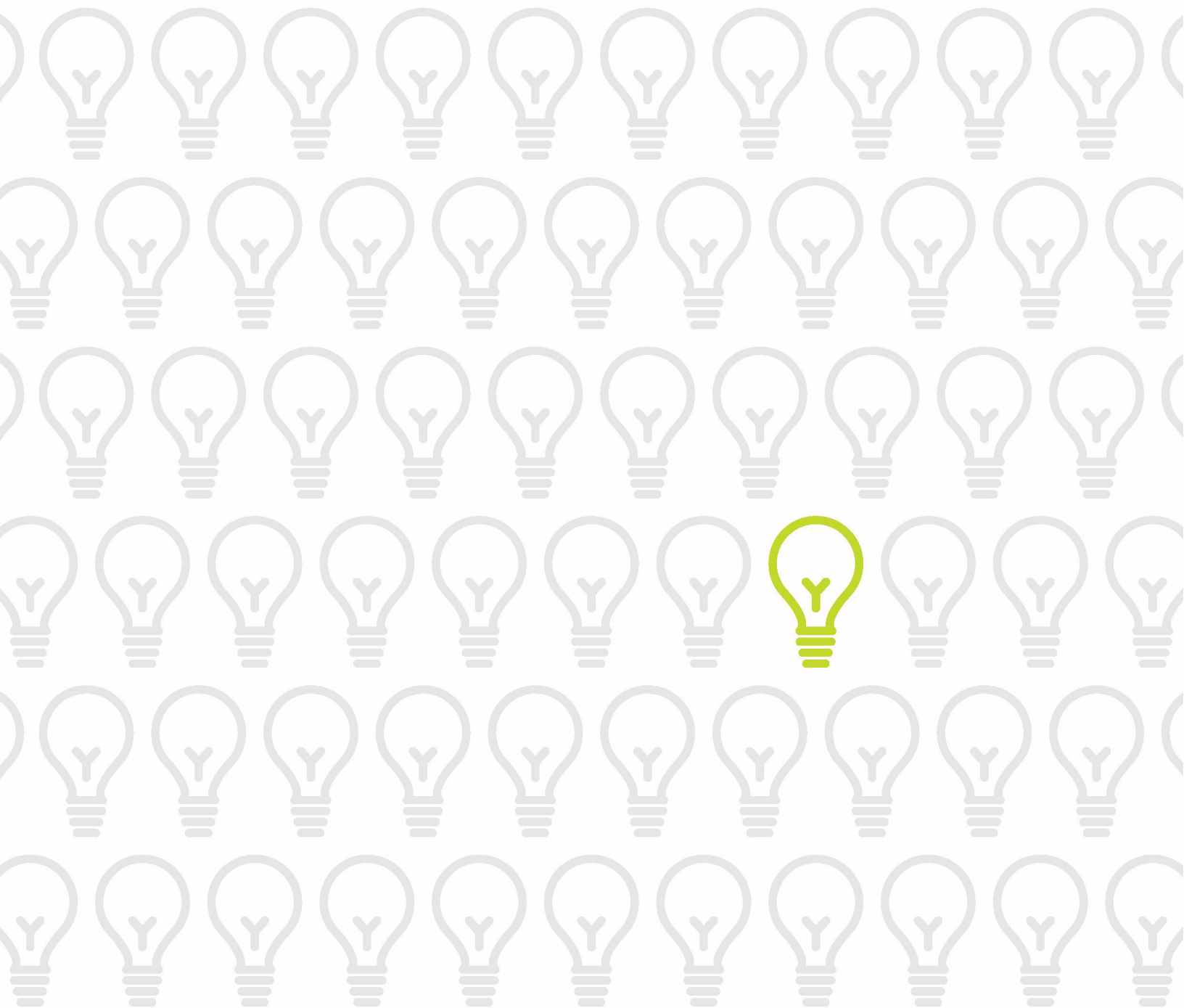


# The evaluation of My Forever Family NSW

## Summary



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Insight Consulting Australia  
*Strategy, policy, research*

