



THE UNIVERSITY OF
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Institute of Open Adoption Studies

Standards in training for out-of-home carers

Commissioned research for My Forever Family

Sydney School of Education and Social Work
Faculty of Arts and Social Sciences

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Acknowledgement of country

University of Sydney and My Forever Family acknowledge and honour Aboriginal people as our First Nations People of New South Wales.

Acknowledgement

In 2018 the then NSW Department of Family and Community Services (now Department of Communities and Justice) commissioned Adopt Change to operate the new *My Forever Family NSW* (MFF). The purpose of the program is to provide recruitment, training, support and advocacy to a range of carers including foster carers, kinship carers, guardians, and adoptive families for children from statutory care in NSW.

The Institute of Open Adoption Studies was commissioned by MFF to examine the standards of training for out-of-home carers in NSW. The literature review provides an outline of the current practices in NSW, an overview of international models of training and recommendations regarding best practice principles in training for foster carers, kinship carers, guardians, and adoptive families.

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Acronyms & Abbreviations

OOHC – Out of Home Care

TFC – Treatment Foster Care

Programs:

COS-P – Circle of Security - Parenting

FPC – Foster Parent College

KEEP – Keeping Foster and Kin Carers Supported and Trained

P.A.C.E – Playfulness Acceptance Curiosity Empathy

PCIT – Parent Child Interaction Therapy

TFTC – Together Facing The Challenge

TFCO-P/A – Treatment Foster Care Oregon – Pre-schoolers/Adolescents

Executive Summary

In Australia, home-based care arrangements are the principal supportive intervention adopted by the Government to care for children and young people who are in, or transitioning from, out-of-home care (OOHC) because of neglect, trauma, abuse or family disruption (Australian Institute of Health & Welfare, 2019; Octoman & McLean, 2014). Studies have recurrently found that the extent to which carers provide a loving, secure and therapeutic environment for children in care impacts the degree to which they can heal from the effects of trauma (Errington & Bernacki, 2010; Hek & Aiers, 2010). To be able to provide this kind of care and manage the challenging behaviours which children in OOHC may present with, carers require the specialist knowledge and skills which can be provided through training (Brennan, et al., 2013; Coleman & Wu, 2016; Everson-Hock, et al., 2012; Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019).

Carer training in NSW has primarily been characterised by jurisdictional variability, inconsistency and limited evidence supporting the models in use (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Richmond & McArthur, 2017). This mirrors the broader lack of evidence underpinning many of the interventions used nationally in out-of-home care in Australia, which has recently highlighted in a review of the NSW out-of-home care system (Tune, 2015). There has been a paucity of studies which provide rigorous evaluation of the current models being implemented and currently the majority of carer training used in NSW have no proven impacts on child or carer outcomes (Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019; Murray, Tarren-Sweeney, & France, 2011).

The dearth of analysis of carer training is mirrored internationally, however notable evidence-based models have been developed and more rigorously evaluated in countries such as the USA, UK and Norway. The need for evidenced-based, effective training to support and enable current and prospective carers in providing the nurturing and therapeutic care which children need is critical. Given the current shortfall of carers in the OOHC system, it is critical to invest in the development and evaluation of training that has a stronger evidence base.

Summary of Key Findings

- No pre-service training models have been subject to evaluation in Australia, including the NSW Shared Lives training
- Some OOHC agencies in NSW are using evidence-based ongoing training including Parent Child Interaction Therapy (PCIT), 1-2-3 Magic, Triple P and Circle of Security
- Most agencies using evidence-based training implement models designed for non-foster parents which have received little evaluation in foster populations
- Only 2 kinship and 5 Aboriginal and Torres Strait Islander specific training models were identified however more are required
- Guardians and adoptive parents have the least amount of training available of all carer types.

Summary of Key Recommendations

- Greater investment in the evaluation of current and imported training models which are being used for carers
- Further development of kinship and Aboriginal and Torres Strait Islander training
- Increased attention to inclusion of guardians in training recruitment and development
- Development of post-training and support for adoptive and guardian carers
- Include content on: understanding trauma; aetiology of behaviours; managing grief & loss; and caring for children with disability or from minority backgrounds
- Further evaluation of adapted parenting models with foster and kinship populations.

Introduction

As of June 2018, around 45,800 children were in care across Australia. The number of children in out-of-home-care has tripled in the last twenty years and continues to steadily increase (Australian Institute of Health & Welfare, 2019). At the same time the intersection of alcohol, drugs, mental health and family violence issues, means those entering foster care have increasingly challenging behaviours and complex needs, escalating the demands on their foster parents (McHugh & Pell, 2013). Concurrently, the population of foster carers has been in steady decline over the past 20 years and has been the subject of numerous reports seeking to identify best practices in recruitment, training and retention to address the shortfall (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Higgins & Butler, 2007; Richmond & McArthur, 2017). The need for evidenced-based, effective training to support and enable current and prospective carers to provide the nurturing and care children need is critical in the context of the current crisis.

As part of a suite of reforms initiated by the NSW Government to improve permanency and stability for children who remain in long-term OOHC, the Department of Family and Community Services commissioned Adopt Change to deliver the new *My Forever Family Program (MFF)*. The purpose of the program is to provide recruitment, training, support and advocacy to a range of carers including foster carers, kinship carers, guardians, and adoptive families for children from statutory care in NSW. This includes training and resources to equip them to care for children who have come from difficult and challenging family situations.

With these major reforms currently underway across the OOHC sector, it is timely to review the standards of training which is provided to carers. This literature review seeks to examine the current standards, best practices and evidence-based models of training currently adopted in Australia and Internationally. The aim is to investigate the evaluation of training models which are in use in Australia and provide an overview of the factors which contribute to effective training for carers of children in or transitioning out of OOHC.

Aims

The literature review sought to gather information about the: types of training provided to carers of children in OOHC; preferences of training identified by carers; differences in training standards across placement types; proven effects of training on carers and children; evidence base of training models in use and; evaluations of training models which have been conducted.

The following research questions are examined:

1. What are the current standards of training provided to carers of children in foster, kinship, adoptive or guardianship placements in NSW?
2. What are the best practice models and principles within models of foster, kinship, adoptive and guardianship training currently available? (In Australia and internationally).

Scope

The focus of the literature review is training provided to the carers of children and young people in home-based forms of care which include; foster care; kinship care; open adoption and; guardianship placements. Foster care includes the array of home-based arrangements which may occur in various durations including emergency, respite, short-term or long-term placements. Commonly, all foster carers, irrespective of their duration of placement, undertake the same pre-service training as per state and agency guidelines. Though it is recognized that training standards may differ in accordance with the duration of placement, especially in emergency settings (OGCYP, 2015), for the purpose of this report discussion of training for foster carers does not distinguish between placement durations.

The word 'training' refers to the processes and programs which seek to impart knowledge and skills to those who are engaged in providing care for children who are in, or transitioning from, OOHHC. The literature review reports on the continuum of training which may be provided in the context of pre-service, ongoing or specialist training. Training for Residential care, Specific Child Only Carers (SA) and Specific Foster Care (NT) is not covered in this report.

Terminology used in the literature is not always consistent or discrete. There can be therefore significant overlap in terms such as 'education', 'training', 'support' and 'preparation'. There is also commonly a blurring of the boundaries across care categories and processes which may not necessarily be reflected in this report. Bearing this in mind, research related to the vital features of respite, payment allowances, caseworker engagement and carer support groups are beyond the scope of this project; these may, and often do, intersect with the implementation of training, however this report focuses specifically on training and does not consider the range of supports which may be provided alongside training. Furthermore, 'permanency' is regarded by most jurisdictions as 'guardianship', 'adoption', 'long-term care' or 'permanent care' orders, however the legislative standards of these terms vary across states and at present there is no nationally consistent approach. For the purpose of this report, 'permanency' is used primarily to refer to guardianship and adoption which form part of the focus of this literature review.

Theory

Training for carers of children in OOHHC is based on adult learning theories which outline the basic principles necessary to establish an environment where adults can learn effectively (Fidishun, 2000; Knowles, 1980). Education research has long promoted that training which is most effective in providing real gains in learning must address three core building blocks: knowledge; attitudes and; behaviours (Schrader & Lawless, 2004). Training that engages participants on all three domains can avoid the pitfalls of producing short-term behavior change without the attitudes to sustain them (Lawless, Brown, & Cartter, 1997), overly optimistic attitudes without the knowledge to implement learning (Bruvold, 1990) or purely knowledge-based understanding without the behaviours to apply learning (Valente, Paredes, & Poppe, 1998).

Three adult learning theories which training models draw on to varying degrees include Andragogy (Knowles, 1980), Transformational Learning (Mezirow, 1991) and Experiential Learning (Kolb, 1984). The logic behind each theory is that best training for adults incorporate: drawing on prior experience of participants (Andragogy; Knowles, 1980); facilitating practice learning where previous experiences can be interpreted with new meaning (Transformational Learning; Mezirow, 1990); and facilitating active experimentation of new concepts with reflective observation (Experiential Learning; Kolb, 1984). The carer training models identified in this paper implement adult learning theories to varying degrees and with correspondingly variable success.

Methodology

The literature review included searches of peer-reviewed and grey literature. Regarding the former, the search criteria applied for this study did not exclusively focus on studies which had a high level of research rigor or methodological consistency. This is due to the well-documented lack of availability of studies undertaken according to gold standard research designs and the unique difficulties in implementing scientific measures to this field of study (Dixon, et al., 2013; Solomon, Niec, & Schoonover, 2017). If the literature review exclusively reported on studies which adhered to rigorous standards outlined in evidence hierarchies, the review would be limited to discussing very few training programs which are clearly effective and miss emerging or promising practices. The approach adopted in this paper has been to synthesize the standards of training currently in use and identify best practices based on common themes which are noted in the literature. The grey literature search included agency reports, published presentations, factsheets and media releases from peak bodies, stakeholders and select agencies working in the OOHC sector. The same key words were used in the grey literature search as were used to search for peer-reviewed literature, however as websites were often difficult to navigate, relevant literature was often found through more specific searches.

The following key words were used in combination:

Foster carer OR Kinship carer OR Relative carer OR Adoptive Parent OR Foster Parent AND
Training* OR program * OR support* AND
Models* OR packages* OR pre-service* OR ongoing

The following databases were searched:

Google scholar, Google;
MEDLINE via OVID;
Family & Society Studies Worldwide via Ebsco;
PsycInfo;
Social Work Abstracts, Sociological Abstracts, Social Sciences Citation;

Background

Historical Context

In order to understand the current state of training for carers of children in OOHC in NSW, a cursory glance at the history of foster care is instructive. The first traces of home-based foster care in Australia emerged in the early 1860's through the advocacy of Caroline E. Clark and her English cousins, Florence and Rosamond Davenport Hill. Their advocacy centred on the introduction of a system of 'boarding out' to replace the institutionalisation of 'destitute children' which was occurring in decommissioned barracks and industrial schools (Dickey, 1980). Their proposition was considered favourably given the numerous reports of deaths, illness' and vermin infestation which the Royal Commission into Public Charities, in 1874, dramatically described as a "legalised gateway to hell" (Dickey, p. 43). Under the 'boarding out' initiative, destitute children were taken on by non-relative, 'motherly' ladies often from church organisations who volunteered their services and were provided with a small monetary reimbursement for their care of a child (Briggs & Hunt, 2015). This was the beginning of state regulated home-based foster care which was also emerging in other similar welfare contexts such as the United Kingdom and the United States of America (Dorsey, et al., 2008).

Despite gaining traction around the country, the period from 1890-1930 was characterised by a return to institutional forms of care as frugal economic spending became necessary due to financial pressures of the era (Dickey, 1980). However, as a result of several interconnected factors including: recurrent critiques of neglect, abuse and harm caused by institutional care (Senate Committee Report: Community Affairs Reference Committee, 2004); the emergence and growth in understanding of attachment (Bowlby, 1958); and the deinstitutionalisation of care in the 1970's (Dickey, 1980) State Governments recommenced the implementation of home-based forms of care such as group homes and foster care (McHugh & Pell, 2013).

During this period of deinstitutionalisation and the movement back towards home-based care, a shift also occurred in the recognition of training needs for carers looking after children. Prior to the 1970's, foster carers were not given any clear training but were charged by the State to provide basic care and given a monthly stipend to cover basic costs of caring (Dickey, 1980). Some of the first records which endorse training for carers make reference to the need to provide "skilled help" to teach carers how to manage children's complex behaviours (Department for Education & Child Development, 1969, p. 18) . This shift to recognize the need for specialist skills and the knowledge required to provide effective care of children who experienced abuse, neglect or trauma signaled the embryonic stages of training for foster carers.

Despite these early advancements, training for OOHC carers has been developed in a piecemeal fashion and has not been provided equally to all carers who engage in foster, kinship, adoptive or guardianship care. In Queensland, the first training for foster carers, 'Sharing the Care', was not introduced until 1988 and was only partially administered so that by 2003, only a portion of foster and kinship carers in the state had received any training (Butcher, 2005). Similarly, training for kinship carers has been significantly under-developed and currently NSW is the only state which mandates training for relative/kinship carers. The varying historical developments across states in legislation, training models and care system related to OOHC has meant that there are significant discrepancies between the standards, models and availability of training for the different types of carers across Australia. These variations in standards call for deeper examination of the current training models in use and the evidence available which can contribute towards best practice training.

Current Challenges in Out-of-Home Care

Over the course of the last 20 years a crisis in the OOH sector comprising of two concurrent trends has been repeatedly identified in the literature. Firstly, the number of children in OOH across Australia has almost tripled in the last twenty years and continues to steadily increase (Australian Institute of Health & Welfare, 2019). At the same time, the intersection of alcohol, drugs, mental health and family violence issues, means those entering foster care have increasingly challenging behaviours and complex needs, escalating the demands on their foster parents (ACIL Allen Consulting, 2013; McHugh & Pell, 2013). Secondly, there has been a national shortfall of people committing to providing foster care which is often linked to the increase in labour force participation of women, particularly mothers, due to increased education and economic necessity to contribute to household income (Australian Institute of Health and Welfare, 2018; McHugh & Pell, 2013). This emergent issue is not isolated to the Australian context and has been well-documented internationally among countries with similar child welfare systems, such as the UK and USA (Festinger & Baker, 2013; Onions, 2018). The Australian Government has sought to address this concern and has articulated the need for recruitment efforts to be supplemented by implementation of effective, evidenced-based training for carers noted as a 'high priority' in the National Framework for Protecting Australia's Children (DSS, 2009).

One of the corollary effects of this crisis has been that relative and kinship carers have increasingly assumed caring roles, both formally and informally, to compensate for the diminishing population of available foster carers (see Figure A). A point of comparison helps elucidates this change more clearly. As of June 2004, there were 21,975 children in OOH across Australia, of these, 9,145 resided in NSW. The types of placements for Australian children in OOH included: 53% in foster care placements; 39% were in kinship/relative placements, with the remaining in residential care or other home-based care arrangements (AIHW, 2006). Comparatively, as of June 2018, there were around 45,800 children in OOH across Australia (17,387 in NSW); 51% were in kinship/relative placements, 39% were in foster care placements with the remaining in residential care (5%) or other home-based care arrangements (5%)(AIHW, 2019). This is concerning in light of the literature which indicates that significantly more investment has been channelled into developing appropriate training and support for foster carers than any other kind of carer (Coleman & Wu, 2016; Richmond & McArthur, 2017; Rushton & Monck, 2009). It also raises concerns due to the high burden of care which is faced by carers, particularly kinship carers who have been found to receive less support and engagement with service providers (Brennan, et al., 2013; Coleman & Wu, 2016).

