated by Loughborough University (<https://www.thefosteringnetwork.org.uk/policy-practice/projects-and-programmes/mockingbird-family-model>). The network of support offered by Casey Family Programs (Pecora et al., 2010) also has lower turnover of carers than two comparable foster care providers. These are community-building activities, which require resources and purposeful activity by the agency involved.

Two studies reviewed by Luke and Sebba (2013b) explored online forums as a source of support. They reported a low uptake of these forums and Luke and Sebba suggest that this may indicate a need for more training in participating in such forums.

In one study (Cole and Eamon, 2007, cited in Luka & Sebba, 2013b), carers related carer support to positive mental health. In contrast, Sinclair et al.'s (2004) study found that families and social workers were more important to carers' mental health. Murray's NZ study (2011) cautioned that peer support may not always be positive; there can be a trend to negativity, depending on how the peer support is designed.

Luke and Sebba's review (2013b) identified the elements of peer support valued by carers:

- Learning from each other if training was organised in such a way that this could happen;
- Mentoring schemes: mentors and mentees of mentoring schemes experienced benefits;
- Shared understanding: particularly when support groups were led by foster carers;
- Concrete support, for example, respite, as in the Mockingbird Family Model; and,
- Countering the isolation that can be experienced as a foster carer.

## Financial support

It is clear from the research available that adequate financial support is important in retaining foster carers (Colton et al., 2008; McDermid et al., 2012; Sinclair et al., 2004). This appears to be 'across the board' of the different models of foster care. There is some evidence emerging from the UK that higher rates of remuneration may be linked with carers continuing for longer (McDermid et al., 2012).

The complexity of remuneration for carers has been alluded to earlier in the section on models of care. Just how these payments should be arranged and their relationship to work entitlements and taxation arrangements is the subject of continuing research and discussion across the international family foster care literatures and jurisdictions (ACIL Allen Consulting, 2013; Colton et al., 2008; McHugh & Pell, 2013; Sinclair et al., 2004). Moving to a professional care service is seen as one solution to the problem of recruiting and retaining enough carers (ACIL Allen Consulting, 2013; McHugh & Pell, 2013).

As the needs of children who come into care are recognised as increasingly complex, the gap between traditional foster care and professional care is becoming more a continuum of professionalisation than a difference in category. Carers caring for children in specialist placements receive higher subsidies than those not recognised as specialist placements (McHugh & Pell, 2013). They require more specialist training and in the United Kingdom, the payments are systematically linked to the level of training and the type of care they provide, though the actual arrangements can vary between different authorities and non-government organisations (see, for example <http://www.kentfostering.co.uk/after-you-have-fostered/training>, <https://www.oxfordshire.gov.uk/cms/content/allowances-and-additional-fees-foster-carers>).

We know from the Sinclair (2004) study that ‘adequate’ financial support was a significant part of the support package needed for carers to be likely to continue. Financial strain, including late reimbursement for expenses, in the context of the contemporary needs of the dual income family or the single earner can be part of the strain that causes carers to leave (Thomson et al., 2007).

Given the importance of this dimension of support, decisions about taking on care under permanent care orders or long-term guardianship or adoption from care may be affected by financial supports available.

## Respite

The supportive role of respite for carers of all types and age groups is well recognised. Its important place in the support and retention of carers of children in out-of-home care is well supported by evidence (Hek & Aiers, 2010; Madden et al., 2016; Sinclair et al., 2004). The Mockingbird Family Model (North West Institute for Children and Families, 2007), which is focused on community-based, peer-to-peer support, includes integrated respite care offered from the hub home, which offer some predictability for carers and children. The network has similarities to the ‘network of caregivers’ reported by Casey Family Programs in the Northwest Foster Care Alumni study (Pecora et al., 2010). There are indications in the literature that regular respite may be the most supportive form of respite, due to the predictability and consistent relationships involved (Borenstein & McNamara, 2015).

A recent single study (Madden et al., 2016) examined the use and effect of informal and formal respite services for foster, kin and adoptive (from care) families (N=197), using measures of self-report. Regardless of type of respite service, 92.5% of responding carers reported that respite had made a positive difference to their lives. A mix of formal and informal respite services was rated most positively as increasing family stability. In this individual study, formal respite care was reported to lead to more reduced stress levels than informal respite only, perhaps because of the reciprocal obligations involved in the informal arrangements.

Ironically, the importance of respite care highlights the need for recruitment and retention of respite carers. Some foster and adoptive parents feel they needed specially trained foster carers to provide respite for children with special needs (Madden et al., 2016). The strong link between retention and recruitment is again confirmed.

## Matching

Matching carers’ needs and intentions, and the needs of children, has been found to be important to carer satisfaction (Munro & Hardy, 2006). Insufficient placement options can lead to carers accepting children who they do not feel fit with their families’ capacities and individual situations (Munro & Hardy, 2006; Sinclair et al., 2004).

Munro and Hardy (2006) note that matching can involve many dimensions of both the caring family and the child, and these can include: the ages of children in the caring family; the health and educational needs of the child; the geographic location; linguistic and cultural belonging; and the type of placement it is anticipated to be (emergency, respite, short, long term).

Marcellus (2010), reviewed in McGuinness and Arney (2012), utilising a small sample and grounded theory, developed a resiliency-based model for assisting social workers and those involved in recruiting and educating potential foster carers to identify the strengths and skills they bring to fostering, so that more appropriate matching with infants with prenatal substance exposure can occur. We have not identified any documented testing of this framework in practice, or other frameworks in terms of retention outcomes, but it would appear that these are important.

Like respite care as part of the support package, the important dimension of matching suggests a link to recruitment: the possibility of targeting recruitment for particular care types (respite, long term, infant emergency, etc.). Again, we have not identified studies that systematically examine this.

### Programs that cover several dimensions of support

Unsurprisingly, support strategies that are planned to encompass several dimensions which roughly correspond to those in Sinclair et al.'s package of support (Sinclair et al., 2004), and to Murray et al.'s classification of commonly described unmet needs (Murray et al., 2011), demonstrate greater indications of success than strategies which focus on one support dimension.

Kinsey and Schlosser (2012) focused on 'interventions in foster and kinship care' in their review of 20 UK and USA studies. They found that Early Intervention foster care for younger children, based on Multi-Dimensional Treatment Foster Care and studied by Fisher et al., (2005 cited in Kinsey & Schlosser) had fewer failed placements. It involves pre-placement and post-placement training for foster carers, in addition to 24-hour support and daily visits.

The program in foster care which has the most robust scientific support for positive outcomes for children and young people is Multidimensional Treatment Foster Care (MTFC), which is now called treatment foster care Oregon - adolescence (TFCO-A) (Dorsey et al., 2008; Leve et al., 2012). The UK trials of MTFC have not as yet reported the same successes (Biehal et al., 2012). It includes a number of elements, including, for foster carers, daily contact with social workers over 6-9 months and access to expert medical and other support when needed. It may involve professional carers, and certainly does involve specialised foster carers. The difficulty with a number of these interventions is that, while support experienced by foster carers is measured and is experienced as high, retention statistics and longitudinal studies of retention are not included. Below we cover retention in therapeutic foster care, which adds to this evidence.

The Mockingbird Family Program (North West Institute for Children and Families, 2007) is another example of a program focused on child wellbeing outcomes, and providing support to foster carers along multiple dimensions, but which do not have the randomised controlled trials to meet the strict requirements of evidence of the California Evidence Based Clearinghouse for Child Welfare (CEBC4cw).

