



Professional quality of life of Australian Mockingbird Family™ foster carers: Compassion satisfaction, burnout, and secondary traumatic stress

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ABSTRACT

Background: Children's behaviours and support system typology are potential predictors of foster carer compassion satisfaction, burnout, and secondary traumatic stress (i.e., Professional Quality of Life, ProQOL). Little is known about the ProQOL of Mockingbird Family™ foster carers compared to foster carers caregiving as usual.

Objective: This study aimed to: Examine ProQOL of Mockingbird Family™ carers compared to other carers; Explain associations between ProQOL, demographic characteristics, and determinants of ProQOL.

Participants and setting: Two groups were studied: Mockingbird Family™ carers ($n = 27$) and other carers ($n = 89$) of children < 18yrs. The sample was drawn from a single registered foster care agency following implementation of the Mockingbird Family™ in Australia.

Methods: Cross-sectional, comparative mixed method design. Participants completed self-report questionnaires incorporating demographic questions, ProQOL instrument developed by Stamm (2010), and qualitative questions, analysed using SPSS 28.01 and thematically.

Results: Pearson correlation, *t*-test and ANOVA showed Mockingbird Family™ carers had a better ProQOL compared to carers caregiving as usual, with associations identified between ProQOL and socio-demographic aspects including gender, ProQOL and foster caring experience, and ProQOL and carers' engagement of the children in community activities. Qualitative data showed that communication, relevance of training, and the quality of statutory and agency supports to members of the Mockingbird Family™ were key determinants of ProQOL.

Conclusions: Our findings showed that the Mockingbird Family™ model of foster care may improve the ProQOL of carers, compared to carers undertaking caregiving as usual. We recommend further research to examine associations with placement breakdown and carer attrition rates.

1. Introduction

This cross-sectional pilot study compared the Professional Quality of Life (ProQOL)¹ of Australian foster carers in the Mockingbird Family™, specifically carers of children < 18yrs, with foster carers providing care as usual. Foster carer role demands associated with children's behaviours and systemic pressures are the strongest predictors of poor ProQOL (Bridger et al., 2020; Hannah & Woolgar, 2018; McKeough et al., 2017; Whitt-Woosley et al., 2020). Three aspects of ProQOL are compassion satisfaction, burnout, and secondary traumatic stress; the former is a

positive aspect and the latter two are negative aspects (Centre for Victims of Torture, 2021b). Balancing the care of the children and young people with statutory demands can be challenging for foster carers, and result in reduced ProQOL (Miko et al., 2022). Poor ProQOL is likewise a predictor of placement breakdown and foster carer attrition (McKeough et al., 2017). It is important to understand ProQOL in conjunction with foster caring contexts and support models, as this can help to identify where positive aspects may have mediating effects on negative aspects of ProQOL. When potential mediating effects become known, this can inform decisions on where to target supports and specific interventions,

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¹ ProQOL refers to the Professional Quality of Life scale developed by Stamm (2021), which is currently owned by the Centre for Victims of Torture (2021, <http://www.proqol.org>). It is used to self-assess subjective aspects of being a paid or volunteer helper of other people who have trauma and suffering, including health, caring and service workers, teachers, first responders, etc.

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or where to direct further research.

Caring for children and young people in foster care can be confronting. Most have had adverse experiences, even before coming into care, which places them at risk of developing behavioural difficulties (Barboza et al., 2017; Miko et al., 2022; Rayburn et al., 2016), poor social-emotional functioning (Jacobsen et al., 2020; McKeough et al., 2017), complex mental health issues (Haselgruber et al., 2020; Kisiel et al., 2017), physical health concerns (Mancinelli et al., 2021; Randle et al., 2014), and problems at school (Lund & Stokes, 2020). McKeough et al. (2017) showed in an Australian convenience sample of foster carers ($n = 300$) that high expectations were placed upon foster carers by statutory bodies and foster care agencies, usually without perceived adequate support. These findings follow on from earlier Australian studies echoing foster carers' calls for more training and support, especially appropriate and consistent around-the-clock support that reflected the realities of their roles (Butcher, 2005; Osborn et al., 2007). When feeling unsupported, research suggests associations between such feelings and experiences of marginalisation and disempowerment (Blythe et al., 2012), and diminished ProQOL (McLain, 2008; Whitt-Woosley et al., 2020). When feelings and experiences associated with foster carer stress leads to placement breakdown and reduced carer attrition, this presents additional risks to the safety and stability of children and young people in foster care.

Australian studies on foster carer stress has consistently identified five main sources of stress. This included broken foster carer-statutory agency communication loops (Fergeus et al., 2019a), foster carers feeling disempowered or marginalised by statutory processes (Fernandes et al., 2021), carer stress associated with children's behavioural problems (Bremner et al., 2018; Harnett et al., 2014; Kiraly et al., 2015), insufficient training and agency support (Kiraly et al., 2020; Octoman & McLean, 2014; Randle et al., 2014; Zuchowski et al., 2019), and a lack of or loss of social support (Harnett et al., 2014). These issues are mirrored in studies from the United Kingdom and the USA (i.e., Barrett et al., 2021; Bridger et al., 2020; Fawley-King et al., 2020; Pickin et al., 2011; Rodriguez-JenKins & Marcenko, 2014; Sloan Donachy, 2017). While adults who become foster carers are screened, briefed on role challenges, and undertake training in preparation to care for children and young people who have complex behaviours and needs (Harding et al., 2020; McPherson & MacNamara, 2014), the impacts of training and critical supports may be short-lived. Ongoing training, once in the role of foster carer, may help mitigate some of the impact of children and young people's trauma and behavioural problems on the carers.