Despite the clearly defined need for effective training of carers established in the literature, there is a paucity of rigorous, empirical studies which ascertain what kinds of training produce measurable effects on carers and the children in their care (Solomon, Niec, & Schoonover, 2017). Additionally, very few studies exist which examine the knowledge which OOH carers have, or do not have, regarding caring for children (Osmond, Scott, & Clark, 2008). This is evidenced most clearly in the unanimous conclusion of six recent systematic reviews that there is simply not enough evidence to assert that carer training has any clear impact on carer outcomes (Everson-Hock, et al., 2012; Festinger & Baker, 2013; Kinsey & Schlosser, 2012; Lin, 2014; Rork & McNeil, 2011; Solomon, Niec, & Schoonover, 2017). In their meta-analysis of 16 US studies which evaluated the impact of 11 foster parent training programs, Solomon, Niec, & Schoonover (2017) conclude that there is a lack of empirical evidence to sustain any strong claim for effectiveness of training programs. Festinger and Baker (2013, p.2152) similarly conclude that "What is clearly called for is greater attention to the rigorous evaluation of the programs that are most widely utilized by agencies to train foster parents".

The gap in evaluation of training programs is also exacerbated by the fact that the majority of studies which review the impact of carer training primarily focus on the effects on the child rather than on the participating adult (Thompson, McArthur, & Watt, 2016). The absence of empirical literature regarding the impact and

effective components of carer training has been echoed time and again across Australian and International research. This indicates a weak evidence base from which to establish the connection between foster care training and: retention; placement stability, parenting capacity and; carer outcomes. Taken in conjunction, there is a critical need for more methodologically sound and rigorous studies to ascertain exactly what comprises effective training for carers of children in OOHC.

Shift towards Permanency

NSW introduced the Permanency Support Program in 2017 (DSS, 2018; FACS, The process of becoming a guardian, 2017) in response to the Tune review of OOHC released in 2015 and the Their Futures Matter cross-government reforms to better support vulnerable children and families. The purpose of these reforms to the NSW child protection and out-of-home care system aim to shift from a place-based service system to one that is child and family centred. Legislative changes introduced in NSW reflect the priority on securing permanent placements for children including through the articulation of a 2-year timeframe in which case plans should identify a permanency goal (FACS, 2017). These changes seek to re-frame OOHC as fundamentally a temporary placement during which time the safest permanent placement is discerned. Under the program, permanency options are prioritised in the following order: restoration; guardianship; adoption or long-term OOHC care. The reforms are consistent with Priority Area 3, of the Fourth Action Plan (2018-2020) under the 2009-2020 National Framework for Protecting Australia's Children (henceforth National Framework).

The recent reforms to permanency have several implications for carer training programs. Firstly, given that restoration-focused care is expected to increase under the changes, effective training programs should embed competencies which support positive contact with birth families. Currently, only one parent management training program, Treatment Foster Care Oregon (TFCO), reports empirically validated increases in positive contact with birth family (Jivangee, 1999). Other interventions which focus on enhancing the relationship between the foster/adoptive triad (child, birth family, foster/adoptive family) include: 'Co-Parenting', 'Ecosystemic Treatment Model'; and Family Reunification Model (Piescher, Schmidt, & LaLiberte, 2008). However, the models are not underpinned by strong empirical evaluation and are not strictly 'training' programs, therefore are not further considered under the purview of this review.

A second implication of the permanency reforms bears upon the critical need for enhancing training provided to guardians and adoptive parents. Given the increased priority and placement of children in these types of placements, it is reasonable to suggest that this should be accompanied with an increased investment in targeted training. In summary, under the permanency reforms, for training to be effective it must enhance carer capacity to engage positively with birth families and be sufficiently targeted to meet the needs of guardians and adoptive parents.

Why is training needed?

Children in OOHC commonly experience various forms of trauma and adverse childhood experiences which may affect their development, functioning and patterns of relating. These include but are not limited to sexual abuse, domestic and family violence, severe neglect, family breakdown, parent incarceration, parental substance abuse and parental mental health issues (Smyth & Eardley, 2008). Studies have recurrently found that the extent to which carers provide a loving, secure and therapeutic environment for children in their care impacts the degree to which they can heal from the multi-faceted effects of trauma (Errington & Bernacki, 2010; Hek & Aiers, 2010). This finding is reflected in the Outline for the National Standards for OOHC which states that "Evidence shows that the *experiences and quality of care* received in out-of-home care can be critical to determining whether a child or young person can recover from the effects of trauma and are more

able to access opportunities in life” (Department of Families, Housing, Community Services, 2011). To be able to provide this kind of care however, carers require specialist knowledge and skills which can be supported through training (Brennan, et al., 2013; Coleman & Wu, 2016; Everson-Hock, et al., 2012; Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019).

Carers of children in OOHC have also been identified to experience a high burden of care associated with managing the array of responsibilities associated with caring (Herbert & Kulkin, 2018; Murray, Tarren-Sweeney, & France, 2011). Responsibilities which carers commonly enact include; managing difficult behaviours; attending court and giving evidence; arranging contact with birth family members; attending placement agreement meetings; undergoing home reviews; personal assessments and; attending medical and therapy appointments, among many other unique stressors (McHugh, et al., 2004). In addition to these, kinship carers commonly experience difficulties which exacerbate their burden of care including; being of older age; exiting workforce which leads to increased financial stress; loss of social networks and less likely to receive financial support (Lin, 2014). In light of the range of demanding tasks, which some have identified as commensurate to a full-time job, the need for adequate support and training is critical to ensuring carers can effectively fulfil the vital responsibilities with which they are entrusted to uphold (McHugh & Pell, 2013).

Training plays a critical role which differs from other forms of support, such as information sessions, peer support groups or respite. Fundamentally, the purpose of training is to facilitate the development of new skills supplemented by the provision of expert knowledge. Put simply: information sessions provide access to new knowledge; support groups provide access to learning from shared experiences and; respite provides access to vital rest from the burden of caring. The literature emphasises that these are all critical forms of support which provide different, but necessary benefits to carers (Brennan, et al., 2013; Murray, Tarren-Sweeney, & France, 2011). Training however, provides access to application of expert knowledge through skill development.

Emergence of professional foster care

The current interest in the standards of training for carers of children in OOHC is aligned with the broader movements towards the professionalisation of foster care, reflected in the literature and practice (McHugh & Pell, 2013). Of note, is the increase in support for the conceptualisation of training as ‘professional development’ for carers of children in OOHC (Kirton, 2013). This proposition would entail other shifts in the development of training, including provision of accredited training, compensation commensurate to skill-level (salary or wage) and access to therapeutic clinical support (ACIL Allen Consulting, 2013). Elements of professional foster care have already been implemented among some OOHC agencies such as Berry Street, child and family service (Victoria), and the ACT pre-service training, both of which incorporate accredited modules into carer training (McHugh & Pell, 2013). However, of the four major developments in the introduction of a formalised professional foster care system, none have succeeded in establishing long-term tenure primarily due to funding and policy design issues (ACIL Allen Consulting, 2013; see table 1).

Though a professional foster care system could have numerous benefits on the development and improvement of training standards of carers, critical barriers such as taxation and industrial relations must be addressed if it is to be viably implemented (ACIL Allen Consulting, 2013; Thompson, McArthur, & Watt, 2016).

Table 1: Professional Foster Care in Australia

Professional Model	Key Training Features	Outcomes
Victorian Specialised in-Home Care Model	Required tertiary training to enter and provision of ongoing and advanced therapeutic training	Did not proceed beyond policy design stage.
Queensland Specific Response Care	Placement matching of carer skills to child needs in addition to ongoing training tailored to carer needs.	Proposed in 2009 but not taken up by NGO's
UnitingCare Burnside Model	Carer adopted a case management role and received regular training accordingly	Operated from 2000-2002, but was discontinued due to funding issues
Berry Street Model	Adopts a two-tiered payment system which includes a 'Carer Fee' depending on their skill and training level	Proposed in 2013, yet to be implemented.

Snapshot of Carer Training

This paper reviews training that is provided to all types of carers, providing all forms of placements for children in OOHC. However, the report focuses largely on training for foster carers for three reasons:

Firstly – foster care has received the most investment of resources over time due to its early emergence as a viable alternative to institutional care (Brennan, et al., 2013; Coleman & Wu, 2016; Errington & Bernacki, 2010; Thompson, McArthur, & Watt, 2016).

Secondly – up until 2010, foster care was the predominant type of care provided nationally and has been the main focus of relevant agencies working with children in OOHC (Australian Institute of Health & Welfare, 2019; Thompson, McArthur, & Watt, 2016).

Thirdly – policy, research and practice has struggled to overcome the barriers associated with other carer types, namely the large proportion of informal (non-recognized) kinship/relative carers (Richardson, Bromfield, & Higgins, 2005) and the impact of harmful practices of child removal incurred in the context of the Stolen Generation and the forced adoption of the children of unwed mothers, which have stigmatised adoption and guardianship practices (Luu, Wright, & Pope, 2018).

Bearing this in mind, a brief explanation is given for the standard procedure of training which is incurred for each of the four types of carers.

Due to the limited research available, this review does not make extensive comments on carer training with respect to the duration of placements provided (i.e. emergency, respite, short-term, long-term), however, the available literature provides some cursory insights. Though it is commonplace for short- and long-term foster carers to undertake the standard pre-service training and, less frequently, some ongoing training; the same standards do not appear to apply to respite and emergency carers (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017). One of the key findings of the recent independent report into OOHC is that the system is operating on a crisis-oriented model (Tune, 2015). This has contributed to the increased use of emergency placements, despite concerns being raised regarding the lack of monitoring of care providers, rotating shifts, 'churn' of staff and the absence of clear standards which govern and are enforced for this type of care (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; OGCYP, 2015). Notwithstanding these findings, very little has been documented about training in relation to placement duration therefore the remainder of the paper considers the standards of training primarily with regard to the four main types of carers.

Foster Care Training

The standards of training for foster carers in NSW are more established compared to other forms of care, however the majority of training in use is largely unsupported by evidence and is inconsistent across agencies (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Thompson, McArthur, & Watt, 2016).

The process of providing training to foster carers commonly occurs in three components: pre-service training; ongoing training and; specialist training. Pre-service training comprises the mandatory training which foster carers must complete prior to their approval as carers and is almost always delivered by their OOHC agency. Ongoing training generally comprises topic-specific sessions or courses which are sometimes offered but not mandated by agencies, and generally delivered by experienced professionals or experts in a field of practice. Specialist training commonly denotes therapeutically informed and targeted models which are often time-specific and are more likely to be based on research and evidence.

Key findings:**Foster carer training**

- There are 5 main models used for pre-service training across Australia and 2 Aboriginal and Torres Strait Islander specific pre-service trainings (see Table 2) however none have been formally evaluated
- OOHC Agencies in NSW provide a number of evidence-based or evidence-informed ongoing training programs including TFCO, 1-2-3 Magic, Triple-P and COS-P (see Table 3)
- Ongoing training is mandated by the Office of the Children's Guardian in NSW, under Standard 20, however such training is infrequently accessed and requires greater investment in the evaluation of current programs. Further, it is up to each agency to define what training is provided
- There is no national data on the number of specialist training programs or the characteristics of carers who undertake them (ACWA, 2016)

Kinship carer training

The training standards for kinship carers in Australia are commonly identified in the literature as unspecified, variable according to state and territory, under-developed and not sufficiently targeted. The well documented under-resourcing and low training standards of kinship carers in Australia has been a long-held concern (Brennan, et al., 2013; Coleman & Wu, 2016). This concern is exacerbated, however, in the current climate of increasing reliance upon family members to take on the carer role due to the diminishing availability of foster carers.

Key findings:**Kinship care training**

- Currently NSW is the only state that mandates training for kinship carers
- There is only one manualised pre-service training model which has been developed specifically for Kinship Carers; Shared Lives (Relative)

Training for adoptive parents

Training for adoptive parents in Australia is markedly less available than foster or kinship care training, partly due to the significant reduction in the rates of domestic adoption and the low number of adoptions of children in OOHC (Ross & Cashmore, 2016). Notwithstanding, the literature indicates that carers who wish to pursue adoption require specific and relevant training in order to prepare for the unique challenges which adoption entails (Drozdz, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018). This report highlights a gap in the literature and in practice in Australia and internationally regarding effective pre-service and ongoing training for adoptive carers.

Key findings:**Adoption training**

- There have been no studies which have empirically evaluated the impact of pre-adoption training in Australia or internationally (Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018)
- The standard training for adoptive carers is attending a 2-3 day 'Education Seminar', however there is no literature available to determine the usefulness, efficacy or delivery of this training (Australian Institute of Health and Welfare, 2018, p. 9)
- Only 1 agency in Australia was identified to have developed a specific training course for adoptive carers; however, nothing is documented about its implementation or effectiveness (Relationships Australia SA, 2016)

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Guardianship Training

In Australia training standards related to carers who become Guardians are unclear and represent the least documented form of carer training. A possible reason that training is not widely available may be because 89% of guardianship orders in Australia are granted to foster and kinship carers who have cared for the children in OOHC prior to receiving a long-term order (Australian Institute of Health & Welfare, 2019, p. 58). As this is the most common pathway to becoming a guardian, it may be assumed that prospective guardians have undertaken some sort of training prior to the order being granted. The inclusion of guardians in mainstream training programs and recruitment strategies is seen as an important step forward given the increase in the number of children on guardianship orders.

Key findings:**Guardianship training**

- No formal training is provided to guardians; only general information is provided upon enquiry pertaining to legislation, suitability and guardianship assessment
- There is significant need for post-placement training and support to be provided as there is currently very little available
- Greater efforts are required to include guardians in the mainstream recruitment and advertising of training so that guardians are aware of relevant training

Australian Training Models

NSW

Training for carers of children in OOH in NSW can be broadly organised into three main categories: pre-service; ongoing; and specialist training. Though each type serves a unique and important function, they are not equally supported either in the literature or as experienced by carers for a number of reasons.

Firstly – though there are more courses available for ongoing training than for pre-service training, they are less accessed by carers than pre-service training (McHugh, et al., 2004; Qu, Lahausse, & Carson, 2018). This is primarily because pre-service training is mandated whereas ongoing training is recommended but infrequently attended by carers due to demands and stress of their caring role, accessibility and perceptions of training among other barriers (McHugh, et al., 2004; Murray, Tarren-Sweeney, & France, 2011; Richmond & McArthur, 2017).

Secondly – specialist training programs are the most informed by evidence yet are the least accessed as they are only available for the most challenging cases (Frederico, et al., 2012). In comparison, there are only a few ongoing training courses which have been empirically evaluated and currently no evidence is available of the effectiveness of pre-service training models used in NSW or Australia more broadly.

Consequently, the current status of evidence-based training in NSW mirrors international trends which suggest that few evaluations have been conducted on the pre-service training models most widely used and the best evaluations of ongoing or specialist training are of programs which are least likely to be accessed by foster carers (Festinger & Baker, 2013; Kinsey & Schlosser, 2012).

Pre-Service Training

Pre-service training is the most commonly provided and accessed training by foster and kinship carers, adoptive parents and guardians alike (Richmond & McArthur, 2017; Qu, Lahausse, & Carson, 2018). Authors have recurrently cited the critical role that pre-service training can play in providing adequate preparation before the arrival of a child in order to manage carer stress, reduce negative child-parent interactions and ultimately mitigate against placement breakdown (Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018; Herbert & Kulkin, 2018). Despite this, there is a widely-noted lack of empirical evidence to sustain strong claims of the effectiveness of pre-service training. The limited research available in Australia suggests that pre-service training is characterised by jurisdictional variability and piecemeal developments resulting in standards and models which vary significantly across states (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017). Though anecdotal evidence suggests that individual foster care agencies are moving towards evidence-based models, there is a dearth of empirical evidence demonstrating the effectiveness of current models in use (Richmond & McArthur, 2017).

The available literature regarding the evaluation of pre-service training provides limited findings relating to the standards or effectiveness of training. A large study of 1,000 carers in NSW indicated that the majority of carers who had undertaken the most common Australian pre-service training, Shared Lives (previously Shared Lives, Shared Stories) found it useful (McHugh, et al., 2004). Another study of 61 foster and kinship carers in Queensland found that only 50% of foster carers had completed some type of training at the time of the study (Butcher, 2005). Furthermore, a recent national study found that most (64%) foster and kinship

carers felt either very well/well prepared for their caring role, however, only 35% of kinship carers had participated in any form of training (Qu, Lahausse, & Carson, 2018). In summary, the studies available provide limited findings and though suggesting a general satisfaction with pre-service training, do not provide a critical evaluation of their effectiveness. Table 1 and 2 provide an overview of current pre-service training provided in Australia.

