Care Experiences

Journeys through the Irish Care System

Factors associated with foster carer retention and attrition in Ireland.

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Disclaimer

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Language

The language and terminology used within the care system is important and can be highly emotive. In conducting this research, an emergent finding was the variation in terms both within the Irish care system and between international care systems was noted, reflecting a need to review both the consistency and appropriateness of terminology and language used in Ireland. Language can be stigmatising and shape narratives or beliefs about groups. Language can also create or contribute to perceptions of hierarchy and inequality.

Throughout this research, foster carers and care experienced adults expressed strong views about the terminology used to describe roles and relationships within the care system. In recognition of this, the study has sought to use language that reflects the preferences shared by participants. This report avoids using the term *professionals*, as many foster carers felt it excludes them from being recognised as part of the wider foster care team. Instead, the term *foster care staff* is used as a more inclusive alternative, while acknowledging that there is a need to review this term. The term *foster care staff* refers predominantly to the children's social worker or the fostering link worker- either individually or collectively. In some cases, the term may refer to other individuals working within the care system that a foster carer mentioned, without specifying their job role.

ADHD – Attention Deficit Hyperactivity Disorder

AIHW – Australian Institute of Health & Welfare

Barnardos – A child welfare charity that supports children and young people in Ireland

Birth family access – refers to planned family time or contact between children in care and members of their birth family, including parents, siblings, and extended family

CASP – Child Abuse Substantiation Procedure

CEEP – Care Experienced Expert Panel

Children's social worker – Children's social workers are responsible for managing the care, safety, and welfare of children placed in care by the state

DCDE – Department of Children, Disability & Equality

DCEDIY – Department of Children, Equality, Disability, Integration and Youth. This was the previous title of the Department of Children, Disability & Equality (DCDE)

FASD – Foetal Alcohol Spectrum Disorder

GAL – Guardian ad Litem; an independent professional appointed by the courts to specifically represent the interests of a young/vulnerable person

Gallore – A company offering Guardian ad Litem Services

IFCA – Irish Foster Care Association. The national organisation for supporting foster families and the wider fostering community

Fostering link worker – A social worker who specifically supports the foster carer to support the child in care

PDA – Pathological Demand Avoidance

Peer support worker – An experienced foster carer who provides professional peer support to other foster carers

PRISMA – Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Respite – respite is typically planned short-term care, such as weekends or short stays, intended to support the child or their foster carer by providing a break for the child and his or her primary caregivers

SDQ – Strengths and difficulties questionnaireStrengths and difficulties questionnaire (SDQ)

TCM CPAC – Tusla Case Management: Child Protection, Alternative Care

Tigala – A company offering Guardian ad Litem Services

Trauma-informed – Trauma-informed refers to an approach that recognises the impact of trauma on a person's experiences, behaviour, and wellbeing, and responds in ways that promote safety, understanding, and support while avoiding re-traumatisation

Tusla – The Child and Family Agency of Ireland

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About the Care Experiences Programme

The Care Experiences Programme is a research and data programme examining the lives of children and young people in care, and adults who were in care as children. It was launched by the Department of Children, Disability and Equality in 2022 in response to the Ryan Report (2009) recommendation to implement longitudinal research to follow young people leaving care and transitioning to adulthood.

The Programme, the first of its kind in Ireland, is being carried out using a combination of primary research and strengthened administrative data analysis. Its aim is to provide evidence on the experiences, challenges and outcomes for children and young people in care, care leavers and those who are care experienced to inform service delivery and policy development.

The Programme is led by the Department of Children, Disability and Equality, in collaboration with Tusla as a key partner, and is supported by key governance and advisory structures that include, cross-departmental and public body officials, stakeholders and care experienced adults.

At the heart of the Programme is the Care Experienced Expert Panel (CEEP). The members provide expertise and advice on every aspect of the Programme's implementation and delivery.

For further information please visit the Care Experience Programme web pages:

www.gov.ie/CareExperiences

About Childhood Matters

Childhood Matters is a registered charity providing child and family support service. We provide integrated community and residential services offering family support, social work and multidisciplinary therapeutic input to parents and children. Our 'family preservation' ethos aims to help parents and children remain safely together where possible and to support children in care, their parents, and their carers towards lifelong positive outcomes.

We operate six projects encompassing:

- **Children's Intervention and Prevention Pathways Service (CHIPPS) –** a specialist attachment-focussed, trauma-informed mental health service for children and young people in care
- **The Placement Support Project (PSP) –** a hybrid community and clinic-based intensive support service for families in acute crises
- **The Parent and Infant Unit –** a residential support and assessment service for parents with infant children
- **The Lime Tree Project –** a therapeutic family support and access service
- **The Young Parent Support Programme –** a targeted community-based support service for young parents in Ireland
- **Early Years Service –** a childcare and early years' service provider

For further information please visit our web page at: childhood-matters.ie

Executive summary

Foster carers are the foundation of Ireland's alternative care system, providing the family-based placements that research consistently identifies as the optimal environment for children who cannot remain safely with their birth families. In tandem to recruitment, maintaining and supporting Ireland's existing foster carers is imperative to allow them to fulfil the essential role of providing stability, security, and family-based care.

Retaining sufficient numbers of foster carers to meet the demand for placements reflects a growing challenge in Ireland. The proportion of children in foster placements has declined over the past decade, from approximately ninety-three percent to eighty-seven percent. In tandem with this, there has been an increase in the proportion of children placed in residential care, rising from five percent to nine percent. Placement disruption rates, where a child moves placement, have also more than doubled in five years, from just over two percent in 2019 to almost six percent in 2024. For the children behind these statistics, this instability is occurring at a point in their development when consistency and safety is critical. Reversing these trends requires a deeper understanding of why foster carers continue, and why they stop.

Both Tusla and the Department of Children, Disability and Equality have already taken meaningful steps in response to the challenges facing the foster care system. The Tusla 2022–2025 Foster Care Strategy and subsequent Integrated Reform Programme set out clear commitments to recruit, support, and retain foster carers. Positive early actions include the appointment of a national lead for fostering, investment in pilot peer support and confidential counselling services, and the development of frameworks around relational and communicative practice.

This research project, commissioned by the Department of Children, Disability and Equality's Care Experiences Programme; Journeys through the Irish Care System and delivered by Childhood Matters Child and Family Support Services, is intended

to complement and strengthen these efforts by providing a robust Irish evidence base that can inform future developments.

This research was commissioned to look particularly at the role of general foster carers who foster through Tusla and recognises that the needs and experiences of relative foster carers or those fostering through private agencies may differ.

The research comprises four interrelated strands: a scoping review of thirty-three empirical studies; a national survey of one hundred and twenty Tusla-approved general foster carers fostering directly through Tusla; thirty individual interviews with general foster carers fostering directly through Tusla; and nine focus groups with twenty-eight foster care staff including children's social workers, social care workers, fostering link workers, Guardian ad Litems, and peer support workers. Taken together, this report reflects the most comprehensive examination of foster carer continuation and discontinuation in the Irish context to date.

Our findings evidence a picture of genuine commitment, from both foster carers and the foster care staff who support them, to support and care for vulnerable children within a complex and challenging system. Overall satisfaction with fostering was high, with eighty-one percent of survey respondents reporting high or very high satisfaction within their role. Over half intended to continue fostering for as long as possible, and fifty-seven percent indicated they would be likely to recommend fostering to others. Consistent with international research, fostering in Ireland remains a deeply altruistic and vocational endeavour, with commitment to the child emerging as the strongest and most consistent driver of continuation across all four strands of this research.

However, findings that forty percent of foster carers report experiencing burnout, and forty-three percent have considered discontinuing at some point in their fostering journey requires attention. Quantitative modelling identified the complex needs of children and self-reported burnout as the two significant predictors of discontinuation ideation. This points towards the cumulative emotional and

practical demands of caring for children with increasingly complex needs, often without sufficient specialist support. It is important to acknowledge that many carers continue despite these challenges, sustained by their attachment to and sense of responsibility for the child in their care. This relationship with the child reflects both the reason carers start fostering and the reason many continue in the face of systemic pressures and strain.

While continuation factors were primarily child-centred, potential discontinuation factors were more multifaceted, often reflecting tensions or strains in relationships with the wider system. Foster carers described experiences of inconsistent support from foster care staff, delayed responses, inadequate information sharing, and a persistent sense of being excluded from decisions about the children in their care. A recurring theme was the experience of power imbalances within the relationship between carers and foster care staff, with carers at times feeling unable to acknowledge difficulties or seek help. Many carers also acknowledged that learning to advocate for themselves and the children in their care was a skill developed over time, often viewed as a necessity in response to systemic and regional gaps in service.

Focus groups with foster care staff broadly echoed these experiences, while also highlighting the pressures facing the workforce around the family. Participants described fostering as increasingly complex, with children entering care with higher levels of need and foster carers expected to respond without specialist training, adequate relational support, or timely access to therapeutic services. In considering their capacity to provide this support, foster care staff identified internal staffing shortages, high turnover, administrative demands, and increasingly procedural practice as impacting their ability to work relationally with carers.

The parallels between reports from both foster carers and foster care staff reflect the shared understanding among those working in the system. There is already awareness of the importance of relational practice and the need to recognise and

respect the essential role of foster carers. There is also agreement that systemic and resourcing pressures within the care system impede this. The findings highlight a number of specific, targeted areas for focus, investment, and structural change required to support and protect both foster carers and the children in their care.

The findings point toward five interconnected areas for development:

Relational and inclusive practice: prioritising the quality and consistency of communication between foster carers and foster care staff, with meaningful inclusion of carers in decision-making around the children in their care. This requires not only individual commitment but structural conditions that enable it, including manageable caseloads, protected time for relational work, and clear accountability for responsiveness.

Therapeutic support and wellbeing: investing in foster carer wellbeing through expanded peer support and direct therapeutic services, alongside the development of timely, specialist therapeutic provision for children in care with complex needs. Proactive, regular outreach to carers, particularly at key transition points, should replace the current predominantly reactive model of support.

Structural reform: addressing regional inconsistency in access to support, information, and entitlements. Undertaking a focused review of specific procedural areas, including the allegation process and access arrangements, with the aim of developing frameworks that are both rights-respecting and responsive to the lived realities of placements.

Workforce planning and stability: addressing the recruitment, continuation, and support of foster care staff as a strategic priority. High staff turnover is not only a workforce issue, it is a direct driver of placement instability and carer discontinuation. Incentive structures, role clarity, and supported professional development are essential components of a sustainable workforce.

Training and professional development: updating training and recruitment materials to accurately reflect the realities of modern fostering and embedding foster carers and care-experienced adults in the design and delivery of training. This also involves recognising reflective supervision as a core and ongoing professional development requirement.

Investment in foster carers is investment in children. The findings of this report suggest that the conditions necessary to sustain foster carers over the long term are within reach, but will require deliberate investment, structural change, and a renewed commitment to relational practice at every level of the system. The cost of inaction is measurable, in placement disruptions, in the drift toward residential care, and ultimately in the outcomes of children who deserve the stability and belonging that only a committed foster family can provide.

Infographic

Factors associated with continuation and discontinuation of foster carers in Ireland

Childhood Matters

Care Experiences — Journeys through the Irish Care System

The current project was commissioned under the Department of Children, Disability and Equality's Care Experiences Programme, a research and data programme examining the lives of children in care and adults who were in care as children. This specific study aimed to examine the factors that influence foster carers' decisions to continue or discontinue their fostering role within the Irish foster care system.

Three key research questions were identified:

- What factors support foster carers to continue fostering or influence foster carers decisions to withdraw from fostering?
- Are there differences between different foster carer groups based on length of service: categorised as 1 year or less; from 1 to 5 years and, greater than 5 years?
- Are there distinctive differences between these three groups in relation to factors such as: a) expectations versus reality of fostering; b) training and support; c) professional and personal relationships and d) meeting the foster child's needs?

Four interrelated data collection methods were used: a scoping review of the existing relevant literature; a quantitative survey of 120 Tusla-approved foster carers; thirty individual interviews with survey participants; and nine focus groups involving twenty-eight foster care staff working in fostering.

SCOPING REVIEW:

- 33 research studies were included for analysis in the scoping review
- Continuation and discontinuation factors were identified across 4 different system levels: the foster carer themselves, the child, the service/agency, and the family/wider community.
- **The main continuation factors identified were:** the relationship with & commitment to the child; personal skills and competences to manage stress; positive relationship & communication with foster service workers; and adequate support from the service/agency, family, friends and peers.
- **The main discontinuation factors identified were:** a strained, challenging relationship with foster service workers; feeling dismissed and disregarded "not part of the care team"; challenges being able to provide for the child, particularly with high needs; and lack of support from the service/agency, family, friends and peers; and ongoing stressors leading to burnout

SURVEY:

Respondents:

There were 120 respondents to the national survey - respondents were from all over Ireland, with 30% from the Dublin Mid-Leinster region
Demographic information recorded that 87% of respondents were female, and were predominantly 45-54 years old.
93% of respondents identified as White Irish and 80% were and were married or in a civil partnership

80% Carers expressed satisfaction with the role

57% Carers would recommend fostering to others

43% Carers reported considering to discontinue fostering at some point

55% Carers reported completing Tusla-provided foster care or required induction training

67% Carers reported that their child has additional needs

40% Carers reported experiencing burnout up to a few times per year

Challenges:

- Emotional strain & burnout
- Limited support received
- High social worker turnover
- Poor communication with social worker
- Feeling disempowered in the system
- Grief of child leaving their home
- Managing demands of caring for children with trauma & additional needs

Protective factors:

- Positive, loving relationship with their child
- Good relationship with their social worker & other professionals
- Adequate support & communication from social worker/fostering service
- Support from partner, family & friends
- Peer support from other foster carers

INTERVIEWS:

30 **foster carers were interviewed** to gain a more in-depth qualitative understanding of their experiences, their consideration of discontinuing, and their decisions to remain fostering

Themes emerging:

- Foster carers: early experience, recognition and voice
- Meeting the needs of the child in care within the family context
- Support structures
- Relationships, communication and information sharing

Why carers remain fostering:

Love & bond Commitment to the child

Sense of purpose & belief in work as a foster carer

Support from social workers & others

Why carers consider leaving:

Lack of support & feeling overwhelmed

Burnout & emotional strain

Difficulty meeting child's needs

FOCUS GROUPS:

28 professionals took part in the focus groups to understand the professional perspective of the foster carer experience, and what factors they believe contribute to continuation and discontinuation.
Professionals who participated were: 7 Social workers; 7 Fostering link workers; 6 Peer support workers; and 8 Guardian ad litems

Continuation factors:

- Emotional connection to the child
- Continuity of a positive, communicative relationship with trusted foster care staff member
- Feeling respected, listened to & included in decision-making for the child

Discontinuation factors:

- Lack of recognition & voice, poor communication, carers feel dismissed and disregarded by their fostering care workers & within in the system
- Strained relationship & disagreements with fostering care workers
- Cumulative emotional exhaustion & carers experiencing burnout
- Fear of allegations, managing complex access agreements with child's birth family

Recommendations:

- Professionals need to recognise, respect & listen to carers, and include them in the decision-making process
- Improve detailed, trauma-informed training for carers, particularly for those with caring for children with high needs
- Review & reform the allegation process
- Improve staffing to increase stability of support & relationships
- Review the financial & structural supports across regions
- Improve the access to supports and create peer support structures

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Section 1
Introduction

Section 1 · Introduction

General foster carers play a crucial frontline role in supporting more than 3000 children who cannot remain safely with their birth families (Tusla, 2026). In Ireland, general foster care is the primary form of alternative care for children and is distinct from both relative care, where a child is placed with a family member or friend, and residential care, where a child is placed in a staffed residential centre or home. Within general foster care there are two further categories, separating carers who foster directly through Tusla and those who foster through a private or non-statutory fostering agency. This research was commissioned specifically to examine general foster carers who foster through Tusla, with recognition that the needs and experiences of relative foster carers or those fostering through private agencies may differ.

The preference and prioritisation for family-based care reflects an intentional and sustained move away from institutional models of care over the past forty years in Ireland (Devaney & McGregor, 2017). A continued commitment to this goal can be seen in the whole-of-government National Policy Framework for Children and Young People 2023 to 2028 (DCEDIY, 2023) and in Tusla's Strategic Plan for Foster Care Services 2022 to 2025 (Tusla, 2022). Ireland in many ways is a model for the international shift away from institutional settings and towards the prioritisation of family-based care (United Nations General Assembly, 2009).

The focus on family-based settings of care is also supported by developmental science, which emphasises the fundamental need for safe and stable relationships with caring and consistent adults. It is widely understood that early relationships shape brain architecture and reflect the building blocks of healthy brain development (Shonkoff & Phillips, 2000). Their enduring impact can be seen across areas of social, emotional, behavioural, and physical development, shaping a child's trajectory into adolescence and adulthood (Center on the Developing Child, 2016). Children need caregivers who are responsive, warm, sensitive, and attuned,

with these everyday interactions forming the basis of a child's attachment relationship. Within attachment theory, repeated interactions with caregivers contribute to, and are encoded in, a child's internal working model of themselves and others (Bowlby, 1988). These models can be thought of as the child's blueprint around what they can expect from others in relationships, as well as how 'worthy' they are to be supported and loved. For children who cannot remain with their birth families, foster carers play a vital role in providing consistent, stable, and nurturing relationships for children, contributing not only to their individual outcomes, but to broader societal wellbeing by promoting a child's healthy development into adulthood.

Ireland has historically performed relatively strongly in maintaining a family-based model of care. Data from the 2021 UNICEF and Eurochild DataCare project, covering twenty-seven EU states and the UK, indicated that Ireland had one of the lowest proportions of children in residential care relative to the overall number in alternative care (UNICEF & Eurochild, 2022). Maintaining this standard is proving increasingly challenging. Tusla statistics for the past decade indicate a reduction in the proportion of children in family-based placements (general and relative care) and an increase in the proportion of children in residential care.

Table 1.Changes in proportions of children in placement types 2015 to 2025

	End of 2015[1]	End of 2025[2]	Percentage Change
Number of Children in Care	6388	5879	-8%
Family-based Placement	93%	86%	-7%
Residential Placement	5%	10%	+5%

1 Tusla Annual report 2015 (Tusla 2016).

2 Tusla Quarterly Service Performance and Activity Report: Quarter 4 2025 (Tusla 2026).

When specifically examining changes in the availability and type of general foster care placements, figures suggest a decline in the number of approved foster carers overall and an increase in foster care placements through private providers.

Table 2.Changes in availability and type of general foster care placement

	End of 2015	End of 2025	Percentage Change
Panel of approved general foster carers	3251	2820	-13%
Children in General Foster Care	4100	3545	-14%
Foster care placements through Tusla	3792	2936	-23%
Foster care placements through private or non-statutory agency	308	609	+98%

Alongside changes in the availability of foster care placements, it is also important to consider stability and breakdown. Placement stability is quantified in Tusla reporting through the proxy of 'the number of children in care in their third or greater placement within the previous 12 months' (Tusla, 2025, p. 100).

Irish data consistently show that general foster care placements are considerably more stable than residential placements. The proportion of children in general foster care placements who experienced three or more placement changes in 12 months was one per cent in 2015 (Tusla, 2016) and three per cent in 2024 (Tusla, 2025). By comparison, the proportions for residential care were 13 per cent in 2015 (Tusla, 2016) and 27 per cent in 2024 (Tusla, 2025). This means that in 2024, one in

every four children in residential care lost their bed, home and carers at least three times in the year.

Placement breakdowns and high instability are associated with poorer outcomes for children over time, including increases in externalising and internalising behaviours (Maguire et al., 2024) as well as greater risk of mental health difficulties (Varnish et al., 2025). Qualitative research with care experienced young people in Ireland has further reflected the profound loss associated with placement breakdowns and the emotional and physical impacts that can follow (Tobin, 2013).

Key to promoting stability for children in care is supporting and maintaining existing foster care placements as well as increasing the overall pool of available carers. The pressures facing Irish foster care are not unique, with international literature also suggesting declining numbers of available foster care places to meet demand (Colton, Roberts & Williams, 2008). In the UK, Ofsted figures indicate that the number of foster care households in England declined by 10 per cent between 2021 and 2025 (Ofsted, 2025). While in Australia, data from the Australian Institute of Health and Welfare (AIHW) similarly points to a high number of carers leaving the system with insufficient new carers coming onboard to replace them (AIHW, 2025).

Approval of new foster carers in Ireland appears to have remained relatively stable, with around 209 Tusla foster carers being approved every year between 2017-2022 (Tusla, 2022) and comparable numbers in 2024 (n=211, Tusla, 2025) and an increase in 2025 (n=223, Tusla, 2026). A focus on strengthened recruitment of new foster carers is explicitly named as a priority in Tusla's Strategic Plan for Foster Care Services (Tusla, 2022), with the appointment of a national lead for foster care and a more targeted focus on advertising and awareness.

In tandem with recruitment, commitments towards strengthening continuation have also been made by Tusla and the Irish Foster Care Association (IFCA, 2025), echoing international findings that recruitment campaigns alone are unlikely to be sufficient where carers do not feel adequately supported to remain in the role

(Centre for Excellence in Child and Family Welfare, 2024; Ott et al., 2023). Tusla data shows that between 2017 and 2024, more Tusla foster carers withdrew from fostering than were approved (Tusla, 2022, 2025), reflecting the need to equally invest in retaining the current pool of carers. Understanding the lived experience of foster carers, including what sustains some to continue and leads others to stop, is key to identifying areas for meaningful change and reform going forward.

The current project was commissioned under the Department of Children, Disability and Equality's Care Experiences Programme, a research and data programme examining the lives of children in care and adults who were in care as children. The stated aim of this programme is to generate evidence to inform responsive policy and service development through delivery of four inter-related projects:

1. Analysis of Tusla Case Management: Child Protection, Alternative Care (TCM CPAC) data to dynamically track the individual pathways of children and young people through the care system.
2. A cross-sectional study of adults who left care ten to fifteen years ago.
3. A longitudinal study of children in care over a ten-year period, commencing when they are sixteen and seventeen years of age.
4. Bespoke research and activities relating to children and young people in care, those who have left care and the issues arising.

The current research was commissioned under project four and sought to explore the factors contributing to decisions to continue or withdraw from fostering.

Three key research questions were identified:

1. What factors support foster carers to continue fostering or influence foster carers decisions to withdraw from fostering?

2. Are there differences between different foster carer groups based on length of service: categorised as 1 year or less; from 1 to 5 years and, greater than 5 years?
3. Are there distinctive differences between these three groups in relation to factors such as: a) expectations versus reality of fostering; b) training and support; c) professional and personal relationships and d) meeting the needs of the child in care?

The present research project examines continuation and discontinuation among foster carers fostering directly with Tusla in Ireland, through four interrelated strands:

1. A scoping review of the research literature on factors associated with foster carer retention and attrition.
2. A quantitative survey of 120 general foster carers fostering through Tusla, exploring demographic and experiential factors linked to retention and attrition.
3. Thirty individual interviews with survey participants, providing a more in-depth understanding of their experiences.
4. Nine focus groups involving twenty-eight foster care staff working in fostering, examining their views on the factors that influence foster carer retention and attrition.

2 Section 2
Scoping review

Section 2 · Scoping review

This section presents results from a scoping review of international research examining factors influencing continuation and discontinuation among foster carers. A protocol was developed prior to commencing, with the review conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021).

2.1 Key findings

- Thirty-three papers were identified, with 16 examining continuation factors, six examining discontinuation factors, and 11 reporting on both continuation and discontinuation factors.
- The factors reported to be most influential for continuation across studies were the relationship the carer had with the child in their care and their commitment to the child.
- Additional factors which support continuation included:
    - having persisting motivations to foster, which were predominantly altruistic in nature
    - strong ability to manage stress
    - positive relationships with children's social workers and feeling part of the care team
    - adequate support received from the fostering service/agency
    - access to support through family and friends
- Some foster carers reported discontinuing when they felt it was a "natural" time to leave, such as for retirement or following a significant life change.
- Decisions to discontinue appeared influenced by diverse factors, including:
    - poor relationships with children's social workers

    - challenging experiences which left carers feeling isolated and disempowered by the system
    - receiving little to no support
- A number of fostering-specific challenges, such as experiencing allegations, were also named as contributing to discontinuation.
- New foster carers were reported to be at higher risk of discontinuation, particularly if they had unrealistic expectations of the role or incompatible motivations to start fostering.
- A number of general and specific suggestions for change were proposed within studies, including:
    - Improve training for new carers
    - Increase the availability of peer support
    - Introduce independent fostering support services (e.g., helplines)
    - New foster carers be allocated short-term or respite placements first, which may allow them to develop necessary skills without being overwhelmed, possibly increasing their long-term commitment to fostering

2.2 Methods

A comprehensive literature search was conducted in January 2025, across six electronic databases including: Web of Science, Scopus, PubMed, Embase, CINAHL, and PsycINFO. Search terms included: "foster parent*" OR "foster famil*" AND "retent*" OR "motivat*" OR "willingness" OR "commit*" OR "stability" OR "attrition" OR "breakdown" OR "instability." A subsequent updated literature search was conducted in October 2025 to ensure all new, relevant research was included in the final review.

Peer-reviewed empirical research studies published in English from the year 2000 to present were included. Eligible studies focused on general foster carers, either by including them as the primary study population or by examining foster carer experiences as the main topic of investigation. Studies were included if continuation, discontinuation, or both, were a central focus. Qualitative, quantitative and mixed method research studies were included to capture a broad range of factors.

Papers were excluded if they were reviews (including systematic, scoping and literature reviews), were not peer-reviewed at the time of data collection or did not include the experience of foster carers in the research. Papers were also excluded if they focused exclusively on foster carer recruitment, motivations to foster or foster carer satisfaction without examining intent to continue or discontinue in the role. The reference lists of both included and excluded studies were also screened to identify additional relevant literature.

Analysis was conducted using narrative synthesis, where themes and sub-themes linked to foster carer continuation and discontinuation were extracted.

2.3 Results

A total of thirty-three studies published between 2001 and 2025 were included in the final review. Studies were conducted across eight different countries, most frequently in the United States (n=13), followed by Canada (n=5), the United Kingdom (n=5) and Australia (n=4). The remaining studies originated from Portugal (n=2), Italy (n=2), Belgium (n=1) and Norway (n=1).

The included studies mostly used quantitative research methods (n= 16) with ten studies employing a qualitative approach and seven studies using mixed methods. Reported sample sizes ranged from five (Hamilton, 2011) to 15,442 (Gibbs & Wildfire, 2007). Sixteen papers examined continuation specifically, six papers

focused on discontinuation factors, and eleven papers discussed factors of both continuation and discontinuation.

Factors relating to continuation and discontinuation were extracted and structured into four overarching levels, identifying separate factors that related to the foster carer, the child, service/agency, and other systems, including the carer's family and peers.

Through this review, it was observed that the relationship with and commitment to the child is considered the most important reason to continue fostering. Other factors promoting continuation included: carers feeling competent in managing challenges, feeling confident and efficacious in the role, having positive relationships with the child and across systems, and having access to adequate supports.

The main factors related to discontinuation were largely the converse, with poor or difficult relationships with others and a perceived lack of support consistently reported as contributing to frustration and stress, which in turn led carers to consider leaving the role.

Recommendations to increase continuation made across the literature mainly pertained to solving issues existing within the service/agency, with additional recommendations directed towards foster carers related to attitudes and approaches toward the role.

See Appendix 1 for a summary of the components of all included papers.

2.3.1 Demographics of foster carers

A total of 26,648 participants were included across all thirty-three studies. The majority of included studies focused on foster carers as their main population sample (n=32), with one study including both foster carers and social workers

(Marcellus, 2010). One study focused solely on social workers' perspectives of factors affecting the continuation and discontinuation factors for foster carers (Hamilton, 2011) with a decision made to include due to specific relevance to the research project.

Demographic commonalities across studies included the majority of participants being married women, aged 40-50 years. Greater variability between studies was noted around other demographics, such as employment status, ethnicity, and income. The length of time spent fostering varied from six months to over forty years, with most carers across the studies having fostered for between two to five years. Studies examining continuation largely reported high rates of continuation or intent to continue fostering (e.g., Christenson & McMurty (2009) reported an 80.39 per cent continuation rate), though variation was observed overall between studies, with some studies reporting high discontinuation or intent to discontinue rates. Rhodes and colleagues (2003), for example, reported that close to 50 per cent of new foster carers in their sample had discontinued or were considering discontinuing fostering 6-months after an introductory training programme.

2.3.2 Continuation factors

Continuation factors refer to the motivational and protective elements of the fostering experience that both inform intent or decisions to continue as well as those which mitigate the impact of challenges and stressors. In quantitative studies, continuation related factors were assessed using questionnaire items with dichotomous (yes/no), Likert-scale (3–5 point), or open-ended response formats. In qualitative studies, continuation was measured through open ended questions addressing carers' intentions or motivations to continue, reasons for remaining in fostering, and consideration of discontinuing.

Carers' relationships with and commitment to the children in their care emerged as a key continuation factor across the included studies (e.g., Canali et al., 2016). Carers reported remaining in the role due to the joy of seeing the child grow and thrive in their care, noting that their love and commitment to the child has sustained them, even during periods of significant challenge (Haysom, Shlonsky & Hamilton, 2025; Daniel, 2011). Carers who were considered more altruistic, with motivations related to wanting to help as well as seeing the need for foster carers in their community, were observed to be more likely to continue fostering in the long-term than those who had more personal reasons to foster, such as wanting to adopt or grow their family (Geiger et al., 2013). Included studies highlighted the risk of chronic stress and burnout within the role, with a number of included studies identifying protective factors which allow motivated carers to continue. These protective factors included skills and coping strategies to manage stress (Hendrix & Ford, 2003; Nesmith & Hartley, 2023), support from family and friends (Cooley et al., 2015) and feeling included as part of the wider network within the fostering service/agency (Blackburn & Matchett, 2022). Key factors and sub-factors that contributed to foster carers' decisions to continue fostering are outlined in Table 3.

Table 3. Factors and sub-factors influencing foster carer continuation

Level (no. of studies)	Factor (no. of studies)	Sub-factor
Self/Personal (23)	Initial motivations persisting (10)	• Altruistic motivations to foster • Desire to care for a child • Observing the need for carers in the community
	Individual characteristics & competences (13)	• Personal traits (e.g., empathy, humanitarianism, altruism) • Competences & skills (e.g., resilience, patience, cognitive flexibility, adaptive problem solving) • Feeling competent in the role
	Role clarity (14)	• Realistic expectations of the role • Understanding how fostering differs from parenting
Child-centred (17)	Relationship between carer & child (12)	• Love & affection towards the child • Desire to see the child develop & progress • Relationship persisting - maintaining contact after placement ends
	Commitment to the child (9)	• Need to provide safety & security for the child • Belief that the child comes first – even when carer faces challenges
Service/Agency (18)	Positive relationships & communication (6)	• Positive relationship with social worker • Consistent communication with social worker & service/agency professionals
	Feeling "part of the team" (9)	• Carer feeling treated like a professional • Needs of the carer considered by the agency/professionals • Carer is included in decision-making processes
	Adequate supports & training (17)	• Emotional support – feeling listened to & validated • Practical supports – respite provided, assisting in securing supports & services for child

Level (no. of studies)	Factor (no. of studies)	Sub-factor
		• Financial supports – adequate remuneration for childcare, covering costs of additional supports
Family & wider supports (11)	Benefits for the entire family (8)	• Family feels fulfilled fostering • Partner & birth children supportive of fostering • Birth children get along well with children in care
	Community & wider supports (7)	• Emotional & practical supports available – particularly from other foster carers • Approval & support of fostering role from community • Independent fostering support services available • Good relationship with child's birth family

2.3.2.1 Self/personal factors

Personal characteristics and traits, motivations, and experience were reported consistently across the research around continuation. Many carers who reported high role satisfaction and intention to continue fostering displayed strong levels of empathy, altruism, humanitarian beliefs and social consciousness (Hayson, Shlonsky & Hamilton, 2025; Keys et al., 2017). Carers who started fostering with altruistic motivations, such as the desire to care for a child in need (Rodger et al., 2006) or understanding the need for carers in the community (Keys et al., 2017), were reported to be more likely to continue fostering in the long term than those who began fostering for more personal reasons (Whenan et al., 2009).

Personal traits or qualities, including resilience (Canali et al., 2016), empathy (Keys et al., 2017), cognitive flexibility (Hannah & Woolgar, 2018), adaptive problem solving (Maclay, Bunce & Purves, 2006), patience and positivity (Nesmith & Hartley, 2023), and self-efficacy (Christenson & McMurty, 2009; Geiger et al., 2013) were also considered important in protecting foster carers against stress and burnout.

One study (Rhodes et al., 2003) noted that carers who reported intending to continue fostering were likely to have also worked in a helping profession. Such experience may have helped develop these skills and competences needed to sustain them in the role. Length of time spent fostering, adequate support and adequate training were also identified as ways to help develop these protective skills, as well as increasing role clarity and their sense of efficacy and competence in the role.

Role clarity was considered important to ensure that new carers had accurate perceptions of the complexities of caring for a child in foster care, navigating the fostering system, and understanding the differences between the role of a carer and the role of a parent (Cooley et al., 2015; Diogo & Branco, 2017; Maclay, Bunce & Purves 2006; Rodger et al., 2006). Mihalo and colleagues (2016) reported that carers who had a clearer understanding of the role reported higher satisfaction, self-efficacy, and more positive experiences of fostering overall, which were positively associated with continuation. In particular, carer self-efficacy was considered vital to continuation, with carers who felt competent in the role considered more likely to remain fostering, whereas those who felt overwhelmed by the role were more likely to consider leaving (Geiger et al., 2013; Whenan et al., 2009).

2.3.2.1 Child-related factors

A key motivation to remain a foster carer was linked to the relationship with the child, fostering trust and safety, seeing the child thrive and progress, overcoming difficulties they have experienced (Canali et al., 2016; Daniel, 2011; Keys et al., 2017). The importance of the carer–child relationship was further emphasised in studies where carers requested ongoing contact after the placement had ended. Not only was ongoing contact reported to help promote carer satisfaction, but it was also seen to help carers recognise the long-term value of their role (Blackburn &

Matchett, 2022). An emergent trend across nine studies highlighted that carers who had expressed significant challenges or expressed dissatisfaction with the fostering role viewed their commitment to the child in their care as the primary, or only, factor influencing their decision to remain as a foster carer (Eaton & Caltabiano, 2009; Giordano, 2024; Roberts et al., 2024). One study reported a trend where carers fostering children with high needs were more likely to foster long-term, seemingly due to their increased commitment to the child (Gibbs & Wildfire, 2007). While commitment to the child appeared protective in the context of existing placements, there remained a risk of carers discontinuing when the specific child in question left their care (Eaton & Caltabiano, 2009). Therefore, while commitment to a specific child may support stability within an individual placement, it may not necessarily reflect a broader continuation factor that sustains carers across multiple placements. In other words, carers may remain highly committed to the child currently in their care, but this does not always translate into a willingness or capacity to continue fostering beyond that.

