Care Experiences

Journeys through the Irish Care System

Factors associated with foster carer retention and attrition in Ireland

Plain English Summary

Childhood Matters

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Section 1 · Introduction

This research project was developed by the Care Experiences Programme, which is a research programme created by the Department of Children, Disability and Equality (DCDE). The aim of this research was to understand what factors influence foster carers to continue fostering (retention) or to discontinue the role (attrition).

General foster carers play an essential role in caring for more than 3,000 children in Ireland who cannot safely live with their birth families.[1] This research looks in particular at their role of 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.

Foster care is the main type of alternative care in Ireland. This reflects a strong focus on keeping children in family environments as opposed to residential or institutional settings.

Despite this focus on family-based care, the number of children in these placements appears to be declining. Over the past 10 years (2015 to 2025) there has been a reduction in the percentage of children in foster care placements, from 93 per cent to around 86 per cent, and an increase in the proportion in residential care from 5 per cent to 10 per cent.

Many other countries are also experiencing difficulties recruiting and retaining foster carers. While the number of foster carers recruited in Ireland each year does not appear to have significantly changed, retaining foster carers appears to be a growing challenge.

To help understand the factors influencing foster carers' decision to continue or withdraw from fostering, three research questions were proposed:

[1] Tusla (2026) *Quarterly Service Performance and Activity Report: Quarter 4 2025 (Version 1.0)*. Dublin: Tusla - Child and Family Agency. Available from: https://www.tusla.ie/uploads/content/Q4_2025_Service_Performance_and_Activity_Report.pdf (accessed 7 July 2026).

1. What factors support foster carers to continue fostering or influence their 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 'longer 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 foster child's needs?

This research project aimed to answer these questions using four strands of data collection:

1. a review of research papers looking at foster carer retention and attrition
2. a survey of 120 Tusla-approved foster carers asking questions about retention and attrition
3. interviews with 30 foster carers who were fostering through Tusla, to better understand their experiences
4. nine focus groups involving 28 foster care staff, to explore their views on foster carer retention and attrition

Section 2 · What we found

To answer the research questions, we collected and used information from a number of different sources. A lot of the information was the same across these sources, suggesting a clear picture of the things that are important to foster carers.

You can see a summary of the findings from each strand of the project below.

2.1 Review of the literature

We looked at 33 research papers from 8 different countries to understand what helps foster carers stay in the role and what makes them leave. Most of the research focused directly on foster carers, and most participants were married women aged around 40 to 50.

Continuation factors

The included studies showed that carers stay in the role for many different reasons, but the most important ones were:

- their commitment to the children
- positive relationships with foster care staff
- good support networks
- feeling valued and included

The strongest reason carers gave for staying in the role was often their relationship with the child. This commitment to the child often helped them keep going even when the role was challenging. Qualities like patience, resilience, flexibility, empathy, and confidence in their role also seemed important for motivating them to stay in the role. It also helped when carers had realistic expectations about fostering and understood how different it is to ordinary parenting.

Carers were also more likely to remain in fostering when they had good relationships with foster care staff and fostering agencies. Good relationships were ones where:

- there was clear and regular communication
- foster carers felt respected, listened to and trusted
- foster carers felt included in decisions and like part of the wider team around the child

Carers needed to receive a mix of practical, emotional and financial support from their children's social worker and fostering agency. They also needed access to training that could prepare them for the role and help them respond to specific challenges.

Family and wider support networks were also important factors. Carers were more likely to continue when their partner, children, extended family, friends, and other foster carers were supportive and involved. When the whole family felt positively about fostering, this helped carers manage the role.

Discontinuation factors

The review also found many reasons why carers leave the role. One of the biggest reasons, particularly for new carers, was when the reality of fostering did not match their expectations. New carers could feel overwhelmed, unprepared and unsure of how to cope, and these high levels of stress and burnout were linked to thoughts of stopping.

Many carers also found it difficult to support children with complex needs or challenging behaviour. When carers felt unsupported by foster care staff or services in caring for a child with additional needs, they were more likely to consider stopping fostering once the placement ends.

Carers in the research study also found placement endings very difficult. They spoke about the fear of placements ending suddenly and the grief of losing contact with the child. These experiences could be so painful that carers might not feel able to continue fostering and potentially go through the experience again. Another specific and very challenging experience for carers was that of allegation procedures, which itself could lead carers to withdraw from fostering.

Tensions and difficulties with foster care staff and services came up repeatedly as a major reason for carers discontinuing fostering. The most commonly reported challenges were:

- poor relationships with foster care staff
- lack of communication from children's social workers or services
- not being given enough information about the child
- feeling excluded, dismissed or unsupported when questions or concerns are raised

Carers taking part in the studies recognised the impact of wider systemic problems, such as high staff turnover and heavy workloads. They also highlighted gaps in available practical help, emotional support, respite, training, and financial support. They reported that inadequate supports resulted in increased stress and potential burnout among carers, which could lead them to stop fostering.