Table 2: Pre-Service Training in Australia

State	Pre-Service Training	Delivery	Key Features
NSW	Shared Lives	18 Hours, 9 modules Group Discussion, Booklets, Videos, Homework	Developed by ACWA in consultation with peak agencies.
VIC	Shared Lives (VIC)	18 Hours, 9 modules Group Discussion, Booklets, Videos, Homework	Incorporation of PACE approach.
QLD	Quality Care	Includes: 22 Hours + 8 hours 12hrs x Pre-service, 10hrs x Standard + 8hrs x Advanced Group Sessions, Online, homework	Delivered in 3 parts, with access to evidence-based online training + externally developed courses
WA	Preparation Training	12-19 hours (depending on metro or rural applicants) Group sessions, videos, resource packs	5 options for flexible delivery to cater for rural enquirers & special circumstances
SA	Shared Lives (SA)	18 Hours, 9 modules Includes: Group Discussion, Videos, Homework	
TAS	Shared Lives, Shared Stories	18 Hours, 9 modules Includes: Group Discussion, Videos, Homework	Most agencies use 2010 version of SSSL but are slowly changing to 2016 version
ACT	Positive Futures Caring Together	20 hours + 4 day trauma training 10 modules Group discussion.	Includes four accredited national units of competency, which count toward a Cert IV
NT	Foster & Kinship Induction Training	12-16 hours 6 Modules Group discussion.	

Table 3: Aboriginal and Torres Strait Islander specific pre-service training

WA	Yarning about kids with Yorgnanup Carers	20-30 hours 8 modules Group Discussion, videos, homework	Delivered by agency with RTO recognition
VIC	Our Carers for Our Kids	16 hours 8 modules	Developed for Aboriginal Foster Carers

Ongoing Training

As the prevalence of complex and trauma-based behaviours exhibited by children in OOHC continues to increase, the necessity of effective and accessible ongoing training is recurrently highlighted as a critical need for carers (McHugh & Pell, 2013; Rork & McNeil, 2011). It is now commonly accepted that pre-service training alone is simply insufficient to meet the multi-faceted needs of carers (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; OCG, 2015). The critical role of ongoing training is supported in the 'Child Safe Standards for Permanent Care' which stipulates under standard 20 that agencies planned approach to training should include "initial and ongoing training" (OCG, 2015, p. 30). This written standard has not however, been matched by any considerable investment into the often costly process of providing ongoing training, with the exception of the limited funding available for Facilitating Partners under the Communities for Children initiative (DPP, 2015). Since being established in 2018, MFF is offering training across NSW for foster carers, guardians, adoptive parents and kinship carers. Training is available through face-to-face workshops and online.

Current standards of ongoing training in NSW therefore have been characterised by significant variation among OOHC providers and very little has been documented in peer-reviewed literature relating to the implementation, use, or development of ongoing training (Thompson, McArthur, & Watt, 2016). Though practice standards were difficult to track in the grey literature search, findings indicate that there is a broad array of ongoing training initiatives currently available primarily to foster carers and fewer to kinship carers (Thompson, McArthur, & Watt, 2016). These primarily include home-based programs, online modules, self-directed workbooks and group workshops. With regard to the development and evaluation of ongoing training programs, there are three main categories: locally developed; evidence-informed or; evidence-based models of training.

Locally developed ongoing training includes the array of training programs which are developed by departments, agencies or practitioners and are not empirically validated or used outside of the local context. Examples include trainings which are developed and delivered by agency staff, topical-based trainings, and webinar or face-to-face training that are not manualised or part of an integrated program (Carer Kafe, 2019; Department of Communities, 2019). The key benefits of this training include that it is responsive to local needs, is low-cost in development and implementation and is often informed by local policy and practice. The major limitations of this kind of training include that training is rarely evaluated, is not strictly guided by research and commonly does not adhere to a program logic or prescribed standards (Festinger & Baker, 2013).

Evidence-informed training includes the range of programs which:

- are commonly developed in collaboration among agencies, universities and government departments;
- have a strong theoretical underpinning
- are based on research which has informed the development of training.

These include trainings such as Therapeutic Crisis Intervention, P.A.C.E and Restorative Parenting Program among others. The key benefits of evidence-informed training are the links to research evidence, stronger basis for empirical evaluation and collaboration with independent research bodies. The major limitations include a lack of rigorous evaluation, insubstantial links to proven outcomes and tendency to over-emphasise the research basis whilst lacking empirically-demonstrated effects.

Evidence-based training programs adhere to all the standards of evidence-informed training in addition to: receiving critical evaluation including by independent bodies; promoting outcomes which are corroborated by more than one study and; receiving evaluation through one or more randomised control trials (CEBC, 2019b). Examples include adapted parenting programs such as Triple P, Parents as Teachers, Circle of Security (Parenting) as well as foster specific training such as KEEP and Foster Parent College. State training directories such as 'Carer Kafe' in Victoria often include these types of training, however the NSW directory, Parenting Resources, lists only 2 trainings that are specific to foster and kinship carers (Resourcing Parents, 2019). Use of adapted parenting programs, which have been empirically evaluated and have an evidence base, is increasingly common as agencies move towards providing evidence-based training (Department of Communities, 2019). Though this represents creative engagement in providing evidenced-based training, very few parenting programs have been specifically reviewed for use with foster and kinship carers (Piescher, Schmidt, & LaLiberte, 2008; See Table 2). Additionally, many of the parenting programs in use have been developed internationally and concerns relating to fidelity of implementation in Australia have been noted in the literature (Dixon, et al., 2013).

Fidelity concerns relate to circumstances in which agencies provide evidence-based or evidence-informed training without adhering to the often expensive and time-consuming fidelity measures, such as strict data reporting, ongoing implementation supervision and outcome evaluation (CEBC, Glossary, 2019). For example, some foster care agencies in NSW provide the Parents as Teachers training, however Australia is not listed as an implementation site on the model's website (Parents as Teachers, 2019). Dixon et. al (2014, p.1565) note that "Independent evaluations of evidence-based programs in the new contexts into which they are rolled out is essential". Where evidence-based models are implemented without accurate fidelity measures in place and supported adherence to the original model, claims to similar outcomes based on previous research are difficult to sustain (CEBC, 2019a).

A final theme noted in the literature on ongoing training is the difficulty of encouraging attendance at training sessions (Benton, Piggot, Price, Shepherdson , & Winkworth, 2017). Agencies commonly report experiencing difficulties in engaging carers to attend ongoing training due to a number of reasons including: accessibility; lack of child care; cost of training; perceived usefulness of training and; the stress and time constraints of being a carer (McHugh, et al., 2004; Richardson, Bromfield, & Higgins, 2005). Other than directly addressing such barriers by providing child care, it has been noted that there are varying strategies used by agencies to encourage carers to attend ongoing training (Benton, Piggot, Price, Shepherdson , & Winkworth, 2017). These include formal arrangements such as incorporating attendance at specified training workshops into 'Carer Development Plans' (McHugh, et al., 2004); informal arrangements include examples such as organisations who set an expectation that foster carers will undertake a minimum amount of ongoing training per-year, or

provide a recommended amount. However, it is unclear how many carers adhere to the expected or recommended attendance at ongoing training and how this is monitored within agencies who implement these strategies.

Table 4: Ongoing Training Models (Evidenced-Based)

Training Model	Type of Training	Delivery	Tested with Foster/Kinship	Agencies
Triple P – Taking Care	Group Session (0-17 y/old)	A. 5 x 2hr/week groups + 3 x 20min phone consultation	1 evaluation of ‘Taking Care Triple P’ but not accessible to author	Anglicare
1-2-3 Magic	Group Session (2-12 y/old)	A. 3 x 2hr/week groups B. 3 x 2hr/week 1-1 session	1 Evaluation in Australia with foster carers but paper is not accessible to author	CatholicCare Anglicare
Circle of Security - Parenting	Group Session (0-5 y/old)	A. 8 x 90min group session	4 (AUS) studies have evaluated COS-P but not with foster carers	Barnardos UnitingCare
Parents As Teachers	Home-Visiting Model (0-5 y/old)	A. 12/year x 1hr Home visits + 12 group ‘connection’ sessions (for 2 years)	Not evaluated with foster populations	Barnardos
Bringing Up Great Kids	Group Session (0-12 y/old)	A. 6 x 2hr group sessions	1 evaluation which included foster carers but does not segregate findings for this group	Family Services Australia CatholicCare Benevolent Society
Foster Parent College	Online (0-17 y/old)	A. Online modules (self-directed)	2 US evaluations of modules provided on FPC	Queensland Pre-service Training

Specialist Training

Specialist foster care or Therapeutic Foster Care (TFC) refers to home-based care that is commonly provided to children with the highest support needs or most complex behaviours and is provided by carers who receive specialist training, support and reimbursements (Queensland Department of Communities, 2011). TFC is characterised by a strong reliance upon theory and carers are framed as para-professionals who are required to undertake regular supervision and training (Frederico, Long, Mcnamara, McPherson, & Rose, 2017). Internationally, TFC has been comprehensively evaluated and has demonstrated links to enhanced rates of retention (Macdonald & Turner, 2005), carer resilience (Chamberlain, Price, Reid, & Landsverk, 2008), placement stability (Sheras, 2011), and positive contact with birth family (Jivangee, 1999) in comparison to general foster care. The development of TFC in Australia is still comparatively in its infancy in terms of the evidence available and consistency of approaches used.

TFC was introduced in the 1980's in Australia to provide specialist training and support to carers able to provide care to children with the highest support needs (Frederico, Long, Mcnamara, McPherson, & Rose, 2017). The principles embedded in specialist training have been adopted in more general training, and have gradually permeated programs which have not been specifically designed as specialist or therapeutic (Thompson, McArthur, & Watt, 2016).

Table 1: Specialist Training Overview

State	Training Model	Training Features:	Other Features:	Evaluations:
NSW	Intensive Foster Care (10-17y/old)	No specified or developed 'model', however carers are mandated to attend ongoing training	Carers receive three times the 'Standard Care Allowance'	(McHugh M. , 2015)
VIC	Circle Program (6-17y/old)	'Circle Program Training Package'	Carers receive double the 'General Rate' Designed to inform a 'therapeutic system' not just a model	(Frederico, et al., 2012); (Frederico, Long, Mcnamara, McPherson, & Rose, 2017)
QLD	Intensive Foster care	No specified or developed 'model', however carers are mandated to attend ongoing training	Enhanced caregiver reimbursements	(Queensland Department of Communities, 2011)
SA	Specialist Foster Care	No specified 'model'. Carers are mandated to attend ongoing training	Enhanced training pathway and extra therapeutic support	N/A
TAS	No model Case by case arrangements	N/A	N/A	N/A
ACT	On TRACK	Accredited training provided to On TRACK carers	Provision of 'discretionary funding' and 24/7 case support	Szirom, McDougall, and Mitchell (2005) McPherson et al. (2018)
NT	Foster & Kinship Induction Training	N/A	N/A	N/A

Despite the strength of theoretical basis and common links to evidence-based approaches, TFC models in Australia have been described as inconsistent across states and lacking clarity about the competencies acquired for the quality of specialist training (Thompson, McArthur, & Watt, 2016). Specialist training for TFC is primarily offered to foster carers and very little is known about kinship carers who may receive specialist training (ACWA, 2016). Furthermore, though outcomes have been established internationally, only some of the TFC models used in Australia have been evaluated and their efficacy remain largely undocumented (Frederico, Long, Mcnamara, McPherson, & Rose, 2017).

Only a small percentage of all OOHC carers elect to become therapeutic carers and for this reason specialist training is only provided to a small proportion of carers in Australia. For example, in a Victorian study, the authors noted that though all foster carers must complete the Shared Lives pre-service training, only 7% of

children in OOHC have carers trained in the Circle Program specialist training (Frederico, et al., 2012). Despite the limitations of the lack of evaluation and the small proportion of carers who undertake this training, studies commonly promote specialist training as a promising model based on international findings. An overview of specialist training models adopted nationally is provided in Table 4 however, at the time of writing, only limited information could be found for specialist training provided in some states and territories.

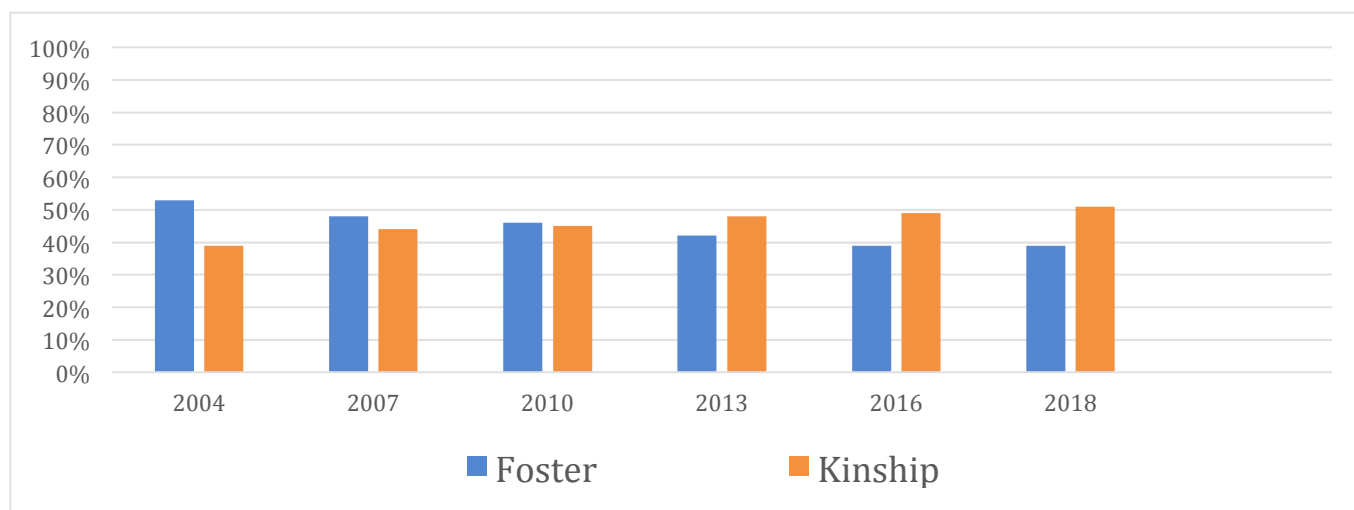
Kinship Care

The training standards for kinship carers are described as minimal and insufficient, in both Australian and International literature, due to a number of key challenges (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Coleman & Wu, 2016; Miller & Donohue-Dioh, 2017; Qu, Lahausse, & Carson, 2018). These primarily include but are not limited to:

- lower likelihood of accessing services (Coleman & Wu, 2016)
- larger proportion of grandparent carers who face distinct age-related challenges (Brennan, et al., 2013)
- higher proportion of health problems which complicate ability and mobility (Lin, 2014)
- distinct motivations or catalysts for commencing care of a child/ren (Selwyn, Farmer, Meakings, & Vaisey, 2013)
- distinct perceptions about the need for 'training' (Brennan, et al., 2013).

In their recent evaluation of current trends, the Australian Institute of Family Studies found that though 92% of foster carers reported receiving some form of training, only 35% of relative/kinship carers reported likewise (Qu, Lahausse, & Carson, 2018). This is in part due to the paucity of kinship-targeted training programs available. This finding has become more prominent in recent discussions of training due to the rising population of children in OOHC who are in a relative or kinship placement. By tracking the reports provided in the Reports on Government Services (Productivity Commission, 2014; Productivity Commission, 2019), it is evident that in the past 15 years there has been a gradual increase in the percentage of kinship placements and concurrently a gradual decrease in the percentage of foster carer placements (Figure A). As of 2018, kinship carers represented 51% of all placement types whilst foster carers represented 39% (Productivity Commission, 2019), indicating the growing discrepancy between placements types and the decline of foster care which has been widely noted in the literature (McHugh & Pell, 2013; Richmond & McArthur, 2017).