2.3.2.3 Service/agency factors

Strong support systems, comprising a mix of services and agencies, family, friends and other foster carers were identified as necessary for carer continuation. Positive relationships with the services and agencies in particular, emerged as contributing directly to satisfaction and willingness to remain fostering. Carers reported the need to feel respected, trusted and autonomous in the role (Eaton & Caltabiano, 2009; MacGregor et al., 2006; Rodger et al., 2006), whilst also being treated as "part of the team" (Giordano, 2024) and to be included in conversations about the child (Mabille et al., 2025). Carers also described the importance of timely information sharing as well as the need to be included, heard, and respected in relevant conversations relating to children in their care (Geiger et al., 2013; Mabille et al., 2025). This sense of being respected, included and treated as an equal member of

the wider care team was reported to increase satisfaction, feelings of self-efficacy and sense of competence in the role (Geiger et al., 2013; MacGregor et al., 2006), which in turn may promote continuation. Although positive relationships with the service/agency was identified in six studies as a continuation factor for foster carers, a poor relationship with social workers was reported to affect carers' decision to discontinue fostering in 14 studies. This indicates that positive relationships with social workers are not the primary reason that foster carers remain fostering, but they may be a significant protective factor for carers remaining fostering, allowing them to feel more supported, feel more able to manage during difficult times, and feel trusted and capable in the role.

In addition to positive relationships with services, timely access to targeted support was important for carers to be able to manage challenges and feel satisfied in their role. Practical supports such as respite (MacGregor et al., 2006), therapeutic services for the child (Shklarski et al., 2024) and adequate financial contributions (Diogo & Branco, 2017; 2020) were emphasised, as well as emotional supports through which carers feel listened to and understood (MacGregor et al., 2006). The availability of adequate, specific, and ongoing training was also considered vital for carers. Carers referenced adequate training as contributing to their role competence and self-efficacy, as well as their overall feelings of wellbeing in the role (MacGregor et al., 2006; Mallette & Elmore-Li, 2024; Whenan et al., 2006). Some carers felt that additional, or more targeted training was needed to help support them further, specifically highlighting the importance of comprehensive induction training to prepare for the role (Christenson & McMurty, 2009; Eaton & Caltabiano, 2009) and access to ongoing training to support during specific challenges (e.g., Hamilton, 2025; MacGregor et al., 2006). One study (Mabille et al., 2025) also recommended further training for social workers targeted towards supporting carers to manage distress in the moment.

2.3.2.4 Family and wider supports factors

The effect of fostering on the entire family system was noted as a significant influence in the decision to continue or withdraw from the role (Marcellus, 2010). Eight included studies highlighted the importance of other family members, such as spouses and birth children, expressing the importance of being a "foster family" and having a positive relationship with the child (Blackburn & Matchett, 2022; Canali et al., 2016; Cooley et al., 2015). In one study, carers described the importance of listening to the needs of the whole family (e.g., knowing when to take a break from fostering) and the need for the family to feel that they can manage challenges or difficulties together (Marcellus, 2010). A shared sense of fulfilment across the wider foster family appeared to be an important factor in continuation. When fostering was experienced positively, this appeared to reduce potential conflicts and difficulties, including birth children feeling overlooked or conflicts arising between the birth children and children in care (Canali et al., 2016). For older foster carers, adult children were also identified as having a positive influence on placements, providing additional support to the carers and offering another meaningful relationship for the child (Cooley et al., 2015; McClay et al., 2006; Rhodes et al., 2003). Support from family and friends was viewed as particularly important when service or agency input was limited, or in cases where trust and communication had broken down between the carer and social workers (Maclay et al., 2006).

Wider community support, particularly from other foster carers, was identified as important and valuable for foster carers (Mallette & Elmore-Li, 2024). Support from family, friends and peers appeared again to be especially important when service and agency input was limited, with these personal networks providing respite, advice and emotional support (Maclay et al., 2006). Other community-based factors related to continuation included positive relationships with the child's birth family (Blackburn & Matchett, 2022) and exposure to positive perceptions of fostering in general society (Daniel, 2011; Marcellus, 2010). Across these wider systems, positive relationships may help reduce potential stressors for carers,

while supportive peer and friend networks may strengthen a carer's capacity to manage ongoing challenges in the role.

2.3.3 Discontinuation factors

Discontinuation factors refer to aspects of the fostering experience that reduce carers' intention to continue and may ultimately lead them to leave the role. Several factors emerged across the included studies, with studies highlighting that discontinuation rates remain a continuous challenge in fostering.

Among the personal factors mentioned within the included studies were life circumstances and 'natural ends' to a carer's journey. These included carers growing older and retiring from the role, carer illness, significant life changes (e.g., divorce, bereavement of a partner, family member illness), moving location, and no longer enough space to foster (e.g., new child born or adopted children) (Ahn et al., 2017; Diogo & Branco, 2020; Rhodes et al., 2001).

While many carers leave the role at the natural end of their journey, the literature also identified instances of capable and motivated carers discontinuing earlier than expected and, in some cases, turning to other volunteering roles outside of fostering (Marcellus, 2010). These decisions appeared to reflect the build-up of cumulative chronic challenges and stressors, that carers experience in the role felt unable or unwilling to endure. Carers within the included studies reported feeling disempowered by the system, and a perceived lack of support from the fostering service/agency (Haysom et al., 2025; Maclay et al., 2006). New foster carers appeared to be at greater risk of discontinuation than more experienced, long-term foster carers (e.g., Blackburn & Matchett, 2022; Rhodes et al., 2003). However, experienced carers may also decide to leave the role when challenges remain unresolved or when intervention and support is not provided (Maclay et al., 2006; Rhodes et al., 2001; Roberts et al., 2024).

Table 4 below outlines the key factors and sub-factors that contributed to foster carers' decisions to discontinue fostering prior to retirement. Factors have, again, been separated into levels relating to the various relevant stakeholders.

Table 4.Factors and sub-factors influencing foster carer discontinuation

Level (no. of studies)	Factor (no. of studies)	Sub-factor
Self/Personal (16)	Unrealistic expectations of the role (13)	• Fostering not what was expected, feeling unprepared for the role • Feeling unable to adapt to the new role • Feeling isolated in the role
	Individual characteristics & stress management (4)	• Experiencing high levels of chronic stress, compassion fatigue & trauma • Limited protective traits (e.g., low resilience, limited cognitive flexibility, patience)
Child-centred (14)	Behaviours that challenge carers (11)	• Children with additional/high needs • Teenagers – changes during puberty, oppositional behaviour
	Relationship with child & placement ending (4)	• Fear of the child being taken away • Children leaving unexpectedly • Losing contact with the child
Service/Agency (19)	Poor relationship with social worker (14)	• Carer feeling disrespected or not treated as a professional • Information about the child not being shared • Poor communication – e.g., social worker not responding to calls & emails
	Lack of support (14)	• Practical supports – basic equipment & approval not provided; no respite provided • Emotional support – carers feeling ignored, not listened to, feeling alone & unsupported

Level (no. of studies)	Factor (no. of studies)	Sub-factor
		• Financial support – remuneration not being enough to cover the costs of the child
	Wider systemic issues (8)	• Policies and procedures drawn out and stressful for carers – e.g., allegation procedures • Unrealistic expectations placed on carers – e.g., expectations of access • Service/agency staff overburdened & burnt out; high staff turnover
Family & wider support network	Family challenges (10)	• Birth children feel unhappy with family fostering • Lack of support from family members • Challenges with the child's birth family
(11)	Limited support system (5)	• No support from extended family or friends • Lack of support from other foster carers/peers

2.3.3.1 Self/personal factors

Carers across thirteen papers reported having discontinued or considered leaving fostering because the role differed significantly from what they had expected. Some carers noted that their initial motivations for fostering were unsustainable or did not align with the realities of the role (Rhodes et al., 2001). Many new carers were not aware of the complexity of fostering (Marcellus, 2010; Randle et al., 2017), particularly around caring for children with trauma histories or high levels of need (Daniel, 2011), as well as navigating the foster care system (Hamilton, 2011). In cases of notable divergence between expectations and the reality of the role, those who discontinued reported having felt unprepared for the intensity and challenges of the role (Ahn et al.,2017; Mabille et al., 2025). This mismatch appeared to affect carers' confidence and their sense of self-efficacy, particularly when caring for a child with additional needs (Hamilton, 2011; Mallette & Elmore-Li, 2024). This

pattern also appeared to be especially prevalent among newer foster carers (Blackburn & Matchett, 2022).

Persistent exposure to stressors was also identified as contributing to discontinuation, with carers who experienced higher levels of challenge more likely to consider leaving fostering. Carers who discontinued reported higher levels of stress, burnout and compassion fatigue, alongside lower role satisfaction (Hannah & Woolgar, 2018; Mallette & Elmore-Li, 2024). Not all carers who experienced challenges withdrew from fostering; however, those who successfully continued appeared to have protective personal resources that helped them manage stressors more effectively (Hannah & Woolgar, 2018). Carers who reported lower cognitive flexibility, lower resilience, and higher thought suppression (Hannah & Woolgar, 2018; Hendrix & Ford, 2003) were reported to have higher carer stress and symptoms of burnout, which in turn increased the likelihood of expressing an intention to discontinue fostering (Haysom et al., 2025; Mallette & Elmore-Li, 2024).

One recommendation made by carers to help manage these stresses early on in fostering was to assign new foster carers to respite or short-term fostering roles before taking on long-term placements (MacGregor et al., 2006). This approach may support long-term commitment by allowing new carers to develop a clearer understanding of the fostering role, build relevant skills, and gain confidence and experience without becoming overwhelmed. Child-specific guidance and training was also named as a potential support to help carers respond to unexpected challenges within placements (Christenson & McMurty, 2009), while a focus on peer support from experienced foster carers may provide practical advice and emotional support for new foster carers (Giordano, 2024).

2.3.3.2 Child-related factors

The impact of trauma, complexity of need and persistent behaviours that challenge the carer-child relationship was viewed as a risk factor for discontinuation (Ahn et

al., 2017; Hamilton, 2011; Rhodes et al., 2001), particularly for carers of adolescents (Mabille et al., 2025; Geiger et al., 2013). Carers across studies reported feeling unprepared and under-skilled to support such need (Blackburn & Matchett, 2022), which increased distress and dissatisfaction in the role (Eaton & Caltabiano, 2009; Randle et al., 2017) and ultimately increased the risk of carers deciding to discontinue (Rhodes et al., 2001; Roberts et al., 2024). Closely aligned with feeling unprepared was the sense that carers were not always provided with adequate information about the child (Hamilton, 2011), which, alongside broader gaps in communication, impacted carer relationships with services and agencies (Roberts et al., 2024; Geiger et al., 2013). While the need for specialist therapeutic services to support children and families was highlighted, the literature also emphasised the central role of fostering services and agencies in providing families with timely information, guidance and practical support.

Other child-related factors that contributed to thoughts of discontinuation included the grief and sadness foster carers experienced when a child left their care (Canali et al., 2016; Daniel, 2011). This grief was often described as persistent and intense, leading some carers to question whether they could experience such a loss again. The significance of the carer-child bond was reflected in carers' fears that a placement might end unexpectedly, or that they might "lose" the child, and was to a level which in itself contributed to thoughts of discontinuing (Hayson, Shlonsky & Hamilton, 2024). Across studies, carers frequently expressed a strong desire to maintain communication with children after a placement ended (Blackburn & Matchett, 2022; Diogo & Branco, 2020). Such continued connection may help carers cope with the distress and grief associated with endings in foster care.

2.3.3.3 Service/agency factors

Issues with the fostering service/agency were named as a significant factor in discontinuation across nineteen studies. Carers described poor relationships with social workers and inadequate agency support as major "push" factors influencing their decision to leave fostering. Poor relationships were often characterised by limited communication between social workers and carers, in tandem with feeling disrespected, disregarded, or a lack of autonomy in their role as the child's primary caregiver. In one paper (Blackburn, 2016), carers reported that difficulties with social workers were considered the most significant challenge in the role, with demands feeling "unmanageable" and social workers perceived at times as not considering the needs of the child or the carer.

Carers also described feeling overlooked and excluded, noting that the impact of fostering on their lives was not always recognised and that they felt at times like they were being "told" how to parent by foster care staff (Diogo & Branco, 2017; 2020; Geiger et al., 2013; Hamilton, 2011; Maclay et al., 2006). Relationships with foster care staff also became strained when carers felt that decisions were not being made in the child's best interests, which appeared to reduce carers' trust in their social worker (Diogo & Branco, 2020). This lack of trust may reduce their willingness to seek help or raise concerns, particularly if they believe their views will not be taken seriously. In one study, some carers reported seeking their own sources of support, as a result of unhelpful or dismissive experiences with social workers (Maclay et al., 2006).

The lack of support from the service/agency was reported as one of the most significant challenges for foster carers. Supports referred to practical supports (e.g., access to equipment and clothing, referrals for assessments and support services, respite; Eaton & Caltabiano, 2009; Rhodes et al., 2003), emotional support (e.g., non-judgemental space to discuss challenges, share worries; feeling heard and supported; MacGregor et al., 2006; Randle et al., 2017), financial

supports (Geiger et al., 2013) and access to adequate training (Daniel, 2011; Eaton & Caltabiano, 2009). Participants in one study described feeling "abandoned" by the lack of access to resources and support from both services and social workers (Roberts et al., 2024), while carers in another study described the frustration felt when children were not being supported appropriately by the service (Blackburn, 2016). Carers felt that social workers placed unrealistic expectations on them in terms of the work they were expected to do with little to no support, increasing stress and reducing feelings of carer competence and efficacy (Christenson & McMurty, 2009; Daniel, 2011; Haysom, Shlonsky & Hamilton, 2025; Marcellus, 2010). A continued lack of support was a point of frustration for many carers and was a factor in many competent and experienced carers leaving the system altogether (Maclay et al., 2006). One study described that carers sometimes left to volunteer in other places, indicating that ongoing issues and insufficient supports may result in motivated, competent people quitting (Marcellus, 2010).

Carers acknowledged the wider systemic issues that contribute to tensions with services or agencies. Social workers were viewed as overburdened, with heavy caseloads preventing them from being able to engage adequately with families (Christenson & McMurty, 2009; Hamilton, 2011). High staff turnover was also identified as a persistent challenge (Blackburn, 2016), with carers reporting that it impacted their ability to form relationships with social workers. Carers expressed frustration at each change, feeling like they were "starting the case over and over again" (Geiger et al., 2013). Complex policies and procedures were also referenced, including the complexity of allegation processes (Eaton & Caltabiano, 2009). Carers described this lengthy and stressful experience leaving them feeling "abandoned" and stating that the process impacted their lives for years. One study, which focused on foster carers who had experienced allegations, reported that commitment to the child was the sole protective factor reported, with a large number of participants expressing their intent to discontinue fostering once the child had left their care (Roberts et al., 2024).

Recommendations toward services and agencies highlighted the need to improve supports for both the carer and the child, stressing the importance of responding to crises in a timely manner (Nesmith & Hartley, 2023). Carers stressed the importance of including foster carers to a greater degree as part of the team around the child, and of facilitating carers' contributions to conversations and decisions (Randle et al., 2017). Carers suggested that social workers afford greater autonomy in how they parent the child, without being shamed or "told" what to do. They acknowledged the overburden of work experienced by social workers and recommended that agencies make changes to reduce the workload of social workers and to reduce staff turnover rates (Geiger et al., 2016).

2.3.3.4 Family and wider support factors

Family-related factors were observed to influence a carer's decision to discontinue fostering (Blackburn & Matchett, 2022; Canali et al., 2016; Diogo & Branco, 2017; 2020). A lack of family support was reported to reduce feelings of competence and increase carer stress and isolation (Blackburn & Matchett, 2022). Potential negative impacts of the fostering experience on carers' birth children were a significant consideration (Mabille et al., 2025; Mallette & Elmore-Li, 2024; Diogo & Branco, 2020), where conflict between birth children and children in care was a decisive factor to discontinue for some carers (Rhodes et al., 2001). Marital challenges also emerged under the theme of family-related challenges, where carers who were experiencing relationship difficulties or who lost their partner were more likely to discontinue fostering (Marcellus, 2010; Rhodes et al., 2003).

Limited or absent broader support systems, including friends, community and peers, also emerged within the literature as a risk factor for discontinuation (Diogo & Branco, 2020; Rhodes et al., 2003). Carers with poor support networks shouldered greater responsibility and consequent stress, relying more on services for practical and emotional support. One study described the need for foster

carers to build their own networks, as services can be limited in what they provide (Maclay, Bunce & Purves, 2006). Where high levels of support and encouragement is considered a protective factor, the perceived absence of this support may contribute to a carer's decision to discontinue.

2.4 Conclusion

The key continuation factors observed in the literature seem to relate to the carer's relationship and commitment to the child in their care, and they also emerge as a central motivation for individuals deciding to become carers. Additional protective factors influence carer self-efficacy, competence, and satisfaction in the role, increasing the likelihood that these carers will continue fostering as long as they are feasibly able. These factors included carers' own ability to manage stress, the relationship with social workers, and the support received from the service/agency, family and friends. The absence of these protective factors may lead competent carers to discontinue fostering early. Many of the factors that influence foster carer continuation and discontinuation can be directly or indirectly supported by services and agencies.

Adequate training can equip carers with important skills and competencies to manage many challenges, and emotional support can increase carers' self-efficacy and sense of competence in the role. Perceived difficulty caring for children with additional needs can be supported with consistent communication and appropriate supports provided by services, such as access to mental health services and respite. Support systems can be built around carers who feel isolated or alone, with social workers providing emotional support and facilitating spaces for foster carers to meet one another and develop connections and friendships. Recommendations were directed mainly towards the fostering service/agency, where carers highlighted the need for attentive and caring social workers, consistent and equal inclusion of foster carers in the network around the child,

timely supports, and adequate training. Some additional recommendations were made directly to foster carers, highlighting the importance of remaining patient, acknowledging the positives of the role, and making use of available resources and supports where possible.

3 Section 3 Research methods

Section 3 · Research methods

The current research comprised three different data collection methods (mixed methods) aimed at examining the experiences of Irish foster carers and the foster care staff[3] who work with them. The first method comprises a quantitative survey, which sought to broadly examine possible continuation and discontinuation factors among active general foster carers with Tusla in Ireland. Method two comprises qualitative interviews, which sought to build on our understanding of the data gathered in method one. Method three employed qualitative focus groups to explore foster care staff's beliefs and reflections on factors influencing carers' continuation and discontinuation.

3.1 Steering group

To provide oversight and inform the delivery of the project, a research Steering Group, comprising members of each key stakeholder group, met regularly to review, discuss, refine, and map the research questions and aims to the methodology. Data collection tools were also reviewed by members of this group, and they provided feedback on draft versions of the final report and recommendations.

3.2 Ethical approval

Ethical approval was granted by the Tusla Independent Research Ethics Committee in April 2025. Two subsequent amendments were approved, which expanded the recruitment strategy and procedure, including broadening

[3] The term *foster care staff* refers predominantly to the children's social worker or the fostering link worker- either individually or collectively. In some cases, the term may refer to another staff member that a foster carer mentioned, without specifying their job role.

recruitment of foster care staff to include peer support workers and social care workers.

All participants were provided with information sheets explaining the purpose of the research, what their involvement would entail, and the voluntary nature of the research. Participants were also informed about the nature and type of data being collected, how their data would be stored and managed, and their rights with regard to accessing or withdrawing their data. Examples of these documents are in the Appendices.

3.3 Study 1: Foster carer survey

All approved general foster carers currently fostering directly through Tusla were eligible for inclusion in the survey. Invitation links and physical survey packs were distributed through Tusla gatekeepers, based in each of the six Tusla geographical regions[4]. Participants were also recruited through gatekeepers identified by IFCA and Childhood Matters, organisations that work directly with foster carers.

A total of 147 foster carers completed either the online survey, hosted on Microsoft Forms, or the physical survey distributed at Tusla and IFCA events. Twenty-seven participants were excluded for the following reasons: they were relative carers only (n=12), they responded to the survey more than once (n=12), they were not fostering directly through Tusla (n=1), they were from the same household (n=1), or they requested removal of their data (n=1).

3.3.1 Survey design

An initial literature review informed the survey design, which used a mix of standardised and bespoke measures. Where standardised measures were

[4] Dublin North East, Dublin Mid Leinster, South East, South West, North West, Mid West.

unavailable for the outcomes of interest, items were created or adapted from previous studies. The full survey can be found in Appendix 5.

The survey comprised eight sections and included a mix of closed and open questions. Demographic questions captured background characteristics of carers, household composition and fostering experience using variables drawn from the Central Statistics Office/Office for National Statistics[5]. The remaining seven sections examined motivations for fostering, satisfaction with fostering, perceived social support, perceptions of children's emotional and behavioural needs, thoughts about discontinuing fostering, and burnout[6]. A description of these measures and an explanation for why they were chosen can be found in Appendix 4. Additional open-text questions explored challenges faced by carers, as well as training experiences, barriers to training, and further support needs.

The survey was piloted with four foster carers and refined based on feedback. It was open from April to July 2025, with a second recruitment wave in September 2025 that included minor wording changes and additional reassurance regarding confidentiality.

3.3.2 Analysis

Survey responses from online and paper formats were combined into a single dataset. Duplicate entries and multiple responses from the same household were removed to maintain independent observations. Once this stage of data cleaning was completed, names and email addresses were removed from the dataset for confidentiality. Missing data were identified and entered as No response to differentiate between answers stating No and the absence of an answer.

[5] The Central Statistics Office (Ireland) and the Office for National Statistics (UK) are the national bodies responsible for collecting and reporting official statistics, including standard demographic categories.

[6] Burnout happens when an individual becomes emotionally and physically exhausted from prolonged stress, often leading to feelings of fatigue, frustration, disconnection, and difficulty coping.

Demographic information and descriptive statistics are displayed below for combined survey results across the three groups. Inferential statistics[7] were used to determine whether differences existed across the three subgroups of interest, which were based on length of time as a carer (<12 months, one to five years, >5 years).

3.4 Study 2: Foster carer interviews

All participants who completed the initial foster carer survey were eligible for an interview. As part of the consent process for the foster carer survey, participants were asked if they could be contacted for a follow-up interview. Purposive sampling was then applied to participants who consented to follow-up to achieve the aim of recruiting 10 foster carers for interview from each sub-group, reflecting years of service.

A total of thirty foster carers were interviewed over Microsoft Teams. It was challenging to recruit even numbers across the three groups, so most foster carers interviewed had fostered for more than five years (n= 15), followed by those fostering for one to five years (n= 12), and finally those fostering for less than one year (n= 3).

3.4.1 Interview schedule

The interview schedule was informed by a review of the literature and initial piloting of the questions with four foster carers. It was designed to be comfortably answered in approximately forty-five minutes, with space provided for additional contributions or topics from participants. The full interview schedule is in Appendix 6.

[7] See Appendix 8 for details of the statistical analyses conducted.

3.4.2 Analysis

Transcripts were auto-generated from interview recordings and reviewed by two members of the research team. Transcripts were then anonymised and analysed using reflexive thematic analysis following the approach outlined by Braun and Clarke (2006, 2021).

3.5 Study 3: Focus groups with foster care staff

All children's social workers, fostering link workers, and peer support workers currently employed by Tusla across the six geographic regions were eligible to attend the focus group. All Guardian ad Litems (GALs) currently working in Ireland were also eligible to participate in the focus groups.

Tusla gatekeepers across the six Tusla geographical regions, as well as gatekeepers from Tigala, Barnardos and Gallore, supported the recruitment of foster care staff for the focus groups. Gatekeepers contacted children's social workers, fostering link workers and GALs in their networks to invite them to participate in focus groups for this research. Purposive sampling was then used to ensure a mix of experience levels and representation from each of the six Tusla geographic areas.

Following a period of recruitment, the research team was contacted by a group of previous foster carers, who now offer peer support through a pilot scheme within Tusla[8]. An amendment was sought to include these peer support workers in the project, with an additional focus group developed to collect their experiences.

A total of twenty-eight foster care staff, comprising GALs (n=8), fostering link workers (n=7), peer support workers (n=6), and children's social workers/social care workers (n=7) participated in nine focus groups which lasted approximately

[8] Tusla's fostering peer support pilot scheme embeds experienced carers within Tusla's support framework to offer practical, lived-experience support to foster carers, enhancing the overall support system alongside statutory services.

ninety minutes each. Participants were grouped by role with between two to five participants in each group.

3.5.1 Focus group schedule

The focus group schedule drew from questions from the interview schedule. An initial pilot group of foster care staff was used to test the questions, though no changes were made following this. The full focus group schedule is in Appendix 7.

3.5.2 Analysis

Focus group data was analysed using the same methods and approach as interview data.

4 Section 4 Foster carer survey

Section 4 · Foster carer survey

This section presents the survey findings based on data analysed from 120 active general foster carers with Tusla. Participants provided a mix of closed- and open-ended responses for each survey section.

Results are reported in full where possible, however, to protect the anonymity of individual foster carers, particularly where personal information is concerned, categories with fewer than five respondents are merged into broader categories. In the qualitative analysis, reported counts refer to the number of foster carers, not instances of a theme, unless otherwise stated. Details of statistical analyses can be found in Appendix 8.

Analysed results include foster carer demographics, motivations, and training experiences, followed by analyses of the outcome measures (satisfaction, continuation, social support, strengths and difficulties questionnaire (SDQ), burnout, and discontinuation) to explore their predictive value for discontinuation. Finally, qualitative comments on challenges within fostering are presented.

4.1 Key findings from survey data

- **Demographic factors:** Respondents were predominantly female, aged 45 to 54 years, White Irish, and married or in a civil partnership. Over half held a university qualification and were employed or self-employed. Most owned their home, had access to a car, and were geographically distributed across regions, with the largest group in Dublin Mid-Leinster.
- **Reasons for fostering:** Decisions were primarily driven by commitments to care, empathy, and social responsibility, alongside exposure to fostering in personal networks and a desire to build or extend a family.

- **Training:** Most carers completed mandatory pre-approval training, though its type and duration varied. Almost all had undertaken additional training since approval, often first aid or trauma-informed care. Over a quarter had professional backgrounds in child- or family-related fields. A quarter felt that, even with training, nothing had fully prepared them for fostering.
- **Satisfaction with fostering:** Overall satisfaction was high (80%), driven largely by relationships with children in care. Dissatisfaction related to accessing support, foster care staff turnover, and information sharing about the child. Around half felt they appreciated in their role, while over 90 per cent were confident in their abilities as carers.
- **Anticipated continuation duration and recommendation likelihood:** Over half of carers intended to continue fostering for as long as possible. Fifty-seven per cent were likely to recommend fostering to others, and twenty-nine per cent were unlikely to do so.
- **Multidimensional scale of perceived support:** Foster carers identified that a 'special person' in their life, such as a partner, provided the highest levels of perceived support compared to friends or family.
- **Strengths and difficulties questionnaire (SDQ):** Two-thirds of carers reported that a child in their care had additional needs. Half or more of the children reported on in this measure presented with above-average needs across emotional, conduct, hyperactivity, peer, prosocial and total SDQ scores. Higher scores in the strengths and difficulties questionnaire were associated with increased thoughts of discontinuation among carers.
- **Burnout:** Forty percent of carers reported experiencing burnout a few times a year or less. Burnout was lower among first-year carers and increased with time in the role, with higher burnout associated with greater likelihood of considering stopping.

- **Discontinuation ideation:** Forty-three per cent of carers had considered discontinuing at some point, most commonly those fostering for one to five years. These thoughts were largely linked to systemic factors and negative experiences, such as lack of support.
- **Challenges:** Carers identified systemic and relational issues, such as limited support, high social worker turnover, poor communication, and restricted input into decisions, as key challenges. Emotional strain, including burnout and grief following placement endings, was also common, alongside reference to the demands of caring for children with trauma and complex needs and managing access visits with birth families.

Foster carers were predominantly middle-aged, female, White Irish, and motivated by care, empathy, and social responsibility, with generally high satisfaction and strong child-centred commitment. However, systemic pressures, variable support, and caring for children with complex needs were associated with burnout and thoughts of discontinuation.

4.2 Foster carer characteristics

The sample was predominantly female (n=104, 87%) and aged between 45 and 54 years (n=56, 47%). Most participants identified as White Irish (n=111, 93%) and were married or in a civil partnership (n=77, 80%). Over half had attained a university-level qualification (n=63, 53%), and over half were employed or self-employed (n=62, 52%) in predominantly professional occupations (n=45, 38%), caring and leisure services (n=28, 23%), or homemaker, carer, or foster carer (n=25, 21%) roles. The majority owned their accommodation (n=111, 93%) and had access to a car (n=117, 98%). Participants were geographically well distributed, with the largest group in the Dublin Mid-Leinster region (n=30, 25%) and the smallest group in the

Mid-West (n=5, 4%). See Appendix 9 for the full demographic breakdown of participants.

Most participants were joint foster carers (n=98, 82%) providing long-term care (n=109, 91%). About a third of foster carers provided short-term care (n=41, 34%), a quarter offered respite (n=31, 26%) and a fifth provided emergency care (n=24, 20%).

The average time a foster carer had been fostering was 10 years (Range 0.5 to 28 years). With most fostering for more than 5 years (n=81, 68%), followed by those fostering between 1 and 5 years (n=31, 26%), and finally those fostering for under 1 year (n=8, 7%).

Most participants had fostered a total of one (n=18, 15%) or two (n=19, 16%) children, with an overall range of 0 to 80. Carers had an average of 1.7 (SD=1) children in care currently in their care (Range 0 to 5), with most currently caring for either one (n=54, 45%) or two (n=40, 33%) children, followed by those caring for three children (n=14, 12%).

The number of other children in families who foster[9] currently in the home ranged from zero (n=55, 46%) to four or five (n=6, 5%). With many having one (n=25, 21%), two (n=25, 21%), or three (n=9, 8%) other children living in the home.

For the purpose of group comparison, carers were categorised by length of service (<1 year, one to five years, and >5 years). No significant group differences were noted for the majority of demographic characteristics, though more experienced carers (>5 years) were on average older (p= 0.024), had undertaken more long-term care placements (p= 0.002), and tended to have more children currently in their care (p= 0.002), when compared to the other two groups.

[9] Children of families who foster relates to children other than the children in care, such as the foster carers' biological or adopted children.

4.3 Reasons for fostering

Carers rated 33 statements about their motivations for fostering on a five-point scale ranging from *very true for me* to *not at all true*. Primary motivations (rated as *very true* or *somewhat true)* mentioned by at least half of the sample were altruistic in nature and included: *to provide a good home for a child* (n=112, 93%), *to provide a child with love* (n= 112, 93%) *to help a child who was less fortunate* (n=92, 77%), *to provide a home so a child won't have to be put in an institution* (n=80, 67%), and *to do something for the community/society* (n=68, 57%). Over a third (n=43, 36%) could not *have any, or any more, children.* The least endorsed motivations included: *to help my marriage*, or *to have more money.*

Qualitative responses were provided by 112 respondents and expanded on the centrality of altruistic and values-based decision-making in deciding to become a foster carer. The primary reason was to provide a loving, safe, and nurturing home to a child who needed it (n=78, 70%). Carers consistently described having 'love to give', wanting to offer safety, belonging, and emotional support to a child who may not otherwise receive these opportunities.

> We felt drawn to this type of parenting; we felt we could do it and wanted to do it. We believe in collective responsibility; children need to be kept safe and cared for by adults. Knowing some children don't have that, we wanted and believed we could love a child in need of a home. (Foster carer 024)

Almost a fifth of respondents (n= 21, 19%) referenced their exposure to fostering, the care system or childhood adversity. Accounts frequently referenced personal connections to fostering, either through friends or family who had fostered or been in care. A small proportion knew of a family in crisis who needed their help. This exposure to fostering helped build understanding for some, whereas for others, personal adversity or witnessing hardship in loved ones created empathy and a strong emotional commitment to fostering.

> My parents did and currently still do foster. Over the last 25 years, my life has been enriched through my family fostering. (Foster carer 045)

A final reason, referenced by nine per cent of respondents (n=11), related to a desire to have a family, when other routes to becoming a family had not been successful. These were mainly due to fertility issues or difficulties with adopting.

4.4 Training

Foster carers responded to five open-ended questions about training related to fostering. As responses varied in detail, reported counts do not sum to the full sample, and individual carers may be included in multiple categories.

4.4.1 Training completed prior to becoming a foster carer

Foster carers described a range of pre-training experiences prior to fostering. Over half of carers (n=66, 55%) reported completing Tusla-provided foster care or required induction training. Children First or child protection training was frequently cited (n=20, 17%), along with first aid or CPR (n=9, 8%). A subset of foster carers reported the duration of mandatory training prior to approval, most commonly three-day or weekend programmes, with the longest involving monthly sessions over six months.

Smaller groups of carers referenced relevant professional qualifications (n=9, 8%), prior personal or professional experience such as parenting, childcare, or adoption experience (n=8, 7%), or additional specialist training (n=7, 6%). Few reported little or no prior training (n=4, 3%), though some could not recall details (n=11, 9%).

4.4.2 Training completed since becoming a foster carer

Over three-quarters of foster carers (n=106, 88%) had completed training since becoming foster carers, although over half (n=69, 58%) did not specify the exact courses undertaken. Among those who provided details, the most frequently referenced areas were first aid, trauma-informed care, Children First training, and attachment-based approaches. Tusla (n=26, 22%) and the Irish Foster Care Association (IFCA; n=15, 13%) were the primary providers cited. A group of carers reported receiving no training or minimal engagement since becoming foster carers (n=14, 12%).

4.4.3 Personal experiences / informal training

Foster carers were asked to comment on any personal or informal training which had prepared them for fostering. Professional backgrounds in child- or family-related fields were mentioned by almost a third of carers (n=36, 30%), including social work, social care, childcare, teaching, youth work, psychology, midwifery, and therapeutic roles. Smaller groups referenced general life or parenting experience (n=18, 15%), growing up in fostering families or having family members who had fostered (n=10, 8%), or adoption experience (n=4, 3%).

In contrast, over a quarter of foster carers (n=34, 28%) reported that nothing had fully prepared them for fostering, often commenting that experience can only be gained once a child is living with you.

> I don't think training can really prepare you for becoming a foster carer- it's when you first have that child in your home, the reality hits, and then you will know if you can do this or not. (Foster carer 049)

4.4.4 Strengths and barriers to training

When asked about barriers to foster carer training, time constraints were mentioned by over half of carers (n=62, 52%), including difficulties juggling work, school runs, or childcare responsibilities.

> Fostering is busy with access, meetings and often therapeutic work, so it's not always easy for foster parents to attend training. (Foster carer 028)

Mentioned less frequently were travel or location-related challenges (n=12, 10%), how interesting the training was perceived to be (n=10, 8%), scheduling of sessions (n=9, 8%), or lack of practical focus and uninformed trainers (n=6, 5%). The modality of training was identified as a barrier, with some preferring online and others preferring in-person training (n=9, 8%). A small number of carers (n=8, 7%) noted issues with course format or group dynamics, such as other participants dominating discussion, or repetition of content.

A space was provided for foster carers to comment further on training, with twelve per cent providing positive feedback (n=14), describing it as excellent, informative, or much improved in recent years.

> Satisfied with the range of training. I was also impressed Tusla sought input from foster carers last year when planning this year's training. (Foster carer 101)

Requests for additional or improved training were expressed by carers (n=18, 15%), particularly practical, hands-on training (n=7, 6%), more therapeutic or trauma-informed content (n=5, 4%), and specific topic-based training such as toileting and sleeping (n=6, 5%).

> Most training is theoretical rather than practical. Foster carers need practical training on how to deal with situations rather than the theory of why they happened, which we usually know and understand. (Foster carer 086)

4.5 Outcome measures

Outcome measures, used to compare between participants and subgroups, assessed: satisfaction with fostering, anticipated continuation duration and recommendation likelihood, perceived social support, children in care's emotional and behavioural needs, burnout, and discontinuation ideation.

