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Adopt Change

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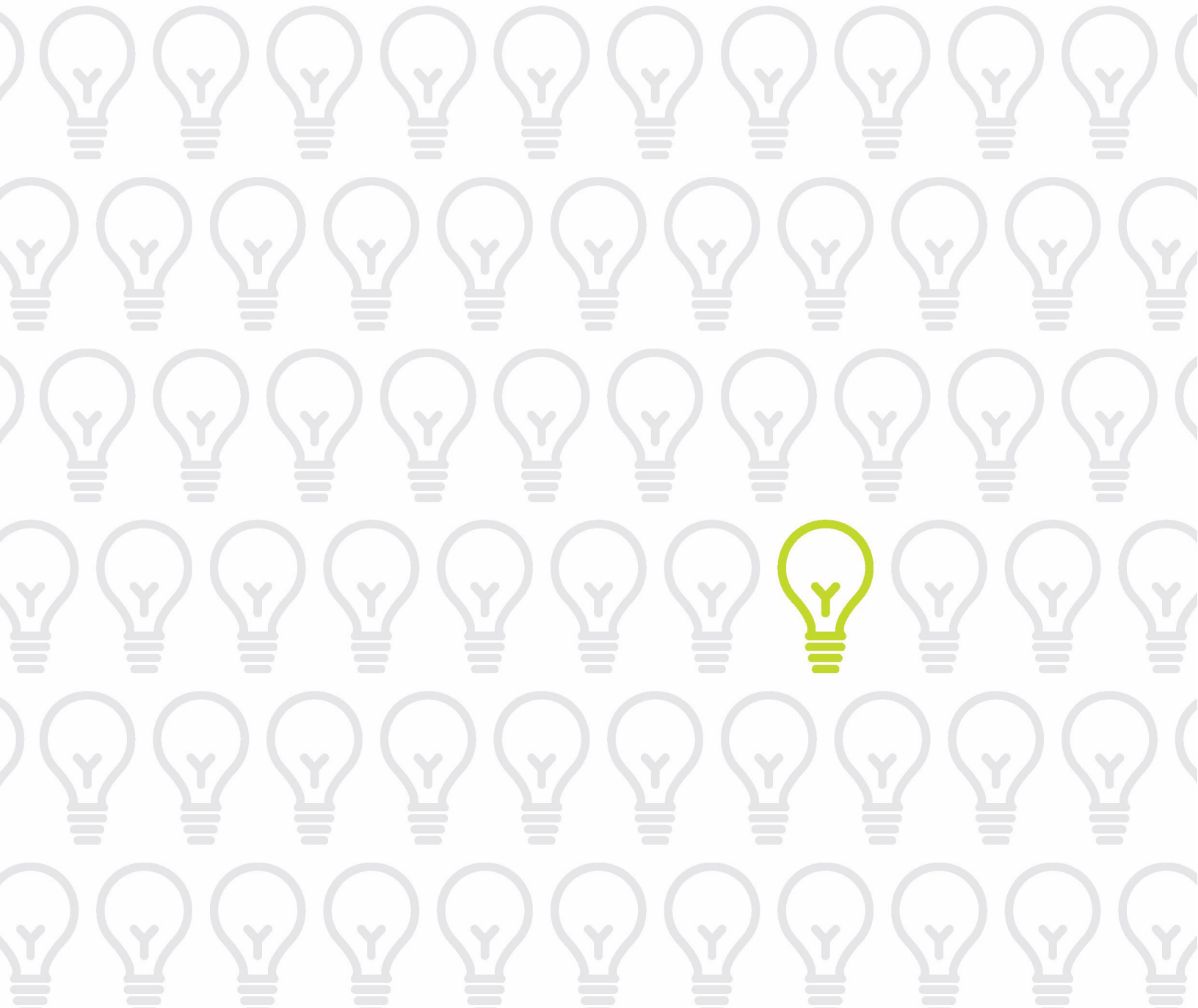
The evaluation of My Forever Family NSW



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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.

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.

(See **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 OOHC 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).

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 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

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 summary of the key recommendations outlined in more detail in each chapter's summary. (The full summary of recommendations is at **Appendix B**.)

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 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.

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. Context

My Forever Family NSW (MFF) was commissioned in 2018 by DCJ in response to policy changes in NSW. In 2017, the NSW Government introduced the Permanency Support Program (PSP) to improve the experience of, and outcomes for, children and young people who enter out-of-home care (OOHC). The PSP brought about a shift in the structure of the system and the role of foster carers, characterised by an increased emphasis on establishing permanent placement options for children within the first two years of their entry into care.

MFF is part of the suite of PSP reforms and was developed through a co-design process that included, DCJ, carers and PSP stakeholders. MFF replaced two previous programs: Fostering NSW (carer recruitment) and Connecting Carers NSW (carer support).

In addition to what PSP providers do, MFF supplements recruitment, training, support and advocacy to a range of carers including foster carers, kinship carers, guardians, and adoptive families for children in statutory care in NSW. The program is designed to recruit potential carers for children in OOHC and assist their journey to becoming an authorised carer by maintaining contact with potential carers throughout the process as they progress. The program is also designed to retain carers through training, support, and advocacy. This in turn creates an experience that leads to positive word-of-mouth recruitment.

MFF is delivered by Adopt Change, an organisation whose mission is to support families and communities in caring for displaced children. MFF is an independent provider of services to carers operating under the PSP program. MFF's primary stakeholders are carers and their secondary stakeholders are the PSP agencies and DCJ Districts that provide OOHC under the PSP program.

As part of the evaluation an interim report (**Appendix C**) was delivered in August 2022 that focused on evaluation questions relating to implementation and MFF contractual obligations. The report found:

- MFF was yet not fully embedded across all 16 districts. Implementation of an evidence-based program takes 3-5 years (Fixsen, et al, 2011) for a single program that has a high level of research evidence implemented into a single community. In contrast, MFF is a multi-component program that is designed to supplement 53 diverse agencies, including Aboriginal agencies, and deliver services across 16 unique NSW districts with a diverse group of carers and potential carers and is being implemented into a complex sector with significant systemic barriers.
- There were several barriers to implementation including limited communication between MFF and PSP providers which will be discussed in more detail in this report.
- Both MFF and PSP stakeholders believe a lack of data is hindering the ability of the sector to target recruitment to meet the needs of children and young people in care.
- Implementation of MFF is further impacted by a limited budget ($2.46m pa), with the equivalent of 14 full time staff across its four functions providing supplementary support to 11400 NSW carer households caring for 15000 children. Hence it would be reasonable to expect that full implementation of MFF would take more than 5 years as it evolves. While not directly comparable, the Victorian Government expends about $3.71m pa, or 50% more, on similar functions through two organisations who work with 26 services providing placements for just over 10000 children.
- That MFF was meeting or exceeding its contractual requirements.

3. Evaluation purpose and framework

3.1 Evaluation purpose

In June 2022, MFF completed its fourth year of delivery. Adopt Change commissioned this evaluation, as required under its 2021-24 contract, to understand the impact the program has had and to learn lessons from implementation, feeding into continuous improvement. The evaluation is being conducted by Insight Consulting Australia and Cheryl Jackson of The River Mob.

The objectives of the evaluation are to:

- Provide feedback about whether the program has been implemented as intended
- Assess progress towards intended program outcomes
- Understand the impacts of the program on carers and potential carers in NSW
- Understand the level of the supplementary role of the program in the context of the permanency support program and services providing out-of-home care.

3.2 Evaluation Framework

The evaluation is informed by:

- Implementation science – which informs the process evaluation
- A mixed method approach that draws on quantitative and qualitative data
- The experience of stakeholders including carers
- Ethical guidelines
- An evaluation reference group made up of Adopt Change and DCJ representatives, including representatives from FACSIAR.

The evaluation included process and outcomes components. A mixed methods approach was used that included both qualitative and quantitative data to corroborate and expand on findings.

The purpose of the process evaluation was to understand the barriers and facilitators to implementing MFF including the program's cultural appropriateness. This part of the evaluation focuses on 'how' MFF will fit into and improve the services already being provided by PSP providers in the OOHC context. Insight Consulting adapted the Consolidated Framework for Implementation Research (CFIR) to guide the collection and analysis of process evaluation data to inform actionable findings about contextual and outcome factors affecting the implementation of MFF. The CFIR is a comprehensive framework that was developed to guide systemic assessment of implementation contexts to identify factors that might influence implementation and effectiveness (Damschroder et al., 2009). This focus is important because evidence consistently shows that effective programs are dependent on effective implementation, and positive outcomes are dependent on good implementation outcomes (Proctor et al., 2011). When used to evaluate the initial stages of implementation the CFIR helps to produce findings which inform stakeholders on potential improvements to the implementation process. (For further information about the CFIR see **Appendix D**)

3.2.1 Cultural approach

The evaluation used an Aboriginal Ethical guide (**Appendix E**) that was informed by Marshall's Two-Eyed Seeing approach: "To see from one eye with the strengths of Aboriginal ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together" (Bartlett, Marshall, & Marshall, 2012, p. 335). The application of the concept of Two- Eyed Seeing uses the principles of respect, being relationship-based, consultation, and collaboration whilst incorporating both Western and Aboriginal worldviews. Two-Eyed Seeing encourages Aboriginal people and researchers to develop a relationship of mutual cultural respect, wherein the benefits of both world-views are acknowledged as beneficial. The approach is outlined in the Figure 1.

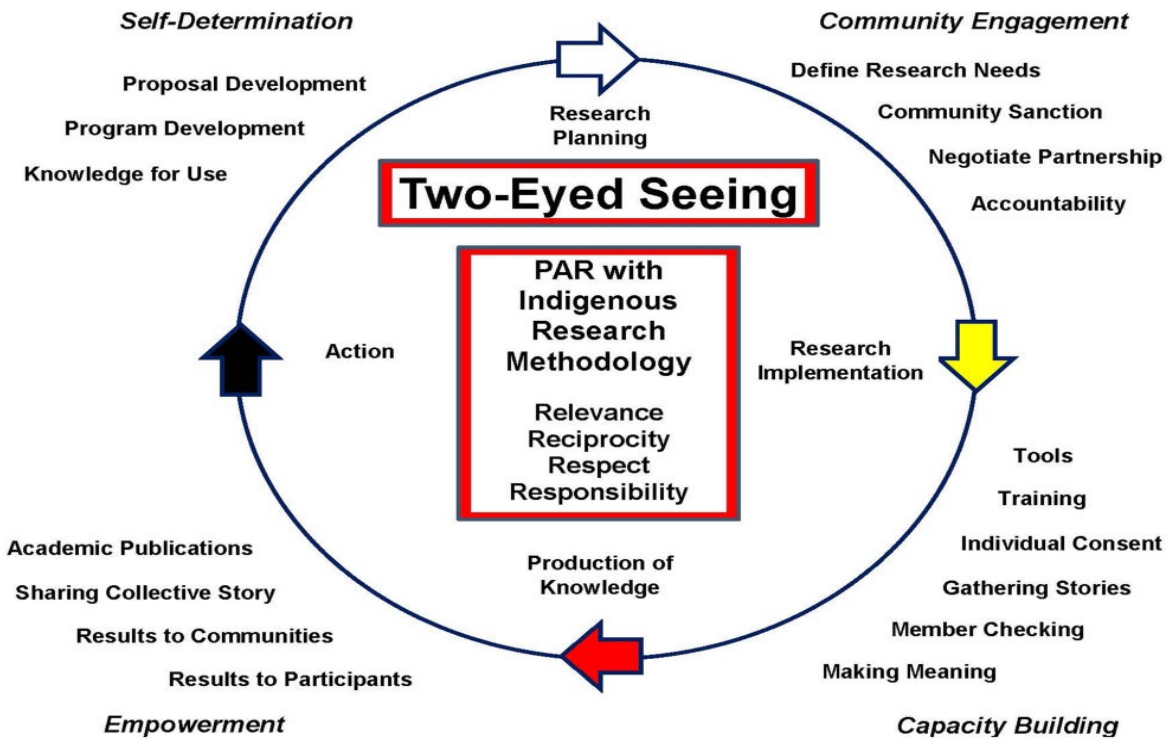


Figure 1: Marshall's Two-Eyed Seeing approach[1]

To ensure our stakeholder engagement is inclusive and culturally safe, Insight developed Culturally Ethical guidelines (**Appendix E)** and Cheryl Jackson, an Aboriginal consultant, provided cultural input to data collection methods and analysis, and interviewed Aboriginal stakeholders and carers. This involvement at each stage of our process enables rich conversations and analysis to occur across multiple viewpoints (For further information about the cultural approach see **Appendix E**).

3.2.2 Data collection and presentation

Stakeholder perspectives of MFF services were collected using semi-structured interviews. A study information sheet and consent form, which outlined the purpose and scope of the evaluation as well as core information to enable participants to provide informed consent (including information around data handling and confidentiality

and the voluntary nature of participation), was shared with participants in advance of their interviews. Consent was confirmed by carers/potential carers signing and returning an information consent form and for other PSP stakeholders verbally at the start of the interview. All carers/potential carers were provided with a $50.00 gift voucher of their choice, in recognition of their time. Interviews were mainly conducted individually and some of the stakeholders were interviewed in small focus groups. These interviews were conducted from May 2022 to November 2022.

Unless otherwise indicated, all data presented in this report is organised into financial years to align with contractual reporting arrangements.

3.2.3 Recruitment strategy

An email was sent inviting all carers and potential carers on MFF database in three districts: Western NSW, South-West Sydney and Hunter. These areas were chosen as they have high numbers of children in care and represent an appropriate sample of both Aboriginal and culturally and linguistically diverse (CALD) children and young people, and carers from regional and city areas. 45 carers and 10 potential carers responded to the expression of interest and 20 carers and 4 potential carers were interviewed based on location, type of carer, cultural background and experience as a carer.

Contact details of PSP providers, including those of agencies and DCJ Districts, were provided by DCJ representatives of the Evaluation group. Providers were selected to ensure diversity in size and geography, including Aboriginal and CALD specific providers. Agencies were only asked to participate if they were not already involved in another evaluation. Some of these agencies worked across multiple districts. Potential carers and carers who were not on the MFF database were also recruited through these PSP providers.

Overall, key stakeholder perspectives were collected from carers, PSP staff, MFF staff, DCJ and peak bodies.. **Table 1** (below) shows the range of stakeholders engaged.

Table 1: Range of stakeholders

Stakeholders	Total
Carer interviews (20 carers were recruited through MFF database and 22 through agencies & DCJ) (23 of carers [55%] had used MFF services)	42
Potential carers (4 recruited through MFF)	8
Aboriginal staff; Operation Manger or executive, recruitment, caseworkers	12
Agency staff; Operation Manger or executive, recruitment, caseworkers	29
DCJ staff; Operation Manger or executive, recruitment, caseworkers	8
Peak and oversight organisations	6
MFF staff	9
Total stakeholders	**114**

Since the PSP staff interviewed for this evaluation may have expressed views that are sometimes not aligned to their agency's views, hereafter these views are referred to as the views of PSP stakeholders rather than agency or provider views.

Table 2 (below) describes the characteristics of the carers participating in the MFF evaluation.

Table 2: Carer participant characteristics

Characteristic	Details
Age	Mean=51 years with a range from 27 to 80 years
Region	Hunter 12 (29%), South-West Sydney 8 (19%), Western NSW (12%), Western Sydney 4 (10%), Mid North Coast 5 (12%), New England 4 (10%)
Cultural background	Western=21 (50%), Aboriginal=10 (24%) CALD 9 (21%) (missing=2)
Type of carer	Foster care 22 (53%) Kinship carer 19 (45%) Guardian 1 (2%) 4 (10%) were in the process of becoming a Guardian.
Provider	14 (33%) with DCJ, 15 with Agency (36%), 11 with Aboriginal organisation (26%)
Time as a carer	0-2 years, 14 (38%), 3-5 years 7 (17%), 5-8 years, 8 (19%), 10+ 12 (29%).
Number of children in care	77 children – 19 carers had 1 child, 7 carers had 2 children, 10 carers had three children, 2 carers had 4 children. (missing=3) 15 (36%) had siblings.
Cultural background of children in care	33 (46%) Aboriginal, 17 (24%) CALD, 21 (31%) Western
Paid employment	18 (43%) employed, 2 (5%) part-time, 14 (33%) not working, 6 (14%) retired.
Gender of carer	35 (83%) of carers were female, 7 (17%) of carers were male.
Relationship status	28 (70%) have a partner, 5 (12%) were in a same sex relationship 12 (29%) single, missing=2
Education	High School 16 (38%) TAFE 6 (14%) University 18 (43%)

An Insight representative also attended three Carer Reference Groups (CRGs) in three districts: Mid-North Coast, Hunter & Sydney.

3.2.4 Data Analysis

Qualitative interviews including the focus groups were transcribed and analysed using NVivo version 12 (QSR International). The process for qualitative data analysis is outlined in more detail in **Appendix F**.

To better understand the themes arising from the interviews, the evaluators searched for academic research and grey literature using a wide range of search terms including: the recruitment, support, advocacy, training and retaining carers. The evaluators also expanded the search relating to particular themes as they arose including: implementation science, vicarious trauma.

Workshops were held to test emerging themes with PSP stakeholders in August 2022. Eight PSP providers and the peak Association of Child Welfare Agencies (ACWA) participated through 12 senior representatives. The CEO of Adopt Change and the MFF Head of Program Operations also attended. In November, feedback sessions were held with Aboriginal community-controlled providers to test themes with those stakeholders who had participated in consultations. A second workshop was carried out in November for PSP providers and included 23 participants representing ten PSP providers, ACWA, DCJ, and Adopt Change. A final workshop was held on the 6th of December with 9 carers.

3.2.5 Outcomes evaluation

The outcome evaluation drew on a mix of administrative data, surveys and a reliable and valid outcome measure, including:

- MFF Client Management data, which included data on the recruitment, training, support and advocacy of carers.
- MFF website statistics
- 2019, 2021 and 2022 MFF Carer Surveys
- MFF PSP survey and MFF Carer Support Groups Survey.
- The Parental Stress Scale (validated outcome measure) adapted for carers.

Program documents include, draft Program Logic, DCJ contracts, MFF quarterly and monthly reporting, strategies and plans for each program domain.

Quantitative data analysis included descriptive statistics (i.e., frequencies, percentages, means). Where appropriate data was analysed to test differences.

3.2.6 Limitations

An overview of MFF evaluation questions, approach, data collection and data limitations is in **Appendix F** (Table 2).

One of the limitations in the evaluation is that MFF is intended to supplement the work PSP providers are already doing in recruitment, support and training. Whilst there is evidence there are gaps within the sector, MFF relies on a limited gap analysis. This impacts the ability to answer evaluation questions, for example, answering how well the program reaches and engages the target population requires the evaluator to understand the reach of PSP providers and how MFF supplements that reach or fills a gap for carers not reached by PSP providers.

The fact that carers receive support, training and recruitment services from their PSP provider as well as MFF limits this evaluation's ability to objectively measure the impact of MFF for carers.

This evaluation is further limited by a lack of a representative sample. Neither PSP stakeholders or carers interviewed were randomly chosen, as already set out in the methodology procedure, and this impacts the generalisability of the findings of this report. Sector and carer workshop were used to minimise this limitation.

The evaluation findings presented in the following pages are separated into MFF's contractual areas: carer support, connection and individual advocacy, carer training and education, recruitment of carers, guardians and adoptive parents, and systemic advocacy and sector engagement.

4. Carer support, connection and individual advocacy

This evaluation confirms that carer support and advocacy are important tools for retaining carers and enabling carers and PSP providers to resolve issues satisfactorily. Consistent with other research, input to this evaluation indicates that independent support – if sought at all - is often sought late, when carers are near the end of their capacity, meaning that it does not notably contribute to positive word-of-mouth recruitment.

The primary responsibility for supporting carers rests with their PSP agency. The intent of MFF is to provide supplementary support where carers feel the need to reach beyond their agency for independent support. MFF's support and individual advocacy are focused on empowering carers to resolve issues with their agency, DCJ or other organisations.

4.1 Key Findings

MFF has met or exceeded its targets in relation to carer support, connection and individual advocacy.

MFF's outputs exceed contracted targets. For example, MFF supported approximately 74 complex cases in 12 months. This averages out to be just over 6 more complex cases per month, 14 more than the contracted amount of 60 cases annually.

MFF meets a strategic need.

MFF's independent channel for carer support, connection and individual advocacy are critical. Carers who have experienced significant stress report that they are not disclosing how bad things are for them to their PSP provider because they fear being judged and/or losing a placement.

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 OOHC places - through which DCJ can responsively address needs regarding carer recruitment, development and retention.

As an independent and agile lever, MFF demonstrated its capacity to innovate quickly and appropriately in the context of pandemic restrictions, including through the provision of online loungerooms for carer support and connection (attended by 937 carers). This support was critical because COVID created extra stress for carers and they were unable to access other support. All six carers we interviewed who attended the online loungeroom reported satisfaction with this service and said these experiences made them feel less alone as a carer.

MFF has an effective online presence. This is a useful channel for information and support that warrants ongoing improvement. Carers also appreciated the newsletter.

Carers are consistently satisfied with carer support, connection and individual advocacy but are often seeking support too late.

In the 2022 MFF carer survey, carer satisfaction with being able to talk through an issue with MFF was at 62% compared to 60% in 2020.

Seven out of the nine carers we interviewed who had accessed MFF support were satisfied with the timeliness and quality of support, connection and individual advocacy, while two were waiting for an outcome. In addition, most of the carers we interviewed who had used individual advocacy felt heard by MFF.

Case worker and carer interviews confirm observations from other jurisdictions that carers often do not seek support until they are well into crisis. Carer interviews indicate that a consequence of this is that burnout and other issues are not able to be resolved through the MFF support available.

Finding ways to activate carers to seek support before they become too stretched emerges as a critical recommendation for retaining and recruiting carers – as well as for improving the quality of care experienced by children. Carer interviews indicate that if referrals for external/additional support come too late from their PSP provider the carer is not in a state where they can act on the information.

MFF has set up 37 carer support groups. The MFF Peer survey indicates that many carers who want peer support are still not connected to a group. MFF has implemented a tailored carer support team role to increase a focus on volunteers and carer support groups.

While most carers interviewed valued MFF's carer support groups, input from some carers and PSP providers indicates that the groups need skilled facilitation to avoid becoming a negative experience for carers (focussed on people's complaints and bad experiences).

Most carers we interviewed who had reached the point of accessing MFF support, connection and individual advocacy were beyond recommending caring to others. Carers who reported feeling overwhelmed through the Carer Stress Scale (32% of respondents) were also statistically less likely to recommend caring to others.

Providers had mixed views about MFF's individual advocacy approach.

While most providers saw the need for independent advocacy, many were confused about MFF's advocacy role and/or felt that MFF's advocacy was sometimes inconsistent with their work under the PSP. To address this, MFF is working on a resource for providers which communicates MFF's advocacy approach.

Systemic issues contribute to MFF challenges and low PSP stakeholder satisfaction with MFF.

Many carer issues relate to systemic problems which are not easily resolved, primarily: the lack of access to respite care – partly due to a lack of carers; high turnover among case workers; and low public understanding and valuing of OOHC caring. However, these issues are central for carer retention and word-of-mouth recruitment and need to be addressed to avoid an accelerating spiral of fewer carers leading to increased pressure on carers and further carer exits. MFF's systemic advocacy here is important but needs to be met with responsiveness by government to valuable insights from MFF's surveys and Carer Reference Groups.

The inability of MFF or individual providers to resolve systemic carer issues likely contributes to low satisfaction with MFF's individual advocacy, which was at 49% in the 2022 survey – up from 45% in 2020.

Culturally safe ways of working need to be more fully developed and communicated.

Aboriginal PSP stakeholders report that some Aboriginal agencies question the cultural appropriateness of MFF's support and advocacy. Addressing this is important as Aboriginal carers report additional system-wide barriers to seeking support.

A more strategic approach is needed to meet the needs of PSP agencies.

Awareness of MFF's support, connection, and individual advocacy services has increased over time but remains too low. Further promotion of these services to carers and case workers by MFF and providers is essential. Even though 70-80% of respondents to the 2022 Program Awareness Survey (mostly PSP workers) said they were aware of MFF's phone support and peer support groups, fewer than half of the case workers

interviewed for this evaluation were aware of MFF's full range of services, despite all being aware of MFF's training.

There is a need for both MFF and PSP agencies to employ more supportive strategies.

Apart from providing effective support, other strategies to better retain carers and increase positive word-of-mouth recruitment that emerged as themes from our carer interviews include:

- better preparing carers for the realities of the role before the first placement,
- providing support strategies to prevent overwhelm,
- ensuring carers know the supports available to them and the importance of seeking help early, and that they have confidence to access those supports without adverse consequences, and
- educating carers about vicarious trauma.

4.1 Recommendations

These recommendations relate to MFF's continuous improvement and, where relevant, to system-wide considerations for carer support. Unless indicated, these recommendations assume existing resourcing levels.

1. *MFF to continue to deliver and continuously improve the strategic functions of carer support, connection and individual advocacy.*

The MFF functions of carer support, connection and individual advocacy to continue due to the need for an independent channel for these functions. This is in the interests of PSP providers as well as carers.

MFF to continue to improve its website as a resource for carer support.

2. *MFF, PSP providers and DCJ districts to strengthen communication and coordination.*

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.

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.

3. *DCJ, PSP providers and MFF to use data and research to introduce practices aimed at reducing the need for intensive carer support.*

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.

4. *MFF to employ its induction, training and follow-up mechanisms to strategically address self-care gaps.*

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.

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.

5. *MFF to establish, monitor, and maintain supportive cultures in Peer Support Groups, intervening as necessary to achieve this goal.*

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 groups experiencing 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)

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

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.

Are the outputs in support and advocacy as expected?

1. MFF has met or exceeded contract targets for support and advocacy.
2. MFF has demonstrated its strategic capacity as an independent and agile lever.

Key Data

- Between July 2018 and June 2022, 4,081 carer households contacted MFF for support.
- During February 2021 and June 2022 there were 47 primary reasons for carers requesting support. The most common reasons were placements, guardianship, family time carer payments and allegations.
- Ninety-three percent (1,334) of these support cases were resolved at the 30 September 2022; 23% in the first day, 44% in 21 days and 56% taking between 22 days and 425 days.
- Approximately 74 complex support cases were supported by MFF over a period of 12 months. These complex cases involved over 30 separate interactions relating to 27 different support issues. 77% of these complex support cases were from carers living in regional areas.
- Approximately 20% of carers said they did not discuss the emotional issues raised by caring with anyone, especially their caseworker due to a fear of losing their placement. There were no reported enquiries about the emotional needs of carers including, compassion fatigue, vicarious trauma or burn out.
- 937 carers attended online loungerooms during the pandemic. This support was critical because COVID created extra stress for carers as they were unable to access face-to-face support.
- 37 carer support group(s) have been established in every district through collaboration between MFF and PSP agencies.

- Approximately 89% of people accessing the website are new users.

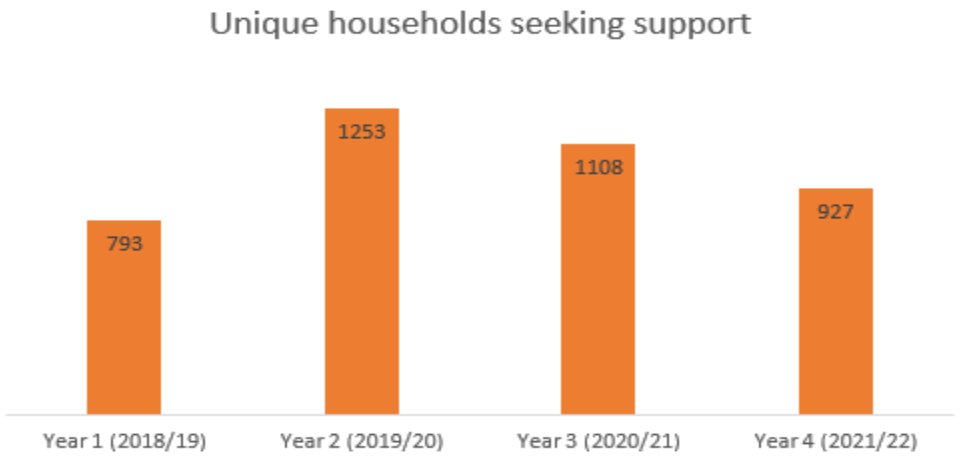
Data sources: Data CRM data, MFF carer survey, 2019, 2020, 2022, Qualitative data, MFF peer support survey (2022).