Contact: Ross Beaton, Director  
Office: 1800 572 035  
Email: [ross.beaton@insightaus.com.au](mailto:ross.beaton@insightaus.com.au)  
[www.insightaus.com.au](http://www.insightaus.com.au)

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# 1. Executive Summary

In NSW out-of-home care (OOHC) for children and young people is provided by the NSW Department of Communities and Justice (DCJ) and 53 contracted providers under the Permanency Support Program (PSP). DCJ and the providers are responsible to recruit, train and support carers to meet the needs of children in their care, and each placement is funded to incorporate those costs – along with all other costs.

My Forever Family NSW (MFF) was commissioned in 2018 by DCJ to supplement this delivery of services to foster and kinship carers, guardians and adoptive parents of children from care (collectively referred to as carers throughout this report) by PSP providers through the provision of the following state-wide services:

1. Recruitment of carers, guardians and adoptive parents
2. Carer training and education
3. Carer support, connection and individual advocacy
4. Systemic advocacy and sector engagement

This evaluation of the My Forever Family NSW program was commissioned by Adopt Change at a critical time for these functions. Several characteristics mark this period:

- The number of children needing OOHC *and* the number of carers have been declining in NSW.
- The PSP reforms increased the emphasis on permanency outcomes for children, with the primary option being restoration to family. Existing research suggests, and providers in NSW and other states report, that the expectations of many prospective carers do not align well with permanency restoration goals. This creates impediments to recruitment, and conflict with providers once authorised.
- PSP providers report a crisis in carer recruitment and retention. Better sector-wide data is needed to clarify whether this crisis is exacerbated by the increased time taken to achieve permanency outcomes.
- The shortage of carers has increased the pressure on existing carers. This can lead to inappropriate placements, damaging outcomes for children and carers and increased carer exits. These patterns also reduce the proportion of carers willing to recommend caring to others – the most effective recruitment strategy - and undermine the retention of both carers and case workers.
- The impact of the COVID-19 pandemic on carer numbers is yet to fully play out.

These developments highlight the crucial nature of the work of PSP providers and MFF in relation to carer recruitment, development and retention for the futures of many children and the PSP program as whole.

Adopt Change is funded \$2.46m p.a. and employs about 14 FTE to deliver MFF's four service functions state-wide. This evaluation, delivered by Insight Consulting Australia and The River Mob, reviewed a range of MFF data sources, interviewed 50 carers and 64 stakeholders, and conducted a number of workshops with PSP providers to test emerging findings. Of the 64 stakeholder participants, 29 were from PSP provider agencies. Since the views of participants from PSP provider agencies may differ from the views of their agencies at times, these participants are hereafter referred to as PSP stakeholders. The evaluators also interviewed inter-state providers of relevant services.

An interim report was delivered in August 2022 and through ongoing communication MFF has already initiated some actions to address findings of this evaluation.

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## 1.1 Key findings

The following outlines the key findings of the evaluation of MFF.

### 1.1.1 Contract targets have been met or exceeded.

MFF has largely met or exceeded its targets under the contract for each of its functions and has done so in a constantly changing and challenging operating environment.

(For further details please see full report **Appendix A** for “Progress against contract measures” described by MFF implementation year.)

### 1.1.2 MFF meets a strategic need.

The funding of an independent organisation focussed on carers to supplement the work of the sector is strategic for NSW. MFF provides an independent lever – beyond the indirect mechanism of funding more OOH places - through which DCJ can responsively address needs regarding carer recruitment, development and retention.

This asset also provides:

1. an independent and trusted source of carer support, information, and training. An independent carer-oriented entity is critical. For example, some carers report that they are not disclosing how bad things are for them to their PSP provider because they fear being judged and/or losing the placement
2. an independent entity through which carer concerns or conflict with providers can be resolved, and
3. a carer perspective on key systemic issues that can be used to strengthen the PSP.

### 1.1.3 Carers are consistently satisfied with MFF services.

Carers are MFF’s primary stakeholders. Carers consistently express satisfaction with each of MFF’s services – both directly to this evaluation and through MFF’s carer surveys.