Figure A: Children in OOHC in Foster or Kinship Placement, 2004-2018



This growing shift in placement type has not however been mirrored by a significant shift in investment or focus in the training provided to kinship carers. The current landscape of training specifically for kinship carers is fragmented and under-developed for several reasons. NSW is currently the only state which mandates training for kinship carers, though it is universally encouraged to varying degrees (Thompson, McArthur, & Watt, 2016). This substantially changes the responsibility on state and non-government services to ensure that training provided is relevant, suitable and meets the needs of the participating kinship carers.

There are very few established training programs specifically targeted at kinship carers. There are different findings in relation to the benefits and challenges of integrating kinship carers with foster carers in the same training however it is generally agreed that kinship carers require a targeted approach to delivery and content in order for training to be most effective (Thompson, McArthur, & Watt, 2016). To date, the only manualized training available for kinship carers is the 2018 Shared Lives Relative/Kinship training which has not been widely implemented (ACWA, 2018).

There are unique challenges that are distinctive to kinship carers such as the estimated 50% of grandparents providing kinship care (Australian Institute of Health & Welfare, 2019). The poorer health of kinship carers (Thompson, McArthur, & Watt, 2016) and higher proportion of rural placements make the provision of accessible and useful training especially difficult (Brennan, et al., 2013). Taken in conjunction, there is a crucial need to invest resources into the development of accessible, useful and targeted training for kinship carers. An investment in kinship training is intrinsically connected to ensuring that the growing population of children in kinship placements are kept safe, nurtured and cared for effectively.

Table 6: Kinship Training

State	Type	Delivery	Key Features
NSW	Pre-service Shared Lives (Relative/Kinship)	18 Hours, 9 modules Group Discussion, Booklets, Videos, Homework	Developed by ACWA in late 2018 in consultation with peak agencies
VIC	Ongoing Tracks To Healing	1-Day workshop	Developed by SNAICC in partnership with Australian Childhood Trauma Group

Aboriginal and Torres Strait Islander Training

Aboriginal and Torres Strait Islander children are ten times more likely to be in OOHC than non-indigenous children and are cared for by both Indigenous and non-indigenous carers (Australian Institute of Health & Welfare, 2019). Aboriginal and Torres Strait Islander carers are commonly represented in kinship care arrangements due to the high proportion of aboriginal children in care and strong value of family and Kin which is unique to this population (Libesman, 2011). A majority of Aboriginal and Torres Strait Islander carers therefore experience the same low standards and access to training which is characteristic of other kinship carers (Thompson, McArthur, & Watt, 2016). There are no records to indicate exactly how many Indigenous carers have undergone training, however what is known is that there are few programs which have been specifically developed as Aboriginal and Torres Strait Islander training models. Aboriginal and Torres Strait Islander specific training programs and resources are listed in Table 6.

The common core components of these training include incorporation of Aboriginal elders in the development of training, involvement of experienced Aboriginal carers in delivering training and a focus on core topics relevant to care of Aboriginal and Torres Strait Islander children such as grief and loss, intergenerational trauma and maintenance of connection to culture (Higgins & Butler, 2007; Libesman, 2011). Though no peer-reviewed evaluations have been published on the use of these programs with carers of Aboriginal and Torres Strait Islander children in OOHC, they incorporate features which align with promising practice recommendations outlined in previous studies (Barlow, Coren, & Stewart-Brown, 2002; Higgins & Butler, 2007). It is emphasised however that given the significant proportion of Aboriginal children in care, there are still too few targeted training programs and more work is needed to integrate cultural sensitivity modules into general foster care training (Libesman, 2011).

Table 7: Training for Aboriginal and Torres Strait Islander Carers

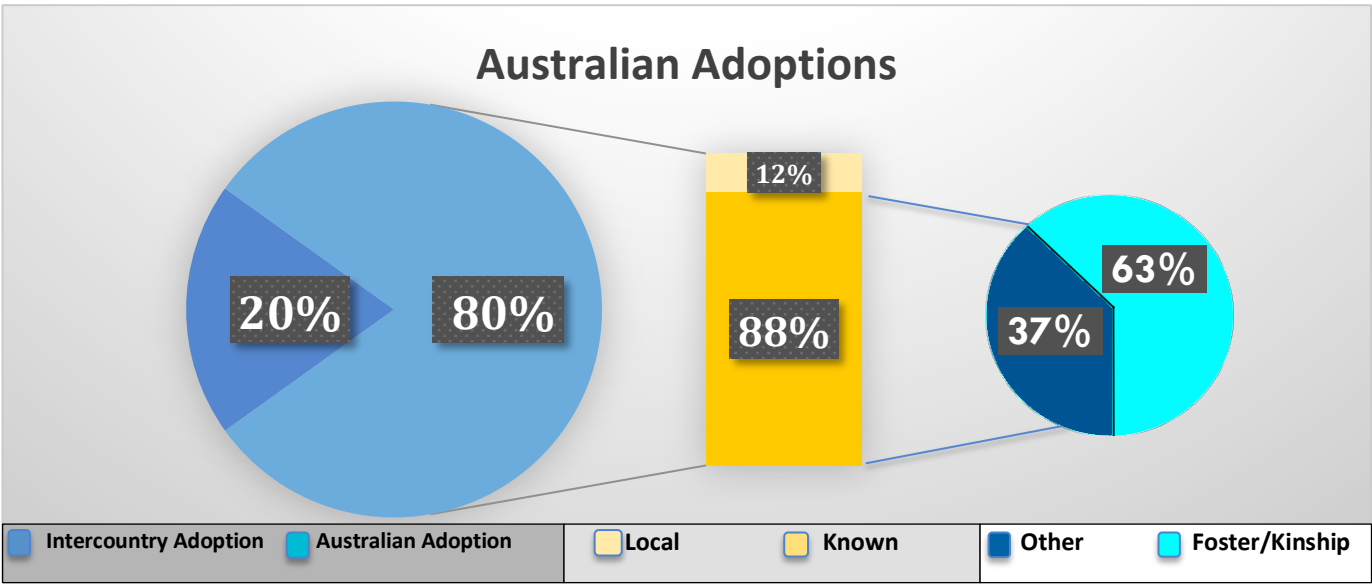
Training Model	Type of training	Delivery	Description provided in:
Cultural Connections (NSW)	Ongoing	1-day Workshop (Developed in March,2018)	(ABSEC, 2019)
Raising Them Strong (NSW)	Resource	Provides basic parenting strategies covering 12 topics Comprises of 17 booklets, 5 information sheets & DVD	(FACS, 2019) (Richmond & McArthur, 2017)
Our Carers for Our Kids (VIC)	Pre-Service	16 hour weekly group program Aboriginal co-facilitator	(DHS, 2010)
Nikara's Journey (VIC)	Ongoing	2-day workshop	(Libesman, 2011)
Yorganop Training (WA)	Pre-Service	20 hour group program completed over 2 years	(Higgins & Butler, 2007)
Triple P (Indigenous) (Australia-wide)	Ongoing	20 hour group program completed over 8-10 weeks	(Turner K. , 2008) Evaluation (Turner, Richards, & Sanders, 2007)
Resourceful Adolescent Parent Program (Australia-wide)	Ongoing	1-Day which covers 6 modules Aims to address trauma associated with Stolen Generation	(Clarke, Harnett, Atkinson, & Shochet, 1999a)

Adoption

As of June 2018, 330 adoptions were finalised in Australia, the most common of which (45%) were finalised by carers of children in OOHC. The majority of the adoptions of children from OOHC occurred in NSW (142 of 147 know adoptions in 2018) (Australian Institute of Health and Welfare, 2018). Training for adoptive parents primarily consists of attending a mandatory pre-adoption seminar which provides basic information regarding the policies, benefits and implications of adoption. In NSW, a small proportion of OOHC agencies deliver a 3-day pre-service training which is called 'Preparation for OOHC Adoption Seminar' which is also delivered by FACS (FACS, 2013). Some agencies which provide dual authorisation of carers run the seminar in combination with the regular Shared Lives training, however there does not appear to be consistency across agencies (Anglicare, 2019). Other than descriptive details noted here; the content, quality and features of delivery are unknown and to date there have been no evaluations of training provided to adoptive parents in Australia (Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018).

The training undertaken by adoptive carers is dependent upon the manner in which they come to the process of adoption and whether the carers pursue Australian (80%) or intercountry adoption (20%) (Australian Institute of Health and Welfare, 2018; See Figure B). Among Australian child adoptions, ‘Known child’ adoption is the primary carer pathway into adoption and is primarily made up of previous foster carers (63%) (Australian Institute of Health and Welfare, 2018). Known adoptions refer to adoption of a child where there is a pre-existing relationship, commonly a foster-parent or other important adult in the child’s life. Local adoptions refer to adoption of an Australian child who has no prior relationship with the adoptive parent(s). Understanding the pathways which carers come into adoption is helpful to make sense of the training they receive. For example, of the 63% of previous foster carers who enter adoption having already completed at least pre-service training and likely some sort of ongoing training accessed during their time as foster carers. Local adoptive parents however will only receive the mandatory pre-adoption seminar training provided during the application process (FACS, 2013).

Figure B: Types of Adoption in Australia



The dearth of documentation and quality research into adoptive training is echoed internationally, with only a handful of studies emanating from the UK, Norway and some promising developments in the US. A review of the national pre-adoption training provided in Norway found three elements which carers identified as important: social engagement with other carers; knowledgeable trainers who were distinct from assessors and; providing learning about the child’s past and impacts of trauma (Bergsund, Drozd, Hansen, & Jacobsen, 2018). A US study found the same results from carers, whilst also noting that adoptive parents were dissatisfied when training did not provide practical skills or tools to manage difficult behaviors (Lee, Kobulsky, Brodzinsky, & Barth, 2018). Three UK studies have evaluated training programs, finding impacts on parenting satisfaction, confidence in parenting and reductions in parenting stress however the reliability of the purported outcomes is weak due to poor study designs and reporting (Rushton & Monck, 2009; Selwyn, del-Tufo, & Frazer, 2009; Wassal, 2011). The sparsity of rigorous research in this area has been poignantly highlighted through one of the few systematic reviews available which concluded that the most consistent finding in the reviewed studies was a lack of research, poor design and unclear reporting (Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018).

Though there are a variety of training and support services in use, other systematic reviews highlight that only preventative interventions which target children up to 6 years have a noticeable evidence base with very poor evidence underpinning other interventions (Kerr & Cossar, 2014; O'Dell, McCall, & Groark, 2015). A noteworthy exception to the poor report card of adoption training is the recent development of the 'National Training & Development Curriculum' (NTDC) in the US which is currently being implemented, with a full evaluation of implementation across several states to be released by 2022 (Day, Haggarty, Willis, Crume, & Wilson, 2018). One of the three literature reviews focussing on adoptive parents identifies 10 necessary characteristics of carers and 9 training competencies related to skills and knowledge which are derived from their review of 74 studies (Day, Haggarty, Willis, Crume, & Wilson, 2018, See Appendix 4 for summary).

Guardianship

As of June 2018, there were approximately 35,800 children in guardianship placements in Australia (Australian Institute of Health & Welfare, 2019, p. 42). In NSW, around 2,849 children were on guardianship orders as of June 2018 (FACS Quarterly Statistical Report). Research pertaining to the training of guardianship carers is scarce and little is known about the impact of training other than studies among adoptive carers which suggest that receipt of post-permanency services such as training, leads to positive impacts upon carer satisfaction and preparation (Reilly & Platz, 2004; Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018). As there are no studies which evaluate training for guardians, the available literature has been examined and provides a few key insights into the necessity of training. White's (2016) recent systematic review of factors which impact discontinuity of adoption and guardianship indicates that low or inadequate levels of pre- or post-permanency training increases the risk of discontinuity of care. This finding is echoed in an earlier study which found that in the short-term, predictors of discontinuity were mainly in relation to the child and family however in the long term, access to services such as training were stronger predictors of placement discontinuity (Berry, Propp, & Martens, 2007). Additionally, studies which have examined carer perspectives highlight that carers desire training which more accurately address the problems they face and can be accessed beyond the first 6 or 12 months of commencement of caring (Koh & Testa, 2011). Studies have thus concluded that post-permanency services are most effective when they are available for an extended period of time and can be provided flexibly to meet the individual needs of each carer (White K., 2016).

This literature review did not identify any established training which is provided to those seeking to become guardians in Australia. This finding substantiates a recent UK review into special guardianship orders which described training as "almost non-existent" and found that there is no regulatory requirement to ensure training is provided to prospective guardians (Simmonds, Harwin, Brown, & Broadhurst, 2019, p. 9). Previous Australian research has also noted that guardians typically do not receive training with regard to their new parenting role (Henry, 1999). The information that is available primarily details the process of becoming a guardian and the financial support provided to guardians, however very little is documented about any training that is provided specifically to guardians (FACS, 2019). This could be the case for several reasons. Firstly, most adults who apply for guardianship have been processed as foster or kinship carers (89%) and thus, commonly receive training during this stage (Australian Institute of Health & Welfare, 2019, p. 58). Secondly, guardianship is commonly considered as secondary to the purview of most OOHCA agencies due to the complex and intensive legal proceedings which are incurred in becoming a guardian. Guardianship is therefore frequently not mentioned on OOHCA agency websites, recruitment campaigns or training events which could mean that guardians are not aware of training which may be relevant or useful to them (Anglicare, 2019; Resourcing Parents, 2019).

International training models

Internationally, there are a number of evidence-based models being implemented which have received substantial evaluation in countries with similar welfare contexts to Australia. Authors have noted the utility of adapting evidenced-based interventions into new contexts, however this requires a careful mapping of the training program onto the local ecology of the welfare system (Chamberlain, Price, Reid, & Landsverk, 2008). This section aims to summarise the best evidenced interventions from international literature evaluating carer training.

Evidence-based training models for carers of children in OOHC which have been developed in international contexts can be categorised into three main types: Integrated Models (IM): Care Specific Models (CSM) or; Adapted Parenting Models (APM). Though each type has been developed for different purposes, they have proven effects on outcomes for both carers and children in or transitioning from OOHC.

Integrated models comprise of training which form part of a broader *approach* to foster care service provision and have not been designed specifically as a training model. These commonly include models of care which have been developed with a therapeutic approach such as Treatment Foster Care Oregon -Adolescents and -Preschoolers (TFCO-A, TFCO-P; previously known as MTFC and EIFC respectively). Integrated models of care commonly have a strong evidence base, are time-limited and due to the systemic approach to service delivery incorporate targeted therapeutic training into a broader system of therapeutic support (McPherson, Gatwiri, & Cameron, 2018). Key outcomes which are associated with these models include: increase in placement stability (Fisher, Burraston, & Pears, 2005); decrease in child behaviour problems (Fisher, Gunnar, Dozier, Bruce, & Pears, 2006); reducing delinquency (Chamberlain, Leve, & Degarmo, 2007); and improving pro-social behaviour (Leve & Chamberlain, 2005). Although no evaluations are yet available, TFCO-A and -P have been implemented in the state of Victoria since 2016 and are beginning implementation in NSW as of 2018 (OzChild, 2018).

Care Specific Models comprise of training which have been specifically designed for use with foster and kinship carers. These targeted models often combine a range of delivery methods into the curriculum and include models such as KEEP, FosterParentCollege and TFTC. Care Specific Models commonly involve longer, multi-session programs which train carers to adopt particular parenting strategies and approaches to manage difficult behaviours and support the child. The KEEP model is particularly noteworthy as it has been the focus of over twenty evaluation studies conducted in five countries. KEEP was developed as foster and kinship targeted, training specific model which derived from the TFCO model. Key outcomes noted in evaluations of KEEP include: decrease in placement disruptions (Chamberlain, Price, Reid, & Landsverk, 2008; Chamberlain & Lewis, 2010); decrease of carer stress (Price, Roesch, Walsh, & Landsverk, 2014; Roberts, Glynn, & Waterman, 2016); and decrease in child's emotional and behavioural problems (Chamberlain, Moreland, & Reid, 1992; Greeno, et al., 2016).

