1. INTRODUCTION

1.1 Background

Children and young people in care are among the most vulnerable groups in society, with a majority of children taken into care having experienced maltreatment or abuse (Department for Education, 2023a). In 2023, there were almost 84,000 children looked after in England, approximately 70% of whom are cared for in foster placements (Department for Education, 2023a). High-quality foster care has the potential to transform the lives of vulnerable young people. Yet despite more children than ever needing foster homes, a decrease in new applications to foster and an increase in the number of carers leaving the role means that the net number of non-kinship fostering households has fallen by over 2,000 since 2021 (Ofsted, 2023), leading to a crisis in the recruitment and retention of carers (Fostering Network, 2021). Perceived lack of support is one of the most cited reasons for leaving the role (Fostering Network, 2021).

Many fostering services offer some level of support and training to carers both before approval (such as the Fostering Network's "skills to foster" course (2024)) and post-approval, to support them in maintaining their training and development portfolio (Department for Education, 2011). However the absence of high-quality and evidence-based support and training for foster carers has been identified as one of the key reasons why recruitment and retention of carers in the UK is such a challenge (Narey and Owers, 2018). This is reflected in recent reviews, including the Independent Care Review, and Government review of Social Care, which both emphasise the need for evidence informed practice, including evidence around the successful recruitment and retention of foster carers (Department for Education, 2023b; Competition and Markets Authority, 2022). The Independent review also underscored the importance of taking an anti-oppressive and inclusive stance (British Association of Social Workers, 2022) to ensure evidence and practice reflect and respond to the diversity among the carer population. Similarly, the Fostering Network suggest that recruitment and support strategies need to be examined in relation to different demographics, in particular different ethnicities (Ott et al., 2023).

To effectively utilise robust evidence to inform foster carer support and retention, it is essential that research is conducted in a way that represents the diverse range of experiences from different groups (Government Social Research Profession, 2022). Inclusive research takes time to understand a multitude of perspectives and to ensure that diversity is integrated into the research process from conceptualising need to methods of approach, analysis, and sharing outcomes. Lack of diversity among participants in research studies means that it is harder to generalise findings and may result in missing unique features of some groups, which can lead to the perpetuation of these groups experiencing inequalities in service provision (Diaz, 2012; Witham et al. 2020). Additionally, researchers have both a legal obligation not to discriminate based on participant characteristics (Equality Act 2010) and a moral duty to conduct inclusive research for the benefit of a given community (Boelman, Bell and Harney, 2021). Within foster care, understanding of family systems and support needs is likely to positively impact recruitment and retention of carers but missing out voices of all communities means that we risk making services and support for carers less relevant or impactful. For example, by including voices from a range of ethnicities in research, we can better understand nuances in their experiences and needs based on culture, which will enable research-based interventions to better respond to their needs.

Research in fostering contexts, therefore, should represent the diversity of foster carers within the UK and consider a range of demographic characteristics, and their intersections. Unfortunately, reliable statistics reporting the demographics of foster carers in the UK are severely lacking. National statistics are only available for England, and they are reported in broad categories, for example 82% of carers are reported as White. Ofsted report that 40% are over 50 years old (Ofsted, 2021). In 2012, McDermid et al. (2012) conducted a literature review which indicated that a higher proportion of foster carers have no educational qualifications and a lower-than-average household income, compared with the national population. Other demographics, such as sexual orientation or gender, are not reported nationally. Reporting of demographic data for children in care is also poor. Available data indicates that children in the UK are more likely to be in care if they are male, or if they are of Black or mixed ethnicity (NSPCC, 2024; Office for National Statistic, 2023). Notably, these statistics relate to all children looked after, and does not distinguish between the 70% of those whom are in foster care compared to other forms of care (Department for Education, 2023a).

The demographic data on foster carers describes the overall workforce, rather than those who take part in research. Under-representation of specific communities within research is not a new concern per se and is well-recognised within health contexts (NIHR, 2020). For example, reviews of clinical trials have highlighted the under-representation of people experiencing economic disadvantage (Furler et al., 2012; Petkovic et al., 2020) minoritised ethnic groups (Dawson, 2022, Bignall et al., 2019) older people (Goodwin 2023) and adults lacking the capacity to consent (Sheperd, 2020). Similarly, the barriers to participation in research for underserved groups are also well-documented, including structural barriers, inadequate research infrastructure, and a lack of trust in research among some communities (Bodicoat et al., 2021; Witham, 2020). However, less is known about the state of representation within foster care research, although it is likely to exemplify the same issues.