A recent study evaluated a small program with several dimensions: a home visiting model for foster carers, plus group sessions on a monthly basis for foster parents with children aged 6-18 with externalising problem behaviours (van Holen, Vanderfaeillie, & Omer, 2016). The program included building a support network for the foster carers. Though the results are preliminary, the pre-program and post program measures showed effect sizes of small to medium for reducing parenting stress.

We move now to what is known about support and retention in different models of care: adoptive, kinship, therapeutic and professional.

### Retention in adoptive care

Available research indicates that pre- and post-adoptive services are vital for adoption success (and hence retention of adoptive parents with the adopted child) (AIHW, 2015; Coakley & Berrick, 2008). In Australia, we do not know the extent of dissolution of adoptions from care or other adoptions, as once adoptions are finalised, there is no way of identifying an adopted child in any administrative data sources (AIHW, 2015). This makes any research on service or availability difficult.

In the USA, where foster care is seen as a temporary process until adoption can be arranged if reunification does not occur, disruption (breakdown of potential adoption prior to finalisation) is distinguished from dissolution (breakdown of adoption after finalisation), but sometimes termed post-finalisation disruption. Coakley and Berrick (2008) note that the range of disruption rates found in the literature since the 1990s has shown disruption rates ranging from 6% to 11%, but Hartinger-Saunders et al. (2015), in a more recent article, suggest between 10% and 25%. In the USA, as is the case here, post-adoption finalisation rates (dissolution rates) are difficult to quantify, but one range suggested is between 1% and 10% (Hartinger-Saunders et al., 2015). The research on factors affecting adoption disruption has been methodologically varied and yielded varying and sometimes conflicting results. A consistent finding from the USA research is that that foster parent and relative adoptions are more stable than stranger adoptions of children from care (Coakley & Berrick, 2008). However, Selwyn et al.'s UK study findings did not support this (Selwyn, Wijedasa, & Meakings, 2014).

Based on their research review, Coakley and Berrick (2008) recommend that caseworkers need to be resourced to carefully assess children and families; that concurrent planning, with all its complexities needs to be pursued; and that adoption research would benefit from agreed terminology regarding criteria for disruption (Coakley & Berrick, 2008). Adoptive parents, like other carers, need information about their children in order to understand them and know what may lie ahead (Selwyn et al., 2014). In a large study on post-adoption lives of children and parents in the UK, 35 parents whose adoptions of children in care had disrupted were interviewed in-depth. A summary of the services they would experience as supportive was consistent with the needs expressed of other carers, who care for children from out-of-home care:

*'Adoptive parents wanted a service that respected their views, acknowledged that adopted children were likely to need support at some point in their lives, and a service delivered by specialists who understood the complex and overlapping difficulties of adopted children.'*  
(Selwyn et al., 2014, p. 214)

Hartinger-Saunders et al. (2015) used administrative data from the 2012 National Adoptive Families Study in the USA to look at predictors of adoption dissolution. While acknowledging that generalisability is limited due to methodology, they found that two services in this sample had the intended effect on (reducing) adoption dissolution: education advocacy and parent support groups. The need for, and use of, substance abuse services predicted dissolution (Hartinger-Saunders et al., 2015). They concluded that education of potential adoptive parents about educational needs of children from out-of-home care and substance abuse challenges was important. In addition, they suggested utilising technology to enable adoptive parents to obtain information and advice from knowledgeable professionals when they need it. Both this and the UK study found that the teenage years were vulnerable years for adoption

disruption (Selwyn et al., 2014). Adoptive parents, like other foster carers, need information about their children in order to understand them and know what may lie ahead (Selwyn et al., 2014).

Models of support programs need to be evaluated for effectiveness in maintaining adoptive care, particularly in Australia, where carer adoptions are beginning to increase (AIHW, 2015).

## **Retention in kinship care**

### ***Needs***

It has been widely acknowledged in the literature that kinship carers receive fewer services and supports than stranger foster carers (Coleman & Wu, 2016; Lin, 2014; Littlewood, Strozier, & Whittington, 2014; McGuinness & Arney, 2012). Like traditional foster carers, support needs of kinship carers vary according to the carer's circumstances. While some carers may look for a combination of supports similar to many traditional foster carers, others may be concerned about losing autonomy (Elarde & Tilbury, 2007), and would benefit from individual approaches to providing support (Brennan et al., 2013). Studies have indicated that the kinship carer role diminishes the health of the carer, often grandparents, and that kinship carers rate their health and wellbeing more poorly than traditional volunteer foster carers do (Littlewood et al., 2014). Studies found in the literature reviews highlight that relationships with the biological parents of children can be a big source of strain for kinship carers (Coleman & Wu, 2016; Kiraly & Humphreys, 2013). There is also evidence from the UK that kinship carers will 'stick it out' longer than unrelated foster carers, meaning fewer placement disruptions, even when they are feeling high levels of strain (Farmer, 2010).

### ***Help seeking among kinship carers***

A recent systematic review by Coleman and Wu (2016) reviewed 13 studies in USA and Canada, about which factors enabled and inhibited service use amongst kin caregivers. They concluded that caregivers weighed up the benefits of seeking help against the disadvantages or barriers to seeking help (for example unclear service pathways, fear of child protection action) and decided whether it was worth the effort (Coleman & Wu, 2016). If available, carers would then turn to informal social networks for support. These North American studies showed that cultural barriers to service assistance were too often not taken into account in service availability. Sometimes, informal supports are not available. In an Australian study not covered in the reviews, Brennan et al. (2013) found that informal social supports around caring grandparents often diminished following their taking on the care of their grandchildren. Borenstein and McNamara (2015), in an Australian study, found that workers had assessed a higher level of need for respite than was reflected in requests for respite from carers, consistent with earlier research cited that kinship carers can be reluctant to seek assistance.

### ***Supports in the literature***

Financial strain is frequently identified in the literature as a characteristic experience of kinship carers (du Preez, Richmond, & Marquis, 2015; D. Higgins et al., 2005). The survey and literature review conducted by the Social Policy Research Centre found that adequate financial support for kinship carers would assist grandparents to care for their grandchildren, and that they also need assistance to access what financial supports are available (Brennan et al., 2013).

Kinship Navigators in the USA, who are designated human service workers, use a variety of methods, including education and support, respite care, legal assistance and referral to other services to link kinship carers to services. Lin's evidence review on support programs for kinship carers in the USA (Lin, 2014) found evidence of the effectiveness of Kinship Navigator Programs. Kinship Navigator Programs (<http://www.grandfamilies.org/KinshipNavigatorPrograms/KinshipNavigatorProgramsSummaryAnalysis.aspx>) are funded by government and aim to support kin carers to access the services they need to best care for their children. Two studies had control groups and employed randomisation (Lin, 2014), and both showed positive outcomes for children, caregivers and families. Qualitative results indicate caregivers felt supported, considered their needs were met and received assistance to solve problems (Lin, 2014).

