

:research

What do **foster carers** tell us
about their **support needs**?



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Background

Children and young people in out-of-home care may present with complex needs, including emotional and behavioural difficulties, developmental delays, and cognitive challenges (Cousins et al., 2010; Tarren-Sweeney, 2013). These difficulties can translate into challenges within intrapersonal, interpersonal, and educational domains (Murray et al., 2010). In Australia, young people with out-of-home care experience have reported the need for safe and welcoming environments, carers they can talk to, and opportunities to connect and contribute to their communities (Monson et al., 2020).

Foster carers play a vital role in ensuring the safety and well-being of children and young people unable to live with their families. In Australia, foster care accounted for around 39% of 44 900 children and young people in out-of-home care as of June 2019 (AIHW, 2020). Across industrialised countries, 800 000 children and young people live with foster carers (Petrowski et al., 2017). Children in foster care can struggle with the lingering effects of adversity experienced in their previous home environments, such as physical abuse, neglect, and loss. Some have faced additional challenges in other domains, such as in school and social relationships. These challenges render children in foster care a vulnerable population with a higher prevalence of developmental, medical, and mental health needs compared to children in the general population (McPherson et al., 2018).

Despite the significant role foster carers play in ensuring that vulnerable children receive proper material, psychological, and emotional support, some literature suggests that carers themselves may lack sufficient or appropriately targeted assistance (Tullberg et al., 2019). This is problematic not only for carers but also for the children, whose well-being is intricately linked to that of their carers. For instance, carers' experiences of depression are associated with poor outcomes for children (Garcia et al., 2015). Additionally, when carers receive less support, the chance of placement breakdown increases (Rock et al., 2015; Tullberg et al., 2019).

Foster carers are commonly expected to shoulder much of the responsibility for providing a safe and welcoming environment for children and young people with complex needs. Consequently, they may require substantial support and training (Murray et al., 2011). International research indicates that placement breakdown in foster care is a significant issue (Vanderfaellie et al., 2018). Simultaneously, foster care agencies and government departments frequently experience high caseloads and staff turnover. Given this context, it can be challenging to provide adequate, accessible, and appropriate support for foster carers and the children they care for.

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This Research Brief provides an overview of foster carers' learning and support needs based on their own perspectives. It summarises:

- The need to enhance carers' understanding of trauma and capacity to implement trauma-informed care
- The need to develop carers' capacity to respond to behaviours they find challenging
- The need for carers to have access to services for children and young people in their care
- The need to continuously strengthen carers' knowledge and skills in core areas
- The need to attend to carer well-being, including role clarity
- The need to understand the types of support that are helpful to carers

● ● What do foster carers say they need?

To understand trauma and implement trauma-informed care

Foster carers report that they need assistance in learning how to identify what kind of support the children and young people in their care need, particularly concerning their mental health (Tarren-Sweeney, 2013; Fergeus et al., 2017). In relation to this identified need, there have been Australian research reports on two programs where foster carers were recruited into “therapeutic foster care”. These carers received support from professionals to adopt a “trauma-informed approach” to care and participated in regular learning and development opportunities, which deepened their understanding of complex trauma and therapeutic care (Mitchell, McPherson, & Gatwiri, 2020; McPherson et al., 2018; Frederico et al., 2017). Evaluation outcomes of these programs privileged the voices of young people in care and foster carers providing therapeutic care. A consistent message from foster carers across these evaluations was that a trauma-informed approach that upskills foster parents in trauma theory and its application to the care environment is “the way all foster care should be” (Frederico et al., 2014, p.211).