To address these concerns, several guidelines and frameworks have been developed to increase diversity in health and social care research participation, including the National Institute for Health and Care Research’s Equality, Diversity and Inclusion toolkit (NIHR, 2022), and the Guide to inclusive social research practices (Government social research profession, 2022). However, evaluations into the success of efforts to increase inclusivity within social care research is still lacking. Furthermore, these frameworks again focus on medical contexts, while children’s social care research is largely neglected. This results in a significant gap in understanding how representation and inclusivity of under-served groups is conceptualised and addressed within children’s social care research, including research conducted in foster care settings.

1.2 Objectives

Given that foster care is the most common placement type for children in out-of-home care in England and Wales (Department for Education, 2023a), it is essential that evidence-based practice represents all those who make up the community of foster carers in the UK. However, there is currently no overview of how representative or inclusive research with the foster carer community is. Therefore, to progress representation in this context, this scoping review assessed:

1. Who takes part in foster care research undertaken in the UK?

2. What is the nature of reporting on the individual personal social, demographic, and wider attributes of foster carers in these studies?

3. How have researchers in foster care settings adapted methods to be more inclusive of the diversity of carers?

Scoping review methodology was chosen to explore these questions due to the broad research aims of this paper. The sociopolitical language around evidence-based practice is changing and the importance of representation and inclusion is clearly on the agenda for policy makers. However, there is currently no clarity around who is underserved in research with foster carers, making it extremely difficult to determine how representative and inclusive current research is. Therefore, this scoping review is designed to act as a starting point to describe the key trends in representation within research with foster carers, using this to identify research participation priorities for the future.

For the purposes of this review, foster carers are defined as anyone who provides temporary care for a child, who is not their parent by birth or adoption, appointed by a local authority or approved agency, and therefore includes kinship, emergency, respite, remand, short-term and long-term fostering arrangements. However, this does not include informal kinship care, or special guardianship, as these are not fostering arrangements. As this is a UK-wide review, it should be noted that the laws, policies and procedures which determine the appointment of foster carers varies across the devolved nations.

2. METHODS

2.1 Protocol and registration

The protocol for this review was registered with OSF registries (ID RWGMC) (https://doi.org/10.17605/OSF.IO/RWGMC)

2.2 Eligibility criteria

Studies were included if they were conducted with a sample of UK foster carers. This includes qualitative and quantitative research, and any empirical study design, excluding case studies. Only studies published in English were considered, as the focus was on foster carers in the UK. Studies published since 2010 were included; this was the year that the Equality Act was introduced into UK legislation, prohibiting discrimination of individuals because of their protected characteristics, actual or perceived, so can be considered a marker in the UK for the recognised importance of monitoring and including participants from all demographics. Grey literature was not included, as this was not feasible within the timeframe or resources of this review.

2.3 Information Sources

Searches were undertaken using three databases: Scopus, Cochrane Library and PubMed. The most recent search was executed in July 2024. There were no lateral techniques employed, e.g. reference mining, as this is outside the required protocol for a scoping review.

2.4 Search

The search terms used were: *((“Foster carer*” OR “Foster parent*” OR “Kinship carer*” OR “respite carer*”) AND ("research" OR "intervention" OR "evaluation" OR "trial" OR "study" OR "programme")).* The limits were only papers published in English, since January 2010.

2.5 Selection of sources of evidence

Search results were imported into Rayyan.ai (Ouzzani et al., 2016). Articles were initially screened by title and then full text. Papers were excluded for the following reasons, at both initial and full-text screening (as detailed in figure 1): article not about humans; paper not about foster care; research not conducted in the UK; sample did not include foster carers (e.g., a foster care paper with a sample of young people in care); or the study did not have a sample of participants (e.g. reviews or opinion pieces). If two papers used an identical sample from the same study, the most recently published paper was included; for papers referring to the same study but with different samples, both papers were included. Case studies were also excluded, as the single-person sample does not facilitate assessments of representation of the carer population.

2.6 Data charting process

Two researchers independently screened titles against the inclusion criteria. Five percent of included and excluded articles were double coded to check for consistency, and there were no disagreements. Similarly, two researchers independently screened full-text screening, and double coded 5% of the papers for consistency. There were five disagreements, and these were all resolved through discussion between the researchers. Charting was unblinded so that both researchers could see each-others charting; 10% of papers were double-charted for reliability and there was only one disagreement, which was resolved through a discussion between the researchers.