4.3 Carer support and connection

MFF have a contractual obligation, which they have met, to respond to all support enquires within one working day. MFF updated the method for collecting support data in February 2021. This shift was part of MFF's quality improvement process. This evaluation focuses on data collected from February 2021.

4.3.1 Number of support enquiries

Between July 2018 and June 2022, 5,183 carer enquires from 4,081 households contacted MFF for support via telephone, email or the MFF website. The number of unique carer households contacting MFF for support each year is illustrated by **Figure 2** below.



Support data there were approximately 1,426 enquiries of support across 927 households in 2021/22 (year 4). **Table 3** (below) indicates that slightly less than three quarters (73%) of carer households made one support enquiry over that period and 27% of carers households contacted MFF on at least one other issue with one household contacting MFF in relation to ten separate support issues.

Table 3: Number of support enquiries in 2021/22 (Year 4). [1]

Number of enquiries	Total enquires	Households 2021/22 (Year 4)	% of total households with the period	Average Households per month
1 enquiry	677	677	73%	56
2 enquiries	248	124	13%	10
3 enquiries	216	72	8%	6
4 enquiries	93	23	3%	2
5 enquiries	70	14	2%	1
6 enquiries	42	7	1%	1
7 enquiries	32	5	1%	<1
8 enquiries	28	3	<1%	<1
9 enquiries	10	1	<1%	<1
10 enquiries	12	1	<1%	<1
Total enquiries	**1426**	**927**		

4.3.2 Primary reasons for requesting carer support

There were 47 primary reasons for carers requesting support. A MFF staff member explains the impact of this on her staff.

> 'Carers come to us for resources and facts and if we don't have the answers, it doesn't sit well. We deal with a lot of different support areas. For some of these areas the information is constantly being updated. This is the biggest challenge I face as I need to constantly keep staff knowledgeable. The staff not only need to have the appropriate knowledge, but they also need to understand what it is like to be a carer.'

The most common primary reason for support enquiries 2021/22 are outlined in **Table 4** below.

[1] Averaging of available figures..

Table 4: Occurrence of most common primary reason for support in 2021/22 (Year 4).

Most common primary reasons	Occurrence of most common primary reasons	% of total most common primary reasons	Average per month
Placements (3 categories: placement move, placement move to family and placement)	103	28%	9
Guardianship	74	21%	6
Family Time	68	19%	6
Carer Payments	66	18%	6
Allegation	54	15%	5

These primary reasons are consistent with the qualitative interviews and research on carer's experiences. Research indicates that carers sometimes experience sudden placement changes and feel completely unheard in the process (Smart, et al., 2022). This is articulated by a carer who received support from MFF on this issue.

> 'The agency was contemplating moving the child in my care to a different agency. I didn't want the child moved. I didn't think they (agency) had a good reason to move the child. I rang MFF to find out if this move was in the 'best interests of the child'. MFF sent emails and were cc'd into emails that I sent to the agency. MFF helped me communicate the issue. The agency made the right decision in the end. MFF provided a lot of emotional support. They were a sounding board. I was just a new carer and I didn't understand the processes and MFF helped explain that.'

The number of guardianship enquiries is in line with the PSP policy to increase the permanency of children in OOHC. In the qualitative interviews, there were four carers on the journey to becoming a guardian and one guardian interviewed. One of the carers talked about how MFF helped with this issue.

> 'MFF virtually saved this little boy. They backed us 100% they told us the policy and procedures. They were really supportive. With their support we got a new case worker. Within four weeks we had paperwork and 12 months later ended up with guardianship'

Family time is consistently one of the top reasons carers need support (MFF survey, 2019, 2020). According to PSP providers this issue is not always easy to resolve.

> 'I get that carers need a place to complain. But sometimes they don't agree with the decisions and some of the decisions are the right decisions. The carer just doesn't agree and many of these decisions are around family time and permanency goals. These are our biggest issues so when you get MFF advocating here I think it can be problematic. It makes me wonder does MFF know our values.'

Fifteen MFF support cases were unresolved due to lack of resources; these unresolved cases included a mix of support issues, of which only one was family time.

Sixty-three support cases were still open at the time the data was collected, and all had been open for longer than 12 months, again these included a wide variety of issues of which five were family time. This may relate to complex support issues which will be discussed later in the report.

4.3.3 Time taken to resolve support issues

1,334 (94%) of the MFF support cases were resolved at the 30th September 2022. **Table 5** shows the number and proportion of MFF support cases resolved across data periods.

Table 5: Number of enquiries resolved within selected timeframes in 2021/22 (Year 4).

Time taken to resolve enquiry	Average # enquiries resolved in this time over a period	% of total enquiries resolved within this time	Average per month
resolved in the first day of the enquiry	307	23%	26
resolved in the first 10 days	400	30%	33
resolved in the first 21 days	587	44%	49
took longer than 22 days and up to 425 days to be resolved	747	56%	62

It is difficult to predict, from MFF data, which issues are most likely to be resolved quickly. There were issues resolved in the first day such as allegations, family time, and placement change that in other cases took over a year to resolve.

Support for complex issues

Responses to each complex support enquiry involved between 1 to 878 interactions. Most enquiries needed fewer than ten (n=915) interactions, and 610 support enquiries had between 10 and 878 interactions. Some of these support cases involved considerable support.

One hundred and four support cases took over 30 separate interactions relating to 27 different support issues. The data indicates that these support issues took a significant amount of time. These complex cases are resource intensive and place pressure on MFFs' equivalent of 5.5 full-time staff allocated to help resolve support cases. Eighty (77%) of these cases were in regional areas suggesting carers in regional areas are more likely to contact MFF for support on complex issues compared to carers from Sydney metropolitan areas.

4.3.5 Vicarious trauma and support

There were no MFF support enquiries about the emotional wellbeing of carers, vicarious trauma or burn out. In contrast, almost all carers interviewed for this evaluation were emotionally impacted by the trauma experienced by the children in their care.

> ‘Caring is more overwhelming than I thought. You find yourself in survival mode with the kids… I had to call Lifeline.’

Research indicates that many carers report experiencing anxiety, fear and panic attacks as well as increased crying (Clark, 2021). In the review by Clark, (2021) she found that only 23% of carers felt supported emotionally and many thought the support provided was inadequate. This was confirmed in the latest Australian research by Smart et., al 2022.

Approximately twenty percent of carers interviewed in this evaluation reported that they didn’t talk to *anyone* about their emotions related to caring. One of the reasons for this was carers felt they may be judged as not coping. This is articulated by one carer.

> ‘All the kids I look after have experienced trauma. This one child really got to me. I couldn’t stop thinking about what happened to her. She was so traumatised. One morning, I couldn’t stop crying. I cried for hours. I called the case worker and told her what I was feeling. They removed the child that afternoon because they said I wasn’t coping. I’ve never told anyone about these feelings again.’

In the 2020 MFF survey carers rated self-care as one of the top things that would have helped them in their initial placement with a child. Whilst most carers were aware they need strategies in place before starting caring, the carers interviewed in this evaluation had not put in any strategies to prevent vicarious trauma. Research indicates that vicarious trauma is the natural, predictable, treatable and preventable unwanted consequence of working with children who have experienced complex trauma (Figley, 1995).

The following interview excerpt highlights why it is critical that carers receive information and strategies to prevent vicarious trauma before their first placement.

> ‘I wasn’t coping. The agency tried to get respite, but no one wanted to take a child with complex needs. I had to quit my job. I couldn’t focus. He didn’t sleep. I couldn’t sleep. I felt like I was going crazy with him. I had to call the police once because of the violence. Giving him back was the hardest thing I’ve done. He’s in residential care – it’s absolutely heart breaking. (Did your agency tell you about MFF?) yes, the carer support worker told me every month I just wasn’t in a state to call anyone.’

This case illustrates the difficulties of responding to vicarious trauma once the carer has been impacted by the trauma of the child in their care.

Qualitative interviews with emergency carers suggest they may be more susceptible to vicarious trauma. All the emergency carers in this evaluation, including emergency carers who were more experienced, talked about a strong emotional toll in relation to caring for children just removed from their birth family. This toll is illustrated by the following emergency carer.

> ‘The young person had just been taken from his mum. He wanted to go back to his mum. He was angry. It was scary. It was definitely hard to do it on my own. I think single carers need specific training. I didn’t learn how to lean on the right people. I’d never shopped online. I couldn’t leave the house. This placement lasted four days and I needed to take a break after that.’

Emergency placements mean many PSP providers are not fully aware of the children’s complex behaviours as illustrated by the following carers recounts.

'…I wasn't told about his violent behaviour. The placement broke down…It was crushing to give him back. I wanted to push through, but I couldn't. It was terrifying. I was left feeling like a failure. The agency did try their best to support me. They gave me training on violent behaviour, but more contextual training would have helped.

'It was meant to be an easy first placement. Just for a short period and it ended up being over six months. They didn't disclose his behaviours. They said they didn't know because he had just been removed. He was extremely violent. They begged me to take him fulltime. I stayed for as long as I did because of him. I wish I knew more about what my rights as a carer were before I started as a carer. I did have a great relationship with the support worker, but it wasn't enough. I think they play on how you feel about the child. You feel guilty constantly. The placement broke down because I couldn't cope. I'm burnt out. I've stopped caring.'

Two other emergency carers reported they were no longer emergency carers, due to an inability to cope.

As an independent organisation, MFF is in a unique position to address this gap through their support and training and in partnership with agencies to prevent vicarious trauma and burn out of carers.

It is recommended that MFF raise awareness of vicarious trauma, which is the first step in prevention. This could include placing information on their website, providing specific training and using tools in CRG meetings and carer support groups, such as the Zone of Fabulousness by (Reynolds, 2020) to remind carers about the risks of working with children and young people who have been impacted by trauma.

4.3.6 Carer Connections

Online lounge room

Online lounge rooms were created by Adopt Change as a new initiative in response to COVID restrictions to allow carers to stay connected with other carers during lockdown. Online loungerooms were offered in the morning or evening across a range of areas including: a chance to chat with the Minister, an expert, a carer and covered a range of diverse topics.

149 online lounge rooms were created and 132 online loungerooms were completed (17 were aborted, mainly for low numbers and 9 of these online loungerooms were specific to regions). 1912 carers registered (these numbers were capped to ensure carers could interact together) and 937 carers attended (47% of carers who registered). This completion rate is consistent with online training which indicates carers are less likely to turn up to an online session they have registered for as compared to face-to-face.

The most popular online lounge room sessions were:

- Cuppa with a carer (attendees=22)
- Morning tea with the Minister (attendees=21)
- Anxiety symptoms and strategies (attendees=20)

The quantitative data does not capture the impact that the online loungerooms had on some of the carers. The qualitative data indicates that online lounge room sessions came at a critical time (COVID) and helped some carers feel connected and informed.

This support was critical as during COVID some carers were put under increased strain by school closures, reduced access to in-person therapeutic support, imposed limits on movement outside of the home, and the unavailability of respite during lockdowns (Cortis & Blaxland, 2020; Galvin & Kaltner 2020).

Carer support groups

Carer support groups are an important support tool for carers. There were 37 carers' support groups covering all 16 districts at the end of June 2022. This is an increase from 28 carer support groups covering 8 districts at the end of MFF's first year. COVID-19 impacted MFF's ability to get these groups up and running or sustain the ones that had already been implemented. For example, 11 groups stopped during COVID with no plans to restart (MFF quarterly reporting).

These carer support groups have been set up by a combination of MFF, agencies and carers. According to MFF most of the regional carer groups are operated and led by carers. Once groups are established MFF advertise the details on their website and promote the groups through their Newsletter, training and events.

Whilst MFF contractual obligations only relate to getting these carer support groups up and promoting them, the feedback below indicates that more resources should be allocated to the implementation of the carer support groups to ensure they are fulfilling the purpose of positively connecting carers.

Value of carer support groups

It is well referenced in the literature that carer support groups are an important strategy for carers wellbeing (Preston et al., 2012, Valentine et al., 2019; Smart, et al., 2022). There is evidence that more experienced carers, who see the value in caring, can support and sustain carers in their role (Piel, et al., 2017). A social support network of other foster carers can provide expertise on both practical and personal matters (Maclay et al., 2006), generate a safe space to share experiences (Lynes & Siteo, 2019; Sebba, 2013b) and provide support when other professionals may not be available (Oke et al., 2013). There is also evidence that suggests carers that don't have a support network of carers can feel isolated (Smart, et al, 2022).

Most carers interviewed saw the value in carer support groups.

> 'If you meet up with other carers you get to talk about your experience and feel less alone. We can teach each other too. Especially kinship carers. Everything is new. What are you and aren't you entitled to? They can tell you which OT is the best - It's word of mouth. You don't hear this from the agency.'

> 'We need a carer group. Younger carers are coming in and they don't know what to do. What they are up against? I'd like to see all the carers come together – the agency might get a lot of feedback.'

> 'It's good to have a carers group. To bounce ideas off from other carers, especially when you have problems with the kids and if the other carer has got older kids whose already been though that it's good to say, 'how did you deal with this.'

> 'I've been to a lot of training and it's good to see carers there but then you never see them again. I asked about a group of carers because I want to know how everyone else handles things. This was new to us, and it would have been good to be able to ask questions.'

> 'Being a carer can be hard. I want more opportunities to be with carers, especially for working carers. It's different conversations with carers.'

These findings are consistent with a recent MFF carer survey on peer support. Two hundred carers responded and 74% said they were not connected to a peer support group in their district and 64% were not satisfied with peer support activities available to them.

A few carers interviewed for this evaluation who attended support groups reported the positive effects of being part of a carer's group.

> 'I go to the Granny's Groups twice a week. You can feel like you are the only one with kids in care but you aren't. This is a big thing because when I go to those groups you feel like you are not alone. My grandkid is getting bullied because the kids found out she's in care, but I tell her there are lots of kids. I wouldn't go to another group. The Granny's group is other women like me. Some people say to me aren't you worried about how old you will be when your grandkids are teenagers. I'm not worried because I see these grandparents at my group with teenagers and they are doing great.'

However, eight of the twelve carers interviewed in this evaluation who had attended a carer support group previously reported some negative experiences. (It should be noted that some of the carers discussed in these comments may have been experiencing vicarious trauma/and or burn out from a lack of adequate support and value)

> 'I've been to a support group and we used to meet up to complain'
>
> 'You get a few carers that have had a negative experience and they dominate the group.'
>
> 'The culture in fostering is toxic. I met up with a group of carers all from different providers and no one had a good thing to say. The culture needs to change. A group won't fix that.'
>
> 'I went to a training and it was nice to sit back and listen to carers but I don't want to be negative but I found when carers get together it really is a whinge session. I don't like it when they talk about kids. I don't like the negativity it brings.'
>
> 'When I sit and listen to other carers it feels like I'm rare, they all have terrible stories.'

Most agencies saw the value in carer support groups but many of them said they needed to be set up right and with a skilled facilitator/carer. Four agencies talked about past negative experiences and a couple said they had to shut down their carer support groups. As articulated by the following PSP stakeholders.

> 'What we have seen is that carers talk and if the kids have certain behaviours the kids get known in the community, then we find it hard to get respite for that child. It's almost like the kids are targeted for those behaviours. That's a worry for me.'

> 'We should be promoting carers to reach out to each other and support each other. Nobody understands it quite like someone else who is doing it. The problem is vocal carers with an axe to grind and if you put them in a group setting they can take over quickly and it may not be helpful especially for new carers. It would be very discouraging for a new carer to come across an angry carer.'

> 'MFF did have a carer support group, but we ended up running our own. We have an independent psychologist that is separate from our agency run it. If you don't have someone independent what we found, well what carers told us, about the MFF one, was that it turned into a bitching session which isn't helpful to carers. The psychologist has a background in trauma and is a psychologist for kids in care so she has the knowledge that can be helpful to carers too but also be able to keep the group focused.'

There were some carers interviewed who had no interest in attending. This is consistent with the MFF survey which found 30% of carers were satisfied not being connected to other carers.

Overall, whilst most carers see the value of support groups there were several issues raised by carers who had previously attended these groups, including PSP stakeholders who suggest MFF may need more resources to adequately run these groups or work in partnerships with agencies to ensure procedures are put in place that create a positive experience for carers in these groups.

4.3.7 MFF's website and newsletter

The MFF newsletter is sent bi-monthly to all carers on their database. This newsletter keeps carers up to date with all the training and services MFF offers. Several carers interviewed have said they have accessed the training because of the newsletter. Other carers talked about the value of being kept informed.

In 2019 MFF launched their online presence and in 2020 a carer portal. MFF website is a great resource for many carers as they can turn to the website for information in real time that could help them in their role as carers.

Figure 3 below shows the total number of visits to the website and the number of visitors who accessed the site for the first time (new users). The count of visitors to the MFF website includes anyone who looks at MFF website; including potential carers, carers, agency workers and any other person interested in understanding caring or reading about the caring experience.

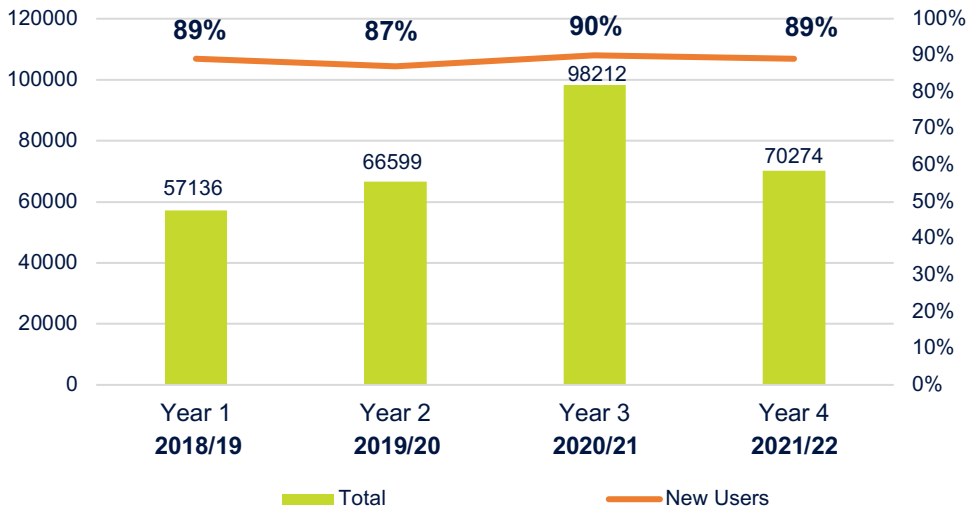


Figure 3: Number of visits to the MFF website

Figure 3 shows that with traffic to MFF website peaked in MFF's third year. The sections most viewed on the website include information on becoming a carer, which will be discussed in the recruitment section of the report, and the training calendar/online training/courses. Some patterns of use have changed over time. For example, in the first two years people were viewing the membership information and in the last two years people were accessing their accounts and viewing events information.

There is some evidence that people are returning to the MFF website, for example, accessing accounts, but **Figure 3** indicates that between 87% and 90% of the visits to MFF were from new users. The high percentage of new users may be an overestimation as anyone who accesses MFF website from a different device is counted as a new user, as would be anyone using a VPN (about 15% of users) and anyone who blocks site cookies. A higher number of new users than returning users and an increase in returning users over time is to be expected, particularly as carers and agency staff understand the benefits of MFF website. However, this data indicates that not many carers or PSP workers are returning to MFF website.

Another potential reason for low rates of returning users is the usability of website. A few carers interviewed and some carers responding to the MFF survey have said the website can be difficult to navigate. MFF is in the process of updating their website to make it more user friendly.

Another way to understand the impact of MFF website is how carers are accessing the MFF website. **Figures 4 to 7** show how users accessed the website over MFF's first four years. The most popular way of accessing MFF is directly entering in the MFF web address or via the unpaid results of a web search (i.e., organically). In the fourth year an organic search was the most frequent way users accessed MFF website. This is a positive result as this access is free for MFF and indicates that MFF is ranking well in the search engine responses.

Figures 4 to 7 also show the bounce back rate for users accessing the MFF site. The bounce back rate measures how engaged users are on the website. A high rate means users are leaving the website quickly without engaging with the site. A low bounce rate means users are more engaged with the website. Users visiting from a direct or organic search were more likely to engage with the MFF website than users who visited from social media or a display ad. This is promising as most of MFF users are from a direct or organic search as illustrated next page.

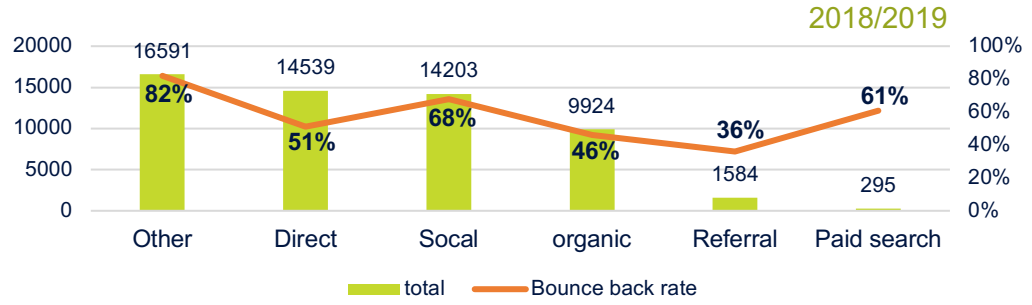


Figure 5: Where do users come from? (2018/2019)

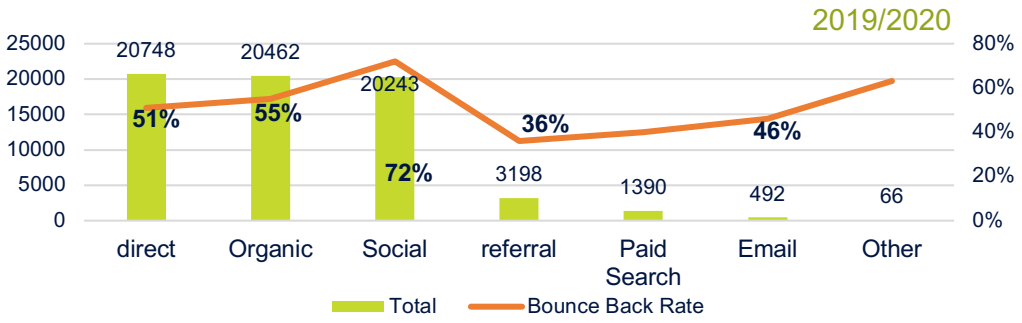


Figure 4: Where do users come from? (2019/2020)

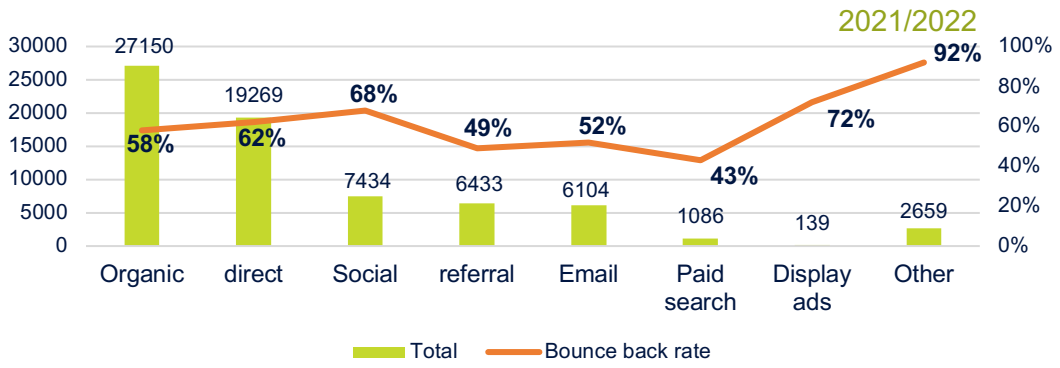


Figure 7: Where do users come from? (2021/2022)

4.4 Individual advocacy

Individual advocacy for carers is a critical component of MFF support as some carers feel unprepared to navigate a complex service system and/or understanding their rights as a carer.

The main aim of MFF is highlighted by a MFF staff member.

> 'We support carers to advocate for themselves.'

This aim includes supporting carers to communicate their support issues with their agencies to encourage better relationships.

A couple of PSP stakeholders thought MFF individual advocacy stopped the matter from escalating further.

> 'I think it's good for carers to be able to access someone independent because they feel more supported, they have an independent person to ask instead of having to maybe escalate things even further, bringing DCJ or going to the Ombudsman or something like that.'

> 'MFF can help the agency or worker understand that at this moment the carer doesn't feel heard or valued. The worker may have thought they were valuing the carer. That's why I think MFF is important because carers do have such a pivotal role, and you want them to have access to lots of different avenues of support if they feel they need it.'

> 'The MFF worker helped the carer understand the bigger picture and the complexities that were going on which supported us all coming together.'

Some of the advocacy outcomes, according to some PSP stakeholders, are not appropriate.

> 'It's a murky area. Sometimes they are doing a great job, but it comes down to the skill of MFF representative.'

> 'I think that a lot of workers, let alone carers, don't know who MFF is and what it is they do. The only time we had anything to do with MFF is with advocacy on behalf of one of our carers. It's confusing for us. Once I got an email from a carer cc'd in with MFF and I didn't

know how to respond. What are the parameters around information sharing. Am I going to breach confidentiality and privacy if I respond to the carer's email by hitting reply all?'

'We've only had a few carers go to MFF and some of them have been non-Aboriginal carers wanting guardianship or they are challenging the principles of the agency from a cultural perspective. They're usually curly issues – they're not simple matters but MFF aren't interested in our perspective.'

'I don't even understand the point of MFF advocacy. We had one case where a MFF staff turned up and didn't say a word throughout the meeting. What's the point of that?'

'My experience with MFF is they were against us as opposed to trying to be an unbiased supporter of the carer.'

'In my experience, I have found that MFF can sometimes give the wrong advice to that carer that isn't helpful. What I've also found is once MFF come in, there's no follow up. I don't even know if the matter has been resolved. There is no communication at all from MFF to the agency.'

'I didn't have a good experience with MFF. They were supporting a carer with serious allegations against them. When I tried to provide MFF with information about these allegations, from an agency perspective, the MFF staff member went back and told the carer. It's like they have no respect for agencies. We are the ones that can't sleep at night knowing that some of these children are potentially not safe with carers.'

It is beyond the scope of this evaluation to understand the validity of individual concerns. All stakeholders recognise that carers need an ally even when there are serious allegations. However, many PSP stakeholders did not understand MFF's approach to advocacy. This issue was raised in the second workshop (testing the themes) and MFF is currently working on a resource for agencies that sets out the process of MFF individual advocacy.

MFF individual advocacy does create a tension between agencies and MFF. A MFF staff member comments on their role as an advocate between carers and agencies.

'I do think my work advocating for carers impacts my relationship with agencies. It can create a tension. I also think agencies get sick of hearing from us.'

A carer also comments on the tension when seeking out MFF advocacy.

'I went to MFF when my caseworker left and didn't let me know. It was the worst time for me. My agency didn't like it that I went to MFF. I got a call from the manager, and I felt a little anguish but I felt supported by MFF. I didn't know where to go in the agency.'

Part of the complexity of individual advocacy arises because many carer issues requiring individual advocacy relate to systemic problems. These systemic problems are often difficult to resolve and require a collaborative approach with adequate sector engagement to achieve progress towards resolution. For more on systemic issues, systemic advocacy and sector engagement see Chapter 7.

How well does MFF support reach and engage carers?

1. MFF reaches a range of carers however Aboriginal carers often do not seek MFF support.
2. A lack of demographic data relating to carer type and cultural background means there is a lack of clarity on whether MFF is otherwise reaching an appropriate diversity of carers.
3. Carers, especially Aboriginal carers, are often seeking support too late.
4. Some Aboriginal agencies question the cultural appropriateness of MFF support, connection and individual advocacy.