Peer support as a support strategy for kinship carers also has some evidentiary basis. There is preliminary evidence of the effectiveness of peer support through home visiting (Lin, 2014). Strozier's study (2012) showed that carers experienced an increase in the sense of being supported through participating in peer support groups with other kin carers, and carers also showed an increase in their use of formal supports. The kinship liaison approach (Denby, 2011) involves a paid liaison worker (a current or previous kinship carer) paired with a new relative carer. Lin (2014) also found evidence of the effectiveness of support groups for grandparents for children with developmental delays in reducing depression in the caregivers, and increasing a sense of caregiving mastery (McCallion, Janicki, & Kolomer, 2004). Kinsey and Schlosser's review (2012) identified Kinship Care Connection, involving group training, and individualised support and advocacy specifically for kinship carers, as demonstrating effectiveness, particularly in the caregivers' sense of increased support.

Community-based kinship centres show promising results as emerging interventions - the evidence is new and not based on randomisation (Hammon, Graham, Hernandez, & Hinkson, 2014). There are several examples of these types of Centres mentioned in the literature, such as the New York- based GRAN Care Centre outlined by Conway and Jones (2012) (<http://liu.edu/Brooklyn/Academics/Schools/School-of-Health-Professions/Dept/Social-Work/Resources/Gran-Care>), and Warmline, a free consulting service for kinship carers in Florida (<http://www.cas.usf.edu/~krisman/>).

### **Aboriginal and Torres Strait Islander kinship and foster carers**

Given the large proportion of Aboriginal and Torres Strait Islander children in out-of-home care in Australia, and many of them in kinship care, the support needs of Aboriginal and Torres Strait Islander kinship and foster carers are particularly important. However, there is little literature available on the topic of strategies that succeed in supporting, and therefore retaining, Aboriginal and Torres Strait Islander kinship and foster carers.

As the literature review by McGuinness and Arney note, many may live in remote areas, making support strategies particularly challenging (McGuinness & Arney, 2012). Previous studies have shown that Aboriginal carers, many of whom are relative carers, may have a negative view of the statutory services, given the history of their families' and communities' experiences at the hands of white authorities, and may not receive the support and training they would like (Cripps & Laurens, 2015; D. Higgins et al., 2005). Differing possibilities for formal and informal care arrangements, and financial strain (Cripps & Laurens, 2015) make negotiating the system difficult for Aboriginal and potential carers. In a qualitative study in Australia, Elarde and Tilbury (2007) found that Aboriginal caregivers experienced so much frustration in accessing services through statutory authorities that they did just give up.



Providing adequate funding arrangements for Aboriginal and Torres Strait Islander controlled organisations to develop culturally sensitive and respectful ways to support Aboriginal carers and the caring process for Aboriginal and Torres Strait Islander children is identified as key in the literature available (D. Higgins et al., 2005; Verso Consulting Pty Ltd, 2012). Yorganop (<http://www.yorganop.org.au/>), in South Australia, emphasises the creation of a community of carers who feel valued and report being so successful, that advertising to recruit new foster carers is not required (J. Higgins & Butler, 2007). Literature on the effectiveness of such funding arrangements and strategies, such as the Winangay Carers Assessment is emerging (Winangay Resources Inc., 2012).

### Retention in therapeutic foster care

One of the strengths in therapeutic foster care is its explicit theoretical base, drawing on neuroscience and trauma, theories of attachment and loss, social learning, cognitive behavioural and resilience theories (Hek & Aiers, 2010). In this model, these theoretical bases are shared with the foster carers. One example of this theoretically based approach is the UK's Team Parenting® (Caw & Sebba, 2013), also found in Australia, which explicitly recognises foster carers as professionals, equal partners in a comprehensive caring team. Supporting the foster carers is an explicit part of the approach, involving individualised responses to placement needs, and regular meetings as part of a multidisciplinary team, including therapists who work with children and foster parents. However, Caw and Sebba (2013) note that research and evaluation is needed to determine longer term outcomes, such as carer retention and longer term outcomes for children.

Australia's Circle Foster Care program, a therapeutic foster care program in Victoria, has been evaluated and included carer outcomes in addition to outcomes for children. Part of the evaluation utilised focus groups with carers (n=28) and other members of the team involved (Frederico et al., 2014). The wellbeing of carers is an explicit focus of the program. The carers' experiences were positive. Twenty had been generalist carers and compared the experience with generalist caring more positively. They felt well supported. Importantly, the wider evaluation of this program demonstrated that those in the Circle Program (N=182) showed significantly higher levels of retention than those in generalist foster care - 4.4% withdrawal compared with 9.1% in comparison group for generalist carers (N=186) (Frederico et al., 2012). Circle carers valued being listened to, and their opinions valued, they appreciated access to knowledge development opportunities and access to therapeutic specialists. They considered that it professionalised the role of the foster carer.

### Retention in professional care

No literature was accessed which addressed this topic. There are indications that professionalising care and providing adequate financial remuneration does aid in retention. However, fully professional home-based care, applying the definition used by ACIL Allen, is a new approach in the English-speaking world and is not fully evaluated. ACIL Allen asks the critical question:

- Would a model of professional foster care actually increase retention and recruitment of foster carers?

They provide some sophisticated modelling of costs and benefits, and proposed pilots for professional care. They emphasise these pilots would need rigorous evaluation of effectiveness against agreed

outcomes, including whether or not the pilot has improved the supply of carers (ACIL Allen Consulting, 2013, p. 50)

### Drawing it together in the wider context

Hek and Aiers (2010) summarise their findings, which coincide largely with the findings of this review. They incorporate two elements related to highly professionalised foster care: pension schemes and reward for long service. They say that home-based carers need a package of individualised support:

- Respite,
- Out of hours telephone contact;
- Specialist help;
- Reliable working relationships with social workers;
- Pension schemes;
- Access to quality training;
- Reward for long service;
- Carers' centres providing buddying schemes activities; and,
- Agencies knowing the families- being recognised as part of the team.

All the above requires not just commitment and good intentions, but resourcing, supported by the authorising environment. Quality care does not come cheaply. Organisational culture is recognised as important in the design and delivery of services based on evidence. As already noted, high staff turnover in organisations and pressure of volume of work affects support of carers. The Sanctuary Model is just one example of organisational approaches to providing services. It is 'a blueprint for clinical and organisation change that promotes safety and recovery from adversity through the active creation of a trauma-informed community' and has a focus on staff self-care and retention (Esaki et al., 2013, p. 87). It is being applied as a therapeutic approach, together with similar approaches, in Australian out-of-home care settings, including foster care provision (Leigh-Smith & Toth, 2014; Manley et al., 2014). There is some evidence for its effectiveness on outcomes for children in specific environments (not yet in foster care or foster carer retention) (Elwyn, Esaki, & Smith, 2015), and the California Evidence-Based Clearinghouse has rated it as providing promising evidence (<http://www.cebc4cw.org/program/sanctuary-model/>). More evaluation of this model is needed in particular contexts (Esaki et al., 2013). It is important to highlight the importance of evaluating carer support and retention outcomes in the use of this and similar models.

Foster caring, and the multiplicity of relationships which that involves, clearly does not occur within one organisation. It is part of the child protection system, part of a bigger 'system of care' for children (Stroul et al., 2010). The philosophy, values and policies reflected in that system of care, and the resources allocated, affect the effectiveness and evaluation of recruitment and support strategies for the carers who provide the frontline caring for children in out-of-home care.