Studies have proposed that training increases self-efficacy and thereby reduce stress through learning to manage the trauma and behavioural difficulties of children and young people in care (e.g., Bremner et al., 2018; Hannah & Woolgar, 2018; McKeough et al., 2017; Morgan & Baron, 2011; Ottaway & Selwyn, 2016). For example, in the Australian study by Krishnamoorthy et al. (2020), they measured changes in the caregiving experiences of foster carers completing the Circle of Security-Parent Program. Measurement using the Parenting Stress Index (PSI-4-SF, Abidin, 1995) showed that program effects in reducing parenting stress scores, overall, were significant. While it was not known whether the intervention effect in these Australian studies were sustained beyond the completion of the training program, international studies indicate perhaps not (i.e., no intervention effect in Maaskant et al., 2016, at 4-month post-intervention follow up). It is possible that transitioning to models, such as the Mockingbird FamilyTM, following intensive foster care training and support interventions such as the Parent Management Training Oregon (Maaskant et al., 2017) may result in sustained improvements to foster carer ProQOL over the longer term.

With a view to strengthening the environments of children and young people in care, researchers have explored associations between foster carer training, support, and/or other interventions, and carer retention. For example, one Australian study measured outcomes of a sample of foster carers participating in the Circle Program (Frederico

et al., 2014; Frederico et al., 2017). This program involved upskilling foster carers in therapeutic care of children and young people experiencing complex trauma, to enhance relationships with those in their care, healing, and stability, and carer compassion satisfaction. The research findings suggested a positive trend in carer retention, which were theorised to be associated with increased understanding of children's care needs and carers perceptions of having been well-trained (Frederico et al., 2014; Frederico et al., 2017). These two studies found that foster carers felt more valued by the end of their engagement in the Circle Program, resulting in increased commitment and decisions to remain in their roles.

There are few studies examining aspects related to the ProQOL of foster carers. However, several studies measured one or two ProQOL components, i.e., compassion satisfaction, or reduce burnout, and/or secondary traumatic stress associated with group-based training programs. Most used pre- and post-designs to measure change associated with foster carers' learning on how to manage difficult behaviours of the children and young people in their care. These included research with some well-known programs, such as the Attachment-Centred Parenting (Begum et al., 2020), Incredible Years parenting program (Bywater et al., 2011), an adaptation of the Reflective Fostering Program (Midgley et al., 2019), and Keeping foster and kinship carers trained and supported KEEP program (Greeno et al., 2015; Price et al., 2014). Across studies, positive intervention effect was shown in the areas of foster carer confidence to manage the needs and behaviours of children and young people in care (Begum et al., 2020), reduced parenting stress (Midgley et al., 2019; Price et al., 2014), and reduced levels of depression (Bywater et al., 2011).

We identified only one study that measured post-intervention outcomes longitudinally, beyond the life of the said intervention. This was an RCT of the Parent Management Training Oregon (Maaskant et al., 2017) which involved weekly training of foster parents over six to nine months duration. While post-intervention measures showed significant reduction in child-related parenting stress (Maaskant et al., 2016), measures at 4-month follow-up showed this post-intervention effect to have disappeared (Maaskant et al., 2017). As a disclaimer, we stress this finding is specifically focused on carer stress and it is not making any assumptions about intervention outcomes for the children and young people. We found no other evidence reported in academic peer reviewed journals of ProQOL-related intervention effects being sustained beyond the completion of training program interventions with foster carers.

Some studies have reported incidental outcomes of training interventions having a potential bearing on foster carer compassion satisfaction, burnout, and/or secondary traumatic stress. For example, studies by Ranzato et al. (2021) and Strozier (2012) revealed that social connections made with other foster carers through participation in training interventions had positive intervention effect – and presumed a greater effect than the formal interventions being measured themselves. Several other studies likewise showed that improvements to social connection and social support, as opposed to formal training and support, made a difference for foster carers. Fawley-King et al. (2020) showed that higher levels of social support were associated with less internalised and externalised strain among foster carers, Lin (2018) showed that social engagement significantly moderated caregiver stress, and Xu et al. (2022) showed association between social support and less chance of psychological distress. Gleeson et al. (2016) showed that helpful social support systems mediated the effects of both low family support and low levels of family competence on parenting stress.

It is possible that the Mockingbird FamilyTM model of foster care, involving a blend of training, formal and social support, as well as the informal connections with other carers, may improve ProQOL and have a longer-term and self-sustaining positive effect. However, the body of knowledge on the efficacy of the Mockingbird FamilyTM in relation to carer ProQOL, wellbeing, or other related phenomena is limited. Our primary objective was to compare the ProQOL of Mockingbird FamilyTM foster carers and other foster carers. In doing so, our aim was to explain

any potential differences in the ProQOL of foster carers in the Mockingbird FamilyTM and those who were not with the view to identify ProQOL factors or items having potential to mediate poor ProQOL and thereby inform future interventions. Two key questions guided our study:

1. What are the inter-relationships between demographic characteristics, compassion satisfaction, burnout, and secondary traumatic stress among foster carers in the Mockingbird FamilyTM compared to other foster carers?
2. What are the main determinants that may inhibit or contribute to a better ProQOL for foster carers in the Mockingbird FamilyTM compared to other foster carers?

2. Methods

This study employed a cross-sectional mixed method research design that included quantitative and qualitative data, in comparing the ProQOL of Mockingbird FamilyTM foster carers with foster carers undertaking caring as usual. It involved the collection of demographic data, participants' self-assessment of ProQOL, and additional qualitative information on what could improve their ProQOL. A combination of paper-based and online surveys were used.