The average scores of these outcomes are summarised per measure and subgroup in Appendix 8 and presented individually in detail in subsequent sections.

Analysis included examining whether scores on each measure differed by length of service. Length of service was not related to satisfaction, anticipated continuation duration or likelihood of recommending fostering, perceived social support, children's strengths and difficulty scores, or thoughts about discontinuing (all $p > .05$). However, burnout differed by experience level ($p = .037$), with carers in their first year reporting lower burnout than those who had been fostering longer, suggesting that burnout may develop over time.

Discontinuation ideation was analysed as a binary outcome (ever considered discontinuing vs. never). Logistic regression showed that higher burnout increased the likelihood of considering discontinuation (OR=1.64, $p < .05$), as did higher child strengths and difficulties scores (OR=1.08, $p < .05$). In contrast, stronger intentions to continue fostering reduced the likelihood of discontinuation (OR=0.72, $p < .05$). Satisfaction, perceived social support and recommendation of fostering were not significant predictors ($p > .05$).

Taken together, foster carers with higher burnout or those caring for children with greater emotional and behavioural difficulties were more likely to consider discontinuing, while strong intentions to continue were protective. Overall satisfaction, perceived support, and willingness to recommend fostering did not predict discontinuation. This suggests that practical and emotional challenges may

play a more influential role in retention than general satisfaction or endorsement of fostering.

4.5.1 Satisfaction with fostering

Carers rated thirty statements relating to key aspects of the fostering role on a five-point scale ranging from *very satisfied* to *very dissatisfied.* The average satisfaction score was 106 (Range 43 to 138) out of a maximum score of 150, where 150 would indicate an answer of *very satisfied* for all statements (1 to 5, with very satisfied=5 for the thirty statements). Overall, over three-quarters of foster carers (n=97, 81%) were *satisfied* or very *satisfied* with fostering.

Additional comments were provided by fifty-eight participants, with forty-five participants expressing dissatisfaction, eight expressing satisfaction, and five expressing a combination of satisfaction and dissatisfaction. Comments expressing dissatisfaction often referred to more than one aspect of fostering.

4.5.1.1 Support received

Over three-quarters of carers were *satisfied* or *very satisfied* with the level of support from friends (n=103, 86%) and close family (n=102, 85%). Satisfaction with the assistance and support received from the children's social worker was reported by just over half of carers (n=66, 55%). Dissatisfaction was expressed in qualitative comments related to the availability and experience of support (n=9, 8%), which included a lack of support, no support at all, long wait times, or a real need due to children's high medical needs or challenging behaviours.

Less than a fifth of carers were either *satisfied* or *very satisfied* with their ability to access respite care when needed (n=20, 17%). Just over a quarter were *dissatisfied* or *very dissatisfied* (n=32, 27%), while the largest proportion of carers reported that respite care *did not apply to them* (n=53, 45%).

In response to a survey question specifically about the children's social worker, over three-quarters of foster carers answered yes to having an allocated social worker (n=96, 80%) or social care worker (n=5, 4%) for their child, compared to those who said their child did not currently have an allocated social worker (n=16, 13%). Almost half of carers (n=56, 47%) reported that their children's social worker had remained the same in the past twelve months. However, the same number reported that their children's social worker had changed in this period.

In written comments, foster carers reported instability in social worker assignments for their child, with twenty-two responses (18%) describing multiple social worker changes over time. Some children had experienced exceptionally high turnover, including cases of ten social workers in three years, fourteen social workers overall, and over fifteen named social workers by the time the child in care had turned four. Periods of being unallocated or without any social worker contact were mentioned in six responses (5%), with some carers reporting gaps of several months or even years without a designated social worker for their child. Frequent staff turnover was described as challenging, impacting children's ability to engage in a relationship with their social workers and causing additional stress for carers. Despite these difficulties, a small number of carers (n=3, 3%) shared positive comments such as relief over recent changes, or feeling well-supported by their fostering link worker.

Regarding financial support, over half of carers (n=62, 52%) were either *satisfied* or *very satisfied* with the allowance they received for fostering. This is surprising given that over three-quarters of carers (n=97, 81%) answered yes to there being additional costs related to fostering, above and beyond what is covered by the foster carer allowance. In qualitative responses, financial issues were a concern, with fourteen carers (12%) expressing dissatisfaction and emphasising that fostering is not considered a paid job. Foster carers (n=8, 7%) stated that the allowance does not cover caring costs e.g. teenage expenses, trips, dental work, initial set-up costs, nor does it reflect increases to the cost of living in recent years.

An unexpected cost for a small number of foster carers was the cost of running a second or a larger car and the mileage travelled for access visits with birth families (n=4, 3%), or extending the home to accommodate more people and the cost of wear and tear on the home (n=2, 2%). An additional concern was the lack of pension or pension stamps and the impact of this on foster carers' future finances (n=3, 3%).

4.5.1.2 Relationships, communication and information sharing

Satisfaction within personal relationships was highest in relation to carers' relationships with the child in care (n=115, 96% *satisfied* or *very satisfied*), followed by relationships between the child in care and the foster carers' birth children (n=83, 69% *satisfied* or *very satisfied*) and with the child in care's birth families (n=75, 63% *satisfied* or *very satisfied*).

> The children are magical- I am amazed and delighted at how wonderful they are, despite everything their little bodies have been through. (Foster carer 076)

Satisfaction within professional relationships was highest in relation to 'other agencies', such as schools and counsellors (n=92, 77% *satisfied* or *very satisfied*), followed by the children's social worker (n=77, 64% *satisfied* or *very satisfied*), Tusla (n=76, 63% *satisfied* or *very satisfied*), and social work community services (n=59, 49% *satisfied* or *very satisfied*). Four foster carers indicated their satisfaction with the support received and their relationship with Tusla through written comments.

> My long-term placement is finally in a great team that understand him and respect the placement. It makes a big difference. (Foster carer 006)

In qualitative responses, dissatisfaction with working relationships (n=14, 12%) highlighted concerns about how carers were treated by individual foster care staff, particularly regarding respect, inclusion in decision-making, and communication.

> Different social workers determine how satisfied I am with placements. It fully depends on the allocated social worker and their willingness to work together. (Foster carer 086)

Frequent changes in children's social workers were noted as being problematic (n=9, 8%), as were large caseloads and perceptions of foster care staff being overworked.

> Generally, I feel that their case loads are too heavy and it's impacting on the amount of time they can give to foster placements. (Foster carer 015)

In terms of communication, just over three-fifths of carers (n=73, 61%) were *satisfied* or *very satisfied* with their ability to reach the children's social worker when required. Qualitative comments indicate that a small group of carers (n=6, 5%) were dissatisfied with the level of communication, believing there was a lack of it.

Less than half of foster carers (n=53, 44%) were *satisfied* or *very satisfied* with the amount of information received about the child placed in their home.

4.5.1.3 Value and inclusion in decision-making

Over three-fifths of foster carers (n=73, 61%) were satisfied or very satisfied with their level of inclusion in planning for the child in care, according to the satisfaction inventory. Some qualitative comments showed how a small group of foster carers (n=6, 5%) experienced a lack of recognition for the role that they have in a child in care's life.

Just under half of carers (n=58, 48%) were *satisfied* or *very satisfied* that they felt appreciated. Satisfaction was slightly lower (n=42, 35% *satisfied* or *very satisfied*) for the recognition felt within the community, or their rights as a foster carer (n=42, 35% *satisfied* or *very satisfied*). Despite sometimes feeling undervalued externally, carers reported high intrinsic satisfaction (*satisfied* or *very satisfied*) with helping children (n=112, 93%), with their confidence in being a good foster carer (n=110,

92%), and with their understanding of their responsibilities (n=113, 94%), suggesting that the level of external validation does not always diminish motivation or satisfaction in fostering.

4.5.2 Anticipated continuation duration and recommendation likelihood

When asked how long foster carers would continue fostering, over half said *as long as I can* (n=67, 56%), followed by *one to five years* (n= 16, 13%), *over ten years* (n=12, 10%), or *six to ten years* (n= 10, 8%). Ten (8%) either *did not know*, *preferred not to say*, or provided no response. Five (4%) said they would either continue for *less than one year*, *never again,* or *once the current placement ends*.

When asked how likely they were to recommend fostering to someone considering it, over half of carers (n=68, 57%) were either *very likely* or *somewhat likely*, compared to over a quarter (n=35, 29%) who were either *very unlikely* or *somewhat unlikely*. The remainder (n=17, 14%) were *neither likely nor unlikely* to recommend fostering.

4.5.3 Multidimensional scale of perceived social support

Perceived social support was assessed across family, friends, and significant others on a seven-point scale from *very strongly disagree* to *very strongly agree*. The average total score for perceived social support was sixty-nine (Range 12 – 84), with a maximum score of eighty-four indicating a high level of support from multiple sources. Most foster carers (50-75%) either *mildly agreed*, *strongly agreed* or *very strongly agreed* to all statements.

Among the three sources of support—significant other, friends, and family—the presence of a significant other was associated with the highest levels of perceived

support. At least 75% of participants (n=90) either *strongly* or *very strongly agreed* that this person was someone with whom they could share joys and sorrows, who was present, cared about their feelings, and provided comfort. Family was the second highest source of support, followed by friends. However, when those who *mildly agreed* were included, all three sources were perceived as strong sources of support within the sample.

Qualitative comments indicated that friends and family were often viewed as highly supportive (n=19, 16%). However, some carers felt that a lack of understanding about trauma and attachment limited others' ability to look beyond children's behaviour (n=10, 8%). A smaller group reported restricted support due to confidentiality constraints, which prevented them from fully sharing their experiences (n=5, 4%).

When asked in the survey whether they had received support from more experienced foster carers, around a third (n=43, 36%) had and described this as a valuable source of advice, emotional support, and shared experience. However, almost an equal number of carers (n=45, 38%) reported receiving little to no support from peers. Peer support was accessed through formal channels, including regular support groups (n=10, 8%) and Tusla- or IFCA-organised coffee mornings (n=4, 3%). Informal means of meeting other foster carers included independently organised groups, online platforms such as Facebook, or support from fostering friends and family (n=14, 12%).

> Massive support. Only they know what I am really dealing with. I'm blessed with my friends and family but without fellow carers I couldn't continue. (Foster carer 209)

4.5.4 Strengths and difficulties questionnaire (SDQ)

Two-thirds of foster carers (n=80, 67%) responded *'yes'* when asked whether any child in their care had additional needs, compared with just over a quarter (n=33, 28%) who answered *'no'*.

Children's emotional and behavioural needs were measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), a twenty-five-item tool covering five main areas:

- **Emotional symptoms**
  Looks at feelings such as anxiety, worry, unhappiness, or fears.
- **Conduct problems**
  Assesses behaviours such as temper, rule-breaking, arguing, or aggression.
- **Hyperactivity/inattention**
  Examines restlessness, overactivity, distractibility, and difficulty concentrating.
- **Peer relationship problems**
  Focuses on friendships, being bullied, social isolation, or getting along with children.
- **Prosocial behaviour**
  Measures positive behaviours such as kindness, sharing, helping others, and showing consideration.

In addition to scores in each domain, the measure provides a total difficulties score, which combines the first four areas (excluding prosocial behaviour) to give an overall indication of emotional and behavioural difficulties.

The parent-report version of the SDQ is commonly interpreted using a four-band scoring system. For children aged 4 to 17 years, total difficulties scores are classified as close to average (0 to 13), slightly raised (14 to 16), high (17 to 19), and

very high (20 to 40). These cut-offs are based on UK normative data, with approximately 80 per cent of children expected to fall within the close-to-average range and the remaining 20 per cent distributed across the elevated categories.

Most foster carers provided information about a child currently in their care who was school-aged or older: 7 to 11 years (n=35, 29%), 12 to 15 years (n=27, 23%), 16 years or older (n=19, 16%). Fewer foster carers answered the questions about younger children: aged 4 to 6 (n=20, 17%) or 0 to 3 years (n=11, 9%).

As the scoring system is only validated for 4- to 17-year-olds, only children in this age range were included in the interpretation (n=98).[10] The number of children falling into each scoring category for each of the five main areas is shown in Table 5.

Table 5.Number of 4 to 18-year-olds in each scoring category for each of the SDQ subscales

	Close to average	Slightly raised	High	Very high
Emotional score	46% (n=45)	16% (n=16)	15% (n=15)	22% (n=22)
Conduct score	53% (n=52)	9% (n=9)	16% (n=16)	21% (n=21)
Hyperactivity score	40% (n=39)	14% (n=14)	15% (n=15)	31% (n=30)
Peer score	38% (n=38)	16% (n=16)	13% (n=13)	31% (n=31)
Prosocial score	45% (n=44)	14% (n=14)	11% (n=11)	30% (n=29)
Total score	38% (n=37)	10% (n=10)	7% (n=7)	45% (n=44)

Half of the children in this sample were reported to have a total score in the *high* or *very high* range (n=51, 52%) suggesting elevated levels of need. Profiles of need

[10] In the survey, to keep child data unidentifiable, foster carers were asked to indicate the child's age using categories rather than their exact ages. One of these categories was 16-18. Because this mostly covers validated ages for the four-point interpretation- except age 18- this group was still included in analysis.

differed between children, with slightly over a third reported to have *high* or *very high* emotional (n=37, 37%) or conduct (n=37, 37%) difficulties, and over forty percent reported to have *high* or *very high* hyperactivity (n=45, 45%) or peer (n=44, 44%) difficulties. Prosocial scores, which measure strengths such as sharing, kindness, and empathy, were also endorsed as high or very high for forty-one per cent of the children reported on (n=41).

In qualitative comments, a third of carers reported no diagnosis or concern (n=43, 36%), while others specified the child's diagnosis or need: learning difficulties or intellectual disability (n=10, 8%), Attention Deficit Hyperactivity Disorder (ADHD) (n=10, 8%), and autism or related neurodevelopmental conditions (n=9, 8%). Other difficulties mentioned included sensory or speech-related issues (n=3, 2%), Foetal Alcohol Spectrum Disorder (n=3, 2%), and additional diagnoses such as anxiety, dyspraxia, dyslexia, medical needs, or Special Educational Needs (n=8, 7%).

4.5.5 Burnout

Foster carers were asked if they had ever felt burnt out in their role as a foster carer. The average burnout score was 1.7 with a range of zero (*Never* experienced burnout) to six (Burnout experienced *every day)*. Two fifths (n=47, 40%) reported having felt burnt out *a few times a year or less*, while almost a quarter (n=28, 24%) said they had *never been burnt out*.

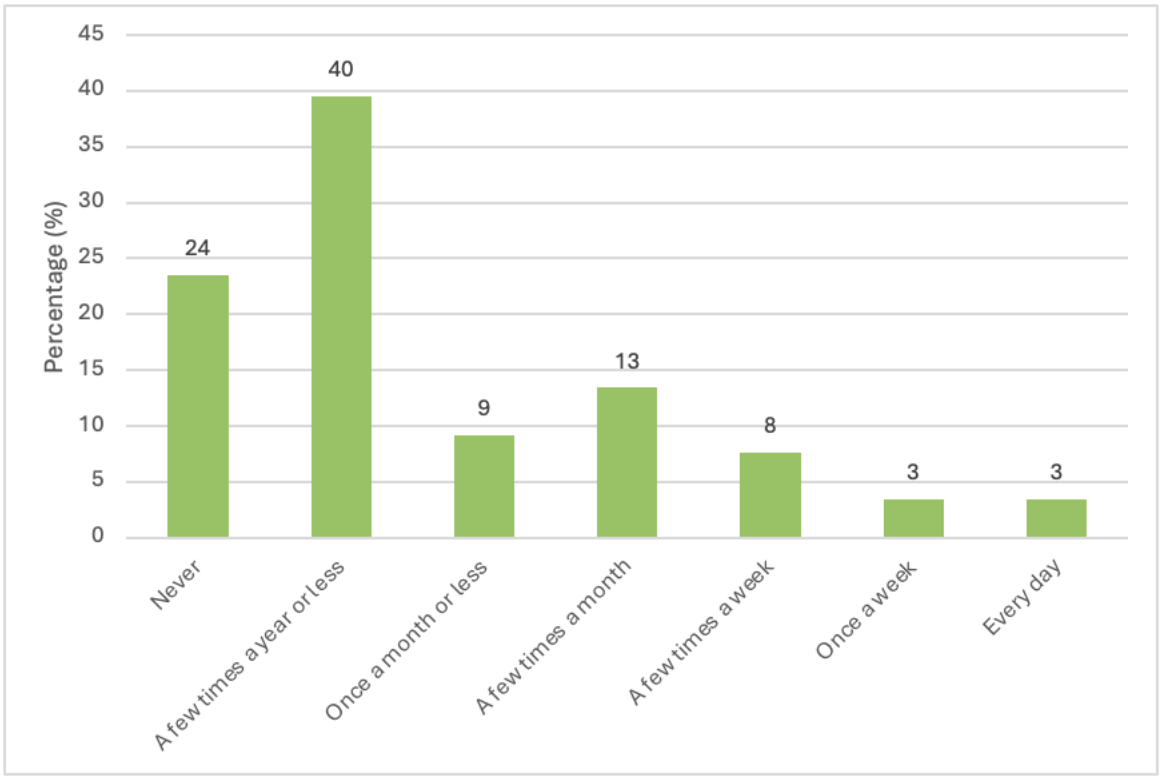

Figure 1. Burnout frequency among foster carers.

4.5.6 Discontinuation ideation

Foster carers' thoughts of discontinuation were assessed using a six-item bespoke measure that examined the frequency of thoughts about discontinuing fostering over the previous six months. Participants responded to statements on a five-point scale (1= Not at all, 2= Once or twice, 3= At least once a month, 4= At least once a week, 5= At least once a day).

The average discontinuation score for foster carers was 8.4 (Range 5 to 27), out of a maximum score of thirty, where thirty would indicate a high consideration of discontinuing. Though no significant differences in discontinuation were seen between the years of service, carers who had fostered for between one to five years showed slightly higher average discontinuation ideation score (Average=8.9), followed by foster carers fostering for over five years (Average=8.4), and finally those who had fostered for under one year (Average=6.6).

Just under half of carers (n=52, 43%), had considered discontinuing at some point and to differing degrees, with twenty percent (n=24) having wished they had never started fostering at least once over the past six months.

Twenty-four foster carers provided written comments on what would lead them to cease fostering. The most common reason was retirement or anticipating a natural end to fostering when the current child or children in their care turn eighteen (n=8, 7%). This was followed by reasons relating to a lack of support (n=5, 4%), managing complex needs or behaviours (n=5, 4%), reunification with the birth family (n=3, 3%), or the emotional strain of fostering (n=3, 3%).

> We are in our early 60s now and our children are nearly grown up so fostering for us will reach its natural end when our youngest is an adult in the next 2 years. Long term was always our goal, so we will "retire" then and will not be taking new placements after that. (Foster carer 103)

4.6 Challenges

Foster carers were asked to comment on the most challenging aspect of fostering. All but two carers responded to this question, with many reporting more than one challenge. Over half of carers (n=69, 58%) reported the social work system and the wider child protection and legal system as the main challenge, specifically referencing a perceived lack of support, issues with children's social workers- especially high turnover of staff, lack of an allocated children's social worker, as well as general frustrations with the social work system more generally. Carers reported poor communication, insufficient information, delays in assessments and services, and limited input into court decisions. Feeling unheard, excluded from decision-making, and required to 'fight' the system to secure supports were also named by carers. Comments largely reflected strong frustration with navigating the fostering

system and working with foster care staff, rather than the challenge of caring for the child alone.

> Being told there is lots of help available, but when it's needed it's not always there. Often things seem to reach crisis point before assistance is offered. (Foster carer 103)

Emotional strain and pressure experienced through fostering was described by almost a quarter of respondents (n=29, 24%). Foster carers noted burnout, stress, anxiety, and the impact of fostering on other relationships or the children of families who foster as challenging. Both the anticipation and experience of placement endings and reunification were associated with grief and emotional strain. Managing appointments, paperwork, advocacy, household responsibilities, work, and multiple children's needs was described as exhausting and stressful. These pressures were often compounded by a lack of timely support.

A fifth or respondents (n=24, 20%) named the challenges of caring for children with trauma, attachment difficulties, aggression, and complex behavioural needs. Carers reported exhaustion and frustration, particularly when supports or assessments were delayed. Carers also referenced frustration at not having a voice in decisions related to the child.

Contact with birth families was described by eighteen percent or respondents (n=21) as one of the most challenging aspects of fostering. Specific areas of challenge included, managing emotionally disruptive access visits, working with birth parents, navigating allegations relating to birth parents, supporting reunification, and balancing the rights of the child and birth family.

> Access with family causes huge emotional problems which can affect the atmosphere at home for weeks on end, so it's a permanent vicious circle. (Foster carer 028)

Overall, survey findings highlight a complex fostering experience. Participants generally reported high levels of satisfaction with fostering, alongside a strong commitment to continuing in their roles. However, this high motivation existed alongside significant systemic, relational, and emotional challenges. Self-reported burnout and caring for a child with high levels of need emerged as specific potential predictors of discontinuation, while carers more broadly referenced the role of support, communication and recognition in shaping their intentions to continue fostering. The following chapter explores these themes in greater depth through carers' qualitative accounts.

5 Section 5
Foster carer Interviews

Section 5 · Foster carer interviews

This section presents the qualitative findings from interviews with thirty foster carers exploring their experience of fostering.

The key findings are presented first, followed by four overarching themes, each with two or three sub themes. The thematic structure and representative codes from foster carers' experiences can be found in Appendix 10. Themes are organised conceptually, beginning with carers' early experiences in the role, their recognition and voice in the fostering system, and the emotional impact of fostering. The second theme relates to the realities of meeting children's needs in the foster family context, with the third theme reflecting foster carers' experiences of support and systemic challenges when trying to care for the child in care. The final theme explores relationships, communication and information sharing within the wider care system. This section ends with a summary of the continuation and discontinuation factors emergent from these themes.

Frequency counts and percentages are included to indicate how commonly key points appeared across the dataset, while recognising that the depth and meaning of participants' experiences remain central to the analysis. Counts are representative and not absolute. Where possible, subthemes are presented in order of prominence within each main theme, unless this disrupts narrative flow.

5.1 Key findings

- The early fostering period was commonly described as more challenging than expected, with carers reporting steep learning curves and gaps between expectations and reality.

- Children were the primary source of meaning in fostering, with attachment, developmental progress, and everyday relational experiences sustaining commitment.
- Decisions to continue fostering were predominantly child-centred, grounded in attachment, responsibility, and purpose.
- Experiences of support were highly variable, with concerns about staffing instability, communication, delays, and limited practical or therapeutic support.
- Many carers reported feeling unheard, undervalued, or excluded from decision-making processes.
- Systemic pressures, emotional strain, and placement instability were the main influences on discontinuation ideation.

5.2 Theme 1: Foster carers: early experience, recognition and voice

This theme centres on the foster carer and their position in the fostering system. The first subtheme relates to the beginning of a foster carer's journey and their preparedness, followed by how the foster carer role is positioned in the fostering system. The final subtheme relates to the ways in which foster carers sustain themselves emotionally in the fostering role.

5.2.1 Early experience and preparedness

Foster carers were asked to reflect on the beginning of their fostering journey, often describing a clear gap between their expectations of fostering and the realities encountered in the first one to two years. Participants described an adjustment period in which they reassessed their preparedness, assumptions about the role,

and their ability to manage the emotional strain involved, all while learning how the fostering system operates in practice and navigating unanticipated challenges with children and support structures.

Half of foster carers (n=15, 50%) described the first one to two years of fostering as challenging with steep learning curves, emotional intensity, and feelings of uncertainty or isolation. This period of transition was described as 'harder than expected', 'all-consuming', and 'overwhelming', though half of participants (n=15, 50%) found their initial training valuable, with a specific mention of the importance of peer involvement in enhancing relevance. Experiences were influenced by carers' backgrounds, with those from childcare or social care reporting greater preparedness, while others described entering fostering with limited relevant experience. While some entered fostering with naïve or 'rose-tinted' expectations, on reflection some believed that nothing could truly prepare you except direct experience. Others felt more prepared for the reality of fostering due to prior experience or exposure to the care system through friends or family. Expectations also varied depending on the child and the foster care staff involved, and only a minority reported that the first year was easier or as expected.

> I suppose there's been lots of bumps in the road … you definitely have rose-tinted glasses, but you don't realise how slow things are and how incredibly slow trauma is to help and support. And you go one foot forward and twenty-five backwards … (Foster carer 006)

Almost half of foster carers (n=14, 47%) described a clear evolution of their identity as a foster carer and their confidence. Foster carers reported growth in their learning and understanding of fostering over time, reflecting on both their increased self-confidence, and personal growth and development through this experience. For example, foster carers reflected how the role demanded particular qualities, such as flexibility, resilience, and emotional strength, especially when navigating a system that did not always function effectively. Many of these carers

(n=13, 43%) felt that they had learned to advocate in direct response to the challenges of the fostering system, such as staff shortages, slow processes, or gaps in support, with a sub group of these feeling compelled to become strong advocates simply to secure appropriate care for the child in care.

> If you're going into foster caring ... you need that fight ... I would have been very, you know, people pleaser. Oh, yeah, that's OK. That's no problem. Even though it would be a problem for me. But you start to grow a backbone very quickly when you're dealing with services and you start to find your voice very quickly as well. (Foster carer 050)

Just under half of carers (n=13, 43%) described challenges related to the child's needs and behaviours in their first placements. This included additional needs, challenging behaviour, especially in older children, and the impact of trauma. Foster carers expressed feeling that they received insufficient support or that they had expected the role to entail more support than they experienced, particularly as new carers. Difficulties reported related to communication, relationships with foster care staff, and wider service structures. For example, some foster carers reported experiencing a lack of social worker support or reported having no social worker at all for the child in their care. Additional challenges included turnover among social workers and difficulties reaching children's social workers, including unanswered calls and experiences of withheld or incomplete information. Broader structural challenges included long wait times or delays in accessing supports, as well as processes perceived as unclear or unhelpful.

> Initially at the beginning, I really felt like I was sinking for the first six months ... And I was crying out for help and I wasn't really getting much. I just needed someone to stop saying to me "you'll be grand". (Foster carer 002)

While a number of early challenges were noted, these coexisted with profoundly positive relational experiences. Carers frequently reported rewarding experiences

with the child in their care (n=12, 40%) and spoke about the emotional fulfilment in seeing the resilience of children who flourished, thrived, or exceeded expectations.

> It was so full of brilliance and fantastic moments ... they amaze me what they can handle and what they can do. So I absolutely believe they deserve everything I can give them ... (Foster carer 086)

> It felt good ... it's a really good feeling to be looking after kids and to see them blossom ... bringing them to experience things they've never experienced ... they really enjoyed it. That gives you a sense of growing. And [child's name] wanted to continue coming back to us ... (Foster carer 040)

5.2.2 Experiencing the foster carer role: recognition and voice

When asked whether they felt recognised and heard in their role, over half of carers (n=16, 53%) reported feeling, at times, undervalued and not treated as equal partners in the care of children. For example, foster carers felt that children's social workers seemed at times not to have reviewed case files and expected foster carers to compensate for knowledge gaps, which felt frustrating and reinforced feelings of being undervalued and over-relied upon. Carers emphasised a need for recognition of their expertise and validation of their experience and direct caregiving role, with accounts of difficult experiences often intersecting with feelings of not being heard or seen within the wider fostering system. Carers reported feeling dismissed at times and like 'babysitters' without an equal voice in the child's care.

> But sometimes their wording ... they call it professionals. They have a professionals meeting. But you're not invited to a professionals meeting. So what does that tell you? You're not a professional. (Foster carer 020)

By comparison, under a fifth of foster carers (n=5, 17%) felt valued. Where carers did report feeling valued, this was attributed to foster care staff providing carers

with sufficient information, making them feel heard, and involving them in decision making for the child. For some of these carers, the feeling of being valued only emerged after some time in the role.

> We don't have a legal position. We don't have a voice in court. We have a small place in terms of decision making and care planning ... You're in a step-down position ... you're providing the care. It takes a long time ... to have more agency in terms of the child's voice, whereas ... I do feel now they wouldn't make a decision about her without us involved. (Foster carer 024)

A key aspect of feeling valued was whether carers felt heard, with under half of carers (n=13, 43%) reporting feeling unheard, particularly when advocating for children. Carers who felt unheard had more to say in the interview than those who felt heard, describing that for them, feeling unheard was closely linked to judgment. Across these accounts, perceptions of not being heard were frequently associated with experiences of judgment or negative characterisation. Participants described being labelled as 'difficult', perceiving disparities in treatment, experiencing delays in communication, or feeling that requests for support were interpreted negatively. In some cases, these unresolved ruptures in the relationship contributed to placement breakdowns.

> An awful lot of the time you're repeating yourself and you can repeat yourself to your [fostering] link worker. Then you repeat yourself to the child's social worker. I mean, we've had two placements that ended and I feel it was because we weren't listened to. We were saying there were problems, and the help wasn't coming for the child and we just got to a stage then where we had to call it. We had to say we can't do it anymore. But then when we mentioned that, then we got everything thrown at us. But it was too little too late. (Foster carer 039)

Alongside accounts of feeling unheard, the same number of foster carers reported feeling heard (n=13, 43%), with a couple of carers noting that this developed over

time as they gained confidence, advocacy skills, and learned to navigate the fostering system.

> I'm lucky that the people that I'm working with and that are close to this case are people that are really decent and brilliant and experienced. Because I can't say the same about the very first case... but in this case, anything that is on my mind, any worry that I have, any idea that I have, they do listen. (Foster carer 004)

Notably, those who felt heard commented on the distinction between being heard and feeling genuinely valued, with a couple of respondents highlighting that being listened to did not always mean being respected.

> Like you wouldn't even be asked your opinion in a lot of things and if you are, then it's disregarded. (Foster carer 207)

A small number of carers (n=4, 13%) described mixed experiences, recalling both positive and negative instances of being heard, suggesting variability in how individual foster care staff responded to them.

5.2.3 Emotional impact of fostering

Although not explicitly asked, carers often spoke about the emotional impact of fostering. They described both profoundly impactful individual incidents and burnout resulting from the cumulative build-up of stressors over time.

Placement breakdowns were discussed by two-fifths of foster carers (n=12, 40%) and were linked to factors such as children's challenging behaviour, insufficient information sharing by foster care staff, or carers' inability to meet a child's specific needs. For some carers, decisions to end placements followed prolonged efforts to seek support that was not forthcoming, and these decisions were frequently described as emotionally difficult. For others, placement-related disruptions were

attributed to incompatible matching, or challenging first placements for new carers (n=6, 20%).

Isolation was reported by over a third of carers (n=11, 37%), which was linked to fears of being unsupported during crises, lack of follow-up, or poorly managed aftercare.

> You do feel kind of alone ... I wasn't expecting that. You wouldn't like something to happen ... You'd feel very much alone. I suppose the support at times is not great ... really you think about that a lot, you know, hope that nothing's going to happen ... We have been really lucky. But we do have that in the back of our mind a lot. (Foster carer 043)

Just over a quarter of foster carers (n=8, 27%) described burnout and emotional exhaustion linked to sustained high needs and challenging placements. These accounts referenced overwhelm, behavioural crises, medical demands, and cumulative strain, with carers recognising the impact of these demands on their care and at times questioning their capacity to continue fostering.

> He just came into our house frozen emotionally and never moved on from that. He was just in a state of blocked trust. And that eventually then affected us ... we got into this blocked care[11] so he didn't trust us. And you eventually just burn out in terms of trying to pour in care and love. And it just keeps getting bounced back at you. So that definitely did have a massive impact on us hugely. (Foster carer 024)

Reunification, or the anticipated loss of a child with whom carers had bonded was discussed by over a quarter of carers (n=8, 27%). Carers emphasised the emotional impact of separation and the grief associated with endings, particularly where strong attachments had formed. Dissatisfaction and distress were experienced by

[11] Blocked care reflects challenges in sustaining emotional attunement and engagement within the caregiving relationship, frequently related with experiences of trauma and difficulties with trust.

some carers, particularly when placements believed to be long-term ended unexpectedly. For others, reunification was experienced more positively, with carers sometimes maintaining contact or participating in shared caring arrangements. Across accounts, reunification was consistently described as emotionally impactful, even when carers understood and accepted reunification as the most appropriate outcome for the child.

A fifth of carers (n=6, 20%) reported emotional strain linked to navigating the fostering system, often associated with challenges explored in later themes, including feeling unsupported, unheard, or undermined by those involved in the fostering system. The frustration and emotional pressure expressed around these challenges often compounded placement demands. Insufficient emotional support from individual foster care staff was mentioned less frequently with accounts and experiences appearing to convey a sense of insufficient empathy from within the system.

Allegations, either directly relating to participants or heard about from other carers, were referred to by a small number of participants (n=4, 13%). These were described as carrying significant emotional and social consequences, generating fear, stress, and concern for carers' families and reputations. Concerns included poorly informed frontline social workers and significant delays in responding to allegations. One carer reported waiting two years to provide their account of what happened regarding an allegation.

> It's probably the most stressful thing ... ever experienced ... I would have suffered through the recession and suffer close people dying. There is nothing compares from the stress levels involved in relation to an allegation made by a child ... Being investigated by the guards ... and nobody tells you if you're involved in the community and an allegation [is made that you cannot continue working in the community during the allegation] ... So for 12 months

> my life has been taken away... It's like I'm serving a prison sentence for 12 months without the walls. (Foster carer 040)

Despite the emotional toll of fostering presented above, over half of carers (n=17, 57%) indicated they would recommend fostering to others.

> So I'd say, yeah, go ahead. It's very rewarding. And I think we had our kids young and we still have more to give ... Now I'm in a better place. I'm in a better job ... now I can give a child even more than I probably could have given my own. So yeah, I'm, I'm loving the opportunity. (Foster carer 026)

Carers often caveated their willingness to recommend fostering to others with warnings about the inherent challenges.

> Do so [foster] with care ... it's very rewarding in certain ways and you get ... personal satisfaction from doing it and stuff like that. But you have to have a certain mindset and a certain expectation before you go into it. (Foster carer 055)

> It's a wonderful journey to be on ... we do feel really burnt. We don't have any regrets when we see the children. But, you'd have to be made of tough stuff, really tough stuff, and you have to be prepared to get hurt ... (Foster carer 021)

5.3 Theme 2: Meeting the needs of the child in care within the family context

This theme relates to experiences of caring for a child and the integration and impact of this caring responsibility into the wider foster family home. Subthemes include the foster carer's enjoyment and bond with the child in care; the complexity of the child in care's profile and needs; and the wider foster family context.

5.3.1 Enjoyment and bond with the child in care

Foster carers consistently described the children themselves as the greatest source of meaning and satisfaction in fostering. Over two-thirds of carers (n=22, 73%) highlighted the emotional rewards of nurturing children in care, including seeing them settle into a placement and witnessing their growth and progress. Many referenced the joy of everyday moments: smiles, laughter, affection, or simple routines such as bathing or bedtime, which were described as deeply fulfilling. Foster carers also emphasised the love exchanged within the fostering relationship, noting that expressions of affection or connection could compensate for the challenges of fostering.

