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The Motivations of Individuals and Families Who Foster or Adopt a Child Living With a Disability: A Scoping Review

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ABSTRACT

This scoping review explores the motivations of individuals and families from industrialized Western countries who foster or adopt a non-biological child living with a disability. It addresses the global challenge of a shortage of foster carers, particularly for the overrepresented population of children with disabilities. Understanding these motivations is crucial for enhancing foster carer recruitment, support and retention within the child welfare system. A scoping review methodology was used, involving a comprehensive search of key databases for peer-reviewed articles in English, published between 2000 and 2025. The focus was on non-biological carers in formal and informal arrangements caring for children meeting the United Nations' definition of disability. Twelve articles met the final inclusion criteria, and their analysis revealed key themes regarding the motivations of these carers. The themes identified were as follows: (1) altruistic concern for vulnerable children, (2) enduring commitment to disability-related caregiving, (3) personal values and belief systems and (4) perceived mutual benefit and family enrichment. This review highlights the diverse motivations underpinning the decision to foster or adopt children with disabilities. The findings have implications for tailoring recruitment (e.g., strength-based messaging) and support strategies (e.g., respite planning) to improve care quality and stability.

1 | Introduction

The global foster care system faces a persistent challenge: the number of children requiring care far exceeds the number of available foster carers (Alves et al. 2024; Gilligan 2019). This disparity places immense pressure on child welfare systems, leading to unstable placements, longer stays in institutional care and increased rates of placement breakdowns (Denlinger and Dorius 2018). In addition, high workloads, rigid bureaucratic processes and risk management pressures may erode professional judgement, leading to placements that prioritize availability over suitability, thereby providing a structural explanation for placement breakdowns (Bastian et al. 2021). Many children in foster care have experienced significant adversity, including neglect, abuse and family breakdown, making stability and appropriate caregiving essential to their long-term well-being (Australian Institute of Health and Welfare 2021; van Santen 2013; Venables et al. 2023). However, recruiting and retaining suitable foster carers remains an ongoing struggle, with many families hesitant to take on the role due to concerns about time commitment, financial constraints and the emotional demands of fostering (Randle et al. 2012; Richardson et al. 2005, 17–20).

Children with disabilities are overrepresented in foster care systems globally (Australian Institute of Health and Welfare 2025; Lee et al. 2018; Lightfoot et al. 2011; Welch et al. 2015), despite their relatively lower prevalence in the general population (Australian Institute of Health and Welfare 2025; Slayter 2016; Welch et al. 2015). The reasons for this overrepresentation are complex and multifaceted. Families of children with disabilities often face financial,

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social and emotional pressures, which can lead to family breakdown (Slayter 2016). These children are more likely to enter the child protection system and often face greater challenges in securing stable placements compared to their nondisabled peers (Slayter 2016). Once in out-of-home care (OOHC), children with disabilities frequently encounter additional challenges, including multiple placement disruptions, difficulty finding suitable foster homes and an increased likelihood of institutional placement (Slayter 2016).

Permanency planning, including adoption, is becoming the preferred placement option for many OOHC agencies. These OOHC agencies often lack the ability to provide adequate support to the child and carers, further complicating the permanency of the placement (Good 2015). Cheng et al. (2023) have proposed that the lack of appropriate provision of services for these children and carers arises from these children with disability being invisible in the system, that is, they are not identified as having a disability but are simply labelled as 'challenging', 'non-compliant' or having 'trauma-related' issues. The recognition that the child has special needs, related particularly to learning disabilities and emotional behavioural issues, often only emerges years after a child joins an adoptive family. This delay leads to a significant long-term risk for placement breakdown (Miller et al. 2022; Miller et al. 2021; Reilly and Platz 2003).

Foster and adoptive carers may be hesitant to care for children with disabilities due to concerns about the level of specialized support required, the long-term commitment involved and the fear of behavioral challenges (Mozzi and Nuernberg 2016; Randle et al. 2012; Richardson et al. 2005, 17–18). Despite these barriers, stable and nurturing placements are especially crucial for children with disabilities, as they are at heightened risk of social isolation, poor educational outcomes and long-term dependence on social services if they do not receive appropriate care and support (Brekke et al. 2023; Kwan et al. 2020).