The knowledge development in these two therapeutic foster care approaches known as The Circle Program (Frederico et al., 2017) and the Treatment and Care for Kids (TrACK) Program ((Mitchell, McPherson, & Gatwiri, 2020) is founded on a practice-based understanding of the neuroscience of development, attachment, and trauma. This knowledge has informed the development of models of therapeutic care, including these aforementioned foster care programs, which are “underscored by the children’s rights movement and the rights of children in out-of-home care. These rights enshrine the needs of children to access family, culture, and education” (Mitchell, McPherson, &

Gatwiri, 2020, p.36). One of the core practice principles underpinning trauma-informed therapeutic care articulates redefining challenging behaviours; “therapeutic care understands that children’s behaviour communicates the efforts made by the internal systems to protect them from the traumatic experiences of violation” ((Mitchell, McPherson, & Gatwiri, 2020, p.39). Put simply, the paradigm shift offered by trauma-informed therapeutic care moves the focus from “what is wrong with you?” (which centres on problem behaviours) to “what has happened to you?” (which focuses on underlying needs resulting from experiences of trauma) ((Mitchell, McPherson, & Gatwiri, 2020, p.39). It is theorised, with emerging evidence, that a trauma-informed care environment will promote the capacity of children and young people to stabilise, self-regulate, and eventually flourish.

To respond to behaviours that carers find challenging

According to research, carers express feeling underprepared to meet the complex needs of some children and young people who come to live with them (Harding et al., 2020). Some children and young people present with high needs that carers feel they are unequipped to manage independently.

Foster carers often actively seek support to better understand the kinds of complex behaviours exhibited by children and young people in care. The literature frequently discusses “challenging behaviours” of children and young people in foster care (Hiller et al., 2020). Australian research conducted by Octoman et al. (2014) provides an indication of the specific behaviours that carers find most challenging. The authors note that little is known about which behaviours pose the greatest difficulties for foster carers. Their study asked over two hundred (n=201) foster carers to rate a range of problematic behaviours, and found the behaviours identified as most difficult fell into four categories:



- 1. Behaviours related to cognitive difficulties**
- 2. Sexualised and other risk-taking behaviours**
- 3. Aggression and controlling behaviours**
- 4. Behaviours relating to underlying anxiety (Octoman et al., 2014, p.10).**

Each of these behaviour profiles has implications for carer training and support needs. A synthesis of literature on the experiences of foster carers found that managing these behaviours without access to sufficient supports for either themselves and or the children had a significant negative impact on carers (Blythe et al., 2014).

To access services for children and young people in their care

A comprehensive international literature review by Murray et al. (2010) indicates that foster carers require better assistance to access medical and special education services for the children and young people in their care. Additionally, they need support with the practical aspects of utilising these services, such as covering transportation costs and organising childcare.

Existing literature consistently shows that carers need timely access to relevant services for the children and young people that they care for. They also need better knowledge of the service system, including how to access appropriate resources and navigate the out-of-home care system (Hebert & Kulkin, 2018).

These findings align with both Australian and international research, which suggest that foster carers often struggle to access necessary services for children and young people in their care, including medical, psychological, allied health, and educational services (Kaasbøll et al., 2019; Fergeus et al., 2017). The reasons for these difficulties are not entirely clear, however it appears that many children and young people are either deemed ineligible or placed on long waiting lists for issues that carers perceive as urgent (Hiller, 2020). In a study of thirty-one foster carers in Melbourne, Fergeus et al. (2019b) found that carers reported inconsistent levels and types of support from professionals when it came to accessing appropriate assistance for young people in care.

Research by Hiller et al. (2020) found that foster carers in the UK also struggle to obtain support for managing the emotional challenges experienced by children and young people in their care. Carers in this study reported that they were sometimes left to manage behaviours they find highly challenging, with minimal input from agency staff or appropriately qualified professionals. This lack of support was identified as a major contributor to placement breakdowns and a decline in the well-being of both carers and the children and young people in their care.