## Key messages on support and retention

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1. Most studies of intervention with foster carers measure outcomes for children, with little attention to the effect on retention. Foster carer satisfaction with the intervention is sometimes measured.
2. Retention success is not easily defined and may be different for different types of caring models. For example, retention for kinship carers means that the carers retain the care of the child until they are able to live independently or safely with their biological parents, rather than the carer being necessarily retained in the care system.
3. Factors affecting the individual carer and whether they decide to stay or leave include: their level of satisfaction with fostering; family circumstances; the circumstances of fostering; the extent to which the carer has received a package of support including training, support (including from other carers), respite and enhanced finances, and finally whether or not a placement breaks down. If there is not another child in care that may be the critical point at which they decide to leave.
4. Many factors affect the level of satisfaction with fostering and include: the extent to which the carer and their views are respected; the extent to which they are given information about the children; specific service accessibility for children; adequacy of financial support; how well they are supported through critical events, such as the loss of a child or allegations of abuse; and practices which enhance children's wellbeing.
5. Carers mostly welcome training, even if the long-term 'hard' evidence of effectiveness is not available. There are indications that theories and knowledge relevant to fostered children (e.g. trauma, neuroscience, child development, attachment) help carers understand and care for the children. Operationalising adult learning principles in foster carer training and obtaining views from foster parents themselves about what they need, together with involving foster carers in training, may increase satisfaction.
6. Training programs which show the greatest promise in USA research reviews are those which give the opportunity for foster carers to practice new learning in their own homes with their child in care, and to receive feedback on this, for example Multidimensional Treatment Foster Care derivatives such as KEEP (Keeping Foster and Kin Parents Trained and Supported) (Kinsey & Schlösser, 2012; Leve et al., 2012).
7. There is plenty of research to indicate that individualised and respectful support from foster care workers, social workers, or caseworkers for the whole fostering family makes an enormous difference to the overall 'support package' and satisfaction with fostering for carers.
8. Support from other carers, through groups and carers' centres buddying programs, seems to aid retention (small number of studies) and perceived support. An example is the Mockingbird Family Model, an innovative community-based support program in the USA, which explicitly aims to increase retention through increased peer support and respite care to foster carers. This program involves 'satellite' family foster carers living in proximity to a 'hub' home carer, who can offer respite and support to foster carers. The program is undergoing evaluation in UK.

9. Adequate financial support is important in retaining carers. This is not uncomplicated in terms of pay, taxation rulings and conditions, and qualifications needed. The gap between traditional foster care and professional care is becoming more a continuum of professionalisation, than a difference in category. Carers caring for children in specialist placements receive higher subsidies than those in not recognised as specialist placements.
10. Respite for carers of all types is well supported by the evidence as vital for carer support and retention. There are indications that regular respite is more supportive than irregular. Ironically, the importance of respite care highlights the need for recruitment and retention of respite carers.
11. Support across multiple dimensions is needed through individualised and responsive support packages: adequate financial arrangements; respite; out-of-hours 24-hour telephone support; specialist help; positive relationships with social workers/foster care workers; quality training; carers' centres providing opportunities for buddying or other peer support; and agencies recognising the caring families as part of the caring team around the child.
12. A small but increasing number of adoptions are from care in Australia. Pre-adoption and post adoption services are vital to prevent disruption. Adoptive parents also need to have individualised support, including information about their children, the likely problems they may face, particularly in education and during adolescence and guidance as to how to access services.
13. Like traditional foster carers, kinship carers need individually tailored supports. Peer support for kinship carers has evidence of effectiveness, for example the Kinship Liaison approach, peer support groups and community based kinships centres in the USA. Kinship Navigators, where paid human service workers assist in accessing services, also has evidence of effectiveness.
14. Aboriginal and Torres Strait Islander kinship and foster carers, many of whom are relative carers, may have a negative view of the statutory services, given the history of their families' and communities' experiences at the hands of white authorities, and may not receive the support and training they would like or need. They are also likely to have material support needs and may live remotely, making service access difficult. Community-based approaches to support are indicated through providing adequate funding arrangements for Aboriginal and Torres Strait Islander controlled organisations to develop culturally sensitive ways to support Aboriginal carers. There are notable successes through this strategy, for example, Yorganop, which builds a community of carers.
15. Team approaches to therapeutic foster care, which operate from a strong theoretical basis shared with all members of the team, demonstrate an explicit focus on carer support and retention: Team approaches such as Team Parenting® and the Victorian Circle Program regard the carer as an equal partner in the therapeutic team. Evidence so far is that these approaches are promising in terms of carers feeling supported and their retention.
16. We are moving towards the professional end of the professionalising continuum. However, no evidence has been identified regarding the outcomes of a fully professional care model in terms of support and retention.

## In summary

The evidence on recruitment and retention is varied in terms of methodologies, epistemological models, terminologies used, outcomes measured and contexts in which the research has been undertaken. This literature review has not been exhaustive and has placed heavy, but not exclusive, reliance on other research literature reviews. We make tentative conclusions, drawing on multiple sources of evaluative evidence to identify promising principles, programs or practices.

A key message is an old one: that retention and recruitment are linked and create a cycle: satisfied carers and caring families can interest others in caring through word of mouth, which has been shown to be an effective mechanism for recruitment. Newer techniques utilising marketing science and incorporating more sophisticated use of information technology and social media are showing some encouraging results.

The wellbeing of carers has been linked to the wellbeing of children in their care. Supporting carers in ways which are perceived by them to be supportive is important for retention and therefore for recruitment, to help people make that 'complicated choice' to become carers. Multi-faceted approaches to support are needed covering the package of support.

What constitutes effective support has been identified by carers many times over in research projects over many years. Individualised and skilled responses to carers by foster care workers/social workers/caseworkers are needed: one size of support does not fit all. Critical events in the life of a family caring for children in out-of-home care need to be ameliorated through early intervention or responded to in a timely fashion.

Facilitating the development of supportive networks of carers who are valued and respected within communities and by the professionals with whom they work is a way forward. Adequate financial reimbursement, training and respite opportunities continue to be important elements in support packages.

Importantly, all this requires resources. Caseworkers cannot support carers if they themselves are stressed by inadequate support systems and resources. Systems of care need to be properly resourced to build into policy and practice an emphasis on respect to all carers as equal partners in the therapeutic endeavour of caring for children with individual and often complex needs. There is evidence in Australia of efforts to encourage this through therapeutic approaches (distinct from therapeutic programs) to out-of-home care, including home-based care. Particular emphasis is needed on resourcing Aboriginal and Torres Strait Islander organisations, and partnering with culturally and linguistically diverse communities to recruit and support carers.

Specific resourcing is required to evaluate these strategies and their retention outcomes.