Key Data

- MFF have only started collecting demographic data relating to type of carer and cultural background for support cases.
- MFF Peer survey indicates that many carers are not connected to a support group. MFF has implemented a tailored carer support team role to increase a focus on volunteers and career support groups.

Data sources: CRM data, AbSec survey data, MFF survey data, 2019, 2020, 2022, qualitative interviews AbSec, carer survey (2021)

4.5 Reach

4.5.1 CALD and Aboriginal carers

MFF has only recently started to collect demographic information in relation to support and due to significant missing data, this evaluation is unable to comment on whether CALD or Aboriginal carers reach out to MFF for support.

None of the CALD carers interviewed had sought out MFF support. This is echoed by a CALD stakeholder.

> 'I don't know any CALD carers who are seeking out MFF support or advocacy.'

Only one Aboriginal carer interviewed had contacted MFF for support. This case raised several cultural issues. Firstly, the individual advocacy support was the first contact between the agency and MFF. The agency did not think MFF showed respect to them as an agency.

> 'They came in hard, and it felt like a fight but without any cultural sensitivity. MFF should have a responsibility to seek understanding.'

The carer was also confused as they hadn't heard back from MFF and the matter had not been resolved.

Some Aboriginal stakeholders question the cultural appropriateness of MFF support and advocacy.

> 'I'm not sure where they fit in with an Aboriginal agency. Are there Aboriginal workers employed there? Are there Aboriginal people giving advice?

> ‘There’s a lot of apprehension around having MFF inclusion with staff and carers around the work we do with these kids in care, so it would be great for them to communicate more effectively with NGOS and with Aboriginal organisations in particular. Give us courtesies of when they’re trying to advocate on behalf of our carers and let us know what the purpose is of that advocacy.’

MFF seeks to work in partnership with AbSec on some of the support and individual advocacy issues either seeking advice or referring cases to AbSec. It is not clear in this case whether MFF sought cultural advice before getting involved with the agency. It is a tricky space. Aboriginal carers have the right to contact MFF for support, connection and individual advocacy but if MFF involvement escalates issues between the Aboriginal agency and the Aboriginal carer this could put the Aboriginal carer in a difficult situation as there may not be other Aboriginal agencies nearby if this issue does not get resolved.

Most of the Aboriginal carers interviewed for this evaluation did not reach out to MFF for support. None of these carers had heard of MFF support, connection or individual advocacy nor did these carers mention AbSec who also provides support and advocacy for Aboriginal carers. This leaves Aboriginal carers without avenues for independent support, and it is important that MFF offer choice in this space.

The AbSec 2021 Carer Survey reported that Aboriginal carers do have a need for support, connection and individual advocacy. It was reported that Aboriginal carers were least happy with the support they were receiving from agencies (38%) or DCJ (18%). However, over 50% were satisfied with the support from their caseworker. This is consistent with the general carer population (MFF survey, 2020, 2022). Twenty nine percent of the Aboriginal carers that responded to the AbSec survey were not sure what support AbSec provided.

It is recommended that MFF and AbSec work together to ensure Aboriginal carers are aware of the support, connection and individual advocacy services available to them and to create culturally appropriate communication strategies that help Aboriginal carers understand the importance of seeking help early. This is especially critical as four out of the eight Aboriginal case workers interviewed in this evaluation thought some of their Aboriginal carers were reluctant to ask for support until things had escalated to a critical level. As articulated by one of the caseworkers.

> ‘Carers tell me they have been walking on eggshells for over a year but this is the first time I’m hearing about it.’

> ‘I always tell my carers I can’t help you unless I know there is an issue.’

Other Aboriginal caseworkers confirmed that some of their carers had a mistrust of the system that meant they did not ask for support. The case workers also said that some of their Aboriginal carers do not like them coming out to do the monthly visit.

> ‘There is just a lot of fear there that we are judging them or that we (case worker) could take the child.’

As clearly articulated in the literature as outlined by Hunter et al. (2020, p. 122), the fear is driven by

> a legacy of colonisation, dispossession and the Stolen Generations as well as more recent experiences of systemic and direct racism, currently high rates of Aboriginal children being

taken into out-of-home care and a perception that child protection systems do not understand or recognise cultural authority or traditional child-rearing practices.

MFF has employed two Aboriginal staff members within its small team. If feasible, this approach may be strengthened by having identified positions within which there are roles for partnering with Aboriginal organisations and for providing advice on cultural safety internally.

4.5.2 Reach by carer type

Table 6 (below) shows the types of carers who made a support and/or individual advocacy enquiry. 71% of this data is missing so this evaluation is unable to say whether all types of carers are approaching MFF for support and/or individual advocacy.

Table 6: Reach by carer type.

Carer type	Number
Adoption	9
Emergency	17
Guardian	14
Kinship	159
Long term (Foster carer)	217
Restoration	20
Respite	6

It is recommended that MFF collect this data to better understand their reach across the range of carers. Qualitative interviews, in relation to carers using MFF support, are too small to make a comment about which carers are accessing MFF services.

4.5.3 Reach by district

Table 7 (below) indicates that carer households are seeking support and/or individual advocacy from all districts across NSW. These numbers are fairly evenly distributed with the most support requests coming from Hunter (11%) and the least the Far West (1%). These percentages are consistent with the population of carers in districts, with the Far West having the least number of carers.

In relation to support issues, guardianship comes up consistently across districts but there are some slight differences with Hunter (n=12) and Murrumbidgee (n=14) more likely to seek support for an allegation, Mid-North Coast (n=17) and Nepean for guardianship (n=14), South-Western Sydney (n=14), Illawarra (n=10), Western NSW (n=11), Northern NSW (n=20) , Sydney (n=11) and New England (n=20) all more likely to seek support in relation to placements and Western Sydney (n=13) is more likely to seek support for family time. These numbers are too small to draw conclusions, but it would be interesting to monitor these issues to better understand how MFF can target their support to districts.

Table 7: Carer households seeking support and/or individual advocacy, by districts.

Districts	carer households	Main issues by district
Central coast	49 (7%)	Carer payments (8) Guardianship (11) Family Time (6)
Mid North Coast	39 (5%)	Guardianship (17) Placements (9) Carer Payments (7)
Hunter	78 (11%)	Allegation (12) Guardianship (12) Family Time (13) placements (14)
South-Western Sydney	65 (9%)	Placements (14) Carer Payments (9) Allegation (9) Family time (8)
North Sydney	26 (4%)	Adoption (6) placements (7)
Western Sydney	53 (7%)	Family time (13) Carer payments (9) Agency transfer (9) Guardianship (8)
South-Eastern Sydney	29 (4%)	Agency transfer (5) Minister online (4)
Illawarra	49 (7%)	Placements (10) Guardianship (9) Family time (7)
Western NSW	46 (6%)	Placements (11) Family time (8) Allegation (7) Guardianship (6)
Northern NSW	54 (8%)	Placements (20) Agency transfer (9) Guardianship (6)
Murrumbidgee	57 (8%)	Allegation (14) Carer payments (14) Agency transfer (10) Guardianship (8)
Nepean Blue Mountains	59 (8%)	Guardianship (14) Placements (12) Family time (11)
Sydney	29 (4%)	Placements (11) Carer payments (7) Adoption (7)
New England	47 (6%)	Placements (21) Agency transfer (9) Guardianship (6)
Southern NSW	30 (4%)	Carer payments (11) Allegation (8)
Far West	8 (1%)	Numbers are too small to categorise.
Total	**718**	

**78 cases have missing information on district, 4 cases were outside of NSW*

4.5.4 Overall reach for individuals

It is difficult to comment on reach from a qualitative perspective. 40% (n=17) of carers participating in this evaluation did not know about MFF support services. However, this result is likely to be reflective of the evaluation's deliberate strategy to include carers who had not engaged with MFF (45%). Nevertheless, caseworker interviews indicate that more than half of case workers are unaware of MFF's support, connection and individual advocacy services, despite being aware of MFF's training. This indicates that a more strategic approach is needed to ensure both caseworkers and carers are aware of all of MFF's services.

There is evidence in the qualitative interviews that carers do not escalate support and individual advocacy issues until there is a crisis. As articulated by the following carer.

> 'I didn't get respite until I threatened quitting. They got back to me with three different respite places for the weekend. They said no one wants to take sibling groups or older kids. I didn't accept it. They ended up finding a place over one and half hours away. It was stressful thinking they were so far away, but I slept for the entire weekend. You shouldn't have to have a melt down to get respite.'

While some carers had the skills to advocate for their own needs other carers were reluctant to pursue the support they needed for a variety of reasons as articulated by a few of the carers. Some carers don't escalate issues for fear of being judged.

> 'We have to chuck a tantrum to get any action. Then you get a reputation if you do jump up and down. Some carers aren't strong enough to do that.'

This is consistent with many of the carers who did seek out support from MFF, most of them sought that support after a crisis. Whilst most of these carers were happy with MFF assistance they remained unhappy with the overall support provided to carers and this impacted whether these carers would recommend the caring role. This will be discussed later in the report but indicates more work needs to be done to ensure carers seek help from MFF early when an issue arises.

4.5.5 Reach for support groups

There are 37 carer support groups across all 16 districts on the MFF website.

Three (8%) of the 37 carers support groups are Aboriginal. The AbSec (2021) carer survey indicated that 81% of Aboriginal respondents were not a member of a carer support group and that half (52%) would like to see a group established in their area. AbSec are also working to increase the number of Aboriginal support groups.

MFF survey on peer support (2022) reported that this need is also reflected in the general population of carers:

- 74% are not connected to a peer support group in their district,
- 64% are not satisfied with the peer support activities available to them, and
- 45% do not know where the location of their local support group.

MFF has created a carer support team role to increase their focus on volunteers and carer support groups.

Does MFF achieve their intended outcomes?

By-an-large, MFF meets its intended outcomes.

1. MFF support, connection and advocacy is timely and supportive, meeting a strategic need.
2. MFF use responses from the MFF Carer Survey to inform relevant stakeholders about the systemic issues impacting carers. However, the resolution of systemic issues remain a key challenge for MFF due to their dependency upon factors outside MFF control.

Key Data

- 62% of carers responding to the MFF carer survey (2022) were either satisfied or very satisfied in their ability to talk through an issue with MFF. This is similar to findings from 2020 survey that reported 60% satisfaction.
- Interviews indicated that most of the carers who accessed support (7 out of 9) were satisfied with the timeliness and quality of support. Two carers were waiting for a resolution to their enquiry.
- All six carers interviewed, who attended the online lounge room, reported satisfaction and said these experiences made them feel less alone as a carer.
- 49% of carers responding to MFF 2022 carer survey were satisfied or very satisfied with MFF individual advocacy. This is similar to the 2020 survey which reported 45% satisfaction.
- Most of the carers interviewed for this evaluation who used MFF individual advocacy reported feeling heard by MFF.
- Qualitative interviews indicate that those carers who sought out MFF support were unlikely to recommend the caring role. This was due to a range of complex reasons, including seeking support late in the issue. The MFF Carer Survey (2022) indicates that only 41% of carers would recommend becoming a carer to others.
- Statistical analysis of carer responses to the Carer Stress Scale questions indicates that carers who feel overwhelmed were less likely to recommend the caring role.

Data sources: Data CRM data, qualitative interviews, MFF carer survey, 2019, 2020, 2022, carer stress scale (adapted by Berry and Jones 1995)

4.6 Timeliness and quality of support, connection, and individual advocacy

MFF's objective is more carers are empowered and content in their role, and are acknowledged, valued and supported to maintain their caring roles. This means that the timeliness and quality of support is very important.

4.6.1 Support in general

Sixty-two percent of carers, in the 2022 MFF survey, who accessed MFF support were satisfied or very satisfied in their ability to talk through an issue with MFF. This is consistent with finding from the 2020 survey that reported a 60% rate of satisfaction.

The carers interviewed (n=9) who sought out support from MFF, except for two, were extremely satisfied in the support they received from MFF.

> 'MFF was so helpful when I couldn't get the support from the agency.'

The following carers articulate how MFF support helped:

> ‘They (MFF) have been my rock. The system is toxic. They have been the only support that helped me continue.’
>
> ‘MFF helped us hang on. Caring can be a hard slog.’
>
> ‘I went to MFF about a diagnosis of the child in my care. She emailed me stuff and it really helped me and my husband know what we are dealing with. It helped us understand him (the child in my care).’

The other two carers are not satisfied and are still waiting for a resolution to their enquiry.

4.6.2 Targeted support

Lounge room sessions

Six of the carers interviewed attended the online lounge room sessions and reported a high level of satisfaction.

> ‘I loved the online lounge rooms. Sometimes when you are having a bad day and you can join the training it makes you feel less alone and that there is information out there that can help.’
>
> ‘I felt like I was the only one struggling with this and then you go to an online lounge room and you realise you are one of many. The knowledge gives you the strength to go on and keep everything on a level playing field.’
>
> ‘I love the bit at the end when carers get to ask questions. There are carers asking questions I hadn’t thought about or they ask questions I have too and it makes me think I’m not the only one struggling. ‘

Advocacy

Less carers are satisfied with MFF advocacy as compared to their other service areas. Forty nine percent of carers responding to MFF 2022 carer survey were satisfied or very satisfied with MFF advocacy, and this is consistent with the 2020 survey results of 45%.

These findings are consistent with the discussion in the previous section of the report that reported a lack of resolution of some of MFF individual advocacy from a PSP stakeholder perspective. This is especially true for systemic issues like respite and change over in case workers that have a strong impact on many carers but can’t currently be resolved by either their agency or MFF.

Most of the carers who were interviewed and had sought out MFF individual advocacy were satisfied.

> ‘MFF accelerates the support. If they are cc’d in it makes the agency aware and more likely to take you fair dinkim.’
>
> ‘If there is no place for carers to speak we can’t expect change. I felt valued speaking to MFF because they heard me. They listened. Then I felt like I was doing my job. If I’m not advocating for the right services for the kids in my care then I’m not doing my job.’

4.7 Carers retained and recommending the caring role

Retaining current carers is a significant issue across the sector. MFF sees their support and individual and systemic advocacy for carers as strategies for retention and for recruitment on the basis that carers who are supported are more likely to stay as carers and recommend caring through word of mouth. This strategy is consistent with research that indicates retention is a form of recruitment (Hanlong et al., 2021). These points highlight the critical importance of the supportive strategies employed by MFF and PSP providers both independently and jointly.

Retention success is not simply about satisfaction levels and often looks different for different types of carers (Hanlong et al., 2021). This is supported by MFF's 2022 survey which found 66% of carers were satisfied or very satisfied in their role as a carer but only 41% of carers were likely or very likely to recommend becoming a carer to others.

The caring experience is complex. For example, carers in this evaluation rated their wellbeing on average as 7.4 which is similar to findings in the MFF Carer survey (2022) average rating of 7.2. In comparison the average Australian rates their wellbeing as 7.2 (ABS, 2021). This indicates that carers fall within the normal range of wellbeing, which is promising. However, 78% of carers, in the 2022 survey, said they felt stressed sometimes, quite often or all of the time. Australian research indicates that approximately 20% of carers are at a clinical level of stress, as measured by the Kessler (Ryder, Zurynski & Mitchell, 2022). Carers' perception of their wellbeing and stress is also highlighted by a carer quote that caring was 'the best thing I ever did and the worst thing I ever did'.

4.8 Service system improvements and awareness of the caring role

4.8.1 Word of mouth recruitment

MFF support and individual advocacy leads to positive word of mouth recruitment

Fifty percent (18) of carers interviewed would recommend the caring role. This is higher than the 2022 survey of 41%. Most of these carers said they would recommend based on the need for carers and/or the benefits to caring. Forty seven percent of carers interviewed said they wouldn't recommend caring to others. The reasons included family time, not provided with accurate information about the realities of caring, the emotional toll of caring and the systemic issues impacting the caring role.

Most of the carers interviewed who sought out MFF support would not recommend the caring role. As mentioned previously most of these carers sought support after the issue or multiple issues had turned into a crisis. This is despite all carers except two being happy with MFF support. These carers were more likely to report system issues, 'the system is toxic,' as why they wouldn't recommend caring.

4.8.2 Carer perceptions of the caring role

Carers' perceptions of their role and their likelihood of recommending the role

To better understand carer's perceptions of their role the carer stress scale (adapted by Berry and Jones 1995)[2] was used. This scale looks at the negative and positive aspects of the carer-child/ren relationship focusing on the perception of carer stress and also assessing positive feelings about caring in the form of satisfaction.

Research has identified the stress of caring for the child/ren in their care as a primary concern for carers (Harding et al., 2018). However, the rewards of caring for a vulnerable child may be the motivation for why carers remain in the caregiving role (Harding et al, 2020).

Twenty-eight (67%) of carers completed the scale. Three of these questions were removed from the data analysis. Approximately 40% of the carers said they couldn't answer the following two questions in a single response; 'I am happy in my role as a carer,' and 'I'm satisfied as a carer.' These carers wanted to give two responses, one based on the child in their care and the other from a system perspective. These responses highlight the complexity of the carer role as already mentioned above. A third question was also removed due to some carers thinking the question was inappropriate for the caring context, 'the child/ren in my care are an important source of affection to me.' This limits the results in the satisfaction scale as shown below. A more detailed table of the questions is in **Appendix G**.

Figures 8 and 9 (below) illustrate carer responses for the Satisfaction scale and the Stress scale. (The full questions for each are in **Appendix G**).

Figure 8: Percentage of carers who agree (Satisfaction scale)

The three responses in relation to the Satisfaction scale (**Figure 8**, above) were between 96-100%. Sixty-eight percent of carers thought the role of caring helped them develop a more optimistic view of the future.

[2] This scale has been tested as reliable and valid with carers (Naedre & Hukkelberg, 2020). It has also been tested with an Australian population of foster and kin carers (n=324). This study and another study supported using the scores in research with carers to capture the stress and rewards in caring (Harding et al., 2018; 2020).

Figure 9. Carer responses for the Stress scale

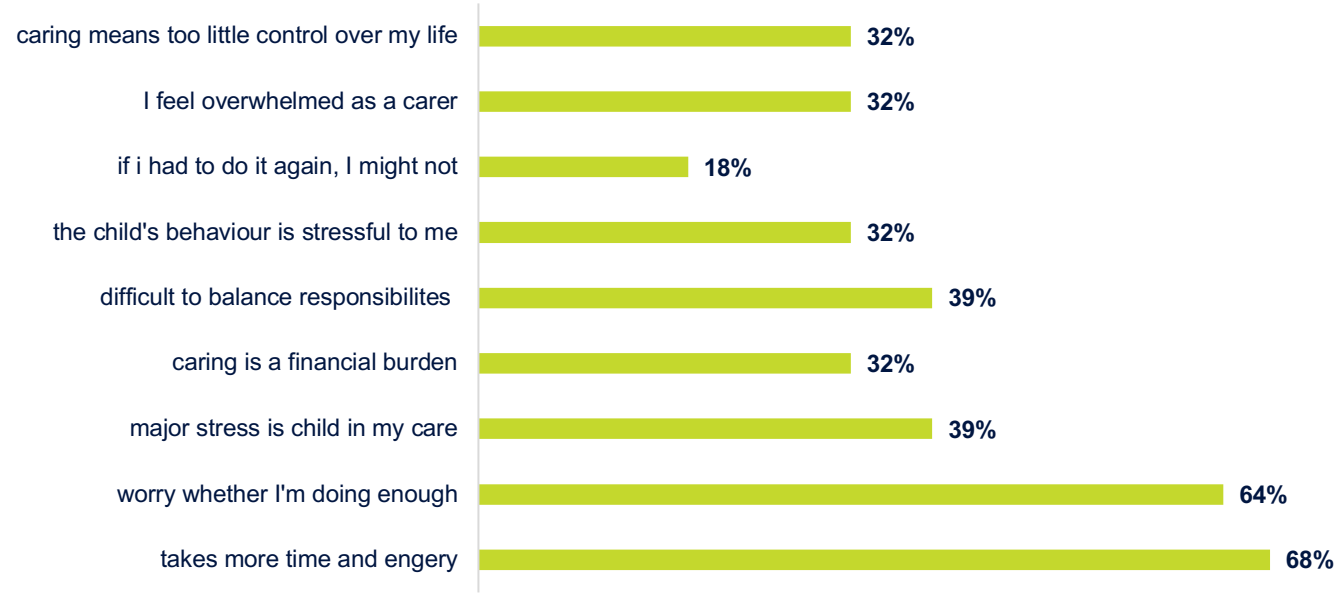


Figure 9: Percentage of carers who agree (Stress scale)

In relation to the stress scale (**Figure 9**, above), the lowest score (18%) was for, "if I had to do it over again, I may decide not to have children in my care". This low score indicates that despite the stress that many carers experience, very few regret becoming a carer. One carer responded by saying, 'I'd do it again in a heartbeat.' The carers who wouldn't do it again (18%), not surprisingly, would not recommend the caring role.

The highest score for the stress scale was, 'it takes more time and energy than I have' (68%) and 'I worry whether I'm doing enough (64%).' These responses are consistent with the qualitative interviews which found most carers report that caring takes more time than they thought it would, and that the role of caring often made them doubt themselves especially in relation to doing enough for the child/ren in their care.

Pearson's Chi-Square analyses were completed to understand whether the differences in recommending the caring role based on the way carers answered the carer stress scale occur by chance or are linked. The Chi-Square analysis result indicates that carers who responded in the carer stress survey question that 'they were overwhelmed in their responsibility of being a carer' (**Figure 9**, above) were also less likely to recommend caring (Chi Square 9.835, DF=4, p=0.043) and that this relationship is likely to extend beyond those surveyed to other carers who share similar sentiments. Eight out of the 9 carers who reported feeling overwhelmed indicated they would not recommend caring. These carers felt like their skills didn't match the needs of the children and this often left them feeling like failures. This suggests the possibility that efforts aimed at reducing the degree to which carers feel overwhelmed may also improve word-of-mouth recruitment. This finding is consistent with research (Smart et al, 2022).

Whilst the other questions in the survey were not statistically significant, 6 out of the 7 carers who strongly agreed that "caring takes more time and energy than I have to give" did not recommend the caring role. These carers reported not feeling prepared for the caring role. Some of them felt 'lied to' as articulated by the following carers.

> '...I knew a lot of people that were thinking of caring and they watched me and said no when they saw the realities. What we were told about the kids and then what they were like. Wrong

information. You can't trust the system. The kids have so many difficulties and they aren't honest with you.'

'Too much running around. We weren't prepared for the meetings at schools, therapists, doctors, specialists. People should be fully warned about that. Life is not your own when you become a carer.'

'I don't think it is suitable for everyone. There is a lot more to it then you are told. A lot of variables to consider.'

These findings indicate that carer word-of-mouth recommendations is impacted by several factors that extend beyond carer support and include: reasons for becoming a carer, expectations carers have about the role, their perceived ability to meet the needs of the child in their care, and systemic issues.

These results suggest the best way to retain carers and ensure they are likely to recommend the role is through ensuring carers are adequately prepared for the realities of the role and have access to strategies to prevent overwhelm including access to vicarious trauma strategies and understand the importance of seeking support early in an issue.

One of the biggest barriers to carers recommending the role is systemic issues. Most of these are system issues that MFF cannot resolve alone.

Overall, the evaluation found that MFF support, connection and individual advocacy services are still not widely known across the districts nor are they used in a way to help carers fully understand the supports available to them prior to starting their role as a carer. Carers need to understand the importance of seeking support early to resolve issues. It is recommended that MFF creates a carer information pack that includes information on all their services and the importance of seeking help early in an issue.

5. Carer training and education

MFF seeks to address the gap between what PSP agencies provide to their carers and the additional training and education carers seek to support their role in caring for children. MFF's training and education approach draws on commissioned research and MFF seeks to continuously improve the quality of their training, with most training provided by external experts.

While ongoing training and education for carers is mandated by the Office of the Children's Guardian in NSW, agencies set their own requirements for training, which creates variability in carers' experiences of ongoing training, including the types of training and education available to them across NSW.

5.1 Key findings

MFF has met or exceeded its targets in relation to carer training and education.

MFF has met or exceeded its contractual targets regarding carer training and education, following a phase of establishment and the initial pandemic disruptions of 2019/20.

MFF meets a strategic training need for carer training and education, but opportunities exist for further improvement.

MFF's Program Awareness Survey of PSP professionals (Jan 2022), found that 90% of workers were aware of MFF's training - more than other parts of the MFF program. This corresponds with a high level of support from PSP professionals regarding MFF's role in relation to training and education.

The MFF training most accessed by carers corresponds with what is strategic for improving the quality of care and preventing and minimising carer stress.

The pandemic has shifted patterns of carer engagement with online and face-to-face learning, with both being important to continue in order to meet the diverse needs of carers in all geographies. MFF's recorded training webinars are less well known but are a valuable resource for PSP case workers as well as carers.

Through our interviews carers expressed that they frequently enter a state of doubting themselves. Carer training and education can equip carers and enable a perspective which escapes self-doubt.

Despite carers requesting and needing self-care training, it is under utilised as carers prioritise the immediate needs of the children in their care. Carer uptake needs to be actively encouraged early. Increased uptake of self-care training would: better equip carers to prevent/address inevitable vicarious trauma, increase accessing of other supports, and support long term retention.

Some PSP professionals expected that MFF, as an independent provider, may be better placed to engage carers who generally do not engage with training but who need it. This, along with MFF's attendance data, illustrates the value of an independent provider.

Carers are satisfied with MFF carer training and education.

Most carers we interviewed who had accessed MFF's carer training and education believed that it was relevant and applicable to their experience, and this was confirmed by interviews with PSP professionals.

There is a need for MFF and PSP agencies to take a strategic approach to improve the availability of carer training and education.

Carers in some regional areas report being less able to access the training they need, and less satisfied with the training offered (across all providers). Achieving a critical mass of people interested in the same face-to-face training is more challenging in less populous areas. Finding ways to make online training work better for more people is a way forward that MFF is well equipped to develop, and input to this evaluation indicates that peer engagement around training is important in regional areas and could be part of a partnership solution with local PSP providers.

In the 2022 carer survey only 56% of carers were satisfied or very satisfied with the overall availability of training (across all providers) – with similar satisfaction levels across all carer types. Finding ways to make online learning work for more people may also assist here. Respondents to the carer survey who accessed MFF's carer training and education were, on average, more satisfied with the availability of training than those who did not access MFF's courses.

MFF is intended to supplement the sector's delivery of carer training and education but has insufficient access to information about sector-provided training across each district to enable effective targeting of its limited resources.

Beyond carer satisfaction, a clearer focus by MFF on building the capability of carers would drive a stronger focus on assisting carers implement learnings into their daily lives. This would need to be achieved in partnership with PSP case workers.

Culturally safe ways of working need to be more fully developed and communicated to optimize MFF training.

MFF's carer training and education reach is difficult to assess without more demographic data – which is now being collected by MFF. Of the carers who do access training, MFF's training is accessed by a similar proportion across different carer types. Kinship/Grandparent and Guardian carers are less likely to access any training at all. Aboriginal carers are as likely to attend MFF training as non-Indigenous carers.

Some Aboriginal PSP professionals would be more likely to recommend MFF training if they understood MFF's approach to cultural safety and had more of a relationship with MFF. There is scope to strengthen MFF's reach here.

Language is a barrier for some culturally diverse carers.

5.2 Recommendations

These recommendations relate to MFF's continuous improvement and, where relevant, to system-wide considerations. Unless indicated, these recommendations assume existing resourcing levels. (For a summary of this reports recommendations, see **Appendix B**.)

1. *MFF to continue to deliver and continuously improve its strategic carer training and education function.*

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.

MFF to consider how to provide extension training (or referrals) for carers who need greater depth from carer training and education. This could be delivered in a recorded webinar format given the low numbers involved at any given time.

2. *MFF to work with PSP providers and carers to address remote and regional access to specific carer training and education options.*

For remote and regional NSW, MFF ought to work with carers and local PSP providers to identify ways to boost online engagement in order to improve carer access to the specific carer training and education options which meet their individual needs – including accompanying peer-to-peer connections around online training and means for case workers to support the implementation of lessons learnt.

3. *MFF to explore options to assist carers to translate carer training and education into practice.*

MFF and PSP providers to further promote MFF's library of carer training and education webinars to PSP case workers for their own development and awareness of carer perspectives, and as a resource for supporting carers.