1.1 | Conceptual Scope and Definitions

This scoping review aims to identify the motivations of people committing to the ongoing care of a non-biological child living with a disability. The United Nations Convention on the Rights of the Child, adopted in 1989, defines a child to be 'Every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier' (United Nations 1990). Accordingly, the concept of 'disability' encompasses 'Those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (United Nations 2006).

Foster care and adoption were the OOHC models included. These models of care are a means of providing ongoing care to non-biological children living with a disability. Kinship care was excluded as this model has pre-existing family relationships, including an emotional bond to the child and may include a sense of obligation on the part of the carer. These factors make the context of kinship care fundamentally different from that of foster care or adoption.

We limited this scoping review to industrialized Western countries, which we define as nations with established, state-regulated, OOHC systems characterized by professional child protection services, formal carer assessment and approval processes and structured disability and welfare supports. According to (Muthukrishna et al. 2020), behaviour and motivations may be influenced by cultural, economic and institutional factors thus limiting the generalization of research from Western, Educated, Industrialized, Rich and Democratic (WEIRD) populations to non-Western populations. This issue of generalization of research is also difficult among Western countries when care systems and professional practices differ significantly. This requires contextualization when comparing data from apparently similar Western populations (Berrick et al. 2017).

1.2 | The Role of Motivation

Motivation has been widely recognized in the literature as a fundamental aspect of foster care recruitment and retention (Rodger et al. 2006; Sebba 2012), serving as a basis for developing targeted recruitment strategies aimed at individuals whose motivations align with the principles of foster care (Giordano 2024). Additionally, motivation is a key factor in the assessment and selection of foster carers, ensuring their reasons for fostering align with the objectives of family foster care (Gilligan 2019). A strong motivational foundation can lead to more stable and successful placements, whereas misaligned motivations may contribute to placement breakdown (Geiger et al. 2013).

Given the increasing number of children with disabilities in foster care, understanding foster carer motivation is essential for recruitment, retention and ensuring placement stability. Motivation is a key determinant of both the decision to foster and the sustainability of foster placements; it is a dynamic force that varies in intensity and orientation (Deci and Ryan 2008). In the context of foster care, motivation is often explored through the lens of altruistic versus egoistic orientation, particularly concerning prosocial behaviour (Alves et al. 2024; Eisenberg et al. 2016). Altruistic motivation, rooted in empathic concern, refers to an 'other-oriented emotion elicited by and congruent with the perceived welfare of someone in need' (Batson 2011, 11). This form of motivation aligns closely with fostering, as many carers enter the system with a desire to provide a nurturing environment for vulnerable children. Self-oriented motivations, such as expanding one's family or seeking emotional fulfilment, can contribute positively to fostering when coupled with realistic expectations but may lead to challenges if those expectations are unmet (Cole 2005; Rhodes et al. 2006).

Foster carers' motivations can generally be classified into intrinsic, extrinsic and self-oriented categories. Intrinsic motivations, such as personal values, empathy and a desire to make a positive impact, are closely associated with long-term commitment and placement stability (Keys et al. 2017; Rodger et al. 2006). Extrinsic motivations, including financial incentives and social recognition, may also play a role, but they are typically less predictive of sustained engagement in foster care (MacGregor et al. 2016; Rodger et al. 2006; Sebba 2012).

The resource theory provides another perspective on foster care motivations, suggesting that individuals are more likely to engage in caregiving roles when they possess sufficient personal and social resources. This framework identifies six key resources exchanged in human relationships: love, status, information, money, goods and services (Cox et al. 2003; Foa and Foa 2012). People with access to these resources are therefore more inclined to support others, including taking on the role of a foster carer.

Carers who are intrinsically motivated and equipped with appropriate resources are more likely to provide stable long-term placements (MacGregor et al. 2016; Rodger et al. 2006; Sebba 2012). Conversely, a lack of alignment between motivation and the realities of foster care can lead to early placement disruptions, negatively impacting both the child and the foster system as a whole (Rhodes et al. 2003; Rodger et al. 2006; Sebba 2012). Given the growing number of children with disabilities in foster care, providing targeted support for foster carers, such as specialized training, access to disability services and enhanced financial assistance, can help address challenges and improve placement outcomes (Denlinger and Dorius 2018). This scoping review will synthesize existing research to identify the key factors that drive individuals and families to foster, ultimately informing more effective recruitment, support and retention strategies.