To continuously strengthen knowledge and skills

Research consistently demonstrates the positive outcomes of targeted training for foster carers. Such training leads to improved parenting skills, reduced parenting stress, and stronger positive familial relationships (Malette et al., 2020). Therefore, it is essential that foster carers receive adequate opportunities to develop contemporary knowledge and skills pertinent to caring for vulnerable children and young people who have experienced trauma. This is particularly important considering the challenges that carers face in accessing external services. Many carers require considerable support to become familiar with the out-of-home care system itself. Surveys of US foster carers conducted by Hebert and Kulkin (2018) revealed carers express a need for more comprehensive training on foster care agency policies and procedures. Houston et al. (2018) similarly found that carers in Ireland are often suddenly placed in caring roles, without warning, and with little knowledge of agency policies or the service systems on which they must now rely.

One Australian study found that carers who receive support through a “wrap-around” model of trauma-informed professional development, ongoing emotional and practical support, and respectful recognition as valued members of a care team, are far better equipped to provide stable and therapeutic home-based care (McPherson et al., 2018). Several studies reinforce that foster carers require a solid understanding of the impact of complex trauma on young people in care. Indeed, learning about trauma remains one of the most widely requested types of assistance that foster carers ask for (Fergeus et al., 2019b; Murray et al., 2010; Harding et al., 2020; Hebert & Kulkin, 2018; Kiraly, 2017).



In a recent systematic review of foster carers' training needs, Kaasbøll et al. (2019) identified several other topics for which carers sought training, including:

- **Parenting children with special needs**
- **Understanding the impact of trauma**
- **Medication use and cardiopulmonary resuscitation (CPR)**
- **Caring for children with ADHD**
- **Caring for children who have been sexually abused**
- **Diversity and cultural issues**
- **Preventing burnout**

To attend to carer well-being and role clarity

Existing research highlights the need for foster carers to receive assistance that addresses carer well-being, including a clearer understanding of their role in caring for the children and young people they live with. Broady et al. (2010) found that foster carers expressed a need for assistance in understanding and navigating their role as foster parents. Some wanted help with the conflict between wanting to fulfil their official role as care providers and self-identification as a “mother”, along with associated attachment issues. Mallette et al. (2020) found that foster carers may benefit from guidance on establishing and maintaining relationships with romantic prospects in the context of their caring role, given that this role often poses challenges to forming connections.

In addition to the time pressures, financial pressures, and meeting the behavioural and mental health needs of the children and young people in their care, foster carers may encounter a range of other stressors. These include unmet expectations regarding their role and the challenges of returning children to their parents after developing an emotional attachment (Kiraly, 2017). They may also face exposure to information about adverse events experienced by children and young people prior to entering their care, the intrusion of social service agencies, and strained contact with the child or young person's parents and families (Murray et al., 2010).

One of the most frequently mentioned needs of foster carers is greater emotional support (Murray et al., 2010). Access to emotional support from foster care agency staff and peers is central to the well-being of both carers and the young people in their care. A synthesis of literature on carer stress by Adams et al. (2018) supports the existence of a vicious circle, wherein elevated levels of stress lead to less effective parenting, which in turn impacts children's behaviour, further exacerbating carers' stress (Neece et al., 2012; Fergeus et al., 2019a). Carers themselves have reported a perception that their own mental health impacts that of the young people in their care (Fergeus et al., 2019b).

A recent study conducted in the UK of 187 foster carers found a high incidence of secondary traumatic stress among carers, with 76.5% of that stress caused by the direct trauma of distressing events that occurred during caring (Bridger et al., 2020). Another major UK study exploring compassion fatigue experienced by foster carers in England (Ottaway & Selwyn, 2016) involved

over 500 foster carers completing a survey and 23 carers who participated in focus group discussions. This study reported a consistent pattern of secondary traumatic stress and compassion fatigue, with a correlation suggesting a higher incidence of compassion fatigue and burnout among foster carers with longer tenures. More than one in four carers reported low well-being, and those who had been caring for more than eight years were more likely to have higher secondary stress scores. Symptoms of secondary stress reported by carers included anxiety, fear, panic attacks, frequent crying, anger, and triggering of previous trauma in their own lives (Ottaway & Selwyn, 2016). This study also explored the supports and interventions that carers found helpful.