MFF to work with carers and PSP providers to design and implement ways to further resource carers to embed lessons from carer training and education into carer practice.

MFF to continue to seek to stimulate collaborative planning of carer development strategies across NSW and districts. Partnership approaches may 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 carer training and education plans as MFF do. Alternatively, DCJ or MFF could regularly survey providers as to carer training and education delivered and planned.

4. *MFF to employ its induction, training, and follow-up mechanisms to strategically address self-care gaps*.

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.

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

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 carer training and education along with culturally informed access strategies.

Are the outputs in carer training and education as expected?

MFF carer training and education outputs have met or exceeded expectations.

Key Data

- 440 carer training and education sessions were delivered by MFF over its first four years.
- 6,970 attended the carer training and education sessions (55% of registrations).
- 87% of carer training and education in the first year was face-to-face. However, the pandemic drove a significant shift to online formats.
- Dealing with challenging behaviour and trauma are the top two most requested carer training and education topics (MFF Carer Surveys 2020 and 2022).
- Over a four-year period MFF offered 60 carer training and education sessions on children's behaviour and emotional regulation and 53 training sessions on trauma.
- In the 12 self-care training sessions offered by MFF, only 341 carers registered, and 118 carers attended over a four-year period. This is despite self-care consistently being rated by carers in the top six areas of training they want to attend (MFF Carer Survey, 2019 and 2020, Luu, et al, 2020).
- 6,110 carers and caseworkers completed MFF taped webinars.

Data sources: CRM data, survey data, 2019, 2020, 2022, Qualitative interviews, MFF quarterly reports.

5.3 Overview

MFF is contracted to deliver 60 face-to-face carer training and education sessions a year. MFF delivered 440 training sessions over four years (see **Figure 10**), meaning MFF have met and exceeded these targets despite the impacts of the pandemic.

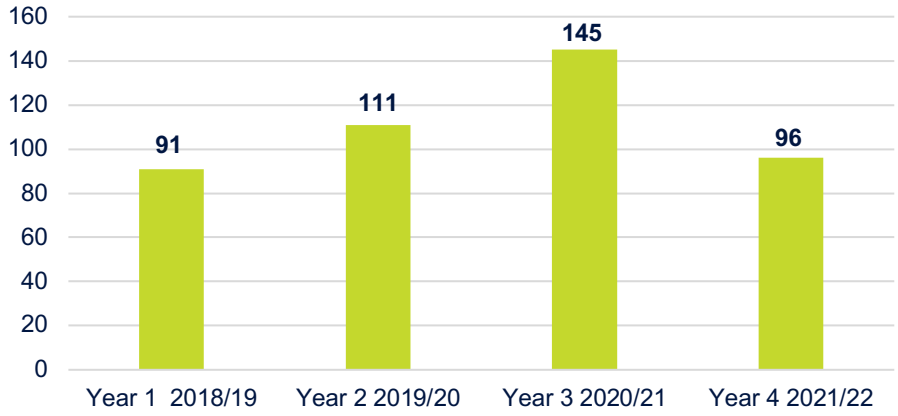


Figure 10: Number of MFF training sessions across first four years

Thirty-three per cent of this training was provided in the third year. Another 50 carer training and education sessions were aborted, (17 or 34% in the first year) mainly due to small numbers and the impact of COVID public health measures on face-to-face training, which shut down services for significant periods of time in 2020/21. When restrictions were removed some carers were still reluctant to meet in groups.

MFF is now meeting their contractual obligations in relation to carer training and education output. For the first two years MFF struggled to meet contractual obligations in relation to face-to-face training. This is consistent with interviews with PSP stakeholders' who reported difficulties in motivating carers to attend training.

5.4 Carer training and education types

Figure 11 (below) shows that MFF shifted from 87% face-to-face carer training and education formats in the first year to 53% in the second year, 32% in the third and 24% in the fourth year. This was partly in response to COVID-19 and the MFF carer survey response which indicated some carers wanted a mix of training types including online to better suit their needs. This capacity to quickly shift mediums demonstrates MFF's capacity to meet strategic needs in training.

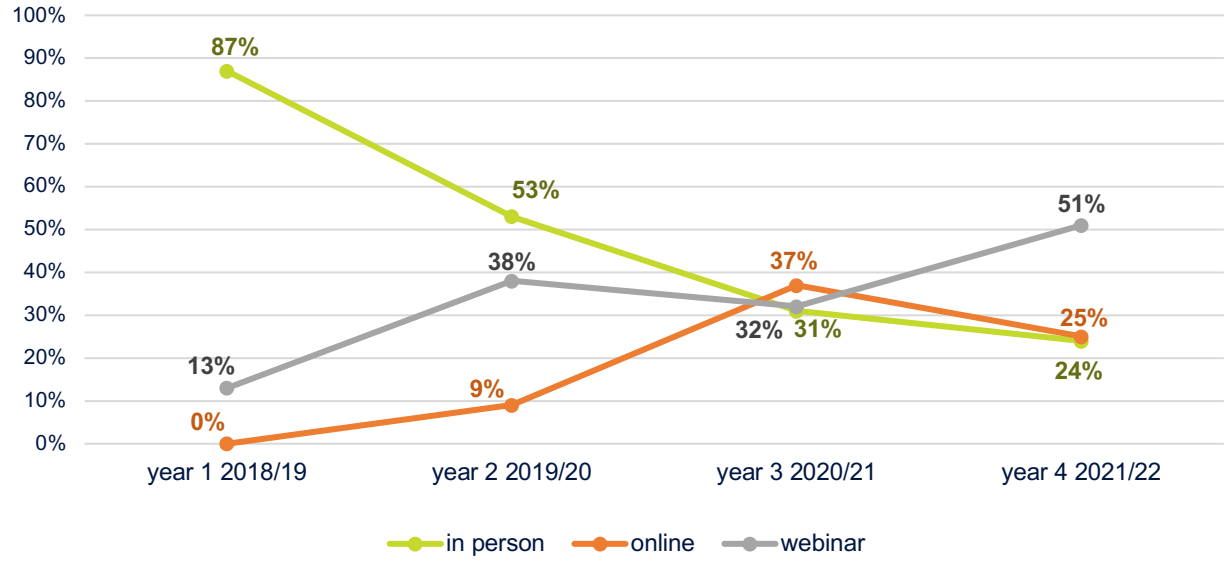


Figure 11: Percentage of training by type over time

Qualitative data indicated that many carers liked the flexibility in the types of training offered by MFF.

> 'I thought online training got better during COVID. They had morning and evening training online and that was perfect. They don't have as many times now COVID is finished.'

> 'For me and my husband online is the only option as we both work fulltime. I think MFF online training is amazing. The only issue is there aren't a lot of online training available at night.'

> 'It's easy to do online at home when you have four kids in the house. Especially if you are working and the kids have sport.'

Agencies also reported that online training provided by MFF filled a strategic need for some of their carers because they mainly provided face-to-face training.

For some carers, who prefer face-to-face, COVID meant they tried online training for the first time.

> 'Our carers prefer face-to-face but because of the worry about COVID, that is always in the back of their minds, so they did the online training. Some of them now like it because it's more convenient to do it in their own home where they feel comfortable. They don't have to get anywhere (Aboriginal case worker).'

Whilst COVID created several barriers in relation to implementing carer training and education, it was also an opportunity that changed the negative perceptions of some carers about accessing online training.

MFF staff also thought online training created more flexibility.

> Online meant we could have international speakers for our carers. This meant we could attract people who could speak to our carers we wouldn't have been able to in face-to-face training.

A reduction in face-to-face training did impact some carers. The NSW carer survey 2020 found 36% of carers prefer in-person training and this figure rises the older the carer is, with 46% of carers aged 54-75 preferring face-to-face. This reduction in face-to-face carer training and education was particularly felt by kinship carers, older carers and carers living in more remote areas, such as Western NSW. This will be discussed later in the report.

5.5 Number of carers accessing MFF carer training and education

5.5.1 Carer training and education registrations and attendance

During July 2018 and June 2022, 12,621 carers registered for carer training and education sessions. The mean number of registrations was 29 per session, with a range from 1 to 131 registrations. 6,970 attended the training (55% of those who registered) with a mean attendance of 15 carers attending and a range from 0 to 78. MFF staff thought attendance was impacted by several things, including a focus on meeting contractual obligations without adequate promotion and/or COVID.

> 'I've been on more planes than in cars in the last six weeks. We are rushing to meet our contractual obligations across the districts. One of the training sessions only one person turned up and they were late. We were already packing up when they turned up. It costs a lot to run a face-to-face training session.'

> 'COVID is still having an impact. We might run training and only a few actually turn up. There is still fear about face to face. We call carers the day before but still sometimes we end up with low numbers. People have got out of sync with leaving home.'

However, overall face-to-face training formats had a higher percentage of people who registered turning up to training (69%), as shown in the **Table 8** below.

Table 8: Carer training and education type, by registration and attendance, 2018-2022.

Type of training	Number registered	Number attended	% of attendance
Face to face	3370	2254	69%
Online	3011	1627	54%
Webinars	6240	3089	50%

Table 9 (below) shows the numbers for carer training and education overall. This table shows the number of carers attending carer training and education doubled between the first (n=955) and fourth (2010) years, with MFF's third year showing the highest number of carer attendance. Training providers in other jurisdictions similarly report a decrease in the rate of registered people attending online and in-person training since the pandemic commenced.

Table 9: Carer training and education registrations and attendance, by year.

Year of training	Number registered	Number attended	% of attendance
2018/19	1424	955	67%
2019/20	2282	1324	58%
2020/21	4895	2681	55%
2021/22	4020	2010	50%

The MFF carer survey results show that the most popular type of carer training and education sessions provided by MFF were webinars or online training, 37% in 2022, compared to 28% in 2020. This increase makes sense since MFF's approach shifted from a focus on face-to-face training in its first year to more online training being provided over time.

5.5.2 Attendance at recorded webinars

Table 10 (below) from MFF quarterly reporting (2022) showing enrolments and completions of recorded webinars indicates that many carers continue to access recorded webinars.

Table 10: Enrolments and completions of recorded webinars.

Course	Total Enrolments (all time)	Total Completions (all time)	Total Completion rate
Behaviour Support Planning and Restrictive Practices	318	191	60%
Guardianship Part 1 - Introduction to Guardianship	264	196	74%
Guardianship Part 2 - The Guardianship Process	195	164	84%
Guardianship Part 3 - The Guardianship Assessment	176	146	83%
Guardianship Part 4 - Legal Matters	186	142	76%
How Trauma Affects the Brain	717	484	68%
Impacts of Trauma on Memory	368	243	66%
Managing Bullying (new)	158	123	78%
Participating in Family Group Conferences	169	126	75%
Planning for Family Visits	586	419	72%
Preparing for Leaving Care	112	80	71%
Reportable Conduct Processes for Carers	181	119	66%
Responding to Disclosures	241	180	75%
Rights of the Child	218	149	68%
Self Care For Carers	261	167	64%
Teenagers: Transition of Children to adolescence	187	111	59%
Teenagers: Preparing to Leave your Care	77	57	74%
Top Tips for Therapeutic Parenting	1094	534	49%
Understanding and Responding to Substance Abuse in Young People	118	58	49%
Understanding Adoption of Children	41	15	37%
Understanding Autism	215	143	67%
Understanding Children's behaviour when they have been exposed to	710	448	63%
Understanding Emotional Regulation	789	525	67%
Understanding Foetal Alcohol Spectrum	550	371	67%
Understanding Grooming and What It Means for Children	162	110	68%
Understanding Neonatal Abstinence Syndrome	120	87	73%
Understanding Risk Taking in Adolescence	157	101	64%
Understanding Sexualised Behaviour	255	163	64%
Use of Technology in the Care Environment Part 1	175	88	50%
Use of Technology in the Care Environment Part 2	213	156	73%
What is food hoarding and how do I manage it?	189	124	66%
Working Collaboratively with your Care Team	190	90	47%
Working with Teachable	4	0	0%
Total	**9392**	**6110**	**65%**

These webinars are added to over time. 6,110 carers/stakeholders completed the webinars. This number represents 87% of the total number of carers who attended MFF carer training and education (6970), and indicates these recorded webinars are an excellent resource for carers as they can be accessed when the carer wants specific information. **Table 10** (above) indicates that 65% of these webinars are completed. Those highlighted in yellow were the most completed webinars, with Guardship webinars most likely to be completed.

One of the agencies uses the webinars in their induction training.

> 'I've just moved to a 'new organisation.' My second day they told me to watch the taped webinars on the MFF website. I've been a caseworker for four years, but I would have appreciated knowing this information years ago. I learnt some of the stuff the hard way. It was specific stuff that can lead to placement breakdowns. Even though I had been a case worker for a while I learnt some things. I also really liked the end bit where carers ask questions. It gives you insights about carers needs.'

In this case, the caseworker saw the benefits of MFF training and indicated she would recommend the recorded webinars and training to her carers.

5.5.3 Attendance by carer training and education topics

In the literature, the most requested carer training and education topics relate to understanding how to deal with difficult behaviours, trauma, advocacy skills, self-care, parenting teenagers and managing family contact

(Luu, et al., 2020). Both the 2020 and 2022 MFF carer survey reported that carers want carer training and education relating to challenging behaviours (51% & 52%). This is consistent with other research that found that behavioural and emotional difficulties from the child in care is one of the biggest predictors of carer stress (Harding, et al., 2018). This training is important as research indicated that unresolved carer stress can lead to burnout (Ottaway & Selwyn, 2016).

MFF offered 60 carer training and education sessions on children's behaviour and emotional regulation (including sexualised behaviour) over the four-year period. 1,840 carers enrolled in this training and 1037 attended (56% of registrations). The highest number of registrations was for understanding emotional regulation with 131 registrations and 78 carers attending. Another 973 carers completed webinars about children's behaviour and emotional regulation.

Carers also wanted training and education on healing from trauma (48%, 46%) (MFF carer survey 2020; 2022). MFF ran 53 carer training and education sessions specific to trauma with 1,561 people enrolling and 882 attending (57% of registrations). The second most popular topic offered by MFF was Therapeutic Techniques with Richard Rose, 103 enrolled and 78 attended (76% of registrations). This is consistent with recorded webinars - the two most completed webinars related to trauma (1018 completions).

The top ten most attended carer training and education sessions were also consistent with the topics carers requested:

- on trauma (registered 492, attendance 315 (64%)
- on behaviour (registered 322, attendance 182 (57%)
- on guardianship (registered 143, attendance 98 (69%).

There was low attendance at self-care training. Self-care is consistently rated by carers in the top six areas of carer training and education sessions they want to attend (MFF survey, 2019 & 2020, Luu, et al, 2020) but in the 12 training sessions offered by MFF only 341 carers registered, and 118 carers attended (35% of those that registered). This suggests there is opportunity to improve this area of MFF training.

Having self-care strategies is critical, as mentioned previously, vicarious trauma is preventable but is otherwise inevitable. Research indicates that sometimes the process of empathy means that carers can neglect and lose touch with their own needs. This was articulated by some of the carers.

> 'I have three kids in my care. I can't commit to anything about me.'
>
> 'I don't think about self-care enough. There is only so much of me. We have a lot of children in our care who have needs and wants and we are stretched to capacity. If another came along it would push me over the edge. My problem is there is no time for self-care.'

Most carers indicated that the role of being a carer can take a toll on them emotionally.

> 'I'm exhausted mentally and physically. The last year we had three children from different towns and three different case workers and three different contact visits. Emergency can be a lot of stress. Lots of challenging behaviour and terrified kids.'
>
> 'I was so desperate I had to call Lifeline.'

> ‘I think caring for children with all the complex issues and system issues … I have support but it still impacts me.’

Research indicates that vicarious trauma can occur in the most supportive environments (Morrison, 2007). Whilst most carers said that self-care was mentioned in their role, most carers said the emphasis was on them to put strategies into action.

> ‘It’s lip service. If I need support, I have to direct it.’

> ‘Everyone tells you to do it, but no one tells you how.’

Only one carer that was interviewed attended the self-care training. This carer thought that self-care training should be provided to all carers prior to starting caring.

The low attendance numbers despite carers recognising the need for self-care indicates that MFF may need to promote self-care training in a way that helps carers understand the critical importance of preventing vicarious trauma. Whilst there have been no studies that indicate that vicarious trauma leads to carers leaving their role, research has shown a link between high social work turnover and vicarious trauma (Curry, McCarrageher & Deliman-Jenkins, 2005).

To address both attendance levels and unmet self-care needs of carers, MFF staff may need to adopt a similarly strong follow-up process to the one they employ to follow-up recruitment (see Chapter 6). For example, carers who do not attend self-care training after registering for it may also be carers most in need of it. Therefore, a care-centred follow-up approach to non-attenders may be an opportunity to gauge support needs and encourage carers to seek support early. This approach also recognises that children’s schedules are often messy, requiring frequent changes. Consequently, this is also an opportunity to communicate understanding and in doing so also acknowledge the carer’s value. Carers who are aware they may receive care-centred follow up after non-attendance at self-care training may also be more likely to prioritise attendance in the future. The approach described here is only one example. However, it demonstrates how MFF could utilise existing opportunities to further improve training outcomes.

Carers may need assistance in choosing to do self-care sooner rather than later to avoid becoming overwhelmed as well as assistance in identifying personally effective forms of self-care. (Miller, et al., 2019).

How well does MFF carer training and education reach and engage carers?

MFF reaches and engages a range of carers though this differs across districts, carer types, and cultural backgrounds. The quality (and the evaluators' capacity to measure the quality) of MFF carer training and education reach and engagement is impacted by limited access to sector training data and MFF's own limited collection of attendee data.

Key Data

- The proportion of all registered carers accessing carer training and education from all providers and across all types is low.
- Attendance at MFF carer training and education significantly outpaces attendance at carer training and education delivered by PSP providers, both in volume (n=483) and in proportion (46%) and for all carer types (MFF Carer Survey data 2022).
- Carer attendance at all types of carer training and education, including training and education delivered by MFF, agencies and other providers significantly differs across districts (MFF Carer Survey data 2022).
- Aboriginal carers are just as likely to attend MFF carer training and education as other carers (MFF Carer Survey data 2022) despite the evaluation's qualitative interviews (focused more on Aboriginal carers not engaged with MFF) finding that Aboriginal carers were less likely to attend MFF carer training and education.
- Aboriginal stakeholders interviewed in this evaluation, and some Aboriginal carers want to understand how MFF ensures carer training and education sessions are culturally sensitive and safe.
- Language is a barrier for some CALD carers, who would prefer carer training education in their first language or do not speak English.
- There is little difference in the type of carers accessing MFF carer training and education (MFF Carer Survey 2022 data). However, foster carers were more likely to attend carer training and education overall compared to kinship grandparents. Kinship grandparents were less likely to attend carer training and education by agencies or other providers. These results may reflect a bias in the sampling of the respondents to the MFF survey, with 93% of the respondents aware of MFF services, which may indicate an over-representation of carers who use MFF services.
- Qualitative data indicates that there are some carers who are hard to reach and do not attend carer training and education with either agencies or MFF.

Data sources: CRM data, MFF survey, 2019, 2020, 2022, Qualitative data, MFF quarterly reporting.

5.6 MFF carer training and education reach

5.6.1 Reach across all carers

All agencies, including DCJ, are expected to provide carer training and education. MFF is meant to supplement the sector. However, there is limited available data to understand the gap in the reach of the sector in relation to carer training and education. While ongoing carer training and education is mandated by the Office of the Children's Guardian in NSW, agencies set their own requirements for carer training and education, which creates variability in carers' experiences of ongoing training, including the types of training sessions available to them across NSW.

MFF has requested access to the carer training and education calendars from all agencies but not all agencies have made this information available for a variety of reasons, including COVID and changing budgets which means constant changing to their training calendars. However, for MFF to provide supplementary carer training and education effectively, there would need to be an overarching calendar of sector carer training and education. This lack of data impacts MFF's ability to effectively target their limited resources as they are only funded to deliver 60 face-to-face sessions per year, across 16 districts.

Figure 12 (below) shows the attendance numbers at carer training and education sessions and the number of authorised carers across NSW. 6,970 carers attended carer training and education over four years, but many carers attended multiple sessions. Without understanding which authorised carers are attending sessions delivered by agencies or other providers, it is difficult to understand how MFF can complement the carer training and education delivered by agencies and identify strategic attendance gaps.

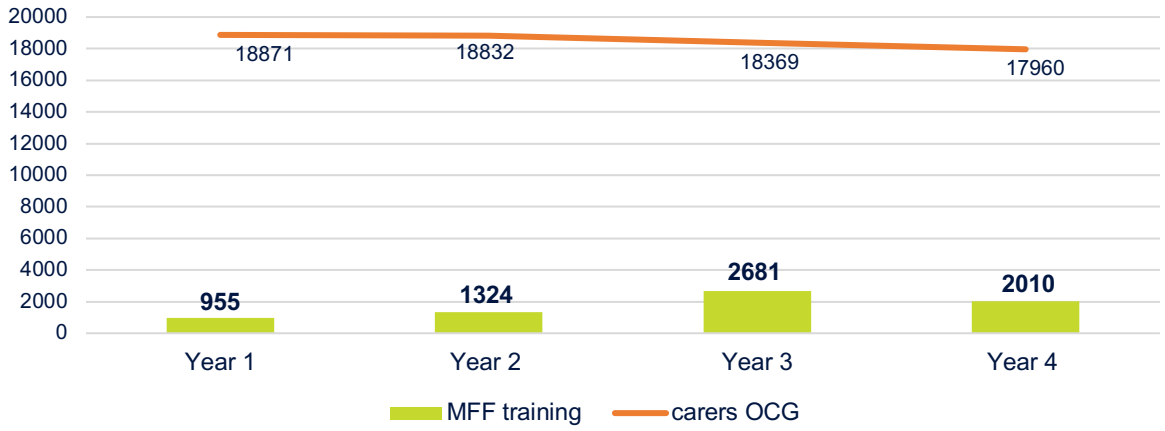


Figure 12: MFF carer training and education attendance compared to the OCG carer database

5.6.2 Reach across districts

Figure 13 (below) indicates that MFF provided face-to-face carer training and education across all districts over their first four years with a range of sessions provided in each location, from 5 sessions in North Sydney to 31 in Western Sydney. The number of MFF face-to-face carer training and education sessions allocated to each district is informed by the number of children in OOHC across the districts.

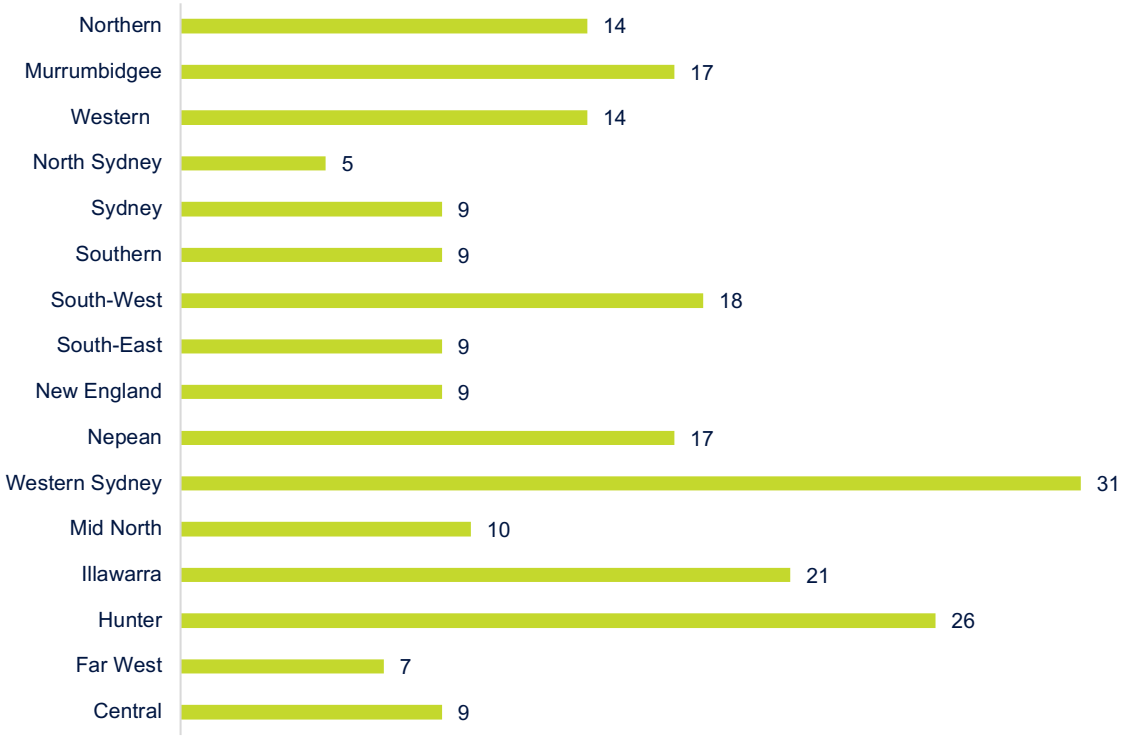


Figure 13: Carer training and education sessions, by district

The vastness of NSW and the number of districts limit the ability for MFF to reach carers across the regions as articulated by a MFF worker:

> 'If you look at where the carers are distributed and you try and fairly spread them out across the state, it means we're only going to some districts twice a year.'

MFF's ability to conduct face to face carer training and education in the districts was also impacted by COVID. Public health restrictions meant that MFF was unable to conduct face-to-face carer training and education for 6 months in Year 3 (2020/21) and 9 months in Year 4 (2021/22) of the program.

> 'When we launched our online training program, we attracted a lot of new carers to our training that hadn't attended face to face training. We know that online training is not a replacement for face-to-face training. We especially realised that during COVID. It was like we (MFF) suddenly became invisible in some of the districts.'

Figure 14 (below) indicates the number of carer training and education sessions held, the number of carers who attended and their attendance percentage (of those that registered). In Western NSW 14 training sessions were held over four years and 190 carers attended - approximately 48 carers attending training per year in Western NSW. This data is difficult to interpret without understanding what training other providers and agencies are delivering in Western NSW and the specific need for training in Western NSW.