Motivations for adoption differ, particularly when parents are considering the adoption of a child living with a disability (Good 2015). Those who pursue disability-related adoption often draw on a sense of personal capability, deeply held family values and prior caregiving or relational experience, including fostering, rather than abstract altruism alone (García-Sanjuán et al. 2023; Good 2015). Parents seeking to adopt children with Down syndrome frequently describe feeling prepared based on positive past experiences and are more likely to be older, have larger families and see themselves as experienced caregivers than those seeking to adopt younger, nondisabled children (Good 2015; Lindh et al. 2007).

1.3 | Significance of the Topic

The topic holds significant importance within the child welfare landscape due to several interconnected factors. Understanding the reasons why individuals and families choose to take on the often complex and demanding role of caring for a child with a disability is crucial for effective recruitment campaigns (Magalhães et al. 2022).

As highlighted, there is often a shortage of foster and adoptive families, and this shortage can be even more pronounced for children with disabilities (Helm et al. 2008). By identifying the key motivators, child welfare agencies can tailor their outreach efforts to resonate with potential caregivers, thereby increasing the pool of available and suitable families (Magalhães et al. 2022).

Insight into these motivations can significantly inform support and retention strategies for foster and adoptive families (Davi et al. 2021). Caring for a child with a mental illness and attachment difficulties can be significantly more demanding on caregivers than initially anticipated, often leading to emotional turmoil and the suppression of personal needs (Solvi et al. 2024). Knowing the initial motivations can help professionals anticipate the potential challenges and tailor support services to align with those motivations, bolstering the caregivers' resilience and commitment (Magalhães et al. 2022). For instance, if altruistic motivations are dominant, highlighting their positive impact could be a key element of support.

Finally, a scoping review of this topic contributes to a deeper theoretical understanding of altruism, prosocial behaviour and the specific factors that drive individuals to extend their caregiving responsibilities to children with disabilities. This scoping review aims to map the existing literature and identify the factors that motivate individuals and families from industrialized Western countries to foster or adopt a non-biological child living with a disability and identify gaps in the current knowledge, guiding future research and informing best practice in the field. The objective is to summarize the findings of existing literature and make this accessible to stakeholders. The research question that this scoping review answers is 'What motivates individuals and families from industrialized Western countries to care for a non-biological child living with a disability?'

2 | Protocol and Framework

A scoping review was selected as the most appropriate approach to address the research question and to map and synthesize the existing literature. The review was conducted in accordance with the Arksey and O'Malley (2005) framework, with refinements by Levac et al. (2010) and reported in line with the PRISMA-ScR guidelines (Tricco et al. 2018). The review followed the core stages of scoping review methodology: identifying the research question; identifying relevant studies through database and supplementary searches; selecting studies based on predefined inclusion and exclusion criteria; charting the data; and collating, summarizing and synthesizing the results. These stages were applied iteratively, allowing refinement of study selection and synthesis as familiarity with the literature increased; a consultation exercise was not undertaken. Searches included electronic databases, reference list checking and Google Scholar hand-searching. The review was limited to peer-reviewed journal articles published between 2000 and 2025 to capture contemporary perspectives relevant to current policy and practice.

2.1 | Eligibility Criteria

2.1.1 | Inclusion and Exclusion Criteria

To ensure the relevance and rigour of this scoping review, explicit inclusion and exclusion criteria were established. Studies were included between January 2000 and December 2025, focusing on industrialized Western countries; only peer-reviewed journal articles written in English were considered, encompassing qualitative, quantitative and mixed methods research methodologies. The review specifically targeted studies on non-biological carers involved in formal and informal care arrangements. A single exception was made for Howell-Moroney (2014), as the study uses survey data drawn from a nationally representative sample of foster parents in the U.S. National Survey of Current and Former Foster Parents. The survey data reported in Howell-Moroney (2014) do not distinguish between family-based and kinship foster homes, and excluding the study would omit otherwise highly relevant findings. A summary of the inclusion and exclusion criteria is presented in Table 1.