Adapted Parenting Models comprise of training which have been designed for use with general parenting groups to target problematic behaviours but have been adapted for use with foster and kinship carers. These models often have strong evidence bases in non-child welfare contexts and are increasingly being adapted into foster specific training programs, though the evidence for these adaptations are not as extensive. Notably, there have been evaluated developments in implementing a few of the most evidence-based Adapted Parenting Models in Australia including for Triple-P (Chandler, 2013), 1-2-3 Magic (King, 2013) and PCIT (Phillips, Morgan, Cawthorne, & Barnett, 2008). However, further work is needed to specifically evaluate these models with foster carer populations.

Table 8: International Training Models (Evidence-Based)

Training Model	Type of Training	Delivery	Key Features	Australian Implementation
TFCO-A TFCO-P	Wrap-Around (12-18 y/old) (3-6 y/old)	2 x 1hr /week group 5 x 10min /week phone call 2 x 1hr/week therapy & skills session for youth in treatment	Intensive short-term program of 6-9 month duration	Anglicare (VIC) OzChild (VIC, QLD, NSW)
KEEP	Group Training (4-12 y/old)	16 x 90min / week 1 x 10min /week phone call	In-home sessions provided to carers if sessions are missed	Unknown
Foster Parent College	Online	57 self-paced courses available	Courses are available in pre-service, ongoing and advanced streams	Queensland Pre-service training
Together Facing the Challenge	Group Training (3-17 y/old)	7 x 2hr / fortnight group	Course places emphasis on live-coaching of carers with children	Unknown
1-2-3 Magic	Group Training (2-12 y/old)	8 x 2hr / week group	Targets coercive patterns in child-parent dyad	Anglicare CatholicCare

Considerations for Training

Foster Carer Preferences

A cursory glance at the history of foster carers in Australia reveals that though state governments have been slow to provide adequate training and support, foster carers have shown a stout commitment to providing this vital feature of social welfare (Briggs & Hunt, 2015). Over time, their particular caring needs have become more recognised and training has been identified as an essential factor in their role as “multi-skilled specialists dealing with the varied and complex needs of their foster children” (McHugh & Pell, 2013, p. 12). As training has become more standardised across the OOH sector, researchers have increased attention on the effectiveness and impact of training, particularly with regards to changes in children’s behaviours. However, very little research attention has been paid to the preferences and perspectives of foster carers on the content, delivery and accessibility of the training (Thompson, McArthur, & Watt, 2016). The literature that is available however corroborates key messages that are recurrently identified by foster carers about the training they receive.

One of the most frequently cited findings is that foster carers have strong preference for training to be delivered by experienced carers in conjunction with trained professionals (Kaasbool, Lassemø, Paulsen, Melby, & Osborg, 2019; McHugh, et al., 2004; McHugh & Pell, 2013; Octoman & McLean, 2014; Richmond & McArthur, 2017). In Octoman and McLean’s (2014) study, when carers were asked who would be the best equipped to provide training, 52% answered ‘experienced foster carers with trained professionals’ in comparison to 6% who answered ‘case workers’. Similarly, in their recent study which sought to identify the most effective strategies in training across Australia, Richmond and McArthur (2017, p.44) found that “joint involvement of foster carers in the training processes is seen as very positive”. This points to the importance of embedding foster carers not only into the delivery of training but into the processes of training. It has been identified that one of the key factors which determines whether or not foster carers experience training as useful or not is the level to which they partake in the facilitation of it (Warman, Pallet, & Scott, 2006). Some examples of training programs which have sought to embed this principle into training include ‘Shared Lives’, ‘Circle of Security’ and the ‘Pre-Adoption Training’ in Norway. However, the ‘Yarning about Kids with Yorganup Carers’ training implements this principle the most prominently by placing a strong emphasis on the importance of carers voice in guiding the content and delivery of the training.

Researchers studying the preferences of foster carers have also identified strong support for training which facilitates real life scenarios and the practice of learning in the home (Chamberlain, Price, Reid, & Landsverk, 2008; Dorsey, et al., 2008; Murray, Tarren-Sweeney, & France, 2011; Octoman & McLean, 2014; Osmond, Scott, & Clark, 2008). A significant finding from small exploratory study in Queensland found that facilitating carers to practice training in-the-home environment significantly reduced implementation barriers and thus made training more effective (Osmond, Scott, & Clark, 2008). In their review of the KEEP model, Chamberlain et. al (2008) state that providing supplementary home visits and delivering content in home for parents who miss group sessions effectively increases the intervention dosage for families who miss intervention sessions. The research strongly suggests that foster carers want training that engages with everyday issues in a way that is applicable to ‘real-life’ and could include a combination of role-playing, discussion of practical cases and examples from experienced foster carers (Kaasbool, Lassemø, Paulsen, Melby, & Osborg, 2019; Thompson, McArthur, & Watt, 2016). Larger systematic reviews have corroborated this finding, such as Thompson, McArthur & Watts (2016, p.9) study which, based on 14 literature reviews, noted that “training programs which show the greatest promise are those which provide carers the opportunity to practice new learning in their own home”.

Internationally, there has been strong evidence for this principle highlighted in a meta-analysis by the National Centre for Injury Prevention and Control (2004) which found that practice of learning with the child was the element most closely linked with positive outcomes for carer and child. Training models which integrate this principle effectively include Incredible Years, ABC, Parent Child Interaction Therapy and MTFC adaptations such as KEEP.

Studies which evaluate foster carer preferences have corroborated support for programs which utilise multiple methods of engagement in relation to the delivery format (Kaasbool, Lassemø, Paulsen, Melby, & Osborg, 2019; Murray, Tarren-Sweeney, & France, 2011; Thompson, McArthur, & Watt, 2016). In their survey of 187 foster carers across Australia, Octoman & McLean (2014) found that a total of 65% of respondents identified the combination of home visits (34%) and group sessions (31%) as the most accessible form of training. This combination is common among training programs however, in their literature review of 13 articles, Kaasbool et. al (2019) found carers indicated interest in numerous alternative training formats including correspondence, one-to-one and especially online and computer-based training. Interestingly, one-to-one training was provided in all of the best practice training models identified in Richmond and McArthur's (2017) national review of best practices in Australia. Their review also identified the integration of technology-based training components as a key feature of best practice training, however the carer preferences on this point are less unified (Richmond & McArthur, 2017).

The use of technology-based formats has become increasingly common as advances in technology continue and widespread access increases. Some studies have identified technology based training as especially beneficial for foster carers in rural or remote areas for whom attending multi-session training is not feasible (Buzhardt & Heitzman-Powell, 2006). Festinger and Baker's (2013) study highlighted that out of the four pre-service training models reviewed, the web-based model training program provided the strongest results in knowledge improvements for the participants.

In relation to incentives to undertake training, it is increasingly prominent in the literature that foster carers desire to receive nationally accredited training that is linked to formally recognised qualifications (Butcher, 2005; Hek & Aiers, 2010; Herbert & Kulkin, 2018; McHugh & Pell, 2013; McHugh, et al., 2004; Richmond & McArthur, 2017). Studies have indicated support for formal recognition of training as early as 1990, however more and more foster carers are articulating a clear desire for nationally accredited programs which upskill and provide professional certifications. In Butcher's (2006) study of 40 foster and kinship carers, she found that 98% of carers wanted training to be both nationally accredited and practically oriented. Richmond and McArthur's (2017) study which included interviews with major foster NGO's and government services in Australia, also highlighted that agencies supported the development of a national assessment and training package and integration of accreditation to address jurisdictional variability in quality, standards and requirements. International studies have recurrently cited similar findings (Hek & Aiers, 2010), including, for example, that foster carers desire to receive the same training that is provided to case workers and social workers (Herbert & Kulkin, 2018).

In recognition of the increasing desire for professionalisation, the Community Services and Health Industry Skills Council introduced a 'Foster Care Skills Set' unit into the community services training package (CHC08). Though this is significant in the movement towards professionalisation of foster care training, it is the only accredited unit of study specifically relating to fostering available Australia-wide. In Australia, a few examples of training programs which integrate qualifications or accreditation include the 'Yorganup' Model, the Positive Futures Caring Together model used in the ACT, and the Berry Street Integrated Model used in Victoria. These models variously include features such as a tiered foster care fee which is linked to training competencies, embedding the 'Foster Care Skill Set' unit from the CHC08 training package and embedding units of

competency which contribute towards a Cert IV in Child Youth and Family Intervention. Integrated qualifications and accreditation are more prominent in international models such as the National Caregivers Training Programme in New Zealand, the KEEP model in the USA and, the 'Payment for Skills' model in the UK.

With regards to preferences in content, the only finding which is consistent across studies is that foster carers most frequently want to learn how to manage and understand difficult behaviours (Hek & Aiers, 2010; Murray, Tarren-Sweeney, & France, 2011). This preference is largely recognised within training programs and forms a core component of almost every foster care training model to some degree (Thompson, McArthur, & Watt, 2016). However, the preferred content identified by foster carers as not adequately covered include topics such as grief and loss (McHugh, et al., 2004; Richmond & McArthur, 2017); anxiety and sleep (McHugh, et al., 2004); preventing SIDS (McHugh, et al., 2004); caring for children with disability (Richmond & McArthur, 2017); brain development; and caring for children from minority backgrounds (Kaasbool, Lassemø, Paulsen, Melby, & Osborg, 2019).

Studies have also consistently identified that, increasingly, foster carers have reported that training in understanding the aetiology of behaviours and impact of trauma are often not present or insufficiently covered within training programs (Kaasbool, Lassemø, Paulsen, Melby, & Osborg, 2019; Murray, Tarren-Sweeney, & France, 2011; Richmond & McArthur, 2017). Notably, there has been a response to this need through the addition of trauma components into training programs including a trauma topic in Shared Lives and the Positive Futures Caring Together training which includes a 4-day intensive trauma focussed training provided by the Australian Childhood Foundation (McHugh & Pell, 2013).

Barriers to Effective Training

Insofar as the studies examined provide discussion regarding the best practices in relation to training, they also articulate key factors which can mitigate the effectiveness of training. Barriers to effective training include those factors which may negatively impact upon the development, implementation and/or engagement of carers in training. Development barriers refer to factors which can inhibit the design or formation of new training models. Implementation barriers refer to factors which can impair the execution of training models in use. Engagement barriers refer to factors which can impede upon the involvement or attraction of carers to participate in training.

Locally developed evaluation measures | Development

The use of locally developed instruments to measure the effects of training such as self-reporting measures or pre/post-tests, produces significant problems in obtaining an accurate evaluation of the program. Currently, the standard approach in Australia is to provide a mid- and/or post-evaluation sheet which collect participant's perspectives of the usefulness of the training such as in Shared Lives and Caring for Our Kids. Though it is common in evaluations of training programs, Festinger and Baker (2013, p. 2149) note that self-reporting measures "provide important insight into the experience and perceptions of the foster parents but do not provide objective information about parenting behaviours and child outcomes". Furthermore, the use of pre/post-tests as the sole measurement of evaluation is generally regarded as having little empirical value (Kinsey & Schlosser, 2012). Training programs which have the most reliable outcomes use validated measurements and control groups or comparisons in the evaluations conducted.

Cultural Sensitivity | Development

Given the over-representation of Aboriginal and Torres Strait Island children in OOHHC, in addition to large proportion of culturally and linguistically diverse children, trainings which does not give due attention to cultural sensitivity have limited utility for Australian carers (Higgins & Butler, 2007). There is support in the

literature for both specialised and mainstreaming of training programs for culturally diverse populations, however, there is a clear need to embed knowledge and skills about cultural sensitivity into all training courses.

Lack of national training standards | Development

Despite the creative and noteworthy training initiatives which are being implemented around Australia, carers repeatedly voice frustration at the varying standards of training depending on agency and state providers (Higgins & Butler, 2007; McHugh, et al., 2004). Variations in standards across states and agencies is problematic as it causes procedural confusion for carers, unequal access to quality training and diminishes accountability to ensure training models are able to achieve what they aim to do (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Higgins & Butler, 2007). In order for training models to be most effective, it is recommended that they adhere to a national standard which would provide an outline of minimum requirements in regard to duration, delivery and content.

Non-standardised training | Implementation

Training that does not adhere to a manual or fidelity standards which outline a program logic and implementation guide is susceptible to deviations from the established purpose or aims of the training. This can lead to variations in the outcomes produced by training and lack of reliability when training is provided by people other than the original developers. The training programs with the best proven outcomes adhere to a clearly articulated manual with strong connections to theory which are logically applied into parenting practices or lessons (Piescher, Schmidt, & LaLiberte, 2008).

Lack of accreditation | Engagement

Engaging carers to participate in training, especially ongoing training, is a significant challenge for many OOHc agencies. Studies that comment on carer preferences found that accreditation is a factor repeatedly identified by carers as essential to useful training (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Butcher, 2005; McHugh & Pell, 2013). Training that does not provide accredited modules or links to accreditation lacks the power to incentivise carers to attend training, and lack the tangible benefits which could be gained through training (McHugh & Pell, 2013).

Accessibility of training | Engagement

The effectiveness of a training model is intrinsically connected to its accessibility (Murray, Tarren-Sweeney, & France, 2011; Richmond & McArthur, 2017). Notwithstanding the interesting content, effective practices or proven outcomes, if training is not provided in a location or medium that is convenient for carers, it is less likely to be used and therefore of use. Furthermore, if training does not consider the various constraints faced by carers (child-care, public transport, timing) it is likely to be less attended (McHugh, et al., 2004). Training models which consider accessibility the most comprehensively provide multiple access points such as through online modules, recordings, home-visits or phone calls.

Content Gaps | Engagement

Though skill-based competencies are critical to effective training, providing adequate information about a range of topics relevant to carers is also vital. Studies have variously noted content gaps in different training models, however the most common gaps include; grief and loss; kinship carer issues; trauma-informed care; and the aetiology of problem behaviours (Hek & Aiers, 2010; Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019; McHugh, et al., 2004; Murray, Tarren-Sweeney, & France, 2011; Richmond & McArthur, 2017).

Best Practices in Training

This section seeks to summarise the evidence from the literature review about what is working best in regard to training for carers. This section draws from both Australian and international literature and does not make distinctions between the two, but rather seeks to outline key elements which are highlighted as critical to effective training and are integrated in empirically backed models. Though best practices are outlined with respect to carer types, the principles may be transferable to training for other carer types. The smaller list of principles for carer types other than foster carers does not reflect a lesser standard for best practice, but rather is an indicator of the gap in literature regarding evidence-based practice in training for these carers.

Foster Care

Facilitating carers to practice new learning in the home

In four of the five systematic reviews included in this paper, the authors reiterated that training models which had the best outcomes provided opportunities for parents to implement the knowledge in the home environment (Dorsey, et al., 2008; Festinger & Baker, 2013; Hek & Aiers, 2010; Kinsey & Schlosser, 2012). This has been achieved through a number of ways including in-home training, home visits and daily individual phone calls to review implementation of learning in the home. This finding corroborates evidence from studies evaluating foster carer preferences which highlight a desire for training that has real-life application (Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019).

Training models which integrate this component include Incredible Years, TFC-O, PCIT and KEEP. The KEEP model implements this effectively through daily phone calls which are provided to review implementation of learning in the home and supplementary home visits for carers who miss sessions. In their review of the effectiveness of KEEP, Chamberlain et al. (2008) noted that 20% of the sessions were delivered in the home due to absence and cited a study finding that provision of home visits effectively increases the intervention dosage for families who miss sessions.