### 1.1.4 Crucial opportunities exist.

*MFF’s purpose requires clarification.*  
(relates to Recommendation 1 and 6)

Further clarity needs to be provided to potential carers about MFF’s purpose in relation to carer recruitment. In particular, there is a need for better communication of the system realities and goals of the caring role through MFF’s branding, online platform and training resources.

Further clarity is also needed as to whether MFF’s purpose is to provide a service which strategically complements what PSP providers and DCJ are delivering in each district, or an additional service which simply adds volume to carer recruitment, development, and support efforts. We recommend the former.

*A more strategic approach is needed to meet the needs of PSP agencies.*  
(relates to Recommendations 2, 3, 4, 7 and 8)

PSP providers want MFF to have a more engaged approach at a local level and a more strategic approach at a state-wide level. Such an engaged approach is challenging without additional resourcing to coordinate effectively with 53 PSP providers (many with teams in multiple districts) and 16 DCJ districts (with 29 distinct DCJ teams).

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Processes that support collaborative planning and delivery of recruitment, development, and support strategies are also needed.

PSP providers, DCJ districts and MFF also need better system-wide data to inform timely carer recruitment, development and retention strategies. Currently, MFF is a supplementary service without an adequate map of what it is complementing.

*Culturally safe ways of working need to be more fully developed and communicated.  
(relates to Recommendation 5)*

To deliver effective services to Aboriginal PSP providers and carers, MFF must adopt culturally safe ways of working and have the capacity to work in line with a range of Aboriginal PSP provider agency policies. MFF currently has two Aboriginal staff who assist with culturally safe ways of working. However, Aboriginal PSP providers report that MFF's approach needs to be more fully developed and communicated to Aboriginal PSP providers. This is also the case for CALD PSP providers.

### **1.1.5 System challenges need to be resolved or managed to achieve optimum delivery.**

*Consistent growth-focused investment is needed to keep pace with need.*

Many carers and case workers remain unaware of some of MFF's services. This means MFF's reach (currently growing at about 10% pa) will continue to grow beyond the current 6800 or so registered carer households on its database.

MFF's resourcing must keep pace with the growth in active members to enable it to deliver on its promises of recruitment, support, advocacy, and training. Without growth-focused investment, carer and provider engagement will wane and the usefulness of this lever within the system will diminish. Stakeholder confidence in MFF may be lost below a minimum level of service.

*Effective sector-wide recruitment and retention strategies require adequate resourcing.*

A critical mass of carers is required to allow adequate placement matching. This means effective recruitment and retention strategies are crucial.

Research shows that the best carer recruitment method is carers recommending other carers. Carers recruited this way have a better understanding of what is involved in caring. Carer retention and recommendations to other carers tend to be related to the quality of the support carers receive from their PSP provider.

Overall, this evaluation found that factors influencing carer retention and word of mouth recruitment included carers: being enabled to seek support early, having support strategies in place before becoming overwhelmed, and being well prepared for the realities of the role.

Effective carer recruitment and retention strategies are inter-connected and require adequate resourcing to meet these carer support needs at the local level through the PSP program.

*Centralising functions within one entity offers unique opportunities along with challenges.*

Other jurisdictions organise the delivery of these functions in different ways and not through the one organisation. While MFF is delivered well, the strength of the NSW approach for carers is the possibility of an end-to-end supportive relationship with an entity independent of their PSP provider. The weakness of this

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arrangement is that if MFF becomes overly stretched or poorly managed in the future, all functions are likely to be impacted in some way.

## 1.2 Recommendations

The following is a synthesis of the key recommendations detailed in each chapter's summary. (The full summary of recommendations is outlined in **Table 1** in **Chapter 2**)

### **MFF's value can be increased with some improvements within existing resources.**

#### *1. DCJ and Adopt Change to consider rebranding MFF over time.*

The names of My Forever Family NSW and Adopt Change are now both established brands. However, for some providers and Aboriginal stakeholders these names seem misaligned with the goals of the PSP and may contribute to carers having misaligned expectations in relation to restoration work.