2.7 Data items

For included papers, the demographic and representation data were extracted, as summarised in Table 1. Where information was not available, the variable was noted as “not reported”. Extracted carer demographics were identified from two sources: firstly, demographics recorded by Ofsted about foster carers in England (Ofsted, 2023); secondly, demographics identified as likely to be under-served by foster care research by participants in focus group sessions, as part of the Reflective Fostering study (e.g., Midgley et al., 2021).

Reporting of participant sex and participant gender were merged into one category named "sex/gender". This categorisation decision is explained further below and is based on papers either reported "sex" or "gender" but providing no explanation or rationale for these categories.

Variables extracted from included papers during charting process	
	Variable
Number and characteristics of participants	Number of foster carer participants
	Participant roles across the whole sample (e.g. solely foster carers in the sample, or sample consisting of other professionals in addition)
	Type of foster care
	% of kinship carers within sample
Foster carer demographics	Sex/Gender
	Ethnicity
	Sexual orientation
	Age
	Marital Status
	Disability
	Religion
	Time as a foster carer
	Geographic Region
Consideration for participant representation	Any mention of participant inclusivity or representation
	Efforts to increase participant representation within the study

***Table 1**: Variables extracted from included papers during the data charting process.*

2.8 Synthesis of results

Once papers were identified for inclusion, relevant data were extracted into an excel spreadsheet. Two researchers extracted data from half the papers each, and 10% were additionally reviewed by both researchers. There was only one disagreement during data extraction, which was resolved through a discussion between two of the researchers. Where reporting of demographics could be quantified as discrete nominal categories (e.g., yes/no), descriptive summarising statistics were run in Microsoft Excel.

Given that the aim of this review was to map the representation within published papers, rather than provide evaluation of the quality of the research more generally, critical appraisal and risk of bias assessments were not performed (Peters, 2020).

3. RESULTS

3.1 Selection of sources of evidence

Overall, 1775 papers were identified, and 348 duplicates were removed. The titles of 1427 papers were screened, and 864 papers were excluded. 563 papers were screened at full-text level, and 82 were included within the review.

Eighty-two papers were double coded and there were five disagreements, which were all resolved through discussion (one paper was a review, one was not focussed on carers, one used the same sample as another study, and two were not conducted in the UK).

A full summary, including reasons for exclusion, can be seen in Figure 1.