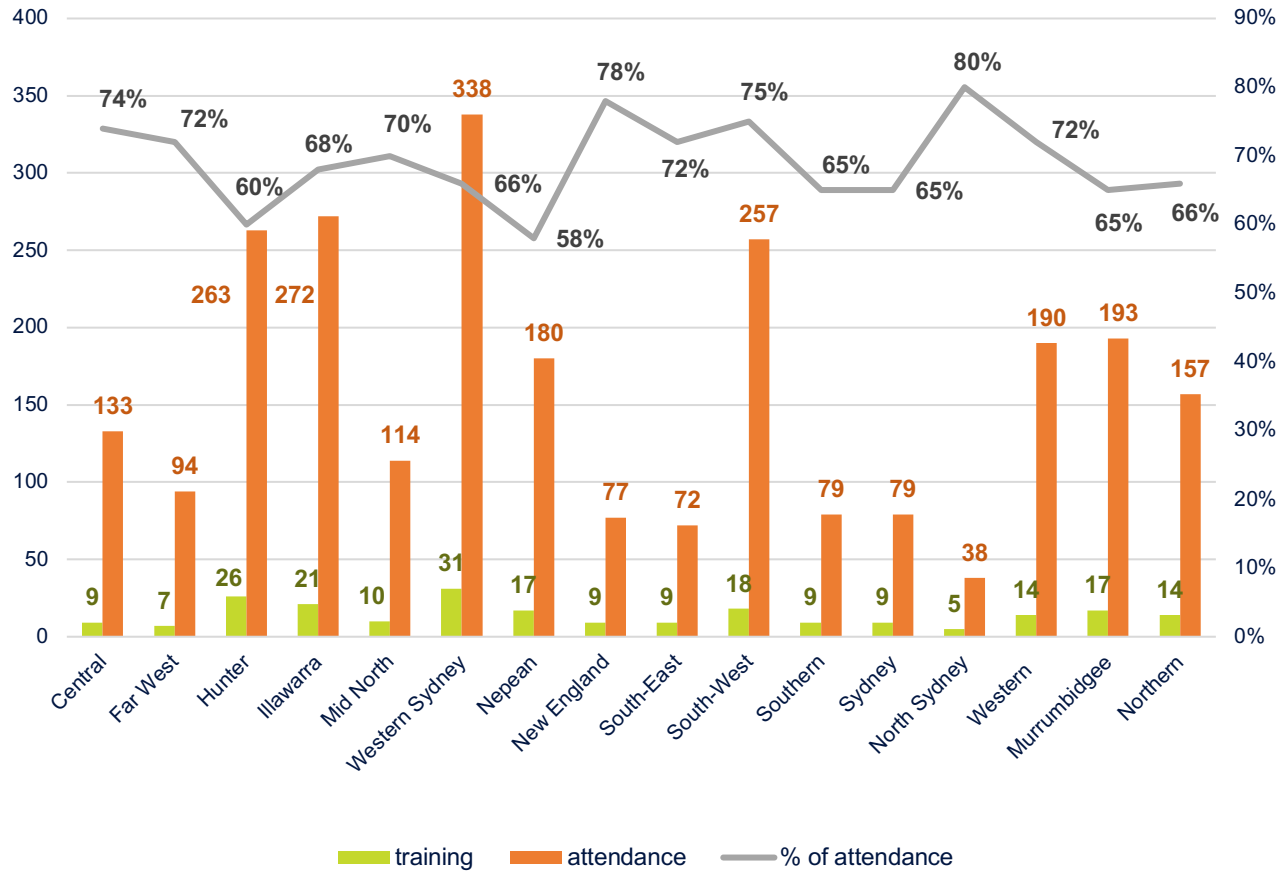


Figure 14: Training by district and percentage of registrations who attended

Figure 14 (above) suggests that carer training and education attendance significantly is higher in certain districts. To test whether the difference in attendance across all districts occurs by chance, a Pearson's Chi-Square test was used. This analysis found that the differences in attendance of MFF carer survey respondents' at all training (including MFF, agencies, and other providers) across all districts has a very low probability of occurring by chance (Chi-Square 37.3, DF=15, p=.001*). While this calculation does not indicate what district characteristics make these differences significant, it does suggest there is a significant relationship between the location of the training and attendance. This suggests that MFF (and other agencies providing carer training education in these locations) may need to use a different approach to implementing training in the districts with lower attendance to achieve a level of attendance comparable to locations where attendance is high.

Table 11 (below) indicates the percentages across districts for survey respondents' attendance at carer training and education (MFF Carer Survey, 2022). These percentages indicate that carers from Sydney areas were more likely to have attended carer training and education than carers from regional areas, with the highest attendance from South-Eastern Sydney (76%) and the lowest from the Far West, Western NSW and the Central Coast (46%).

Table 11: Survey respondents who attend carer training and education in the last 12 months, by district.

Districts	Yes	No
Central coast	45 (46%)	52 (54%)
Mid North Coast	49 (52%)	45 (48%)
Hunter	83 (46%)	98 (54%)
South-Western Sydney	66 (61%)	43 (39%)
North Sydney	31 (67%)	15 (33%)
Western Sydney	88 (64%)	50 (36%)
South-Eastern Sydney	25 (76%)	8 (24%)
Illawarra	64 (49%)	57 (51%)
Western NSW	47 (48%)	51 (52%)
Northern NSW	67 (61%)	43 (39%)
Murrumbidgee	44 (58%)	32 (42%)
Nepean Blue Mountains	50 (64%)	28 (36%)
Sydney	44 (66%)	23 (34%)
New England	34 (60%)	23 (40%)
Southern NSW	37 (49%)	38 (51%)
Far West	12 (46%)	14 (54%)

Table 12 (below) shows how satisfied survey respondents were with the overall availability of carer training and education (MFF Carer Survey, 2022). To test if the difference in satisfaction occurs by chance a Pearson's Chi Square test was conducted. The results (Chi-Square 119.154 df 75 <.001**) indicate there is a very low probability that satisfaction with the availability of all training provided occurs by chance. This suggests there is a relationship between the satisfaction of the availability of training and the location of the training that extends beyond those surveyed. For example, the result confirms that MFF survey respondents from Sydney are more likely to be satisfied with current availability of training and that this level of satisfaction likely to be representative of all carers in this location. Overall, this means that there are locations where the availability of carer training and general in general (or the availability of specific training topics) may need to be adjusted to improve satisfaction in those locations.

Table 12 (below) indicates that the highest satisfaction levels in relation to carer training and education were from Nepean Blue Mountains (71%) and the lowest from Western NSW (47%). These results, alongside the results in relation to complex support issues, indicate that there may be a bigger gap for carers in regional areas in relation to support on complex issues and training.

Table 12: The percentage of carers satisfied with the availability of the carer training and education, by districts.

Districts	Unsatisfied or very unsatisfied	Neutral	Satisfied or very satisfied	Total
Central coast	19 (22%)	23 (26%)	45 (52%)	87
Mid North Coast	27 (31%)	16 (18%)	45 (51%)	88
Hunter	22 (14%)	59 (37%)	79 (48%)	160
South-Western Sydney	15 (16%)	23 (25%)	55(59%)	93
North Sydney	5 (12%)	14(33%)	24(56%)	43
Western Sydney	16 (13%)	32 (26%)	74(61%)	122
South-Eastern Sydney	4 (13%)	10 (31%)	18(56%)	32
Illawarra	20 (16%)	35 (29%)	65(54%)	120
Western NSW	14 (16%)	32 (36%)	42(47%)	88
Northern NSW	18 (19%)	25 (26%)	53(55%)	96
Murrumbidgee	15 (21%)	18 (26%)	37(53%)	70
Nepean Blue Mountains	6 (8%)	15 (20%)	51(71%)	72
Sydney	5 (8%)	19 (29%)	41(63%)	65
New England	9 (17%)	14 (26%)	30(57%)	53
Southern NSW	7 (10%)	23 (34%)	37(55%)	67
Far West	3 (14%)	5 (23%)	14(63%)	22

Qualitative interviews found all carers interviewed in Western NSW were not satisfied with the availability and type of carer training and education provided by MFF or their agency. The survey data indicates that this may be because there is a bigger training gap in regional areas than in Sydney areas, particularly in relation to the type of training provided by either their agency or other providers. Carer training and education gaps also appear to be linked to the geographic size of districts.

> ‘I’d like to see more MFF training in the regions. Yes, they offer training in some towns, but I don’t live in town – that’s a two hour drive for me to just get there.’ (carer Western)

> ‘I haven’t seen MFF training in the Western area for a long time.’

> ‘Even accounting for COVID. We use it as a networking tool to catch up with carers at training. A lot of us find it easier to do training in a classroom setting. We don’t like online. I was looking at the training schedule in the West and it isn’t great. Even when they do offer training it’s training, we have already done.’

> ‘There is nothing in Dubbo. There is a lot of us out here. We can’t find the training. Where is MFF? The West is missing out. It is a big gap. A lot is repeat. We want training that allows us to learn from instructors but also other carers. It’s how we connect out here.’

Due to limited data this evaluation can't comment on the gap MFF is meant to be addressing in Western or other Districts. There is no data that indicates how many face-to-face carer training and education sessions are being provided by agencies. Interviews with case workers in Western indicate some of them are not aware of MFF carer training and education and this means their carers may also not be aware. While carer training and education needs are a standing agenda item on CRG agendas, MFF reported receiving a lack of information from PSP providers regarding their carer training and education plans and stakeholders reported limited strategic discussion (rather than anecdotal) between providers and MFF regarding carer training and education needs on a regional basis.

5.6.3 Reach by carer characteristics

Reach across CALD and Aboriginal Carers

MFF does not collect demographic data on carers who attends carer training and education. MFF did run a couple of carer training and education sessions in collaboration with an agency to target CALD carers.

> 'We (CALD agency) have worked in collaboration with MFF: they provide the context and we provide the cultural lens. It's a working partnership. MFF do have important resources that need to be translated for CALD carers.

MFF's 2022 Carer Survey indicates that Aboriginal respondents (50%, n=81) are only slightly less likely to attend carer training and education provided by MFF, agencies or other providers, than non-Aboriginal respondents (56%, n=679). Survey data also indicates that 43% of the training attended by Aboriginal respondents was with MFF as compared to 46% with non-Aboriginal respondents. This is consistent with the qualitative interviews that indicated some Aboriginal carers were attending MFF carer training and education.

> 'I felt culturally safe in the MFF training, but it would have been nice for it to be delivered alongside culture. It helps with the mob – you feel more relaxed, more open, less judged.'

> 'Our Aboriginal carers are using MFF training and I've only heard positive feedback.' (PSP stakeholder).

However, some Aboriginal stakeholders interviewed thought MFF had not fully developed or communicated how it meets the needs of culturally and diverse carers and this prevented them from recommending MFF carer training and education.

> 'I haven't seen any flexibility in how MFF support or train Aboriginal carers. I don't know if it is culturally safe. I don't know if they have flexibility in their learning options. My carers are Aboriginal and many of them are old and they live in remote areas in Western. MFF needs to engage with them in different ways. They can't travel 2-3 hours to get to Dubbo and then travel back. Some of the grandparents still use a landline so online is not going to work for them.'

> 'MFF should be upfront about cultural safety – what does it look like for them.'

> 'I think it's great that MFF want to provide training, but it has to be culturally relevant.'

Some carers want carer training and education that is culturally sensitive to their needs.

> ‘I’d prefer to be in a room with other Aboriginal carers.’
>
> ‘Our CALD carers don’t like being the only different person in the room. It makes them feel self-conscious.’ (PSP stakeholder)

Language is a barrier for some CALD carers. Many CALD carers want carer training and education delivered in their first language.

> ‘We did training with the agency. It was in Arabic, so I understood every word. Everyone should get that. I’m a parent of four kids but a lot of things I’ve learnt in the training. There is so much I have learnt from the training. How I could understand their behaviour. How I should treat them…’
>
> ‘Some of our carers because of language would not go to MFF but others whose English is better do appreciate the online options and other flexible times’ (PSP stakeholder)

All stakeholders interviewed thought building culturally sensitive and safe carer training and education takes time. What stakeholders wanted was a process from MFF that clearly articulates the steps and actions they are going to take to make sure their training is culturally safe and sensitive.

Reach across carer types

As mentioned MFF does not collect data in relation to the different types of carers accessing their carer training and education sessions. Results from respondents of the 2022 MFF Carer Survey, in **Table 13** (below), indicate little difference between the types of carers accessing MFF carer training and education, as highlighted in green. However, foster carers were more likely to attend training overall compared to kinship grandparents. Kinship grandparents were less likely to attend training by agencies or other providers. This finding may reflect a bias in the sampling for the respondents to the MFF survey, with 93% of the respondents aware of MFF services, which may indicate an over-representation of carers who use MFF services, in comparison to carers who are not aware of MFF services.

Table 13: Number of carers accessing carer training and education by provider (MFF 2022 Survey).

Who organised the training	Overall	Foster care	Kinship-grandparent	Kinship-relative	Guardian	adoptive
Agency	289 (28%)	241(30%)	28 (18%)	23 (26%)	10 (15%)	23 (39%)
MFF	483 (46%)	378 (47%)	69 (45%)	40 (45%)	34 (52%)	26 (44%)
DCJ	64 (6%)	32 (3.9%)	26 (17%)	7 (11%)	6 (10%)	1 (2%)
Other	210 (20%)	160 (20%)	31 (20%)	18 (20%)	16 (24%)	9 (15%)
Total	**1046**	**811**	**154**	**88**	**66**	**59**

Even while accounting for a bias in the MFF Carer Survey data, the figures in **Table 13** (above) demonstrate MFF’s capacity to meet a strategic sector-wide need in relation to carer training and education across all carer

types. This is despite the obvious ongoing need for both MFF and PSP agencies to work more strategically together to improve carer training and education attendance overall.

Table 14 (below), based on respondents of the 2022 MFF survey, indicates that foster carers are more likely to attend carer training and education overall (63%) compared to kinship grandparents (39%) or guardians (40%).

Table 14: Number of carers who attended carer training and education in the last twelve months (MFF 2022 Survey).

Have you attended training?	Overall	Foster care	Kinship-grandparent	Kinship-relative	Guardian	Adoptive
Yes	796(55%)	618 (63%)	112 (39%)	65 (48%)	55 (40%)	43 (57%)
No	639 (45%)	364 (37%)	174 (61%)	70 (52%)	81 (60%)	33 (43%)

Table 15 (below) indicates there was no real difference in satisfaction with carer training and education across the carer types as reported by respondents from the MFF Carer Survey (2022). Fifty-six percent of all carers were satisfied with carer training and education overall.

Table 15: Total number of carers satisfied with the availability of carer training and education (MFF 2022 Survey).

How satisfied are you with the availability of the training	Overall score and percentage	Foster care	Kinship-grandparent	Kinship-relative	Guardian	adoptive
Very unsatisfied	85 (7%)	54 (6%)	18 (8%)	11 (8%)	10(9%)	4(6%)
Unsatisfied	121 (9%)	92 (10%)	14 (6%)	12 (10%)	6 (5%)	6 (8%)
Neutral	366 (28%)	247 (27%)	75 (34%)	34 (27%)	39 (35%)	17 (24%)
Satisfied	477 (37%)	359 (39%)	69 (31%)	40 (32%)	37 (33%)	30 (42%)
Very satisfied	245(19%)	172 (19%)	44 (20%)	28 (22%)	19 (17%)	15 (21%)
Total	**1,294**	**924**	**220**	**125**	**111**	**72**

**Missing 462 (24%)*

Qualitative data indicates kinship carers were less likely to attend carer training and education, especially Aboriginal kinship carers. Kinship carers talked about multiple reasons for not attending carer training and education.

A few kinship grandparents were worried about being judged:

> 'I've looked at MFF training. I look at it a lot, but I worry about turning up as a Grandparent. It's my daughter the kids were removed from.'

This carer attends a grandparent's support group and finds this group invaluable. She feels safe there. She doesn't know if MFF is a safe space for kinship grandparents and this is a barrier to her attending. Research commissioned by MFF suggests separate carer training and education for kinship grandparents (Luu, et al., 2020).

Some kinship carers talked about a negative experience with DCJ in relation to the removal of their grandchildren. This is especially true for Aboriginal kinship carers. These negative experiences have been highlighted in the literature (Hunter, 2020) and affect engagement with services.

As reported in the 2020 survey many kinship carers prefer face-to-face carer training and education; foster carers; (35% foster carers, 47% relative kinship grandparents' carers).

More kinship carers than foster carers said they hadn't heard about MFF. This may be because of the design of the methodology for this evaluation, which focused on recruiting both carers using MFF services and carers who had not used MFF services. However, there is research that suggest kinship carers have less access to carer training and education and are also less likely to attend (Harding, et al., 2019).

There are several contextual factors that impact the reach of MFF with kinship carers. Firstly, MFF started without access to a carer database which delayed their ability to access carers and promote carer training and education. Secondly, many carers rely on agencies telling them about MFF services. This highlights the importance of the strategic relationship between MFF and PSP agencies, along with the need for continuous improvement of this relationship.

5.6.4 Non-attendance of carer training and education

Forty per cent (n=17) of carers interviewed had not completed carer training and education in the last year and some had not done any training in years. For some carers this was because their agencies stopped providing face-to-face carer training and education during COVID.

> 'I think they (the agency) have forgotten about us older carers. We did a lot of training years ago. They only do training for the new ones. They forget about the old carers.'

> 'I've never attended training since being a carer. It would have been good to do some especially around the kids' behaviour. One of the kids had ADHD and it would have been good to know how to manage those behaviours.'

> 'I don't do training. A lot doesn't benefit teenagers. Some training hasn't been useful. I work full time and can't take time off. I have had difficulties with behavioural issues, but I handle it. I don't need the training.'

PSP stakeholders thought there were some carers who didn't need carer training and education and many that did but who, for a variety of reasons, didn't attend training, such as: being too busy, not seeing the value of training, or being older carers who believe they have learnt enough. Some PSP stakeholders thought MFF may be more strategically placed to get carers to training because some carers may place more value on carer training and education provided by an external source rather than in-house.

Does MFF achieve their intended outcomes in carer training and education?

MFF has achieved its intended carer training and education outcomes. However, there are opportunities to drive further improvement.

Key Data

- Most carers thought MFF carer training and education was relevant and applicable to their caring experience.
- PSP stakeholders also believed that MFF carer training and education was relevant to their carers.
- MFF carer training and education sessions increased over the first three years and slightly dropped in year four.
- The number of carer training and education sessions provided across all years met and sometimes went beyond the contractual requirements.
- Taped webinars have increased over the years.
- Carers identified opportunities to improve MFF carer training and education, including by extending the number of sessions on a topic and through assisting carers to embed training and educations lessons within carer contexts.

Data Sources: MFF CRM data, qualitative data, MFF survey data, 2019, 2020, 2022, quarterly reports

5.7 Carer training and education outcomes

5.7.1 Carer training and education relevance and applicability

Carers, including Aboriginal and CALD carers who complete carer training and education are satisfied with its relevance and applicability.

MFF offered 440 carer training and education sessions covering a range of topics. MFF's carer training and education was delivered by several organisations including, DCJ, AbSec, MFF staff, with Continuum providing 47% of all carer training and education.

> 'We use trainers who are experts in the field.' *MFF staff*

The relevance of MFF carer training and education depended on the reason carers attended the training. Carers indicate that they attended training for a variety of reasons - to learn how to meet the needs of the child/ren in their care; to meet up and learn from other carers, and as a form of self-care. These reasons are consistent with the 2019 MFF carer survey.

Most carers that attended MFF carer training and education sessions thought the sessions were relevant. These carers discussed several benefits of attending MFF carer training and education.

For most carers, carer training and education increased awareness:

> 'The training makes you aware of behavioural issues you may experience as a carer.'

> 'The training gives you a better idea about trauma. It gives you an understanding of how they manifest into behaviour. You get handouts that you can refer back to. What works for one

> child doesn't always work for another. It's definitely enhanced my ability as a foster carer. I did a lot of training as a special needs teacher. The training helps you understand what is happening for these kids. Also, their feelings. Things you didn't realise. You think the behaviour is annoying, but it is trauma and it gives you that little understanding. Some of the kids I have need constant reassurance. The trauma training helps keep you patient with them.'

Some carers felt that MFF carer training and education helped them learn new things:

> 'There is always something you learn at training. Another carer can come up with a better idea that can support you in another way'

> 'It (the training) was a guy from the UK. I found that (Foetal trauma) amazing. I never understood that before. It helped me understand my granddaughter. She was a baby when I got her but was showing signs and I was wondering if it was trauma. I'm more mindful now about her behaviour. They don't have to be born to have trauma. Prior to doing that course I just didn't believe that was possible.

Another carer talked about how carer training and education helped build confidence.

> 'I think the training is good because when the behaviours start to build up you really start doubting yourself. Nothing is working. Training gives you some other ideas that you may not have tried.'

Carers doubting themselves was a consistent theme in this evaluation's interviews. The following carer articulates how the process of managing challenging behaviours over time can narrow a carer's lens so all they can see is the negative. Carer training and education can widen that lens.

> 'When she got to her teenage years our whole life was turned upside down. There were constant behaviours. DoCS did nothing. I felt completely alone. I was really struggling. I felt like I failed her and my family. She was running away. She was doing things I didn't want to talk about to other people. That's when I saw the email about FASD training online. We did it as a family. We learnt a lot about FASD. It helped my family to understand why she was running away. It helped us understand her behaviour. I also liked that I could ask questions anonymously.'

Carers also valued the expertise of the trainers. This is consistent with the research commissioned by MFF (Conley Wright et al., 2020).

> 'We have done lots of training with MFF - especially during COVID. The training was excellent. The trainers were unbelievable. Personally, I thought it was outstanding training. The one-hour seminars were really helpful. The MFF presenters actually inspired me to enrol in a social work degree.'

Only a few Aboriginal carers interviewed had attended MFF carer training and education but those who did were satisfied with its relevance.

Almost all stakeholders were satisfied that MFF carer training and education was appropriate.

> 'I think MFF reputation about training is good. The training is relevant. I think it's on point.'

> ‘We look at how agencies provide support and training to carers. Most agencies are aware of MFF training. Many agencies seek out that training for their carers.’ *Peak body*

5.7.2 Growth in carer training and education reach

Year on year more carers are trained, including Aboriginal carers.

Figure 15 (below) indicates that MFF carer training and education attendance increased until year 3 and slightly dropped off. Both year 3 and 4 were impacted by COVID. Whilst the fourth year saw a drop the numbers are still above MFF’s contractual obligations.

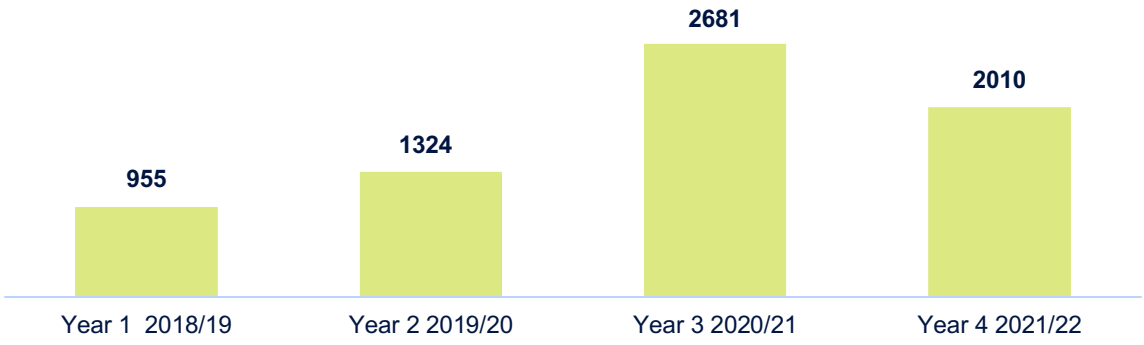


Figure 15: MFF training attendance over its first four years

Attendance and completion metrics have already been discussed. However, one MFF worker thought this attendance could be improved over time.

> ‘I don’t think the communication of our training has hit the mark. We need to be a bit more inventive about how we get the word out and about what we are offering. I think we can really increase the number of people in our in-person training through some better promotion.’

MFF also offer access to recorded webinars which have increased over time and are an important resource for carers and providers.

These points highlight the need for MFF to be appropriately resourced to keep pace with growing need in order to maintain and grow its strategic capacity in relation to carer training and education.

5.7.3 Carer training and education satisfaction

The majority of carers are satisfied with the range, relevance, resources and availability and quality of MFF carer training and education.

Most carers who attend MFF carer training and education are satisfied. However, some carers identify gaps in the range of carer training and education MFF offered. For example, some more experienced carers thought the carer training and education offered by MFF was training they had already completed.

> ‘Whenever a case worker tries to get me to training, I just think, ‘I’ve already done this. Do I have to put a whole day in to what I already know.’
>
> ‘Because I’ve been a carer for so long the training becomes the same – the training is really for new carers they haven’t really developed anything for experienced carers.’

These comments are not consistent with the range of carer training and education offered by MFF. MFF does have a contractual obligation to include new training every year and does so. Some PSP stakeholders thought it was harder to motivate more experienced carers to do training. MFF recently updated their carer training and educations labels to indicate whether the topic would benefit new or experienced carers.

Some carers did not think MFF carer training and education was advanced enough to really understand and respond to some of the complex issues children were facing in OOHC. These carers wanted multiple sessions on the same topic to better understand the issue in relation to complex cases and to have a range of strategies to meet the needs of children struggling with a range of complex issues.

> ‘MFF – it is not what I’m looking for in training. I would look at training that was more tailored for kids that was practical. I don’t care if the training takes six months. The training MFF have is an overview. These kids have complex issues.’
>
> ‘I’ve done a lot of MFF training. They are good but the training doesn’t go deep enough. It just gives you a little bit of understanding. They don’t show you how it applies to the kids in your care.’

Some carers, interviewed in this evaluation, have sought out more advanced training. As articulated by the following carer.

> ‘I started caring seven years ago and I’ve been updating myself ever since. All of the children in my care have complex behaviours and disabilities. They all have unique needs. I have worked in the field of disability before but I’m always searching to learn new things. I recently did a Certificate 4 in relation to disability.’

Smart, et al., 2022, in their recent review of training and support for carers in Australia noted that while carer training and education is important it is also limited in what it can achieve. Training sessions were often held on a one-off basis; however, carers often need ongoing support to implement new skills and apply new knowledge in real-world situations. What the evidence doesn’t show is if the training improves the carers capacity to meet the unique needs of the kids in their care.

Currently the MFF draft logic model (**Appendix H**) focuses on the satisfaction of carers in relation to carer training and education, but the objective of the logic model is to ensure “more carers, guardians, adoptive parents have the skills and knowledge to help them provide high quality care for children and young people in care.”

Whilst carer satisfaction is important, and carers that aren’t satisfied won’t attend training, there needs to be an outcome in the logic model that focuses on why MFF is providing carer training and education for carers, that is to improve carers skills so they can meet the needs of children in their care.

Some carers felt there was a gap in MFF carer training and education in relation to putting the learnings into action.

> ‘I love the training but putting it into action is the hard part. Haven’t worked that out yet.’
>
> ‘I’ve done all the training with MFF. I love it but sometimes I wish there were more practical strategies. The training tells me why the child is acting in a certain way but not how I should respond – especially when it is difficult behaviour.’
>
> ‘The training is good but sometimes I don’t know what to do with what I’ve learnt. You need feedback to know how you are going with these kids. I’ve got four and some things work for some and not others. Is that me not doing it properly?’
>
> ‘If you don’t use the information right away you lose the knowledge very quickly.’

This is supported by research commissioned by MFF, that reported carers need post-training support (Luu et al., 2020).

Whilst MFF is not resourced for post-training follow-up or intensive ongoing training workshops, a partnership approach between MFF and PSP agencies could help inform agencies on how to best support carers post training. One agency is already using MFF carer training and education to help support their carers struggling with complex issues. In these cases, the agency sends both the case worker and the carer to the training to help ensure the training lessons are embedded into the carer’s home and that both the carer and the case worker are on the same page in relation to responding to difficult behaviours. This demonstrates the capacity of MFF to work strategically with PSP agencies.

Examples of affordable approaches, within existing resources, to support the embedding of carer training and education include:

- (for participants) providing training participants with a simple generic Question-and-Answer template for case workers to use with carers after training which identifies the learnings the carer wishes to apply and enables the co-development of options for doing so
- (for trainers) establishing small voluntary peer groups from each session who meet virtually 2 – 3 times post-training to reflect on what they learned and how they are applying those lessons, using a similar discussion template.

5.7.4 Independent evaluation

An independent evaluation of carer training and training is commissioned by DCJ.

An independent evaluation is critical because currently there is a lack of evidence on how to best train and educate carers and whether that training improves the capacity of carers to meet the needs of children in their care. This was also recommended by the research MFF commissioned (Luu et al., 2020)

6. Recruitment of carers, guardians and adoptive parents

MFF is contracted to undertake recruitment activities targeting potential carers, guardians and adoptive parents. The journey to guardianship or adoption usually begins with the journey to become an authorised carer. Due to this context and to the limited data regarding carer conversion to guardian or adoptive parent (see section 6.6.3), this chapter generally focuses upon the authorised carer journey. This approach also reflects the sector's critical need for new authorised carer households, particularly households delivering respite and short-term care as explained below.

The number of children in OOHC in NSW declined 9.8% from 2019 to 2022, while the number of carer households declined only 4.1% over that period. If all other factors were equal this should mean that any shortage of carer households eased over those years – however during this evaluation PSP providers reported current and significant shortages of carers. This is consistent with recent Australian research and with the continuing placement of children or young people in Alternative Care Arrangements. Without better system-wide data this evaluation is unable to understand the factors behind the carer shortage experienced. Some providers attribute carer scarcity in-part to longer duration in care due to lengthy restoration processes.

Throughout the evaluation the importance of effective carer retention and recruitment was made clear. Effective retention and recruitment strategies are crucial for the volume and types of carers to match demand. Evidence attests that retention strategies act to maintain the volume of existing carers while also contributing to the most effective recruitment strategy – carers recommending carers.

Carer word-of-mouth not only engages others with the prospect of caring, but means they are more likely to complete the recruitment process than those attracted through other means, and further, means that once they become a carer they are better prepared for the realities of caring and less likely to exit. Because of these dynamics, PSP providers with greater capacity to support and retain carers are likely to also experience stronger in-house recruitment.