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## Appendix A: Literature Review

Citation	Methodology and focus	Model of Care	Summary of themes/ results
<b>Attraction Recruitment</b>			
<p>Sebba, J. (2012). <i>Why do people become foster carers? An international literature review on motivation to foster</i>. Retrieved from <a href="http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2013/01/Rees-Centre-Review-on-Motivation-to-Foster1.pdf">http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2013/01/Rees-Centre-Review-on-Motivation-to-Foster1.pdf</a></p> <p>UK, and studies from USA(10), Australia (14), Canada (6) Sweden (1) Norway (1)</p>	<p>Narrative research synthesis literature review of 32 studies, mostly from 2000. UK findings from McDermid et al. (2012) and Ross and Peake (2012)</p> <p>Focus question: Why do people initially consider (non-kinship) fostering, and what factors determine whether they progress to application?</p> <p>Rees Centre University of Oxford website</p>	<p>Non-kinship. No distinction made between different types of non-kinship care</p>	<p>Initial attraction mostly through knowing or meeting foster carers both in UK and internationally, and is the most effective means of education. Lack of respect to carers may be disincentive</p> <p>Randle et al (2012) study showed that 2/3 of population had not considered fostering because they had not been asked and half did not know anything about fostering.</p> <p>Fact sheets (e.g. Casey programs, 2005) can help dispel myths.</p> <p>Main motivations are altruistic, then extending family, money not major motivation, but studies not usually clear on family circumstances.</p> <p>Money may play a part in whether or not to proceed. Randle et al., 2012's study indicated that the role of payments varies across different income groups</p> <p>Drop-off between initial enquiry and becoming a foster carer (note Delfabbro et al., 2008) finding 2% initial enquiries became carers.</p> <p>Responses to initial enquiries may not be prompt enough.</p>
<p>Arney, F., &amp; McGuinness, K. (2012). <i>Foster and kinship care recruitment campaign literature review</i>. Australia: Menzies School of Health Research. Retrieved from <a href="http://ccde.menzies.edu.au/sites/default/files/Final">http://ccde.menzies.edu.au/sites/default/files/Final</a></p>	<p>Narrative review on factors involved in recruitment and recruitment strategies- particular focus on Northern Territory.</p> <p>Reviews combination of evidence based</p>	<p>Kinship and traditional</p>	<p>Definitive research on effectiveness of recruitment not available (p. 28)</p> <p><b>Motivations</b></p> <p>Some potential carers will remain untapped unless they are supported to overcome structural difficulties (e.g. poor housing conditions, poor food security) .</p> <p>For many carers, the level of payment is not a motivator to provide care, but has been associated with sustaining and retaining professional carers when faced with children with highly complex or challenging behaviours.</p>

Citation	Methodology and focus	Model of Care	Summary of themes/ results
<p>Menzies-Review-Paper-3%20(2).pdf.</p> <p>Australian and international studies</p>	<p>studies and discussion papers/reviews</p> <p>University website</p>		<p><b>Recruitment</b></p> <p>Lots of evidence to suggest that public recruitment campaigns are not effective (low conversion rate). Match between needs of children and the capacities of foster carers not good.</p> <p>Target families who are open to caring for difficult to place children.</p> <p>Blend appropriate motivations with capacity.</p> <p>Use of marketing techniques, but people may not necessarily be suitable.</p> <p>Word of mouth effective. McHugh's work contradicted the work of USA study-mass media effective. Importance of foster fathers. Diversity of carers positive, but lack of research to be certain.</p> <p>Study in USA- Recruitment strategies would not work therefore until support systems for current foster parents were improved. 'Retention is Recruitment'.</p>
<p>Richardson, N., Bromfield, L., &amp; Higgins, D. (2005). <i>The recruitment, retention, and support of Aboriginal and Torres Strait Islander Foster Carers: A literature review</i></p> <p>Retrieved from <a href="https://aifs.gov.au/cfca/sites/default/files/publication-documents/litreview.pdf">https://aifs.gov.au/cfca/sites/default/files/publication-documents/litreview.pdf</a></p> <p>Australia</p>	<p>Narrative</p> <p>Australian Institute of Family Studies website</p>	<p>Recruitment and retention of Aboriginal and Torres Strait Islander</p>	<p>Little literature that documents strategies for recruitment or evidence of effectiveness.</p> <p>What literature there is suggests word of mouth and localised strategies to build understanding of out-of-home care in Aboriginal communities.</p> <p>Need for understanding of kinship networks and use existing community organisations in Aboriginal communities to assist with recruitment.</p> <p>Carer assessments can create barriers, need to evaluate assessment processes and research experiences of Indigenous carers who are part of mainstream to determine how they experience mainstream training and whether it acts as disincentive.</p> <p>Need evaluation and documentation of training adapted to meet the needs of Indigenous carers.</p> <p>Supports needed include: more support from caseworkers who are more experienced; information regarding entitlements and departmental processes; being more informed and consulted so that placement stability can be enhanced.</p>
<p>Luke, N., &amp; Sebba, J. (2013). <i>How are Foster Carers Selected? An</i></p>	<p>Systematic literature review.</p> <p>25 studies, 11 with</p>	<p>Some scales (e.g. CFAI-A) do have subscales for</p>	<p>Lack of research linking characteristics and competencies of new foster care applicants to measures of success, including retention of foster carers and placement stability.</p>



Citation	Methodology and focus	Model of Care	Summary of themes/ results
<p><i>International Literature Review of Instruments Used Within Foster Carer Selection</i>. Oxford: Rees Centre in Fostering and Education, University of Oxford</p> <p>UK, but studies from North America, Europe, UK and Australasia</p>	<p>statistical analysis of relationship to outcomes</p> <p>Questions: What are the instruments that are currently used to aid public, private and third sector foster care providers with the selection and approval of new foster carers? How much evidence is there of the validity of these instruments insofar as they contribute to predicting successful foster placements? No studies were excluded because of methodology or age</p> <p>Rees Centre in Fostering and Education, University of Oxford</p>	<p>kinship care.</p>	<p>Selection instruments do have a role, providing they are not the sole tool used. Also they have potential to identify training needs.</p> <p>Cultural transferability questionable for some elements, whilst some attributes transferable e.g. empathy, nurturing qualities, and flexibility.</p> <p>Scales, including Casey Family Applicant Inventory, included some special scales for couples, kinship care potential and integrating foster children into the family potential. They were tested on existing foster carers, Casey Foster Care Applicant Inventory did have links to placement outcomes.</p> <p>Evidence gathering approaches (e.g. BAAF form F) do not have predictive value included.</p> <p>Attachment style interview not yet validated. Practical guides to assessment (Cousins, 2010, or Beasley 2010) have not been assessed in terms of outcomes. CHAP (Orme, 2006) did have some link with intention to keep fostering.</p> <p><b>Conclusions</b> Need assessments, which take account of different sorts of carers.</p> <p>Relationship with Agency is important in selection processes together with the development of carers, rather than sole reliance on instruments.</p> <p>Need to take account of what children say makes a successful placement and the combination of factors (Sinclair, 2005) which make a successful placement.</p>
<p><b>Recruitment and Retention</b></p>			
<p>McDermid, S., Holmes, L., Kirton, D., &amp; Signoretta, P. (2012). <i>The demographic characteristics of foster</i></p>	<p>Narrative and literature review of recruitment and retention in addition to</p>	<p>Non-kin</p>	<p>Foster carers in UK have a slightly lower than average gross household income. While not initial motivator, there is evidence that remuneration enables fostering and is taken into account when deciding to foster. 'There is also evidence to suggest that higher payments may be linked to higher rates of recruitment and longer</p>