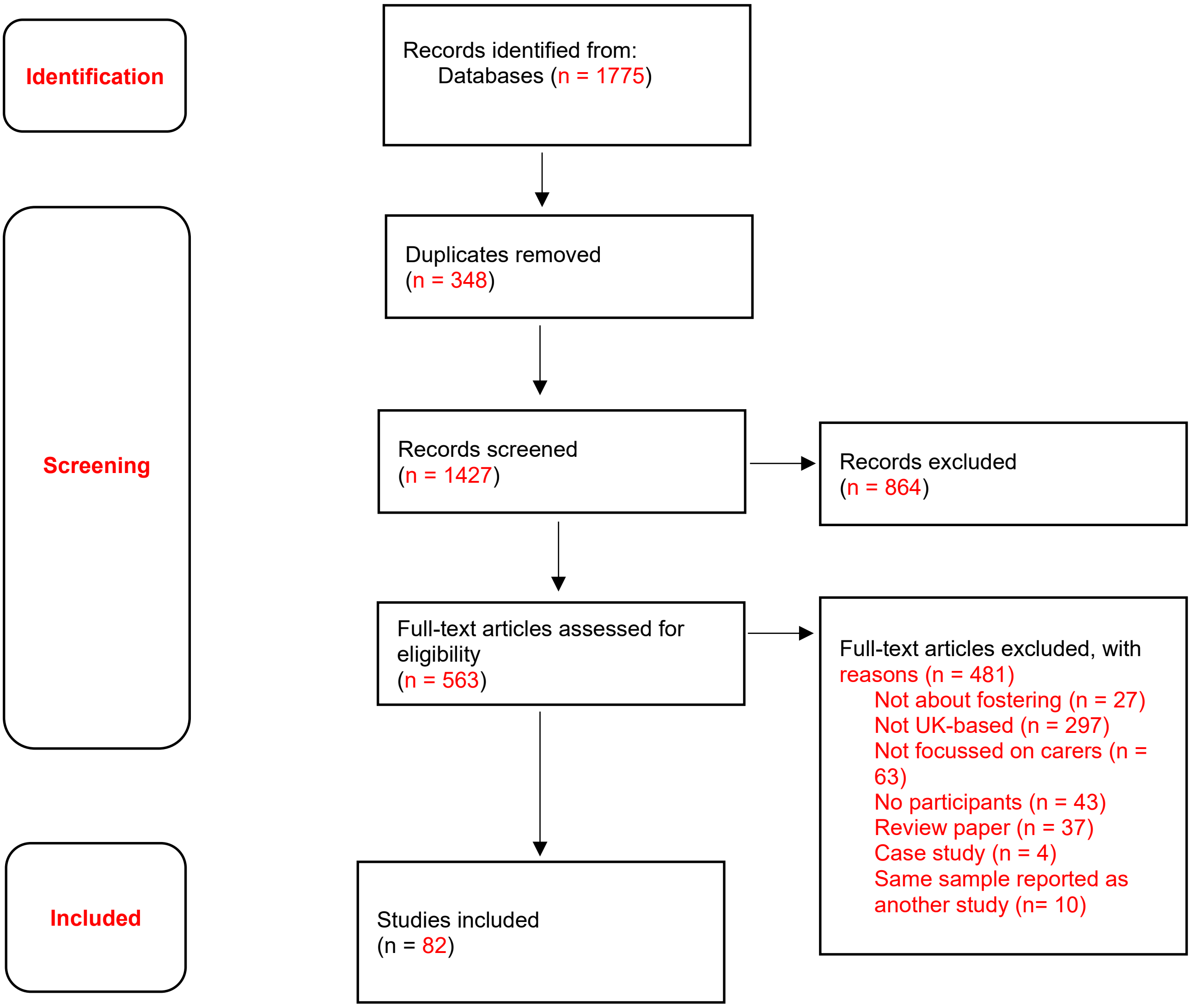

Figure 1. *Flow Chart of paper inclusion and exclusion, including reasons for exclusion*

3.2 Synthesis of results

Who takes part in foster care research undertaken in the UK?

Overall, across the 82 included papers, there was a variety of sample sizes. Papers had a mean average of 74 (median= 13) foster carer participants. Forty-two (50.6%) papers included only foster carers in their sample. Where other participants were also included in the study sample, these were predominantly social workers, other professionals, adoptive parents, or foster children. Across all the studies, there was a mix of participants from local authorities and independent fostering agencies. The type of fostering placements offered by carers was reported inconsistently, and only ten papers referred to whether carers were primarily long-term, short-term or respite carers.

Twenty-two out of the 82 studies reviewed included kinship carers in their samples, and nine of these only included foster kinship-carer carers. A further two papers were open to kinship carers but did not recruit any. In 14 studies, kinship carers were not eligible to participate; this was either stated explicitly or implied by the context, for example if the carers were all for unaccompanied asylum-seeking children or mother-and-baby placements. The remaining studies did not report whether kinship carers were eligible in their research, or if the sample included kinship carers. Where studies included mixed samples of kinship and mainstream carers, the mean proportion of kinship carers was 11.1%. In comparison, in England 18% of foster carers in 2022 were kinship carers (Ofsted, 2023), indicating that research studies are under-representing kinship foster carers in their samples.

In relation to demographic characteristics, there was substantial variation in the frequency with which different characteristics were reported across the studies. The frequency of reporting across papers is summarised in Table 2. The most reported demographic was sex/gender, followed by time spent as a foster carer, ethnicity, and age.

Demographic	**Number of studies which reported demographic (n=82)**	**Additional information**
Sex/Gender	51 (62.2%)	Three papers reported sex/gender for whole sample including non-foster carer participants
Time as a carer	44 (53.7%)	One paper reported time as a carer for some carer participants only
Ethnicity	30 (36.5%)	
Age	33 (40.2%)	Two papers reported age for whole sample including non-foster carer participants; One paper reported age of social worker trainers only
Relationship Status	21 (25.6%)	
Sexual Orientation	7 (8.5%)	
Disability	2 (2.4%)	
Religion	1 (1.2%)	

Table 2. *The number of included papers which reported demographic characteristics of foster carer participants.*

Participant sex/gender was reported in 51 out of 82 papers; the mean average number of female participants in these papers was 80.4%. Similarly, across the 31 papers where ethnicity was reported, the number of white heritage participants ranged from 0% to 100%. For papers with either no white participants or only white participants, there was no explicit reference to choosing to recruit carers from specific ethnicities only. Across the 31 papers, the mean percentage of participants whose ethnicity was described as ‘white’ was 78.4% and the median percentage was 93.1%.