● ● **Helpful Supports for Carers**

Working relationships with professional staff

A significant need identified by foster carers is for a strong working relationship with other professional staff. Carers emphasise the importance of positive and mutually respectful relationships, in which they are provided with comprehensive information about the children entering their care, assistance with accessing training, respite care, and services, with due recognition of their key role. In a literature synthesis on carers' experiences of foster caring, Blythe et al. (2014) found that negative relationships with child welfare personnel were a primary source of discontent. Similarly, Adams et al. (2018) identified in their synthesis of research on sources of foster carer stress that working with agencies caused considerable anxiety for some carers. Randle et al. (2017) found that a subgroup of carers they interviewed expressed significant dissatisfaction related to their experiences of the care system. Several studies have indicated that a low level of satisfaction with foster care staff was the main reason that carers either left the care system or had contemplated doing so (Kiraly, 2017; Rodger et al., 2006). Conversely, Australian home-based carers engaged in therapeutic foster care programs, such as the Circle and TrACK Programs, reported that their relationships with professionals enabled them to sustain their involvement in the program, face the challenges and complexities of being a foster carer, and feel a sense of recognition of the value of their work (Frederico et al., 2017; McPherson et al., 2018).

In a major UK study by Ottaway and Selwyn (2016), foster carers highlighted the quality of their relationship with the agency social worker as a key determinant of their well-being and overall caring experience. Carers consistently identified the need for their social workers to possess a sound understanding of attachment and child development and appreciated the difficulties involved in caring for a foster child. Although some carers blamed "the system" for constraints on social workers' capacity to spend time supporting carers, the qualitative data consistently underscored the need for more consistent, informed, and emotionally supportive relationships with social workers and other professionals. The availability of respite care, with consistent respite carers for children, was identified as another form of needed support in this study. Peer support groups that provide an opportunity for carers to share and "normalise" difficult experiences, were also seen by many as an invaluable source of support.

There may be differences in the benefits that foster carers derive from support from peers versus professionals. Mallette et al. (2020) state that findings across the literature indicate that informal support reduces caregiver stress, while effective support from formal sources improves carer retention and satisfaction. Fergeus et al. (2019b) found that foster carers often sought emotional support from networks outside of the foster care system, and that connecting with other carers was crucial for reducing their sense of isolation. In an international literature review on foster carers and peer support, Luke and Sebba (2013) found that carers derive emotional, instrumental, and informational support benefits from peer support that they are often unable to obtain from support staff or even family and other informal networks. These findings demonstrate that foster carers should be provided with a range of connection opportunities to adequately meet their diverse support needs.

Financial support

Foster carers have reported in some studies that they are insufficiently remunerated in their role (Harding et al., 2020). Better financial support has been identified as a central need by several researchers in Australia and internationally (Murray et al., 2010; McHugh & Valentine, 2011; Tarren-Sweeney, 2013). Some carers experience additional financial strain when children in their care have high support needs, including medical support.

Time

Foster carers worldwide report a need for more discretionary time or time away from their caring duties. In their interviews with thirty-one foster and kinship carers in Melbourne, Fergeus et al. (2019b) found that many carers were unable to access respite care, even in crisis situations. Another Australian study by Fergeus et al. (2019a) found that 20% of kinship carers and 9% of foster carers believed they could not take a break even if they were able. Smyth and McHugh (2006) had previously identified “time poverty” as one of the main struggles for foster carers in Australia. The need for respite care has also been highlighted as a central need by carers in New Zealand and the USA (Murray et al., 2010; Hebert & Kulkin, 2018).

Training models for foster carers

A meta-analysis conducted by Solomon et al. (2016) on the impact of foster parent training on parenting skills and child disruptive behaviour, spanning literature from 1984 to 2014, found that carers who received training demonstrated higher levels of knowledge and skill compared to those in control groups. Training can also improve the well-being of foster carers (Randle et al., 2017). However, there is little consensus on the specific training that should be provided to foster carers, as most individual programs lack empirical support (Tullberg, et al 2019; Hillier, 2020).