Difficulties within the foster family also influenced whether carers stayed or left. Conflict between foster children and biological children, a lack of support from partners or relatives, and having a limited wider support network all increased stress and made it harder to continue.

2.2 Survey of foster carers

This strand of the project reports on findings from a survey of 120 foster carers registered with Tusla in Ireland. The survey included both multiple-choice and open-ended questions. It examined carers' backgrounds, motivations for fostering, training experiences, challenges, levels of support, burnout, and whether they had thought about stopping fostering.

Who the foster carers were

Most carers who completed the survey were:

- women aged 45 to 54
- of White Irish ethnicity
- married or in a civil partnership
- homeowners with access to a car
- educated to university level

Many worked in professional or caring roles. Most fostered with a partner (joint carers) and mainly provided long-term foster care. On average, carers had been fostering for around 10 years and typically cared for 1 or 2 foster children at a time.

Why people become foster carers

Most carers said they chose fostering for altruistic reasons, such as wanting to:

- provide a child with a safe and loving home
- help children who have had difficult experiences
- contribute to their community or society

Some carers had personal experience of fostering through family or friends, while a smaller number began fostering because they could not have children or wanted to grow their family. Money or improving a marriage were rarely reported as motivations.

Training experiences

Most carers completed mandatory training before becoming approved foster carers, although the length and type of training varied.

After approval:

- nearly 90 per cent completed additional training, often in areas such as first aid, trauma-informed care or child protection
- around 30 per cent of foster carers already had professional experience working with children or families

Many carers felt that no training fully prepares someone for fostering, and that you only really understand fostering when you are actively engaged in it. The biggest barrier for carers completing training was a lack of time due to work, family commitments, meetings and appointments related to fostering.

Satisfaction with fostering

Foster carers were asked about their satisfaction with fostering, with most rating satisfaction as high (about 81 per cent).

According to carers, the most positive aspect of the foster carer experience was the relationship they had with the children in their care, with 96 per cent of carers rating this highly.

The next most positive aspect was support from friends – rated highly by 86 per cent of carers – and family, rated highly by 85 per cent. Most carers reported that they had received strong support from family, friends or a significant person in their life. Only one-third of carers felt they had received valuable support from other foster carers, although another one-third of carers felt they had not received this support.

A total of 77 per cent of carers said they were satisfied with their relationship with the child's school and counsellor, while 64 per cent said they were satisfied with the relationship they have with the child's social worker. A total of 61 per cent of carers

were satisfied with their ability to contact the child's social worker, and 61 per cent felt included in care planning and decision-making for children in their care.

Over one-half of carers (53 per cent) were satisfied with the allowance they received for fostering, but 80 per cent reported that there were additional costs not covered by the allowance.

While just under one-half of carers (48 per cent) felt they were appreciated in their role, the majority (93 per cent) felt satisfaction in helping children, and confident (92 per cent) in their being a good foster carer.

Main challenges of fostering

Carers were asked to comment on what had been the most challenging aspect of fostering. They named several key difficulties.

1. System and organisational issues

The most commonly reported challenge related to the foster care system and access to services were system and organisational issues. These included:

- feeling unsupported
- frequent changes in children's social workers
- poor communication
- delays in services or assessments
- limited involvement in decision-making

Many carers described feeling that they had to fight the system to secure supports.

2. Emotional strain

Fostering can be emotionally demanding. Carers reported:

- stress, anxiety, and burnout
- grief when a placement ends
- the impact of fostering on their own families
- juggling multiple responsibilities and appointments

3. Children's complex needs

Foster carers said that many children in care have trauma, attachment difficulties or behavioural challenges, which can be challenging for carers if they do not have sufficient support.

Around two-thirds of carers reported that at least one child in their care had additional needs.

On average, carers reported that children in foster care had more emotional and behavioural difficulties than is typical for children their age. While some respondents were provided information on children's diagnoses, such as learning difficulties or attention deficit hyperactivity disorder (ADHD), one-third of carers reported that they had received no information on diagnoses or areas of need for their child.

4. Working with birth families

Some carers found experiences with birth families emotionally challenging. Areas of particular challenge included:

- managing access visits with birth families
- maintaining relationships with birth families

- navigating allegations
- supporting reunification

Carers shared that it can be difficult balancing the needs of the child with the rights of birth families.

Impact of challenges

Burnout was quite common among foster carers, who reported having the following experiences:

- Forty per cent said they had experienced burnout occasionally over the past year.
- Thirty-six per cent said they had experienced burnout at least once a month or more over the past year.
- Twenty-four per cent said they had never experienced burnout.

Burnout tended to increase the longer carers had been fostering.

Thoughts about stopping fostering

Over one-half of carers (56 per cent) said they wanted to continue fostering for as long as they could. Around 43 per cent of carers had thought about stopping fostering at some point. These thoughts were most common among carers who had been fostering for 1 to 5 years. While 20 per cent of carers wished they had never started fostering, most carers (57 per cent) said they were very likely to recommend fostering to others.