2.1. Mockingbird FamilyTM

The Mockingbird FamilyTM is a licenced foster caregiving model that originated in Seattle USA (Mockingbird Society, 2022). It was introduced to Australia in 2019 by Life Without Barriers, a non-government provider of social care services (McLaren, Patmisari, et al., 2023; Patmisari et al., 2023). In the model, 6–10 foster families are each formed into micro-support systems termed as constellations. Visually depicted as a hub and spoke, each constellation has an experienced foster carer at the hub who provides expert advice, respite, and other supports to the satellite families in their constellation (Mockingbird Society, 2022). The Mockingbird FamilyTM is designed to replicate a family-like micro-system in which the adults engage reciprocal support of each other, and the children and young people in their care (Mockingbird Society, 2022). As a result, carers intimately come to understand the behaviours and care needs of each child or young person in their constellation (McLaren, Patmisari, et al., 2023). In replicating everyday family life, Mockingbird FamilyTM children and young people have playdates and sleepovers at other foster homes within their constellation (Mockingbird Society, 2022). Foster carers in each constellation are available to support each other as crises arise, 24-hours a day. As well, when a carer leaves, for whatever reason, they can be replaced by newcomers who are immediately supported by the existing experience, strengths, and networks of friendships already formed (Jones et al., 2024; Patmisari et al., 2023). The first four Australian Mockingbird FamilyTM constellations were formed by the host agency, Life Without Barriers, constituted with a mix of existing and new foster carers living in close proximity to each other. Researchers were not involved in the formation.

2.2. Sample

Participants were recruited from a sample pool of Mockingbird FamilyTM foster carers ($N = 52$) and foster carers providing caregiving as usual ($N = 886$) in two Australian states, New South Wales, and South Australia. Participants were Mockingbird FamilyTM foster carers ($n = 27$), recruited at discrete Mockingbird FamilyTM constellation events. This potentially resulted in a higher response rate from the intervention cohort due to ongoing professional contact with the researchers. Participants who were foster carers providing caregiving as usual ($n = 89$) were recruited on behalf of the foster care agency, Life Without Barriers, via email invitation and participant self-nomination. Adult members of foster care households, involved in caring were included. Sole parent

carers, and one or both members of couple-carer teams, were included. There was no target number for recruitment set, however three attempts to recruit Mockingbird FamilyTM foster carers were made and two rounds of recruitment emails to foster carers providing caregiving as usual. Both groups were foster carers registered with Life Without Barriers, a licensed foster care provider in Australia. The two states were chosen on the basis that they were the locations where the Mockingbird FamilyTM had been implemented in Australia: New South Wales had two constellations, one implemented in 2019 and one in 2020; South Australia had two constellations, one implemented in September 2021 and the second in April 2022. Life Without Barriers was the only provider of the Mockingbird FamilyTM in Australia at the time of this study.

Life Without Barriers has two foster care service arms; one is general foster care where the Mockingbird FamilyTM is likewise located and the other is Indigenous kinship care. Recruitment of participants was via the foster care arm. Indigenous carers were not targeted for recruitment into the Mockingbird FamilyTM and not targeted for participation in the research on the basis of their identity or on the basis of caring for Indigenous or non-Indigenous children and young people. Approval for the study was received from the Flinders University Human Research Ethics Committee (project ID 4781).

2.3. Data collection

Three types of data were collected: demographic, quantitative via the ProQOL, and qualitative data via open ended questions. Demographic variables included: gender, age, level of education, ethnicity, living status, current work outside fostering, years of fostering, and the children's engagement in social activity. Data were collected from Mockingbird FamilyTM foster carers at the time they were active participants in the program model.

ProQOL data was collected via participant self-reports using the ProQOL scale designed by Stamm (2010). The ProQOL measures positive and negative effects of any helper, paid or volunteer, in relation to their work with others who have experienced trauma (Centre for Victims of Torture, 2021b). According to Stamm (2010), ProQOL is represented by two aspects, compassion satisfaction and compassion fatigue. Compassion satisfaction is described as the positive aspects of doing one's job as a helper and the influence that positive aspects have over their professional lives (Stamm, 2010). Compassion fatigue represents the negative aspects of doing one's job, and it has two parts. The first part is burnout, which includes phenomena such as anger, frustration, exhaustion or depression (Stamm, 2010). The second is secondary traumatic stress, which is driven by fear associated with primary and secondary work-related trauma (Centre for Victims of Torture, 2021b).

The ProQOL measure yields subscale scores of compassion satisfaction, burnout, and secondary traumatic stress (Stamm, 2010). It contains 30 statement items, 10 statements for each subscale using a five-point Likert scale (1 = never to 5 = very often) and seeks self-rated responses during the prior 30-days. The compassion satisfaction subscale measures the extent to which an individual can derive pleasure from doing their work well, or from helping others. Higher scores on the compassion satisfaction scale indicate higher levels of functioning. The burnout subscale measures a professional's feelings of hopelessness and difficulties in dealing with doing their job effectively. Higher scores on the burnout scale indicate higher levels of burnout. The secondary traumatic stress subscale measures work-related, secondary exposure to people who have experienced trauma. Higher scores on the secondary traumatic stress subscale indicate higher levels of secondary traumatic stress (Stamm, 2010). The ProQOL has shown internal consistency across all three subscales; compassion satisfaction ($\alpha = 0.88$), burnout ($\alpha = 0.75$), and secondary traumatic stress ($\alpha = 0.81$) (Stamm, 2010). It has been effectively applied to measure self-reported ProQOL of professional and volunteer caregivers (Avieli et al., 2016), health, hospice and trauma volunteers (Caricati et al., 2020), and foster carers and other care workers (Verheyden et al., 2020). Approval to use the ProQOL was

granted by the Centre for Victims of Torture (2021b, <https://www.ProQOL.org>) including permission to amend references to ‘helper’ in the scale to ‘foster carer’ as the Centre recommended.

Qualitative data was collected via two open ended questions. The first asked what would improve their ProQOL. The second invited commentary to explain the meaning behind their ProQOL self-assessment and related qualitative response, or any other information.