There has been limited systematic data collection on what training is provided to carers. A recent review in Australia, for instance, found considerable diversity in the types and frequency of training offered by agencies to intensive foster carers, with insufficient research evidence to indicate which programs provide the greatest benefit. The author concluded that “it is not clear what approach/model a non-government provider should utilise in providing training for carers” (McHugh, 2016, p.26). Examples of therapeutic foster care models in Australia with a substantial training component that are supported by emerging evidence include the Circle Program and Treatment and Care for Kids (TrACK) (McPherson et al., 2018; Frederico et al., 2014). Both models adopt a “trauma-informed” approach and ensure that foster carers have regular contact with multidisciplinary care teams that include specialists relevant to each child or young person’s needs. These training programs focus on how to create healing and nurturing relationships.

The Process of Matching Children to Carers

A recent scoping review of research on placement matching found that the current understanding of what constitutes a good “fit” between a child or young person and a foster care family is limited and inconsistent in some areas (Haysom et al., 2020). Although the success or failure of a placement may partially be determined by the appropriateness of the “match”, existing research lacks clarity on how to achieve a “goodness of fit” in foster care placements (Haysom et al., 2020).

● ● Key messages from research

Based on the above, the following key messages for targeting support for foster carers have been extrapolated:



Foster carers need ongoing access to trauma-informed knowledge development and professional support that can be translated into therapeutic practice and parenting strategies.



Foster carers need guidance in managing complex behavioural issues, such as sexualised and aggressive behaviour, risk-taking behaviour, and behaviour stemming from underlying anxiety or cognitive difficulties.



Newly recruited foster carers may require tailored assistance to develop realistic expectations of their role as carers. They need information about professional development, emotional support, and financial assistance available to them, as well as an understanding of complex needs and behaviours that they may find challenging to manage.



Foster carers need comprehensive information about the children and young people entering their care, including sociodemographic and cultural background, trauma history, social networks, preferences, triggers, and coping mechanisms. This should include information that the children and young people themselves feel is important for carers to know about them.



Where children have special needs related to disabilities, addiction, pregnancy, or other circumstances, foster carers need ample information pertaining to relevant assessments and support. Similarly, where there is a cultural mismatch between carers and the children in their care, they need information and contacts to learn more about the relevant culture(s).



Foster carers need a range of opportunities to connect with informed emotional support. This may include connecting with other carers online and in person, participating in social and networking activities, and attending professional development sessions. Carers consistently report that peer support is invaluable, especially in the context of “wrap-around” support of comprehensive care programs with learning and development opportunities.



Conclusion

Foster carers are a crucial human resource in responding to children and young people who have experienced abuse, neglect, and trauma. The design and implementation of foster care programs varies across Australia and internationally. However, there are emerging commonalities in the available research that can guide the provision of more targeted and effective support for carers. Research suggests that carers require contemporary knowledge and skill development founded on contemporary trauma theory, enabling them to better understand and meet the needs of the children and young people in their care. Training and development opportunities that assist carers to respond to specific behaviours, such as aggression, sexualised behaviour, and behaviours stemming from anxiety or cognitive difficulties, have been identified as a priority by Australian carers. In addition, carers may benefit from self-care strategies and providing tailored emotional and practical support, including support to understand and navigate the service system. The available research strongly indicates that adopting a multi-dimensional approach to carer support is essential for effectively maintaining, retaining, and building the capacity of foster carers to meet the unique needs of children and young people in foster care.