What is the nature of reporting on the individual personal social, demographic, and wider attributes of foster carers in these studies?

In addition to variation in the frequency of reporting demographic characteristics, there was also substantial variation in categorisation of characteristics across included studies.

With regards to participant sex and gender, no papers made the distinction between sex and gender; similarly, all papers reported only sex or gender, and none clarified the meaning of the term they used. Therefore, this review has used the term 'sex/gender' to categorise all responses related to sex and gender, while acknowledging this inconsistency and the difference between the two terms. However, as the 2021 UK Census was the first census to collect separate data on gender identity (Office for National Statistics, 2023), indicating the relative novelty of this demographic collection within the UK, it may be assumed that papers prior to 2021 were most likely collecting data on biological sex, regardless of the terminology used. Similarly, papers only reported binary (male/female or men/women) identities, or only reported the number of female participants, and only one paper (Heslop, 2019) acknowledged this as a limitation.

When reporting participant ethnicity, there were also inconsistencies in the categories used across papers. For example, some papers only recorded the number of "white" participants, others used broad categories such as "Black, white, mixed, other", and in others the nationality of participants was reported. In this review, any categories relating to the heritage of participants was charted as "ethnicity".

Although one quarter of papers reported the relationship status of their carers, this was mainly reported in two ways: half reported whether carers were caring in a couple or single, and half reported whether carers were married, divorced, or never married. Of the seven papers which reported on carer sexual orientation, four papers reported that all participants were heterosexual. Of the three papers which reported non-straight participants, one was a study specifically focussing on the experience of LGBTQ+ parents (Wood, 2016) and one was about caring for LGBTQ+ children in care (Schofield et al., 2019). Only two papers reported carer disability, and one of these was focussed on kinship carers where the sample was mostly grandparent carers.

The studies in this review took place in different parts of the UK. Only seven studies made no reference to the geographic location of the sample (e.g., urban v rural or specific localities). However, there was huge variation in the way location or region was reported, with some studies naming particular local authorities (e.g. "Kent County Council" (Midgley et al., 2021)) and others simply stating "one urban local authority" (Hill, 2017) or "across the country" (Gibbons et al., 2019). Due to the huge variation in how participant location was reported, it was not possible to look for any patterns in terms of whether some regions were more represented than others. However, among those that stated specific locations, most studies took place in England (n=33), rather than Wales (n=11), Scotland (n=11), Northern Ireland (n=3), or across the UK (n=7).

How have researchers in children services focused on foster care adapted methods to be more inclusive of carers from potentially marginalised or underserved groups?

Across the 82 included papers, there was an overall lack of evidence for adapted methods to promote inclusivity of potentially underserved groups. Firstly, many papers made no explicit reference to representation or inclusivity: 51 papers (62.2%) made no comments about whether their samples were representative of foster carers in the UK, or about the range of demographics in their sample. (Two papers talked about representation but only of children, not carers, so we have coded these as not considering foster carer representation.) When representation and inclusivity was referenced, this was most commonly in discussions about sex and ethnicity, specifically under-representation of male carers and carers from minoritised ethnic groups. Table 3 summarises the number of papers which acknowledged the representation, or under-representation, of specific demographics in their studies.

Acknowledgement that the sample size was small, or that recruitment methodologies were limited, without any reference to the impact on representation, were not coded as a consideration of representation. However, acknowledgements that the sample was not representative of all carers without mention of specific groups were coded as a consideration of representation.

Only four papers recorded adapted methods to increase inclusivity of potentially underserved foster carer groups within their samples. One study ran a focus group specifically for minority ethnic participants, and another asked to interview both carers in mixed-sex couples (Barter 2016 and Holt

2022 respectively). Another paper simply mentioned "despite efforts to recruit males", suggesting that the study was mindful of the gender imbalance among their participants (Butler, 2021). The fourth paper used a screening questionnaire for interested participants "to purposively select foster carers using maximum variation sampling to capture a wide range of perspectives from foster carers from different ethnic backgrounds, genders and experiences of foster caring" (Muirhead, 2017).

There were no apparent differences in study design between papers which considered representation or made efforts to increase representation or inclusivity, and those who did not. For example, there was no notable association between consideration of representation and sample size, nor any notable differences in representation or inclusivity between research methodologies (e.g., qualitative vs quantitative).