When asked what would lead them to stop fostering, carers reported:

- lack of support

- managing the complex needs of foster children
- emotional strain
- retirement or reaching a natural endpoint when children grow up

What predicts carers thinking about leaving

We analysed the factors that are most related to carers thinking about leaving the role. We found that carers were more likely to consider stopping fostering when:

- they experienced higher burnout
- the children in their care had greater emotional or behavioural difficulties

Interestingly, overall satisfaction or perceived social support did not predict whether carers considered leaving, suggesting that emotional challenges may matter more than general satisfaction in supporting carers to remain in the role.

2.3 Interviews with foster carers

This strand of the project involved 30 interviews with foster carers about their experiences of fostering. Overall, carers described fostering as deeply meaningful and rewarding, but also emotionally demanding and often much harder than they expected.

Four main themes were identified, each of which had a number of sub-themes reflecting different aspects of the foster carer experience.

Theme 1: Early experiences, finding your voice and feeling recognised

Over one-half of carers said the first 1 to 2 years of fostering were difficult and involved a steep learning curve. Although some found the initial training helpful,

many felt that no training could fully prepare them for the demands of the role. Many carers spoke about the adjustment to caring for children with complex needs but equally shared that they had had profoundly rewarding and positive experiences with children.

Carers also spoke about feeling unheard or undervalued. Over one-third felt they were not treated as equal partners in the child's care by care services, despite being the people providing day-to-day support. Some described being listened to but not shown genuine respect or included in decision-making. This feeling of being dismissed, judged or only partly consulted was a major source of frustration. Over one-third of carers felt their views were respected or had grown to be respected over time. Carers also spoke about their own journeys and growth in confidence, having learned how to advocate more strongly for themselves and the children in their care.

While this subject was not asked directly in the interviews, the emotional impact of fostering came through strongly in carer narratives. Carers described both the gradual build-up of stress leading to feelings of burnout, as well as specific and very difficult experiences and incidents. Ongoing challenges contributing to burnout included caring for children with complex needs when supports were not available, inconsistent or unavailable emotional support, feelings of isolation, and feeling unheard by foster care staff. Specific experiences that could lead carers to discontinue the role included allegations, placements ending due to reunification and placement breakdowns.

Despite these challenges, more than one-half of carers said they would still recommend fostering to others.

Theme 2: Caring for a child in a family setting

Foster carers consistently described the children themselves as their main source of meaning and motivation in caring. Over two-thirds of carers spoke about the bond and love they share with the children, the joy of everyday moments and the fulfilment of seeing the children settle and grow. Watching the children progress, become more confident and thrive gave carers a sense of purpose, while being able to advocate for new opportunities and experiences for foster children felt deeply rewarding.

Almost one-quarter of foster carers had gone through or were in the process of adopting children in their care. Many considered this as a way to fully integrate children into the family and provide stability, but some found it to be a slow and confusing process.

At the same time, over three-quarters of carers described the needs of children in their care as highly complex. They spoke about trauma, medical needs and behavioural challenges, as well as the unique demands of caring for teenagers. These difficulties were not always viewed as problems in themselves, but carers felt that their relationship with the child could suffer when they lacked the right support, information or services.

Wider family and support networks were important in helping and supporting foster carers through difficult periods. Family, friends, neighbours and other foster carers often played an important role in helping carers keep going. Experiences within the foster family were mixed. Some carers spoke about the positive benefit of fostering for their own children and family life, while others described tensions between family members or worries about the impact on their own children. These types of challenges were complex and could leave foster carers feeling guilty and like they were being pulled in different directions.

The experiences of the relationships with the birth families of foster children were also mixed and complex. Some carers described positive experiences of

cooperation and shared care with birth families, while others had experienced conflict and been exposed to risky situations.

Theme 3: Support structures

Foster carers described needing and accessing a broad range of supports. Twenty per cent of carers mentioned receiving peer support from other foster carers. They often met these peers through coffee mornings, support groups and social media networks, as well as the new peer support worker pilot scheme in Tusla.

Carers also mentioned practical and therapeutic supports, including assessment services for children, but nearly one-third of carers found such supports difficult to access, delayed or insufficient. Many described having to pay privately for support.

This could potentially lead to financial pressure, which one-half of foster carers mentioned was a challenge. Financial concerns related to caring included unclear and insufficient entitlements and allowances, unexpected costs and delays in getting reimbursed.

The most common challenge with the fostering system was inconsistent staffing. Carers felt changes in their fostering link workers and children's social workers made it difficult to build stable working relationships. Children could also have periods without a children's social worker, which meant delays in things like assessments or getting medical information. Carers reported waiting for reimbursements or being stuck in allegation procedures because social work staff were unavailable or changing.

Almost one-third of foster carers also mentioned rigid and inflexible procedures as a challenge. They felt that that these procedures did not fit with the day-to-day realities of foster care and added an extra burden on carers. There was also a challenge when matching children with placements, and carers felt that this matching was often based on organisational need rather than suitability.