> [Child 1] was a huge sense of satisfaction. Pride for us all as a family, including [child 2], who was with us at that time as a foster child. Because we saw him blossom as a young toddler. We saw him gaining confidence. We saw him lose all the fears he had. (Foster carer 040)

> For me, when I see a child laughing and just being at ease, you know you're doing a good job. You know, because most of the time, the stress and the fight or flight, they carry the guilt of the whole world and they won't give themselves permission to enjoy life. So when I see them laughing from the belly, just relaxing, that's when I know I'm doing a good job and it's good. (Foster carer 006)

Three-fifths of carers (n=18, 60%) observed significant developmental progress in children while in their care, including increased confidence, emotional regulation and social skills, academic achievement, and even physical health. There were some examples of dramatic transformations in children, highlighting to foster carers the meaningful difference they make and reinforcing their sense of purpose and impact.

> I get a kick out of hearing him arguing because the personality is there ... Whereas when he came first, he was just sitting there staring at the wall. There was no conversation. There was no interaction. He didn't know how to do it. Whereas now he's arguing back and forth his point of view. (Foster carer 093)

Advocacy and enabling new opportunities for children, such as accessing services, education, and social experiences, were also highlighted as deeply rewarding for foster carers.

5.3.2 Complexity of children in care profiles and needs

Within these narratives of growth and change, children's behaviour and complex needs emerged as a significant challenge.

Additional needs in children were frequently reported (n=23, 77%) and represented one of the most demanding aspects of caring for a child in care. A wide range of needs were reported (n=32 different needs named), with some children reported as having more than one additional need, including specific medical needs, learning difficulties, sensory issues, autism, Attention Deficit Hyperactivity Disorder (ADHD), Foetal Alcohol Spectrum Disorder (FASD), dyslexia, dyspraxia, Pathological Demand Avoidance (PDA), speech and language needs, daytime enuresis, and soiling.

Although individual behaviours were reported with low incidence, the prevalence of behavioural difficulty was reported in over a third of cases (n=11, 37%). Carers described examples of violence and aggression, difficulties navigating boundaries or demand avoidance, masking or lying, as well as mental health and emotional difficulties. These complexities were particularly salient when they contributed to relational tension within the household or were perceived as increasing risk to birth children and damage to the home environment.

> It was on the go 24/7 like from issues with screaming and shouting in the bed at night ... constant aggression, constant shouting. Stuff we weren't used to in our house. (Foster carer 040)

Caring for teenagers was also discussed by some carers (n=9, 30%), with reported challenges including the increased financial costs and concerns about behaviours such as substance use. In contrast, others described the benefits of fostering adolescents, such as the compatibility with maintaining employment and personal autonomy. This variation suggested that adolescent placements were not inherently more challenging, but rather shaped by fit, expectations, and available resources.

> It's always teenagers. Older children in both cases because it's what suits. I can give them their independence and structure and everything they need. But I can still hold down my full-time job. (Foster carer 026)

5.3.3 The wider foster family context

Emergent both in the factors motivating carers to begin fostering and in sustaining them within the role was the importance of connections in the community. These supports played an important role in prompting almost half of respondents (n=14, 47%) to consider fostering in the first place and included neighbours, colleagues, friends or family members, individuals known to the foster carer, and people with lived experience of the care system.

Personal support was consistently characterised as strong and meaningful for foster carers, with a third of participants (n=10, 33%) reporting having some or a lot of support from immediate or extended family, friends, and neighbours. These networks often included people familiar with the care system, such as other foster carers involved with the child's wider family, or relatives with professional experience.

Experiences relating to children of families who foster (n=13, 43%) were mixed in their accounts. Positive accounts reported warm, supportive relationships between children in care and children of families who foster, with some carers highlighting benefits for their own families (n=8, 27%). These included the enrichment of their children's lives, the development of empathy and responsibility among siblings, and the enjoyment of an 'expanded family' dynamic. Some described these relationships as among the most rewarding aspects of fostering. A smaller number also highlighted the pleasure of having younger children in the home again, bringing humour, affection, and renewed energy into family life.

> I suppose watching our own children and how they've embraced the whole process. That's for us, that's a big thing. Like the child we've received is very enjoyable... he just fits into the family. We have a good time with him. He's part of the family. The whole thing is very enjoyable, really it is. We would highly recommend it. It's good for our own children to see that life is not plain sailing for people. (Foster carer 043)

In contrast, some children of families who foster (n=5, 17%) experienced relational challenges including aggression, inappropriate behaviour, or bullying from children in care. This included concern about, or experiences of, harm to birth children. Some carers felt services were indifferent to these risks, with one describing being told to wait until a child 'had hit her' before action would be taken. These situations were often complex in nature and involved conflicting feelings of guilt and worry among foster carers who felt the need to protect and prioritise their children from potential risks associated with the child in care or their birth family. Carers also described the emotional burden placed on birth children, including bereavement at placement endings, guilt at missing milestone events, and birth children feeling displaced or overlooked.

Relationships between foster carers and the child in care's birth families varied. Some carers (n=6, 20%) reported tension or exposure to emotionally difficult,

threatening, or criminal situations. Maintaining appropriate boundaries while supporting the child's connections to their birth family was considered complex and emotional labour, at times requiring careful negotiation. Others experienced collaborative and positive interactions (n=5, 17%), noting that constructive engagement could benefit the child in care and facilitate reunification. These carers valued positive contact with birth relatives and, in some cases, sought to also build relationships with other carers, particularly where siblings were placed separately.

> For the little boy … his auntie is very good and will take him for a weekend every month. And she just comes to the door or we drop him down there, like, so [we have] this lovely shared relationship and a shared sense of our child. Like he's your nephew. And we're aware [of that] … we can share memories and share information. (Foster carer 024)

Adoption also featured in carers' accounts, with a number of foster carers (n=7, 23%) having gone through or were currently in the process of adopting children in their care. Adoption was often pursued due to strong bonds with the child in care and a desire to integrate them fully into family life and provide a sense of permanency. While a number of carers felt that permanency was in the best interest of the child, they described the adoption system as slow, confusing and emotionally challenging, feeling that the process should be more straightforward or clear for carers.

5.4 Theme 3: Support structures

This theme reflects carers' experiences with formal supports provided and the wider care system, as well as systemic challenges and major events that can destabilise placements. Subthemes include quality and consistency of support, systemic and procedural challenges, and placement instability and systemic events.

5.4.1 Quality and consistency of support

Foster carers described accessing a broad range of supports from various sources, which varied in quality, consistency and accessibility.

Personal or peer support (n=14, 47%), was the most cited source of support by foster carers. Peers, particularly those encountered during initial training (n=6, 20%), had a significant impact on early fostering experiences. Peer support was accessed through informal and formal avenues such as coffee mornings, support groups, social media networks, and connections formed through fostering siblings. These peers provided learning, reassurance, and shared experience, although some carers found groups unhelpful when poorly facilitated. Although referenced infrequently (n=4, 13%), carers reported highly positive experiences with the peer support worker pilot scheme, describing it as valuable, encouraging, and a positive initiative from Tusla.

Professional support (n=13, 43%), therapeutic services (n=13, 43%), and medical or assessment-related support (n=7, 23%) were also cited, however, carers more readily described challenges than successes in accessing these. Nearly one third of foster carers (n=9, 30%) reported experiencing insufficient support and expressed disappointment at unmet needs throughout their fostering journey.

Just under half of foster carers (n=14, 47%) described ongoing efforts to secure supports for children and found themselves compensating for systemic shortfalls. This included having to chase services or take independent action because tasks would otherwise remain undone. This also sometimes involved paying privately for support. Foster carers expressed feeling they were at times performing care planning tasks that should be completed by foster care staff and believed that there should be better recognition for the additional time and expense associated with this aspect of the role.

Carers consistently described difficulties accessing assessments and timely support, particularly for less visible or emerging complex needs such as trauma (n=5, 17%). Experiences of not feeling heard when raising concerns, prolonged waitlists for assessments, and the absence of clear pathways for trauma support contributed to feelings of desperation. In advocating for children, carers expressed feeling like they were constantly 'fighting', which contributed to exhaustion and feelings of injustice.

> The expectation was … you'd be doing it as … a team like so that you know, you'd be in very regular contact with the professionals around the child. There'd be a lot of back and forth. But you're actually … kind of on your own a lot. And you have to chase people down. People aren't proactive like I suppose our expectation was that … the social workers would be proactive. Whereas actually in reality … it was very much we had to try and do the best that we could. And then really push to get whatever involvement we needed … and that was frustrating for me. (Foster carer 024)

In discussing supports, a number of carers referenced respite (n=8, 27%), reporting unclear criteria and limited access to this support. Among these respondents, there was a real desire to access respite as a source of support, though some expressed difficulty requesting this or felt judged or discouraged from asking when needed.

Nearly all respondents undertook ongoing training, commonly first-aid and trauma-informed care. Just over a third of foster carers (n=11, 37%) cited training as a useful source of support. While foster carers did not discuss the benefits of training in detail, a minority expressed some dissatisfaction with the quality or relevance of aspects of the training. The availability of time emerged as a key barrier to training engagement and feedback from carers also underscored the need for better-tailored training to the child's age or needs (n=7, 23%). Others felt initial training omitted important topics such as allegations, the financial implication of fostering

into old age, and the impact of early adversity on development, attachment and behaviour.

5.4.2 Systemic barriers to support

The most dominant systemic challenge discussed was inconsistent staffing of social workers, raised by over two thirds of carers (n=21, 70%). High turnover among fostering link workers, children's social workers and foster care staff more generally created discontinuity and a lack of stable relationships between carers and workers. Carers widely recognised the chronic under-resourcing of the care system, particularly the overwork and high caseloads carried by children's social workers. Although foster carers often expressed empathy for these workers, understaffing and resource shortages were felt to contribute to many of the challenges carers experienced.

> So it's been a bit ad hoc. So we've had many. We had a year where we didn't have any social worker for the children at all. We've had social workers that we've never actually met because they haven't come to the house or visited the children at all, even though they've been designated for the children ... We have a social care worker now that's doing the work of a social worker because of the lack of resources. Now they've been brilliant, but they don't have the authority to make decisions that well. So they then have to go to their social worker. (Foster carer 018)

Just over half (n=17, 57%) reported significant delays across multiple processes, such as consent, medical information, reimbursements, allegation procedures, Child abuse Substantiation Procedure (CASP)[12], and assessments for children. Carers often attributed inconsistency or delays in mandatory processes to social

[12] CASP is the formal process Tusla uses for assessing and deciding whether allegations of child abuse are substantiated, to ensure consistent child protection practice.

workers responding to high caseloads or emergency-driven prioritisation, with wait times for assessments in particular noted to last for years. This was experienced as a major source of frustration that impeded decision-making and care planning, leaving carers feeling 'let down'.

Financial pressures associated with fostering were identified by half of participants (n=16, 53%). These included insufficient allowances for older children, unclear entitlements, unexpected costs (e.g. damaged property, travel), and delays in reimbursement. Several carers felt judged for requesting reimbursement, with others stating that they were provided unclear information about financial supports. For some, inadequate financial transparency and perceived inconsistency contributed to feeling undervalued.

Just under a third of participants (n=9, 30%) described instances of foster care staff following policy 'by the book' particularly around consent and reporting requirements. Foster carers felt that such proceduralism often failed to fit with the practical realities of their role and reinforced a sense that their expertise and knowledge were not recognised. A minority of carers highlighted the everyday burden of bureaucracy, noting layers of approval, the challenge of coordinating with multiple professionals, and, at times, inflexible or overly rigid requirements. These challenges intensified when procedures were perceived to be applied without regard for the specific needs or context of a foster family.

Matching of children with placements emerged as another area in which procedural priorities could supersede relational fit. Over a third of carers (n=11, 37%) discussed matching, with some perceiving matching as being driven by organisational need rather than suitability. Carers referenced perceived disregard for their judgement of a placement fit, while others recalled social workers persuading them to accept placements that they felt were potentially unsuitable. Carers also acknowledged examples of unexpectedly positive placement matches, and situations where initial respite placements transitioned to long-term care placements. These reflections

underscored the complexity around judgements of placement fit, with carers acknowledging the importance of experience in these evaluations.

A third of carers (n=11, 37%) described the placement duration as unpredictable. Most of these accounts referenced placements lasting longer than originally planned or expected, consequently impacting their ability to manage work, family life, or other fostering commitments. In their accounts of placement changes, carers highlighted how unpredictable placement timelines can constrain their flexibility and choice, also impacting their ability to plan for the future.

While aftercare was not frequently discussed (n=4, 13%), this stage of a young person's care journey was framed as potentially deeply isolating, particularly in relation to financial insecurity and the absence of viable housing options for vulnerable young people transitioning out of care. Carers' accounts suggested that aftercare gaps become most visible during this transition, when young people and those supporting them must adjust to changes in systemic support. One carer shared anxiety around the financial situation of their family and the pressure to secure financial support for the young person to continue in education.

5.5 Theme 4: Relationships, communication and information sharing

This theme speaks to the quality of communication and interpersonal dynamics between carers, foster care staff and families, including the sharing of information and decision-making. The subthemes include relationship quality with foster care staff, information sharing and communication needs and challenges, and decision-making and foster carer inclusion.

5.5.1 Relationships with foster care staff members

Foster carers described considerable variation in the quality and consistency of support received from the foster care staff involved in a placement. Experiences of fostering link workers, children's social workers, and Guardian ad Litems (GALs) are shared separately in this section.

5.5.1.1 Fostering link workers

Carers spoke positively about their experience with fostering link workers. The majority of carers (n=25, 83%) reported one or more very positive experiences with a fostering link worker at some point in their fostering journey, with one carer recounting how their fostering link worker helped them through 'the darkest of days'. Among these positive accounts, qualities such as responsiveness, availability, continuity, and consistency, as well as practical guidance, were most valued. Carers stressed that while the relational fit, including communication style and interpersonal approach, was important, it was responsiveness that mattered most to them in the role.

> She's fabulous. There was quite a while we didn't have a [fostering] link worker, which was really difficult, but our link worker has been incredible ... I can't say better things about her. If I phone my link worker tomorrow, she could ring me back in an hour and apologise for being so long before she rang me back. If I ring her and her phone's switched off, she'll ring me when she's back to work and say I'm so sorry, but I was off. She's incredible. She never doesn't reply. (Foster carer 207)

The types of support offered by and wanted from fostering link workers varied among respondents. While some carers praised the direct, practical support offered, others preferred minimal contact. Some carers sought guidance and advice on navigating difficult situations and financial entitlements, while others

simply wanted someone to vent to. In this way, the carer-fostering link worker relationship was described as highly individual and considered a relational and interpersonal fit.

5.5.1.2 Children's social workers

Experiences with children's social workers were more varied. Almost two thirds of foster carers (n=19, 63%) shared examples of challenging or strained relationships with social workers, while a comparable, though slightly smaller proportion (n=17, 57%), described having experienced positive relationships. In many cases, foster carers had worked with multiple children's social workers and consequently experienced a mix of both supportive and more difficult relationships across their fostering journey.

Challenging experiences included a perceived lack of professionalism, reported failures to share important information, or instances of being provided with incorrect or untrue information. A recurring theme across interviews was the experience of power imbalance within the carer-social worker relationship, which at times shaped how openly carers felt able to communicate. Carers described navigating a relationship in which they were acutely aware of their position as recipients of a statutory service, and shared that this awareness could constrain their willingness to raise concerns, express disagreement, or acknowledge difficulties.

Some carers described children's social workers as at times acting rigidly or showing limited flexibility in decision-making, in ways that left carers feeling that their knowledge and experience of the child were not being drawn upon. More significantly, a proportion of carers described a reluctance or fear around speaking openly with the children's social worker, concerned about how disclosing difficulties or disagreements might be interpreted or acted upon.

A small number of carers (n=4, 13%) described experiences in which they felt the security of their placement was implicitly connected to their level of compliance with professional decisions. Whether or not this reflected the intentions of the foster care staff involved, the impact on these carers was significant, generating fear, self-censorship, and a reluctance to seek support at precisely the moments when support was most needed.

As with fostering link workers, positive experiences referenced responsiveness, with carers naming children's social workers who returned calls and maintained regular contact as most supportive. Carers also praised children's social workers who were professional in their approach and who demonstrated clear investment in the child's wellbeing. Examples were given of experienced children's social workers understanding when adjustments to, for example, access with the birth family were needed due to the distress this caused the child. Carers praised instances in which children's social workers were perceived as showing understanding, flexibility, and a willingness to respond to the child's emotional needs.

> I have to say now the last couple that we've had have been really good. They do listen and they are proactive. And if they do something and it doesn't work, they go- that didn't work, sorry, I do apologise. How are they? Were they OK? They will ring you the following day ... (Foster carer 029)

> Changing a lot would be the biggest problem. Lack of consistency, but all of them, to be fair, for in the almost 15 years now, all of them have tried very hard and without them I think I wouldn't have been able to manage at all. (Foster carer 021)

5.5.1.3 Guardian ad Litems

Guardian ad Litems (GALs) were discussed by under half of carers (n=13, 43%) and were largely viewed as effective advocates for the child, particularly in disputes with children's social workers around access with the birth family, medical consent, or applying for enhanced payments. While most experiences were positive, a minority of carers (n=3, 10%) shared instances of feeling disrespected by the GAL, or perceptions that the GAL was orienting advocacy toward birth parents rather than the child.

Evident across the different foster care staff roles in this section was the highly influential impact of an individual foster care staff member on a carer's fostering experience, as well as the direct impact they could have on a carer's willingness to continue fostering. While over a quarter of foster carers (n=8, 27%) shared experiences of considerable challenge and difficulty linked to an individual foster care staff member, only a minority referenced the positive impact of individual staff members (n=3, 10%). The former was reported to provoke thoughts of discontinuation, whereas the latter was described as helping carers sustain commitment to the role during challenging periods.

Even when experiences were positive, staff turnover, as mentioned in previous sections, was named by over two-thirds of participants (n=21, 70%) as a dominant challenge, with one carer reporting that they had fourteen to fifteen different social workers for a single child. This turnover was perceived as not only impacting the stability of the carer- foster care staff relationship, but the opportunities for this to develop. A small number of foster carers (n=4, 13%) reported never seeing the children's social worker, never having met them or having only met them at review meetings.

5.5.2 Information sharing and communication needs and challenges

Experiences of information-sharing and communication within the care system were variable both between and within foster carer experiences.

Two-thirds of foster carers (n=20, 67%) referenced challenges with information sharing, most commonly citing a feeling of being misled by foster care staff or the perception that information was intentionally withheld. Allegations of being misled often related to information provided about the child's needs or the arrangement of the placement, as well as misleading information about the realities of fostering. Carers shared how key information, such as a child's homelessness status, history of sexual abuse, or significant background risks, was not disclosed to them. These omissions generated mistrust and fed into a belief that, at times, information was intentionally withheld to secure placements or manage workloads.

For foster carers who did feel that information was shared with them, two-fifths (n=18, 60%) felt that the information shared was insufficient. Carers felt they were not always adequately informed about behavioural histories or the family context of children placed in their care. They stressed that such information was essential for safe and sensitive caregiving, and that breakdowns in information-sharing affected both their own preparedness and the child's adjustment to the placement. While a small number noted some improvements over time, the overall view remained that the level and consistency of the information provided were often insufficient.

The practical impact and emotional strain resulting from inconsistent information-sharing were referenced by over half of foster carers (n=16, 53%). Examples included missing administrative or medical information, including essential details about a child's developmental or medical needs. Carers shared the frustration of having to repeat requests for information.

> There's been a few instances where I've been left traumatised because I can't answer questions because I haven't been given the information. I'm getting bits and pieces from people, but I don't know the whole story. I can only imagine. (Foster carer 050)

Slightly over a quarter of foster carers (n=8, 27%), reported keeping their own records to help challenge inaccuracies, protect themselves from potential blame, and compensate for inconsistent professional records.

> It's challenging because you don't know their full back story. You have an idea ... it's only when you get to know the child, you realise what damage has been done and how traumatic it's been for them. And then you have to treat them differently according to the information. That's why you should be given as much information as possible when they come to you. I don't know why they withhold it. (Foster carer 002)

In terms of communication, participants identified the perceived presence of a responsive foster care staff member as a strong protective factor. Just under half of carers (n=13, 43%) valued having someone who would answer or return calls promptly. A wide variation was noted in carers' accounts of foster care staff's responsiveness. With these experiences consequently shaping their perceptions of trust, support, and professional respect, often more strongly than formal allocated-worker relationships. Having 'someone at the end of the phone' afforded carers reassurance, particularly when coupled with the promise of returning their call or following up on their query. When recalling instances of positive communication, foster carers attributed good communication or positive relationships to this idea of responsiveness.

> 'It's nice to know you can pick up the phone and she'll get back to you if she's not there, she will return your call. That means an awful lot just to get a phone call returned, means an awful lot! (Foster carer 039)

Two fifths of carers (n=12, 40%) equally described experiences of significant stress when they could not reach foster care staff, particularly during emergencies or medical concerns. While some attributed this lack of responsiveness to staff pressures, this in turn led them to lower their expectations around the level of service they were entitled to.

The style and tone of foster care staff communication also appeared to shape carers' sense of partnership with workers (n=6, 20%). Participants described wanting to be respected as knowledgeable contributors and to be engaged with by foster care staff, rather than being assumed to be managing without checking in. Related to this were comments from carers highlighting their desire for foster care staff to listen with intent and sit with them in distress, rather than jumping to solutions.

5.5.3 Decision-making and foster carer inclusion

Closely related to information sharing was the experience of feeling marginalised in decision-making and the consequent impact on carers' sense of identity and voice within the care process.

Tension between the wants and needs of birth parents and the children in care was particularly emotive in this regard and mentioned by a third of respondents (n=10, 33%). Carers often characterised decision-making surrounding birth family contact and reunification as feeling driven primarily by procedural requirements rather than by the child's expressed emotional needs. A number of carers reported instances in which they perceived children's distress to be minimised in the context of maintaining parental access. In some cases, carers described being encouraged to withhold or manage information provided to children during access visits in ways intended to support access arrangements or respect the wishes of birth parents. Carers reflected on these complex areas of the care process and shared

experiences of children in their care being traumatised and dysregulated for days after a visit. It was in these contexts that differences in opinion or perceived exclusion of the foster carer's voice fed into ruptures with children's social workers. Carers were expected to facilitate access even when they felt it might not be in the child's best interest, leading participants to feel positioned as enforcers of decisions they did not agree with.

The practical and logistical challenges of access with the birth family were an area in which carers also felt excluded from decision-making. Carers described feeling that limited consideration was given to the foster family's circumstances when arrangements were made, and that they were insufficiently recognised in decision-making processes.

Access arrangements with the birth family were described as consuming large portions of foster carers' time and, in some cases, carers reported turning down placements due to the frequency of access required.

> ... access has been the worst part that would cause you the most anxiety ... the last referral we got, there was access twice a week with the parents, for I think it was two hours. But we would have had to travel an hour and 15 minutes there and back, two hours to do it. And then because they were coming out of the care of the grandparents, they wanted to allow the grandparents to have access in the week as well. And we were just like, no. Three times a week, there is no opportunity for the child to bond with us ... so that was quite sad to me because this child was two and she was going under an 18 year care order. And I was just like, no, I didn't want to be part of that. (Foster carer 212)

Outside of access with the birth family, the inability to consent to medical or school-related decisions was named as a frustration by a small number of carers (n=5, 17%). Situations in which carers had to wait for approval or direction from social workers on such decisions were experienced as undermining their parental

role and reinforcing the perceived imbalance between their day-to-day responsibilities and the corresponding decision-making power.

A minority of carers (n=2, 7%) also named wanting more transparency around court procedures, with a desire for carers to have more voice and visibility within legal decision-making related to the child.

5.6 Continuation and discontinuation factors

Of the thirty foster carers interviewed, twenty-six (87%) reported considering discontinuing fostering at some point, while four (13%) stated they had not considered stopping. Foster carers were asked explicitly to comment on their survey response to a question about discontinuation ideation and this, along with other comments on continuation and discontinuation, are summarised below. When discussing the reasons for continuation or thoughts of discontinuation, some carers provided more than one reason, meaning total counts may vary. The number and percentage reflect the number of foster carers who gave each reason for continuing or discontinuing.

In contrast to the large proportion of carers who had considered discontinuing, when asked what they would say to someone considering fostering, over half of interview respondents (n=17, 57%) said they would recommend fostering, compared to just nine (30%) who would not.[13]

5.6.1 Factors associated with continuation

While carers described a number of factors supporting continuation, most related to the child.

[13] Not all carers explicitly stated if they would or would not recommend fostering for this question.

Commitment to current children was the most common reason for continuing, shared by half of carers (n=15, 50%). Several carers stated that while they might not take new placements, they viewed themselves as having long-term responsibility to provide stability and security for the children currently in their care. Some of these participants spoke about plans to adopt the child in their care, reflecting a natural ending to their fostering journey, while others felt that the emotional investment and strain associated with their current placement meant they could not start again with another child.

Attachment, love, and the bond with the child were frequently cited as motivations to continue fostering (n=14, 47%), with carers referencing their deep love for the child, the joy of seeing their progress, and the core feeling of responsibility not to 'give up' on them.

Belief in doing what is right for the child was also explicitly named by another cohort of carers (n=9, 30%). Within these motivations were references to the importance of advocacy, the moral responsibility to the child, and concern around what would happen to the child if they withdrew.

> Those times you just feel like you're broken. You're nearly there. You're going to make the call. I think I need to make the call and then you just say like I'll do it tomorrow. I'll give it one more day and then tomorrow is a bit better and you go. OK. I can see the light again. And you just keep going. And then you have to think about, right, if I give up on him, where is he going to go? I love him. We all love him. He loves us. We can't let that happen. You just have to find a way. (Foster carer 050)

Fulfilment and a sense of purpose were also described as reasons for continuation (n=8, 27%), with fostering characterised as a meaningful and rewarding experience that can provide structure, purpose or motivation to one's life.

Support from specific individual foster care staff was identified by some carers as instrumental in enabling them to continue through hardship (n=5, 17%). In these cases, fostering link workers or social care leaders in particular were referenced as providing practical and emotional support that helped stabilise placements in times of challenge.

> My [fostering] link worker I'd have to say has been amazing- only for her sorting out a lot of things ... it would have pushed me over the edge. So she's always stepped in just at the right time to, like sort out ... whatever was going on. (Foster carer 025)

5.6.2 Factors associated with discontinuation

Among carers reporting thoughts of discontinuation, systemic factors and challenges with foster care staff members were named most frequently as impacting these (n=16, 53%). Carers spoke about frustration with bureaucracy, a lack of shared information, and overly procedural decision making were named as challenging systemic factors. When discussing challenges with foster care staff, carers shared experiences of feeling unsupported, unheard, or disrespected, with several foster carers indicating that negative experiences with individual foster care staff members, rather than the children themselves, had brought them closest to leaving fostering.

The emotional impact of fostering and the consequent feelings of burnout were also commonly associated with thoughts about stopping (n=14, 47%). Some carers described periods of intense stress, emotional exhaustion, overwhelm, and heartbreak, particularly following placement breakdowns or reunification. Others referred to a cumulative build-up of stress rather than a single event and reflected on the impact of this on their mental health over time.

> You know, fostering is tough enough and I can imagine if there was a serious accusation that you would feel like enough's enough, you know? It's just too intrusive in your lives. And it would be too much emotionally to kind of cope with really. So I think that was probably the lowest. (FC018)

While two fifths of carers (n=12, 40%) referenced behavioural difficulties within the placement, just over a quarter (n=8, 27%) felt that this need was at a level to impact continuation decisions. Within these reports, persistent behavioural difficulties, aggression, complex trauma, and high medical or developmental needs were reported, with the cumulative impact of multiple high needs considered particularly destabilising. For a small number, experiences of violence, drug-related issues, or persistent behavioural crises with the child in their care also contributed to feelings of stress or burnout.

Reunification and the emotional loss of a child were identified by over a quarter of carers (n=8, 27%) as a potential or actual trigger for discontinuation, with a number of carers describing distress following children leaving their care and questioning whether they could manage this experience again.

Age and life stage shaped decisions around discontinuing fostering for a fifth of participants (n=6, 20%), reflecting what carers viewed as a natural conclusion to their fostering journey. These carers referenced fatigue, approaching retirement, or a desire for personal time as influencing their intention to step back from fostering once their current placement ended.

Fear of allegations or prior experiences of accusations was also reported by a small number of carers (n=4, 13%) as influencing thoughts about discontinuation.

In summary, while the majority of carers interviewed had contemplated discontinuation, these reflections were most often linked to system-related pressures and emotional strain. Despite referencing these thoughts, carers highlighted a strong commitment to the child in care and a drive to remain a

consistent support despite any challenges encountered. Decisions to continue were predominantly grounded in attachment, responsibility, and belief in the value of the role.

6 Section 6

Focus groups with foster care staff

Section 6 · Focus groups with foster care staff

This section reflects the findings from nine focus groups comprising twenty-eight participants. Four different professional groups were included in the analysis: fostering link workers, children's social workers, Guardian ad Litems (GALs), and peer support workers. The term *foster care staff* is used for reasons of inclusivity, as already described in the **Glossary acronyms** section, but also when combining perspectives from across the different focus groups, or when participants did not stipulate the specific role of an individual they were referring to.

Participants were asked to share their experiences of supporting foster carers and to reflect on the reasons why foster carers they have worked with either continued or discontinued in the role. While there were some differences in themes between the cohorts, the focus was on identifying commonalities across them.

The section begins with a summary of the key findings, followed by reflections from participants around the evolution of the fostering role and related contextual factors. Key themes influencing the continuation or discontinuation of foster carers are then presented, followed by the priority areas identified by participants in these focus groups.

6.1 Key findings from focus group data

Changing context of fostering:

- Fostering was described as increasingly complex, with higher levels of need noted among children in care.
- Foster care staff acknowledged that carers are expected to care for children with highly complex needs without the specialist training or support to prepare them sufficiently.

- Current standards and training materials do not accurately reflect the realities of modern fostering.
- Access arrangements with birth families often lack flexibility and do not sufficiently consider the practical demand on foster carers.
- High social worker turnover and staffing shortages affect service quality and continuity.
- Practice is becoming more procedural and administrative rather than relationship based.
- Variation exists in financial support, service access, and information sharing across regions.

Continuation and discontinuation factors:

- Emotional connection to the child was the strongest driver of continuation.
- Continuity with a trusted foster care staff member was a key protective factor.
- Feeling respected, listened to, and included in decision-making was central to retention.
- Lack of recognition and voice through dismissive communication, tokenistic consultation, and lack of acknowledgment were perceived to push carers towards discontinuation.
- Inconsistent communication, unstable carer-social worker relationships and delayed or reactive supports also contributed to discontinuation ideation.
- Burnout, fear of allegations, staff turnover, and managing complex access arrangements contributed to cumulative strain.
- Cumulative emotional exhaustion contributes to thoughts of leaving.

- Emotional attachment to the child sustains continuation, but systemic pressures can undermine this.
- Systemic and relationship-based problems appeared to have a stronger impact than protective or supportive factors.
- Positive factors were often relational and individualised, while discontinuation factors were systemic and structural.

Priorities for change:

- Recognise, respect and listen to foster carers
- Improve trauma-informed training and preparation
- Review and reform allegation processes
- Improve staffing and stability
- Improve access to timely and specialist supports
- Build peer support networks and community
- Review financial and structural supports

Overall, the focus group findings suggest that foster carers continue primarily because of their commitment to children, but discontinue largely due to systemic, relational, and recognition failures that accumulate over time.

6.2 Evolution of the fostering role

There were many common themes and shared views across the nine focus groups, despite the groups representing very different professional roles. Collectively, participants acknowledged the daily demands of the foster carer role and

expressed respect for the valuable contributions foster carers make, while also recognising that this respect was not always demonstrated by the wider system.

Focus group participants acknowledged the increasing complexity of fostering today, attributing it to children entering care with more complex needs, greater demands on foster carers, and rising expectations from foster carer staff with varying priorities (n=6, 21%). Changes to the fostering system were also discussed by participants, and these included increased court involvement, higher staff turnover, and regional disparities in support.

Participants expressed the view that foster carers are now expected to manage an increasingly broad and complex range of challenges, including children with high levels of untreated trauma, mental health issues, and disabilities (n=13, 46%). This complexity has made fostering more demanding, and participants observed that foster carers often faced expectations that exceeded their capacity without adequate training and support.

> ... what we see is that children are coming into care an awful lot later and their needs are an awful lot more complex. So, our ask of foster carers now compared to what we would have asked of foster carers 10 years ago is significant. We have children who are coming into care now that 10 years ago would have been the exception. (Children's social worker 015)

There was an acknowledgement from focus group participants that fostering is all-consuming, with foster carers struggling to switch off from the role and reporting burnout in the context of continuous responsibility, repeated crises, and limited respite or support (n=7, 25%). Participants recounted that stress arose when foster carers felt judged, questioned, or scrutinised during assessment and placement processes, and expressed feelings of powerlessness within systems where decisions were perceived as made without their input.

6.2.1 Complexity of children's needs

Focus group participants highlighted that the increased prevalence of complexity in children's needs is having a significant impact on foster carers. They noted a shift in the profile of children entering care, with children presenting with higher levels of trauma, mental health difficulties, behavioural challenges, disabilities, and social needs (n=13, 46%). This complexity was reported by participants as commonplace, shaping everyday fostering practice and expectations, rather than being limited to a small number of placements. Consequently, foster carers are now being asked to meet needs that were previously considered exceptional, including high levels of behavioural challenge that were once seen only in teenagers.

> [Previously] you'd have a few young people that had the really complex needs. Now it's a huge percentage of the young people that have serious mental health, disabilities... it could be lots of different things. But the complexity in general... that's made things so much more difficult for foster carers and for supporting foster carers and maintaining placements (Children's social worker 001)

Participants linked this increase in child complexity to wider systemic factors, including a perception that children are entering care later and having prolonged exposure to adversity and arriving in care with cumulative trauma-shaping behaviour (n=6, 21%). This resulted in increased instances of children presenting with complex behaviours such as aggression, school refusal, dysregulation, and inappropriate behaviour in public or social contexts. Participants reported that this often leads to foster carers feeling unequipped to meet the children's needs.

6.2.2 Rising expectations of foster carers

Participants (n=6, 21%) noted a tension between the level of need in children and the expectations placed on foster carers. Focus group participants characterised

foster carers as ordinary people rather than trained specialists, yet they were expected to manage highly complex behavioural, emotional, and developmental needs. A lack of specialist training for carers, tailored support, and timely services was reported as compounding this challenge, leaving foster carers feeling overwhelmed and under-prepared. Placement breakdowns were noted as occurring within this context, particularly where children's needs exceeded what could realistically be met within a general foster placement.

> The high needs of children is a reason ... as well as the lack of supports. But you know, very challenging presentations of children is definitely a reason for breakdown. (GAL 023)

> ... we've huge amounts of placement breakdowns as well because of the very challenging profiles of kids. (Fostering link worker 005)

6.2.3 Societal and systemic changes

Participants reflected that fostering standards and training materials needed updating to reflect the current state of fostering (n=5, 18%). The system was described as 'understaffed' and 'crisis-driven ', making it impossible to meet standards unless they were adjusted. This was felt to be setting foster care staff up for failure and confusing expectations around the support available to foster carers. For example, focus group participants commented that a children's social worker allocated to each child was not considered a reality of modern day fostering due to staff shortages and low numbers of foster carers.