Demographic	**Number of papers which reference demographic within discussions about study representation.**
Gender	12 (14.6%)
Ethnicity	10 (12.2%)
Views of social care system / research interest	5 (6.1%)
Kinship carers	5 (6.1%)
Geographic region	4 (4.9%)
Placement type (e.g. long-term v short-term)	3 (3.7%)
Sexual Orientation	2 (2.4%)
Age	2 (2.4%)
Time as a carer	1 (1.2%)
Marital Status	1 (1.2%)
Religion	1 (1.2%)
General statement only (e.g. "carers were not fully representative of those working in the profession")	2 (2.4%)
Disability	0 (0%)

Table 3. *The number of papers which referred to inclusion or representation of specific demographics within their discussion or methodology.*

First Author and Date	*Number of foster carer participants*	*Sample only of foster carers*	*Gender reported (number of female participants)*	*Ethnicity reported (number of White participants)*	*Kinship reported (number of kinship carers)*	*Sexual orientation reported*	*Age reported*	*Marital / relationship status reported*	*Disability reported*	*Religion reported*	*Time as a carer reported*	*Location*	*Discussion of repressentation*	*Evidence of efforts to increase representation*
Adams, 2011	8	*Y*	Y (8)	Y (3)	N/A*	N	N	Y	N	N	Y	North West London	*N*	*N*
Barter, 2016	32	*Y*	Y (26)	Y (1/3 black and minority ethnicity)	N/A	N	N	Ambiguous statement	N	N	Y	South West England	*N*	*Y*
Begum, 2020	10	*Y*	N	N	N	N	N	N	N	N	N	-	*N*	*N*
Biehal, 2012	Not stated	*N*	N	N	Y (3)	N	N	N	N	N	N	England	*N*	*N*
Blazey, 2013	5	*N*	N	N	N	N	N	N	N	N	N	Edinburgh	*N*	*N*
Bridger, 2020	187	*N*	Y (152)	N	N	N	Y	N	N	N	Y	Across UK	*N*	*N*
Brown, 2014	16	*Y*	N	N	N	N	N	N	N	N	N	Norfolk	*N*	*N*
Brown, 2019	6	*N*	Y (4)	N	N	Y	N	N	N	N	Y	North East England	*Y*	*N*
Bunday, 2015	12	*Y*	Y (10)	N	N	N	N	N	N	N	Y	South West UK	*N*	*N*
Butler, 2021	11	*Y*	Y (11)	N	N/A	N	N	N	N	N	Y	Northern Ireland, rural and urban settings	*Y*	*Y*
Bywater, 2011	46	*Y*	Y (22)	N	N	N	Y	N	N	N	Y	North and Mid Wales	*N*	*N*
Cameron, 2020 (a)	5	*Y*	N	Y (1)	N	N	N	N	N	N	N	Inner city in London	*N*	*N*
Cameron, 2020 (b)	22	*N*	N	N	N	N	N	Ambiguous statement	N	N	N	Two local authorities (county and urban)	*N*	*N*
Carver, 2019	6	*N*	N	N	N	N	N	N	N	N	N	Scotland	*N*	*N*
Channon, 2020	26	*N*	Y (21)	N	Y (3)	N	N	Y	N	N	Y	Wales	*N*	*N*
Cheruvallil-Contractor, 2021	10	*N*	N	N	N	N	N	Ambiguous statement	N	Y	N	Midlands of UK	*Y*	*N*
Clarkson, 2017	8	*N*	Y (5)	N	N/A	N	Y	N	N	N	Y	N	*N*	*N*

NCunningham, 2N010	20	*N*	N	N	Y (20)	N	N	N	N	N	N	One local authority	*N*	*N*
Davies, 2015	56	*Y*	Y (38)	Y (56)	N/A	N	Y	N	N	N	Y	Midlands	*Y*	*N*
Dodsworth, 2012	205	*N*	N	N	N	N	N	N	N	N	Y	England: one rural county; one unitary city; one London borough	*Y*	*N*
Evans , 2024	10	*N*	N	N	Y (2)	N	N	N	N	N	N	Wales	*N*	*N*

Table 4. *Summary of carer characteristics and reporting on representation for all papers included in this review.*

**Number of kinship carers recorded as not applicable (N/A) for studies which were not open to kinship foster carers.*

4. DISCUSSION

4.1 Summary of evidence

Overall, this review illustrates that amongst research with foster carers in the UK, there is substantial variation in how studies report the demographic characteristics of those foster carers who have participated in the research. Characteristics such as ethnicity and locality are reported inconsistently, while others such as disability and religion are almost never reported.