Citation	Methodology and focus	Model of Care	Summary of themes/ results
<p><i>carers in the UK: Motivations, barriers and messages for recruitment and retention</i> Retrieved from <a href="http://www.lboro.ac.uk/media/www/lboro.ac.uk/content/ccfr/publications/The%20demographic%20characteristics%20of%20foster%20carers%20in%20the%20UK.pdf">http://www.lboro.ac.uk/media/www/lboro.ac.uk/content/ccfr/publications/The%20demographic%20characteristics%20of%20foster%20carers%20in%20the%20UK.pdf</a></p> <p>UK, UK studies</p>	<p>demographic characteristics. Rapid review of 32 studies, including grey literature.</p> <p>University Website</p>		<p>continuation of foster carers. The existing evidence is mixed regarding the impact that the professionalisation of foster care would have on recruitment and retention' p.5. 'The literature suggests that adequate payments to foster carers are essential to ensure that they are able to carry out the role; along with sufficient and specialist professional support especially after placement breakdowns and the payment of retainers' p.6.</p> <p><b>Conclusions:</b> Geographic targeting; word of mouth, better information, include males in recruitment targets, include foster carers in recruitment processes. Adequate payments will aid retention.</p>
<p>Brown, H. C., Sebba, J., &amp; Luke, N. (2015). <i>The recruitment, assessment, support and supervision of lesbian, gay, bisexual and transgender foster carers</i> Retrieved from <a href="http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2015/02/ReesCentreReview_LGBT_fostercarers.pdf">http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2015/02/ReesCentreReview_LGBT_fostercarers.pdf</a></p> <p>Australia 4 UK 8 USA 8</p>	<p>Narrative review of 20 published papers.</p> <p>Most studies used retrospective design.</p> <p>Rees Centre Research in Fostering and Education University of Oxford</p>	<p>Non-kinship, foster and foster to adoption</p>	<p>LGBT have wide range of experiences. Recruitment can be hampered by LGTB considering their sexuality a barrier... helped by clear policy statements.</p> <p>Support quality of support of social worker important; preparation of child important.</p> <p><b>Conclusions</b> Needs closely mirror those of all foster carers. Agencies and practitioners need to be aware of impact of homophobia.</p> <p>Training and assessment processes need to be examined to enable respect to all foster carers.</p> <p>Ensure that matching decisions avoid hetero-normative assumptions.</p>
<p>Richardson, N., Bromfield, L., &amp; Higgins, D. (2005). <i>The recruitment,</i></p>	<p>Narrative</p>	<p>Aboriginal and Torres Strait Islander foster</p>	<p>Little literature, which documents strategies for recruitment or evidence of effectiveness.</p>

Citation	Methodology and focus	Model of Care	Summary of themes/ results
<p><i>retention, and support of Aboriginal and Torres Strait Islander Foster Carers: A literature review</i> Retrieved from <a href="https://aifs.gov.au/cfca/sites/default/files/publication-documents/litreview.pdf">https://aifs.gov.au/cfca/sites/default/files/publication-documents/litreview.pdf</a></p> <p>Australia</p>	<p>Grey literature</p>	<p>carers</p>	<p>What literature there is suggests word of mouth and localised strategies to build understanding of out-of-home care in Aboriginal communities. Need for understanding of kinship networks and use existing community organisations in Aboriginal communities to assist with recruitment.</p> <p>Carer assessments can create barriers.</p> <p><b>Conclusions</b> Need to evaluate assessment processes and research experiences of Indigenous carers who are part of mainstream to determine how they experience mainstream training and whether it acts as disincentive.</p> <p>Need evaluation and documentation of training adapted to meet the needs of Indigenous carers.</p> <p>Supports needed include: more support from caseworkers who are more experienced; information regarding entitlements and departmental processes; being more informed and consulted so that placement stability can be enhanced.</p>
<b>Support and Retention</b>			
<p>Carnochan, S., Moore, M., &amp; Austin, M. J. (2013). Achieving Placement Stability. <i>Journal of Evidence-Based Social Work</i>, 10(3), 235-253.</p> <p>USA</p>	<p>Narrative literature review, focuses on factors that promote stability</p> <p>Refereed journal</p>	<p>Includes professional care, treatment kin</p>	<p>Establishes the relationship of the quality of foster parent with placement stability.</p> <p>Evidence of effectiveness of strategies to train and support foster parents not conclusive: KEEP (based on MTFC and focused on comprehensive training of kin and foster carers) is well supported by evidence.</p>
<p>Everson-Hock, E. S., Jones, R., Guillaume, L., Clapton, J., Goyder, E., Chilcott, J., . . . Swann, C. (2012). The effectiveness of training and support for carers</p>	<p>Systematic Review of 6 studies.</p> <p>Strict inclusion criteria</p> <p>Evaluated effect of</p>	<p>Treatment foster care excluded. Kinship and usual 'volunteer' family based care</p>	<p>The most effective interventions were conducted in the USA, had a longer duration of training (10–16 weeks), a narrower age range of participants (focused on younger children) but a shorter follow-up period.</p> <p><b>Conclusions</b> Due to variety of outcomes and lengths measured, not possible to draw conclusions</p>

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<p>and other professionals on the physical and emotional health and well-being of looked-after children and young people: a systematic review. <i>Child: Care, Health and Development</i>, 38(2), 162-174.</p> <p>3 studies from USA and 3 from UK</p>	<p>training and support for foster carers, primarily on children, but included outcome of placement stability.</p> <p>Refereed journal</p>		<p>as to the relative importance of specific additional training components as studies have not assessed the impact of individual training components.</p>
<p>Festinger, T., &amp; Baker, A. J. L. (2013). The quality of evaluations of foster parent training: An empirical review. <i>Children and Youth Services Review</i>, 35(12), 2147-2153.</p>	<p>Narrative review of evaluations of foster parent training on behaviour problems of children, both pre-service (7 studies) and in-service (29 studies)</p> <p>Refereed journal</p>	<p>Kinship and foster care covered, and adoptive parents noted in analysis of studies</p>	<p>Pre-Service-MAPP and PRIDE widely used in USA. Seven articles, MAPP (2 studies), PRIDE (2 studies) and 3 others, differing types results, inconclusive, though some improvement in knowledge of children. Varying outcome measures, and research designs</p> <p>Multi-sessions in-service 29 evaluations, 10 RCTs and 14 quasi-experimental. Stronger evidence, but different age groups and sometimes combined with other supports, so effect of these not controlled. Most showed positive change in 'manageable child behavior, lower turnover of foster parents, increases in parenting skills, or more positive placement outcomes'.</p> <p>Single session in-service. Not systematically evaluated.</p> <p><b>Conclusions</b> Methodological issues (e.g. differences in outcomes measured, other supports not controlled for) preclude definite conclusions. Stronger evidence for multi-session training.</p>
<p>Kinsey, D., &amp; Schlösser, A. (2012). Interventions in foster and kinship care: A systematic review. <i>Clinical Child Psychology and Psychiatry</i>. doi:</p>	<p>Systematic Review 30 studies, commenting on 20 interventions</p> <p>Meta-analysis not</p>	<p>Foster and kinship</p>	<p>Variety of theoretical bases. Variety of aims of studies reviewed.</p> <p>KEEP (Keeping foster parents trained and supported)-Intervention children had more positive exits from care.</p> <p>Wraparound services (e.g. Earlier Intervention Foster Care, Fisher et al, 2005 and Casey Program) and relational (e.g. ABC) interventions were positively supported,</p>