> We're working with standards that have things like every child has a social worker ... It's not going to happen within the next 5 to 10 years that every child is going to have a social worker because they're not there ... you're never going to meet the standards that are just completely outdated. And at least give us a chance to do our work in line with how we have to work at the

> moment, which is very crisis driven, understaffed. But we're made to feel bad because we can't meet standards. (Fostering link worker 006)

Another shift noted in the context of fostering was the change in family dynamics, specifically what a typical household looks like today (n=3, 11%). It appeared now commonplace for both foster carers to work, due to the cost of living. Participants also noted an increase in same sex couples becoming carers, feeling that these shifts needed to be more clearly reflected in fostering materials and training.

6.2.4 Court involvement and access with the birth family

Another challenge raised by focus group participants was the increased involvement of courts and the growing number of professionals involved in each case (n=3, 11%). Participants reported working with foster carers who had chosen to stop fostering because they felt their voices were lost amid the growing number of professionals involved.

> I do feel that there is a cohort of long-term carers who are really struggling... with the whole legal process ... the case is in court, and you have the Guardian ad Litem involved ... They're really struggling with that aspect of it and very much feeling that they've no voice in the process and I've had a few who have made decisions on that basis not to continue. (Fostering link worker 021)

According to focus group participants, access visits with birth families, mandated by courts, have become more frequent in recent years, placing additional strain on foster carers, with arrangements considered as less flexible and at times failing to account for the practical realities of the carers' lives (n=5, 18%). While a number of participants expressed empathy for the practical and emotional strain on foster carers, others perceived foster carer refusals to transport children to these appointments as a failure to meet role expectations. This was creating tension in

some relationships between staff and foster carers and adding extra work for social workers, who were having to provide transport to facilitate visits.

> That's been our biggest thing is driving kids to schools and to access and to everywhere ... it's also because you have to move them further from their schools because we don't have placements near their community anymore. So, it just snowballs and then, yeah, carers are just like, nope [we cannot do it]. (Social worker 001)

The rigidity of court-ordered access with the birth family was perceived by focus group participants to limit foster carers' ability to commit to placements over time, and some foster carers were described as not able to undertake this level of commitment (n=3, 11%). Participants observed that, whereas babies were once relatively straightforward to place, the level of court-mandated access associated with very young children, reflecting the desire to preserve and establish birth family relationships during a critical developmental period, has made such placements considerably more challenging for carers to commit to. Some participants questioned whether current arrangements always adequately account for the lived impact on children, noting that foster carers frequently report visits as dysregulating for some children, and that children do not always express a wish to attend. These participants felt there was limited scope for social workers to exercise professional judgement in discussions about access frequency or format, even when evidence from the placement suggested this might be warranted.

> So, there's mum and dad. There's the GAL. There's the judge. There's the court. There are the solicitors. There is so much pressure... what is the purpose of access here? These children are in an 18-year order; access isn't going great. Is the purpose of access reunification? Is the purpose of access to give the children a sense of identity going into the future? And I don't see that piece kind of like around the purpose and it's more about how much access can the parents get. (Children's social worker 015)

6.2.5 Staff roles and responsibilities

Participants frequently named staff shortages and high turnover as factors reshaping the fostering system and foster carers' experiences (n=7, 25%). High social worker turnover was linked to inexperienced staff being given complex cases too early, limited support, and a lack of protected caseloads. Participants described social worker roles and the broader system as increasingly procedural, with rising administrative demands making it harder to balance paperwork with maintaining relationships with foster carers.

> The work has become more professionalised. So nearly when we step into the work we're thinking of the paperwork, as opposed to the practice. (Fostering link worker 011)

Staff shortages seemed to strain roles and blur responsibilities for foster care staff themselves, and foster carers' understanding of who does what. All roles in the focus groups described compensating for gaps in support when foster carers' needs were not met through usual channels (n=3, 11%). Examples were provided of social workers making themselves available evenings and weekends, peer support workers responding when social workers could not, and GALs carrying out mediation between agencies and carers. Social care workers were reported to be taking on the role of social workers in some instances, with one report of students doing the work of social workers.

> There's definitely been a shortage of social workers and the social care workers and leaders are bridging a lot of that gap... (Peer support worker 042)

According to participants (n=4, 14%), high staff turnover also often disrupted core tasks like careful matching, life story work, and sharing children's information, contributing to foster carers feeling at times unsupported and caring for the child 'blind'.

Foster care staff identified record-keeping and documentation as contributing to these difficulties. Information was sometimes shared verbally without written records, making it difficult for carers to retain important details at the start of a placement when preparations were often hurried and emotionally demanding. Staff also described records being lost, incomplete handovers during staff changes, and the slow pace of digital record development as barriers to consistent information transfer. This often placed additional responsibility on carers to retain and relay information when new staff became involved. Foster care staff linked these challenges to wider systemic pressures. Staff shortages, service demands, uncertainty regarding data protection, and procedural delays were all described as factors limiting timely information-sharing. Foster care social workers also acknowledged that some information about a child may not be known at the point of placement, with certain difficulties only emerging over time. Foster care staff explained that changes in a child's presentation or the emergence of new behaviours sometimes led carers to believe that information had been withheld.

Focus group participants (n=2, 7%) also highlighted concerns about regional fostering arrangements, including social workers being geographically distant from carers. A shortage of foster carers was linked to children being placed out of county, further reflecting regional disparities in the care system.

6.3 Continuation and discontinuation factors

Qualitative findings from the focus groups regarding continuation or discontinuation factors were divided into four main themes: emotional and lived impact of fostering; relationship and communication quality and consistency; available support and systemic factors; and foster carer recognition and voice. Overall, discussion of discontinuation factors (n=97) was almost twice as prevalent as discussion of continuation factors (n=53) within focus groups.

6.3.1 Emotional and lived impact of fostering

This theme addresses the emotional impact of fostering, particularly how relational and organisational factors are experienced emotionally by foster carers and how these impacts can accumulate over time, affecting a foster carer's ability to continue fostering.

6.3.1.1 Continuation

An emotional connection to the child emerged as a central reason foster carers continue fostering, according to sixty-one per cent of participants (n=17). Focus group participants reported that foster carers' decision to continue fostering was rooted in their commitment to caring for the child and deriving fulfilment from supporting children's everyday lives. Seeing children develop, make progress, and benefit from the placement reinforced carers' commitment, which participants thought enabled foster carers to continue even where wider systemic challenges were present.

Participants highlighted strong emotional investment from foster carers, characterised by deep affection, close bonds, and long-term commitment. Accounts by participants indicated that foster carers did not want to give up on a child because of the relationship that had developed, with the child's needs and wellbeing positioned as the priority. Supporting children was believed by participants as inherently rewarding for foster carers, with carers gaining satisfaction, joy, and a sense of purpose from having children in their home. Participants reported that love for the child in care sustained carers through difficulties, enabling them to tolerate the challenges associated with fostering. Overall, continuation was grounded primarily in emotional connection, care, and commitment to the child.

> I think inherently [foster carers] get a lot from just that actual piece of having children in their home and caring for children, so much so that they're able to filter out all those other pieces that are causing some challenge to them. (Fostering link worker 021)

> I think the obvious one would be the children, you know ... seeing them develop and reach their potential ... seeing the impact that they've had and seeing the progress and I suppose getting that ... satisfaction from seeing the difference that they've made in a child's life. I think that would be the main reason that a lot of foster carers will continue. (Children's social worker 019)

> Once you get over that period of- I think it's six to twelve months- I think if you can stick it twelve months, I don't think you'll go. I don't think you'll leave. I think you'll stay because it is the most rewarding, wonderful thing you can do ... It can exhaust you, but it can lift you up and make you feel like there's nothing in the world like it. (Peer support worker 036)

6.3.1.2 Discontinuation

Emotional strain was identified by forty-six per cent of participants (n=13) as shaping foster carers' experiences. Participants identified two main types of emotional strain: the first was linked to a significant event such as an allegation or reunification of the child in care with the birth family, whereas the second type reflected a cumulative build-up of difficulties and emotional strain rather than any singular incident.

For example, in the case of the former, participants described the allegation process as a significant source of emotional strain for foster carers (n=9, 32%). The allegation process was marked by prolonged uncertainty, limited information, and a lack of guidance for foster carers. Participants reported experiences of allegations as having lasting impacts on carers and their families. Emotional strain was

compounded for foster carers by constant vigilance, fear of allegations, and the impact of the experience on carers' own families and relationships.

For the latter, a cumulative build-up of stressors and demands over time had the potential to overwhelm a carer's individual threshold for emotional stress or burnout rather than a singular event. Participants reported that emotional strain intensified for foster carers when they felt overloaded, unsupported, or taken for granted, with accumulating demands leading to a sense of having reached personal limits. Examples were given of repeated staff changes, which necessitated rebuilding relationships continuously; fragmented professional systems; and a lack of access to full information about a child's history, leaving carers feeling unprepared, sometimes resulting in guilt and distress as needs became clearer over time.

> I suppose at times they question themselves and they feel maybe insecure or they blame themselves, they'd be the first one to take responsibility if something goes wrong, when really it's the challenges of fostering and the challenges of trauma in children. (Fostering link worker 016)

Additional pressures, according to participants, arose from uncertainty around placements, contact arrangements, and court-ordered access with the birth family, with foster carers managing children's dysregulation following visits while feeling their observations were not fully recognised or acted upon. Foster carers feeling unheard, excluded from decision-making, and insufficiently recognised for the emotional labour involved in fostering were views shared by all focus groups. In some cases, a relatively minor issue or comment could act as a final trigger within already strained relationships.

> ... even though that was a very minor thing, it was nearly the thing that was the last straw for this couple because they were just so fed up with it. And I was like, oh, God, why did she ask that question? (Peer support worker 042)

While emotional bonds were key to fostering continuation, systemic challenges and emotional strain were more frequently cited as reasons for discontinuation. Positive supports helped but were often inconsistent and overshadowed by ongoing systemic issues.

6.3.2 Relationship and communication quality and consistency

6.3.2.1 Continuation

According to participants, relationship quality and consistency of support were central to foster carers' ability to continue fostering, and this point was highlighted by thirty-six per cent of participants (n=10).

Positive experiences were generally attributed to relationships with particular individuals rather than the wider system.

> I have one foster carer who has very clearly said that the only reason why she's fostering is because of the relationship she has with her [fostering] link worker... once foster carers feel that they're supported and genuinely supported through their link worker, I think that's a huge factor in retention. (Fostering link worker 020)

Focus group participants emphasised that fostering should be relationship-based, noting the importance of consistent support from the same fostering link worker over time in building trust. Continuity was seen as crucial, with fostering link workers developing in-depth knowledge of families over time, contributing to a sense of trust on both sides. A consistent fostering link worker was described as providing a reliable point of contact, acting as a sounding board, and enabling honest, non-judgemental communication. According to participants, this continuity helped foster carers feel heard, respected, and less alone, supporting them in overcoming challenges and continuing to foster, sometimes beyond their initial expectations.

> ... in terms of the continuity of that relationship, I do think that is what's working well ... You know, immediately four or five families retired because they said that my predecessor had kept them going four or five years longer than they ever anticipated going... I know if I was to leave in the morning, there's probably two or three families that I am keeping going because we have established that relationship and that's the same with all [fostering] link workers. (Fostering link worker 016)

Feeling heard, understood and included as part of the foster care team was also seen as important, with participants sharing feedback they had received from carers. Participants were told by foster carers that trust, advocacy, and non-judgmental listening from fostering link workers were features of relationships that supported them in continuing to foster. Transparency and information-sharing about children's needs were also highlighted as contributing to trust and a sense of shared endeavour for foster carers.

> I think when you ... tell them everything you know about the child- the good and the bad- when you're trying to make a placement, there are very few people who have actually come back and said no ... whereas actually it's when you withhold stuff and it could be something as simple as a child who wets the bed ... I think they value that you know, they feel- listen, we're in this together- and they feel that whatever comes up that they're going to have your support. So it's giving them all the information that we have about a child, risking that it is going to scare them off ... but like if it does then maybe it's not the right placement for them, you know. (Fostering link worker 016)

6.3.2.2 Discontinuation

As with continuation factors, the same number- thirty-six per cent (n=10) of participants- highlighted challenges in relationships with staff and services as important factors in foster carers' decisions to stop or consider stopping fostering.

Participants identified fragmentation across departments and services as a significant source of stress for foster carers, describing experiences in which inconsistent communication and a lack of coordinated practice left carers navigating multiple systems without a clear or unified point of support. According to participants, foster carers felt unsupported at critical junctures, including allegations, reunifications, and periods of challenging behaviour from the child in care or birth family. These were points at which support was most needed but not consistently available. This perceived lack of support formed part of a broader pattern of challenges, including communication difficulties, conflict with staff, and a sense of not being heard, which were described as affecting working relationships, leaving carers feeling unsupported.

Foster carers were noted by participants as reluctant to acknowledge difficulties, due to fears of judgement, shame, or being perceived as unable to cope, particularly where admitting to struggle was associated with concern that a child might be removed from their care. It was implied that foster carers did not feel able to open up to staff about these concerns, perhaps because it did not feel like a safe, non-judgemental space in which to do so.

> ... unless you're a superhuman person who can do anything, you will have to ask for help. And that's what people are afraid to do is ask for help. Because I've heard a lot of carers say that if I ask for help, then they'll think that I'm not able and they'll take the child back. And that's a worry with a lot of carers... (Peer support worker 036)

Inconsistencies in communication practices were noted by participants across teams and geographic areas, particularly in relation to what information is shared with foster carers and when. For example, foster carers did not receive timely, clear, or sufficient information about children's histories, care planning, court processes, or emerging concerns and this varied depending on the geographical region.

> ... there's a lot of moving parts and sometimes it's just not really clear, I think, who should give the information and when and how and how much they should give. (Children's social worker 009)

> There's definitely a sense and a practice within certain social work departments that that's not even the foster carer's right to have information. (GAL 023)

Participants linked inadequate information-sharing with foster carers to carers feeling less able to respond appropriately to children's needs and experiencing increased stress within placements. Poor communication, including delayed responses or disrespectful interactions, was described as directly influencing carers' willingness to accept further placements.

Handling of the allegation process was repeatedly identified as a critical communication issue. Participants acknowledged that carers often received minimal information, limited reassurance, and experienced long periods without updates during investigations. Participants also acknowledged that carers often did not feel heard in the allegation process. These communication gaps were described as highly distressing for foster carers.

In summary, relationship continuity with a trusted fostering link worker is described as one of the strongest protective factors for continuation; however, the same relational domain becomes a major risk factor when communication is inconsistent or dismissive. Positive experiences are often person-dependent, whereas negative experiences seem to be system-wide.

6.3.3 Available support and systemic factors

6.3.3.1 Continuation

Each focus group was asked what they thought was working well in terms of support for foster carers. A total of fifty-seven per cent (n=16) of participants contributed ideas on what support helps foster carers to continue fostering.

Participants framed support as most effective when it focused on continuity, accessibility, and recognition. Stable fostering and children in care teams, with long-standing staff relationships were valued for building trust, confidence, and a sense of foster carers being supported over time. Participants provided individual reports of where this was working in practice.

> ...just that relationship with somebody going right through their fostering career... you can't underestimate the impact of that... (Fostering link worker 021)

> And I suppose it's very easy to talk about how this is nice to have these relationships ... but if you actually tear them down- what's that [going to do]? It's keeping the child there. It's helping to maintain the stability of that placement at the end of the day, which we all want for the child that's there. (Children's social worker 026)

Practical and therapeutic supports being in place in a timely and coordinated way were highlighted as important by participants. Reflecting on effective support that participants had witnessed in practice, placements which included therapeutic services, particularly when provided internally through Tusla, contributed to placement stability.

> When there's therapeutic supports in place it makes a massive difference and when those therapeutic supports are provided internally by Tusla, by our therapeutic team, everything runs much more smoothly... when you see the support in place, a placement really thrives. (Children's social worker 009)

Focus group participants reported that training opportunities, peer support initiatives, and mechanisms to increase support during periods of difficulty were important to help foster carers feel more equipped and sustained. Financial and practical supports, including the increase in the fostering allowance and recognition of fostering as long-term or full-time work, signalled that foster carers' needs were being taken seriously according to participants.

> The foster care appreciation day ... I hear many foster carers that come away from that particular day being so positive about not only being linked in, but about being recognised in their role... (Children's social worker 003)

Foster carers' support networks, particularly the involvement of partners, children, and extended family was emphasised as important by participants. Family buy-in and practical support were seen as crucial in enabling carers to manage competing demands and feel sustained over time. Peer support from other foster carers was described as especially valuable, offering shared understanding and reassurance which participants believed reinforced that foster carers were supported within a broader network rather than carrying responsibility alone.

> There are groups that are there for children who foster, so that's the carer's own children. And there's also a good level of support with coffee mornings, family days, things like that. (Peer support worker 042)

6.3.3.2 Discontinuation

A total of seventy-one percent (n=20) of participants discussed levels of support and systemic challenges as contributing to discontinuation, as well as offering suggestions to better prevent foster carers from discontinuing.

Support for foster carers was reported as uneven, shaped by availability, continuity, and how support was enacted in practice. Participants highlighted how limited,

inconsistent, or delayed support affected foster carers' experiences of maintaining placements.

> ...the ones that emerged to do well are the ones that that were front loaded at the start. They got the support, you know they had the good induction, we minded them, we nurtured them and ... we don't always do that. You know we ... often give oversubscribed people challenging kids and they might be disillusioned and might feel "Jesus this is just simply way out of our depth" so you know we can be masters of our own destiny unfortunately, at times. (Fostering link worker 005)

According to participants, support was particularly constrained where access to services and social workers was limited. Furthermore, regional variation in the support available to foster carers, including financial support, and information sharing was noted by focus group participants. Foster carers were described by participants as becoming aware of these inequities through engagement with the wider fostering community.

Continuity of support was reported by participants as challenging to maintain. High staff turnover contributed to gaps in contact and delays in support. Participants noted that foster carers experienced periods without consistent engagement from services. Placements that appeared settled often received limited attention, with carers' difficulties remaining unnoticed unless concerns escalated or placements ended. Focus group participants acknowledged that support was often reactive rather than proactive and that waiting lists were prohibitive to foster carers getting the support that they need.

> It can be really slow, and carers can wait a really long time for the support that they need, even though it's been identified very early on that a child needs something. So, I think that's a big, big thing. Not being able to tap into support really quickly. (Children's social worker 009)

> Firefighting and stuff is not leaving a context for being proactive and you know getting ahead of stuff before it could evolve into a bigger problem. (Fostering link worker 005)

According to participants, practical supports were limited or poorly aligned with foster carers' day-to-day needs. Participants reported that support, when offered, was often perceived by foster carers as overly therapeutic rather than practical, such as counselling, which did not always address household or caregiving challenges directly.

> Can we offer you counselling? And that's not always the solution to every single problem. Sometimes you just want to be able to say, you know what, I'm having a **** day today, and for that to be OK and not to be judged. (Peer support worker 004)

Focus group participants believed that the handling of allegations was highly procedural. They acknowledged that foster carers received limited information during allegation processes, with fostering link workers having restricted capacity to support them through explanation or reassurance. This was due to concerns being processed through formal frameworks rather than by exploring underlying needs.

While over half of participants identified supportive practices that help carers continue, systemic shortcomings were raised more often and with stronger concern. Positive supports were seen as effective where present, but inconsistently available and vulnerable to systemic strain.

6.3.4 Foster carer recognition and voice

6.3.4.1 Continuation

Twenty-one percent (n=6) of participants highlighted that foster carers were more able to continue fostering when they experienced respect, acknowledgment, felt heard and experienced inclusion from foster care staff.

A number of examples were provided around inclusive practice, including being listened to and understood, treated as a partner in decision-making, and included in meetings. Participants noted these supported foster carers' confidence and commitment.

> Listening and hearing and understanding them. So many carers are just finding that they're just expected to slot into a system in a very kind of formulaic way ... just the experience of feeling heard and understood by a person is amazing in terms of what it will do for stability and helping carers stick with it. (GAL 023)

Participants described recognition of foster carers not simply as praise, but as genuine acknowledgment of carers' work, treating foster carers as an equal, and them having a meaningful role in discussions and decisions about the child's care. According to participants, where foster carers felt included, respected, and informed, they were more willing and able to continue fostering, emphasising the importance of supportive carer-worker relationships and genuine recognition.

> When somebody treats you as an equal and invites you to meetings and includes you in the decisions on the children and takes your opinion, it means so much ... you will go for twenty to thirty years if you have somebody alongside you ... if you feel like you are being acknowledged. (Peer support worker 042)

> How the reviews are done now, I think they feel that they have more of a voice in the reviews as well, than what they used to have. I think there's still a long way to go, but I think definitely you know those kinds of things have helped and I think once people can air their views, air their frustrations, and feel heard and feel held, it is really helpful for them. (Children's social worker 026)

When reflecting on examples, participants highlighted the link between carer-worker relationships and placement outcomes. Stable, respectful relationships with social workers who recognised carers' expertise were reported as central to maintaining placement stability and sustaining carers' engagement. It was felt by participants that recognition and respect for foster carers had to be communicated from senior members of the fostering team for it to affect a change in attitude throughout teams.

> ...fostering social workers from the very top were being told that foster carers are part of the team. They're to be included 100%. They're the most important part of the team... And if you get that from the top, it will fall down through the lines because you know that's a given that we respect these people that are doing a wonderful job. (Peer support worker 042)

According to participants, foster carers felt valued when staff communicated clearly and respectfully, provided information about the child and placement, sought their input in decisions, and listened to them. Participants suggested that opportunities for foster carers to participate in training, organisational initiatives, and projects enhanced carers' sense of value and voice, both individually and collectively.

> Get the foster carers supported. Respected. You know, just live the values. If Tusla live the values that they state, we would have a fantastic foster care system in Ireland... (Peer support worker 035)

6.3.4.2 Discontinuation

While there was recognition and agreement of the importance of the foster carer voice in retention, and examples of positive changes in practice to strengthen this, sixty-eight per cent (n=19) of participants highlighted areas and times when this is not the case.

High staff turnover was one reason noted by participants as weakening recognition, with new workers failing to acknowledge carers' experience or existing work, requiring foster carers to repeatedly re-establish relationships.

> That's the key to longevity, isn't it? You know, feeling, that they're valued, feeling that the people who have asked them to care for children really care about the children. And I see lots of carers not feeling that. (GAL 029)

How foster carers are spoken to and whether their concerns are taken seriously were highlighted as important by participants. Experiences of foster carers feeling dismissed, spoken to disrespectfully, taken for granted, or not listened to by staff were reported by participants. One participant gave an example of new, younger staff using disrespectful language.

> ... it's the flippancy and nearly like them feeling that they haven't been listened to and that... what they've been saying has been disregarded. (Children's social worker 015)

Respectful communication and acknowledgement of carers' perspectives were described as important in maintaining carers' engagement with the fostering system. A lack of returned calls or messages and faster responses from staff than from foster carers were noted by participants as particularly frustrating for foster carers, especially when carers were left waiting for long periods without a response.

Praise for foster carers was reported as 'lip service' when not accompanied by understanding, inclusion, or action, particularly when staff were perceived as not understanding the work foster carers do. While it was not explicitly stated, a lack of understanding of the foster carer role might affect how staff involve carers. For example, participants noted that foster carers were excluded from meetings and decision-making, informed last about decisions affecting their homes, or expected to comply with plans without consultation. Also, there were accounts of foster carers being asked for views without those views being acted upon. This

inconsistent involvement or explicit exclusion during key decisions was highlighted as contributing to a sense of tokenism, wherein foster carers had expressed feeling judged, dismissed, and outside the foster care team, despite their responsibility for day-to-day care. The impact was that foster carers were not made to feel important within the wider fostering structure, with some participants noting that foster carers were being pushed to the brink of leaving the role when they felt unheard, uninformed, excluded, or not treated with respect.

> I'd love to see Tusla turn the whole thing upside down and look at it, or any system, turn it upside down and look at who's actually doing the work, who's on the ground. Respect them. (GAL 002)

In summary, discontinuation factors significantly outweigh continuation factors in this theme. Recognition is framed not as a bonus, but as a core retention requirement, and its absence is a powerful driver of discontinuation.

6.4 Foster care staff priorities for foster carer retention

Focus group participants were asked to name the most important priorities to help retain foster carers and reduce discontinuation.[14] These priorities centred on recognition, training and preparation, allegation process reform, staffing and stability, timely support, peer support and community, and financial and structural supports.

- **Recognise, respect and hear foster carers (n=12, 43%)**
    - respectful communication following a clear timeline with accountability
    - actively listen to understand
    - acknowledge and address all concerns

[14] Some participants named more than one priority.

- meaningful inclusion in decision-making
- recognition as part of the team
- relationship-based practice
- meaningful acknowledgment (including access to a pension)
- treat as knowledgeable partners

I guess it's around [being] ... willing to hear that they're struggling, to be willing to hear why that might be, and what we can do about it rather than looking the other way because everybody's busy... (Fostering link worker 005)

... valuing the role, as well as the support, as well as including them in decision making, as well as informing them of what they need to know, as well as respectful interactions- there's just so much to it. But yeah, I think a sense of being valued is at the core of it all really (GAL 023)

- **Trauma-informed training and preparation (n=4, 14%)**
  - ongoing, mandatory training
  - trauma-informed approach
  - better preparation for allegations and placement strain

Trauma-informed training for those in the home but also the wider support network, like school. (Children's social worker 009)

- **Allegation process reform (n=4, 14%)**
  - faster, fairer process
  - emotional and practical support
  - less isolating, less procedural process

I agree with what [SW003] and [SW010] said there in terms of the allegations ... that family I mentioned earlier on ... they didn't have any support as such.

And I suppose I was told, you know, you can be there to support them. But you're not allowed to talk with them about the investigation when the investigation has gone on. But sure if you can't talk about it then you can't really support them because that's all that's on their minds, you know? So it's very tough. So I really felt for them. (Children' social worker 019)

- **Staffing and stability (n=3, 11%)**
    - more social workers
    - greater role stability among foster care staff working directly with foster carers
    - continuity of support

    A change in the way that staff move around within Tusla to offer more stability in roles. Incentives, such as a higher pay grade for child in care staff to encourage people to stay in the department for longer. (Peer support worker 042)

- **Improved access to timely and meaningful supports (n=3, 11%)**
    - practical and therapeutic supports
    - timely clinical, attachment-focused and dyadic supports
    - available support before a crisis
    - normalise respite

    ... available supports rather than only when something is breaking down. (GAL 025)

    So it might be that they need fairly regular respite, for instance, and a lot of people are afraid to ask for respite. (Peer support worker 042)

- **Peer support and community (n=3, 11%)**

- regular confidential peer groups
- stronger fostering community

I think one thing that I would like to see is just more of a sense of community. I think [LW016] said it there, that fostering can be quite isolating for some carers and particularly when they're going through a placement breakdown or a difficult situation that ... it's kind of expected that they attend support groups or that they reach out to other foster carers, but really we should be bringing them in a bit more. (Fostering link worker 020)

- **Financial and structural supports (n=3, 11%)**
  - pension provision
  - clearer financial processes

... it's financial as well as everything else in terms of showing the value that the government and the country and everybody places on foster carers. (GAL023)

Consistent with the interview findings, foster carers' commitment and emotional connection to children remained central drivers of continuation. However, the focus group findings provided further insight into how systemic, relational, and recognition-based challenges accumulate over time and contribute to thoughts of discontinuation. Experiences of feeling unheard, unsupported, and undervalued emerged strongly across accounts, alongside concerns regarding staffing instability, communication, training, and access to support. The following discussion chapter considers these findings in relation to the wider literature and implications for policy and practice.

7 Section 7
Discussion and recommendations

Section 7 · Discussion and recommendations

This section synthesises and discusses the findings from across the three strands of this research. Findings are thematically grouped under three headings: early experiences in fostering; satisfaction and strain: the complexity of fostering experiences; and continuation and discontinuation factors associated with fostering. Recommendations for future research are provided, along with practice recommendations to promote foster carer retention.

The current project emerged from a desire to better understand the factors underlying foster carer continuation and discontinuation and to generate new knowledge that could support carers and promote stability for children in foster care. Three research questions guided the study:

1. What factors support foster carers to continue fostering or influence foster carers' decisions to withdraw from fostering?
2. Are there differences between different foster carer groups based on length of service: categorised as one year or less; from one to five years; and greater than five years?
3. Are there distinctive differences between these three groups in relation to factors such as: a) expectations versus reality of fostering; b) training and support; c) professional and personal relationships and d) meeting the needs of the child in care?

These questions were explored through a scoping review of the research literature and three different data collection methods (mixed methods): a national survey of foster carers, thirty interviews with foster carers, and nine focus groups with staff working with foster carers.

While the project aimed to compare findings across three carer groups based on length of service, no practically significant differences emerged in the survey

analysis. In the subsequent interviews, representation among participants was also not equally distributed, with only three carers who had fostered for a year or less taking part. To address this limitation, all interview participants were asked specifically about their first one to two years of fostering. Adaptation to the role and the steep learning curve emerged as a theme in early fostering, though the nature of continuation and discontinuation factors appeared largely consistent between the groups. Findings related to length of service that did emerge were relatively minor and are integrated throughout the discussion where relevant.

7.1 Early experiences in fostering

A key theme reported by carers across both the survey and interviews was that the realities of fostering were more complex and challenging than they had anticipated. The early years of fostering proved particularly tumultuous for carers, with many describing a gap between their expectations and the realities of the role. This was discussed in the context of the child's complex emotional and behavioural needs, as well as the availability and accessibility of supports. Scoping review findings further emphasised role clarity and having realistic perceptions and expectations of the role as protective factors for foster carers (Cooley et al., 2015; Maclay et al., 2006; Rodger et al., 2006).

While mandatory pre-approval and ongoing training were reported to provide foundational knowledge, many carers felt that no training fully equipped them to manage the multifaceted needs of children or to navigate the complex support systems required to perform the role effectively. Though aspects of the caring experience overlapped, each foster placement and each child were recognised as unique, making it impossible to anticipate and prepare for every challenge. Even carers with professional experience in child- or family-related fields felt this experience had only partially prepared them for fostering.

Over time, most carers reported increased confidence and a stronger professional identity, reflecting that they developed advocacy skills and found their voice out of necessity rather than choice. This aligns with research identified through the scoping review, which suggested that foster carers develop competence and resilience through experiential learning within the role, supported by ongoing supervision and placement-based support, rather than through pre-service training alone (e.g., Rhodes et al., 2003; Mallette & Elmore-Li, 2024; Shklarski et al., 2024). These findings underscore the need for consistent, ongoing access to a fostering link worker to support carers in navigating and developing their own learning through individual experiences on their fostering journeys.

The experiences of early-stage foster carers were further contextualised by focus group members, who described fostering in Ireland today as significantly more complex than in previous years. Foster care staff expressed the belief that children entering care now appear to present with higher levels of trauma, disability, mental health need, developmental complexity, and behavioural challenge. They added that foster carers are consequently expected to manage this complexity without sufficient specialist training or timely support, and in the context of wider systemic pressures and resource constraints. While foster care staff expressed a desire to be more present and practice in a more relational way, high social worker turnover, staffing shortages, and increased procedural practice were felt to leave carers feeling more isolated or alone in navigating the demands and challenges of the role.

7.2 Satisfaction and strain: the complexity of fostering experiences

Despite a potentially challenging start to the fostering journey, quantitative findings indicated an overall positive account of fostering, with over three-quarters of carers reporting satisfaction, over half intending to continue for as long as possible, and more than half willing to recommend fostering to others. Carers indicated very

high satisfaction with their relationship with the child in their care; over 60% were satisfied or very satisfied with their relationship with the child's social worker, with Tusla, and with their level of inclusion in planning for the child in their care.

However, while quantitative responses on satisfaction indicated high satisfaction, among the 58 carers who answered the open-ended survey questions, 77% shared areas of dissatisfaction. This pattern of contrast between qualitative data and quantitative data emerged quite consistently across data collection methods. This gap is most starkly illustrated by the discontinuation figures: while forty-three per cent of survey respondents reported having considered discontinuing, this rose to eighty-seven per cent in interviews, where both interviews and focus groups provided more critical accounts of fostering experiences, particularly in relation to systemic and relational factors. Yet this heightened criticality did not translate into a uniformly negative view of fostering; the same proportion of interview participants as survey respondents would still recommend fostering, pointing to a deeper tension at the heart of the fostering experience: one between the meaning and personal values that sustain carers, and the daily challenges that test them. For some, particularly those with longer experience, ongoing stress or inadequate support may become normalised without altering their broader evaluation of fostering, with resilience at times masking underlying challenges.

While self-selection may have played a role in these findings, the findings should not be interpreted as contradictory, but rather as reflecting different dimensions of carers' experiences elicited through different methods. While the survey measures may have captured carers' overall commitment to fostering, the qualitative approaches reveal the complexity of their day-to-day experiences and the significant, real challenges many foster carers face in their roles.

For participants in this research, fostering appears to remain a highly rewarding and fulfilling endeavour, with the relationship with the child sustaining many carers through significant challenges and unmet needs. Foster carers also appear resilient

as a group in their capacity to tolerate and continue in the face of challenge. These challenges reflect gaps in service provision and support that were evident to both foster carers themselves and the foster care staff who support them. Evidence from the scoping review reinforces these findings, with previous research also reporting high levels of resilience in carers (Cooley et al., 2015; Nesmith & Hartley, 2023), and carers creating their own support system in family and friends, particularly when support from services are deemed inadequate for their needs (Maclay et al., 2006). Factors related to discontinuation were multifaceted, and subsequent sections focused in more detail on these challenges, offering targeted recommendations to address them.

7.3 Continuation and discontinuation factors

Across all data collection methods, a single clear continuation factor emerged, while discontinuation reflected a more complex set of layered factors.

7.3.1 Continuation factors

Consistent across the three research strands was the recognition that motivations to continue are fundamentally child-centred, with emotional connection and relationships at the core of fostering. The bond between the foster carer and the child in their care appeared to sustain the commitment even in times of extreme challenge. This finding mirrors what was seen in the scoping review (Eaton & Caltabiano, 2009; Giordano, 2024; Roberts et al., 2024), suggesting that continuation is less driven by external rewards and more by the intrinsic value carers place on their relationships with children.

Carers described their decision to foster as values-driven, grounded in empathy, compassion, and a sense of social responsibility. A particular focus on attachment, love, and the experience of witnessing children's developmental progress was

central to carers' sustained commitment and frequently cited as reasons for continuing.

While emotional connection is a strong foundation for continuing, it often exists in tension with the wider systemic and structural challenges highlighted in this study. Carers' accounts suggested that commitment to children can sustain continuation up to a point, but that the quality and consistency of supportive relationships around the family were also key in promoting continuation. Carers shared examples of positive, sustaining interactions with fostering link workers and social care leaders, and foster care staff also acknowledged that a consistent, responsive, and inclusive relational practice is crucial in supporting carers to continue. This was echoed in findings from the scoping review, which highlighted social workers' and agencies' support as a protective factor for foster carers (Geiger et al., 2013; MacGregor et al., 2006; Maclay et al., 2006). Support in this context was described as having warm and trusting relationships with foster care staff, carers feeling both informed by and comfortable sharing information with social workers and being included as part of a team.

While examples of positive relational practice in the current study were shared, carers also appeared to experience sustained periods of challenge in which adequate support was lacking. For these carers, reported intent to continue fostering may reflect the strength of their sense of responsibility towards the child rather than the realities of their day-to-day experience. Examples of this emerged both in the survey and interviews, where continued commitment to fostering coexisted with reports of significant and sustained strain. These situations raise questions about the longer-term impact on carers' wellbeing and the potential sustainability of placements under these conditions.