Firstly, regarding who takes part in foster carer research, this review indicates that – where information is reported - participants are often not representative of the foster carer population. For example, carers from white ethnicities and female carers were overrepresented compared with national levels in the studies included in this review. On average, 80.4% of participants in papers who reported sex/gender were female. While there are no clear data on the number of male foster carers in the UK (McDermid, 2012), this is certainly lower than in the overall UK male population. Similarly, the median number of White participants in studies included in the review was 93.1%. In comparison, 81% of the fostering population in England identified as 'white' in 2022 (Ofsted, 2023) which suggests that studies are on average over-representing white carers. Furthermore, the majority of studies do not report whether kinship carers are included in their sample, making it hard to assess whether kinship foster carers are taking part in foster carer research and, if they are, if this is representative of the 18% of foster carers who are kinship carers nationally (Ofsted, 2023). Unfortunately, due to the lack of statistics about foster carer demographics, it is hard to tell the extent to which other demographics are representative or not.

Secondly, this review demonstrates that there is clear variation among included studies regarding which demographic characteristics are reported, and how. This inconsistency in reporting makes it hard to assess the extent to which the participants in studies are representative of the foster care population in the UK more widely. Which carer demographics are reported varied largely, although sex, ethnicity, age and length of time as a foster carer were the most common. The inconsistency of geographic location reporting also meant that it was not possible to determine the extent to which participants were recruited from across the UK. Similarly, it was not possible to determine the relative representation of carers from local authorities or other non-local authority agencies such as independent fostering agencies, due to inconsistency in reporting location and service provision. Other demographics such as disability and religion were almost never reported; similarly, there are no publicly available national datasets which indicate the split of these demographics across the foster carer population, making it impossible to determine whether and how carers with these characteristics are represented in current research in the UK.

Finally, this review suggests that current reporting about inclusivity of research, and the efforts researchers take to increase inclusivity, is limited. Fifty papers (64.9%) made no comments about whether their participants were representative of foster carers in the UK, or about the makeup of sample demographics. Similarly, only four papers reported any efforts to increase representation or inclusivity within their recruitment methodologies. This indicates that while there is some recognition in research about the need for inclusive and representative research about foster care in the UK, researchers are not yet implementing efforts to ensure this happens in practice.

Together, these findings provide a novel synthesis of the inclusivity and representativeness of research with foster carer participants. It illustrates that to increase the representation and inclusivity of research with foster carers, we must first understand who is currently underserved through more consistent, standardised reporting of participant demographics. These findings reflect trends in previous literature which suggest that commitments to inclusivity and representation in social care research vary significantly (e.g. Boelman, Bell and Harney, 2021). However, this review spotlights that these trends within health and social care (Witham, 2020) are also present in research with foster carers. They also mirror McDermid's (2012) overview of foster carer demographics, which highlighted the lack of representation of male carers within fostering literature. Given these findings, we suggest the need for more detailed data about the characteristics of foster carers in the UK, as well as the development of a framework for reporting on foster carers in research, to ensure a consistent and thorough approach to understanding who is included in research and thus how representative research with foster carers is.

4.2 Limitations

There are some limitations to this review. Firstly, this review was based on strictly defined search terms, which means that it may have missed some UK research with foster carers. Using broader terms such as "foster care*" instead of "foster carer*" or accessing additional databases for the literature search would have led to additional papers being included in this review. Nevertheless, the papers included give a strong indication of the main trends around representation and inclusion, and this review gives an initial overview of the topic, which is in line with the purpose of scoping reviews (Peters, 2020). Therefore, these findings should be taken as a preliminary investigation and not considered a definitive assessment of representation across all academic research with foster carers.

Similarly, the review team did not have the resources to include grey literature and acknowledge this may have introduced bias into the process. The review should be taken as a first step towards describing representation issues but not a definitive systematic overview of attributes. Future studies may want to address this by considering the representation of carers within grey literature.

Furthermore, studies from 2010-2024 were included in this review, but comparative national statistics on UK foster carers came solely from a report published in 2021. This means that some studies may have been more or less representative at their time of publication, and this would not be captured in this review. However, given that past evidence is still used to inform current and future policy, there is still value in understanding the extent to which findings are representative of current populations.