Carers had different experiences of placement matching. While some felt that they had been pushed into unsuitable placements, others shared unexpectedly positive placement matches. Placement durations were also noted as being unpredictable, with carers giving examples of placements lasting longer than planned, which made it harder to manage work, family life or other fostering commitments.

Foster carers mentioned several specific processes, including respite and aftercare. Over one-quarter of foster carers wanted respite placements, although they felt it was difficult to ask for respite which was hard to access. While only a few foster carers mentioned aftercare, they considered it to be a deeply isolating and uncertain time for young people. Carers worried about this change, particularly what would happen to their supports and how they would continue to care for the young person.

Theme 4: Relationships, communication and information sharing

Foster carers described very different experiences depending on the foster care staff they worked with. Foster care staff had a large impact on foster carers' experience and equally their willingness to continue fostering. Even when their experiences were positive, carers mentioned staff turnover as a dominant challenge. Changes in foster care staff made it hard for foster carers to develop and keep the relationships they needed to support them in their role.

Fostering link workers were generally viewed positively, with most carers valuing their responsiveness, availability, and practical guidance provided. The relationships that carers had with their fostering link workers varied, with some preferring more hands-on involvement, while others preferred minimal contact.

In contrast, carers' experiences with children's social workers were more mixed. Some carers described foster care staff being supportive and committed, particularly those they felt to be professional and invested in the child. Other carers

reported having strained relationships with care staff, marked by poor communication and information sharing, and difficulties accessing support. Carers considered differences in power and authority between themselves and children's social workers to be a part of this strain, as was frequent turnover of staff. This turnover meant that carers often worked with many different children's social workers over time, which made it difficult to build stable relationships.

Over one-third of foster carers mentioned guardians at litem (GALs), who they generally viewed as helpful advocates for children. Carers also viewed them as helpful when disagreements occurred with other foster care staff. A small number of carers reported having negative experiences with GALs, where they felt disrespected or that the GAL was advocating for the child's birth parents over them.

Information sharing was a significant concern for many carers. A large proportion felt that important information about children's histories, needs or risks was incomplete or not shared with them. There was both a practical and an emotional cost to not having adequate information, with carers left feeling unprepared and sometimes mistrustful of foster care staff because of this.

Many carers also described the importance of communication and responsiveness from foster care staff. Many carers considering having someone answer or return calls quickly to be a protective factor, although there was a lot of variation in experiences around this. Over one-third of carers had experienced stress when they could not reach foster care staff, while others spoke about having to repeatedly chase information or support. Carers also wanted to be respected and listened to when communicating with foster care staff, with some carers saying they wanted foster care staff to listen more.

Closely related to communication was the importance of being included in decision-making. Carers specifically mentioned decisions around access with birth families and reunification. Carers stated that these decisions often felt more driven

by procedures than the needs of the child, and they gave examples of having to facilitate logistically challenging or very difficult and distressing access visits.

Carers also expressed frustration with having to wait for permissions and approvals from children's social workers to make medical or school-related decisions. They felt that this undermined their parental role. A small number of carers also felt that the court process lacked transparency and that foster carers should have more voice and visibility within this.

Discontinuation and continuation factors

A total of 26 out of 30 foster carers interviewed said they had thought about stopping fostering at some point. Even with this large number, over one-half said they would still recommend fostering, showing that many carers see the role as meaningful even when it is challenging.

The main reasons carers thought about leaving were system-related pressures or challenges with foster care staff rather than the children themselves. Specific examples of this were carers feeling unheard or disrespected, as well as frustrations with bureaucracy or information sharing.

Emotional strain and burnout were also common reasons for carers thinking about stopping. Carers described specific situations or incidents of intense stress, exhaustion, and heartbreak, such as placement breakdowns, allegations or reunification. Others felt that stress built up gradually over time rather than being caused by one specific event.

While over one-third of carers stated that they had fostered a child with complex needs and behavioural difficulties, just over one-quarter of carers felt that these challenges may influence decisions to continue foster caring or not.

One-fifth of carers mentioned reaching an advanced age or life stage as a reason for discontinuing fostering, reflecting that this marked a natural end to their

fostering journey. Some also mentioned adoption as being another form of natural end to their journey.

Carers also shared many reasons why they continued fostering. The strongest reason was their commitment to the children currently in their care, with many carers feeling a strong responsibility to do what is right for the child by continuing to provide them with stability and consistency. Many also spoke about the love and attachment they had developed with the child, which motivated them not to 'give up'.

Some carers described fostering as giving them a strong sense of purpose and fulfilment, while others said that support from particular foster care staff, such as fostering link workers, had helped them continue during difficult periods.

2.4 Focus groups with foster care staff

This strand of the project involved 9 focus groups with 28 foster care staff. We invited fostering link workers, children's social workers, GALs and peer support workers to take part. They were asked about their experiences of supporting foster carers and what they felt were the factors behind carers staying in or leaving the role.