In this context MFF's continuing role in carer recruitment for NSW is strategic. MFF designs and delivers marketing strategies and responds to enquiries generated through the campaigns or via its website. MFF's carer enquiry filtering process means that only half of the enquiries received are referred onto PSP providers who then manage the potential carer through to authorisation. Though the filtering process continuous throughout the authorisation process, MFF's filtering process has the capacity to save PSP providers time initially and to ensure a complementary recruitment pipeline.

6.1 Key findings

MFF has met or exceeded its contract targets in relation to recruitment.

MFF has met its contractual requirements. MFF's rate of converting enquiries into authorised carers of 4.7% over four years compares very strongly to figures provided by both an NSW and an interstate provider. A key part of this success seems to be its effective initial response to enquiries and its long-term follow-through – both with people referred onto PSP providers and those not yet ready for referral. This corresponds to Australian research which suggests many carers experience poor follow-through.

MFF meets a strategic need for recruitment.

Without an independent provider of recruitment services NSW would have limited options through which to address emerging recruitment needs. Currently PSP providers are funded to provide placements and the resources for agency-based recruitment comes out of that unit cost. Unless agencies were funded separately for recruitment, it would be difficult for DCJ to further stimulate recruitment activities. MFF therefore fills a strategic role as an additional policy lever for addressing recruitment needs - one which is innovative, responsive and state-wide.

A review of MFF data and stakeholder feedback has demonstrated that:

- MFF is responsive to emerging system-wide priorities as identified by DCJ and itself – including through engagement with the sector.
- MFF applies evidence to its recruitment strategies.
- MFF targets an appropriate range of carer types and demographics, with appropriate relative reach across the 16 districts.
- Carer preferences shift through the process of gaining authorisation and engaging with their provider – so there are opportunities to address misalignment during the journey towards becoming a carer.
- MFF delivers effective marketing strategies and MFF's website is an effective tool within their overall approach to carer recruitment and support.
- MFF is especially strong in its follow through to enquiries from potential carers and this contributes to the carer pipeline for NSW. Enquiries to MFF is the gateway into caring for about 5 to 7% of newly authorised carer households each year.
- MFF's agility and innovation during the pandemic enabled other PSP providers to keep their carer pipeline active (through the use of online training for Shared Lives and other initiatives)
- MFF's training and effective peer-support structures may well contribute to carer satisfaction and support word-of-mouth recruitment.

Carers are satisfied with MFF recruitment.

Carer feedback is positive regarding MFF's initial responses to recruitment enquiries and its sustained follow-through.

Adequate resourcing is needed to drive effective sector-wide recruitment and retention strategies.

Recruitment is a critical issue for NSW. Better coordination or recruitment activities across the sector, based on system-wide and district data, is likely to leverage better value for all agencies. PSP providers and MFF were united in their desire to have access to timely system-wide data to inform their recruitment and development of carers, guardians and adoptive parents. Such access would enable collaborative planning and problem solving to strengthen the systems supporting carers and placements. Currently providers observe that multiple providers gain enquiries and potential carers from effective recruitment campaigns – regardless of who delivers them. A level of coordination of recruitment activities across MFF and individual providers can be expected to benefit the whole system. Increased collaboration would require the further building of working relationships and better systems for preventing and resolving common issues which arise around MFF's recruitment function.

Effective carer support is critical for overall recruitment and retention. However, due to carers seeking external support late in their experience of an issue, it is unlikely that MFF's support and advocacy functions

are central to increasing instances of carers recommending carers. It is what PSP providers do in the support space which is most relevant to recruitment outcomes. Routine earlier engagement with MFF may shift this but this has resourcing implications.

Both MFF and PSP providers need to work together more strategically to address potential barriers to the recruitment of carers, guardians and adoptive parents.

Some carers reported feeling misled about the carer experience by MFF and/or agency marketing – which may be unavoidable to some degree. Research indicates that enquiries who are attracted through marketing alone are less likely to become carers and less equipped for commencing caring. This emphasises the importance of using carer word-of-mouth as a key part of recruitment.

MFF needs to work more strategically with Aboriginal and CALD PSP providers, more fully developing and communicating culturally safe ways of working.

More than 40% of children in care are Aboriginal, and less than three quarters of these children are placed with relatives or Aboriginal carers. Recruitment of Aboriginal carers is important, if secondary to effective family finding. MFF's engagement with Aboriginal PSP providers is evolving – the several interviewed valued aspects of MFF's work. MFF has engaged two Aboriginal staff members and worked collaboratively with several providers and the peak. A number of providers who have not yet worked collaboratively with MFF expressed a desire for MFF to invest time in building relationships and communication with them, and wanted to know more about how MFF ensures it works in culturally safe ways and to goals which align with their organisational values.

Similarly, there seems to be room for further development of how MFF partners with sector specialists to tailor its approach for recruiting people from culturally diverse backgrounds.

6.2 Recommendations

These recommendations relate to system-wide considerations for maintenance of an adequate carer pool, and to MFF's continuous improvement. Unless indicated, these recommendations assume existing resourcing levels. (For a summary of this report's recommendations, see **Appendix B**.)

1. *MFF to continue to deliver and continuously improve its strategic recruitment function.*

DCJ to continue to resource the independent provision of recruitment.

MFF's referrals of potential carers, guardians and adoptive parents to agencies to be strengthened by

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,
b. maximising opportunities for prospective carers to hear from existing carers – as MFF do through their events, and
c. building further strategies around resourcing carers to promote caring to others.

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

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, guardians and adoptive parents state-wide.

DCJ to work with MFF and PSP providers to define and operationalise an OOHC 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 recruitment, support and development, to resource those placement needs and the long-term pool of carers, guardians and adoptive parents for NSW. (Requires resourcing within DCJ)

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

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

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.

4. MFF's contract and program logic to shape activities in response to strategic system-wide needs.

DCJ's contract for MFF's services 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 to utilise its program logic to shape activities to address strategic system-wide needs regarding carer, guardian and adoptive parent recruitment, capability and retention.

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

MFF to continue to build its relationships with Aboriginal PSP providers, including through

a. collaborating with providers for tailored carer recruitment, support and development strategies,
b. further developing and communicating its frameworks for cultural safety,
c. consideration of establishing identified Aboriginal positions with roles in partnership building and cultural safety, and
d. time spent on site.

MFF to continue to tailor recruitment strategies for people of culturally diverse backgrounds in partnership with organisations with relevant expertise and community networks

6.3 Recruitment context

MFF has been funded to supplement the recruitment efforts of 53 PSP agencies and DCJ across 16 districts in NSW.

Over the last four years MFF's recruitment strategies have been implemented during a period that experienced a continuous overall decline of children in care (see **Figure 16**, below).

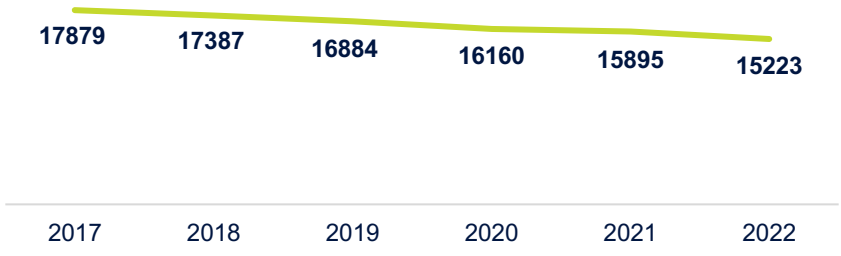


Figure 16: Number of children in OOHC in NSW over time as at 30 June 2022

Over this same period, the proportion of Aboriginal children in care and the proportion of kinship care households were increasing. In June 2022 Aboriginal children made up 44% (n=6661) of all children in NSW care and kindship carer households increased to 54% (n=8527). The greater proportion of OOHC (54%, n=6283) was also transferred to NGOs during this period as a result of the 2008 Wood Royal Commission.

Overall, the data indicates that the number of children in care is reducing at a higher percentage (12%) than the decline in carer households (4%). (See **Figure 17**, below)

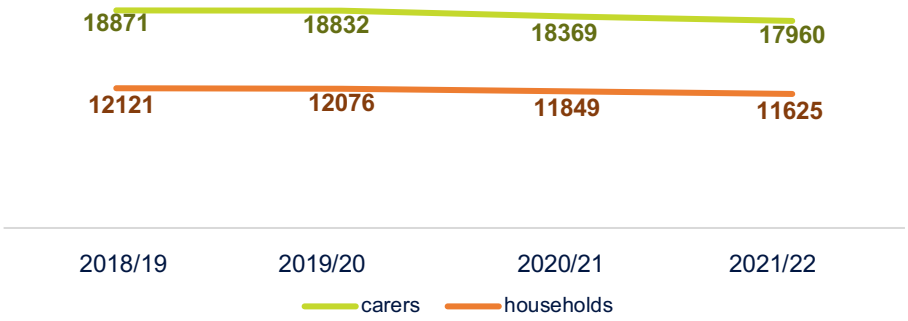


Figure 17: Number of carer households and authorised carers over time (OCG, 2021-22).

At face value, this suggests that the sector should be reporting an improvement in their ability to match children in OOHC to carers. However, there are many contextual factors that impact the recruitment of carers. For example, there is evidence that restoration is now taking double the time which means that less carers are available to take on other children. This means more restoration, emergency, and short-term carers are needed to meet the needs of the same number of children in care.

Other contextual challenges to MFF's recruitment strategy include the diversity of recruitment needs across districts and the lack of available nuanced data that can show both the diversity of available carers and progress on cultural matching.

For example, **Table 16** (below) compares the number of authorised carers, households, children in care and proportion of Aboriginal children in care. It illustrates the variation in recruitment needs across the 16 districts and the significant proportion of Aboriginal children in care in the Western NSW, New England, and Far West districts in particular.

Table 16: Comparison of the number of carers, carer households, children and Aboriginal children in care as at 30 June 2022

District	Total Authorised carers*	Current Household	Children in care*	% of Aboriginal children
Hunter	2570	1654	2106	43%
South-western Sydney	2159	1392	1911	32%
Nepean Blue Mountains	1943	1239	1730	38%
Western NSW	1023	668	1156	68%
Central Coast	1126	739	978	37%
Mid North Coast	975	656	951	58%
Illawarra Shoalhaven	1339	871	942	41%
New England	766	497	910	63%
South Eastern Sydney	772	501	874	28%
Murrumbidgee	920	614	846	48%
Northern NSW	907	596	842	48%
Western Sydney	1028	652	803	38%
Southern NSW	405	251	428	38%
Sydney	530	354	424	46%
Northern Sydney	623	372	176	22%
Far West	115	81	92	73%
Total	**17201**	**11137**	**15,223***	**44%**

**Authorised carer and household data source OCG, 2021-22, children in care data source DCJ, 2021-2022*

***The total number of children in care includes 54 children in statewide services*

The data presented in **Table 16** (above) shows that specific efforts need to be placed on recruiting Aboriginal carers to match the needs of Aboriginal children in care. However, while data provided by DCJ indicates that 71.5% of Aboriginal children are placed with a relative or Aboriginal caregiver, there is no breakdown to understand how many of these children are culturally matched to a carer (DCJ, 2021-2022). OCG data indicates that 14% (n=2549) of carers identify as Aboriginal. However, there is no data indicating the number of Aboriginal households. The significance of the carer-matching challenge is highlighted by the Family Matters Report 2020 which predicts that the number of Aboriginal children in OOHC will double by 2029 (Hunter, et al., 2020).

MFF's recruitment strategies are further complicated by the limited available data about carers in general. Current carer data is not nuanced enough to show whether districts or providers have access to a diverse pool of carers who have the right characteristics and skills to be successfully matched to children in care. This not only makes it challenging for MFF to understand how they can best complement the efforts of PSP agencies, the lack of nuanced data also limits the sector's capacity to optimise their recruitment efforts. Thus, access to better system-wide data would be an important resource for improving the effectiveness of recruitment and retention strategies.

How well do MFF advertising strategies reach and engage potential carers, guardians, and adoptive parents?

MFF's advertising strategies increase MFF's reach and carer engagement with MFF. However, a lack of access to nuanced system-wide data limits MFF's capacity to strategically respond to the needs of 53 PSP agencies across 16 districts.

Key Data

- Targeted campaigns have successfully driven people to the MFF website to learn more about emergency care, caring for siblings and part time care.
- Carers were satisfied that MFF website and enquiry line is useful for potential carers, guardians and adoptive parents who may want to find out more information.
- Approximately 25% of carers interviewed thought MFF and agencies were not fully communicating the realities of the caring experience and this information led to unrealistic expectations about the caring role.

Data sources: MFF Website statistics, stakeholder interviews, MFF quarterly reports.

6.4 Efficacy of strategies reaching and engaging potential carers, guardians and adoptive parents

MFF's approach to recruitment is evidence informed, employs both targeted and diverse campaign strategies, and demonstrates impact. However, opportunities generated by these strategies can be optimized further.

6.4.1 Evidence informed approach

MFF's approach to recruitment is evidence informed. MFF has drawn upon consultations DCJ held with the sector and carers and commissioned research.

This research suggested recruitment strategies should appeal to cognitive empathy that keep the child at the centre of the campaign. For example, strategies should positively frame messages. This includes messages that children/young people have the 'right' to have a family and messages that emphasise the need for more carers who can help stop the intergenerational patterns of child abuse and neglect (Wilkinson & Wright, 2019). This research also suggested that recruitment strategies should target carers for older children who data suggested were more difficult to find placements for (Wright, et al., 2020). Wright et al. (2020) found that only one recruitment campaign in Australia, in the last ten years, focused on caring for older children.

MFF also collected data on recruitment processes that utilised a 'test, measure and refine' approach aimed at improving recruitment efforts. Together, the commissioned research and MFF data led to a revised second contract that removed the two "mainstream" recruitment campaigns and reduced campaigns from 11 to 6 and linked 14 information sessions to enhance the six campaigns. This was based on research that suggests

mainstream foster care recruitment strategies are less effective than targeted campaigns, especially for CALD and Aboriginal carers (Wilkinson & Wright 2019).

6.4.2 Campaign strategies

MFF employs targeted campaign strategies using multiple communication channels.

For example, MFF campaigns targeted

- specific cohorts, including Aboriginal, CALD, LGBTI+, and single carers, and carers with relevant professional backgrounds,
- geographic locations, such as Hunter, Western and Far West, and
- types of carers needed to support permanency goals, such as emergency and respite, including carers willing to take children with complex needs and siblings.

The multiple channels used by MFF in their campaigns include TV, radio, and newspaper, including local papers, social media, the MFF website, brochures, direct mail, agency communications and professional networking at community events, and the use of Ambassadors.

6.3.3 Impact

There is little evidence in the research specifically showing that advertisements lead to authorised carers (Delfabbro et al., 2008). Measuring campaigns is challenging as people may view the advert or social media post (from MFF or an Agency) and respond at a later point and begin the authorisation journey or they may remain in 'contemplation' phase. However, some campaigns do drive people to the website to learn more and this is measured through website analytics.

Measuring website traffic

To understand the impact of MFF recruitment strategies MFF website data was analysed focusing on the top six pages people accessed during the time of recruitment activities.

Overall, the MFF campaigns successfully drew more people to the MFF website in general and more specifically to pages relevant to targeted campaigns during each campaign period. However, the data also indicates that the number of visits to these pages was impacted by significant global and local events, such as the COVID-19 pandemic, and by the timing of campaigns across the year.

For example, in year 1 of MFF campaigns, a range of carers were targeted, including emergency carers, foster carers, respite carers, carers from the LGBTQIA+ community, culturally and linguistically diverse (CALD) carers, carers in Western NSW, and carers willing to take children with a disability.

Figure 18 shows that people visited the emergency carer page on the month of the ‘Emergency Care’ campaign (August 2018 & May 2019) or the month after. This page was not accessed on any other month.

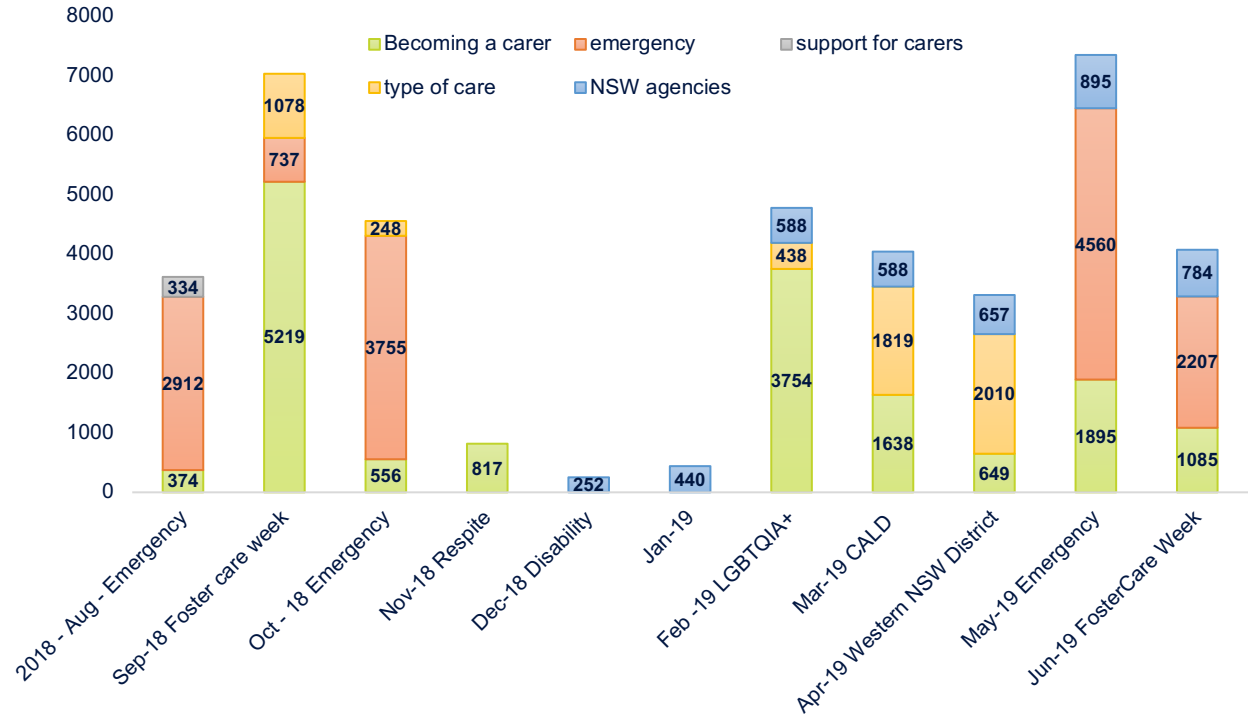


Figure 18: Year one campaigns and MFF website traffic (2018/2019)

The most popular page visited on MFF website during the year 1 campaigns was 'becoming a carer'. This page also includes a webform that directs enquiries from potential carers to the MFF recruitment team, this encourages carers not just to seek out information but to take action. The highest number of monthly visits, 5,219, to the becoming a carer page, was in September 2018 during the Foster Care Week campaign.

By contrast, website traffic data appears to indicate that MFF campaigns in year 2 (2019/2020) were less successful (see **Figure 19**, below).

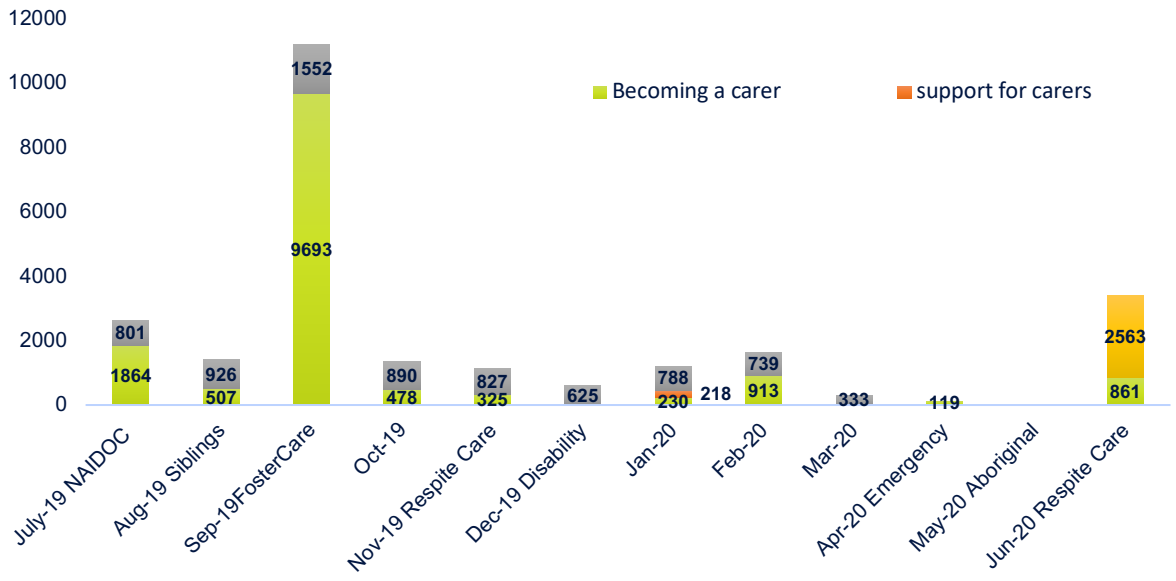


Figure 19: Year two campaigns and MFF website traffic (2019/2020)

It should be noted that in early 2020 a significant period 'shelter in place' restrictions (related to the COVID-19 pandemic) were also introduced. MFF's 'Emergency Care' campaign, implemented during this period of increased restrictions and mass-distribution of pandemic-related health information, resulted in the lowest number of visits to the website and no visits specifically to the page 'emergency carers.' Nevertheless, website traffic data still indicates that campaigns implemented in 2019 or later in 2020, still improved website traffic to campaign-relevant website pages. For example, in June 2020 MFF targeted potential respite carers by using the words 'part-time' care. During this campaign 2,563 people visited the 'part time care' page, more than at any other time that year. As in the previous year, the highest number of visits to the MFF website was in the month of Foster Care week which this time led to 9,693 visits to the 'potential carer' page, a significant increase on 5,219 from the previous year.

The pandemic continued to have an impact in the early part of year 3 when MFF website traffic fell in Foster Care week (see **Figure 20**, below).

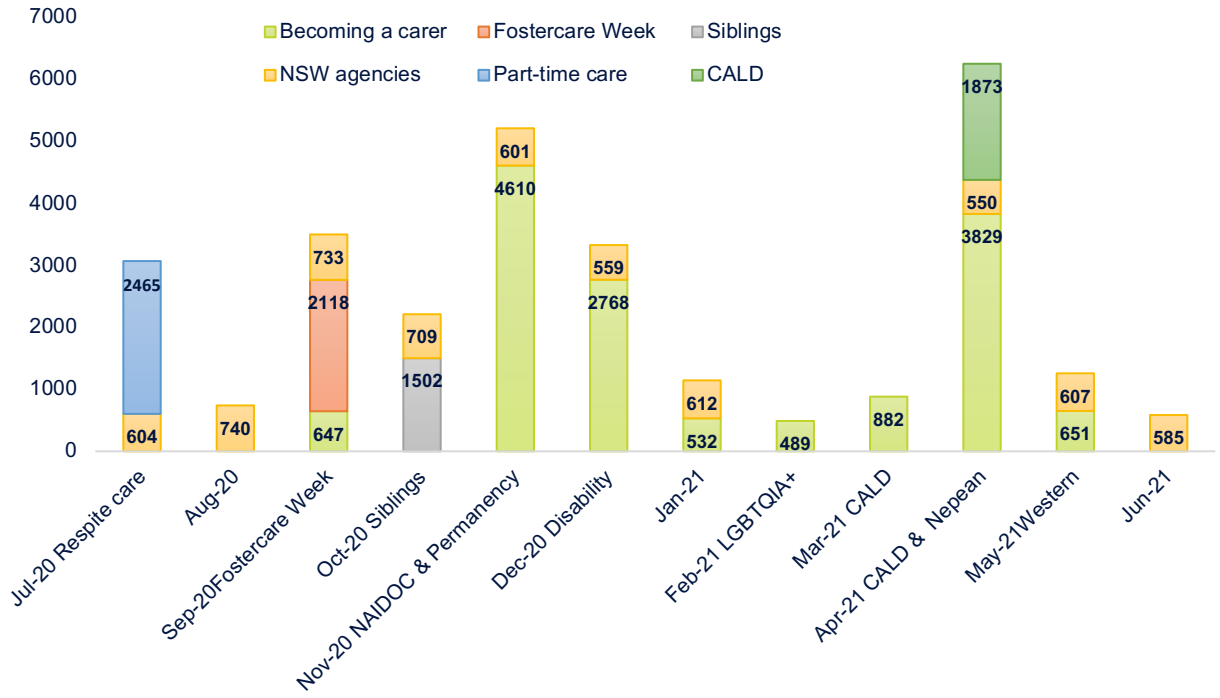


Figure 20: Year three campaigns and MFF website traffic (2020/2021)

Nevertheless, other campaigns such as the 'sibling' campaign in October 2020 and the 'CALD/Nepean' campaign in April 2021 resulted in increased traffic to the 'sibling' and ''culturally and linguistically diverse children' pages in those months.

In year 4, Foster Care Week returned to being the highest number of visits to MFF website pages across the year of the campaigns (see **Figure 21**, below).

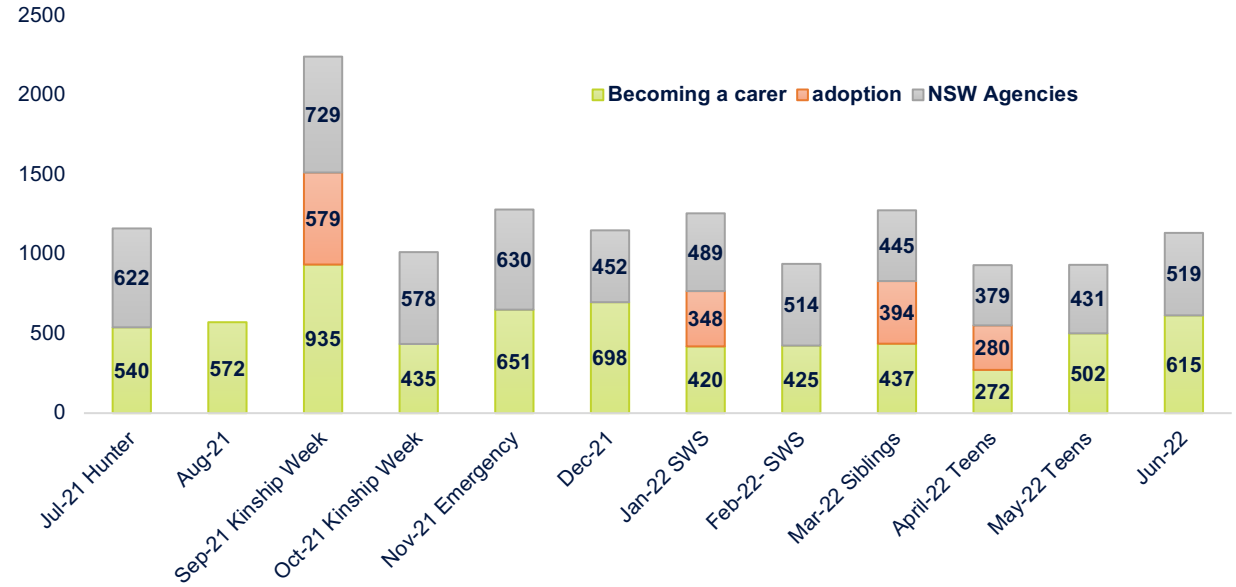


Figure 21: Year four campaigns and MFF website traffic (2021/2022)

Interestingly, the website traffic data for years 3 and 4 indicate that MFF recruitment strategies for those years were more evenly dispersed throughout the year than the first two years.

Over the four years the top two website page visits were for 'becoming a carer' and 'NSW foster care and adoption agencies'.

The **Figure 22** (below) shows the total number of MFF website visits across the campaigns for carer related pages (top six pages). This shows a rise in year 3 then a decline in year 4.