#### *2. MFF utilise its program logic to shape activities to support system-wide outcomes.*

DCJ's contract for MFF's services needs to better recognise MFF's role within the wider service system and encourage MFF to pursue strategic system-wide outcomes (for carers and in support of children's outcomes – see 6-8 below) while continuing to be specific about what is achievable for a program of this scale. In turn, MFF needs to utilise its program logic to shape activities addressing strategic system-wide needs regarding carer recruitment, capability, and retention.

#### *3. MFF to explore options to assist carers to translate training into practice.*

Carers often struggle to apply lessons learned in training to their own context. This could be assisted by carer-initiated conversations and planning with case workers, or conversations with peers, or other means. A focus on measuring carer capability – beyond satisfaction with training – would drive a stronger focus on application and the contribution of training to better outcomes.

#### *4. MFF to work with carers and providers to identify better ways to educate and support carers.*

Carers often access support too late, if at all, but MFF's independence positions it well to improve this. To address vicarious trauma and burnout we recommend MFF work with carers and providers to identify ways to better: educate carers about vicarious trauma; promote self-care; and enable the early of accessing support options.

#### *5. MFF to further develop and communicate culturally safe ways of working.*

MFF to further develop culturally safe ways of working; communicate its culturally safe frameworks and practices to Aboriginal PSP providers and carers; and strengthen its planning and delivery of recruitment and support for Aboriginal carers.

### **Some critical improvements are recommended that require additional resourcing to be feasible.**

#### *6. MFF's strategic purpose to be fine-tuned.*

DCJ to determine whether the aim of MFF, as an independent service for carers, is for a supplementary approach which strategically complements what PSP providers and DCJ are delivering in each district, or simply an additional service which adds volume to carer recruitment, development, and support efforts.

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Without clarity on this, MFF is left trying to satisfy a range of implicit expectations among stakeholders without necessarily having the mandate or resourcing to do what that requires.

We recommend the former approach. However, this requires systems to map and track the efforts of PSP providers and DCJ districts (see recommendation 7, below). This system would also allow emerging issues to be flagged and resolved collaboratively (as appropriate) and at the earliest opportunity. Or it requires the introduction of collaborative planning processes at district and state-wide levels (see recommendation 8 below).

Currently MFF is a supplementary service without an adequate map of what it is complementing – despite intelligence gathering with PSP partners. This work may need to be informed by a formal needs assessment at both state-wide and district levels. The value of an independent service for carers is not contested.

*7. PSP providers, DCJ districts and MFF to improve capacity to share system-wide data.*

PSP providers, DCJ districts and MFF need better system-wide data to inform timely carer recruitment, development and retention strategies. We recommend establishing a data portal; enabling shared access to a strategic minimum data set supportive of a coordinated sector-wide strategy.

*8. MFF to strengthen communication and coordination with PSP providers and DCJ districts.*

This includes the introduction of processes that support collaborative planning and delivery of recruitment, development, and support strategies.

### 1.3 Conclusion

Adopt Change works responsively with DCJ to deliver MFF and meet its contracted targets. MFF has built a solid reputation among carers who are its primary focus, and this continues to grow. MFF has variable working relations with PSP providers which seems to have affected implementation and may inhibit impact.

A central issue for DCJ and MFF from here is how to effectively supplement the sector's delivery of carer recruitment, development, and support without having an adequate map of that delivery or adequate shared data regarding how the whole OOHC system is functioning.

The current resourcing of MFF, while not directly comparable, is two-thirds that for similar functions in Victoria which serve fewer placements. Additional resourcing would support direct services to carers at time when carer support is critical to carer retention in NSW and placement stability. Some additional resources would also enable MFF to build stronger coordination with the sector for greater effectiveness, and would enable MFF to maintain an adequate level of service to its growing membership base.