Finally, when making comparisons with national data, only datasets from England were used, as this is the only nation within the UK for which carer demographics are reported nationally. However, this data may not be representative of the rest of the UK. Nevertheless, they provide a good indication of national demographics. Also, many of the examined studies recruited foster carers from England, so it was appropriate to make these comparisons.

4.3 Deviations from study protocol

The registered protocol set out the intentions to explore the extent to which studies were representative of the overall carer population. However, in extracting data from the papers, it became apparent that this would not be a meaningful comparison. This is due to both the huge variation in how demographics are recorded in the literature, as well as the fact that national data about carers is limited in how it reports on carer demographics. Therefore, while there is some comparison with national data in the results, this paper is not reporting this as a separate research question.

4.4 Implications for practice, policy, and future research

This review demonstrates that despite policy and guidance emphasising the importance of inclusion within social care research, more needs to be done to ensure representation and inclusion within foster carer research in the UK. To allow monitoring of representation and inclusion within research, we would make several recommendations, based on our findings.

Firstly, researchers conducting research with foster carer participants should collect and report demographic data of participants, using a standardised approach wherever possible. To make this consistent, sector-wide guidance on which demographics to record and how to collect data would allow for easier comparison and identification of trends in representation across future studies. As a starting point, the authors recommend the PRO EDI participant characteristics table (Trialforge, 2024) is expanded beyond its current use for reviews of clinical trials and used as a template for reporting in all studies. Of course, data collection needs to be balanced with an ethical duty to not collect information which may be intrusive or unnecessary.

Secondly, to provide appropriate comparisons between specific studies and the wider situation in the UK, national data on the foster carer population should continue to be gathered and published, including across devolved nations. Without such up-to-date data, the extent to which participant samples reflect the population cannot be determined. In addition, this data will allow for monitoring the characteristics of new carers and those leaving the role, and for comparison between the foster carer population and the overall UK population. Such data could be used, for example, to support targeted recruitment or spot trends in where additional support is needed for specific carer populations. Data collection should extend beyond the current collection of ethnicity data to include characteristics such as sexual orientation and disability, which the authors have anecdotally heard are characteristics which can make a difference to how carers feel supported or welcomed by fostering agencies. Similarly, national data due to the limited amount of data on foster carer demographics, it also makes it challenging to assess whether the carer population is representative of the overall UK population, which would be helpful to know for targeted recruitment drives or developing support programmes to meet specific cultural or population needs, for example.

Thirdly, research funders should consider encouraging or requiring researchers to specify the steps they take to increase representation and inclusivity in foster care research studies, and journals should consider encouraging or requiring researchers to report these steps within published studies.

Finally, policy makers, research commissioners and funders should continue to prioritise inclusivity within research, by specifying within their briefs that this should be addressed in all work that is undertaken to inform policy and practice.

Further research may also expand on this scoping review, which has provided initial insights into the topic. This might include using a systematic literature review methodology to address more focused questions, such as whether funding or project duration affect the representation and inclusivity efforts of research, or whether there has been a change in inclusivity over time. A broader search strategy (including expanding search terms to include all aspects of foster care, searching grey literature, lateral searching, different databases) would allow for examination of representation within foster care beyond studies where foster carers are the target population. This study has not reviewed the degree to which research in this field is also inclusive of the full range of children in foster care, and this topic is deserving of its own independent scoping review.

4.5 Conclusions

This review highlights that, while the importance of diversity and inclusion within health and social care research is well established, this is not fully reflected in the realities of research involving foster carers as participants. In the studies reviewed, participant demographic characteristics were overall poorly reported, and when they were, this review suggests that, on average, participants are not representative of the ethnic and carer diversity within UK foster care populations. Given the limited national demographic data for foster carers, it is not possible to conclusively assess the extent to which representation in sample studies is reflective of the diversity of foster carers across the UK.

Moreover, there are substantial inconsistencies in the recording and reporting of carer demographics. The problem of inconsistent reporting of in demographic data in fostering research is exacerbated by poor data collection at national levels. This includes lack of government data on gender/sex, poor ethnic diversity categories, and no collection of data on carer sexuality or disabilities. Acknowledgment of (lack of) representation was also poor within the literature.

In conclusion, this review highlights the limited data on representation in fostering research. Although these findings should be considered as a preliminary investigation of foster carer representation within research, we hope they will encourage researchers to think about their sampling processes and identify research participation priorities for the future.

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