Changes in fostering

Focus group participants felt that fostering has become much more complex over time. They said that children are coming into care with higher levels of trauma, complex needs and disabilities than they have had in previous years. At the same time, foster carers are being expected to manage these needs without always having the level of training, support or specialist input required. Foster care staff also felt there was a difference between foster carers' perceptions of fostering and the realities. They mentioned that this difference resulted in challenges, such as the

expectation that every child will have a children's social worker, which is not the case, and the increase in carer households where both foster carers work.

Participants felt there had also been a number of changes to the wider foster system over time. These included shortages of children's social workers and higher staff turnover; increased court involvement, particularly around access arrangements with birth families; and regional differences in support and information sharing. Foster care staff felt that their roles had become more administrative and crisis-driven, with less time available for relationship-based work. This often left carers feeling unsupported, unheard and overburdened.

Continuation factors

The strongest reason foster care staff believed carers continue fostering was their emotional connection to the child. Care staff saw carers as staying in the role because they care deeply about the child, want to provide them with safety and stability, and also find meaning and fulfilment in helping and seeing children grow and thrive. Foster care staff considered this commitment to the child to be inherently rewarding for carers, often sustaining them through difficult periods.

Another important protective factor for carers was having a consistent and trusted relationship with a fostering link worker or other foster care staff member. Foster care staff said carers were more likely to continue when they felt listened to, understood, respected, and supported over time by someone who knew them well.

This was closely related to the theme of recognition and voice. Foster care staff believed carers were more likely to stay in the role when they felt genuinely valued as knowledgeable partners in the child's care. Foster care staff believed carers felt valued when foster care staff communicated clearly and respectfully, provided information about the child and placement, sought carers' input in decisions, and

listened to them. Foster care staff saw carers as being more engaged and better able to sustain their role when they felt part of the team.

Practical and therapeutic supports were also named as key protective factors for carers. Foster care staff felt that therapeutic supports worked best when they could be provided internally by Tusla, but they emphasised that the priority should be continuity and accessibility. Care staff named a number of important supports for carers, including therapeutic input, respite care, training, financial remunerations, peer support and family support.

Discontinuation factors

Foster care staff talked much more often about the reasons carers think about leaving fostering than the reasons they stay. Their main points related to difficult relationships with foster care staff and systemic issues in fostering.

Foster care staff described carers as becoming worn down over time by poor communication, a lack of recognition, not being listened to, and not being included in decisions. Examples were given of foster carers being dismissed, spoken down to, or paid 'lip service', which left them feeling unvalued and excluded despite their being the people most responsible for the child. While positive experiences were often linked to individual foster care staff, negative experiences were seen as more widespread across the system, including things like delays in getting support and repeated staff changes.

Foster care staff also described the heavy emotional strain of fostering as a factor in possible decisions to discontinue. Sometimes this was the result of a single major event, other times this stress and strain built up over time through a combination of constant demands made on carers, a lack of respite and their feeling unheard or that their concerns were not taken seriously. Over time, this build-up of strain could lead to burnout and thoughts of leaving.

Specific major events mentioned by foster care staff included allegations, access arrangements, as well as placement endings due to reunification.

Foster care staff felt that the allegation process was very long and isolating for carers, who may receive limited information and guidance during this. Foster care staff considered that fear of allegations, or the impact of having gone through one, had a lasting effect on carers and their families.

Foster care staff also named access arrangements as significant sources of stress for carers. They considered court-ordered and rigid access arrangements to be difficult for carers to accommodate, particularly if arrangements were a difficult experience for the child, or occurred frequently and at a faraway location from where carers live.

Respondents felt that the supports available sometimes did not match the needs of carers, particularly where practical rather than therapeutic support was required. Differences in available services between regions meant that carers could receive different levels of support, while high turnover and limited availability among care staff meant supports might be inconsistent or patchy.

Foster care staff priorities for change

The main priorities for change identified by foster care staff were:

- recognising, respecting and listening to foster carers
- improving trauma-informed training and preparation
- reviewing and reforming the allegation process
- improving staffing and continuity
- ensuring timely access to practical supports
- strengthening peer support and community for foster carers
- reviewing financial and structural supports

Section 3 · Bringing it together

This section brings together the findings from all four strands of the research. The main finding is that most carers are satisfied in their role and are motivated to continue fostering as long as they can. Most foster carers would also recommend fostering to others but would want future carers to have a realistic expectation and understanding of the role.

The relationship foster carers develop with the child in their care is the primary motivation to continue in the role. Carers often first start fostering for altruistic reasons and through the journey get to experience the reward, joy, and love of caring for a child. Carers usually do not leave the fostering role because they lack commitment or affection for the children. Instead, they are more likely to think about leaving because of stress and burnout, often related to poor support, poor communication and other problems within the wider system.

The key factors that emerged across the different parts of the research are given in Table 1.