2.4. Data analysis

Demographic and ProQOL data were imported into SPSS 28.01.0 (142) software for analysis. First, descriptive analysis was done to present a picture of the demographic characteristics and foster carers' levels of secondary traumatic stress, burnout and compassion satisfaction following recommended cut-off scores by Stamm (2010) – grouped as low (less than 23), moderate (23–41), and high (42 and above). Additional tests used were Pearson's correlation coefficient, *t*-test, and a one-way ANOVA with Tukey post hoc analysis (honest significant difference [HSD]). Pearson correlation was used to assess the associations of sociodemographic variables with the outcome measures, and the association between compassion satisfaction, secondary traumatic stress, and burnout. The *t*-test and ANOVA with Tukey HSD post hoc were performed to measure variation between participants ProQOL subscales affected by sociodemographic profiles. Each test was performed independently for the Mockingbird FamilyTM and for the Comparison group.

Thematic analysis of qualitative data was undertaken by two of the researchers (HM, EP) to ensure inter-rater reliability. Processes involved immersion with the data, keyword coding, generation of themes, reviewing data and of themes, labelling and identification of exemplars (Scharp & Sanders, 2019) and sequential mixing (Creswell, 2018) of qualitative data on participants' subjective experiences and what could improve their ProQOL. Coding and theming conflicts were resolved via discussion, as were selection of representative quotes.

3. Results

3.1. Demographic characteristics

Participants were 116 foster carers representing both the Mockingbird FamilyTM and foster carers providing caregiving as usual. Consistent with other Australian studies of similar populations (e.g., Harding et al., 2018, 2020; McLean et al., 2020) most participants were female (74.1 %). Analysis of the Mockingbird and Comparison groups revealed several notable differences (Table 1). The Mockingbird group exhibited a slightly higher proportion of males (37.0 %) than the Comparison group (22.5 %). In terms of age distribution, the Mockingbird group had a higher representation of individuals within the 50–59 age range (29.6 %), contrasting with the Comparison group percentages (39.3 %). Education levels also exhibited variation, with a greater percentage of Mockingbird participants holding a diploma/certificate (37.0 %) than the Comparison group (48.3 %). Ethnicity demonstrated disparities, as the Mockingbird group comprised a larger share of non-Indigenous Australian participants (77.8 %) than the Comparison group (74.2 %). Living arrangements unveiled a higher incidence of cohabitating individuals within the Mockingbird group (77.8 %) than the Comparison group (55.1 %). The Mockingbird group featured a greater proportion of carers engaged in part-time paid work (25.9 %) than the Comparison group (19.1 %). The Mockingbird group displayed slightly higher years of foster caring experience, with most having 1–9 years of fostering (51.9 %) compared to the Comparison group (46.1 %).

3.2. Quantitative results

Results of the descriptive analysis of foster carer levels of secondary traumatic stress, burnout and compassion satisfaction is provided in Table 2. We found similar high compassion satisfaction in both the

Table 1
Sociodemographic characteristics of participants.

Baseline characteristics		Mockingbird (n = 27)		Comparison (n = 89)		Full Sample (n = 116)	
		n	%	n	%	n	%
Gender	Female	17	63.3	69	77.5	86	74.1
	Male	10	37.0	20	22.5	30	25.9
Age	20–29	3	11.1	3	3.4	6	5.2
	30–39	1	3.7	1	1.1	2	1.7
	40–49	6	22.2	27	30.3	33	28.4
	50–59	8	29.6	35	39.3	43	37.1
	60 and above	8	29.6	23	25.8	31	26.7
	Prefer not to say	1	3.7	0	0	1	0.9
Highest education	Higher degree	2	7.4	8	9.0	10	8.6
	University degree	8	29.6	15	16.9	23	19.8
	Diploma/certificate	10	37.0	43	48.3	53	45.7
	Year 10/11/12	5	18.5	17	19.1	22	18.9
	Primary school	0	0	2	2.2	2	1.8
	Prefer not to say	2	7.4	4	4.5	6	5.2
Ethnicity	Indigenous Australian	1	3.7	7	7.9	8	6.9
	Non-Indigenous Australian	21	77.8	66	74.2	87	75.0
	Immigrant – English speaking	4	14.8	12	13.5	16	13.6
	Migrant – non- English speaking	1	3.7	1	1.1	2	1.7
	Prefer not to say	0	0	3	3.4	3	2.8
Living status	Single	6	22.2	32	36.0	38	32.8
	Cohabitating	21	77.8	49	55.1	70	60.3
	With another adult member	0	0	8	8.9	8	6.9
Work outside fostering	Full time paid	7	25.9	26	29.2	33	28.4
	Part time paid	7	25.9	17	19.1	24	20.7
	Volunteer	4	14.8	2	2.2	6	5.2
	Not in paid work/ not volunteering	5	18.5	31	34.8	36	31.0
	Casual/retired	4	14.8	13	14.6	17	14.7
Years of fostering	Less than 1	6	22.2	7	7.9	13	11.2
	1 – 9	14	51.9	42	46.1	56	48.2
	10 – 19	6	22.2	31	34.8	37	31.9
	20 – 29	1	3.7	6	6.7	7	6.0
	30 and above	0	0	3	3.3	3	2.7
Children's people's engagement in social groups	No	8	29.6	29	32.6	37	31.9
	Yes	19	70.4	60	67.4	79	68.1

Mockingbird FamilyTM and Comparison groups (25.9 % vs 28.1 %), yet fewer Mockingbird FamilyTM carers indicated low compassion satisfaction (14.8 % vs 25.8 %). We found that half as many Mockingbird FamilyTM carers were experiencing high burnout compared to the Comparison group (14.8 % vs 28.1 %), however the spread of low, moderate and high secondary traumatic stress was relatively consistent across the two groups.

Tables 3 shows the results of bivariate analysis to explain

Table 2

ProQOL results of Mockingbird Family™ and comparison groups.