These findings suggest that relational commitment can act as both a protective and, at times, pressurising factor in fostering. While it supports carers' motivation to continue, its impact depends on the presence of responsive systems and

supportive relationships. Where this support is lacking, even strong emotional commitment may not be enough to prevent discontinuation.

7.3.2 Discontinuation factors

Across the three data collection methods, thoughts about discontinuation appeared to primarily reflect the outcome of sustained exposure to systemic and relational strain rather than isolated challenges. While individual difficulties were certainly present, the findings suggest that it is the interactive and at times cumulative effect of inconsistent support, staffing instability, and limited inclusion in decision-making that most strongly shapes carers' consideration of leaving. Thus, discontinuation may be better understood not as a single decision point, but as a gradual process of erosion in carers' capacity to continue over time. This would be consistent with burnout research, which conceptualises burnout as a cumulative process associated with chronic strain, emotional exhaustion, and disengagement over time (Hannah & Woolgar, 2018; Maslach & Leiter, 2017). Findings from the scoping review also highlighted the impact of accumulating pressures and placement-related challenges over time, including the stress associated with managing children's complex behavioural and emotional needs, on foster carer strain and placement outcomes (Hamilton, 2011; Nesmith & Hartley, 2023).

Although almost half of carers in the survey reported having considered stopping fostering at some point, differences between carers with varying levels of experience were relatively modest, suggesting that vulnerability to discontinuation is not limited to a particular stage of the fostering journey. Instead, the data indicated that similar systemic pressures are encountered across time, though they may be experienced or interpreted differently depending on a carer's level of experience and confidence. Early-stage carers, for example, may be more likely to attribute pressures to gaps in their own ability, while those with more experience

and confidence in their role may recognise these as reflecting external, systemic gaps in support.

Importantly, the consistency of findings across data collection methods suggests that these pressures are widespread and persistent. Carers described navigating a fostering system which felt bureaucratically rigid and one in which support was often inconsistent, delayed, or reactive, requiring carers to assume a high degree of personal responsibility for securing services and advocating for the children in their care. This blurring of roles, where carers take on tasks typically associated with foster care staff, appears to contribute not only to practical strain but also to a sense of being insufficiently supported or recognised within the system.

Perspectives from foster care staff reinforced this interpretation, suggesting that these challenges are rooted in structural constraints, including staffing shortages, high turnover, and resource limitations. Reports of delays in decision-making and variability in service provision across regions further indicate that carers' experiences are shaped by broader organisational conditions. Taken together, these findings suggest that discontinuation is closely linked to the capacity of the fostering system to provide timely, relational, and consistent support, and that where this capacity is weakened, the sustainability of foster care placements is placed at risk.

7.3.2.1 Emotional impact and burnout

Emotional exhaustion and burnout were consistently linked to discontinuation and appeared to be often intensified by pressures within the fostering system. Burnout emerged as one of only two significant predictive factors of a foster carer's thoughts of discontinuing. Significant differences in burnout levels were also reported between groups, with first-year carers reporting lower levels than more experienced carers. This, in itself, warrants further investigation as a potential metric for monitoring accumulated stress in foster carers.

Burnout seemed to occur through the gradual accumulation of everyday pressures over a prolonged period of time, whereas strain or acute high stress was more likely to emerge from a single distressing incident. This reflects patterns identified in the scoping review, where foster carer discontinuation is shaped by both cumulative strain over time and the impact of specific challenging events (Nesmith & Hartley, 2023; Randle et al., 2017; Roberts et al., 2024).

Acute strain appeared reflective of destabilising events such as placement breakdowns, reunifications, allegations, and periods of challenging behaviour associated with perceived risk to the child or other children in the foster home. Placement endings were frequently linked to grief and emotional stress, both experienced in the moment and anticipated beforehand. For a number of carers, the emotional loss of a child led them to question whether they could endure the experience again. Such events appeared to function as critical stress points, particularly where carers felt unsupported or left waiting for resolutions.

Burnout due to a cumulative build-up of stresses and frustrations over time appeared resultant of challenges, including barriers to accessing services, navigating access with birth families and managing complex needs and behaviours with little support. Carers also named bureaucracy, financial strain, and placement instability as contributing to burnout, while foster care staff reported having witnessed cumulative emotional strain pushing foster carers to their limits. Over time, these demands appear to compound, particularly when efforts to seek support are experienced as ineffective or dismissed. For carers who feel unheard, unrecognised and undervalued over time, a 'final straw' such as a difficult interaction with staff has the potential to lead a carer to contemplate stopping fostering. Such cumulative strain appeared to lower tolerance for additional stress, particularly within relationships with staff, where carers already feel unheard or undervalued. This gradual erosion of emotional resources is often less visible than

acute crises, yet may be equally, if not more, influential in shaping decisions to discontinue.

In response to these pressures, carers often turned to personal and peer networks for emotional support, rather than relying on formal services. While these networks were considered a valuable resource, their prominence may also reflect gaps in relational support within fostering services.

A key theme underpinning both acute strain and cumulative burnout is the experience of "fighting" to secure appropriate support for the child, a trend also observed in the scoping review (e.g., Diogo & Branco, 2020). This ongoing effort, particularly when met with limited responsiveness, emerged as a drain on carers' emotional resources and appeared to shift their role towards one of persistent advocacy. In some cases, the cost of this effort and strain was described as coming at the expense of carers' own well-being and that of their wider family, raising questions about the sustainability of current models of therapeutic care.

7.3.2.2 Meeting the child in care's needs

The level of need experienced by children in care was the second significant predictive factor of a foster carer's thoughts of discontinuing. Foster care staff also noted that this growing need appeared to reflect a broader change in foster care. In understanding this finding, it is important to consider that the presence of complex needs alone may not be driving this effect, but rather the gap between a child's need and the availability of timely supports to meet it. Across the findings, increased complexity in children's presentations appeared to intensify both the emotional and practical demands placed on carers, with much of the expressed frustration directed towards services rather than the children themselves. Findings from the scoping review also linked unsupported challenging behaviour to foster carer discontinuation (e.g., Randle et al., 2017) and emphasised the importance for

carers in having clear and timely pathways to adequate supports and interventions (Daniel, 2011; Giordano, 2024).

It is important to note how the impact of these complex needs extended beyond the primary carer or carers to the whole foster family. Carers felt that the intensity of supporting a child with complex needs while also attending to the needs of other children in the home and to their own personal commitments was not always acknowledged by foster care staff, with other children in the home feeling overlooked at times. When a carer's whole home and family context was perceived as not being recognised or incorporated into planning and decision-making, this appeared to contribute to feelings of marginalisation and disengagement. This also perpetuates a felt sense that fostering operates within a system that either lacks attunement to the realities of family life or is stretched so far that it is not possible to prioritise and support families in a relational way.

In discussing the needs of children in care, foster care staff acknowledged carers as ordinary people who are tasked with specialised work. They expressed the sense that carers must manage increased complexity in children coming into care, often without training that can truly prepare them or, timely services that can offer consistent support. This can create the risk of placing carers in positions of significant responsibility without the tools required to respond effectively. A perceived overreliance on carers themselves to manage increasing levels of complexity may indicate a care system which has not been able to sufficiently adapt to and keep up with changes in fostering over time.

7.3.2.3 Support and systemic challenges

Experiences of professional support varied considerably for foster carers, with both structural and relational factors viewed as influencing carers' decisions about continuation. Across the three data collection methods, support was often described as reactive, largely influenced by highest need and constrained by staff

shortages and high turnover. For some, support only became available at points of crisis, which in some cases felt too little, too late. While prioritisation based on acute need is understandable in the context of staffing issues and financial constraints, the gap in early intervention and prevention may lead to unaddressed pressures accumulating over time. By the time this reaches a critical threshold, interventions or crisis responses may be insufficient on their own to reverse thoughts of discontinuation.

When specific support options were explored, there was often a perceived mismatch between the support needed and the support that was offered or received. During periods of difficulty, carers emphasised the need for immediate, practical support, such as respite, rather than longer-term support focused on understanding their child's behaviour. Respite, while mentioned by only a subset of participants in qualitative comments, appeared both highly valued yet difficult to access, with over a quarter of survey respondents dissatisfied or very dissatisfied with their ability to access respite care when needed. Carers described barriers including limited availability, unclear criteria, and a sense of stigma associated with requesting it.

This misalignment between support offered and support needed contributes to frustration and reinforces perceptions that support systems or foster care staff lack a clear understanding of the lived realities of fostering. Actions taken on behalf of carers, without clear recognition of their unique context, may hinder effective working relationships and perpetuate feelings of not being heard or understood. Furthermore, broader structural constraints, including staff shortages, high turnover, and increasing procedural demands on social workers, limit the time and capacity available to build relationships with carers. This may lead carers to experience support as fragmented or impersonal.

With time and experience, carers often described finding their voice and confidence to raise concerns proactively. Not all carers, however, experienced a

sense of safety in disclosing difficulty. Carers reported feelings of guilt when they perceived themselves as unprepared for high needs in a child. Co-occurring with this were fears that raising concerns could result in judgment, blame, or even the removal of a child. Such fears may inhibit help-seeking, particularly among less experienced carers, leading foster care staff to inadvertently miss those most in need of assistance. This suggests the need for support to be proactively offered by fostering services, rather than relying on carers to speak up.

Across the data collection methods, effective support appeared a broader concept than just service availability or provision, with strong relationships, responsiveness, and relational fit all contributing to how support is received and experienced by carers. When support is proactive, timely, and aligned with carers' needs, it can buffer the emotional demands of fostering. Where it is delayed, misaligned, or difficult to access, it may inadvertently contribute to the very pressures it seeks to alleviate.

7.3.2.4 Relationships, communication, and information sharing- feeling heard and valued

Relationships with foster care staff emerged as a central determinant of foster carers' experiences. While relationships with the children in their care emerged as the most consistent factor supporting continuation, the quality of relationships with foster care staff appeared to either buffer against or contribute to thoughts of discontinuing. These relationships often influenced whether fostering felt like a collaborative partnership or a more distant, procedural system. Although it is important to acknowledge the responsive and supportive relationships described by many carers, participants spoke extensively about the challenges that arose when relationships were not experienced as respectful, responsive, or a good fit. The relationship between the foster carer, the fostering system and its staff appeared most influential in shaping thoughts about discontinuation.

Central to these relationships was the extent to which carers felt heard, valued, and included. Across the findings, being listened to and taken seriously in decision-making processes was viewed as more than a desirable benefit; it was a key factor influencing carers' resilience and willingness to continue. Conversely, experiences of exclusion, oversight, or undervaluation were highly salient in accounts of strain and frustration. While carers differed in what helped them feel valued, common components included being actively listened to, involved in decisions about the child, and having an impact on the wider foster family, including birth children, being recognised.

Continuity emerged as particularly important for successful relationships. Frequent changes in social workers were consistently experienced as disruptive, requiring carers to repeatedly re-establish trust and re-explain their circumstances. This instability appeared to undermine the development of meaningful working relationships and contributed to a sense of fragmentation within the system. Where continuity was present, carers described feeling more supported, less isolated, and more able to navigate challenges collaboratively.

Communication, and particularly responsivity, emerged as a central feature of supportive relationships. Timely, transparent, and responsive communication was associated with trust and a sense of shared responsibility, whereas delays, omissions, or perceived withholding of information contributed to distrust and disengagement. Foster carers recognised that communication needed to operate as a two-way process. However, given the power difference between carers and foster care staff, the responsibility for proactive communication should sit primarily with the fostering service, rather than with carers themselves.

Respectful communication shaped carers' sense of partnership with staff, with breakdowns in communication appearing significant at different stages of the fostering journey for different reasons. Newer carers often appeared to try and minimise or avoid conflict early in their fostering role, while more experienced

carers described cumulative frustrations that meant even minor interactions could become a 'final trigger' for thoughts around discontinuation. The salience of this theme in discussions around continuation and discontinuation highlights the importance of careful attention to everyday interactions between carers and staff.

Against a backdrop of ongoing frustration, even small moments of miscommunication or feeling overlooked can take on added significance. Conversely, carers also described instances in which positive, supportive communication from individual foster care staff helped sustain a placement and, in some cases, encouraged them to continue fostering longer than originally anticipated. The power of effective communication and equally the consequences of perceived breakdowns in communication also featured in the scoping review (Geiger et al., 2013; MacGregor et al., 2006).

Closely aligned with communication was information sharing, which emerged as both a practical and relational issue. A perceived lack of information sharing ahead of and during placements was identified consistently across the three data collection methods and this is also reflected in the scoping review (Mabille et al., 2025; Maclay et al., 2006). While gaps in information were sometimes attributed to systemic issues—such as incomplete records, staff turnover, or evolving knowledge about a child—carers sometimes experienced these as reflecting a lack of transparency or intentional exclusion. This suggests that the impact of incomplete information is also mediated by how it is communicated and whether carers perceive this as reflecting wider exclusionary practices.

These findings point to an ongoing tension between relationship-based and more procedural ways of working. Growing administrative demands, limited resources, and wider system pressures seem to reduce opportunities for meaningful, consistent relationship-building, leading some interactions to feel more transactional than collaborative. In this context, communication, continuity, and inclusion should not reflect secondary considerations but be central to shaping

whether carers experience fostering as supportive and collaborative or as a system that distances them from support and decision-making.

7.4 Conclusion

Overall, the findings suggest that foster carer continuation is largely sustained through commitment to children and the meaningful relationships developed through caregiving, while discontinuation is more often shaped by ongoing systemic and relationship pressures. While the factors that support carers were mostly personal and relational, potential reasons for discontinuation were more often linked to wider system issues, such as inconsistent support, limited recognition, staff turnover, and procedural ways of working. This imbalance suggests that individual commitment, while important, may not be sufficient to sustain fostering in the absence of responsive and consistent system-level support.

7.5 Recommendations for foster care

The following recommendations are organised into five headings covering practice, therapeutic support, fostering structure, the fostering workforce, and training and professional development. Together, these recommendations identify key areas for strengthening foster carer support, retention and sustainability, and are intended to inform the National Policy Framework for Alternative Care.

7.5.1 Practice recommendations

Consistent across the research was the importance of relationships in foster carers' experience. This includes both the carer-child relationship, which emerged as a central factor in retention, as well as the relationships carers develop with members of the wider fostering network. The quality and consistency of these wider relationships may buffer against or compound the demands of the foster carer role. Strengthening retention, therefore, requires a focus on the relational aspects of this role. Priority areas include improving continuity within Tusla foster care teams, improving communication, and ensuring carers are routinely included in decision-making.

7.5.1.1 Communication

1 Tusla should strengthen responsiveness to foster carer queries and establish clear standards for response times across regions. This should include establishing a long-term commitment to end unanswered queries and contacts from foster carers, alongside mechanisms for follow-up where responses are not received within agreed timeframes. Response times to queries and contacts should be included as a key performance indicator (KPIs) in service planning.

2 This research supports and affirms both the 'Tusla Charter for staff and foster carers' and the 'Fundamentals of good communication: How to have effective

everyday conversations' in Tusla'. Tusla should review the implementation and use of these tools and frameworks with a priority focus on embedding and sustaining the principles of open and respectful communication. This review should also examine information sharing, with foster carers before and during placements, relating to information about the child's needs, known risks and changes affecting the placement, with the aim of establishing clarity and consistency in practice across regions.

3 Tusla should update practice policy to ensure that, as a default position, foster carers are provided with all relevant information around the child in their care. Tusla should ensure foster carers have clear expectations around what information to expect regarding a child at the start of and over the course of a placement, alongside clear mechanisms for follow-up if information is missing.

4 Tusla should also ensure transparent information sharing and equitable access to entitlements relative to the child's needs. To include which financial costs can be reimbursed, foster carer rights, respite availability and how to request it, and the full range of support that can be accessed.

5 The research affirms the important role played by the Irish Foster Care Association (IFCA) in providing accessible and up-to-date information to foster carers around their rights, entitlements, and available supports. IFCA should ensure continued investment in their education and information hubs to connect foster carers with the information required to support them in their role.

7.5.1.2 Inclusion and recognition

7 The Department of Children, Disability and Equality (DCDE) should undertake a review of the language and terminology used in relation to foster carers and the wider foster care network. This should recognise the important role of language

in shaping perceptions of hierarchy and power within systems. Particular attention should be given to the use and acceptability of terms such as "professionals" to ensure foster carers are equally recognised as experienced and knowledgeable stakeholders within the network around the child. Such a review may inform best-practice guidelines on language and terminology in fostering.

8 Tusla should update their practice policy, so that as a default position, foster carers are included in all meetings regarding decision-making and care planning for the child in their care. Where this is not possible, or where a clear rationale is provided for their omission, structured opportunities should be provided for the voice of the carer to be communicated, alongside feedback for carers on how decisions were made. A long-term commitment should be made to include foster carers, wherever possible, in all decisions about the child while they are in their care.

9 Tusla should commit to greater involvement of both foster carers and care experienced adults in the evaluation and review of the Integrated Reform Programme. This includes developing an 'involvement strategy' to ensure the representation and participation of foster carers and care experienced adults in 'user panels' across each region.

7.5.1.3 Relational strength and continuity

10 Foster care networks around the foster family should recognise the importance of the relationship between carers and foster care staff in buffering against discontinuation. This includes ensuring carers have consistent access to a dedicated fostering link worker who is familiar with the family and child.

11 Foster care staff should prioritise space and time to build relationships with families and should recognise and respond when ruptures in these relationships occur.

12 Fostering link worker teams should establish clear pathways and processes to respond to and facilitate repair within the carer-fostering link worker relationships. Consideration should be given to expanding or making explicit the role of the fostering link worker in supporting carers to navigate ruptures within the wider network.

13 The research affirms the important role played by IFCA in supporting foster carers navigate relational challenges in fostering through their National Helpline and Advocacy Service. IFCA, through their engagement with national stakeholders, should continue to advocate for relational approaches to practice in foster care in Ireland.

14 Tusla should review the frequency of the children's social worker and fostering link worker visits to families to ensure adherence to the Placement of Children in Foster Care Regulations 1995 and the National Standards for Foster Care 2003. This review should include consideration of time allocated for visits, potential barriers to relational practice such as staffing and resource demands, and the training needs of foster care staff around collaborative practice and managing relational ruptures.

7.5.2 Therapeutic support recommendations

This research study highlighted that, in tandem with high levels of satisfaction and motivation to continue fostering, many carers report experiencing burnout. Sustaining foster carers through periods of challenge requires timely, relevant, and accessible support.

7.5.2.1 Recognise and respond to burnout early

15 In parallel to strategic priorities for staff outlined in the Tusla People Strategy 2025 to 2027, Tusla should commit to building a 'culture of health'[15] among the foster carers they work with. This includes increased recognition among staff and carers of the risks and impact of carer burnout as well as investment in mechanisms to prevent and intervene early when this occurs.

16 This research supports and affirms the launch of Tusla's National Counselling Service for Foster Carers (LENA), which aims to provide one-to-one free counselling supports though independent qualified practitioners. In recognising the cumulative and at times hidden nature of burnout, Tusla should evaluate this initiative and seek to secure its continued funding beyond the initial one-year period.

17 Tusla, in consultation with IFCA, should further consider a joint mapping exercise to identify existing services, supports, and pathways for foster carers experiencing stress or burnout.

7.5.2.2 Provide proactive check-ins at key points

18 Foster care networks around the foster family should recognise their role in identifying and naming potential stress and burnout among carers. This requires regular direct outreach to foster carers, even in times of apparent stability.

19 Tusla should further update policies and procedures relating to check-in contact with foster carers at key transition points in the foster carer journey, such as new placements, reunification, aftercare, or changes in foster care staff.

[15] A culture of health is one which prioritises health and wellbeing as fundamental guiding principle in the values, policy decisions, and operations of an organisation.

7.5.2.3 Improve access to specialist services

20 Tusla, in collaboration with the Health Service Executive (HSE), should review existing acceptance rates, wait times and care pathways for children in care seeking access to primary care, mental health and disability services to better understand the barriers to accessing timely services.

21 Tusla and the Health Service Executive (HSE) should further jointly collaborate on the development and expansion of specialist, trauma and attachment informed services for children in care with complex needs. Existing specialist services, such as the Area Based Therapy Teams offer potential models of service design and for children in care.

22 Given its overarching impact on retention, therapeutic services and fostering teams working with carers must also recognise and prioritise the carer-child relationship as a target for intervention. This involves recognising and addressing relational or bonding difficulties as a means of promoting placement stability. Specialist services, delivering interventions informed by systemic family-based therapy, dyadic developmental psychotherapy, and Adaptive Mentalization-Based Integrative Treatment are particularly important and relevant to address this need.

23 In addition to medium to long-term therapeutic services, Tusla should recognise the equal need for immediate, short-term, practical supports for placements or carers in crisis. This includes reviewing the availability and use of respite services as well as practical in-home supports, such as those provided by Meitheal[16]

16 Meitheal is a voluntary, early-intervention Tusla-led process that provides coordinated support for children and families (0-18) experiencing challenges.

7.5.2.4 Strengthen peer support

24. In line with targets set out in the Integrated Reform Programme, Tusla should expand foster care peer support initiatives, including the successfully piloted foster care peer support worker role, across regions.

25. A roadmap for ongoing joint work and collaboration between Tusla and IFCA should be developed, prioritising the further development of both formal and informal opportunities and spaces for carers to connect and share experiences.

7.5.3 Structural recommendations

While the current research did not directly compare foster carer experiences across regions, variation in practice and the consequent experience for foster carers were noted in both interviews and focus groups. Promoting foster carer retention requires a commitment to consistency across key elements of the fostering system. In addition to this, specific areas of fostering, namely access and allegation procedures, emerged as key points of significant stress, warranting review and potential reform.

7.5.3.1 Increase regional consistency

26. Findings affirm the priority need for regional equity in service delivery as part of Tusla's Integrated Reform Programme. It is essential that disparities in practice, access to service, and decision-making across regions are addressed and that mechanisms are in place to recognise and respond to service gaps.

27. Tusla should include 'equity of access' as a key performance metric in the evaluation of their services and consider pathways to access services outside of regions when required.

7.5.3.2 Review of both the access and the allegation process

28. Given the experience of foster carers in facilitating complex access arrangements with birth families, DCDE, in collaboration with the Department of Justice (DOJ), should consider commissioning research and developing frameworks of standardised good practice to support decision-making both at a Tusla and court level around access arrangements for children in care. It is essential that decisions around contact with birth families are made in a consistent and child-centred way, considering the impact for both children in care and their carers.

29. Foster care staff should ensure inclusion of the carer's voice and preferences in access plans[17] relating to birth family access visits. This includes facilitating carers' communication of the impact of visits on the child, establishing clear mechanisms for evaluating the impact of access on the child and their carer, and involving carers in decisions about changes to the access plan.

30. Tusla, in consultation with IFCA and the Ombudsman for Children's Office, should also consider commissioning research around allegation procedures to examine how allegations involving foster carers are currently managed, the extent to which existing processes are experienced as transparent, timely, fair, and supportive, and what changes are needed to strengthen best practice. Such work should be informed by the experiences of foster carers, care experienced young people, social workers, and other stakeholders, with the aim of improving transparency and timeliness of the process in addition to support for each stakeholder involved.

31. Tusla should work jointly with IFCA to review the support needs of foster carers and their families during allegation investigations, with the objective of

17 Access plans are formal, written arrangements detailing visits and contact between children in care and their families. They cover dates, venues, transport, and supervision, aiming to keep children safe and maintain relationships. These plans are developed by social workers in collaboration with parents and caregivers, tailored to the child's needs.

developing a clear support framework for use during this process. This review should examine the supports currently available, identify gaps, and outline measures needed to ensure foster carers and the wider foster family are appropriately supported.

7.5.4 Workforce recommendations

A stable and well-supported workforce is central to improving foster carer retention. The research highlighted the impact of staff turnover and service pressures on the continuity of care and on staff's capacity to engage in relationship-based practice. Tusla should place focus on strengthening workforce stability, supporting manageable caseloads, and enabling foster care staff to build consistent, trusting relationships with carers.

7.5.4.1 Staffing stability

32. This research supports and affirms the Tusla People Strategy 2025 to 2027 in placing focus on the recruitment and retention of staff to support continuity within teams and reduce disruption to carer relationships. Among the aims in this strategy, this research supports prioritising recognition and accurate measurement of workload demands as they relate to relational practice among foster care staff.

33. This research further recommends providing regular reflective supervision for staff working with foster carers, which is recognised to promote staff wellbeing and support effective relational practice.

34. In addition to investment in information and communications technology (ICT) infrastructure, Tusla should consider greater investment in administrative support for foster care staff. Priority should be given to supports which help

alleviate administrative demands that may detract from relational aspects of the work.

7.5.5 Training and continued professional development recommendations

The literature reviewed as part of this study reflects the importance of recognising learning and development as an individual, an ongoing process throughout a foster carer's journey. Training should reflect the realities of modern fostering and equip both foster carers and staff to respond to increasing complexity. Priority areas include aligning training with the specific needs of placements and ensuring training content is experience-informed and relationally focused.

7.5.5.1 Review of training and embedding of lived experience

35. Tusla, in collaboration with IFCA, should conduct a joint training needs analysis to examine potential gaps in and the use of training among foster carers.

36. Tusla should continue to ensure that carers and care-experienced individuals are directly involved in the design and delivery of the agency's existing training for both carers and foster care staff.

37. Tusla should review and update current training materials for foster carers to reflect the diversity of backgrounds, cultures, and family structures present in modern foster families.

38. Training should aim to promote realistic expectations of the role by incorporating and facilitating reflective elements. This may include an explicit focus on carer expectations for the role, with the aim of identifying potential mismatches early.

39. Tusla should continue to promote ongoing learning and reflective practice opportunities for both carers and staff. For children's social workers, such

reflective practice may be facilitated internally by suitably qualified colleagues, while for foster carers, this space may be facilitated by fostering link workers.

40. Fostering link workers and internal facilitators should receive explicit training in models of reflective supervision to support this aspect of the role.

7.6 Limitations and recommendations for future research

Findings from the current project should be considered with the following limitations in mind:

1. The sample size was much smaller for the survey than anticipated and so the voices in this research may not represent all subgroups and experiences, making the research not generalisable to the entire foster carer population.
2. The sample was also self-selecting[18], with foster carers appearing more willing to discuss challenges over successes. Those who participated may have been more willing to share negative experiences by seeing this research as a platform to express dissatisfaction to an impartial ear. Equally, foster care staff who self-selected had a predominantly positive attitude towards foster carers and showed clear respect for them, which foster carer accounts indicate is not fully representative of all the staff they have dealt with.
3. During data collection, it became apparent that some carers did not feel comfortable engaging with this research due to fears about their identity being revealed and the consequence this might have. There was also a fear about how data might be used to inform decisions about entitlement, such as the questions about a carer's financial situation. This may have impacted

[18] Self-selecting = participants opt in themselves, which can make results less representative.

the overall response rate and potentially reflects a wider issue of trust between foster carers and Tusla.

4. Our measure of 'discontinuation ideation' relied on self-reported thoughts around discontinuing and may not reflect intended behaviours. There were also no voices from those who had already left fostering.

5. Similarly, a single-item burnout measure was used, which may not fully capture or reflect this broad construct.

Both the findings and study limitations highlight a number of potential avenues and directions for future research in the area, including:

- **National, inclusive survey of foster carers**
  A larger-scale survey within the Irish context, open to all foster carers, including those affiliated with private fostering agencies. This research would provide a more representative evidence base. Importantly, the sample should also include individuals who have exited fostering, enabling deeper insight into factors associated with discontinuation. This would support a more comprehensive understanding of both continuation and discontinuation across the sector.

- **Longitudinal study of foster carer journeys**
  Longitudinal research following newly approved foster carers over time would help identify how experiences evolve and when risks such as burnout emerge. A repeated-measures design could support the development of predictive models to identify key pressure points or "strain thresholds" associated with increased likelihood of discontinuation.

- **Evaluation of practice and communication interventions**
  Robust implementation and outcome evaluations of interventions aimed at strengthening relational practice, communication, and information-sharing are needed. This research should assess their impact on foster carers'

experiences, particularly whether carers feel heard, informed, and valued within the system.

- **Experiences of the allegation process**

  In-depth research is needed to better understand foster carers' experiences of the allegation process, including perceived fairness, transparency, and emotional impact. This would help identify areas for improvement in policy and practice.

- **Experiences of access visits with birth families**

  Qualitative research exploring both foster carers' and young people's experiences of access visits with birth families would provide valuable insight into how these arrangements are managed and experienced, and how they affect placement stability and wellbeing.

- **The role and impact of respite care**

  Further research is needed to examine the role of respite in supporting placement stability. This should consider its impact on foster carer wellbeing and burnout, placement longevity, and outcomes and emotional impact for children in care.

8 Section 8
References and Appendices

References

Adams, E., Hassett, A. R., & Lumsden, V. (2018). 'What do we know about the impact of stress on foster carers and contributing factors?' *Adoption & Fostering*, 42(4), 338-353. https://doi.org/10.1177/0308575918799956

Ahn, H., Greeno, E. J., Bright, C. L., Hartzel, S., & Reiman, S. (2017). 'A survival analysis of the length of foster parenting duration and implications for recruitment and retention of foster parents.' *Children and Youth Services Review*, 79, 478-484. https://doi.org/10.1016/j.childyouth.2017.06.069

Australian Institute of Health and Welfare (2025) Child protection Australia 2023–24. Canberra: Australian Government. Available at: https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24

Blackburn, C. (2016). 'The role of a national fostering helpline in the recruitment and retention of foster carers: Implications for policy and fostering practice.' *Adoption & Fostering*, 40(2), 167-178. https://doi.org/10.1177/0308575916640227

Blackburn, C., & Matchett, E. (2022). 'A little piece of my heart goes with each of them: Foster carer reflections on current fostering practice.' *Adoption & Fostering*, 46(4), 383-396. https://doi.org/10.1177/03085759221135203

Bowlby, J. (1988) A secure base: Parent–child attachment and healthy human development. New York: Basic Books.

Braun, V. & Clarke, V. (2006). 'Using thematic analysis in psychology.' *Qualitative research in psychology*, 3(2), pp.77-101. doi:10.1191/1478088706qp063oa.

Braun, V., & Clarke, V. (2021). 'One size fits all? What counts as quality practice in (reflexive) thematic analysis?' *Qualitative research in psychology*, 18(3), pp.328-352. doi:10.1080/14780887.2020.1769238.

Canali, C., Maurizio, R., & Vecchiato, T. (2016). 'Foster care: motivations and challenges for foster families.' *Social Work & Society*, 14(2).

Centre for Excellence in Child and Family Welfare (2024) Rapid review: Foster care recruitment and retention. Melbourne: CFECFW. Available at:

https://cfecfw.org.au/app/uploads/2024/04/CFECFW_RapidReview-DigitalFinal-April2024.pdf

Center on the Developing Child at Harvard University (2016) From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families. Cambridge, MA: Harvard University.

Chipungu, S. S., & Bent-Goodley, T. B. (2004). 'Meeting the challenges of contemporary foster care.' *The future of children*, 75-93. https://doi.org/10.2307/1602755

Christenson, B. L., & McMurtry, J. (2009). 'A Longitudinal Evaluation of the Preservice Training and Retention of Kinship and Nonkinship Foster/Adoptive Families One and a Half Years After Training.' *Child Welfare*, 88(4), 5–22. http://www.jstor.org/stable/45400427

Colton, M., Roberts, S., & Williams, M. (2008). 'The recruitment and retention of family foster-carers: An international and cross-cultural analysis.' *British Journal of Social Work*, 38(5), 865-884. https://doi.org/10.1093/bjsw/bcl375

Cooley, M. E., Farineau, H. M., & Mullis, A. K. (2015). 'Child behaviors as a moderator: Examining the relationship between foster parent supports, satisfaction, and intent to continue fostering.' *Child Abuse & Neglect*, 45, 46-56. https://doi.org/10.1016/j.chiabu.2015.05.007

Daniel, E. (2011). 'Gentle iron will: Foster parents' perspectives.' *Children and Youth Services Review*, 33(6), 910-917. https://doi.org/10.1016/j.childyouth.2010.12.009

De Maeyer, S., Vanderfaeillie, J., Vanschoonlandt, F., Robberechts, M., & Van Holen, F. (2014). 'Motivation for foster care.' *Children and youth services review*, 36, 143-149. https://doi.org/10.1016/j.childyouth.2013.11.003

Department of Children, Equality, Disability, Integration and Youth (2023) Young Ireland: The National Policy Framework for Children and Young People 2023–2028. Dublin: Government Publications.

Department for Education (2024) Children looked after in England including adoption. London: Department for Education. Available at: https://explore-

education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions

Devaney, C. and McGregor, C. (2017) 'Child protection and family support practice in Ireland: A contribution to present debates from a historical perspective', Child & Family Social Work, 22, pp. 1255–1263. https://doi.org/10.1111/cfs.12342

Diogo, E., & Branco, F. (2017). Being a foster family in Portugal—Motivations and experiences. Societies, 7(4), 37. https://doi.org/10.3390/soc7040037

Diogo, E., & Branco, F. (2020). The foster family process to maintain the will to remain in foster care—implications for a sustainable programme. Sustainability, 12(19), 7942. https://doi.org/10.3390/su12197942

Dolan, M., Casanueva, C., Smith, K. and Ringeisen, H. (2013) NSCAW child well-being spotlight: More than one quarter of children placed out of home experience placement disruption. The first 18 months after a maltreatment investigation. OPRE Report 2013-05. Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Eaton, A., & Caltabiano, M. (2009). A four factor model predicting likelihood of foster carer retention. Australian Journal of Social Issues, 44(2), 215-229. https://doi.org/10.1002/j.1839-4655.2009.tb00141.x

Ellis, K. and Williams, J. (2024) State of the Nations' Foster Care 2024. London: The Fostering Network. Available at: https://www.thefosteringnetwork.org.uk/media/fbldiwhh/sotn24-full-report.pdf

Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. Children and Youth Services Review, 35(9), 1356-1365. https://doi.org/10.1016/j.childyouth.2013.05.003

Gibbs, D., & Wildfire, J. (2007). Length of service for foster parents: Using administrative data to understand retention. Children and Youth Services Review, 29(5), 588-599. https://doi.org/10.1016/j.childyouth.2006.11.002

Giordano, M. (2024). Recruiting foster families for teenagers in Italy: Motivational elements, socio-demographic characteristics and availability factors. Child & Family Social Work, 29(3), 759-771. https://doi.org/10.1111/cfs.13134

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. Journal of Child Psychology and Psychiatry, 38(5), 581–586. https://doi.org/10.1111/j.1469-7610.1997.tb01545.x

Gouveia, L., Magalhães, E., & Pinto, V. S. (2021). Foster families: A systematic review of intention and retention factors. Journal of Child and Family Studies, 30(11), 2766-2781. https://doi.org/10.1007/s10826-021-02051-w

Hamilton, L. (2011). An exploratory investigation of foster parent retention in Arkansas. https://doi.org/10.71889/5fylantbak.29870162

Hanlon, R., Kim, J., Woo, C., Day, A., Vanderwill, L., & Dallimore, E. (2022). An exploratory study of the impact of COVID-19 on foster parenting. Child & Family Social Work, 27(3), 371-380. https://doi.org/10.1111/cfs.12863

Hannah, B., & Woolgar, M. (2018). Secondary trauma and compassion fatigue in foster carers. Clinical child psychology and psychiatry, 23(4), 629-643. https://doi.org/10.1177/1359104518778327

Haysom, Z., Shlonsky, A., & Hamilton, B. (2025). Balancing the high personal costs and rewards in providing foster care: Experiences of non-related foster carers in Australia. Children and Youth Services Review, 170, 108168. https://doi.org/10.1016/j.childyouth.2025.108168

Hendrix, S. K., & Ford, J. (2003). Hardiness of foster families and the intent to continue to foster. Journal of Family Social Work, 7(2), 25-34. https://doi.org/10.1300/J039v07n02_03

Irish Foster Care Association (2025) Strategic plan 2025–2027. Available at: https://ifca.ie/wp-content/uploads/2025/04/Strategy-Final-Document-26-March-2025.pdf

Keys, A. M., Daniel, T., Jennings, M. A., Havlin, T., Russell, R., & Korang-Okrah, R. (2017). Who are Christian foster parents? Exploring the motivations and personality characteristics associated with fostering intentions. Social Work and Christianity, 44(4), 67-82.