Continuation factors	Discontinuation factors
Relationship with, attachment to and commitment to the child in care	Burnout and emotional exhaustion
Altruistic and values-based motivation to foster	Child having complex needs, including emotional, behavioural, developmental or trauma-related needs
Realistic expectations and clear understanding of the fostering role	Feeling unprepared for the reality and complexity of fostering
Positive relationships with foster care staff	Staff turnover, staffing shortages and lack of continuity in relationships between staff and carers

Feeling heard, respected, included, and treated as part of the team around the child	Poor communication or lack of responsiveness from foster care staff, including bureaucracy, delays, unclear processes, and procedural demands
Timely, practical and emotional support from services	Feeling unheard, undervalued, excluded, or not recognised as part of the team
Access to peer, family, community and informal support	Inconsistent, delayed, reactive or unavailable support, including difficulties accessing respite, therapeutic support or practical help
	Difficult specific experiences around placement breakdowns or endings, reunifications or allegations against foster carers
	Natural endings to fostering, such as age, retirement, illness or life changes

Table 1.

Expectations versus reality

Many carers said that fostering is harder and more complex than they expected, especially in the first 1 to 2 years.

Most had completed training, and many valued it, but a lot of carers felt that no training could fully prepare them for the uniqueness of each child and the realities of fostering. They described the early years of fostering in particular as being overwhelming and emotionally intense. Foster care staff also felt that fostering had become more complex over the years and that foster carers were increasingly expected to work with more difficult presentations and manage more responsibilities. Over their journey, carers usually became more confident and able

to advocate for themselves, and they also developed a stronger sense of themselves in the role. Carers often wanted more practical, child-specific guidance, especially around day-to-day issues, while foster care staff felt fostering was becoming more procedural and less relationship-based, which could make this support hard to provide.

Even with these challenges, most carers still said they were satisfied with fostering overall and would recommend fostering to others. When looking at the survey and the interviews, the data around satisfaction with fostering seemed at odds with the level of reported challenge and strain among carers. These findings should not be considered contradictory, but rather as a reflection of the complexity of fostering. Carers may feel deeply committed to fostering and value the relationship with the child, while also experiencing high levels of stress, frustration and unmet need. Some carers, particularly those with more experience, may become accustomed to ongoing pressure or limited support, and this may not change how they describe their overall commitment to fostering.

What helps carers continue fostering

The strongest reason carers continue is their relationship with the child. Across the strands of the project, carers described continuing because of:

- the love and bond they have with the child
- commitment to the child
- seeing the child grow and develop
- a strong sense of empathy, compassion, and responsibility

This was understood by both carers and foster care staff, and highlights the importance of prioritising, promoting and supporting this bond when working with foster carers.

What makes carers think about stopping

Across the strands of this project, thoughts about discontinuing were closely related to systemic and relational problems, rather than the child themselves. While positive relationships with the child were a protective factor, difficult or strained relationships with foster care staff and the system were a risk factor for discontinuation.

The main systemic difficulties were:

- difficulties or delays in getting help from foster care staff and services
- poor or incorrect support
- high turnover of children's social workers
- poor communication with professionals
- not receiving accurate or enough information about the child
- feeling excluded from decisions
- bureaucracy and rigid systems
- financial strain

Carers often felt they had to fight to receive support, and that support sometimes only arrived when things had already reached crisis point.

Burnout and emotional strain

Respondents named burnout as one of the clearest warning signs that a foster carer is at risk of stopping. Carers with higher levels of burnout were more likely to have thoughts about discontinuing, and they described this happening in two ways:

1. A major stressful event

When interviewed, foster carers stated that specific incidents that were highly stressful, upsetting, and difficult were:

- placement breakdowns
- reunification
- allegations
- serious incidents or safety concerns

When these incidents occurred, carers needed a higher level of support and often felt that this support was not available or enough.

2. Stress building up over time

The second way that burnout occurred was a build-up of stress over time. Carers gave a number of examples of the different types of stresses that could build up. These included:

- ongoing difficulties accessing support
- the emotional strain over time of caring for children with complex needs
- difficult access arrangements with birth families
- repeated communication barriers or breakdowns with foster care staff
- feeling unheard or undervalued in interactions with foster care staff
- money pressures

This research project highlights that, while there are specific areas of the foster carer experience to be targeted, burnout can also build slowly, even when placements seem stable. It is therefore important to also recognise the day-to-day

pattern of stresses and provide carers with support before things reach breaking point.

Meeting children's needs

Another major factor linked to carers thinking about leaving was the high level of need among many children in care. Carers who supported children with more complex needs were more likely to have thought about discontinuing. While carers remained committed to the children themselves, thoughts of discontinuing could occur when carers felt they or the child did not have support around these needs. Foster care staff also felt that the level of need among children had increased over time.

The types of needs carers spoke about included:

- trauma
- behavioural difficulties
- developmental or medical needs
- disabilities
- mental health difficulties

Carers were often expected to manage very complex needs without enough training, services or practical help. This placed pressure not only on carers themselves, but on the whole foster family. Respite was specifically mentioned by some carers, although this was felt to be difficult to access.