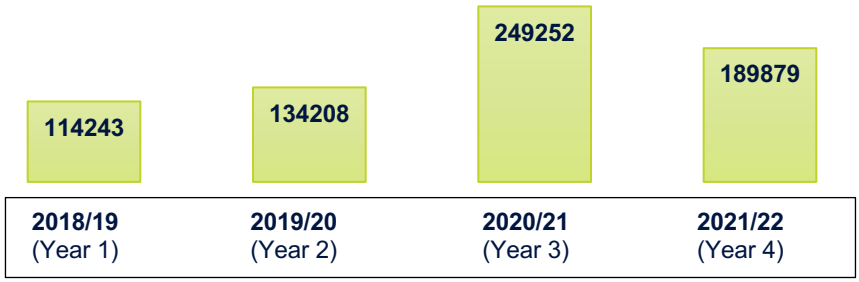


Figure 22: MFF website traffic relating to carer information

Analysis of website traffic data suggests that spikes in website visits align with the timing of targeted campaigns, indicating that MFF recruitment campaigns are driving people to access more information about the caring role. This data cannot conclusively show that people visited MFF website because of the campaigns but the fact that people visited the website specifically relating to Emergency, CALD and sibling campaigns indicates some impact.

Overall, this data demonstrates MFF's capacity to run campaigns through multiple channels in a way that effectively amplifies strategic messages. With better access to nuanced sector-wide data, these campaigns could become more strategically targeted and better respond to the needs of the sector.

Measuring the contribution to carer journeys

There is evidence that MFF campaigns contribute to some carer journeys and that MFF follow-up mechanisms are effective. However, there are areas for improvement particularly in relation to campaign saturation, measuring and reflecting upon campaign effectiveness with PSP stakeholders, and in providing more information on the realities of caring.

For example, only one carer recalled seeing a MFF recruitment advert,

> 'I saw a thing MFF had on Facebook and then I googled them.'

This potential carer had been thinking about caring for years and the social media advert was a prompt to take action.

Four other carers were also prompted to start the process through agency Facebook posts.

> 'My friend tagged me in a Facebook post on foster care and the agency replied saying "We would love you to come to an information evening".

This indicates that advertising campaigns do contribute to some carer's journeys.

A few of the agency stakeholders interviewed also commented on the positive messaging of MFF campaigns.

> 'It's good that they are getting the fostering message out there, but I don't know the impact of those strategies.'

Several carers indicated that they used the MFF website to help them understand the process of becoming a carer, including understanding the different agencies, the different types of caring and the need for carers. However, a few carers thought it was easier to call MFF than find information on the website. (MFF is currently updating their website to make it easier for people to access information.)

Some carers wanted better access to all information about the realities of caring from both MFF and PSP agencies. Approximately, 25% of potential carers and carers interviewed in this evaluation do not think that MFF recruitment and website information or that of agencies tell the whole story about the caring experience. To address this barrier for potential carers, both MFF and PSP need to reconsider how information about the caring role is communicated to potential carers.

Some of these potential carers sought out carer forums and carer Facebook groups to understand the full truth.

> 'It's like MFF and shared lives training say one thing but if you go on a carer forum you hear different things. I actually like reading everything about the caring experience, the good and the bad. I thought ok these foster carers are saying we don't get enough money, so I put some money aside. There's not enough support so I thought about building a group of people around me that could support me. These foster carers stories helped me be proactive and start thinking about the things I would need.'

A few carers reported they felt the experience of caring did not match what MFF or PSP agencies told them, and they felt they had been lied to. This issue highlights the fine line MFF and agencies must balance to recruit carers to the role.

Are the recruitment outputs as expected?

MFF recruitment outputs have either met or exceeded expectations.

Key Data

- Most agencies and MFF reported that COVID-19 had a negative impact on recruiting carers.
- MFF was able to reduce the lag (caused by COVID restrictions) in processing carers for some agencies, by providing agencies access to online Shared Lives training.
- From 2021, MFF started providing information/yarning sessions in collaboration with agencies across the NSW districts. MFF were able to draw on their potential carer database to get potential carers to these events. 513 potential carers registered for 16 information sessions across the districts.
- 5183 potential carers made foster carer enquiries in the first four years of MFF. Of these, 2,266 (44%) went on to be matched to agencies which is comparable to other jurisdictions.
- 84% of potential carers, who made an enquiry with MFF, did not become an authorised carer. MFF continues to call these potential carers over time to see if they are now ready to be referred to agencies.
- MFF data shows that some potential carers need time to think about the role before they are ready to be matched to an agency.
- At the end of the fourth year MFF had an authorisation rate of 11% (248) of those referred to agencies (a conversion rate of 4.7% of all enquiries).

Data sources: CRM data, qualitative interviews, MFF Quarterly reports, MFF Marketing and Communications Strategy

6.5 MFF Recruitment model

Figure 23 (below) illustrates MFF Carer Recruitment Model (source: Marketing Communications Strategy, 2019).

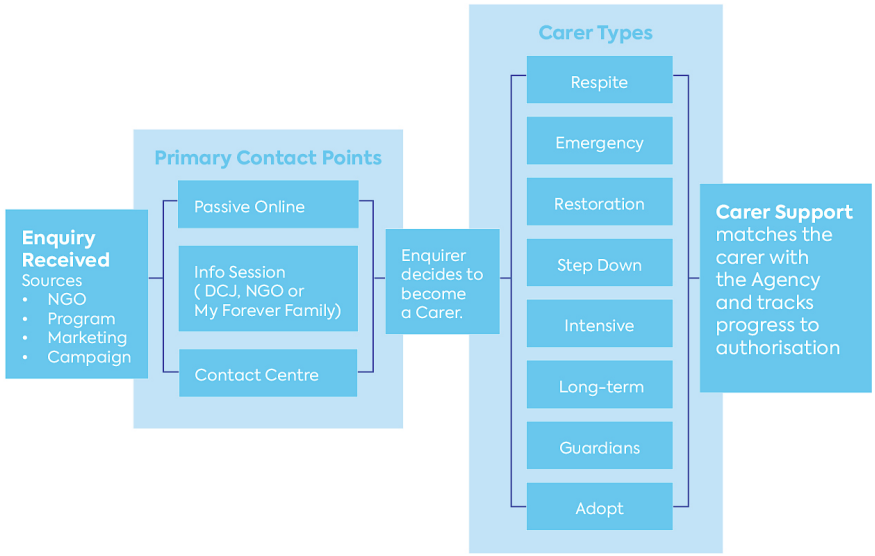


Figure 23: MFF Carer Recruitment Model

6.5.1 Enquiries

The MFF Carer Recruitment Model shows that MFF receive enquiries from two main sources. These are NGO programs and marketing campaigns.

In their first four years MFF received 5183 enquiries from their contact centre, online form and through information sessions enquiries**.** MFF responds to these enquires within 48 hours.

All carers interviewed who went through MFF enquiries were satisfied that the process was prompt and helpful. The following is a quote from a potential carer.

> 'I spoke to a lady who was beautiful, and they gave me information on three agencies, and we met up with all three. One of the agencies couldn't do enough to help us and we went with them.'

The only comparable models found that had made their enquiry data public were Fostering NSW (Foote, et al, 2019) and a report on national statistics relating to Fostering in England between April 2020 to March 2021.

Fostering NSW data indicates that there may have been a decline in the number of enquires over the four years of MFF operation. That is, Fostering NSW had 8,824 enquires over a four-year period compared to MFF's 5,183 enquiries. This appears to indicate a 41% reduction in enquires; however, three factors mean such comparisons should be made with caution. First, there is no information on whether the counting rules are the same across programs. Second, there is no information on the budget Fostering NSW had for recruitment in comparison to MFF. Finally, MFF have had significant barriers including COVID-19, which all agency stakeholders have said has led to a reduction in enquires over that period.

6.5.2 Contact points

The MFF Carer Recruitment Model shows that MFF have three primary contact points with potential carers. This includes through their website (passive online contact), information sessions conducted in partnership with DCJ or NGOs, and the contact centre. Since website contact has been discussed in detail in previous sections, this section will discuss MFF's information sessions and their follow-up and referral process after contact.

Information sessions

In 2021, MFF, in partnership with agencies, began running information-yarning sessions across in the districts in combination with specific recruitment campaigns.

MFF staff believe the success of these information sessions was partly due to the ability of staff to draw on the carers who had made an enquiry but who were not yet ready to be matched to an agency. This highlights MFF's strategic capacity, in particular it's capacity to draw upon its unique resources to meet sector need. The process is articulated by the following MFF worker:

> For the information session in Newcastle, we personally reached out to 313 potential carers on our database. It's putting a lot of pressure on our team. But by doing it we get potential carers at these events.

513 potential carers registered for 16 information sessions across the districts.

Despite this success, there were mixed views among interviewed stakeholders about the MFF approach to some information sessions, particularly in the Western NSW and Far West districts. In these locations all stakeholders interviewed, stated the sessions were poorly communicated. For some of the agency staff in Western and Far West it was the first time they met a MFF worker.

> 'The group from MFF that was there were extremely friendly and welcoming, but they didn't provide any structure. We thought they were going to run the night but then they pushed it onto us. We expected them to talk about teenagers (this session was in conjunction with the MFF campaign on recruiting carers for older children) but they didn't say anything. There was a carer there, but she didn't speak. I think the people there were confused. I felt confused myself. I encouraged people to go but, in the end, I could have saved my time and their time by just talking directly to them.'

> 'MFF ran a yarning session out our way in partnership with us. No one turned up. It was the same with Fostering NSW.'

At the first PSP workshop to test the themes emerging, other agencies also reported miscommunication about the purpose of the information sessions and how MFF and PSP providers were to work in partnership at these sessions.

MFF staff reported that sometimes time pressures can impact on the information sessions.

> 'I'm constantly chasing things for events and information sessions. We need information for marketing months in advance, but we can't get it because of pressures to deliver in a certain time. The chasing of [contract] KPIs means sometimes it is last minute and we can't always deliver what is expected.'

By and large, there is evidence that MFF information sessions are successful in engaging potential carers. However, there is opportunity to improve the MFF approach to these sessions in districts where there is significant recruitment needs, particularly in the Western NSW and Far West districts and in the way in which these events are strategically coordinated with PSP agencies.

Follow-up and Referrals

2,266 (44%) of the potential carers who enquired about becoming a carer with MFF were referred to agencies. This proportion is a similar to the proportion referred by Fostering NSW (45%).

The MFF figure includes both those who registered for and attended information sessions and those who did not. **Table 17** (below) shows that 30% (n=152) of potential carers who registered for an information session were referred to agencies.

Table 17: Potential carer referrals after information session registration (2021 and 2022).

Current stage in the authorisation process	Total number of potential carers referred	Number of potential carers referred who registered but **did not** attend an information session	Number of potential carers who were referred to agencies and **did** attend the information session
Lost contact	22% (n=34)	31% (24)	13% (10)
Carer not suitable	9%(n=13)	5% (4)	12% (9)
Carer withdrawn	28% (n=42)	30% (23)	25% (19)
Agency accepted	8% (n=12)	12% (9)	4% (3)
Information requested	2% (3)	4% (3)	0
Assessment	5% (n=7)	2% (2)	7% (5)
Shared lives training	4% (n=6)	2% (2)	5% (4)
Pre-authorised	20% (n=30)	13% (10)	27% (20)
Authorised	4% (n=6)	3% (1)	7% (5)
Total	**152**	**77 (51% of the total number who were referred)**	**75 (49% of the total number who referred 152)**

Not all potential carers who registered for an information session attended. 51% (n=77) of those referred to an agency registered for an information session but did not attend. This highlights the strength of the MFF recruitment follow-up process and its strategic capacity to allocate resources to this task. MFF follow up on the potential carers who did not attend the information session they registered for and ask if they are ready for their information to be matched to an agency.

Despite this, the capacity of agencies to contact the potential carer was greater if the potential carer had attended an information session. 31% (n=24) of those who registered but did not attend an information session were not contactable by the agency (due to lost contact information) compared to 13% (n=10) of those who did attend the workshop.

This data highlights the complexity involved in the MFF process of following up with potential carers. Potential carers, on MFF data base that get invited to the information sessions, receive a call from MFF recruitment team to invite them to the information session, and prior to the information session they are sent an email invitation, and once registered, receive reminder texts and emails, including a follow-up call after the event, to see if they are ready to be matched to an agency. All these potential carers have already told MFF, at least once, that they are not ready to be matched to an agency. This data suggests that the timing of the follow-up call, for potential carers who didn't attend, may need to be slightly later as some potential carers may be impacted by guilt for not attending the event and be more likely to say yes, when they are not actually ready. However, 35% of these potential carers are somewhere on the journey to becoming a carer.

If the focus of recruitment is to match carers to agencies, then the filtering process is critical. Some potential carers are not ready to start the journey to become an authorised carer at the time of enquiry. However, some

of these carers will start the journey later. For example, 145 carers from the first year of enquiries, who didn't initially agree to be referred to an agency were referred later. This process is articulated by a MFF worker:

> 'So, it might be the first time they called was not the right time but we're still there, the recruitment team will call them if there is going to be an information session. We call everyone who has withdrawn to check if that is a better time for them now.'

Figure 24 (below) shows the months between a potential carer's first contact with MFF and being referred to an agency.

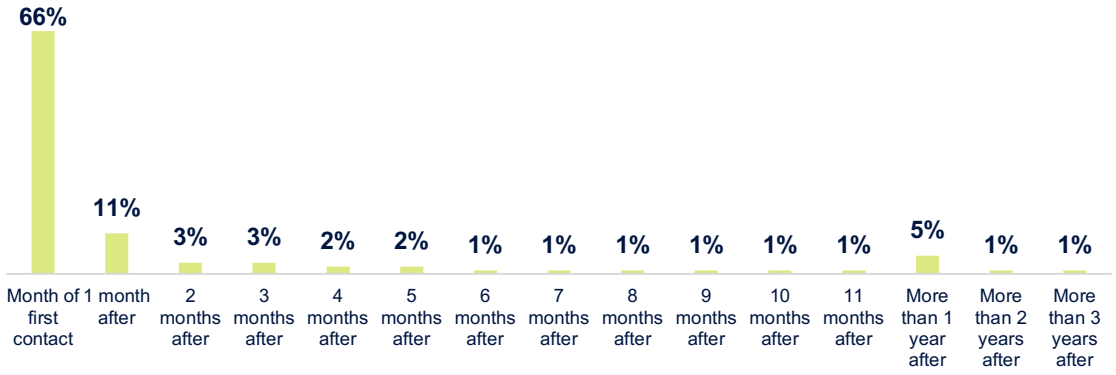


Figure 24: Months between first contact and agency referral

Figure 24 (above) also shows that around 13% of potential carers are referred 6 months or more after their first contact with MFF and 5% are referred more than a year after contact. Despite the distribution of referrals over a significant period, most referrals to agencies still occur within the first year of enquiry and the number of these are increasing. In September 2022, 535 carers were referred to agencies within the first year of enquiry compared to 390 carers referred to agencies within the first year of enquiry in September 2021. This represents a 27% increase in potential carers referred to agencies within the first year of enquiry.

6.5.3 Referral to authorised carer

The journey from enquiry to referral to an agency, then to becoming an authorised carer can be complex and lengthy.

MFF's support after the first contact is strategically important as it increases the chances of potential carers moving along the process to become authorised carers. Understanding this process could be a critical learning for other agencies who all said they struggle converting potential carers to authorised carers.

> 'It's like everyone seems to think they can be a carer. We don't have problems getting enquires but there are always 1000 reasons why they are actually not going to become a carer. The problem is caring sounds wonderful, but the reality is it's not suited to everyone.'

> 'As an agency we really want to understand how we can improve the conversation rate. I wonder if this is something MFF could offer the sector?'

Whilst there was data indicating the high number of potential carers who drop out of the process, it was unclear what happened to these potential carers after their first enquiry. MFF is designed to better understand the data

gap of the high number of enquiries that do not lead to an authorised carer. One of the aims of the MFF program is also to follow up on those potential carers who dropped out of the process of becoming a carer.

Analysis of the first four years of MFF data indicates that 84% of potential carers who enquired did not become an authorised carer; 47% withdrew, 44% lost contact and 9% were not suitable. MFF obtains this information through their conversations with potential carers and agencies. The main reasons for withdrawing include:

- Not the right time
- Change of circumstances
- Other reasons include: no spare room, agency or MFF reasons, medical reasons, impact on family, pregnant, financial constraints, time constraints.

While the data shows how MFF helps support potential carers along the journey, the data does not show the full impact of MFF follow-up. For example, research indicates that potential carers think about caring for a long time before they become a carer. (McGuiness & Arney, 2012.) Qualitative data also supports this with all the carers and potential carers stating that they had thought about caring for a long time before they made an enquiry. To help understand the impact MFF should collect data at the time of enquiry on how long the person has thought about becoming a carer. It would be interesting to see the impact MFF has on people who have only recently thought about caring.

Research also indicates that the way potential carers hear about caring is associated with whether they will go on to become a carer. For example, carers who hear about caring from another carer, are more likely to go onto to become a carer (McGuiness & Arney, 2012; Thomson et al., 2016). Life Without Barriers (LWB) data indicates that over 56% of their carers were recruited through carers recommending other carers (LWB survey, 2012). Another strong indicator of potential carers becoming an authorised carer is hearing about caring through their work, for example, as a social worker, nurse, childcare worker. This is articulated by the following carers:

> ‘I was a midwife and was exposed to removals. It was then I realised the need for carers and I knew I would become a carer. I actually put in an application straight away, but I was told to come back later as I was still living at home …. It’s been in the back of my mind for over ten years and my husband actually reminded me and I googled foster care that night and MFF popped up.’
>
> ‘I was a special needs teacher and had worked with children who had been in OOHC. My partner and I had always talked about it.’
>
> ‘I was teacher and two of the kids at our school were in OOHC. I didn’t know there was a need for carers. Those kids had been through so many placements. It was knowing those kids that made me think I could do something.’

Many agencies, interviewed for this evaluation, indicated that enquiries that come through recruitment campaigns rarely lead to carer authorisation. LWB reported that only 16% of their carers heard about caring through a campaign (LWB, 2016). Unlike MFF, these agencies do not continue to support these potential carers.

One provider who did obtain most of their carers through recruitment campaigns indicated their yearly authorisation rate from all enquiries was under 2%. MFF’s rate of authorisation over four years is 4.7% of all enquiries, and 12% of all enquiries referred onto PSP providers. This data can’t be appropriately compared as

there are many differences, but it highlights the high level of dropout rates that both agencies and MFF experience, though MFF's authorisation rate is significantly higher.

At the end of its fourth year, MFF had an authorisation rate of 12% (n=273) of potential carers matched to agencies. Four percent (n=190) are still in progress to becoming a carer. 84% (n=4339) of potential carers had withdrawn from the system (44% due to lost contact and 9% not suitable).

Authorisation rates for MFF are continuously changing. **Table 18** (below) shows how MFF's rate of authorisation is changing over time. In September 2022, there were 273 authorised carers.

Table 18: Referral to authorisation rate over time.

Referral year	Count of referrals to agencies	Authorised by September 2022	Referral to authorisation rate
2018/2019 (Year 1)	535	93	17%
2019/20 (Year 2)	514	71	14%
2020/21 (Year 3)	634	76	12%
2021/22 (Year 4)	618	33	5.3%

As highlighted in the interim report MFF met most of their contractual obligations in relation to recruitment. Where they were not met, DCJ approved a variation. Whilst their KPI in their first contract was a conversion rate of 20% the actual rate was accepted due to COVID related barriers and the fact that MFF do not have access to OCG data that would confirm the number of authorised carers matched to agencies. As mentioned previously, MFF rely on contacting agencies and potential carers to understand where they are on their journey to becoming a carer.

There is limited evidence or data to adequately compare the 12% authorisation data. Previous research has indicated that authorisation rates are low, for example, Lawrence (1994) found only 17 individuals of the 331 who enquired in their research went on to become authorised carers. However, this research is over 28 years old and does not take into account changes in the recruitment context that have occurred since.

The internal evaluation of Fostering NSW does discuss their conversion rates, but it is unclear in their report how they calculate this percentage. Fostering in England report also discusses conversion rates, however, the characteristics of recruitment models in the UK are not discussed so it is difficult to compare these rates to MFF. The UK also count conversions differently. MFF calculates conversions from the potential carers referred to agencies. The UK calculates conversions in two steps. The first is enquiry to application and the second is application to authorisation.

Neither the Fostering NSW or the UK data provides an adequate comparison. Informal advice to this evaluation from two agencies conducting recruitment (one in NSW) indicated that MFF conversion rate is notably higher than their own.

Does MFF achieve its intended recruitment outcomes?

By-and-large, MFF has met its intended outcomes. However, some aspects of MFF's approach could be improved, particularly through refinement of its purpose and through the development of a more strategic approach to working with PSP agencies in general and with Aboriginal PSP agencies in particular.

MFF's authorisation from enquiry rate is higher than rates reported by PSP agencies, demonstrating the value of a supplementary recruitment service.

Key Data

- Eleven of the twelve carers who were recruited by MFF were satisfied with MFF recruitment activities.
- Some agencies have developed some unrealistic expectations on what MFF can deliver in relation to partnerships (with PSP agencies in general and with Aboriginal PSP agencies in particular).
- Interviews with PSP stakeholders indicate that MFF does not have adequate communication channels that allow PSP agencies to feedback issues as they arise.
- Many issues raised by PSP stakeholders remain unsolved causing low levels of confidence in MFF recruitment strategies.
- Data indicates that during MFF's first four years 11% (248) of carers who were referred to agencies by MFF went on to become an authorised carer.
- The cumulative data over four years indicates that fewer than 5% of potential carers become authorised within twelve months of the first enquiry but about 17% are authorised within four years.
- Limitations in the types of data collected at the enquiry stage limit the capacity to evaluate the sustainability and appropriateness of the mix of carers MFF engages and refers to PSP providers.

Data sources: qualitative interviews with stakeholders, CRM data, MFF Contract, Quarterly data, Marketing Communications Strategy 2021

6.6 Recruitment outcomes

6.6.1 Robust partnerships

The original aim of MFF was to supplement the sector and provide an overarching and coordinated approach to recruitment to avoid smaller siloed campaigns that compete against each other. This approach requires a collaboration between PSP providers and MFF. Collaboration takes time and both MFF and PSP providers faced initial barriers. These barriers included access to data, sector suspicion, limited relationship building time incorporated into the MFF contract and a small staff.

For example, MFF's primary stakeholders are carers. However, at the start of implementation MFF had no access to a carer database which subsequently took significant MFF resources to build. Despite these efforts, there is still a need for better state-wide data, a significant potential resource that could also improve the quality of MFF's strategic partnerships.

The auspice for MFF is Adopt Change. This created some apprehension across the sector given restoration is the preferred outcome for children entering care in most cases and adoption for Aboriginal children is opposed by many. This perception of MFF is articulated by the following stakeholder.

> 'It was hard for them (MFF) from the beginning. They are Adopt Change. There were questions across the sector about whether they are the right fit.'

This demonstrates the importance of clarification about MFF's purpose and its ongoing communication to the sector.

This evaluation found that the lack of staff meant there was little MFF presence in some of the 16 districts which impacted their ability to engage with the sector. The following quote from a MFF worker articulates the pressure on staff to fulfil their contractual obligations.

> 'We are all under the pump. We have also been impacted by COVID and had new staff members start. The initial processes keep changing but we don't have time to keep updating them. I think we are all doing the best we can within the budget of what we can do.'

At the start of MFF implementation, the shift from Fostering NSW to MFF alongside several other significant sector changes impacted providers' readiness to build a relationship with MFF.

MFF contractual requirements also meant MFF had limited time to build these relationships prior to implementing their recruitment strategies. This meant, many PSP providers weren't clear what MFF was supplementing.

> 'I don't know what MFF do? What gap are they filling?'

MFF is also limited to the type of partnerships they can build with the sector within existing resourcing due to a limited number of staff, the equivalent of 14 full time staff across its four functions (recruitment being one) and a limited recruitment budget. The ability to build partnerships was further hindered by MFF having to build relationships with 53 diverse agencies in multiple locations.

Partnership approach

MFF recognises that engagement with agencies across the sector regarding recruitment activities is crucial. MFF initially planned to create an interagency network that would coordinate state-wide recruitment and conduct quarterly meet ups to improve the recruitment strategy through shared learning (MFF Marketing and Communication strategy, 2019).

MFF's partnership approach with the agencies includes:

- Initial emails at the setup to understand agencies recruitment approach.
- Obtaining template information from agencies to inform the matching process for the referral of potential carers.
- Phone calls to agencies to follow up on the potential carers sent to them.

- Attending the multiple existing interagency meetings and networks to learn from these and determine where the gaps in recruitment are (MFF, 2019). Including quarterly Carer Reference Groups where all agencies are invited to attend.
- Working in partnership with selected Aboriginal & CALD organisations to help inform their recruitment campaign to target Aboriginal and CALD carers.
- Sharing a calendar of campaigns to the sector, enabling agencies to tailor their communications to complement MFF's state-wide activities. This includes downloadable resources to share across their networks.
- Co-ordinating information/yarning sessions starting in 2021, in partnership with agencies that are delivered across the districts.
- Sharing MFF quarterly data with the sector on the number of referrals to agencies and the potential carers journey to authorisation.

MFF have planned a greater focus on partnership work with agencies in response to this evaluation's interim report.

MFF's recruitment strategy is also meant to have a significant emphasis on Aboriginal carers and building partnerships with Aboriginal organisations.

MFF's partnership approach with Aboriginal organisations includes:

- Advisory members – Paul Chandler
- Consultations with AbSec (Marketing Communications Strategy 2021)
- Working in partnership with Aboriginal organisations to implement yarning sessions
- Working in partnership with some Aboriginal organisations to build their capacity in recruitment.

Stakeholder feedback

Most of the stakeholders, interviewed in relation to recruitment, thought MFF communication approach could be improved. These stakeholders indicated that despite the use of two-way communication channels such as emails, phone calls and professional networking, there was actually little opportunity for bi-directional communication with MFF in relation to recruitment. The lack of effective bi-directional communication has meant that some issues have remained unresolved, and this has impacted PSP stakeholder confidence in MFF's capacity to supplement their own recruitment approach. This evaluation's the interim report noted that a lack of confidence can mean that when stakeholders face barriers they are less likely to overcome these barriers (Fuller, Kearney and Lyons, 2012). This suggests that improving di-directional communication may be one way that MFF can strategically improve its partnerships with PSP agencies.

Four issues raised by PSP stakeholders include:

- disagreements with MFF about the number of potential carers referred to agencies and the quality of these potential carers,
- a lack of recognition and utilisation of the sector expertise,
- a lack of structure and information in some MFF information sessions, and

- questions about whether MFF collection and communication of carer journey data is inappropriately giving credit for carer authorisation to MFF.

Each of these issues could be addressed by improving the bi-directional capacity of MFF communication, enabling both issues and misconceptions about MFF to be resolved at an early stage.

It is not clear to what degree the comments about the quality of carers referred by MFF relate to unrealistic expectations about MFF and/or a lack of buy-in which has built over time, or to what degree there are issues with MFF's referral process. The reality is that challenges in relation to recruiting quality carers are also experienced by PSP agencies who also get potential carer enquiries to their own agency that do not match the placements available, or the potential carer has unrealistic expectations about caring. These issues are also exacerbated in regional and remote communities where research indicates higher numbers of children in out-of-home care and low numbers of available carers (Smart et al., 2022).

Currently, potential carers are transferred to agencies by email. This makes it difficult for these issues to be resolved. What agencies want is a process that is bi-directional and has greater transparency. The use of a shared dashboard data would be an example of a bi-directional, transparent communication that could resolve this issue. This approach would allow matched potential carers to be sent to agencies via the dashboard and allow agencies to update the potential carer's journey to authorisation, carer type and the child/ren in their care. Data collected under this strategy could also help MFF adjust their targeted recruitment strategies.

Two issues have been raised by Aboriginal and CALD organisations and communities regarding MFF's approach to partnerships. These are:

- the lack of identified Aboriginal positions in MFF to inform cultural ways of communicating, and
- the different degrees to which Aboriginal and CALD agencies are willing to work with MFF.