ProQOL subscales	Mockingbird Family™ (n = 27)						Comparison (n = 89)					
	Low		Moderate		High		Low		Moderate		High	
	n	%	n	%	n	%	n	%	n	%	n	%
Compassion satisfaction	4	14.8	16	59.3	7	25.9	23	25.8	41	46.1	25	28.1
Burnout	6	22.2	17	63.0	4	14.8	21	23.6	43	48.3	25	28.1
Secondary traumatic stress	7	25.9	14	51.9	6	22.2	20	22.5	45	50.6	24	27.0

Table 3

Sociodemographic and ProQOL correlations for Mockingbird and comparison group.

	n	M	SD	1	2	3	4	5	6	7	8	9	10	11
Mockingbird group														
1 Gender	27	1.63	0.49	–										
2 Age	26	3.69	1.35	-0.06	–									
3 Education	27	2.96	1.22	-0.28	0.08	–								
4 Living status	27	2.26	0.42	-0.23	-0.04	-0.17	–							
5 Ethnicity	27	1.78	0.55	-0.02	0.01	0.29	0.02	–						
6 Work outside fostering	27	2.70	1.43	-0.16	0.38	0.50*	-0.49**	-0.07	–					
7 Children's social groups	27	2.07	0.46	0.17	0.16	0.12	0.24	-0.37	-0.02	–				
8 Years of fostering	27	1.70	0.78	0.17	0.36	0.20	-0.07	-0.12	0.12	0.59**	–			
9 Compassion satisfaction	27	50.32	8.71	0.29	0.15	0.17	0.01	-0.13	-0.01	0.63**	0.56**	–		
10 Burnout	27	48.49	7.83	-0.01	-0.35	-0.06	0.13	-0.16	-0.04	0.06	-0.30	-0.33	–	
11 Secondary traumatic stress	27	48.92	10.67	0.40*	-0.06	-0.13	-0.10	-0.35	0.09	0.33	0.21	0.21	0.62**	–
Comparison group														
1 Gender	89	1.78	0.42	–										
2 Age	89	3.83	0.94	0.08	–									
3 Education	89	3.02	1.11	0.04	0.19	–								
4 Living status	89	1.73	0.61	0.07	0.10	0.31**	–							
5 Ethnicity	89	2.11	0.53	-0.14	0.04	-0.14	0.09	–						
6 Work outside fostering	89	2.87	1.52	0.20	0.40*	0.29*	0.17	-0.21	–					
7 Children's social groups	89	1.67	0.47	0.09	-0.20	-0.12	0.12	-0.12	-0.01	–				
8 Years of fostering	89	2.53	0.94	-0.10	0.43**	0.23*	0.29**	0.02	0.40**	-0.07	–			
9 Compassion satisfaction	89	49.90	10.40	-0.04	0.01	-0.06	0.05	0.00	-0.10	0.22*	-0.20	–		
10 Burnout	89	50.46	10.57	0.15	-0.13	-0.01	-0.04	-0.02	0.00	-0.12	0.03	-0.73**	–	
11 Secondary traumatic stress	89	50.32	9.82	0.25*	-0.03	0.03	0.14	0.07	0.10	0.01	0.08	-0.56**	0.69**	–

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

associations between demographic variables and secondary traumatic stress, burnout, and compassion satisfaction among the Mockingbird Family™ group. Results show that compassion satisfaction and children's social groups had strong positive correlation ($r = 0.63, p < .01$), as did compassion satisfaction and years of fostering ($r = 0.56, p < .01$). We found a moderate correlation between gender and secondary traumatic stress ($r = 0.40, p < .05$). There was a strong positive correlation between burnout and secondary traumatic stress ($r = 0.62, p < .01$). A comparison can be made between the Mockingbird Family™ and the Comparison group (Table 3).

In the Comparison group (Table 3) we found two strong negative correlations: the higher the compassion satisfaction, the lower burnout

level ($r = -0.73, p < .01$); and the higher the compassion satisfaction, the lower secondary traumatic stress level ($r = -0.56, p < .01$). Burnout and secondary traumatic stress had a strong positive correlation ($r = 0.69, p < .01$). There was a weak, positive correlation between compassion satisfaction and years of fostering ($r = 0.22, p < .05$), and between secondary traumatic stress and gender ($r = 0.25, p < .05$).

3.3. Gender and ProQOL

From the output given in Table 3, gender had a positive correlation with secondary traumatic stress in the Mockingbird and Comparison group. Table 4 details specifically that female carers ($M = 52.168, SD =$

Table 4

ProQOL in Mockingbird and Comparison group based on gender.

ProQOL subscales	Female		Male		t(df)	p	Cohen's d
	M	SD	M	SD			
Mockingbird group							
Compassion satisfaction	52.202	7.693	47.215	9.812	−1.496(25)	0.147	-0.596
Burnout	48.422	8.990	48.621	5.781	0.070(25)	0.473	0.25
Secondary traumatic stress	52.168	11.334	43.406	6.861	−2.208(25)	0.018	-0.880
Comparison group							
Compassion satisfaction	49.704	10.418	50.586	10.583	0.332(87)	0.370	0.084
Burnout	51.330	10.344	47.441	11.040	−1.458(87)	0.074	-0.370
Secondary traumatic stress	51.636	10.038	45.811	7.675	−2.396(87)	0.009	-0.609

11.334) compared to male carers ($M = 43.406$, $SD = 6.861$) in the Mockingbird group experienced significantly higher secondary traumatic stress scores [$t(25) = -2.208$, $p = .018$]. In the Comparison group [$t(87) = -2.396$, $p = .009$], male carers ($M = 45.811$, $SD = 7.675$) had significantly lower secondary traumatic scores than female carers ($M = 51.636$, $SD = 10.038$). We could consider a larger effect on female carers ($d = -0.880$) for secondary traumatic stress subscale in the Mockingbird group in contrast to the Comparison group ($d = -0.609$).