2.2 | Information Sources and Search Strategy

The databases searched for this scoping review were CINAHL, PubMed and PsycINFO. Search terms combined keywords related to foster care (e.g., foster care, foster families, adopt and out-of-home care), disability (e.g., disability, special needs, medically complex and learning difficulties) and motivation (e.g., motiv*, reason, willingness and retention), using Boolean operators (AND and OR). Following removal of duplicates, titles and abstracts were screened against the inclusion and exclusion criteria, followed by full-text review of potentially relevant articles.

All records retrieved from the database searches were imported into Covidence, where duplicates were automatically removed. Title and abstract screening, followed by full-text eligibility assessment, were conducted independently by three reviewers against the inclusion and exclusion criteria, with disagreements resolved through discussion until consensus was reached. Eligibility decisions and reasons for exclusion were documented within Covidence.

Consistent with PRISMA-ScR guidance, multiple information sources were used to identify relevant studies. Database searches conducted in February 2025 informed the initial submission and were updated prior to final publication by re-running the original search strategy and hand-searching reference lists. These additional searches identified two further eligible studies, including one newly published study and one earlier study not retrieved through database searching, both of which were included in the final synthesis.

The PRISMA diagram is shown in Figure 1.

Following full-text review, 21 articles were initially identified as potentially eligible. During detailed eligibility assessment, nine articles were excluded after closer examination against the predefined inclusion criteria, as they did not sufficiently align with the review focus, including limited relevance to foster or adoptive carers of children with disabilities, lack of direct focus on caregiving motivation or definitions of disability outside the scope of this review. All full-text eligibility decisions were conducted independently by three reviewers using Covidence, with consensus reached through discussion.

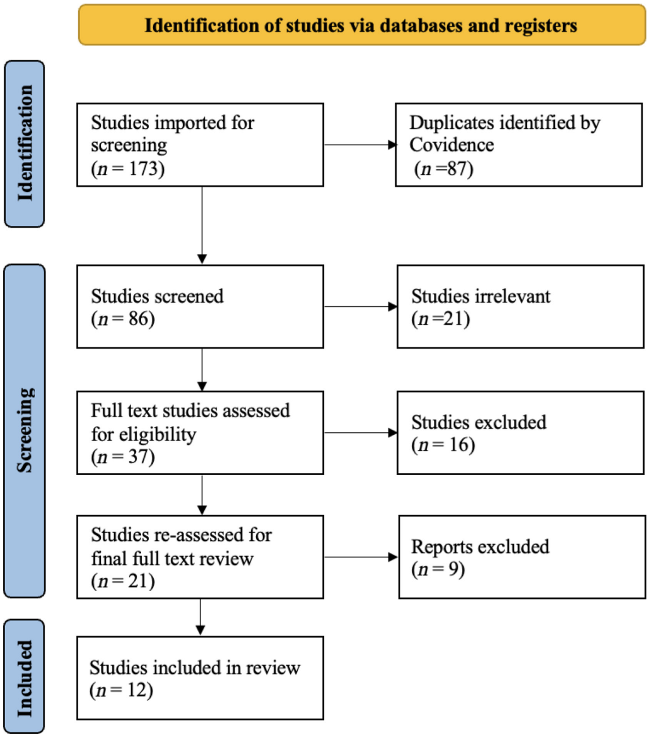

FIGURE 1 | PRISMA diagram.

TABLE 1 | Inclusion and exclusion criteria.