A strategic approach from here would be for

- DCJ to resource MFF and the sector with the system-wide data needed to inform strategic planning and collaborative action regarding carers as crucial contributors to good outcomes for children. This approach would necessarily also involve data regarding the needs, characteristics and trends of children entering care and in care.
- MFF to take system-wide approach to its work, focussed on system level outcomes as well as contractual obligations. MFF would use that wider focus as a space for continuing to build collaborative action across the sector.

## 2. Synthesis of Recommendations

Table 1: Synthesis of recommendations

<b>Recommendation 1</b>	<b>DCJ and Adopt Change to consider rebranding MFF over time. (Within existing resources)</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary]</b> The names of My Forever Family NSW and Adopt Change are now both established brands. However, for some providers and Aboriginal stakeholders these names seem misaligned with the goals of the PSP and may contribute to carers having misaligned expectations in relation to restoration work.</li> </ul>	DCJ Adopt Change
<b>Recommendation 2</b>	<b>MFF to utilise its program logic to shape activities to support system-wide outcomes. (Within existing resources)</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary and Recruitment]</b> DCJ's contract for MFF's services needs to better recognise MFF's role within the wider service system and encourage MFF to pursue strategic system-wide outcomes (for carers and in support of children's outcomes – see 6-8 below) while continuing to be specific about what is achievable for a program of this scale.</li> <li>• <b>[Executive Summary and Recruitment]</b> MFF to utilise its program logic to shape activities addressing strategic system-wide needs regarding carer recruitment, capability, and retention.</li> </ul>	DCJ MFF
<b>Recommendation 3</b>	<b>MFF to explore options to assist carers to translate training into practice. (Within existing resources)</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary]</b> Carers often struggle to apply lessons learned in training to their own context. This could be assisted by carer-initiated conversations and planning with case workers, or conversations with peers, or other means. A focus on measuring carer capability – beyond satisfaction with training – would drive a stronger focus on application and the contribution of training to better outcomes.</li> </ul>	MFF PSP providers
<b>Recommendation 4</b>	<b>MFF to work with carers and providers to identify better ways to educate and support carers. (Within existing resources)</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary]</b> Carers often access support too late, if at all, but MFF's independence positions it well to improve this. To address vicarious trauma and burnout we recommend MFF work with carers and providers to identify ways to better: educate carers about vicarious trauma; promote self-care; and enable the early of accessing support options.</li> </ul>	MFF PSP providers Carers
<b>Recommendation 5</b>	<b>MFF to further develop and communicate culturally safe ways of working. (Within existing resources)</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary]</b> MFF to further develop culturally safe ways of working; communicate its culturally safe frameworks and practices to Aboriginal PSP providers and carers; and strengthen its planning and delivery of recruitment and support for Aboriginal carers.</li> <li>• <b>[Advocacy &amp; Support]</b> MFF to build effective communication and relationships with Aboriginal PSP providers, including around its support and advocacy functions, and continue to work with AbSec and the Aboriginal Carer Support Program to ensure Aboriginal carers are aware of the support options available through both organisations.</li> <li>• <b>[Training]</b> MFF to communicate with Aboriginal PSP providers regarding how MFF ensures training is culturally safe, and MFF to collaborate with Aboriginal PSP providers to deliver culturally informed training and access strategies.</li> <li>• <b>[Recruitment]</b> MFF to continue to build its relationships with Aboriginal PSP providers, including through             <ol style="list-style-type: none"> <li>a. collaborating with providers for tailored carer recruitment, support and development strategies,</li> </ol> </li> </ul>	MFF PSP providers