3.4. Engaging children in community activities and ProQOL subscales

We found solid evidence that engaging children in the community has the potential for improving outcomes for foster carers. The Mockingbird foster carers who brought their children to participate in local community activities ($M = 53.822$, $SD = 5.858$) had higher compassion satisfaction than those who did not involve the children in such activities ($M = 42.009$, $SD = 9.044$). Similar results also occurred in the Comparison group, however when viewed from the effect size, the Mockingbird group showed a huge effect ($d = -1.712$) compared to the Comparison group ($d = -0.467$). There was no significant effect for burnout and secondary traumatic stress in both groups (Table 5).

3.5. Years of fostering and ProQOL

There was a statistically significant difference between carers' years of fostering and compassion satisfaction within the Mockingbird group as demonstrated by one-way ANOVA [$F(2,24) = 4.721$, $p = 0.019$] (Table 6). A Tukey HSD Post Hoc Tests showed that there was a statistical significance in compassion satisfaction between carers of 10 or more fostering years compared to those with less than 1 year fostering experience ($p = 0.014$, 95 % CI = 2.39, 23.75) but not with the 1–9 years group ($p = .148$, 95 % CI = -15.80, 1.96). There was no statistically significant difference in mean compassion satisfaction score between carers with less than 1 year experience and 1–9 years of fostering experience ($p = .248$, 95 % CI = -15.52, -3.21) (Table 7).

3.6. Qualitative results

Thematic analysis of text responses to, *what would improve your professional quality of life?* and, *any other comments?* identified two dominant themes. The first centred around the content and nature of communications and the second related to training and support.

Communication. Many foster carers advised that better, relevant, and more respectful communications would improve their ProQOL. Most comments were directed at frustration with system processes, for example:

The system has failed us in supporting a child. The communication is below standard ... Unorganised, lack of information, some withheld, some inaccessible ... (Comparison).

I would like to know more information about my foster kids [sic] ... I need to know about their recent trauma and what not to talk about (Mockingbird).

We don't get much information ... Kids [sic] are presented by the person who delivers them ... I assume case managers [statutory child protection] don't want to contact foster parents as they may want to keep boundaries (Mockingbird).

Many foster carers are highly trained with years of experience but advised that they did not feel respected for their expertise. As in the following representative example, many participants had years of experience that far outweighed that of the statutory child protection workers assigned to the children in their care:

I had to undergo at least two years of training to become a foster carer, but I am not sure how much training [statutory] social workers get before they are allocated cases. Some of my past experiences with [statutory] workers have been less than desirable. At least one [statutory] worker has been very disrespectful towards me as a foster carer (Comparison).

A few foster carers responded positively about communications in relation to ProQOL. Such comments, however, were only found among the statements of Mockingbird FamilyTM foster carers such as in the following examples:

We have [foster] care workers that respect and appreciate our time and opinions, it has made a huge difference to our ability to continue in our role (Mockingbird).

We have a good quality of life, and everything flows well, and we have good communication (Mockingbird).

Generally, foster carers reported a lack of respect which manifest toward them by professionals in the sector. Reflected in the quotes, the Mockingbird FamilyTM group tended to highlight positive aspects of communication, support, and subjective experiences of ProQOL within the Mockingbird FamilyTM. In the Mockingbird FamilyTM, the first point of contact is the hub home carer who is available 24-hours a day. This may be a reason for reporting more positive communication and respect, associated with the immediate availability of relevant people to discuss foster caring issues and needs. In contrast, the Comparison group emphasized challenges and shortcomings in communication, support, and interactions with the foster care agency and statutory service, emphasising system failure, unorganized communication, and disrespect and undesirable interactions.

Training and Support. Several participants expressed feeling held accountable for the difficult behaviours exhibited by children in their care, which added to their stress. They advised of receiving typical statutory responses that asked them to do more training. For many, this was a source of frustration:

Carers are made accountable for the children's behaviours. If we complain about challenging behaviours, we are told to do additional

Table 5
ProQOL in Mockingbird and Comparison group based on children's community activity.

ProQOL subscales	Yes		No		$t(df)$	p	Cohen's d
	M	SD	M	SD			
Mockingbird group							
Compassion satisfaction	53.822	5.858	42.009	9.044	-4.062(25)	<0.001*	-1.712
Burnout	48.798	7.879	47.778	8.203	-0.303(25)	0.764	-0.128
Secondary traumatic stress	51.164	10.909	43.600	8.434	-1.746(25)	0.093	-0.736
Comparison group							
Compassion satisfaction	51.458	10.049	46.684	10.552	-2.067(87)	0.042*	-0.467
Burnout	49.575	11.201	52.280	9.027	1.134(87)	0.260	0.256
Secondary traumatic stress	50.362	9.498	50.254	10.648	-0.048(87)	0.962	-0.011

* $p < .05$.

Table 6

ANOVA for years of fostering and ProQOL in the Mockingbird group.

Measure	<1 year		1–9 years		10 + years		F(1,24)	η^2
	M	SD	M	SD	M	SD		
Compassion satisfaction	43.74	10.74	49.89	7.29	56.82	5.03	4.72*	0.28
Burnout	52.55	6.54	47.42	6.69	47.18	10.58	1.04	0.08
Secondary traumatic stress	50.39	10.42	44.85	9.22	55.82	11.08	2.91	0.19

* $p < .05$.**Table 7**

Tukey HSD Comparison for Years of fostering and Compassion Satisfaction.

Subgroup comparisons	Mean Difference	Std. Error	p	95 % Confidence Interval	
				Lower Bound	Upper Bound
<1 year vs. 1–9 years	−6.15	3.75	0.248	−15.52	−3.21
1–9 years vs. 10–19 years	−6.92	3.56	0.148	−15.80	1.96
10–19 years vs. < 1 year	13.07	4.28	0.014	2.39	23.75

training ... we do not seem to be moving forward. I am still having the same constant battles (Comparison).