Co-facilitation of training

The integration of experienced carers in the delivery of training is critical to enhancing training effectiveness (Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019; Octoman & McLean, 2014; Richmond & McArthur, 2017). Studies which examine carer preferences recurrently highlight that having an experienced carer co-facilitate training increases the applicability of the training and enhances carer engagement (McHugh, et al., 2004; Octoman & McLean, 2014; Warman, Pallet, & Scott, 2006). International studies evaluating training programs, including one for carers of refugee children, have also found that co-facilitation is a critical element which enable training programs to be relevant and practical for participants (Murray, Tarren-Sweeney, & France, 2011; Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019; Sidery, 2019).

Training models which incorporate this element include Shared Lives, Yorganup Training, KEEP and Norway Pre-Adoption Training. Models which excel in the application of this principle integrate the role of the experienced carer into the manualised delivery of the program, as opposed to recommending that an experienced carer is present during the training (Bergsund, Drozd, Hansen, & Jacobsen, 2018). For example, in the national adoption training provided in Norway, the criteria stipulate that of the two facilitators; one must have professional experience in the OOHHC sector and one must have personal experience as an OOHHC carer. This kind of integrated structure ensures that experienced carers play a critical role in the development and delivery of the training and are not involved in a tokenistic manner.

Include content on trauma and difficult behaviours experienced by child

Carers of every type consistently identify that the information they most want to receive and find useful in training is that which relates to understanding and managing the trauma and difficult behaviours of the child they will be caring for (Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018; Herbert & Kulkin, 2018; Kaasbool, Lassemø, Paulsen, Melby, & Osborg, 2019; Octoman & McLean, 2014). Overwhelmingly managing difficult behaviours is rated as the most important content feature that carers desire in training (Qu, Lahausse, & Carson, 2018). Though this is not surprising, it sheds light on the limitations of trainings which over-emphasise providing information about policies, procedures, and information not relevant to the daily needs of carers.

One of the recurrent critiques in evaluations of the two most widely used pre-service training models in the USA, PRIDE and MAPP, is the disproportionate focus on procedural information rather than practical skills (Dorsey, et al., 2008; Festinger & Baker, 2013). In order for training to be effective, the literature indicates that a stronger focus on skill-based learning is required, particularly around how to manage trauma and complex behaviours (Kaasbool, Lassemø, Paulsen, Melby, & Osborg, 2019). This kind of learning should be equal to, if not more central than, the dissemination of policy and procedural information.

Multi-session programs

Short-term or single session training programs have been identified as less effective than multi-session training programs (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Richmond & McArthur, 2017). Though the evidence is not extensive, the research available suggests that training programs which cover content over several weeks (commonly 12-16 weeks) is more effective in producing tangible outcomes in carer families (Everson-Hock, et al., 2012; Ziv, 2005).

All training programs discussed in this paper adhere to this principle in some way as the majority of them are pre-service training programs. Training models with the best evidence base commonly engage carers in 15-25 hours of training which is delivered in anything from 2-6 months including KEEP, PCIT and TFTC.

Multi-modal engagement formats

Though training which rely purely upon didactic instruction have been found to be less effective, there is no single mode of delivery that is singularly effective as a standalone format (Richmond & McArthur, 2017; White, et al., 2016). On the contrary, studies reiterate that effective training programs operationalise multi-modal engagement formats (Chamberlain, Price, Reid, & Landsverk, 2008; Dorsey, et al., 2008; Murray, Tarren-Sweeney, & France, 2011; Octoman & McLean, 2014). This includes combinations which may include: didactic instruction; group discussion; videos; observational learning; in-vivo coaching; role plays; homework exercises; reviews by phone calls; home visits; play-based learning; online modules and; and individual one-on-one sessions.

Most training programs in Australia adhere to this principle primarily through the typical combination of didactic instruction, group discussion, videos or role play and homework exercises. However, the use of online modules, in-vivo coaching and individualised or home-based training is employed by very few agencies in Australia. Training models which apply this principle the most effectively include PCIT, KEEP, FosterParentCollege and TFTC.

Incorporation of online-based modules

Accessibility of training has a significant impact on the participation and engagement with training provided (Butcher, 2005; Buzhardt & Heitzman-Powell, 2006; Higgins & Butler, 2007). The integration of online modules or adaptation of training to an online portal is evidenced as an effective approach to training in the literature (Buzhardt & Heitzman-Powell, 2006; Delaney, Nelson, Pacific, White, & Smalley, 2012; Pacifici C. , Delaney, White , Cummings, & Nelson, 2005). It has also been noted that in the Australian context, where there is significant geo-spatial inequality with regard to rural service access and provision, the adoption of online training may be more pertinent than in other countries (Higgins & Butler, 2007).

Online training modules are increasing in quality and availability, however there is variance in terms of their efficacy and usefulness (Buzhardt & Heitzman-Powell, 2006). It is generally agreed that fee-for-service online training modules are not as effective as agency or state-provided training due to the limited pool of carers who have the motivation or finances to engage in paid online training. Promising examples in Australia, include the Northern Territory Induction training and the Queensland 'Quality Care' training which incorporate online modules into their pre-service training. The online modules in the NT training are not all foster-specific however and are mostly designed for use within the health system. Conversely, in their 'advanced' stream of ongoing training, the Queensland training integrates modules from FosterParentCollege which has been identified as an evidence-based online training (Delaney, Nelson, Pacific, White, & Smalley, 2012; Pacifici C. , Delaney, White , Cummings, & Nelson, 2005; Pacifici R. , Delaney, White, Nelson, & Cummings, 2006).

Live coaching or in-vivo training

There are several rigorous empirical studies which have promoted the use of live parent coaching in the delivery of effective training programs (Farmer, Burns, Wagner, Murray, & Southerland, 2010; McNeil, Herschell, Gurwith, & Clemens-Mowrer, 2005; Mersky, Topitzes, Grant-Sevala, Brondino, & McNeil, 2014; Timmer, Urquiza, & Zebell, 2006). This format of training enables carers to put into practice, under direct supervision and guidance of professionals, the new principles that have been covered in sessions. This approach is supported by studies of foster carer preferences which indicate strong endorsement of training that provides direct links between knowledge gained and implementation in real-life situations (Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019; Murray, Tarren-Sweeney, & France, 2011).

Training models which implement this principle most effectively include PCIT, TFTC and the Incredible Years program. There are various methods of implementation including behind 2-way mirrors in clinical settings (PCIT), through trainer-directed play (Incredible Years) and through mediation of parent-child dyads through corrective discipline and de-escalation practices (TFTC).

Kinship Care

Though it has been well documented in the literature that the standards and provision of training for kinship carers is significantly lower than foster care (Benton, Piggot, Price, Shepherdson , & Winkworth, 2017; Brennan, et al., 2013; Coleman & Wu, 2016; Richardson, Bromfield, & Higgins, 2005), very few studies have outlined what best-practice standards should look like for kinship carers. This is partly due to the fact that there are so few training models which can be examined and standards which can be tested in practice. In light of this gap in the practice and subsequent gap in literature, the following recommendations have been compiled based on *suggested* best practice principles which emerge from studies which consider kinship carer supports more generally.

Targeted content for kinship carers which addresses unique needs of this group

The most common suggestion to providing best practice training for kinship carers is the development of kinship-specific models of training which include targeted content and delivery (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Higgins & Butler, 2007). Evidence suggests that targeted content should address the unique issues pertinent to this carer population. Content suggestions which feature most prominently in the literature include: knowledge of state procedures and legislation relating to caring (Higgins & Butler, 2007); knowledge of modern education systems (McHugh M., 2009); how to facilitate appropriate family contact (Kiraly & Humphreys, 2013) and; responding to family violence (Bremner, MacRae, & Vicary, 2018).

Evidence also suggests that targeted delivery which considers the unique barriers experienced by kinship carers should be integrated into kinship-specific training. Best practice suggestions in relation to delivery which are mentioned most frequently in the literature include: integrating online modules to overcome common geo-spatial inequality of access (Kaasbool, Lassemo, Paulsen, Melby, & Osborg, 2019); incorporating reflection on the skills which carers bring to the caring role (Higgins & Butler, 2007); and creating links to ongoing support groups (Brennan, et al., 2013).

Terminology around ‘training’ to be sensitive to the prior experience of carers

In the report on practice frameworks for kinship care authorised by the Benevolent Society, McHugh (2009) notes that the word ‘training’ rather than ‘support’ or ‘equipping’ can be a barrier to kinship carers due to the connotation of inadequacy which is associated with it (McHugh M., 2009). This is reinforced by other studies which have reported that kinship carers commonly avoid service provision due to feelings of guilt, shame or stress associated with needing ‘help’ to parent (Coleman & Wu, 2016). The prevalence of this is unique to kinship carers due to the common comparison of previous parenting with the perception of caring for kin (Lin, 2014). In light of these studies, suggested best practice could involve framing training in other terms such as ‘Equipping Seminar’, ‘Support Program’, or ‘Upskilling Sessions’.

Aboriginal and Torres Strait Islander

There is not sufficient research to extrapolate best practice principles, however the available research corroborates on some key recommendations.

Culturally targeted training programs

In their literature review of promising practices with Aboriginal populations in Australia, Richardson et al. (2005) note that the use of mainstream parenting programs or training are often experienced as inappropriate or unsupportive by Indigenous carers. This may be due to factors such as insufficient attention given to topics of importance for Aboriginal carers, conflict of values in child rearing practices or the perception that ‘training’ to be a parent is not needed (Higgins & Butler, 2007; McGuinness & Arney, 2012). The development of Indigenous-specific training models has been noted as a key factor in enhancing the training standards of Indigenous carers (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Higgins & Butler, 2007). Studies which promote this model note that modules can be oriented towards the specific issues and concerns which Indigenous carers commonly experience such as: barriers to engagement with department staff; managing intergenerational trauma, grief and loss and; maintenance of connections to culture.

Critically reflective and sensitive to culturally informed parenting practices

An awareness of the values and assumptions which underpin both the participants, and the training models parenting practices, is critical to engaging Aboriginal and Torres Strait Islanders in useful training (McGuinness & Arney, 2012). Barlow et al. (2004) note that ignorance of the cultural norms which underpin parenting practices, which are promoted by training programs, and those which underpin the participants own habits, can be a significant barrier to empowering carers to learn new strategies. It is recommended therefore that training programs integrate a sensitivity to the diverse range of parenting practices in use and an awareness of the assumptions of those which are being promoted.

Adoption

Unlike training for foster and kinship carers, pre- and post-adoptive training is significantly less available and less established both in Australia and internationally. This is not surprising given the early stages of advancement which Australia is in with regards to the prioritisation of permanency through adoption among other pathways (Luu, Wright, & Pope, 2018). However, overall there is insufficient evidence to establish best practices in adoptive training though available research corroborates on some key recommendations.

Facilitation of social engagement with other adoptive carers

Studies examining adoptive carer preferences have repeatedly noted that social engagement is considered to be one of the most important features of training (Lee, Kobulsky, Brodzinsky, & Barth, 2018; Oldani, 2018). Adoption is a unique journey which is not experienced by many people and therefore social engagement may be more critical to adoptive carers who have been identified to lack role models (Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018).

Need for post-adoptive training

The most common finding among studies pertaining to training of adoptive carers was the critical need for post-placement training and support which is largely non-existent for this group (Baden, Gibbons, Wilson, & McGinnis, 2013; Bergsund, Drozd, Hansen, & Jacobsen, 2018; Dhami, Mandel, & Sothmann, 2007; Lee, Kobulsky, Brodzinsky, & Barth, 2018).

Trained facilitators who have experience of adoption

Corroborating studies of foster and kinship carer preferences, two studies note that adoptive carers want trainers who have experience of adoption as well as expert knowledge of issues pertaining to adoption (Bergsund, Drozd, Hansen, & Jacobsen, 2018; Denby, Alford, & Ayala, 2011).

Understanding the child's past and challenging behaviours

Other studies highlight preferences in content which include understanding challenging behaviours and information about prospective adoptive children which are among the highest priorities for adoptive carers (Lee, Kobulsky, Brodzinsky, & Barth, 2018; Rushton & Monck, 2009).

Separation of assessors from trainers

Three studies made note of the importance of differentiation between assessors and trainers to reduce the power imbalance which leads to parents presenting an overly positive view of themselves (Bergsund, Drozd, Hansen, & Jacobsen, 2018; Denby, Alford, & Ayala, 2011; Erickson, 2019).

Adoptive carer specific issues

Key difficulties which have been noted as unique to adoptive carers and which should be addressed in training include: long waiting periods; high-expectations; lack of role models and; lack of ongoing support or training (Baden, Gibbons, Wilson, & McGinnis, 2013; Drozd, Bergsund, Hammerstrom, Hansen, & Jabosen, 2018).

Guardianship

Guardianship placements are comparatively more complex in process and nature due to the necessary intervention of court proceedings and the higher level of responsibility which is conferred to prospective carers. Despite the complexity of processes involved and the unique stressors which these carers face, there is a dearth of information relating to the training which is provided to prospective guardians. This can be partly attributed to the smaller proportion of children in OOHC who are on guardianship orders. Guardianship as a priority in the permanency hierarchy is a more recent policy development in Australia. Taken in conjunction, there is not sufficient evidence available to outline best practice in training for guardians in Australia. Instead, a brief summary is provided in relation to the literature available.

Low or inadequate levels of training increases the risk of placement breakdown

Two studies identified that, over longer-term outcomes, the length of access to services such as training were correlated to the risk of placement breakdown among guardianship carers (Berry, Propp, & Martens, 2007; White K., 2016).

Post-permanency services are most effective when they are available for an extended period of time and can be provided flexibly to meet the individual needs of each carer

Studies which have examined preferences of guardianship carers or have evaluated post-permanency services have indicated that supports which are provided beyond a 6- or 12-month period have better outcomes for permanent carers (Koh & Testa, 2011; White K., 2016).

Recommendations

All Carers

1. Increased investment in empirical evaluation of training which is currently delivered, being developed and of evidence-based programs which have been adapted from international contexts.
2. Pre-service training should balance the proportion of procedural information (policies, organisation details, process information) with competency or skills-based learning.
3. Carer training should pay due attention to topics which are recurrently highlighted as essential by carers: practical skills in managing difficult behaviours; understanding trauma; aetiology of behaviours; managing grief & loss; and caring for children with disability or from minority backgrounds.
4. Increased investment in Aboriginal and Torres Strait Islander targeted training programs to address the lack of culturally relevant training programs available.
5. Training should be delivered or co-facilitated with experienced carers who are trained and can supplement course material with practical and experience-based knowledge.
6. Evaluations of training models should be included in the planning and monitoring of new and existing trainings and should make use of widely used and verified instruments such as the Parent Daily Record, Eyberg Child Behaviour Inventory etc.
7. Advocacy for development of national training standards which articulate minimum requirements and recommendations for training provided to carers of children in OOHC.

Foster Care Training

8. Multi-session format is the most suitable type of pre-service training and should engage carers over a longer period of time rather than in a one- or two-day duration.
9. Enhancement of locally developed ongoing training models by integrating more rigorous evaluations such as longitudinal studies, control groups, use of methodologically sound measures.
10. Agencies should adhere to prescribed fidelity measures when implementing adapted parenting models of training in order to maximise the possible beneficial outcomes of carers participating in training.
11. Greater evaluation of adapted parenting models which are being used for foster and kinship carers should be undertaken to ascertain their effectiveness with this population.
12. Training programs should facilitate practice of learning in real-life contexts such as in the home or through trainer-directed play.
13. The incorporation of multiple methods of engagement, including group sessions, home visits, online-training and one-on-one training is considered to enhance the participation and effectiveness of training.
14. Knowledge and skills about cultural sensitivity should be embedded into training for all carer types given the significant proportion of Aboriginal and Torres Strait Islander Children in care and other culturally and linguistically diverse groups.
15. The training which carers have undertaken and that which is provided to carers on an ongoing basis should be formally recognised either through accreditation or as recognised prior learning towards nationally recognised qualifications.

16. Training should be provided through multiple access points to enhance accessibility including through online modules, audio-visual recordings, home-visits or phone calls which are provided in addition to or as a supplement to other forms of access to training.