	<ul style="list-style-type: none"> <li>b. further developing and communicating its frameworks for cultural safety,</li> <li>c. consideration of establishing identified Aboriginal positions with roles in partnership building and cultural safety, and</li> <li>d. time spent on site.</li> </ul> <ul style="list-style-type: none"> <li>• <b>[Recruitment]</b> MFF to continue to tailor recruitment strategies for people of culturally diverse backgrounds in partnership with organisations with relevant expertise and community networks</li> </ul>	
<b>Recommendation 6</b>	<b>MFF's strategic purpose to be fine-tuned.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary]</b> DCJ to determine whether the aim of MFF, as an independent service for carers, is for a supplementary approach which strategically complements what PSP providers and DCJ are delivering in each district, or simply an additional service which adds volume to carer recruitment, development, and support efforts. Without clarity on this, MFF is left trying to satisfy a range of implicit expectations among stakeholders without necessarily having the mandate or resourcing to do what that requires. We recommend the former approach. However, this requires systems to map and track the efforts of PSP providers and DCJ districts (see recommendation 7, below). This system would also allow emerging issues to be flagged and resolved collaboratively (as appropriate) and at the earliest opportunity. Or it requires the introduction of collaborative planning processes at district and state-wide levels (see recommendation 8 below).</li> </ul>	DCJ
<b>Recommendation 7</b>	<b>PSP providers, DCJ districts and MFF to improve capacity to share system-wide data.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary]</b> PSP providers, DCJ districts and MFF need better system-wide data to inform timely carer recruitment, development and retention strategies. We recommend establishing a data portal; enabling shared access to a strategic minimum data set supportive of a coordinated sector-wide strategy.</li> <li>• <b>[Recruitment]</b> DCJ to ensure sufficient investment is being made system-wide into carer retention and satisfaction – including through support and development strategies. The MFF carer survey and CRGs ought to strongly inform mechanisms for managing the retention and recruitment of carers state-wide.</li> <li>• <b>[Recruitment]</b> DCJ to work with MFF and PSP providers to define and operationalize an OOH system-wide minimum data set which, through quarterly updates, will enable data-driven coordinated planning and problem-solving by all key stakeholders in relation to placement needs (including duration) and carer recruitment, support and development, to resource those placement needs and the long-term pool of carers for NSW. (Requires resourcing within DCJ)</li> </ul>	PSP providers DCJ districts MFF
<b>Recommendation 8</b>	<b>MFF to strengthen communication and coordination with PSP providers and DCJ districts.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Executive Summary]</b> This includes the introduction of processes that support collaborative planning and delivery of recruitment, development, and support strategies.</li> <li>• <b>[Advocacy &amp; Support]</b> MFF to better communicate to PSP providers its role in individual advocacy generally, and during each case. MFF to ensure its advocacy aligns with the principles and goals of the PSP. MFF may need to further develop internal practice guidance in relation to common matters such as Family Time and working towards restoration.</li> <li>• <b>[Advocacy &amp; Support]</b> MFF and PSP providers to work to more effectively promote MFF's support services, self-care strategies and the early accessing of support. This should be positioned as part of a sector-wide education campaign for carers regarding vicarious trauma.</li> </ul>	MFF PSP providers