While advised to do more training, to the contrary training and support was either unavailable or no longer available due to changing roles and economic cutbacks:

My child in the past has had extremely difficult behaviours so more support around this and more training and understanding instead of basically being left to just deal with it alone (Comparison).

When I first started caring ... there used to be Carer Morning Teas, regular training and a Carer Representative Group so carers had a voice, which is no longer the case. Case Workers are the only contact and, ultimately, they are there for the children ... the support for children and young people in care, along with the Carers that are supporting the children (living the behaviours & coping the abuse in their own home), is at an all-time low (Comparison).

When training or support was available it did not necessarily reflect the needs of foster carers, nor timing of need, as advised by one foster carer:

Can be quite contradictory at times - i.e., broad training in place for possible scenarios, however when decisions actually need to be made - are made 'off the cuff' (Mockingbird).

Since many Mockingbird Family™ foster carers were drawn from the general pool of foster carers during its rolling Australian implementation, several commented on their comparative experiences of feeling well supported.

I got lucky; we have a good support system around us (Mockingbird). Mockingbird is also making a huge difference and I feel so much more supported (Mockingbird).

Many Mockingbird Family™ foster carers made comment about availability of support, from within their constellation, that better reflected the realities of foster caregiving as a 24-hours a day role and responsibility. As in this example, they shared the trials and tribulations collectively:

[We have] support ... in times of great stress and uncertainty, as well as cry and laugh together. Mockingbird family provides a support network to ... people who understand the joys and trials of foster caring, without judgement (Mockingbird).

Carers in the Comparison group more often expressed a need for

more training, support, and understanding, especially when dealing with children's challenging behaviors. They highlighted a lack of progress and a sense of isolation in managing these difficulties. Whereas carers in the Mockingbird Family™ tended to report positive experiences of support. They attributed their sense of being more supported to the Mockingbird Family™ itself, which provided them a strong network of understanding peers and resources. This indicated that ProQOL among foster carers may be stronger when part of a Mockingbird Family™ constellation due to accessibility of communications and proximity of support, compared to foster caregiving as usual. Being part of the Mockingbird Family™, therefore, may be a mediator of compassion satisfaction, burnout, and secondary traumatic stress.

Relationships among in the Mockingbird Family™ and with external statutory and agency support services appeared to be a key determinant that contributed to carers feeling more supported, understood, and equipped to navigate challenges. The presence of a close-knit community, the ability to share experiences, and the lack of judgment within their constellations appeared to foster a positive environment that ultimately influenced overall experiences and, potentially, their ProQOL. In contrast, the lack of such a strong support system in the Comparison group may contribute to their negative experiences and challenges. Therefore, the qualitative findings suggest that the strength of relationships among members within the Mockingbird Family™, that also strengthen a collective link with outside, could be a significant factor in explaining the observed differences in carer experiences between the two groups.

4. Discussion

Given an upward trend of children entering home-based care in Australia, mirrored in other countries such as the United Kingdom and the USA (Randle et al., 2017), foster carers need to be supported in ways that will mitigate poor ProQOL and discontinuation ideation. Such challenges have been associated with diminished compassion satisfaction, burnout, and secondary traumatic stress among adults taking on this work, as well as associations with foster carer attrition. Measuring and understanding ProQOL of foster carers is therefore important. The ProQOL scale considers both the positive and negative effects of undertaking work that involves helping others who have experienced trauma and suffering. Positive aspects may be a mediator of negative aspects, i.e., compassion satisfaction can be a mediator of burnout and secondary traumatic stress (Centre for Victims of Torture, 2021a). When mediating effects become known, and contributory factors identified, this can inform decisions on where to target supports and specific interventions within collective foster caring and support models such as the Mockingbird Family™.

Identifying how to support foster carers is important given the role demands and expectations inherent in foster caring. The Mockingbird Family™ is one of many promising interventions that has potential to strengthen and stabilize the environment of children and young people in foster care. Stabilization is critically important, especially when foster carers must be physically and emotionally responsive to care needs 24-hours a day. Adding to the pressure, children and young people in foster care are highly likely to have complex needs associated with histories of trauma, abuse, and/or neglect (Engler et al., 2022; Kothari et al., 2020). Our qualitative results highlighted the importance of communication

and relevant training, such that members of the Mockingbird Family™ who were available to support each other and regularly trained together, generally rated their ProQOL higher than Comparisons.

We found that years of fostering experience had associations with compassion satisfaction in the Mockingbird Family™, but not in the Comparison group. Mockingbird Family™ foster carers with over 10 years of experience reported much more compassion satisfaction compared to Mockingbird Family™ carers with less than 10 years of foster care experience. The length of time working in helping professions has likewise been found in other studies to be a predictor of compassion satisfaction (Kulkarni et al., 2013; Merlo et al., 2020). By bringing experienced and inexperienced foster carers together in the Mockingbird Family™, the collective years of experience may have positive affect on the ProQOL and/or wellbeing of all members of the group. We have likewise found positive influence of social capital and social wealth generated through bringing experienced and inexperienced members together into a network of support, in our other studies of quality of life, wellbeing and collectivity (Fleming et al., 2023; Jones et al., 2024; McLaren, Jones, et al., 2023; McLaren, Patmisari, et al., 2023; Patmisari et al., 2023). Our qualitative data in this study indicated that networking, authentic social support, and extended family-like care was valued among the Mockingbird Family™ foster carers. Being part of a microsystem of support, in a family-like system of foster care families, showed positive associations between Mockingbird Family™ status and higher levels of compassion satisfaction. Creating social support systems to ease compassion fatigue among foster carers has considerable benefits for the children and young people for whom they care.