Support and systemic problems

Carers highlighted the need for support to buffer against the emotional stress and strain of the role. While some had found the support they received helpful, many

felt it was too little too late, or did not match what they needed. Carers also felt they needed to reach out and ask for help, as fostering teams were not proactive in checking in with them. Carers felt that it takes time to find their voice to advocate for themselves, which could mean they are holding or managing challenges alone.

Carers often wanted:

- immediate practical help before the longer-term therapeutic support
- someone to listen and understand
- respite
- timely services

But what they experienced were sometimes:

- delayed or limited responses
- overly formal processes
- support only in crisis
- help that did not fit the problem

Some carers also felt afraid to speak honestly about struggling because they worried the child might be removed from their care.

Relationships with foster care staff

A key finding was the importance of the relationship between the foster carers and foster care staff. While carers felt that their relationship with the children in their care was the main protective factor, they also felt that their relationships with foster care staff could support placements or where relationships were not good, they could pose challenges. Good relationships with staff could help placements continue. Poor relationships could push carers towards leaving.

What mattered most was whether carers felt:

- heard
- respected
- valued
- included in decisions
- taken seriously as part of the team

Areas where carers said they felt unheard, undervalued or left out included decisions about care planning, access arrangements with birth parents and consent decisions.

Frequent changes in children's social workers made this worse, because carers had to keep rebuilding relationships. Other challenges to the relationship with foster care staff included carers:

- being unable to reach foster care staff
- not receiving a response from foster care staff
- not being given enough information
- feeling spoken down to or paid 'lip service'
- not being considered in decision-making

Communication and responsiveness were key factors within this relationship.

Section 4 · Limitations and recommendations

- Foster carers chose to take part in the study, which means we may have heard more from those with strong or negative experiences.
- Foster carers may have found it easier to talk about challenges and difficulties rather than positive aspects of the role.

- The number of foster carers who completed the survey was smaller than we hoped, which means it may not reflect the views of all foster carers.
- Some carers shared with us that they were afraid to take part because of concerns about confidentiality or how the information might be used.
- This research project only looked at general foster carers who are currently fostering through Tusla. We did not hear from relative foster carers, foster carers who had already left fostering or foster carers who foster through private agencies.
- We asked carers if they had thought about leaving fostering. Carers may think about leaving but then remain, or may not initially have thought about leaving but then ultimately decide to do so.
- Burnout was measured using only one question. Burnout is difficult to measure, and our question may not fully capture what this feels like for carers.

Recommendations for foster care

A number of recommendations were made covering practice, therapeutic supports, structural change and workforce planning.

Communication

1. Tusla should respond to foster carer queries more consistently and set clear response times across all regions. Tusla should also make a long-term commitment to ensuring that foster carers' calls, emails and queries are not left unanswered. If a response is not received within the agreed time frame, there should be a clear follow-up process. This should also be measured as part of service planning.

2. This research supports the *Tusla Charter for staff and foster carers* and the 'Fundamentals of good communication: How to have effective everyday conversations' as found on the Tusla website. Tusla should review how these documents are being used in practice, with a focus on making sure open, respectful communication happens consistently. This review should also look at whether information about children's needs and known risks and changes affecting the placement are being shared clearly and consistently with foster carers across regions.

3. Tusla should update its policies so that foster carers are given all relevant information about the child in their care, unless there is a clear reason not to. Foster carers should know what information they can expect at the start of a placement and throughout the placement. There should also be a clear process for carers to follow up with care staff when information is missing.

4. Tusla should ensure that foster carers have clear and fair access to information about supports and entitlements linked to the child's needs. This should include information on reimbursable costs, foster carer rights, respite and the full range of supports available.

5. This research highlighted the important role played by the Irish Foster Care Association (IFCA) in providing foster carers with clear, accessible and up-to-date information about their rights, entitlements and available supports. IFCA should continue to invest in information and education resources so that foster carers can easily find the information they need.

Inclusion and recognition

6. The Department of Children, Disability and Equality (DCDE) should review the language used to describe foster carers and the wider foster care network. Particular effort should be made to use terms such as

'professionals', so that foster carers are recognised as experienced and knowledgeable members of the team around the child.

7. Tusla should update practice policy so that foster carers are included in meetings about decisions and care planning for the child in their care as standard. If carers cannot attend, there should be a clear reason for this, a structured way for their views to be shared, and feedback on how decisions were made.

8. Tusla should involve foster carers and care-experienced adults more fully in reviewing the Integrated Reform Programme. This should include a clear involvement strategy, with foster carers and care-experienced adults represented on user panels across each proposed region.

Relationships with foster care staff

9. Those working with foster carers should recognise that strong relationships between carers and foster care staff can help carers to continue fostering. Carers should have consistent access to a dedicated fostering link worker who knows the family and the child.

10. Foster care staff should make time to build relationships with foster families. They should also recognise when relationships have become strained and take steps to repair them.

11. Fostering link worker teams should have clear ways to respond when relationships between carers and fostering link workers become difficult or break down. The role of the fostering link worker in helping carers navigate these difficulties with other members of the network should also be made clearer or expanded.