Kinship Care Training

17. Increased investment in targeted training programs for kinship carers who make up the majority of carers of children in OOHC.
18. Kinship-specific training should be sensitive to the stigma associated with 'parent training' and consider supportive or collaborative learning approaches to training.
19. Evaluations should be conducted of the current Aboriginal and Torres Strait Islander-specific training models in use to examine their effectiveness and build on what is working well.
20. Training for carers of Aboriginal and Torres Strait Islander children should be critically reflective and sensitive to the culturally informed values and norms which underpin parenting practices.

Adoption Training

21. Training for adoptive parents should facilitate space for social engagement and provide skills and knowledge in relation to the prospective child's past and challenging behaviours.
22. Post-adoptive training should be provided to adoptive parents in order to ensure safe and enduring care is provided and to prevent placement breakdown.

Guardianship Training

23. Greater efforts are required to make clear what training is available for guardians and to include guardian carers in training recruitment schemes such as on websites and training portals.
24. Post-permanency training should be recognised as a priority area for guardianship carers to address the sparsity of services available post placement.

Conclusion

Research on out-of-home care has found that quality care can support children and young people to heal and recover from trauma. The critical factor is that the child experiences a safe and trusting relationship with the carer, based on the carer's capacity to understand and meet the child's needs. Training that is useful, timely, accessible and effective can build carer capacity. Moreover, training can help carers feel supported and positive about their role. There is significant scope to improve the quality of training in New South Wales and Australia, as identified in this review. Further development, implementation and adaptation of evidence-based training programs will be essential, including formally evaluating training programs that are currently in use and gradually building the evidence so that these programs can deliver positive outcomes for carer knowledge, skills and confidence.

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AUSTRALIAN TRAINING MODELS

Shared Lives (New South Wales, Victoria, South Australia, Tasmania)

The Shared Lives training has become the legally required pre-service training in Victoria and the unofficial standard provided to carers in NSW. Though mandatory for foster carers, Kinship carers are not required to complete the training. It is regularly updated, and as of 2017 is now being delivered in two parts. Part one is design to assist participants to make an informed choice about whether caring is an appropriate role for them. Part two provides induction training which is designed to provide information to prepare a carer for the commencement of a placement. The training does not integrate accreditation or link to formal qualifications.

Shared Lives training includes 9 modules (see below) of 2-hour duration and is commonly provided over a 2-day period or a 1+6 period (1 day of 3 modules + 6 nightly sessions). The training is delivered in group sessions by agency staff who undergo a 3-day training and is recommended to include an experienced foster carer to co-facilitate. The program also encourages the use of guest speakers such as foster carers, previous foster children and birth parents.

The training has received extensive attention and has been regularly updated through a collaboration of peak OOHHC agency staff and staff from ACWA and CCWT. To date, however, Shared Lives has not been empirically reviewed and does not have a proven effectiveness rating. All information regarding the training was obtained through the 2010 Trainers Guide (Hayden, Mulroney, & Barnes, 2010) and portions of information scattered through various literature reviews (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; McHugh, et al., 2004; Richmond & McArthur, 2017).

Training Modules

1. Foster Care in Context	2. Bonding & Attachment	3. Grief & Loss	4. Abuse & trauma	5. Identify & Birth Family Contact
6. Responding to Challenging Behaviours	7. Team Work	8. Maintaining Cultural Connections	9. The Story Continues	

Our Carers for Our Kids (Victoria)

The Our Carers for Our Kids is the mandatory pre-service training for all carers of Aboriginal children in OOHHC. The training is based on the 'Koori carers' training material developed in New South Wales however has been adapted to suit the Victorian context. The training provides Aboriginal foster carers with an introduction to the core foster care competencies and is run or co-run by an Aboriginal facilitator. The training does not integrate accreditation or link to formal qualifications.

The training comprises of 8 modules which are delivered in group sessions by an experienced Aboriginal staff trainer where possible or non-Aboriginal staff trainer with an Aboriginal staff partner. It is recommended that an experienced Aboriginal foster carer plays a key role in co-facilitating the training as well as including guest speakers such as birth parents, young people who have been fostered or an expert from a relevant field.

To date, there have been no empirical reviews of the model conducted which validate its effectiveness or proven results. All information regarding the training model was obtained through the Trainers Guide (DHS, 2010) made accessible by the Royal Commission into Institutional Responses to Child Sexual Abuse¹.

Training Modules

1. Aboriginal Foster Care in Context	2. Aboriginal Children who have experienced abuse	3. Bonding and attachment	4. Grief & Loss	5. Responding to challenging behaviours
6. Maintaining Connections	7. Teamwork	8. The next step		

Positive Futures Caring Together (Australian Capital Territory)

The Positive Futures Caring Together (PFCT) training is the model mandated for pre-service training for every foster carer in the ACT. Though Kinship carers are encouraged to attend and able to do if they desire, they are not required to complete the training. PFCT includes four accredited national units of competency, which count toward a Certificate IV in Child, Youth and Family Intervention and is one of the only models in Australia which integrates accreditation into the training.

The training includes 10 modules (see below) which are of approximately 2-hour duration and are completed in group sessions over the course of 2 days. The training has also recently incorporated a 4-day training targeting Trauma-Informed Care in Practice that is delivered by the Australian Childhood Foundation and is spread over 2 weeks.

To date, there have been no empirical reviews of the model conducted which validate its effectiveness or proven results. Additionally, the only published information available on this model has been collected via anecdotal evidence supplied mainly through 'personal communication' by previous research authors (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; McHugh & Pell, 2013). Where references were made to published documents, these were inaccessible or outdated.

Training Modules

1. Legal Framework for Caring	2. Policies & Procedures in Foster Care	3. Caring Ethically for Children & young People	4. Understanding Child Abuse & Neglect	5. Responding to concerns about child abuse & neglect
6. Understanding diverse needs of children & young people	7. Beginning Placement	8. Key Tasks of Fostering	9. Responding to behaviour	10. Moving On

¹ <https://www.childabuseroyalcommission.gov.au/sites/default/files/VAC.0001.003.0146.pdf>

Quality Care Foster Care Training (Queensland)

The 'Quality Care' model was developed by the Queensland Department of Child Safety in 2004 and has since been the mandated pre-service training which all foster carers must complete. Kinship carers are not required to complete the training however are encouraged to do so. The training is delivered and assessed by a department staff, agency worker or experienced foster carer with a Certificate IV in Training & Assessment and comprises of three phases; Pre-service, Standard and Advanced. The training does not integrate accreditation or link to formal qualifications.

The mandatory training ('pre-service' and 'standard') comprise 7 modules in total, including 4 in the first and 3 in the second (see below) which are delivered in a group session format. After completing the pre-service training, which is required before anyone can become a carer, prospective carers have 12 months to complete the 'standard' training which is monitored by the department of child safety, youth & women. The 'Advanced' training is more flexible and based on the foster carer's needs. Completion of modules in this phase is only mandatory for 8 hours following the first 2 years after approval, thereafter completion of other advanced modules is optional.

To date, there have been no empirical reviews of the model conducted which validate its effectiveness or proven results. The main source of information available for this model is access via the Department's website² which contains comprehensive descriptive information about the training.

Training Modules

Pre-Service	1. Context of Foster Care	2. Understanding the Past	3. Early Days in Placement	4. Quality Care – working together
Standard	5. Promoting Positive Behaviours	6. Caring for children and young people who have experienced sexual abuse	7. Carer Support, Advocacy & Self Care	
Advanced	8. Attachment	9. Foster Parent College	10. I'm an Individual	11. Independence & Connections
	12. Infectious Diseases	13. Loss & Grief for children in care	14. Participation	15. Positive & Protective Series
16. Ready, Set, Fly!	17. Reality Fostering	18. Strategies for Managing Abuse Related Trauma	19. Whose Job is This	Whose problem is this?

Foster Carer Induction (Northern Territory)

The Territory Families training program primarily comprises of the 'Foster Carer Induction' training which is the mandatory pre-service training that all foster and kinship carers must complete. The two-day induction course is delivered by a dedicated Territory Families Trainer and is delivered in a 'one shot' manner, due to the significant proportion of rural and regional carers in the system. Other non-mandatory training provided by Territory Families is outsourced to the Foster Care Association who are funded to provide courses in 4

² <https://www.csyw.qld.gov.au/child-family/foster-kinship-care/carers-training/foster-carer-training>

designated locations; Darwin, Katherine, Alice Springs & Tenant Creek. The training does not integrate accreditation or link to formal qualifications.

The pre-service 'induction' training comprises of 8 modules which are conducted face-to-face in a group session format. After being accepted, foster and kinship carers can access ongoing training via an online portal³ however most of the modules are courses provided to both child protection and health staff and are not foster-specific.

To date, there have been no empirical reviews of the model conducted which validate its effectiveness or proven results. Additionally, there is little which is documented about the 'induction' training other than piecemeal details provided in some literature reviews of training (Benton, Piggot, Price, Shepherdson, & Winkworth, 2017; Richmond & McArthur, 2017).

Training Modules

1. Aspects of behaviour management; practical housekeeping	2. Aboriginal culture and cultural responsiveness; standards of care	3. Charter of rights for children in care	4. Concepts of 'safe' caring and protective strategies	5. Risk management and safety
6. Key documents for the child	7. Understanding harm and trauma	8. Managing stress and behaviour.		

Fostering with Skill & Care (Western Australia)

Fostering with Skill & Care (FSC) is the mandatory pre-service training developed and implemented by the Department of Child Protection WA. The training is conducted in a group session format which occurs on weeknights and weekends over a 1-month period and comprises of a total of 19 hours.

There is very limited information available about this training and what is involved, or the specific content included in the training. For this reason, no module outline can be provided. To date, there have been no empirical reviews of the model conducted which validate its effectiveness or proven results. The information reported on here was obtained through the Department website⁴ and foster agency information packs (MercyCare, 2016).

Yarning About kids with Yorganup Carers (Western Australia)

The Yorganup Model is a locally developed and implemented program that has been designed specifically for use with Aboriginal and Torres Strait Islander Carers by Yorganup Child Care Aboriginal Corporation in WA (Higgins & Butler, 2007). The program places a strong emphasis on the principles of co-facilitation, shared learning and relational connection. The Yorganup model adopts a 'yarning' approach to training which shapes the training process as fundamentally about group discussion that is facilitated by a trained staff from the agency. The training also facilitates the development of ongoing relationships through the 'Yorganup

³ <https://mylearning.nt.gov.au/course/index.php?categoryid=64>

⁴ <https://www.dcp.wa.gov.au/FosteringandAdoption/InterestedInFosterCaring/Pages/Stepstobecomingafostercarer.aspx>

Carer Community' which comprises of previous, current and prospective carers who have undergone the training. The training does not integrate accreditation or link to formal qualifications.

The training includes 10 modules (see below) which prospective carers are required to complete over a 2-year period, however most carers complete it over 1 year. The training includes primarily discussion-based activities, internally produced videos which correspond to each module and at the completion of each module, carers receive a certificate. If carers miss a session, Yorganop Staff provide follow up sessions either in the home or at a repeat session in the community.

Yorganop Child Care has received status as a Registered Training Organisation, however the training does not integrate Certificate units or link to formal qualifications. There is currently only 1 peer-reviewed study which describes the model however does not provide an empirical review of it (Higgins & Butler, 2007).

Training Modules

1. Getting Started	2. Dealing with Sadness	3. Growing up Kids	4. Helping children behave	5. Family & Health
6. First Aid	7. Helping kids who have been harmed	8. Helping kids settle arguments	9. Caring for Teenagers	10. Helping Kids face the world

Fostering Excellence | New South Wales | Ongoing Training

The Fostering Excellence course is a 6-week post-accreditation training that aims to enhance carers understanding of trauma informed practice in providing family care.

Training Modules

1. Child Development	2. Effects of trauma and loss	3. Meeting the challenge of caring
4. Recovery and the child's world	5. Communication in Foster & Kinship Care	6. Family & Beyond

<http://www.childtraumaintervention.com/files/uploads/docs/fliers/fostering-excellence-course.pdf>

Reparative Parenting Group Program (RPP) | New South Wales | Ongoing Training

This is a 9-week attachment-based parenting program that seeks to help foster and kinship carers learn to manage the behaviour of children in their care and seeks to redress the psychological and emotional effects of trauma. The training aims to train carers to develop safe relational environments within which traumatised children or young people can develop secure attachment relationships. The training incorporates learning from trauma research, circle of security model, Parent Child Interaction Therapy, Social Learning, Emotional Coaching, and cycle of repair studies.

RPP is commonly delivered by two professional facilitators in a group session each of 2.5-hour duration, with a range of carer types and experience. Facilitators contact group members individually by phone on

alternate weeks to check in, monitor family progress, and connect to additional supports if requested. Carers are also encouraged to attend individual follow-up sessions with the clinicians following the training. In NSW, RPP training is delivered through the Alternative Care Clinic at Westmead Hospital, MFF and Kari Clinic.

Shared Lives Kinship/Relative | New South Wales | Kinship Pre-Service Training

In late 2018, ACWA announced the development of the Relative/Kinship adaptation of the Shared Lives training to be delivered by staff who have delivered the general course previously⁵. The Kinship training contains slight modifications in addition to 3 new modules on grief & loss, shame and family dynamics. The training does not appear on the ACWA training schedule. In the course of the literature search, very little documentation was found on its use. As it has only been released, there have been no empirical reviews of its effectiveness.

Raising them Strong | New South Wales | Kinship Ongoing Training (Resource Project)

'Raising them strong' is a training resource project commenced in 2012 which targets Aboriginal foster and kinship carers and includes booklets, topic cards and a DVD. It was developed with Aboriginal foster and kinship carers, carer support workers, caseworkers and the Aboriginal Child, Family and Community Care State Secretariat (AbSec). The original booklet⁶ was updated in 2016 and now provides basic parenting strategies which cover 12 relevant issues including beginning placement, health, grief & loss, trauma, family contact among other topics. The resource project currently comprises of 17 individual booklets which include a guide on raising children with disabilities, caring-guide booklets which target regional language group and include words and phrases from each language. Additionally, the resource project has developed 5 information sheets which target aboriginal fathers and are based on developmental information. It has been noted by Richmond & McArthur (2017) that FACS have used the 'Raising Them Strong' resources to provide training workshops to Aboriginal and non-Aboriginal case workers,

Intensive Foster Care | New South Wales | Specialist Training

The Intensive Foster Care (IFC) program is the NSW specialist therapeutic care model which provides specialised, time-limited care to children and young people identified as having high-support needs. Carers who provide IFC are required to undertake advanced training and make a commitment to participating in ongoing training as part of their caring role. There is no standardised model of training delivered to IFC carers and the only review conducted to date indicates that the types of ongoing training provided varied significantly (McHugh, 2015). There is also no data to indicate how many carers provide IFC, what specific training is provided or how this training is delivered. What is known about IFC is that carers receive three-times the allowance, at least 23 agencies provide IFC and that some agencies have developed a Carer Learning & Development Plan (CLDP) which acts as an accountability measure to ensure ongoing training is being provided and undertaken (McHugh, 2015).

⁵ <https://www.acwa.asn.au/new-one-to-one-pre-authorisation-training-for-kinship-carers/>

⁶ https://www.facs.nsw.gov.au/_data/assets/pdf_file/0013/321331/supporting_deadly.pdf

The Circle Program | Victoria | Specialist Training

The training provided as part of the Circle Program forms part of a type of specialist training provided to foster carers who wish to provide therapeutic care. The therapeutic foster care program introduced in Victoria in 2007 by the Victorian Department of Human Services, aims to provide “stable, consistent and therapeutic care and secure attachment for the traumatised child or young person”. It achieves this through five core domains, three of which specifically focus on enhanced training and specialist support for carers (Frederico, et al., 2012). The training procedure of carers involved in the Circle Program involves three components; firstly, completion of the Shared Lives training; secondly completing pre-accreditation training; and thirdly completing specialised Circle training. The Shared Lives training has been described in detail elsewhere. The pre-accreditation training provides carers with information about the Circle Program, skills development and role clarification. The specialised Circle training covers training in core areas including child development, attachment, trauma and managing difficult behaviours.