In the current study, overall findings indicated that Mockingbird Family™ carers had a higher ProQOL than foster carers undertaking caregiving as usual. The Mockingbird Family™ group experienced significantly less compassion fatigue than the Comparison group. While they also reported lower compassion satisfaction than the Comparison group, we present both these results tentatively given the small sample in our pilot study, that our study took place during implementation, and no longitudinal data being available. It is possible that the ProQOL of foster carers was impacted by factors beyond the immediate care of children and young people, and the management of behavioural difficulties, such that qualitative data from both groups indicated that ProQOL was diminished by systemic issues. This is reflected in other studies showing that systemic issues may limit access to information and appropriate support (Blythe et al., 2013; Fergeus et al., 2019a, 2019b; Pickin et al., 2011). When unsupported, foster carers may feel let down (MacLay et al., 2006). Where there is poor collaboration with statutory child protection and/or foster care agencies, this may render them unheard, unvalued, or disrespected (Tonheim & Iversen, 2019). These are some of the banes of frustration in which foster carers may be increasingly dissatisfied which the Mockingbird Family™ has the potential to mitigate.

Our quantitative findings revealed that gender and children's engagement in social groups were positively associated with compassion satisfaction and with reduction in secondary traumatic stress in both groups. Compassion satisfaction among Mockingbird Family™ carers was significantly influenced by years of fostering experience. A stronger correlation between gender and secondary traumatic stress was found in the Mockingbird Family™, e.g., female foster carers experienced higher secondary traumatic stress compared to male carers. A definitive explanation for why children's trauma may affect women more than men is indescribable, considering the relatively small portion of male carers in the sample. However, studies theorize that trauma affects more women than men on the basis of several factors, such as self-esteem and emotional suppression (Kucharska, 2018), a high level of empathy and mentalizing ability (Tollenaar & Overgaauw, 2020), and a stress-responsive system due to hormonal and neurological dynamics (Gogos et al., 2019; Lehner et al., 2022; Olff, 2017). Trauma-focused intervention practices for foster or kinship carers, such as Connect-KP (Connect for Kinship Parents) (Pasalich et al., 2021), Treatment and Care for Kids

(TrACK) (Gatwiri et al., 2019) showed significant reductions in carers' strain. A trauma-informed intervention is important, but evidence suggests that it should be more important to take a gender-sensitive approach, if the focus is to build the capacity of foster and kinship carers who are mostly women.

Likewise, a stronger positive correlation between children's social groups and compassion satisfaction was reported in the Mockingbird Family™ group. The Mockingbird Family™, as a social network, appeared to improve the capacity to form friendships among the children in each constellation, helped children to develop confidence, and then connected the children with their communities. It could be anticipated that as the Mockingbird Family™ constellations in Australia mature, and children's social connections grow, so might the foster carers' compassion satisfaction. Of course, this will depend on contextual factors within and beyond the constellations remaining supportive of such a trajectory.

4.1. Limitations

Understanding the support of foster carers during implementation of the Mockingbird Family™ is important and, accordingly, our study has many strengths. There is an urgent need in Australia generate and support evidence-based programs to better support foster carers in their critical role. However, we acknowledge that our study has limitations. As researchers, we had no role in the recruitment of foster carers into the Mockingbird Family™. Recruitment from the existing pool of foster carers registered with Life Without Barriers ranged from new foster carers embarking on their first foster caring experience, to others with several years of experience. Experienced foster carers were able to form their own pre- and post-Mockingbird Family™ experiences, potentially producing different results had only new foster carers with no former experience been recruited into the Mockingbird Family™. As well, different study designs may have produced different results, e.g., matched pair design. While considered, this was a pilot study with limited funding, time, and other resources. Foster carers with Life Without Barriers, in the Mockingbird Family™ and when caring as usual, undertake similar assessment and recruitment, training up-front, and ongoing training supports, which may serve to mitigate some of the differences between subsamples. We also acknowledge the impact of COVID-19 lockdowns, in which the two earlier established constellations were affected. Members of these Mockingbird Family™ constellations reported that their online engagement with each other helped to buffer the impact of COVID-19 on their coping and feelings of isolation. However, the extent of impact of COVID-19 among subsamples was not the focus of this study and is not known.

5. Conclusion

The Mockingbird Family™ is a promising model of care that is relatively new to Australia. This study is the first attempt to report scientifically on the effect of the Mockingbird Family™ model on foster and/or kinship carer ProQOL internationally, which is ultimately about the wellbeing of foster families/environment of those cared for. Understanding what may be associated with ProQOL can offer guidance to policy makers and lead agencies on where change may be needed. Based on our findings showing carers in the Mockingbird Family™ to have a higher ProQOL, we might conclude that Mockingbird Family™ carers are more likely to feel supported, heard, and respected. Ultimately, if caregivers feel fully supported, there will be a beneficial impact on the children they care for. Accordingly, our study is important.

We showed that the Mockingbird Family™ carers in our pilot study had a higher ProQOL than foster carers engaged in caregiving as usual. The Mockingbird Family™ group reported significantly less compassion fatigue (secondary traumatic stress and burnout) than the Comparison group. Compassion satisfaction and secondary traumatic stress among Mockingbird Family™ foster carers appeared to have associations with

gender and being a member of a social group. Being part of a micro-system of support, potentially bringing together a gender-diverse mix of carers with different levels of foster caring experience, could help ease compassion fatigue, burnout, and stress experienced by some carers. Creating social support systems for foster carers has considerable benefits for children and young people. The focus on foster carer ProQOL and wellbeing is highlighted as crucial to improving placement stability and strengthening safe systems of care for children and young people. The Mockingbird Family™ is one such model in which immediacy of support via collective parenting and growth in social capital, in an extended family-like model of foster care, offers the promise of making a difference. Once established, each constellation is potentially a self-sustaining intervention.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Helen McLaren reports financial support was provided by Life Without Barriers South Australia State Office. Helen McLaren reports a relationship with Life Without Barriers South Australia State Office that includes: funding grants.

Data availability

The data that has been used is confidential.

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