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10.1177/1359104512458204  UK, reviewing UK and USA studies	possible due to variety of methodologies in studies, including variety of objectives of the interventions  Refereed journal		though studies used different outcome measures, but the carer training programs alone did not.  One study-Kinship Care connection, included mentoring and support groups (Strozier et al, 2005) had good results, but no control group.  <b>Conclusions</b> More research needed; perhaps carers need individualised interventions based on their attachment styles.
Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., & Vostanis, P. (2012). Practitioner Review: Children in foster care – vulnerabilities and evidence-based interventions that promote resilience processes. <i>Journal of Child Psychology and Psychiatry</i> , 53(12) USA	Systematic review on 8 promising interventions for foster families.  Outcomes measured are child outcomes  Refereed Journal	All types	KEEP-Keeping Foster Parents Trained and Supported (Chamberlain et al, 2008) - effective in increasing placement stability for middle school aged children. MSS (Middle School Success) derivative of KEEP also effective for youth leaving middle school Incredible Years applied to early childhood foster families.  Attachment and Behavioural Catchup (ABC) also found to be effective with early childhood. Fostering Individualised Assistance Program also for middle school. A version of wraparound. Adolescence-Multi-dimensional Treatment Foster Care for Adolescents (MTFC-A)- multicomponent where youth are placed with specialised foster family.  <b>Conclusions</b> These interventions are promising, research is not conclusive. Most have not had longer term follow-up (exceptions are MTFC-A and BEIP- Bucharest Early Intervention Project)
Turner, W., Macdonald, G., & Dennis, J. A. (2007). Behavioural and cognitive behavioural training interventions for assisting foster carers in the management of difficult behaviour. <i>Cochrane</i>	Systematic Review (and meta-analysis where data sufficient) of 6 trials, including 463 foster carers to assess effectiveness of CBT based training on looked after children's		Little evidence for efficacy of these training programs on child outcomes or skills and psych wellbeing of foster carers.  No data reported in any of the six studies on foster family outcomes

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<i>Database of Systematic Reviews</i>	behavioural and relationship problems; foster carers' psychological well-being and functioning; foster family functioning; and foster agency outcomes.		
Rork, K. E., & McNeil, C. B. (2011). Evaluation of Foster Parent Training Programs: A Critical Review. <i>Child &amp; Family Behavior Therapy, 33</i> (2), 139-170.	17 Studies of foster parent training programs from 1980-2007. Variety of methodologies in the studies. Ten studies had controls.  Refereed journal	Excludes kinship, treatment foster carers	Methodological problems and differences in all the studies, making it hard to synthesise the results from the studies reviewed. PRIDE may be effective in teaching about the system, but not equipping to deal with behavioural issues.  <b>Conclusions</b> Need for longitudinal studies to examine longer term effects. Some promising programs: Incredible Years, ABC, Parent-Child Interaction Therapy.  Ask foster parents what they need. 'Obtaining views from foster parents themselves may decrease program attrition rates, but also increase the knowledge and skills attained by training participants' p.165
Dorsey, S., Farmer, E. M. Z., Barth, R. P., Greene, K. M., Reid, J., & Landsverk, J. (2008). Current status and evidence base of training for foster and treatment foster parents. <i>Children and Youth Services Review, 30</i> (12), 1403-1416.  USA	Review of 29 studies from USA (including from 1970s and 1989s)	Non-relative foster carers, including treatment	Most studies relied on self-report of foster parents after training... Follow up studies required. Little data on treatment foster care, apart from MTFC (Chamberlain, Ray and Moore, 1996).  MAPP and PRIDE, the two training programs widely used in USA have little or no empirical support.  KEEP, informed by MTFC (Chamberlain et al, 2008) is promising.  Attempts to use evidence-based parenting programs with foster care populations and these would benefit from rigorous evaluation.  <b>Conclusion</b> Some training is better than no training.

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			Training and evaluation of training needs resourcing.
<p>Lin, C.-H. (2014). Evaluating Services for Kinship Care Families: A Systematic Review. <i>Children &amp; Youth Services Review</i>, 36, 32-41.</p> <p>USA</p>	<p>Systematic review of 13 articles/reports</p> <p>Refereed journal</p>	Kinship Care	<p>Kinship Navigator Program (2 studies had control groups and employed randomisation). Both showed positive outcomes for children, caregivers and families. Qualitative results indicate caregivers felt supported, needs were met. Effectiveness of financial assistance programs- inconclusive results.</p> <p>Peer to peer support models, home visiting. Indicated preliminary evidence of effectiveness (e.g. Kinship Liaison Approach, Denby, 2011), but rigour not great. McCallion (2004) study more rigour. Did demonstrate effectiveness of support groups for grandparents of children with developmental delays.</p> <p>Poor evaluations of education and training.</p> <p><b>Conclusions</b> Kinship carers feel more supported by other kinship carers to meet kin carers' emotional needs. Several studies, although of weak design, indicated this.</p>
<p>Luke, N., &amp; Sebba, J. (2013). <i>Supporting each other. An international literature review on peer contact between foster carers</i>. Rees Centre for Research in Fostering and Education, University of Oxford.</p> <p>UK</p>	<p>Narrative review of peer support for foster carers. Variety of methodologies, mostly qualitative and contexts.</p> <p>33 Studies reviewed UK 19 USA 5 Australia 3 Canada 3 NZ 2 Ireland 1</p> <p>Rees Centre Research in Fostering and</p>	Non-kinship care	<p>Most studies examined levels of perceived support. 19/33 studies looked at support through local groups or formalised support schemes. 13/33 included individual contact formal or informal; 12/33 looked at participation in training. Important to note that not always positive, can have tendency to develop negativity (Murray, 2007).</p> <p>Programs more focused on carer to carer support seemed to be experienced as more supportive than those with a training agenda.</p> <p>Mockingbird Family Model (Northwest Institute for Children and Families, 2007) had positive results for their program in terms of experienced support (they had control group) Valued elements: learning from each other if training organised this way; benefits to both mentors, and mentees of mentoring schemes, if carefully structured. Shared understanding- particularly when groups led by foster carer- regardless of context. Offloading, but importance of confidentiality agreements. Instrumental support e.g. respite as in Mockingbird Family Model. Countering isolation that can</p>

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	Education University of Oxford		<p>be experienced (only two studies explored online forums. Low uptake in the studies, may need training).</p> <p>Two studies reported link between low participation in peer support (one buddy system and one group) and ceasing fostering.</p> <p>Carers' reflections in three studies suggested that participation in peer support arrangements including respite, had meant they could continue.</p> <p>Carers' reflections on mental health linked it to carer support, but Sinclair et al.'s study (2004) found families and social workers more important.</p> <p>What is needed may be related to stages in carer's career</p> <p><b>Conclusions</b></p> <p>Small number of studies, which reported outcomes- generalisations difficult. However there is the likelihood that there are benefits of buddying, mentoring, local support groups. Although lack of research on this, the likelihood is that involvement of carers in training will be beneficial. Need intervention research.</p> <p>Authors suggest:</p> <ul style="list-style-type: none"> <li>• Identify needs</li> <li>• Mentoring and buddying</li> <li>• Build opportunities into existing provision</li> <li>• Offer local carer groups</li> <li>• Effectively facilitate on line support</li> <li>• Effectively facilitate groups</li> <li>• Develop conditional confidentiality</li> <li>• Develop respite schemes</li> </ul>
Brown, H. C., Sebba, J., & Luke, N. (2015). <i>The recruitment, assessment, support and supervision of lesbian, gay, bisexual and transgender foster carers</i> Retrieved from <a href="http://reescentre.education.ox.ac.uk/wordpress/w">http://reescentre.education.ox.ac.uk/wordpress/w</a>	Narrative review of 20 published papers Most studies used retrospective design Australia 4 UK 8 USA 8  Rees Centre Research	Non kinship, foster and foster to adoption	<p>LGBT have wide range of experiences. Recruitment can be hampered by LGBT considering their sexuality a barrier; helped by clear policy statements; quality of support of social worker important; preparation of child. Needs closely mirror those of all foster carers.</p> <p><b>Conclusions</b></p> <p>Agencies and practitioners need to be aware of impact of homophobia. Examine training and assessment processes to ensure all foster carers are respected and supported.</p>