Kunstler, B. E., Wright, B., Richards, B., Mackenzie, A., Maher, B., Pechey, L., ... & Zhao, K. (2025). Improving foster carer recruitment in Victoria: a mixed-methods approach to support tailored recruitment efforts. Journal of Public Child Welfare, 1-21. https://doi.org/10.1080/15548732.2025.2450377

Le Prohn, N. S. (1994). The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents. Children and Youth Services Review, 16(1/2), 65–84.

Maslach, C. and Leiter, M.P., 2017. Understanding burnout: New models. The handbook of stress and health: A guide to research and practice, pp.36-56.

Mabille, G., Skoglund, J., Kaiser, S., & Thørnblad, R. (2025). Would I Do It Again? Examining Foster Parents' Willingness to Take on the Same Foster Care Placement Again. Child & Family Social Work. https://doi.org/10.1111/cfs.13297

MacGregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006). The needs of foster parents: A qualitative study of motivation, support, and retention. Qualitative social work, 5(3), 351-368. https://doi.org/10.1177/1473325006067365

Maclay, F., Bunce, M., & Purves, D. (2006). Surviving the system as a foster carer. Adoption & fostering, 30(1), 29-38. https://doi.org/10.1177/030857590603000105

Maguire, D., May, K., McCormack, D. and Fosker, T. (2024) 'A systematic review of the impact of placement instability on emotional and behavioural outcomes among children in foster care', Journal of Child & Adolescent Trauma, 17(2), pp. 641–655. https://doi.org/10.1007/s40653-023-00606-1

Mallette, J. K., & Elmore-Li, C. R. (2024). Foster Caregiver Experiences: Implications for Retention and Satisfaction. Journal of Family Issues, 45(8), 2077-2099. https://doi.org/10.1177/0192513X231194609

Marcellus, L. (2010). Supporting resilience in foster families: A model for program design that supports recruitment, retention, and satisfaction of foster families who care for infants with prenatal substance exposure. Child Welfare, 7-29. https://www.jstor.org/stable/45400620

McDermid, S., Holmes, L., Kirton, D., & Signoretta, P. (2012). The demographic characteristics of foster carers in the UK: Motivations, barriers and messages for recruitment and retention. Childhood Wellbeing Research Centre.

Mihalo, J. R., Strickler, A., Triplett, D. R., & Trunzo, A. C. (2016). Treatment foster parent satisfaction: Survey validation and predictors of satisfaction, retention, and intent to refer. Children and Youth Services Review, 62, 105-110. https://doi.org/10.1016/j.childyouth.2016.02.001

Moran, L., McGregor, C. and Devaney, C. (2017) Outcomes for Permanence and Stability for Children in Long-term Care. Galway. The UNESCO Child and Family Research Centre, The National University of Ireland, Galway

Nesmith, A., & Hartley, E. (2023). Long-term foster parenting: grief, loss, love, persistence, and growth in the face of tragedy and trauma. Journal of Public Child Welfare, 17(5), 1131-1149. https://doi.org/10.1080/15548732.2022.2149251

Ofsted (2025) Fostering in England: 1 April 2024 to 31 March 2025. London: Ofsted. Available at: https://www.gov.uk/government/statistics/fostering-in-england-1-april-2024-to-31-march-2025

Ott, E., Wills, E., Hall, A. and Gupta, S. (2023) Foster carer recruitment and retention in England. London: Centre for Evidence and Implementation and The Fostering Network.

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. bmj, 372. https://doi.org/10.1136/bmj.n71

Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. Child & Family Social Work, 22(3), 1175-1186. https://doi.org/10.1111/cfs.12334

Ransom, G., & the Zotero Project. (2025). *Zotero* (Version 6) [Reference management software]. Center for History and New Media at George Mason University. https://www.zotero.org

Reynolds, W. M. (1987). Suicidal Ideation Questionnaire: Preliminary manual. Psychological Assessment Resources.

Rhodes, K. W., Orme, J. G., & Buehler, C. (2001). A comparison of family foster parents who quit, consider quitting, and plan to continue fostering. Social service review, 75(1), 84-114.

Rhodes, K. W., Orme, J. G., Cox, M. E., & Buehler, C. (2003). Foster family resources, psychosocial functioning, and retention. Social work research, 27(3), 135-150. https://doi.org/10.1093/swr/27.3.135

Rice, S., Cotton, S., Moeller-Saxone, K., Mihalopoulos, C., Magnus, A., Harvey, C. and Herrman, H. (2017) 'Placement instability among young people removed from their original family and the likely mental health implications', Shanghai Archives of Psychiatry, 29(2), pp. 85–94. https://doi.org/10.11919/j.issn.1002-0829.216090

Roberts, L. M., Rees, A., Elliott, D., & Wood, S. (2024). 'The worst day of my life': Foster carers' experiences of allegations. Adoption & Fostering, 48(1), 7-29. https://doi.org/10.1177/03085759231212501

Rodger, S., Cummings, A., & Leschied, A. W. (2006). Who is caring for our most vulnerable children?: The motivation to foster in child welfare. Child abuse & neglect, 30(10), 1129-1142. https://doi.org/10.1016/j.chiabu.2006.04.005

Roe, C. (2023) Risk factors and patterns of disruption in foster care in Ireland. Doctoral dissertation. University of Limerick.

Shklarski, L., Mallon, G. P., & Perez, J. (2024). Advancing Permanency and Success for Teens in Foster Care. Child Welfare, 102(1), 109-138. https://www.jstor.org/stable/48783657

Shonkoff, J.P. and Phillips, D.A. (2000) From neurons to neighborhoods: The science of early childhood development. Washington DC: National Academy Press.

Stockdale, D. F., Crase, S. J., Lekies, K. S., Yates, A. M., & Gillis-Arnold, R. (1997). Manual for foster parent research measures: Motivations for Foster Parenting Inventory, Attitudes Toward Foster Parenting Inventory, and Satisfaction with Foster Parenting Inventory. Iowa State University.

Tobin, S. (2013) Young people's experiences of foster care placement breakdown: A qualitative study. Briefing paper. Available at: https://www.tusla.ie/uploads/content/FOSTER_CARE_PLACEMENT_BREAKDOWN-_BRIEFING_NOTE.pdf

Tusla (2016) Annual report 2015. Dublin: Child and Family Agency. Available at: https://www.tusla.ie/uploads/content/Tusla_Annual_Report_2015_WEB.PDF

Tusla (2025) Annual Review on the Adequacy of Child Care and Family Support Services Available 2024. Available at: https://www.tusla.ie/uploads/content/Review_of_Adequacy_Report_2024_Final_01_08_2025.pdf

Tusla (2022) Strategic plan for foster care services for children and young people 2022–2025. Dublin: Child and Family Agency. Available at: https://www.tusla.ie/uploads/content/Strategic_Plan_for_Fostercare_Services-2022-2025.pdf

Tusla (2026) Quarterly Service Performance and Activity Report: Quarter 4 2025 (Version 1.0). Dublin: Child and Family Agency. Available at: https://www.tusla.ie/uploads/content/Q4_2025_Service_Performance_and_Activity_Report.pdf

UNICEF and Eurochild (2022) Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries. DataCare technical report. Available at: https://eurochild.org/uploads/2022/02/UNICEF-DataCare-Technical-Report-Final-1.pdf

United Nations General Assembly. (2009). Guidelines for the Alternative Care of Children. Resolution A/RES/64/142. Retrieved 13 May 2026, from: https://digitallibrary.un.org/record/673583?ln=en&v=pdf

U. S. Department of Health and Human Services. Administration for Children and Families, Administration on Children, Youth, and Families (1993). The national survey of current and former foster parents. Rockville, MD: Author.

Vanderwill, L. A., Salazar, A. M., Jenkins, G., Larwelle, J., McMahon, A. K., Day, A., & Haggerty, K. (2021). Systematic literature review of foster and adoptive caregiver factors for increasing placement stability and permanency. Journal

of Public Child Welfare, 15(4), 487-527. https://doi.org/10.1080/15548732.2020.1760176

Varnish, C., Phillips, A.R., Tallam Laxman, S., Maxwell, N., Halligan, S.L. and Button, K.S. (2025) 'The relationship between placement instability and mental health among care-experienced children and young people: A systematic review and meta-analysis', The British Journal of Psychiatry. https://doi.org/10.1192/bjp.2025.10375

West, C. P., Dyrbye, L. N., Sloan, J. A., & Shanafelt, T. D. (2009). Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals. Journal of General Internal Medicine, 24(12), 1318–1321. https://doi.org/10.1007/s11606-009-1129-z

Whenan, R., Oxlad, M., & Lushington, K. (2009). Factors associated with foster carer well-being, satisfaction and intention to continue providing out-of-home care. Children and Youth Services Review, 31(7), 752-760. https://doi.org/10.1016/j.childyouth.2009.02.001

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2

Appendices

Appendix 1: Papers for Scoping Review

Author	N	Country	Method	Retention or Attrition	Relevant factors mentioned
Ahn et al.(2017)	385	USA	Quantitative	Attrition	*Attrition factors:* • Self – life situation changed; fostering not as expected • Child – child behaviour was too challenging • Service – poor relationship with social worker; perceived lack of support, limited financial aid, and not being included as part of the team
Blackburn & Matchett (2022)	422	UK	Mixed methods	Retention & attrition	*Retention factors:* • Self – existing motivations persisting; satisfaction with the role; altruistic & resilient traits • Child – love and affection for the child; relationship with child; ability to maintain contact after placement ends; most significant reason to remain as a foster carer • Service – high quality support from social workers & service/agency; treated as professionals; carers feel trusted, respected & that their work is acknowledged • Other – whole family feels fulfilled fostering; carer has positive relationship with birth parents; having support from other foster carers *Attrition factors:* • Self – unrealistic expectations of the fostering role; impact of fostering on their daily life; difficulty managing extra stressors; newer carers more likely to consider quitting as less confidence in their abilities • Child – difficulties with child's challenging behaviours; grief of child leaving • Services – limited support, emotional & practical, during stressful times (e.g., allegations); lack of access to training; limited financial support • Other – limited support from family, relatives & friends; issues with birth parents

Blackburn (2016)	57	UK	Mixed methods	Retention & attrition	***Retention factors:*** • Other – independent professional service; helpline for advice regarding legal procedures, financial concerns, allegations, conflicts with social workers, or emotional support; felt supported practically (information shared) and emotionally ("someone in my corner") ***Attrition factors:*** • Services – were most significant challenge; poor relationships that felt "unmanageable"; little to no communication from social workers; not being included in decision-making; carers felt disrespected by social workers and undervalued; not receiving supports or effective trainings; high turnover of staff affecting relationships
Canali et al. (2016)	38	Italy	Mixed methods	Retention & attrition	***Retention factors:*** • Self – satisfaction & fulfilment with the fostering role; desire to help; resilience against challenges/stressors • Child – loving the child; providing safety & seeing the child thrive • Other – whole family benefits from fostering; children of families who foster integrate with the child ***Attrition factors:*** • Self – no longer able to manage the emotional and psychological burden of fostering; fostering is more challenging & difficult than expected • Child – difficulties with child's challenging behaviours; grief of child leaving • Services – carer not receiving any information about the child; limited support, emotional & practical; excluded from decision-making & planning process • Other – fostering impacting daily life & commitments to other family members
Christenson & McMurty (2009)	114	USA	Quantitative	Retention & attrition	***Retention factors:*** • Self – carer feels competent and capable of handling the role • Service – effective fostering training received ***Attrition factors:***

					• Self – life changes impacted ability to foster; fostering is not what was expected • Service – poor engagement & communication from social worker; felt disrespected by social workers – as if they didn't care about the carer or the child; financial support not adequate; service expectations of carers extremely high; social workers are overburdened and cannot do their jobs properly • Other – worry about impact of fostering on children of families who foster
Cooley et al. (2015)	155	USA	Quantitative	Retention	*Retention factors:* • Self – resilient to challenges/stressors; high satisfaction & confidence in carer role • Child – fewer challenging/disruptive behaviours perceived • Service – practical support & access to resources; emotional support • Other – social & emotional support from friends and relatives
Daniel (2011)	8	Canada	Qualitative	Retention	*Retention factors:* • Self – desire to be needed; satisfaction & joy of providing safety to a child; awareness of need of carers in the community; altruistic traits • Child – seeing the child grow and develop confidence; providing safety to a child; strong relationship with children fostered; children remain in contact after placement ends • Other – whole family benefits from fostering; child bring enrichment to family dynamic *Attrition factors:* • Self – fostering is more challenging & difficult than expected; difficulty keeping up with the expectations of fostering; lack of knowledge of the system; emotional burden & stress; difficulty being a carer but not a parent • Child – difficulties with child's challenging behaviours – particularly for those with additional needs; grief when a child leaves – "piece missing every time" • Services – lack of trust between carer & social worker; information withheld from carer; lack of effective communication; excluded from decision-making or planning; carer not treated as a professional; lack of relevant training; financial compensation is inadequate; unrealistic expectations of the carer from service/social workers

					• Other – judgement from others & negative perceptions of fostering is a stressor
De Maeyer et al. (2014)	192	Belgium	Quantitative	Retention	*Retention factors:* • Age is the only factor associated with retention/years spent fostering
Diogo & Branco (2017)	11	Portugal	Qualitative	Retention & attrition	*Retention factors:* • Self – resilient to challenges/stressors; familiarity & clear understanding of the role • Child – strong relationship with child; seeing the child happy and safe • Services – carer is provided autonomy & respect; carer's work is acknowledged; emotional, practical & financial support provided; carer included in decision-making *Attrition factors:* • Self – unsure of ability to meet demands of role; less experience of fostering • Child – distressing placement end, causing grief & distress • Other – family not involved in fostering role
Diogo & Branco (2020)	10	Portugal	Qualitative	Retention	*Retention factors:* • Self – resilient to challenges/stressors; familiarity & clear understanding of the role • Child – strong relationship with child; seeing the child happy and safe • Services – carer is provided autonomy & respect; carer's work is acknowledged; emotional, practical & financial support provided; carer included in decision-making *Attrition factors:* • Self – unsure of ability to meet demands of role; less experience of fostering; unrealistic expectations of fostering • Child – challenging child behaviours, particularly from teenagers; distress & grief of placement ending; losing contact with the child • Services – poor communication; carers & child not being considered; social workers making the "wrong" decisions for the child • Other – family not invested in fostering; issues between child in care and children of families who foster; no supports from others

Eaton & Caltabiano (2009)	185	Australia	Mixed methods	Retention & attrition	***Retention factors:*** • Self – satisfaction in the foster carer role; feeling of autonomy in the role • Child – relationship with and commitment to the child (most important) • Services – support by social workers and services; feeling respected by professionals ***Attrition factors:*** • Services – Poor relationship with social workers; lack of supports; inefficient training; poor policies & practices
Geiger et al. (2013)	649	USA	Mixed methods	Retention & attrition	***Retention factors:*** • Self – role satisfaction & feeling fulfilled in role; self-efficacy & feelings of autonomy as a carer • Child – strong relationship with child; desire to provide safety & support • Services – carer respected by social workers & treated like a professional; included in decision-making process; good communication; carer feels listened to ***Attrition factors:*** • Self – changes to life circumstances; lack of autonomy or input in the role or the life of the child; lack of efficacy; stress & perceived lack of ability to meet the demands of the role • Child – challenging child behaviours, particularly from teenagers; distress & grief of placement ending; losing contact with the child • Services – dismissed by social workers, service/agency and courts; not viewed as a professional; lack of supports – practical, service-based & financial; poor communication/no contact from social workers' high turnover rates; unclear or complicated policies and procedures – particularly regarding reunification
Gibbs & Wildfire (2007)	15,449	USA	Quantitative	Retention	***Retention factors:*** • Self – personal factors • Child – commitment to the child – particularly those with higher needs

Giordano (2024)	126	Italy	Qualitative	Retention	***Retention factors:*** • Self – initial motivations persist (desire to help & care for children) • Child – relationship with and commitment to the child (most important) • Services – adequate support from services; treated as a professional
Hamilton (2011)	5	USA	Qualitative	Attrition	***Attrition factors:*** • Self – unrealistic expectations; feeling unprepared; limited knowledge of the system; lack of ability to meet the demands of the role; emotional stress • Child – challenging child behaviours • Services – lack of support (financial, practical, emotional, service supports); poor communication with social workers – lack of contact, carers not being provided information about the child; inadequate training provided; high turnover rates of professional; social workers overburdened; unrealistic expectations of carers
Hannah & Woolgar (2018)	131	UK	Quantitative	Retention & attrition	***Retention factors:*** • Self – High compassion & satisfaction; low levels of secondary trauma; high cognitive flexibility ***Attrition factors:*** • Self – high secondary trauma & burnout; low levels of compassion satisfaction & cognitive flexibility; high thought suppression
Haysom, Shlonsky & Hamilton (2025)	16	Australia	Qualitative	Retention	***Retention factors:*** • Self – continuing motivations (altruism, want to help others, desire to grow family); characteristics – strong humanitarian, community & social values; feeling satisfied & happy in the role • Child-related – positive relationship with the child; seeing child thrive in their care – becoming more confident & reaching developmental goals • Other – fostering a child contributes positively to the family ***Attrition factors:*** • Self – stress of trying to manage all of the work & expectations

					• Child: fear of child being taken away at any time • Services – lack of communication; not being listened to; feeling a lack of control & disempowerment; undervalued and disrespected by social workers/services; unrealistic expectations of the agency; inefficient procedures for allegations All participants were continuing as carers, but the attrition factors were challenges or reasons they considered leaving Duty/commitment to the child was the main reason many carers continued despite challenges faced
Hendrix & Ford (2003)	82	USA	Quantitative	Retention	*Retention factors:* • Self – characteristics – younger, less educated & fewer years of experience; higher reported levels of hardiness & resilience
Keys et al. (2017)	115	USA	Quantitative	Retention	*Retention factors:* • Self – high levels of empathy & cognitive flexibility; continuing motivations to foster: desire to help, community awareness, experience of fostering/difficult childhood, religious influence, desire to grow family
Mabille et al. (2025)	1,178	Norway	Quantitative	Retention & attrition	*Retention factors:* • Services – cooperation with social workers/service; effective support provided; important information provided about the child *Attrition factors:* • Self – unrealistic expectations of fostering • Child – child having more difficulties/needing more care than expected; teenagers seen as more challenging placements • Service – lack of financial support; information about the child not being provided • Other – having other young children in the family This study looked at if foster carers would take on the same foster care placement again. Those who said yes stated "retention" factors, those who said no stated "attrition" factors

MacGregor et al. (2006)	54	Canada	Qualitative	Retention	***Retention factors:*** • Self – continuing motivations to foster – altruism, desire for children in the home • Service – efficient supports provided – emotional, practical, resources & respite, financial; trust & positive relationship with social workers; being accepted as a professional/team member; timely crisis intervention • Other – benefit of fostering to children of families who foster ***Attrition factors:*** • Service – poor relationship with social workers; lack of respect; lack of communication between social workers and carers; system issues of high turnover rates of social workers impacting relationships
Maclay, Bunce & Purves (2006)	9	UK	Qualitative	Retention & attrition	***Retention factors:*** • Self – self-efficacy and competence in the role; adaptive problem-solving • Child-related – care & commitment to child • Services – effective support provided • Others – family, friends & other foster carers providing support ***Attrition factors:*** • Services – difficult relationship with social workers (most difficult); feeling disrespected by social workers; not being treated as a professional; poor communication; information about the child withheld; services not providing supports for child or carer High levels of conflict tolerated due to strength of motivations to continue (personal & child-related) but if issues are ongoing long-term, they can result in competent & capable carers leaving fostering
Mallette & Elmore-Li (2024)	462	USA	Quantitative	Retention	***Retention factors:*** • Self – characteristics (full time employment & length of fostering experience); high role satisfaction & self-efficacy; low parental stress • Child-related – few child behaviour challenges

					• Service – high levels of support; child-related information provided; communication; assistance; positive relationship • Other – support from other foster carers ***Attrition factors:*** • Self – low role satisfaction; worry; personal challenges; high reported stress • Child-related – child behaviour challenges; grief of placement ending; worries about the child • Service – conflict with social worker/service • Other – impact of fostering on children of families who foster
Marcellus (2010)	14	Canada	Qualitative	Attrition	***Attrition factors:*** • Self – life changes (age, illness, etc.) • Child-related – fear for the child's future • Service – difficulty managing expectations of the services; not being included in the decision-making process; being scrutinised & judged; feeling restricted, not autonomous in the role • Other – managing public aspect of being a foster carer; changes in the family Carers quit fostering when the stressors and challenges became too much, outweighing the benefits of fostering. These carers who quit reported that they transferred their focus to another form of volunteerism or community support
Mihalo et al. (2016)	777	USA	Quantitative	Retention	***Retention factors:*** • Self – carer self-efficacy, overall role satisfaction • Service – support from social workers
Nesmith & Hartley (2023)	19	Canada	Qualitative	Retention	***Retention factors:*** • Self – characteristics – patient and caring; remaining patient & hopeful for positive outcomes in the future; resilient & learning coping strategies against challenges and difficult behaviours

					• Child-related – caring deeply for the children in their care; understanding the child's background & needs This study examined the reasons why carers remain in the foster care system even when they report experiences of extreme challenge and effects of trauma. They recommend increasing support for foster carers by services and social workers.
Randle et al. (2017)	205	Australia	Quantitative	Attrition	*Attrition factors:* • Self – low carer satisfaction • Service – lack of support; negative perceptions of the system; inadequate training
Rhodes et al.(2001)	364	USA	Quantitative	Attrition	*Attrition factors:* • Self – life situation changed (e.g., marital issues, moving house, change in employment); personal problems (age, health issues) • Child-related – challenges with child's behaviour; needs are too high for carer to manage; grief of seeing child leave • Service – inadequate support & lack of respite; no connection with other services; no communication; not considered in decision-making • Other – conflict between children in care and children of families who foster This study asked foster carers why they considered leaving. These factors were reasons to consider quitting, but carers highlighted that if these issues persisted, then they would choose to discontinue fostering.
Rhodes et al.(2003)	131	USA	Quantitative	Retention & attrition	*Retention factors:* • Self –more parenting/fostering experience; more personal & social resources; employed in a helping profession; self-efficacy in the role; employment status more resources available – particularly higher income • Other – support from family & friends *Attrition factors:* • Self – fewer perceived resources; more psychosocial issues • Other – little support from friends & family

Roberts, Rees, Elliott & Wood (2024)	3339	UK	Mixed Methods	Attrition	***Retention factors:*** • Child-related – commitment to the child is the only reason to continue ***Attrition factors:*** • Self – distress of managing allegations • Services – Ineffective processes around allegations; lack of support – felt "abandoned"; poor communication; treated poorly or disrespectfully; financial impact from allegations This study examined retention of carers after going through an allegation process. Many reported that they only continue fostering due to the commitment to the child(ren) in their care and once those children have left, then they will no longer foster.
Rodger et al. (2006)	652	Canada	Quantitative	Retention	***Retention factors:*** • Self – Initial motivations persisting (wanting to be loving parents, care for vulnerable children); valuing role as foster carer; self-efficacy and role competency; satisfaction • Child – commitment to the child • Services – strong, positive relationship with social workers; included in decision-making and planning for child; respected and acknowledged as a professional by social workers; effective communication ***Attrition factors:*** • Child – difficult child behaviour • Services – conflict with social workers; ineffective policies & procedures "red tape" around issues e.g., allegations; lack of supports • Other – conflicts with children of families who foster/family members; managing relations with child's birth family
Shklarski et al. (2024)	54	USA	Mixed methods	Retention	***Retention factors:*** • Services – providing effective supports for the child; rewarding & appreciating foster carers; providing a support network for foster carers

Whenan et al. (2009)	58	Australia	Quantitative	Retention	***Retention factors:*** • Self – altruistic motivations; high role satisfaction & self-efficacy in managing challenging behaviours; realistic expectations of the role • Child-related – few child behaviour challenges • Service – sufficient training

Appendix 2. Information sheets

Foster Carer Survey

Title of project:

A research study exploring the factors associated with foster carer retention and attrition in Ireland.

Introduction

Thank you for your interest in this research study. Foster carers like you play a vital role in providing a nurturing and supportive environment for vulnerable children, which is critical for their well-being and development. Being a foster carer can come with its own set of unique rewards and challenges, and understanding these is essential for improving the support available to foster carers in Ireland.

We are a research team within Childhood Matters, a voluntary child and family support service based in Co. Cork. In collaboration with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) Care Experiences Programme, we are inviting you to take part in a research study to help us understand the push and pull factors associated with being a foster carer. *Care Experiences, journeys through the Irish care system* is a research and data programme examining the lives of children and young people in care and adults leaving care. The Programme is led by the DCEDIY in collaboration with Tusla as a key partner. Included in the Programme are a range of Projects. More information about the Programme can be found here. This research study, 'Exploring the factors associated with foster carer retention and attrition in Ireland' is commissioned by the DCEDIY Care Experiences Programme under Project 4 (Annual Research and Activities).

What is the purpose of the study?

We want to understand why foster carers choose to continue or stop being foster carers in Ireland. We also want to see if these factors are different for different groups of foster carers. The findings from this research will help to provide recommendations to support existing foster carers and new foster carers in the future.

What will participation involve?

If you choose to take part, this would involve the following:

Complete a survey

You will be invited to complete a survey that takes approximately 15-20 minutes. The survey includes questions about your experiences as a foster carer, the support you've received, and the challenges you've faced.

Optional follow-up interview

We would also invite you to take part in an interview with a member of our research team. This can be done online or over the phone and will take around 45 minutes. Interviews will explore your

experiences in greater depth. If you require any accommodations around this, we can discuss and arrange this prior to the interview.

Why have I been invited to participate?

You have been invited because you are a Tusla-approved general foster carer. This study focuses specifically on Tusla-approved carers providing emergency, respite, short-term, or long-term care. Your insights will help build a comprehensive understanding of the fostering experience in Ireland.

Do I have to take part?

Participation is entirely voluntary. You may decide not to participate or to withdraw up to one month after taking part without providing a reason. Following this point your data will have been analysed and written up, meaning it will not be possible to withdraw. Choosing not to participate will not affect your relationship with Tusla or any fostering services.

What are the potential benefits?

Your participation is important to help us understand the experiences and needs of foster carers in Ireland. Findings from this study will contribute towards:

1. Improving support and resources for foster carers.
2. Informing policies to address challenges in fostering.
3. Enhancing the stability and quality of foster care placements.

In participating in this survey you be automatically entered into a draw for a €200 one-for-all voucher as a token of our appreciation.

Are there any risks?

While we do not anticipate any significant risks, discussing your experiences may evoke strong emotions. We would encourage you to reach out to the research team should this occur. Should you not feel comfortable doing this we recommend that you speak with your Fostering Link Worker or contact your GP.

What happens to the information I provide?

We will store your survey data on our password protected OneDrive, which is only accessible to the research team. We will also use participant ID numbers, which means your name and your answers can only be linked together by the research team. If you are filling out our postal survey, we will input your answers into our password protected OneDrive and then destroy the physical copies. If you choose to also take part in the follow-up interview, we will link your survey responses to this to help us to tailor the discussion to your experiences. We store research data for a period of 10 years after the project is complete, following which it will be destroyed.

We will not share your responses outside of the research team. The exception to this is where information is disclosed which indicates that there is a serious risk to you or to others, or where the research team has a concern that a child may have been, is being, or is at risk of being abused or neglected. If this happens, in line with Children First, we are required to pass this information on to the relevant agencies e.g. Tusla to ensure the safety of you and others.

Our findings will be written up into a report which will be shared with the Department of Children, Equality, Disability, Integration and Youth and Tusla. We will remove or pseudo-anonymise any identifiable data before doing this. We may also publish the findings in academic journals. We may use quotes you have provided as part of these reports or publications, but these will be pseudo-anonymised to ensure that you are not identifiable.

What if I have a complaint about the study?

If you have concerns or complaints about any aspect of the study, you are encouraged to reach out to the following:

1. *Primary contact:* You can contact the lead researcher at:
2. *Independent oversight*: If your complaint is not resolved or you wish to speak to someone independent of the study, you can contact the ethics committee that reviewed the study: Tusla's research ethics committee at:
3. *GDPR concerns:* If you have concerns around how we have handled your data, you can contact the data protection officer overseeing the study: Data protection officer: or contact the Data Protection Commission:

We are committed to addressing all complaints promptly and transparently, ensuring that your concerns are heard and resolved.

Who can I contact for more information?

We appreciate your time and willingness to share your experiences as a foster carer. Your insights are invaluable for shaping future policies and support systems that benefit carers and the children in their care. If you have any questions or require further details, please contact:

Foster Carer Interview

Title of project:

A research study exploring the factors associated with foster carer retention and attrition in Ireland.

Introduction

Thank you for your interest in taking part in an interview around your experiences as a foster carer.

We are a research team within Childhood Matters, a voluntary child and family support service based in Co. Cork. In collaboration with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) Care Experiences Programme, we are inviting you to take part in a research study to help us understand the push and pull factors associated with being a foster carer. *Care Experiences, journeys through the Irish care system* is a research and data programme examining the lives of children and young people in care and adults leaving care. The Programme is led by the DCEDIY in collaboration with Tusla as a key partner. Included in the Programme are a range of Projects. More information about the Programme can be found here. This research study, 'Exploring the factors associated with foster carer retention and attrition in Ireland' is

commissioned by the DCEDIY Care Experiences Programme under Project 4 (Annual Research and Activities).

What is the purpose of the study?

We want to understand why foster carers choose to continue or stop being foster carers in Ireland. We also want to see if these factors are different for different groups of foster carers. The findings from this research will help to provide recommendations to support existing foster carers and new foster carers in the future.

What will participation in the interview involve?

Participation will involve a 45-minute interview where we will discuss your experiences as a foster carer. We will use your previous survey responses to tailor the discussion to your experiences. Please note that we may not be able to invite all carers to interview, meaning you may not be asked to participate.

The interview will be recorded via video to assist in transcription. Audio and video recordings will be destroyed after transcription.

You can request a copy of your transcript and will be able to withdraw any or all of your interview for up to two weeks following the interview date.

Right to withdraw

Participation is entirely voluntary. You may decide not to participate or to withdraw up to one month after taking part without providing a reason. Following this point your data will have been analysed and written up, meaning it will not be possible to withdraw. Withdrawing will not impact your relationship with Tusla or fostering services.

What are the potential benefits?

Your participation is important to help us understand the experiences and needs of foster carers in Ireland. Findings from this study will contribute towards:

1. Improving support and resources for foster carers.
2. Informing policies to address challenges in fostering.
3. Enhancing the stability and quality of foster care placements.

In consenting to participate in this interview you be automatically entered into a draw for a €200 one-for-all voucher as a token of our appreciation.

Are there any risks?

While we do not anticipate any significant risks, discussing your experiences may evoke strong emotions. We will remain vigilant for possible signs of distress during the interview but would encourage you to speak to the research team should this occur. Should you not feel comfortable doing this we recommend that you speak with your Fostering Link Worker or contact your GP.

What happens to the information I provide?

We will transcribe and pseudo-anonymise your interview and store it on our password protected OneDrive, which is only accessible to the research team. We will then destroy the audio video recording. You can request a copy of this transcript following the interview and can request to withdraw any or all of your comments for up to two weeks following the interview. Following your interview, you can withdraw your interview data completely for up to one month after taking part without providing a reason. Following this point, your data will have been analysed and written up, meaning it will not be possible to withdraw. Your survey responses will be linked to your interview transcript to assist with our analysis. We store research data for a period of 10 years after the project is complete, following which it will be destroyed.

We will not share your information outside of the research team. The exception to this is where information is disclosed which indicates that there is a serious risk to you or to others, or where the research team has a concern that a child may have been, is being, or is at risk of being abused or neglected. If this happens, in line with Children First, we are required to pass this information on to the relevant agencies e.g. Tusla to ensure the safety of you and others.

Our findings will be written up into a report which will be shared with the Department of Children, Equality, Disability, Integration and Youth and Tusla. We will remove or pseudo-anonymise any identifiable data before doing this. We may also publish the findings in academic journals. We may use quotes you have provided as part of these reports or publications, but these will be pseudo-anonymised to ensure that you are not identifiable.

If you have concerns or complaints about any aspect of the study, you are encouraged to reach out to the following:

1. *Primary contact:* You can contact the lead researcher at:
2. *Independent oversight*: If your complaint is not resolved or you wish to speak to someone independent of the study, you can contact the ethics committee that reviewed the study: Tusla's research ethics committee at:
3. *GDPR concerns:* If you have concerns around how we have handled your data, you can contact the data protection officer overseeing the study: Data protection officer: or contact the Data Protection Commission:

We are committed to addressing all complaints promptly and transparently, ensuring that your concerns are heard and resolved.

Who can I contact for more information?

We appreciate your time and willingness to share your experiences as a foster carer. Your insights are invaluable for shaping future policies and support systems that benefit carers and the children in their care. If you have any questions or require further details, please contact:

Foster Care Staff Focus Group

Title of project:
A research study exploring the factors associated with foster carer retention and attrition in Ireland.

Introduction

Thank you for considering participating in this focus group. Professionals such as yourself play a crucial role in supporting foster carers and the children in their care. Understanding your experiences and perspectives is vital for improving the retention of foster carers and enhancing the overall foster care system in Ireland.

This study is conducted by Childhood Matters, a voluntary child and family support service based in Co. Cork, in collaboration with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) Care Experiences Programme. *Care Experiences, journeys through the Irish care system* is a research and data programme examining the lives of children and young people in care and adults leaving care. The Programme is led by the DCEDIY in collaboration with Tusla as a key partner. Included in the Programme are a range of Projects. More information about the Programme can be found here. This research study, 'Exploring the factors associated with foster carer retention and attrition in Ireland' is commissioned by the DCEDIY Care Experiences Programme under Project 4 (Annual Research and Activities). The study aims to examine the factors influencing foster carers' decisions to continue fostering or to withdraw from fostering. Findings will be used to inform policy and service improvements.

What is the purpose of the study?

We want to understand why foster carers choose to continue or stop being foster carers in Ireland. We also want to see if these factors are different for different groups of foster carers. The findings from this research will help to provide recommendations to support existing foster carers and new foster carers in the future.

Why have I been invited to participate?

You have been invited because of your professional role. We are seeking input from Social Workers, Link Workers, and Guardian ad Litems working across Ireland.

What will participation involve?

If you agree to participate, we will ask you to complete a short demographic questionnaire. We will then select professionals from this group to invite to join an online focus group discussion. Please note we may not be able to invite all professionals to the focus group, meaning you may not be asked to participate.