References

- Adams, E., Hassett, A., & Lumsden, V. (2018). What do we know about the impact of stress on foster carers and contributing factors? *Adoption & Fostering*, 42(4), 338-353.
- Australian Institute of Health and Welfare. (2020). Child protection Australia 2018–19. Child welfare series no. 72. Cat. no. CWS 74. Canberra: AIHW.
- Blythe, S. L., Wilkes, L., & Halcomb, E. J. (2014). The foster carer's experience: An integrative review. *Collegian Journal of the Royal College of Nursing Australia*, 21(1), 21-32.
- Broady, T., Stoyles, G. J., MacMullan, K., Caputi, P., & Crittenden, N. (2010). The experiment of foster care. *Journal of Child and Family Studies*, 19(5), 55-57.
- Bridger, K. M., Binder, J. F., & Kellezi, B. (2020). Secondary Traumatic Stress in Foster Carers: Risk Factors and Implications for Intervention. *Journal of Child and Family Studies*, 29, 482–492.
- Cousins, W., Taggart, L., & Milner, S. (2010). Looked after or overlooked? An exploratory investigation of the mental health issues of adolescents living in state care in Northern Ireland. *Psychology, Health & Medicine*, 15(5), 497-506.
- Fergeus, J., Humphreys, C., Harvey, C., & Herrman, H. (2017). Assisting carers to respond to the mental health needs of children. *Children Australia*, 42(1), 30-37.
- Fergeus, J., Humphreys, C., Harvey, C., & Herrman, H. (2019a). The needs of carers: applying a hierarchy of needs to a foster and kinship care context. *Adoption & Fostering*, 43(2), 155-168.

- Fergeus, J., Humphreys, C., Harvey, C., & Herrman, H. (2019b). Supporting foster and kinship carers to promote the mental health of children', *Child and Family Social Work*, 24, 77-83.
- Frederico, M., Long, M., McNamara, P., & McPherson, L. (2014). The way all foster care should be: The Experience of Therapeutic Foster Carers in the Victorian Circle Program. *Children Australia*, 39(4), 211-215.
- Frederico, M., Long, M., McNamara, P., McPherson, L., & Rose, R. (2017). Improving Outcomes for children in out of home care: the role of therapeutic foster care. *Child and Family Social Work* May, 22(2), 1064-1074. <https://doi-org.ezproxy.scu.edu.au/10.1111/cfs.12326>
- Garcia, A., O'Reilly, A., Matone, M., Kim, M., Long, J., & Rubin, D. (2015). The influence of caregiver depression on children in non-relative foster care versus kinship care placements. *Maternal and Child Health Journal*, 19(3), 459-67.
- Haysom, Z., McKibbin, G., Shlonsky, A., & Hamilton, B. (2020). Changing considerations of matching foster carers and children: A scoping review of the research and evidence. *Children and Youth Services Review*, 118.
- Harding, L., Murray, K., Shakespeare-Finch, J., & Frey, R. (2020). Understanding the parental stress scale with a foster carer cohort. *Family Relations*, 69(4), 865-879.
- Hebert, C. G. & Kulkin, H. (2018). An investigation of foster parent training needs. *Child & Family Social Work*, 23(2), 256-263.
- Hiller, R., Halligan, S., Meiser-Stedman, R., Elliott, E., & Rutter-Eley, E. (2020). Supporting the emotional needs of young people in care: a qualitative study of foster carer perspectives. *BMJ Open*, 10(3):e033317.
- Houston, S., Hayes, D., & MacDonald, M. (2018). Hearing the voices of kinship foster carers in Northern Ireland: an inquiry into characteristics, needs and experiences. *Families, Relationships and Societies*, 7(2), 227-247.
- Kaasbøll, J., Lassemo, E., Paulsen, V., Melby, L., & Osborg, S. O. (2019). Foster parents' needs, perceptions and satisfaction with foster parent training: A systematic literature review. *Children and Youth Services Review*, 101, 33-41.
- Luke, N. & Sebba, J. (2013). *Supporting Each Other: An International Literature Review on Peer Contact Between Foster Carers*. Oxford: Rees Centre for Research in Fostering and Education, University of Oxford.
- McHugh, M. & Valentine, K. (2011). *Financial and Non-Financial Support to Formal and Informal Out of Home Carers*. Sydney: Social Policy Research Centre, University of New South Wales.
- McPherson, L., Gatwiri, K., & Parmenter, N. (2018). *Evaluation of the Treatment and Care for Kids Program (TrACK)*. Australian Childhood Foundation, Melbourne.
- Mallette, J., Almond, L., & Leonard, H. (2020). Fostering healthy families: An exploration of the informal and formal support needs of foster caregivers. *Children and Youth Services Review*, 1(10), 104760.
- Mitchell, J., Tucci, J., & Macnamara, N. (2020). What are the Key Elements of Therapeutic Care? In J. Mitchell, J. Tucci, & A. Tronick (Eds.), *The Handbook of Therapeutic Care for Children*. Jessica Kingsley London, UK.