The Circle Program has been the focus of 1 empirical review (Frederico, et al., 2012) which found it to be successfully supporting carers and having positive impacts on retention, increased stability for children and positive impact on carer satisfaction rates. Though this is positive, more reviews are needed to validate findings and establish credible effectiveness.

INTERNATIONAL TRAINING MODELS

Treatment Foster Care Oregon – Adolescents (TFCO-A) | IM

TFCO-A is a model of foster care treatment for children 12-18 years old with severe emotional and behavioural disorders and/or severe delinquency. TFCO-A aims to create opportunities for youths to successfully live in families rather than in group or institutional settings, and to simultaneously prepare their parents (or other long-term placement) to provide them with effective parenting. Four key elements of treatment are (1) providing youths with a consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills, (2) providing daily structure with clear expectations and limits, with well-specified consequences delivered in a teaching-oriented manner, (3) providing close supervision of youths' whereabouts, and (4) helping youth to avoid deviant peer associations while providing them with the support and assistance needed to establish pro-social peer relationships. TFCO also has versions for pre-schoolers and children.

TFCO-A is designed to be used for training groups of foster parents (less than 10 participants per group) over a period of six to nine months (CEBC, 2019). Foster parents typically are contacted a minimum of seven times per week including through group sessions, phone calls and one-on-one consultations.

Keeping Foster and Kin Parents Supported & Trained (KEEP) | CSM

KEEP is a derivative of TFCO-A and is commonly used as a post-accreditation training intervention for foster and kinship carers. The KEEP training model seeks to provide parents with effective tools to manage their child's problematic behaviours, trauma, and externalising problems. The model has been developed for use with children aged 4-12, however has also been adapted to use with teenagers in a model called KEEP SAFE. The training seeks to frame the foster/kin parents' role as that of key agents of change with opportunities to alter the life course trajectories of the children placed with them.

The training comprises of a 16-week commitment, which includes a 90-minute weekly group session in addition to a weekly 10-minute individual phone call. Additionally, in-home sessions are provided to carers who miss a session and content is delivered at a convenient time for the carer. The topics covered in the group include methods for creating a safe environment, encouraging child cooperation, using behavioural contingencies, strategies for self-regulation, effective limit setting, and balancing encouragement and limits. There are also sessions on dealing with difficult problem behaviours including covert behaviours, promoting school success, encouraging positive peer relationships, and strategies for managing stress brought on by providing foster care. There is an emphasis on active learning methods; illustrations of primary concepts are presented via role-plays and videotapes. Specific module outline is unavailable as content guides can only be accessed by participating implementors of the training.

KEEP has a CBEC rating of '3', indicating promising research evidence-based model. This rating is partly due to its recent development and implementation. To date, there have been 20 peer reviewed publications which provide reviews of the KEEP model across numerous implementation sites both in the US and in the UK⁷. The KEEP and KEEP SAFE models have also been reviewed by the Californian Evidence Based Clearinghouse and

⁷ <https://www.keepfostering.org/publications/>

given an effectiveness rating of '3' and '2' respectively indicating 'promising' and 'supported' research evidence bases for the models. The peer-reviewed publications have corroborated findings in decreasing placement disruptions (Degarmo, Chamberlain, Leve, & Price, 2009), increasing carer confidence (Roberts, Glynn, & Waterman, 2016), decreasing carer stress (Price, Roesch, Walsh, & Landsverk, 2014) and decrease in child's emotional and behavioural problems (Chamberlain, Price, Reid, & Landsverk, 2008). At this stage, it is unknown if KEEP is being formally implemented through any agencies in Australia.

Together Facing the Challenge (TFTC) | CSM

Together Facing the Challenge is a train-the-trainers type model which was developed in the US for children receiving Treatment Foster Care (TFC) aged 3-17 (also known as Intensive or Therapeutic foster care in Australia). It operationalises a hybrid model of training which incorporates key elements of general TFC; care coordination and viewing treatment parents as change agents; with key elements of evidence-based TFCO model including; parent coaching and intense supervision of parents. The TFTC model adopts a consultation approach between professionals and treatment foster carers to improve practice.

TFTC is commonly delivered through 7 group sessions which are delivered in a community agency setting over 6 months. The training covers 17 skill areas which are integrated into the training and are delivered through a combination of didactic instruction, group discussion, live parent coaching, homework-based in-session reviews and role-plays. Topics covered in TFTC include (1) building relationships and teaching cooperation; (2) setting expectations; (3) use of effective parenting tools to enhance cooperation; (4) Implementing effective consequences; (5) Preparing youth for the future; and (6) Taking care of self. The training commonly includes between 15-30 participants per group session. The training is manualized and is delivered by a trained professional who must attend a 3-day intensive seminar and participate in monthly consultations with an implementation professional.

TFTC has a CBEC rating of '2', indicating it is supported by research as a training model. To date, there have been 6 peer-reviewed publications about the model which have verified its effectiveness in; enhancing the therapeutic relationship between child and carer; increasing positive parenting practices and; creating a positive home environment. Farmer et al., (2010) study concluded that in comparison to a control group, the TFTC group showed significant change across all three outcomes – symptoms, behaviours and strengths – when reviewed at a 6- and 12-month follow up post-baseline. In the two most recently conducted studies, it was found that providing enhanced supervision to TFTC trainers increased the dosage effect (Murray, Khoury, Farmer, & Burns, 2018) and the development of a complimentary TFTC fidelity test was able to show psychometrically sound differences in outcomes for parents in agencies who used and did not use TFTC (Southerland D. G., Farmer, Murray, Stambaugh, & Rosenberg, 2018).

Foster Parent College | CSM

Unique among the array of manualised foster care training programs is the Foster Parent College, developed in the US through Northwest Media, Inc., which is an interactive online training venue for foster, kinship, and adoptive parents. FPC offers interactive multimedia courses accessible 24/7 through the site which provide both pre-service and ongoing training on clinical aspects of and parent interventions for children's behaviour problems. Instructional content is based on social learning theory and attachment theory.

As of 2017, there are 57 self-paced courses on FPC: 10 pre-service and 33 ongoing/post-accreditation training courses, 9 courses translated into Spanish, and 5 Advanced Parenting Workshops. The average time it takes to complete an individual self-paced course, including completion of interactive exercises, reading

handouts, and completing a review questionnaire, is 1-2 hours. The Advance Parenting Workshops are self-driven, take 6-10 hours and provide in-depth training on specific behavioural and emotional problems and provide a discussion board and individualized assignments. Most FPC courses can be taken individually via computer or in groups using a DVD with public performance rights. Topics covered include; dealing with serious child behaviour problems; strengthening family relationships and; behaviour management for children diagnosed with mental illnesses.

FPC is rated by CBEC as 'emerging practice' and has four peer-reviewed publications which provide evaluations on different topics or components of the training. Three studies conducted found that the online/DVD format of the training is more effective in enhancing knowledge of participants than a didactic instruction format of training (Pacifi C. , Delaney, White , Cummings, & Nelson, 2005; Pacific, Delaney, White, Nelson, & Cummings , 2006; Delaney, Nelson, Pacific, White, & Smalley, 2012). A fourth recent study found that a blended approach to pre-service training incorporating didactic instruction with FPC online courses is more effective in enhancing knowledge and produces significantly lower dropout rates than a purely didactic approach to training (White, et al., 2016).

Parent Child Interaction Therapy (PCIT) | APM

PCIT was designed as training program for parents of children aged 2-7 to address externalising and disruptive behaviours and enhance parent-child relationship. The model is based on a PMT approach and is underpinned by coercion theory, attachment theory and social learning principles. PCIT is structured in two parts; the Child-Directed Interaction (CDI) which primarily involves live parent coaching and; the Parent Directed Interaction (PDI) which primarily involves instructional techniques to develop consistent contingencies for the child's behaviour. The three core elements of PCIT include; joint treatment of children & caregivers; live parent coaching; use of assessment to tailor treatment to child's developmental level and parent's skill mastery.

Traditionally, PCIT is delivered in a clinical setting or agency clinic room and involves parent-child dyads attending 1-2 sessions of 1-hour duration per week for approximately 14 weeks. Adaptations of PCIT for foster and kinship carers have operationalised the model in a group-based training format of 4-8 parent-child dyads supplemented by weekly phone consultations. This adaptation was employed by Mersky et. al (2014, p. 4) who delivered the CDI on the first day and the PDI on the second day through a combination of didactic instruction, live parent coaching, observational learning and group discussion. A third 'booster' session can also be provided for extended implementation of PCIT (full 14 weeks or more) following the first 8 weeks of implementation and consultation via telephone.

PCIT has a CBEC rating of '1', indicating it is well supported by research as a training model. To date, there have been 4 peer-reviewed publications which specifically evaluate the use of PCIT with foster and kinship carers (Danko, 2015; McNeil, Herschell, Gurwith, & Clemens-Mowrer, 2005; Mersky, Topitzes, Grant-Sevala, Brondino, & McNeil, 2014; Timmer, Urquiza, & Zebell, 2006). These reviews have concluded that PCIT with foster carers effectively reduces problem behaviours and, even with a brief exposure to PCIT can produce positive effects on parent confidence and management of behaviours. More broadly there have been a significant amount of studies which have found reductions in child behavioural problems, carers stress and enhancement of child parent relationship with parent-child dyad's not in the OOH sector (Bagner, Sheinkopf, Vohr, & Lester, 2010; Brendel & Maynard, In press; Chase & Eyberg, 2008; Luby, Lenze, & Tillman, 2012), and with children who have experienced abuse from their parents (Chaffin & Friedrich, 2004; Thomas & Zimmer-Gembeck, 2012). In this literature search, 5 studies of PCIT conducted in Australia were identified; however, none have evaluated PCIT with foster populations and all but one (Phillips, Morgan, Cawthorne, &

Barnett, 2008) have been evaluated in academic clinical settings rather than in community service settings (Nixon, Sweeney, Erickson, & Touyz, 2003; Thomas & Zimmer-Gembeck, 2011; Thomas & Zimmer-Gembeck, 2012; Webb, Thomas, McGregor, Acdagic, & Zimmer-Gembeck, 2017).

Incredible Years (IY) | APM

The IY training was designed for parents of children aged 4-8 and specifically targets conduct disorders and problem behaviours that affect home and school life. There are three separate streams of IY training for parents, teachers and children. The training streams can be used in combination or separately and also have 'prevention' versions for high-risk populations and 'treatment' versions to address interpersonal difficulties.

The 'IY Basic' stream has been used with foster carers and is the most suitable version of IY for this population group. It consists of 12-16 parent-child dyads who meet weekly for two-hours over a 12-14 week period. The training engages parents to use play, effective praise and incentives and limit setting to deal with behaviour problems. The IY 'Advanced' stream can also be used as a supplementary program for treatment however extends the commitment to 18-22 weeks to complete. Topics covered in the training include: aggression; conduct problems; social competency problems; attention deficit hyperactivity disorder; internalizing problems such as fears, phobias and somatization; and children experiencing divorce, abandonment or abuse.

IY has a CBEC rating of '1' indicating it is well supported by research evidence. In general populations, IY is linked to the development and maintenance of effective parenting skills and improved child behaviours (Baydar, Reid, & Webster-Stratton, 2003; Gardner, Burton, & Klimes, 2006; Linares, Montalto, Li, & Oza, 2006; Reid, Webster-Stratton, & Baydar, 2004; Reid, Webster-Stratton & Beauchaine, 2001; and Webster-Stratton, 2000). Three studies, conducted in the UK, Ireland and USA respectively, have implemented IY with foster children and found an improvement in parenting practices and reduction in challenging behaviours exhibited by children in comparison to control groups (Bywater, et al., 2010; McDaniel, Braidon, Onyekwelu, Murphy, & Regan, 2011; Linares, Montalto, Li, & Oza, 2006). There is yet to be an evaluation of IY conducted in the Australian context.

1-2-3 Magic and Emotion Coaching | APM

1-2-3 Magic and Emotion Coaching is primarily underpinned by coercion theory, social learning and attachment and is a group training for parents of children aged 2-12. The program targets problem behaviours through improving three focus areas; controlling negative behaviour, encouraging good behaviour and strengthening the child-parent dyad. The program generally consists of 1-2 hour group sessions held over a 3 – 8 week period and covers a range of topics including cognitive development stages, parenting misconceptions of discipline and emotional self-regulation. The program is primarily delivered through a PowerPoint presentation as well as workbooks, DVDs and tip sheets.

The original US version of 1-2-3 Magic has a CBEC rating of '3', indicating that it has promising research evidence. In general populations, randomised control trials have linked the program with reduction in child problem behaviours and dysfunctional parenting practices (Bailey, van der Zwan, Phelan, & Brooks, 2012; Bradley, et al., 2003; Porzig-Drummond, Stevenson, & Stevenson, 2014). The adapted Australian version has been the subject of 3 evaluations to date (Flaherty & Cooper, 2010; Porzig-Drummond, Stevenson, & Stevenson, 2014; Porzig-Drummond, Stevenson, & Stevenson, 2016). No studies to date report on how many foster agencies use the program in Australia, and no studies have evaluated the use of either the original or the Australian program with foster carer populations.

QUICK REFERENCE GUIDE EVIDENCE BASED PRACTICE

Evidence-Based Practice Models	Outcome													
	Level of EBP	Foster Parent							Foster Child					
		Satisfaction	Retention	Therapeutic Relationship	Stress	Confidence	Knowledge	Skills	Behaviour	Mental Health	Delinquency	Placement Stability	Permanency	Attachment
1-2-3 Magic	2			X				X	X					
Keeping Foster Parents Trained & Supported (KEEP)	3				X	X		X	X		X	X		
Treatment Foster Care Oregon	1	X		X				X	X		X		X	
Incredible Years	1							X	X					
Positive Parenting Program	1				X	X		X	X					
Parent Child Interaction Therapy	1			X	X			X	X					
Foster Parent College	3						X							
Together Facing the Challenge	2			X				X				X		
Circle of Security	NR				X				X					X
Bringing Up Great Kids	NR						X							
Parents As Teachers	3						X	X	X					

Appendix 4

SUMMARY OF NTDC LITERATURE REVIEW

National Training & Development Curriculum for Foster and Adoptive Parents

The Administration on Children, Youth & Families, Children's Bureau funded the development of a National training initiative to prepare foster and adoptive parents to effectively parent children exposed to trauma and to provide these families with ongoing skill development needed to understand and promote healthy child development.

To inform the development of this national training initiative, a needs assessment was conducted including a systematic review of the literature. This literature review was conducted to help identify characteristics parents who adopt via the intercountry or private domestic process need to embody in order to be successful as well as suggested training themes for these parents. The broad systematic review searched for and retrieved published studies, including peer reviewed journal articles, government reports, and other sources identified in the gray literature, dated between 1970 and 2016, through webbased searches on Google Scholar, Google, JSTOR, SpringerLink, MEDLINE, ERIC, and Social Work Abstracts.

A review of the final 74 documents resulted in the identification of 10 specific characteristics and 9 training recommendations that parents who want to adopt privately, either domestically or intercountry, need to have exposure to best prepare them for their caretaking roles.

Core Competency	Studies	Core Characteristic	Studies
Developing healthy attachment bonds	34	Emotionally supportive/nurturing	42
Ability to maintain attentiveness to the parent/child relationship	31	Readiness for parenting/ motivated to adopt	38
Working with children with cognitive and or physical disabilities	25	Stability and patience	33
Advocate for the medical and or educational needs of the child	24	Understands the importance of maintaining support systems	31
Providing culturally competent care	23	Optimistic	25
Understanding the developmental stages	21	Acceptance of the unknown	14
Understanding the potential for traumatic cultural effects on adopted culture	18	Financial stability	11
Teaching child about their cultural heritage and cultural socialization	18	Healthy family and marriage functioning	8
Understand how to help the child process grief and loss	5	Have a sense of humor	3
		Faith/Religion	3

<https://ntdcportal.org/wp-content/uploads/2018/06/Literature-Review-Intercountry-Adoption-and-Private-Domestic-Adoption.pdf>