12. IFCA, through its National Helpline Service and their National Advocacy Service, as well as their engagement with other national stakeholders, should

continue to support and advocate for practice which recognises the importance of maintaining and supporting relationships with foster carers in Ireland.

13. Tusla should review how often children's social workers and fostering link workers visit foster families, to ensure that practice is in line with regulations and national standards. Tusla should also consider whether current visits allow enough time for relationship-building and identify potential blocks to this.

Recognising and responding to burnout early

14. Tusla should build a stronger focus on foster carer well-being. This should include helping staff and carers recognise the risks and signs of burnout, as well as putting supports in place to prevent burnout or help when it occurs.

15. This research supports the roll-out of Tusla's LENA service of national counselling for foster carers and recommends that Tusla evaluate this support and seek continued funding beyond the first year.

16. Tusla and IFCA should work together to map what services and supports are currently available for foster carers experiencing stress or burnout.

Checking in with foster carers at key points

17. Foster care staff working with carers should take responsibility for noticing and naming possible stress and burnout. Foster carers should be contacted regularly as part of this, even when placements appear stable.

18. Tusla should update its policies and procedures so that care staff are checking in with foster carers at key points, including when new placements

start, during reunifications, when children enter aftercare, and when foster care staff change.

Improve access to specialist services

19. Tusla and the Health Service Executive (HSE) should review how children in care access primary care, mental health, and disability services. This should include looking at acceptance rates, waiting times, and care pathways, so that barriers to timely support can be identified.

20. Tusla and the HSE should work together to develop and expand specialist trauma and attachment-informed services for children in care with complex needs.

21. Therapeutic services and fostering teams should recognise the importance of supporting the carer–child relationship. Support should include help with bonding or relationship difficulties where needed.

22. Tusla should also recognise the need for short-term practical support for carers during periods of crisis. This should include access to respite and practical in-home supports, such as Meitheal.

Strengthen peer support

23. Tusla should expand peer support across regions, including the recently piloted peer support worker role.

24. Tusla and IFCA should develop a clear plan for ongoing joint work to strengthen opportunities for foster carers to connect, share experiences and support one another.

Similar practice across regions

25. Tusla should ensure that access to services and supports are the same across regions. It should also ensure that procedures around decision-making are the same across regions.

26. Tusla should measure whether foster carers have fair access to services across regions. Where a service is not available in one region, Tusla should consider ways for carers or children to access support from another region.

Review of both access and the allegation process

27. DCDE and the Department of Justice should consider research around how access arrangements between children in care and their birth families are decided and who is involved in the decision-making process. This should lead to the development of good practice guidance for decisions made by Tusla and the courts. Decisions about access should be consistent and child-centred, and should consider the impact on both the child and the foster family.

28. Foster care staff should ensure that foster carers are included in planning access arrangements with birth families. Carers should be supported to share how access affects the child, themselves and the wider foster family.

29. Tusla, in consultation with IFCA, and the Ombudsman for Children's Office should consider commissioning research on allegation procedures involving foster carers. This research should examine how allegations are currently managed; whether they are timely, fair, transparent and supportive; and what changes are needed. It should include the views of foster carers, care-experienced young people, social workers and other key stakeholders.

30. Tusla and IFCA should work together to review what support foster carers and their families need during allegation investigations. The purpose should be to develop clear supports for use during this process.

Staffing

31. This research supports the *Tusla People Strategy: 2025 to 2027*, particularly the focus on recruiting and retaining staff.

32. Foster care staff should have regular reflective supervision. This can support staff well-being and help them to work in a more relational and effective way with foster carers.

33. Tusla should consider investing more in administrative support for foster care staff. Reducing administrative pressures would help staff spend more time on relationship-based work with carers and children.

Review of training and embedding of lived experience

34. Tusla and IFCA should carry out a joint review of foster carer training needs. This should look at what training is available, how it is being used and where gaps remain.

35. Tusla should continue to involve foster carers and care-experienced people directly in designing and delivering training for both carers and foster care staff.

36. Tusla should review and update training materials to ensure they reflect modern foster families, taking into account different backgrounds, cultures and family structures.

37. Training should help foster carers develop realistic expectations of the role. It should include opportunities for carers to reflect and think about expectations.

38. Tusla should continue to support ongoing learning and reflective practice for both carers and staff.

39. Fostering link workers and internal facilitators should receive specific training in reflective supervision, so they are equipped to support this part of the role.

Recommendations for future research

The type of research still needed to fill the gaps in what we found are:

- a larger survey of foster carers in Ireland which includes relative foster carers and foster carers from private agencies
- research which follows carers over time to understand how burnout develops and how carers manage this
- research which interviews carers who have stopped fostering
- research looking at specific areas of fostering, such as the allegation process, communication and information sharing with foster carers, and the experience of access arrangements with birth families
- research which follows carers over time to understand how the different types of stresses impact on them, and tries to predict when carers are at risk of leaving

www.gov.ie/CareExperiences