- Mitchell, J., McPherson, L., & Gatwiri, K. (2020). "Support and Love and All that Stuff": Evidence of Impact in the Treatment and Care for Kids Program. In J. Mitchell, J. Tucci, & A. Tronick (Eds.), *The Handbook of Therapeutic Care for Children*. Jessica Kingsley London, UK.
- Monson, K., Moeller-Saxone, K., Humphreys, C., Harvey, C., & Herrman, H. (2020). Promoting mental health in out of home care in Australia, *Health Promotion International*, 35(5), 1026–1036.
- Murray, M. M., Southerland, D., Farmer, E. M., & Ballentine, K. (2010). Enhancing and Adapting Treatment Foster Care: Lessons Learned in Trying to Change Practice. *Journal of Child and Family Studies*, 19(4), 393–403. <https://doi.org/10.1007/s10826-009-9310-x>
- Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child and Family Social Work*, 16(2), 149–158.
- Neece, C., Green, S., & Baker, B. (2012). Parenting stress and child behavior problems: a transactional relationship across time. *American Journal on Intellectual and Developmental Disabilities*, 117(1), 48-66.
- Octoman, O., McLean, S., & Sleep, J. (2014). Children in foster care: What behaviours do carers find challenging? *Clinical Psychologist*, 18(1), 10-20.
- Ottaway, H. & Selwyn, J. (2016). "No-one told us it was going to be like this": Compassion fatigue and foster carers. Technical Report published by Bristol University, UK. [10.13140/RG.2.2.33955.45606](https://doi.org/10.13140/RG.2.2.33955.45606)
- Petrowski, N., Cappa, C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse & Neglect*, 70, 388-398.
- Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child and Family Social Work*, 22(3), 1175-1186.
- Rock, S., Michelson, D., Thomson, S., & Day, C. (2015). Understanding foster placement instability for looked after children: A systematic review and narrative synthesis of quantitative and qualitative evidence. *The British Journal of Social Work*, 45(1), 177–203.
- Rodger, S., Cummings, A., & Leschied, A. (2006). Who is caring for our most vulnerable children? The motivation to foster in child welfare. *Child Abuse & Neglect*, 30(10), 1129–1142.
- Smyth, C. & McHugh, M. (2006). Exploring the dimensions of professionalising fostering: Carers' perceptions of their fostering role. *Children Australia*, 31, 12-19.
- Solomon, D., Niec, L., & Schoonover, C. (2016). The impact of foster parent training on parenting skills and child disruptive behavior: A meta-analysis. *Child Maltreatment*, 22(1), 3-13.
- Tarren-Sweeney, M. (2013). An investigation of complex attachment- and trauma-related symptomatology among children in foster and kinship care. *Child Psychiatry and Human Development*, 44(6), 727-741.
- Tullberg, E., Vaughn, W., Muradwij, N., & Kerker, B. (2019). Unpacking "support": Understanding the complex needs of therapeutic foster parents. *Children and Youth Services Review*, 105, 104420.
- Vanderfaellie, J., Goemans, A., Damen, H., Van Holen, F., & Pijnenburg, H. (2018). Foster care placement breakdown in the Netherlands and Flanders: Prevalence, precursors, and associated factors. *Child & Family Social Work*, 23(3), 337-345.

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