MFF only have two Aboriginal staff in non-identified positions. Consequently, MFF is limited in its capacity to communicate effectively with Aboriginal organisations. For example, 10 (20%) agencies did not respond to an initial email request by MFF, to fill out a template to match potential carers to agencies. 9 of these 10 agencies were Aboriginal organisations. This led to a delay in potential carers being referred to these critical agencies. This situation and the following quote highlight the need for cultural ways of communicating to be effectively resourced.

> 'We don't know anything about MFF. We want a meet and greet with them. We would welcome them to come to our service and look at what we are doing and tell us what they are doing.' *Aboriginal agency*

Fostering NSW Report (Foote, et al. 2019) also indicated that one of their biggest challenges was effectively communicating with Aboriginal organisations:

> The program's relationship with Aboriginal agencies continues to be challenged… [partly because of] the (PSP) reforms and the need to promote open adoption as a permanency option. Some Aboriginal agencies already felt that the state-wide recruitment effort (by Fostering NSW) was not meeting their needs, and the increased inclusion of adoption messaging only served to cement this sense of alienation. (Foote, et al., 2019)

The second issue highlights the need for the MFF approach to partnership to be appropriately sensitive to Aboriginal and CALD agency policy. For example, some Aboriginal and CALD agencies do not want to work

with MFF because they believe that recruiting culturally appropriate carers needs to be led by agencies based in the community. However, some agencies want culturally sensitive assistance to help recruit Aboriginal carers and not all Aboriginal agencies have the capacity to run Aboriginal led campaigns.

> 'We are facing a crisis in recruiting Aboriginal carers. Foster care is still a taboo topic, particularly in Aboriginal communities. People don't talk about it and therefore people don't become carers. We are losing Aboriginal carers and we need to start talking about it. If MFF can help us start these conversations that would be great. We want to take advantage of MFF services. We want to partner with them. We want them (MFF) to be beneficial to us.'

> 'We want MFF to better understand our agency so they can send us potential carers that can be matched to our kids, but we don't need their help in recruitment. We believe that Aboriginal recruitment is best led by Aboriginal agencies. MFF do not understand or are accountable to our community – we are.'

> 'We consult with our community about our recruitment strategies across every area of recruitment including who will be the face of our advertisements and down to the specific words we will use. All aspects of recruitment are Aboriginal designed, including employing Aboriginal advertisers. Yes, our numbers are low. We know the gap, but we don't want MFF to fill it. Aboriginal people can fill this gap. I just don't believe that MFF can fill this gap. It has to be Aboriginal people who live in the community.'

Despite these comments, a specific gap has been identified in Western District by non-Aboriginal stakeholders who state that many Aboriginal organisations in Western are still building their capacity in the OOHC sector and there is an urgent need to build the capacity of Aboriginal organisations so they can lead recruitment in Western and Far West districts, where there is a high need for Aboriginal carers.

Aboriginal agencies that do want support from MFF also want Aboriginal specific positions within MFF. They would like these positions to specifically support Aboriginal agencies so that the crisis in recruiting Aboriginal carers can start to be addressed to meet the high number of Aboriginal children in care. This would require additional resources. The need for Aboriginal positions is also supported by recent Australian research that found current recruitment and retention strategies in most jurisdictions were not addressing the needs of Aboriginal carers. (Smart, et al., 2022).

Overall, while MFF is mostly meeting their contractual requirements in the recruitment space, MFF staff are working at capacity to meet these contractual requirements. Despite recognising the crucial nature of PSP partnerships, MFF's limited budget and staff along with other competing contractual priorities have limited their capacity to sufficiently prioritise building partnerships. This means MFF's capacity to provide an overarching and coordinated approach to recruitment (avoiding smaller siloed campaigns that compete against each other), will be difficult to achieve without also improving MFF resourcing. This point is reflected in the comments of two PSP stakeholders (below).

> 'MFF are doing their own thing and agencies are doing their own things. There isn't any real collaboration except when agencies do it amongst themselves.'

> 'When MFF asks us to promote their ad – it's a conflict to be honest. I'd prefer to run my own rather than promote MFF because I'm gonna get, hopefully, people enquiring through us which will mean more potential carers.'

6.6.2 Increasing carer recruitment

MFF data indicates that during their first four years 12% (n=273) of carers who were referred to agencies by MFF went on to become an authorised carer.

Our qualitative interviews with carers who enquired with MFF indicate that these carers may have achieved carer authorisation without MFF's support. While the data cannot prove that these carers would not have made an enquiry and gone onto authorisation without MFF support, the cumulative data over four years does indicate value in MFF's persistent follow-up with potential carers.

From a strategic perspective it is advantageous for NSW to retain an independent capacity for carer recruitment, in addition to recruitment being a component of the unit cost for each placement. In contrast to NSW, the Queensland Government currently has few levers available for it to respond to recruitment needs beyond the indirect mechanism of funding additional placements – although they are currently seeing the number of carers rise. One stakeholder there observes a boom/ bust cycle for agency-based recruitment as individual agencies reshape resources according to whether their immediate need is for carer recruitment or support. Victoria invests $1.45m pa into centralised carer recruitment.

6.6.3 Sustainable and appropriate mix of carers

A diverse pool of carers who have the right characteristics and skills for successful placements is integral to successful matching which in turn has an impact on children's experience of permanence and stability within placements.

As at 30 September, there were 2733 authorised carers who had made an enquiry to MFF and were referred onto PSP agencies. The demographic data for these 2732 carers has limitations. Firstly, the data was collected when the potential carers made the enquiry and the type of carer they become once authorised and the age of the child placed with them is not collected. Secondly, there is missing data, ranging from 15-20%. Evaluators are unable to make comparisons between the mix of carers MFF recruits and that achieved by PSP providers but note that Australian research confirms that recruiting a suitable carer mix is a challenge nationally, consistent with input from NSW agencies through interviews and the workshops.

Age of authorised carers

Table 19 (below) reflects data collected by MFF at the enquiry stage and indicates the age of authorised carers represent an appropriate mix. For example, 36% of those referred were between 26-40 years of age which fits the need for carers in that age category.

[3] Note Insight received data up to the 30th of September and this means there are more authorised carers than at 30th of June for the same sample. This is because there are potential carers continuously moving through the process and becoming authorised over time.

Table 19: Age of authorised carers.

Age of carer	Percent (n) (20%, n=55) missing)
18-25	2% (5)
26-40	36%(99)
41-60	35%(96)
61+	4%(10)

Matching district needs

Figure 25 (below) is a graph used in MFF reporting, shows the reach of MFF recruitment activities across districts. The authorised numbers in blue. The numbers are small once spread across the districts, but the graph shows an even distribution. These numbers met the contractual requirements as the percentage was close to or equivalent to the percentage of the number of children in care for each district.

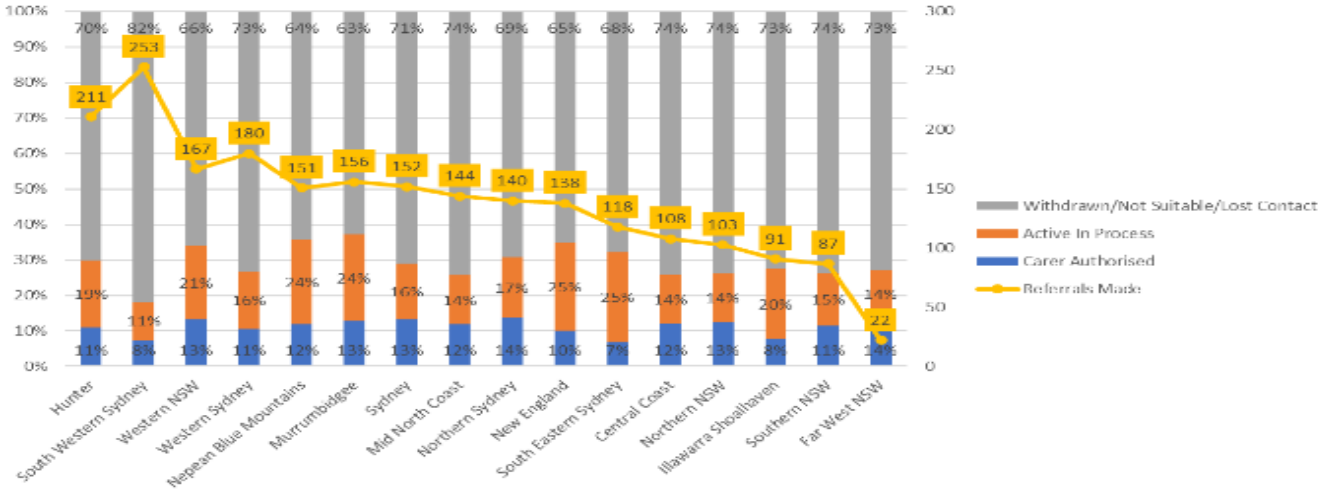


Figure 25: Potential carer journey to authorisation by districts

Qualitative interviews with PSP stakeholders indicate that the equivalent percentage of overall number of children in care in each district does not always reflect the need for specific carers in each district. For example, if you look at the number of potential carers referred by MFF to districts with high numbers of Aboriginal children (see **Table 20** below) the complexities that MFF and PSP providers are working with in matching children in OOHC to carers in some of the districts become clearer.

Table 20: Proportion of carers that matched district recruitment needs for Aboriginal carers.

District	Proportion of MFF referrals that became authorised carers in the district	Proportion of MFF referrals that were Aboriginal carers in the district	Proportion of children in care that were Aboriginal in the district
Western NSW	9% (n=24)	21% (n=5)	68%
Far West	1% (n=3)	33% (n=1)	73%
New England	5% (n=14)	7% (n=1)	63%

Matching cultural needs

Fourteen authorised carers (5%) who were referred to agencies by MFF were Aboriginal. Currently 44% of children in care are Aboriginal, many of whom are placed with kin who are directly approached to care for a specific child rather than recruited for caring generally. DCJ data indicates that 72.4% of Aboriginal children are placed with a relative or Aboriginal caregiver but beyond that DCJ provide no breakdown to understand how many of these children are culturally matched to a carer (DCJ, 2021). The data discussed in the previous section (**Table 20**, above) indicates that there are small numbers of Aboriginal carers being authorised in districts which require high numbers of Aboriginal carers. A continued focus on increasing MFF's reach with Aboriginal communities, especially in partnership with Aboriginal organisations, seems warranted. This requires an investment in time to ensure the recruitment support was culturally sensitive and safe to support different Aboriginal communities. Currently MFF lacks adequate resources to do this level of tailored approach.

Forty-Five (16%) of authorised carers referred to PSP agencies by MFF were CALD. There is limited data on CALD children in OOHC (McMahon, et al., 2021). It is estimated that between 10-25% of children in care are from a CALD background. The percentage of MFF CALD authorised carers seems appropriate although the cultural matching of children in care relies on having a culturally diverse pool of foster carers that reflects the cultural profiles of the children in care. The estimate of CALD children varies by district, increasing to 28% of children in OOHC in the South-Western Sydney district (McMahon, et al., 2021). There were 19 authorised carers for South-Western Sydney who resulted from MFF referrals to agencies and 6 (31%) of these were CALD. This is consistent with MFF generally referring an appropriate proportion of CALD potential carers.

Matching age preferences

The data relating to age of child a carer will accept and carer type needs to be read with caution as this data was collected at referral and does not reflect the actual child age the carer accepts nor their carer type. Qualitative interviews indicate that these preferences often changed once potential carers are transferred to agencies.

Twenty four percent (n=65) of the authorised carers said they would accept a range of child ages including children over 13. Most carers want a child under 13 years of age 59% (n=160).[4]

Matching carer types

Most authorized carers referred by MFF to agencies indicated a preference for a range of carer roles. For this evaluation the percentage of care types for either their only choice or their first choice of type of carer is used.

Table 21 (below) shows the proportion of care types potential carers preferred either as the 'only choice' or as their 'first preference.'

Table 21: Preferred carer role of potential carers referred to agencies.

Carer role	Only choice	The first preference of the potential carer
Adoption	2% (5)	16% (45)
Emergency	2% (6)	6% (17)
Respite	11% (31)	33% (91)
Long term care	8% (23)	2% (6)
Short term care	2% (5)	-
Restoration	-	1% (3)

Most PSP providers thought the greatest need in care type was emergency and respite care. MFF have specific campaigns to increase the number of these carer types. The numbers in **Table 21** (above) indicate that there are a lot of potential carers referred by MFF who are willing to do respite care which is aligned with the needs of the sector.

One of the challenges for MFF, in understanding the journey from potential carer to authorised carer, is understanding what type of carers they become and the number and age of children in their care. MFF require this level of detail in the data they collect from PSP agencies to be able to continuously update their recruitment strategies. This requires investment in a sector wide data sharing model.

Qualitative data suggests that the carer role changes based on the needs of the agency. For example, several carers in the sample, 5 (12%) only wanted to do respite but 3 of these carers are now long term, and the other two are doing emergency, short-term and respite. There are no carers only doing respite in the qualitative sample. This highlights the value for MFF and the sector in engaging new enquiries about respite, noting they are more likely to then transition to other care types.

[4] 15% of this data was missing

6.6.4 Carer satisfaction

Since carer satisfaction with MFF recruitment has been explored in previous sections only a brief overview will be provided here.

Eleven of the twelve carers interviewed were satisfied with MFF's recruitment activities. Potential carers and carers thought MFF was professional and supportive during the process of becoming a carer, a couple used their website to learn more about the caring role, others got information about caring from talking with MFF staff, two carers (17%) dropped out of the process of becoming a carer and re-entered after a phone call from MFF staff.

7. Systemic advocacy and sector engagement

The objective of MFF individual advocacy is that more systemic issues for carers are identified and raised with agencies and DCJ, where appropriate solutions can be identified and/or implemented.

MFF also identifies systemic issues through Carer Reference Groups (CRGs) and the MFF bi-annual carer survey. This includes a Carer Forum, run in the alternative year of the carer survey, to feedback findings and developments to carers, DCJ stakeholders and PSP providers.

7.1 Systemic advocacy

7.1.1 Carer Reference Groups (CRG)

Carer Reference Groups (CRGs) are a collaborative setting for carers to work alongside other carers, PSP staff and DCJ staff to contribute to the service system. CRGs existed prior to MFF. CRGs exist in each district to provide a more localised approach to carer participation and help inform decision-making and improvements to foster, relative, and kinship care in NSW. Each CRG meets a minimum of four times per year, although additional meetings or events may be agreed by members.

The CRG Terms of Reference currently provide that CRG membership must:

- be broadly representative of carers from the area/district or community,
- comprise authorised carers and carer representatives and government representatives,
- be selected through a process that supports diversity and is transparent,
- serve approximately 12–18-month terms, subject to local issues and work,
- work together to select or elect co-chairs, and
- where required replace a member through a localised, transparent process which may be initiated to seek new membership.

The following is a quote from a PSP stakeholder, who is a member of a CRG group.

> ‘I think it’s great to have a place that can see common themes that carers are raising and try to do something about it.’

Whilst the terms of reference set out that CRGs need to be representative of carers some of these groups are not representative. During our observation of one of the CRG groups one carer raised an issue about the rules of the CRG.

> ‘The CRG is a critical service for carers but it needs to have a set of rules and inclusive practice. How many carers have to be present for it to constitute a meeting? – is this meeting a legitimate meeting? There are only two carers present. How do you recruit carers to this group? How do you support carers to make them inclusive groups? Are there low numbers of carers on these groups?’

Some of these concerns were also raised by PSP stakeholders.

> ‘Are they (MFF) only recruiting the outspoken carers?’

> ‘How many Aboriginal carers on these groups?’

None of the three CRGs where the evaluators were present had carers from CALD or Aboriginal backgrounds present.

Systemic issues raised in CRGs

Some of the systemic issues raised by CRGs include:

- Reportable conduct
- Information sharing – carers don't have the necessary information about the child in their care, or don't have timely access to information, to be able to support the placement.
- NDIS – the application is complex. Carers are frustrated about the extend delays, not getting the funding they need for their children and their inability to directly apply for NDIS support themselves.
- Financial support issues and consistency across agencies
- Case worker turn over
- Long waits for reimbursements from out-of-pocket expenses
- Lack of respite
- Disengagement with some agencies (certain districts)
- Family time
- Vicarious trauma

A MFF staff member talked about some of the challenges with systemic advocacy work.

> 'I think changing systemic issues is a slow process but I can see that we are making slow but steady progress. For example, many carers said reportable conduct was stressful for them. That they were left high and dry and with not enough information. We got [the] DCJ reportable conduct unit to create fact sheets to explain the process better.'

These issues raised in the CRG meetings were all raised in the qualitative interviews. The two issues that most carers raised in interviews were, changeover in case workers and lack of access to respite care. Both issues impacted carer's ability to meet the needs of the children in their care, and both are the responsibility of their PSP agency.

Case worker turnover

Carers' experience with the turnover in case workers:

> 'I've had three different workers in 8 months. Everyone is lovely but you have to start again. It's overwhelming. I didn't have a case worker for months because they couldn't find anyone. You go over the same things. It's hard to warm to them. I think to myself when is the next one coming?'

> 'I've had over 11 case workers. I don't want to keep going over the trauma. I got along with all of them but you just don't expect them to hang around long.'

The qualitative interviews with PSP caseworkers and carer support workers confirms the carer's experience.

> 'I think there is a lot of pressure on caseworkers. The case load is too high. The support for the caseworker is not enough. They are not valued enough. (PSP leader)

> 'We are burning out. The stress is too high to manage.'

> ‘I’m a new caseworker and starting the role was hard because all the carers are upset about the change. Each caseworker has a different way of communicating and engaging with the child and the care – it’s hard.’

Some agencies reported that there was a crisis in recruiting and retaining caseworkers.

Research indicates that a high turnover of caseworkers can be a barrier to establishing a good working relationship between carers and caseworkers (Blythe et al., 2014), and can leave carers feeling dismissed and unsupported (Ryder, Zurynski & Mitchell, 2022).

This is a systemic issue that can’t be fixed alone by MFF. In the evaluation feedback session carers believed the issue could be improved by making sure all new caseworkers understand the role from the carer perspective. This training could be supported by MFF as a webinar for caseworkers delivered by carers. This webinar could then be recorded and used as a resource for caseworkers prior to starting their role.

Respite

The second issue is respite.

> ‘I’ve asked for respite. I need it, the kids need it. Sometimes you are made to feel bad for asking.’

> ‘I have three kids with complex needs and they can’t find a respite carer that wants them. I’ve gone for years without respite. When I have got respite, I’ve questioned the quality of it. Respite should enhance a child’s life.’

> ‘I’m an elderly carer and I’ve got a teenager who’s acting up. The agency says they don’t have anyone to take him because of his behavioural issues. The thing is the agency should have people backed up to help us out. I need a break. If they can’t get respite carers, then the carers that are caring are missing out.’

Respite was also raised by 60 carers in an open question in the MFF 2022 survey, *I don’t like it when…*

> ‘no respite even when you are single and have multiple children with disabilities.’

> ‘the current respite is inadequate for children with high needs.’

Some respite carers also answered this question, I don’t like it when…

> We took on some kids for respite for one night then it turned to 2 nights then 2 weeks. It didn’t feel honest.’

A few of these carers have been to MFF in relation to support around this issue and they have not been satisfied with the resolution of this issue.

Stakeholders also noted that a lack of respite care was a key challenge in supporting carers, due to a shortage of available carers, especially in regional and remote areas. There is also a shortage in respite carers willing to take on children with complex needs, or sibling groups or older children. Carer support agencies commonly stated that it was often difficult to maintain a sufficient pool of respite carers, and this hindered their ability to regularly plan breaks for carers. MFF is currently trying to recruit more respite carers but the gap is bigger than their current resources to adequately address this issue.

Both issues are not the responsibility of MFF and they highlight the limitations of MFF to impact systemic issues that are having an extreme impact on carers.

Respect for the carer role

A further systemic issue was also raised by both PSP stakeholders and carers. Seventy three percent (n=31) of carers and 78% (n=21) PSP stakeholders thought caring wasn't valued by Australians. Most of these stakeholders thought caring wasn't valued in Australia because the role is invisible. This is articulated by the following carers.

> 'How can you be valued when you aren't even recognised.'
>
> 'Nobody sees what carers do. Things we don't see we don't acknowledge. But at the same time carers are under constant scrutiny.'

According to stakeholders this impacts the recruitment of carers. Whilst one of the goals of recruitment of carers is to shift the public perception of the caring role, no stakeholders, interviewed in this evaluation, thought recruitment strategies were successful at achieving this. This is mainly because the recruitment strategies cannot compete with the negative images of caring that are presented through the media.

Carers, interviewed in this evaluation, want the Australian public to value what they do, as articulated by the following carers.

> 'Caring needs to be recognised by Australians, not in money but in understanding.'
>
> 'I've been a volunteer fire fighter. I was valued. I was respected. Now I'm a carer of children with disabilities and I'm not respected. If people see me in public and one of the children is acting out they judge me. I'm moulding a child and hoping to improve their lives. We have to educate Australians about the role of carers.'
>
> 'There is a public persona that we are valued. Pru Goward told us we were valued but she didn't show it. It is all talk even in recruitment. They have to say we are valued because otherwise no one will do it. We accepted a baby that wasn't ours into our home. She turned 18 recently. It would have been nice to get a letter of acknowledgment from the Minister – a thank you. There was nothing. She still lives with us it's not like all her complex needs are solved the moment she turns 18. It's a thankless job.'

This lack of value by the Australian public also impacts carers in their role, as described by the following carers.

> 'Even my workplace – they celebrate carers day. They aren't talking about us – they are talking about parents. There isn't a lot of visibility about carers and when there is it is negative. I didn't even qualify for leave when children come into our care. It's frustrating. It makes me sad. I wonder if there was more recognition that would lead to more support and then more carers.
>
> 'It's so undervalued even my own family thought it was just something to do while you wait around for your real life to begin. A lot of people don't understand foster care. It's really hard for me to communicate what my role is. The kids in my care have their own identity. They are not just kids in care. I really wish people would stop making it hard for us.'

This lack of value is another barrier MFF and PSP providers face in recruiting and retaining carers. MFF's recruitment campaigns could be used to address this issue, as could better recognition of carers by employers and industrial law.

7.1.2 MFF Carer Survey

MFF distributed a carer survey across NSW in 2019, 2020 and 2022. The number of carers responding increased between 2019 and 2020 and reduced in 2022 (see **Table 22**, below).

Table 22: MFF Carer Survey response rate

Year	Number of responses	Percentage of carers on the OCG data base
2019	2087	17%
2020	2365	19%
2022	1898	16%

The aim is for MFF to use the carer survey to inform their advocacy for service and system improvement. The survey and other research are valuable resources for policy makers but this evaluation found, little evidence of impact on key policy issues affecting carer retention and recruitment. As already mentioned by a MFF staff member, systemic advocacy is about long-term systems change. MFF has put systems in place to ensure the systemic issues are being heard by the right parties including organising a forum in 2021.

7.2 Sector engagement

To support the sector MFF needs to understand how best to supplement the 53 PSP agencies across the 16 districts. MFF have limited access to data about what the 53 PSP agencies are providing making the identification of gaps challenging. Consequently, MFF tends to rely on information provided at interagency meetings to help them understand how best to support the PSP agencies.

MFF have also asked PSP agencies to share their recruitment and training calendars but have only received a limited response. Operational impacts of COVID-19 restrictions and funding changes for some PSP agencies have contributed to this outcome. Each has meant frequent changes to recruitment and training planning.

MFF share their recruitment and training calendars with the sector and provide recruitment resources that can be leveraged by agencies; including information sessions that are organised by MFF across the 16 districts.

MFF use emails to share matched potential carers to PSP agencies and, in the absence of a shared data system, follow up with agencies (quarterly) and potential carers (each 6 weeks) to understand where potential carers are in their journey to becoming authorised. As mentioned earlier in this report, this system is problematic for both PSP providers and MFF staff.

MFF also send quarterly reports to the sector that include information on:

- MFF carer recruitment data, including the total referrals made each quarter
- the number of authorisations by districts
- information on recruitment information sessions
- training provided across the sector, including the number of people attending
- reminders of upcoming training with a link to their schedule

- support data including the number of enquiries and reason for enquires, and a breakdown by districts.

Many PSP stakeholders thought the quarterly reports were confusing and not presented in a way that helped them understand how MFF added value to the sector. A few PSP stakeholders thought MFF quarterly reports were all about MFF and there was no information about how this data was addressing the gaps in the sector.

Interviews with PSP stakeholders and MFF staff indicate that a more collaborative approach to sharing data is required—where the objective is to solve shared sector issues or plan towards shared objectives. This shared information would represent the activities of all parties, not solely MFF activities, and allow MFF partnerships with PSP partnerships to proceed more strategically.

Qualitative interviews, including workshops, indicated a strong desire by both MFF and PSP providers to develop a Minimum-Data-Set with DCJ which provides a nuanced understanding of how the OOHC system is working at state, district and sub-regional levels, (including numbers and profiles of children needing placements, number and types of carers in different locations and in the pipeline, carer exits, etc). This could be facilitated through a shared data dashboard (sector wide data sharing model) between PSP providers and MFF to enable the transfer of potential carer information from MFF to PSP agencies and to allow PSP agencies to document the journey of these potential carers, including data that will help refine MFF's recruitment strategy. This data sharing would help answer District/sub-regional questions such as:

- What volume and sort of carers are needed in a specific region right now (for what profile of children in/entering care), and what carers do we expect we will need over the coming 1- 3 years?
- What are the recruitment needs of Aboriginal children in specific regions and do the Aboriginal organisations in these regions have the capacity to meet these needs?
- What are everyone's current plans for recruitment activities and are there any possible synergies to leverage?
- How many carers are at risk of leaving caring and what more can be done to support and retain local carers?
- What are the learning and development needs of local carers – given the mix of children they are supporting and feedback to MFF/providers – and how can we best engage them in training, support and embedding/practicing new knowledge, including for self-care?
- What are everyone's current plans for carer learning and development and are there any possible synergies to leverage?
- Are there systemic issues MFF and PSP stakeholders can work on collaboratively?

The foundational issue with the way MFF shares data/information with the sector is that the data tells them what MFF does but does not help PSP stakeholders understand how MFF are supplementing the sector. Due to limited systemic data this issue is beyond MFF's control. MFF need more nuanced systemic data to help them understand the gaps in the sector, including data from PSP agencies, so they can use their limited resources to supplement the sector in the areas of most need and use their data to communicate to the sector the impact they are making in these areas.

8. Conclusion

MFF has an ambitious purpose —to supplement the work of 53 PSP agencies and DCJ, across sixteen districts, in relation to the recruitment, training, support and advocacy of carers. The success of this ambition is largely dependent upon three factors; that is, its resources, independence, and the willingness of the sector to partner with MFF.

This evaluation has found the value of MFF's strategic independence to be demonstrated in all its functions. Despite experiencing challenges in its limited resources and sometimes in the collaborative willingness of the sector, carers are consistently satisfied with MFF services and MFF has still managed to meet or exceed contract targets.

There remain significant opportunities to improve MFF's efficacy and address its key challenges. MFF's efficacy can be improved through refinement of its purpose and branding, the adoption of a more strategic approach to meet the needs of PSP agencies, and a further development and communication of MFF policy on culturally safe ways of working.

System challenges need to be addressed or managed to achieve optimum delivery of MFF services. These include the need for a consistent growth-focused investment to keep pace with a continued growth in reach and in need. Sector-wide recruitment and retention strategies also require adequate resourcing to be effective. This includes adequate resourcing to address gaps in Aboriginal and CALD training and recruitment and to effectively tailor services to specific district and provider needs. Adequate resourcing also means access to better system-wide data and greater resources in the form of planning processes to support coordination with PSP providers. Without these challenges being addressed, it will be difficult for MFF to continue to improve its efficacy.

Finally, centralising functions within one entity offers unique opportunities and risks. MFF's independence and current resourcing means it has the agility to quickly pivot its approach in response to significant disruptive events or emerging need. It's capacity to operate at a system level in this way has also illuminated the urgent need for sector-wide data, not just to optimise MFF service delivery but also PSP service delivery. Nevertheless, centralising all functions within one entity carries key risks. In particular, if MFF reach and sector need out paces and stretches MFF resources and management capabilities, MFF's capacity to strategically supplement PSP providers services will diminish over time.

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