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<p><a href="https://content/uploads/2015/02/ReesCentreReview_LGBT_fostercarers.pdf">p-content/uploads/2015/02/ReesCentreReview_LGBT_fostercarers.pdf</a></p> <p>UK</p>	<p>in Fostering and Education University of Oxford</p>		<p>'Make sure matching decisions are not based on hetero-normative assumptions'.</p>
<p>Hek, R., &amp; Aiers, A. (2010). <i>Promoting best outcomes for children and providing best support for carers</i> Retrieved from <a href="https://www.nottingham.ac.uk/children-and-childhood-network/documents/promoting-best-outcomes-for-children-and-providing-best-support-for-carers.pdf">https://www.nottingham.ac.uk/children-and-childhood-network/documents/promoting-best-outcomes-for-children-and-providing-best-support-for-carers.pdf</a></p>	<p>Narrative lit review of 120 pieces of research, many of which were descriptive or theoretical. Wide ranging, and included support for carers. Had a specific aim of informing the Foster Care Associates about Team parenting approach. Covered some of the studies</p> <p>University website publication (International Center for Research and Innovation in Fostering)</p>	<p>Not specified</p>	<p>Training - carers welcome it even if longer term outcomes not clear. Quoted study by Sellick and Howell (2004) supporting word of mouth recruitment. Qualifications based training can raise status of carers.</p> <p><b>Conclusions</b></p> <ol style="list-style-type: none"> <li>Literature inconclusive about characteristics needed and about longer term outcomes of many approaches to foster caring.</li> <li>Literature indicates that relationship between carer and young person is key and needs support.</li> <li>Enhancing carer's understanding of theories and skills helps prevent placement breakdown.</li> <li>Carers need individualised package of support.</li> </ol> <p>Retention assisted by</p> <ul style="list-style-type: none"> <li>Respite;</li> <li>Out of hours telephone contact;</li> <li>Specialist help,</li> <li>Reliable working relationships with social workers;</li> <li>Pension schemes,</li> <li>Access to quality training;</li> <li>Reward for long service</li> <li>Carers' centres providing buddying schemes activities;</li> <li>Agencies knowing the families- being recognised as part of the team</li> </ul>
<p>Coakley, J. F., &amp; Berrick, J. D. (2008). <i>Research Review: In a rush to permanency: preventing adoption disruption</i>. Child</p>	<p>Narrative research review</p> <p>Preventing adoption disruption</p>	<p>Adoptions from care</p>	<p>Studies since 1990s have shown disruption (prior to finalisation) rates between 6% and 11%. Frequency of dissolution (following finalisation) much harder to track.</p> <p>Due to nature of research the following findings are tentative:</p> <ul style="list-style-type: none"> <li>Reasonably consistent findings that foster parent adoptions more stable</li> </ul>

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<p>&amp; Family Social Work, 13(1), 101-112.</p> <p>USA only</p>	<p>Refereed Journal</p>		<p>than stranger adoptions.</p> <ul style="list-style-type: none"> <li>• Supportive services to adoptive family before and after adoption finalisation important in maintaining stability</li> <li>• More information about birth families given to adoptive families appears important for stability.</li> </ul> <p><b>Conclusions</b></p> <ul style="list-style-type: none"> <li>• Provide sufficient resources for caseworkers to undertake thorough child and family assessments.</li> <li>• Concurrent care-giver pools need increasing.</li> </ul>
<b>Context and Needs</b>			
<p>Blythe, S. L., et al. (2014). The foster carer's experience: An integrative review. <i>Collegian</i> 21(1): 21-32</p> <p>Australia; review includes USA, Australian UK, NZ, Canadian studies</p>	<p>Literature synthesis of 18 studies focused on experiences of foster carers, using thematic analysis.</p> <p>Both qualitative and quantitative and mixed method studies including different sample sizes and focuses of the studies.</p> <p>Refereed journal</p>	<p>All</p>	<p>Focus on needs and experiences of carers rather than strategies. Includes barriers to caring. Key findings included the impact the wellbeing of foster carers on the wellbeing of children. Confusion of role; value of training, monetary support, relationships with the system.</p>
<p>Colton, M., et al. (2008). The Recruitment and Retention of Family Foster-Carers: An International and Cross-Cultural Analysis. <i>British Journal of Social Work</i>, 38(5): 865-884.</p> <p>UK, using international</p>	<p>Narrative</p> <p>Refereed journal article</p>	<p>Kin Professional vs altruistic.</p> <p>Some different models in other countries especially with respect to payment</p>	<p>Distinguishes ability and capacity (ability constantly evolving, capacity is potential to acquire ability) p.868.</p> <p>The question of how to define capacity in diverse societies. Using the Family Hardiness Index (McCubbin et al., 1986), the authors found higher levels of hardiness to be significantly associated with intent to continue fostering. Given this raises the question of whether psych instruments developed for general functioning can be used for foster parent assessment. Financial reward relevant (Ramsay, 1996, Scotland). See Japan, big difference in payment between private and public foster carers. Corbillon, France, increased professionalisation of foster carers. Can we believe love and money can complement each other. Issues of training for kin vs not</p>

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literature.			kin carers.
Munro, E. R., & Hardy, A. (2006). <i>Placement stability: a review of the literature</i> Retrieved from <a href="https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/2919/1/placementstabilityliteratureview.pdf">https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/2919/1/placementstabilityliteratureview.pdf</a>	Narrative review  University publication	All, specifically mentions Concurrent planning, Multidimensional Treatment Foster care' was being piloted in UK at the time	Importance of distinguishing between 'purposive and beneficial' moves and 'reactive and detrimental changes'. Difficulty in making these distinctions. Runs through the factors affecting stability; crisis driven placements increase the likelihood of breakdowns. Challenges of matching carers to children; behavioural emotional problems affect children; in particular 'hyperactivity'; health problems of children; circumstances and characteristics of carers (danger that placements are supported whether useful or not); warm etc carer attributes; stressful events.  <b>Conclusions</b> Multifactorial interventions are needed to promote placement stability. 'These are 1) early intervention 2) strong tracking and case planning to avoid drift and achieve permanence 3) increased placement choice 4) increased multi-agency and multi-disciplinary support'. (pp. 21-22) Placement changes 'inevitable and in some cases desirable' but the key is to minimise them. (p. 21)
UK			
Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving Timely Adoption. <i>Journal of Evidence-Based Social Work</i> , 10(3), 210-219.	Narrative review  Refereed journal	Adoption from care	Limited evidence available in this area of adoption from care, despite USA federal policy and legislation. Adoptive parents tend to want to adopt young, non-special-needs children. Provision of pre-and post-adoptive services for families and children shown to encourage adoptive families... Support groups, crisis intervention, family counselling and respite care. Concurrent planning may expedite permanency, but good implementation is difficult. It is challenging for caseworkers, who need support and lower caseloads.  <b>Conclusions</b> Recruitment strategies for adoptive carers could concentrate on HOW to go about it, and targeting groups known to be interested (e.g. 30-34 year olds, Black and Hispanic women, unmarried women, targeting faith based and cultural groups, providing information in language other than English).
USA			