	<ul style="list-style-type: none"> <li>• <b>[Recruitment]</b> MFF to use available data as a focal point around which there can be shared planning and coordinated strategies with PSP providers – inviting PSP providers into that approach at state-wide and district levels.</li> <li>• <b>[Recruitment]</b> MFF to work with PSP providers to convene a community of practice for retention and recruitment through which teams learn from each other's practices and systems.</li> </ul>	
<b>Recommendation 9</b>	<b>MFF to continue to deliver and continuously improve the strategic functions of carer support and advocacy.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Advocacy &amp; Support]</b> The MFF functions of carer support and advocacy to continue due to the need for an independent channel for both functions. This is in the interests of PSP providers as well as carers.</li> <li>• <b>[Advocacy &amp; Support]</b> MFF to continue to improve its website as a resource for carer support.</li> </ul>	MFF
<b>Recommendation 10</b>	<b>DCJ, PSP providers and MFF to use data and research to introduce practices aimed at reducing the need for intensive carer support.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Advocacy &amp; Support]</b> DCJ to make available relevant system-wide data and collaborate with PSP providers and MFF to utilise that data, the insights from this evaluation and other research to address the key factors contributing to carer exits, placement breakdowns and low word-of-mouth recruitment. This would in turn reduce the need for intensive carer support. While this recommendation is for initial action within MFF's existing resources, and dependent on system-wide data being available, such action is likely to identify a need for greater resourcing of carer support through PSP providers and MFF.</li> </ul>	DCJ PSP providers MFF
<b>Recommendation 11</b>	<b>MFF to employ its induction, training, and follow-up mechanisms to strategically address self-care gaps.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Advocacy &amp; Support]</b> Staged training in self-care and vicarious trauma to become core elements of carer induction and development for all PSP providers, including the options provided by MFF.</li> <li>• <b>[Advocacy &amp; Support]</b> MFF to explore ways of following up non-attendance at self-care training which increase people's sense of permission and commitment to undertake self-care, and which increase their awareness of vicarious trauma.</li> <li>• <b>[Training]</b> MFF to work with carers and PSP providers to develop and implement strategies which better engage carers with self-care training as something appropriate for everyone. Ideally providers would make it a mandatory part of the induction or early experience of all carers.</li> </ul>	PSP providers MFF
<b>Recommendation 12</b>	<b>MFF to establish, monitor, and maintain supportive cultures in Peer Support Groups, intervening as necessary to achieve this goal.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Advocacy &amp; Support]</b> MFF to monitor the quality of Peer Support Groups and provide facilitation where useful to establish and manage a group's norms and/or intervene in deteriorating dynamics. Ideally all groups would be facilitated by a psychologist able to resource carers with a solutions focus – as is done by some providers. (Requires additional resources)</li> </ul>	MFF
<b>Recommendation 13</b>	<b>MFF to continue to deliver and continuously improve its strategic training function.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Training]</b> MFF and PSP providers to explore ways to measure changes in carer capability over time and in addition to measuring satisfaction with training. MFF and PSP providers to introduce practices that carers feel add value to their own awareness and validate their growth as a carer.</li> <li>• <b>[Training]</b> MFF to consider how to provide extension training (or referrals) for carers who need greater depth from training. This could be in the recorded webinar format given the low numbers involved at any given time.</li> </ul>	MFF PSP providers
<b>Recommendation 14</b>	<b>MFF to work with PSP providers and carers to address remote and regional access to specific training options.</b>	

<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Training]</b> For remote and regional NSW MFF to work with carers and local PSP providers to identify ways to boost online engagement in order to improve carer access to the specific training options which meet their individual needs – including accompanying peer-peer connections around online training and means for case workers to support the implementation of lessons learnt.</li> </ul>	MFF PSP providers
<b>Recommendation 15</b>	<b>MFF and PSP providers to improve their strategic cooperation to better support the development of PSP caseworkers and carers.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Training]</b> MFF and PSP providers to further promote MFF's library of training webinars to PSP case workers for their own development and awareness of carer perspectives, and as a resource for supporting carers.</li> <li>• <b>[Training]</b> MFF to work with carers and PSP providers to design and implement ways to further resource caseworkers and carers to embed lessons from training into carer practice.</li> <li>• <b>[Training]</b> MFF to continue to seek to stimulate collaborative planning of carer development strategies across NSW and districts. Partnership approaches may better enable increased online learning. Sector coordination would be better informed by system-wide data from DCJ and the OCG, and by PSP providers sharing their training plans as MFF do.</li> </ul>	MFF PSP Providers
<b>Recommendation 16</b>	<b>MFF to continue to deliver and continuously improve its strategic recruitment function.</b>	
<i>Description</i>	<ul style="list-style-type: none"> <li>• <b>[Recruitment]</b> DCJ to continue to resource the independent provision of carer recruitment.</li> <li>• <b>[Recruitment]</b> MFF's referrals of potential carers to agencies to be strengthened by               <ol style="list-style-type: none"> <li>a. asking enquirers if they have heard about caring through their employment or from existing carers – both of which are indicators (on average) of increased suitability and readiness,</li> <li>b. maximising opportunities for prospective carers to hear from existing carers – as MFF do through their events, and</li> <li>c. building further strategies around resourcing carers to promote caring to others.</li> </ol> </li> </ul>	DCJ MFF