The session will last approximately 90-120 minutes and will explore:

1. Your experiences working with foster carers.
2. Challenges faced by foster carers and available support.
3. Your recommendations to improve foster carer retention.

The discussion will be video-recorded and transcribed for analysis.

Do I have to take part?

Participation is entirely voluntary. You may withdraw at any time without providing a reason, and doing so will not affect your professional role or relationships with fostering services. You may decide to withdraw your comments up to one month after taking part without providing a reason. Following this point your data will have been analysed and written up, meaning it will not be possible to withdraw.

What are the potential benefits?

By participating, you will contribute to research aimed at:

1. Improving support systems for foster carers.
2. Enhancing policies to address key challenges in fostering.
3. Strengthening collaboration between professionals and foster carers.

Are there any risks?

While we do not anticipate any significant risks, however discussing foster care challenges may be emotionally sensitive. We will remain vigilant for possible signs of distress during the interview but would encourage you to speak to the research team should this occur. Should you not feel comfortable doing this we recommend that you speak with your manager or contact your GP.

What happens to the information I provide?

We will transcribe and pseudo-anonymise your interview and store it on our password protected OneDrive, which is only accessible to the research team. We will then destroy the audio video recording. You can choose to withdraw your contribution at any time in the subsequent one month following the conclusion of the focus group. After this point, the data will have been analysed and written up, meaning it cannot be withdrawn. As the transcript will be an amalgam of voices generated from the focus group audio video file, it may also not be possible to delete your data. Your responses to the demographic questionnaire will be linked to your interview transcript to assist with our analysis. We store research data for a period of 10 years after the project is complete, following which it will be destroyed.

We will not share your information outside of the research team. The exception to this is where information is disclosed which indicates that there is a serious risk to you or to others, or where the research team has a concern that a child may have been, is being, or is at risk of being abused or neglected. If this happens, in line with Children First, we are required to pass this information on to the relevant agencies e.g. Tusla to ensure the safety of you and others.

Our findings will be written up into a report which will be shared with the Department of Children, Equality, Disability, Integration and Youth and Tusla. We will remove or pseudo-anonymise any identifiable data before doing this. We may also publish the findings in academic journals. We may use quotes you have provided as part of these reports or publications, but these will be pseudo-anonymised to ensure that you are not identifiable.

What if I have a complaint about the study?

If you have concerns or complaints about any aspect of the study, you can contact:

1. *Primary contact:* You can contact the lead researcher at:
2. *Independent oversight*: If your complaint is not resolved or you wish to speak to someone independent of the study, you can contact the ethics committee that reviewed the study: Tusla's research ethics committee at:
3. *GDPR concerns:* If you have concerns around how we have handled your data, you can contact the data protection officer overseeing the study: Data protection officer: or contact the Data Protection Commission:

Who can I contact for more information?

We appreciate your time and expertise. Your insights will help shape future policies and support systems for foster carers and the children they care for. If you have any questions or require further details, please contact:

Appendix 3: Consent form

Foster Carer Survey

Before you can begin the survey, you need to consent to each of the statements below. Please **put your initials next to each statement** to indicate your consent.

Title of Project:
A research study exploring the factors associated with foster carer retention and attrition in Ireland.

Please put your initials in the box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I also understand that I am free to withdraw my data for up to one month after taking part without providing a reason. Following this point, I understand that my data will have been analysed and written up, meaning it will not be possible to withdraw. ☐
3. I understand that I can choose not to answer questions within the survey. ☐
4. I understand that all information collected will not be shared outside of the research team except in circumstances where disclosures are made relating to a risk of harm to myself or to another individual or child. ☐
5. I understand that the information I supply will be used for future publications and/or presentations and agree to the use of pseudo-anonymised quotes in publications. ☐
6. I consent to take part in the study. ☐
7. I consent to be entered into a draw for a €200 one-for-all voucher. ☐
8. Optional* I consent to be contacted for a follow-up interview. ☐
9. Would you like to receive an email with the results of this research, when it is complete? **YES / NO**
10. We will contact you by email. If you would prefer to be contacted by phone, please provide your telephone number here: _____

Foster Carer Interview

To take part in the interview, you need to consent to each of the statements below. Please **put your initials next to each statement** to indicate your consent.

Title of Project:
A research study exploring the factors associated with foster carer retention and attrition in Ireland.

Please put your

initials in the box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I also understand that I am free to withdraw my data for up to one month after taking part without providing a reason. Following this point, I understand that my data will have been analysed and written up, meaning it will not be possible to withdraw. ☐
3. I understand that I can choose not to answer questions within the interview. ☐
4. I understand that all information collected will not be shared outside of the research team except in circumstances where disclosures are made relating to a risk of harm to myself or to another individual or child. ☐
5. I understand that interview data will be linked to survey data to aid with analysis. ☐
6. I understand that the information I supply will be used for future publications and/or presentations, but that this will in no way be used to identify me and I agree to the use of pseudo-anonymised quotes in publications. ☐
7. I consent to take part in the study. ☐
8. I consent to be entered into a draw for a €200 one-for-all voucher. ☐
9. We will contact you by email. If you would prefer to be contacted by phone, please provide your telephone number here: _____ ☐

Foster Care Staff Focus Group

To take part in the focus group, you need to consent to each of the statements below. Please **put your initials next to each statement** to indicate your consent.

Title of Project:
A research study exploring the factors associated with foster carer retention and attrition in Ireland.

Please put your initials in the box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I also understand that I am free to withdraw my data for up to one month after taking part without providing a reason. Following this point, I understand that my data will have been analysed and written up, meaning it will not be possible to withdraw. ☐

3. I understand that all information collected will not be shared outside of the research team except in circumstances where disclosures are made relating to a risk of harm to myself or to another individual or child. ☐

4. I understand that the information I supply will be used for future publications and/or presentations, but that this will in no way be used to identify me and I agree to the use of pseudo-anonymised quotes in publications. ☐

5. I consent to take part in the above study. ☐

Appendix 4: Description of survey measures

Reasons for fostering

Motivations for fostering were assessed using the Reasons for Fostering Checklist (RFC), which incorporates items from the National Survey of Current and Former Foster Parents (DHHS, 1993) and LeProhn (1994). The thirty-three-item inventory asks participants to rate the extent to which each item influenced their decision to foster on a Likert-type, five-point scale from *Not at all true for me* to *Very true for me*. This inventory was chosen as it includes items reflecting altruistic motives (e.g. desire to help children), practical reasons (e.g. financial considerations), and personal or family-related motivations, which cover most reasons that people choose to foster, according to the wider literature.

Satisfaction with fostering

The Satisfaction with Foster Parenting Inventory, developed by Leckies et al. (1997, as cited in Stockdale et al., 1997), is a thirty-item inventory which asks carers to rate their satisfaction with fostering on a five-point scale from *very dissatisfied* to *very satisfied*. This measure was chosen as it assesses satisfaction across domains including social work support, financial support, relationships, and the foster care role among others, which offers a comprehensive range of aspects to the foster carer journey.

Discontinuation ideation

Thoughts about discontinuing fostering were assessed with a measure adapted by Randle et al. (2017), based on selected items from the Suicidal Ideation Questionnaire (SIQ; Reynolds, 1987). Items were reworded to reflect contemplative withdrawal from the foster care role (e.g. frequency of thinking about stopping fostering). There are six statements that participants need to rate on a five-point frequency scale from *not at all* to *at least once a day*. This measure was chosen as it provides nuanced insight into discontinuation ideation over a six-month period.

Burnout

A single item burnout measure (West et al., 2009) was selected to explore if foster carers had experienced burnout in their fostering role. The burnout measure asks participants to rate their experience of burnout on a scale from *never* to *every day*.

Social support

Perceived support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al., 1988). This twelve-item list assesses support from family, friends, and a significant other on a seven-point scale from *very strongly disagree* to *very strongly agree*.

Strengths and difficulties questionnaire (SDQ)

Perceptions of children's emotional and behavioural needs were assessed using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). The SDQ contains 25 items divided into five subscales: emotional problems, conduct problems, hyperactivity, peer problems, and prosocial behaviour. Participants rate each of the 25 items on a three-point scale: *not true*, *somewhat true*, or *certainly true*. This measure was chosen as validity of the SDQ has been widely demonstrated through associations with clinical diagnoses, and behavioural screening outcomes.

Appendix 5: Full foster carer survey

Demographic and Descriptive Measures (Foster Carer)

1) Age	_____ Years
2) Gender	☐ Male ☐ Female ☐ Non-binary/third gender ☐ Prefer not to say
3) Cultural background/Ethnicity	☐ White Irish ☐ White Irish Traveller ☐ Any other White background ☐ Black or Black Irish - African ☐ Black or Black Irish - Any other Black background ☐ Asian or Asian Irish - Chinese ☐ Asian or Asian Irish - Any other Asian background ☐ Roma ☐ Indian/Pakistani/Bangladeshi ☐ Arabic ☐ Other (including mixed background) ☐ Not stated
4) Occupation	_____
5) Type of carer	☐ Kinship ☐ General
6) Highest level of education	_____
7) Type of accommodation	☐ Renting ☐ Owned
8) Access to transport	☐ Private car ☐ Public transport/taxi
9) Type of care offered	☐ Emergency ☐ Respite ☐ Short-term ☐ Long-term
10) Time spent as a foster carer	_____Years _____Months
11) Number of children in care within the home	_____
12) Number of other children within the home	_____
13) How would you describe your economic situation?	☐ Employed (Full-time or Part-time) ☐ Self-employed ☐ Unemployed ☐ Retired

	☐ Students ☐ Homemakers/Caregivers ☐ Unable to Work (due to disability or illness)
14) Geographical location	☐ Dublin North East (Dublin City -North, Fingal, Louth and Meath) ☐ Dublin Mid Leinster (Dublin City - South, Dún Laoghaire–Rathdown, South Dublin, Kildare, Laois, Longford, Offaly, Westmeath and Wicklow) ☐ South East (Carlow, Kilkenny, Tipperary, Waterford and Wexford) ☐ South West (Cork and Kerry) ☐ Mid West (Clare, Limerick and Tipperary) ☐ North West (Donegal, Galway, Leitrim, Mayo, Roscommon and Sligo)
15) Are there other approved foster carers in the home?	☐ Yes, I foster jointly with another adult. ☐ No, I am a solo foster carer. If Yes please provide the name of the other carer: _____ *This information allows us to group carers as part of our analysis.*

Foster Carer Survey

Reasons for fostering checklist

Name: _____ Date: _____

Items obtained from the National Survey of Current and Former Foster Parents (DHHS, 1993) and LeProhn (1993)

Reasons for Fostering Checklist (RFC)

People have many different reasons for wanting to be foster parents. Below is a list of reasons foster parents have given for why they became foster parents. You may have more than one reason. For each statement below, select the answer that best indicates how true the statement is for you.

	Response	How true are the following statements about your wanting to foster?
SCORE (1-5) **1 = Not at all true for me** **2 = Somewhat not true for me** **3 = Neither true or not ture for me** **4 = Somewhat true for me** **5 = Very true for me**		**1.** I cannot have any, or any more, children of my own.
		2. I am single and want a child.
		3. I do not want to care for an infant.
		4. I want to adopt but cannot get a child or wanted to adopt but can't.
		5. I thought about adopting and thought foster parenting was a good way to start.
		6. I want a certain kind of child (e.g., a girl or a five-year old).
		7. I think a child might help my marriage.
		8. I want to have company for myself.
		9. I want to have company for my own child.
		10. I want a larger family.
		11. I want to provide a child with love.
		12. I want to be loved by a child.
		13. I want to provide a good home for a child.
		14. I had a child who died.
		15. I want to help a child with special problems.
		16. My own children were grown and I want children in the house.
		17. I want to provide a home so a child won't have to be put in an institution.
		18. I want a child to help with chores or work in family business.
		19. I want to have more money.
		20. I want to care for a child but did not want permanent responsibility.

Reasons for Fostering Checklist (RFC)

People have many different reasons for wanting to be foster parents. Below is a list of reasons foster parents have given for why they became foster parents. You may have more than one reason. For each statement below, select the answer that best indicates how true the statement is for you.

	Response	How true are the following statements about your wanting to foster?
SCORE (1-5) **1 = Not at all true for me** **2 = Somewhat not true for me** **3 = Neither true or not ture for me** **4 = Somewhat true for me** **5 = Very true for me**		**21.** I want to do something for the community/society.
		22. I want to fill time.
		23. I know a foster child or a foster child's family and want to help.
		24. I am related to a child I want to foster.
		25. I was a foster child myself.
		26. I was abused or neglected myself.
		27. I want to care for a child, but do not want permanent responsibility.
		28. I want to help a child who was less fortunate.
		29. I want to provide a home for a child I knew.
		30. I want to fulfill my religious beliefs by caring for a child.
		31. I feel obligated to take a particular child.
		32. I am attached to a particular child.
		33. My spouse wants to be a foster parent, so I agree.
		34. Of the 33 items listed above, which one was the top reason you decided to foster. **Please enter the item number (1-33)** that corresponds to your top reason.

If you would like to explain any of your answers or provide more detail around your reasons for fostering, please do so here.

Satisfaction with Foster parenting Index

How satisfied are you with…	Very dissatisfied	Dissatisfied	Unsure	Satisfied	Very satisfied	N/A
1. Understanding your responsibilities as a foster carer	☐	☐	☐	☐	☐	☐
2. Your working relationship with Tusla	☐	☐	☐	☐	☐	☐
3. Your working relationship with your foster Child's allocated Social Worker	☐	☐	☐	☐	☐	☐
4. Your working relationship with Social Work Community Services	☐	☐	☐	☐	☐	☐
5. Your working relationships with other agencies related to the foster child (schools, counsellors etc)	☐	☐	☐	☐	☐	☐
6. Your relationship with your foster child	☐	☐	☐	☐	☐	☐
7. Your relationship with the biological family of the foster child	☐	☐	☐	☐	☐	☐
8. Balancing foster care with your own family's schedule	☐	☐	☐	☐	☐	☐
9. The recognition you get within your community for being a foster carer	☐	☐	☐	☐	☐	☐
10. The amount of information you have received about the child placed in your home	☐	☐	☐	☐	☐	☐
11. Your ability to get respite care when needed	☐	☐	☐	☐	☐	☐
12. Your ability to reach your Foster Child's allocated Social Worker when needed	☐	☐	☐	☐	☐	☐
13. The payment you receive for being a foster carer	☐	☐	☐	☐	☐	☐
14. The extent to which you are included in planning for the needs of your foster child	☐	☐	☐	☐	☐	☐

Satisfaction with Foster Parenting Index

15. The relationship between your biological children and your foster children	☐	☐	☐	☐	☐	☐
16. The amount of additional training available	☐	☐	☐	☐	☐	☐
17. The assistance and support you receive from your Foster Child's allocated Social Worker	☐	☐	☐	☐	☐	☐
18. Your feeling of being appreciated for being a foster carer	☐	☐	☐	☐	☐	☐
19. Your understanding of the legal system	☐	☐	☐	☐	☐	☐
20. Your ability to obtain liability protection	☐	☐	☐	☐	☐	☐
21. The ways in which your previous foster placements have ended	☐	☐	☐	☐	☐	☐
22. The opportunities to meet other foster families	☐	☐	☐	☐	☐	☐
23. Your role in helping children	☐	☐	☐	☐	☐	☐
24. Your overall level of satisfaction with foster caring	☐	☐	☐	☐	☐	☐
25. The progress your child has been making in their overall development	☐	☐	☐	☐	☐	☐
26. Your confidence in your ability to be a good foster carer	☐	☐	☐	☐	☐	☐
27. Your rights as a foster carer	☐	☐	☐	☐	☐	☐
28. The support you receive from your *close family* for being a foster carer	☐	☐	☐	☐	☐	☐
29. The support you receive from *friends* for being a foster carer	☐	☐	☐	☐	☐	☐
30. Your life overall	☐	☐	☐	☐	☐	☐

If you would like to explain any of your answers or provide more detail around your satisfaction with fostering, please do so here.

Discontinuation Ideation for fostering

Adapted from the Suicidal Ideation Questionnaire - SIQ, Reynolds, 1987

Here is a list of thoughts foster carers might have about ending their foster caring.
Please indicate how often you have had each of these thoughts in the past four months.
Please make sure you give an answer for each thought, and remember, there are no right or wrong answers.

In the last four months....	Not at all	Once or twice	At least once a month	At least once a week	At least once a day
a. I thought about discontinuing foster caring	..	..	..	..	..
b. I thought about how I would discontinue foster caring	..	..	..	..	..
c. I thought about when I would discontinue foster caring	..	..	..	..	..
d. I thought about how people would feel if I discontinued foster caring	..	..	..	..	..
e. I wished that I had never started foster caring	..	..	..	..	..
f. I thought about talking to my foster child's allocated social worker about discontinuing faster caring	..	..	..	..	..

If you would like to explain any of your answers please do so here.

Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

		Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

If you would like to explain any of your answers or provide more details, please do so here.

Strengths and Difficulties Questionnaire (SDQ)

Please answer the following questions in relation to your foster child. If you currently have more than one foster child, please answer the questions relating to ONE of the foster children currently in your care. This child must be in your care full-time and for at least 6 months.

Strengths and Difficulties Questionnaire

P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

Training

i) What training did you complete prior to becoming a carer?

ii) What training have you completed since becoming a carer?

iii) Are there any personal experiences or any informal training which you feel has prepared you to become a foster carer?

iv) What are the barriers, if any, to engaging in training.

v) Any further comments on the current training available/offered to carers?

Appendix 6: Interview schedule

Introduction

Thank you for agreeing to talk to me today about your experience as a foster carer, [interviewee's name]. My name is [interviewer's name] and I am a Researcher at Childhood Matters.

Thank you for completing the online survey. The purpose of the interview is to go into more detail about some of the topics in the survey around your personal experiences, perspectives, and challenges related to being a foster carer. Your responses will help contribute to a better understanding of what foster carers need to thrive and continue this good work, and any recommendation that might be made for changes.

This conversation is completely voluntary, and you are free to skip any question or stop the interview at any time without giving a reason. Your responses will be kept confidential, and any identifying information will be anonymised in the final report. However, if you disclose any information related to harm, abuse, or safeguarding concerns, I may have to report it in line with ethical guidelines and legal obligations under the Children First Act 2015.

The interview will take approximately 45 minutes. I will record our discussion to have a record of what was said, but this recording will only be used for research purposes and it will be securely stored. Once the interview has been transcribed, the audio and video data will be safely deleted. Are you happy for me to record?

Before we begin, do you have any questions?

And are you happy to proceed?

Press RECORD

For the recording, can you confirm your name?

And are you happy to take part today? And are you happy for me to record the interview today?

Questions

Reasons for fostering

What motivated you to become a foster carer?

Prompt: In your survey you mentioned... could you tell me a bit more about it.

How much time did you spend thinking about becoming a foster carer before starting the process?

Prompt: more/less than 12 months

Pre-placement preparation

What information did you consider when choosing to become a foster carer?

Prompt: personal circumstances and experience, training

What was the most valuable training and support you received ahead of your first foster child?

Prompt: Was it enough? What could have been done differently?

Experience of fostering

How has your expectation of being a foster carer compared to the reality of doing it?

Prompt: What might have prepared you more?

What was your initial experience of fostering like, for example, in the first 1 or 2 years?

Prompt: have things changed since then? Care system/training/support

Prompt: have you changed since then? Confidence/ability to advocate/understanding of fostering and the care system

What can you tell me about your experience of your fostering link worker?

What can you tell me about your experience of the Tusla child protection team?

Prompt: Child's social worker

What have you enjoyed most about fostering?

View of self as a carer

Do you feel that your views as a foster carer are heard and respected?

Prompt: Are you confident to voice concerns, and to advocate for your child?

What aspects of being a foster carer have been most challenging personally for you?

Prompt: What could be done to improve this situation?

Discontinuation ideation

In your survey, you mentioned that you had/had not thought about discontinuing as a foster carer. Please can you tell me a bit more about this.

Prompt: When did you have these thoughts? How often? What was happening at the time that led you to thinking about discontinuing? Why did you continue?

Access to and use of supports

What personal or professional support have you received as a foster carer?

Prompt: What about personal/professional support?

Experience of child/young person

What has been your experience of caring for and supporting a child in care?

Prompt: general experience

If someone you knew was considering fostering, what would you say to them?

Thank you very much. That is the end of the interview. I really appreciate you taking the time to share your experience and perspective with me today.

Once we have analysed all the surveys and interviews, we will write up a report and summary of our findings and this will be sent to you if you consented to receive an email in the online survey.

Appendix 7: Focus group schedule

Introduction (10 minutes)

Thank you for agreeing to talk to me today about your professional experience working as a [select as appropriate to the focus group: children's social worker/fostering link worker/GAL/peer support worker]. My name is [interviewer's name] and I am a Researcher at Childhood Matters. My colleague [name] is lead investigator on this research and also a clinical psychologist. He is here today in case anyone experiences distress while participating in this focus group and will just be listening.

The purpose of this focus group is to gain a professional perspective on the factors influencing foster carer retention and attrition in Ireland. As professionals working closely with foster families, your perspective and observations are crucial in shaping policies and practices that better support foster carers and, ultimately, the children in their care.

This conversation is completely voluntary, and you are free to skip any question or withdraw at any time without giving a reason. Your responses will be kept confidential, and any identifying information will be pseudo-anonymised in the final report. However, if you disclose any information related to harm, abuse, or safeguarding concerns, I may have to report it in line with ethical guidelines and legal obligations under the Children First Act 2015.

This focus group will last approximately 90 minutes. I will record our discussion to have a record of what was said, but this recording will only be used for research purposes and it will be securely stored. Once the focus group has been transcribed, the audio and video data will be safely deleted.

Before we begin, I wanted to outline some practical ground rules:

- One speaker at a time. Please do not speak over one another. I may intervene at times to ensure everyone has a chance to speak

- Respect one another's contribution and unique perspective
- Try not to use names or identifying details when giving examples
- This discussion is confidential so please do not share any information you have heard today, outside of this forum

Before we begin, do you have any questions?

I will now begin recording, after this I will ask you each to give your name for the recording, consent to taking part, and consent to recording.

Press RECORD

*Paste in chat:

1. Name

2. Consent to participate

3. Consent to recording

*

What is your name? Are you happy to proceed? Are you happy for me to record? [Response required from each participant]

Thank you everyone.

We will start by each introducing ourselves very briefly. Please give your role, and where we are based, and how long you have been working in your professional role, if you are happy to share this information. [Elicit a response from each participant].

*Paste in chat:

1. Name

2. Role

3. Where you are based

4. How long you have been in your professional role

*

Questions (75 minutes)

Experience of working with and supporting foster carers (20 minutes)

How would you define a [children's social worker/fostering link worker/GAL/peer support worker]'s role in relation to foster carers?

Prompt: Do you think foster carers understand/appreciate this?

What are a [children's social worker/fostering link worker/GAL/peer support worker]'s expectations of a foster carer?

Prompt: Do you think this is clear to foster carers?

In your experience, have the expectations of a foster carer changed over time?

Prompt: How? Why might this be? What is the knock on effect of this?

Steps to improve retention (20 minutes)

Thinking about the foster carers you have worked with in the past, what have been the main reasons that foster carers continue?

Prompt: What were the common factors in those who continued fostering in the longer term?

Thinking of your role as a [children's social worker/fostering link worker/GAL/peer support worker] and Tusla more generally, what is working well in terms of supporting foster carers to remain in the role?

Prompt: Has this always been the case?

Perceived reasons for foster carer attrition (20 minutes)

Thinking about foster carers you have worked with previously, what have been the main reasons that a foster carer stops fostering, or thinks about stopping?

Prompt: Does length of service have any bearing on these reasons?

Prompt: Have the reasons why foster carers stop, changed over time?

What is your experience of supporting foster carers who are struggling with the expectations of their role?

Prompt: How frequently do you encounter this?

Prompt: Are there constraints on you or Tusla more generally that make this difficult to do/ or make it difficult to meet foster carers' needs?

Changes needed (15 minutes)

What one thing would you prioritise to help improve foster carer retention and reduce attrition?

Prompt: How could this be achieved?

Prompt: What support would you as a professional need to achieve this?

Leaving comments (5 minutes)

Thank you all for giving up your time and participating in this focus group today. Your experiences and reflections are extremely valuable and will contribute to our final report and recommendations for measures to improve foster carer retention. Once we have compiled the final report, we will share a copy with all research participants.

Appendix 8: Statistical analyses

Demographic variables

To examine whether demographic characteristics of foster carers differed across the three fostering years of service subgroups (<1 year, 1–5 years, and >5 years), chi-square tests (using Monte-Carlo simulation where appropriate) were performed on categorical demographic variables (e.g. age, gender, ethnicity etc.). While the majority of variables were non-significant, a significant association was observed between foster carers' years of service and their age group (χ^2, Monte-Carlo p=0.024). Post-hoc Fisher exact comparisons indicated that the difference was driven by contrasts between the <1 year and >5 years of service groups (p=0.030). This age difference is therefore expected rather than substantive, as carers with longer experience are more likely to be older.

To explore differences between years of service groups and foster family attributes, categorical and continuous variables were analysed separately.

A chi-square test with categorical variables was used. There was a significant association between foster carers' years of service and the carers who did long-term care (p=0.002). Follow-up Fisher tests showed that carers with less than one year of experience differed significantly from both those with 1–5 years' experience (p=0.0105) and those with >5 years (p=0.0029). Effect sizes for these pairwise contrasts (Cramér's V ≈ 0.009–0.021) were very small, indicating that although statistically significant, the practical magnitude was limited.

For continuous demographic variables (number of children currently in care, the number of other children in the home, and the total number of children in care), assumptions of normality and homogeneity were not met, thus all variables were examined using Kruskal–Wallis tests with ε^2 (epsilon-squared) as the effect-size measure. Two continuous variables showed statistically significant differences across years of service groups: the number of children currently in the foster home and the total number of children ever cared for. A significant effect of years of

service on the number of children currently in care was found ($H_(2)$=12.24, p=.002). The associated effect size was in the medium range (ε^2=.088), indicating a meaningful difference in this variable across groups. Post-hoc Dunn tests revealed that carers with less than one year of experience differed significantly from those with more than five years of experience (p_{adj}=.020), with the latter group tending to have more children currently placed. No significant difference emerged between the <1 year and 1-5 years groups, and the contrast between the 1-5 years and >5 years groups was also significant (p_{adj}=.018), again showing higher numbers among the most experienced carers.

A statistically significant finding (p=.0019), with a medium effect size (ε^2=.090) was found for total number of children cared for. However, the post-hoc comparison results for this variable showed no statistically significant adjusted pairwise differences between experience groups, indicating that although the groups differed overall, no specific pair of groups drove the effect after controlling for multiple comparisons.

Unsurprisingly, these findings show that carers with >5 years' service tend to have cared for more children overall, and typically have more children currently placed.

Outcome Measures

Standardised outcome measures were analysed for the full 120 foster carers completing the survey, and for the years of service sub-groups. The averages of these measures are summarised below:

Table 6: Outcome measure averages for the full group of foster carers (n=120) and sub-groups

Outcome measure	Total average	<1 year average	1-5 years average	5+ years average
Satisfaction with fostering (0-150)	105.9	108.4	106.1	105.6
Multidimensional scale of perceived social support (12-84)	69.1	63.3	70	69.3

Strengths and difficulties questionnaire (0-40)	16.1	9.8	16.4	16.6
Burnout score (0-6)	1.7	0.5	2.0	1.7
Discontinuation ideation (6-30)	8.4	6.6	8.9	8.4
Recommendation likelihood (1-5)	3.4	4.0	3.5	3.3
Anticipated continuation duration (1-5)	3.7	3.9	3.5	3.8

Because the independent variable (years of service) was categorical and the seven dependent variables violated normality, a MANOVA could not be performed. Instead, seven separate Kruskal–Wallis H tests were conducted, one for each outcome variable, with Dunn's pairwise post-hoc tests applied following any significant results. Epsilon-squared (ε^2) was computed as the effect size for each model.

A series of Kruskal–Wallis H tests were conducted to examine whether years of service was associated with the seven outcome variables listed in Table 6. The Kruskal–Wallis tests showed no statistically significant differences across service-length categories for *satisfaction*, *discontinuation, recommendation likelihood*, *perceived social support*, *anticipated continuation duration*, or *SDQ scores*. However, *burnout* showed a statistically significant difference across groups (p= .037), though the effect size was negligible (ε^2 = .04). Dunn pairwise comparisons were conducted with Holm correction to determine which years of service group/s were driving the difference. Two comparisons reached significance. Results showed that foster carers serving <1 year reported significantly lower burnout than those fostering for 1-5 years (Z = −2.56, p = .032), with a small rank-biserial effect size (r = .23). Similarly, carers fostering for <1 year also reported significantly lower burnout than foster carers fostering for >5 years (Z = −2.26, p = .048), also

representing a small effect (r = .21). This indicates that burnout is often more acute for foster carers the longer they have been fostering.

The discontinuation ideation measure was dichotomized to a score of 0 for participants who had considered discontinuing at some point (n= 67) and a score of 1 for those who had never considered discontinuing (n= 53). A logistic regression model including satisfaction, burnout, recommendation likelihood, anticipated continuation duration , support, and child SDQ scores was used to predict discontinuation. Burnout significantly increased the odds of discontinuation (OR = 1.64, p < .05), specifically, for each 1-unit increase in burnout, the odds of discontinuing increases by 64%. Higher child SDQ difficulties, namely children with higher behavioural/emotional difficulties increase the odds that carers consider discontinuing too (OR = 1.08, p < .05). Each 1-unit increase raises odds by 8%. Higher continuation intention significantly reduced discontinuation odds (OR = 0.72, p < .05), specifically each 1-unit increase reduces the odds by 28%. Satisfaction with fostering, perceived social support, and recommendation likelihood scores were not statistically significant predictors (p > .05).

Appendix 9: Demographic information of foster carers completing the survey (counts and percentages)

	Category	N	%
Age			
	18-44	17	14.2
	45-54	56	46.7
	55-64	40	33.3
	65-74	7	5.8
Gender			
	Female	105	87.5
	Male	15	12.5
Marital status[19]			
	Married/ In a registered civil partnership	77	80.2
	Never married and never registered a civil partnership	10	10.4
	Divorced/ Widowed/ Separated, but still legally married	9	9.4
Ethnicity			
	White Irish	111	92.5
	White Irish Traveller/ Any other White background	9	7.5
Education			
	Undergraduate or postgraduate degree or equivalent	63	52.5
	Post secondary school certification	31	25.8
	Leaving certificate/A Levels or equivalent	14	11.7
	Junior certificate/ GCSEs or equivalent/ No qualification	12	10
Region[20]			
	Dublin Mid Leinster	30	25.0
	Dublin North East	26	21.7
	South West	22	18.3
	South East	21	17.5
	North West	15	12.5
	Mid West	5	4.2
Accommodation			
	Owned	111	92.5
	Rented	9	7.5
Transport			
	Own car	117	97.5

[19] Not everyone was asked this question

[20] One participant did not respond

	Category	N	%
	Public transport	3	2.5
Economic situation			
	Employed (Full-time or Part-time)	48	40.0
	Homemaker/Caregiver	44	36.7
	Retired/ Unable to work/ Career break/ Unemployed	14	11.7
	Self-employed	14	11.7
Occupation			
	Professional occupations	45	37.5
	Caring, leisure and other service	28	23.3
	Retired / unemployed/ other	16	13.3
	Administrative and secretarial	12	10.0
	Managers, directors and senior officials	11	9.2
	Skilled trades	8	6.7
Solo / Joint carer			
	Joint foster carer	98	81.7
	Solo foster carer	21	17.5
	Prefer not to say	1	0.8
Type of care[21]			
	Emergency care	24	20
	Short term care	41	34.2
	Long term care	109	90.8
	Respite care	31	25.8

[21] Foster carers could select as many as appropriate, which is why percentages do not equal 100.

Appendix 10: Thematic structure and representative codes from foster carer interviews

Main theme	Sub-theme	Description	Representative codes (count)
Foster carers: early experience, recognition and voice	Early experience and preparedness	Beginning of a foster carer's journey and their preparedness; gap between expectations and reality.	Confidence to advocate (14), Proactive (11), Harder than expected (8), All-consuming/no time off (4), Overwhelmed (3), Tiredness (3), Isolation (3), Not knowing what they were doing (2)
	Experiencing the foster carer role: recognition and voice	How the foster carer role is positioned in the fostering system: extent to which carers feel valued and listened to.	Undervalued (14), Heard/respected (13), Unheard/disrespected (8), Mixed experiences (4), Solo fostering challenges (6), Blame/disrespect (5), Fear of child removal (4), Advocacy necessity (6), Lack of pension (2)
	Emotional impact of fostering	Accounts of both profoundly impactful incidents and burnout resulting from the cumulative build-up of stress over time.	Placement breakdown (12), Placement duration unpredictable (11), Allegations (4)
Meeting the needs of the child in care within the family context	Enjoyment and bond with the child in care	Positive relational experiences with the child fostering continuation.	Emotional rewards/bond (22), Observed progress (18), Positive interactions (10), Children met/exceeded expectations (7), Affection/love (6)
	Complexity of children in care's profiles and needs	Complex and behavioural needs associated with	Additional needs (11), Challenging behaviour (7), Impact of trauma (7), Teenagers (5), Slow progress (2)

Main theme	Sub-theme	Description	Representative codes (count)
		trauma and developmental struggles.	
	The wider foster family context	Community connections-motivating carers to begin fostering and sustaining them in the role. Impact of fostering on children of families who foster.	Personal/peer support (14), Benefits for own family (8), Adoption (7), Connection with birth families (5), Family support (7), Friends/colleagues (5), Neighbours (3), Peer interactions (4)
Support structures	Quality and consistency of support	Experiences of formal supports and the wider care system which varied in quality, consistency and accessibility.	Initial training (15), Valuable training (8), Support from professionals (13), Therapeutic support (13), Insufficient support (7), Workplace support (6), CASP (2), Peer support workers (2)
	Systemic barriers to support	Difficulties navigating agency processes, limited support and delays. Bureaucratic, administrative and systemic constraints.	Inconsistent staffing (21), High turnover (link workers 6, social workers 7), Delays in processes (17), Matching issues (11), Court procedures (9), Withheld/incomplete information (5), Processes unclear/unhelpful (5), Threats/blame (3), Bureaucracy (3)
Relationships, communication and information sharing	Relationships with foster care team members	Quality of communication and interpersonal dynamics between carers,	Positive link worker experiences (25), Negative social worker experiences (19), Positive social worker experiences (17), Pressuring behaviour (15), Lying (13), GAL (7), No social worker (5)

Main theme	Sub-theme	Description	Representative codes (count)
		foster care staff, and families.	
	Information sharing and communication needs and challenges	Information sharing and communication needs and challenges	Withholding information (15), Someone at the end of phone (n=12), Missing information (10), Documentation (8), Repeating information (6), Transparency (6)
	Decision making and foster carer inclusion	Decision-making processes and their impact on carers' sense of identity and voice within the care process.	Access (17), Birth parent want vs child's want (10), Consent (5)
Continuation and discontinuation factors	Factors associated with discontinuation	Systemic factors and challenges frequently reported influencing thoughts of discontinuation.	Emotional impact (14), Individual professional impact (7), Extreme negative impacts (7), Old age (6)
	Factors associated with continuation	Factors supporting continuation, primarily those related to the child.	Commitment (15), Attachment (14), Sense of purpose (8), Affection/love (6)

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