Inclusion	Exclusion
Publication range: January 2000–December 2025	Published before January 2000
Location: industrialized Western countries	Location: non-industrialized non-Western countries
Paper type: peer-reviewed journal articles	Paper type: unpublished papers or theses, conference papers, books, grey literature, systematic and scoping reviews
Language: English	Language: non-English
Study type: qualitative, quantitative and mixed methods	Study type: grey literature
Non-biological carers	Biological carers
Care arrangement: formal (state-regulated) and informal (non-statutory) arrangements.	Care arrangement: kinship care
Children living with a disability	Typically developing children

2.3 | Data Charting Process

A structured data extraction table was used to systematically record relevant information from each selected study. Key details included the country in which the study was conducted, data collection method, study type (e.g., qualitative, quantitative and mixed methods) and sample size to provide an overview of methodological approaches. Cultural context was also documented to assess potential influences on caregiving motivations within different societal and policy environments. To determine whether studies explicitly addressed disability as a central focus or whether disability was mentioned more peripherally, a column labelled '*disability-specific*' (*yes/no*) was included. The type of care arrangement was also recorded (e.g., foster care, adoption and respite care).

The motivators discussed in each study were extracted and categorized alongside the key findings. Intrinsic and extrinsic motivators were separately identified to distinguish internal drivers (e.g., personal fulfilment and altruism) from external influences (e.g., financial support and social recognition). Study aims were also recorded to ensure alignment with the review objectives. Additionally, each article's abstract and a paraphrased summary were included to provide a concise overview of its contribution to the evidence base.

To support systematic synthesis across the literature, data was imported into NVivo (version 14), where recurring concepts related to motivations for fostering or adopting children living with disabilities were identified and grouped. An example of the data extraction table is presented in Table 2. Where terminology used in included studies reflected deficit-oriented or euphemistic constructions of disability, this language was retained as originally reported to preserve fidelity to the source material and accurately reflect how disability and caregiving motivations have been conceptualized within the existing literature.

2.3.1 | Summary of the Study Designs and Characteristics of the Included Articles

This section reviews the selected articles, focusing on their research designs and data collection methods to foreshadow the results and themes that follow. The 12 articles in this scoping review present a diverse range of study designs and sample characteristics, reflecting the multifaceted nature of research on foster care and adoption. Seven of the articles were quantitative studies that used surveys and analyses of existing datasets to explore the motivations, barriers and characteristics of prospective and current foster and adoptive parents. Four additional articles were qualitative studies that offered in-depth insight into foster parents' lived experiences and perspectives through interviews and focus groups. A single article was a mixed methods study centred on carers of children with disability accessing short-break schemes. It integrated qualitative interview data from current short-break carers on recruitment, motivation and support with quantitative questionnaire data from former carers to understand why they ceased providing care in this capacity.

The seven quantitative studies used a range of survey methods to capture the perspectives of prospective, current and former carers, to provide a continuum view of motivations across different stages of care (waitlist and active care) and types (foster and adoption). Together, these studies included adults who had never fostered (Davi et al. 2021), applicants on adoption waiting lists (Lindh et al. 2007), currently licensed foster homes (Howell-Moroney 2014) and active foster parents (De Maeyer et al. 2014; Keys et al. 2017). Data were collected through online surveys (Davi et al. 2021; Keys et al. 2017; Magalhães et al. 2022), telephone surveys (Helm et al. 2008), mailed questionnaires (De Maeyer et al. 2014; Lindh et al. 2007) and secondary analyses of a large national dataset of survey data (Howell-Moroney 2014). Within these designs, motivation was conceptualized as a measurable psychological construct and operationalized using standardized instruments, such as a fostering inventory designed to predict willingness and intention to foster (Magalhães et al. 2022), a Reasons for Fostering Inventory (De Maeyer et al. 2014) and factor analysis used to identify antecedents influencing decisions to foster or adopt (Helm et al. 2008).

Of particular interest were studies that sought to quantify differences in willingness to adopt or foster, measure values and motivations and use socially constructed categories as key points of comparison. Several studies also targeted specific applicant groups, such as carers seeking to adopt a child with Down syndrome (Lindh et al. 2007) and African American and White families to examine racial and ethnic differences in willingness to foster or adopt a child with a disability (Helm et al. 2008). Other studies offered insight into the underlying values and motivations, exploring the relationship between religious motivation and altruism (Howell-Moroney 2014) and the motivations, personality characteristics and fostering intentions of Christian foster carers working with a faith-based agency (Keys et al. 2017).

The four qualitative studies employed interviews, focus groups and a descriptive phenomenological approach to produce in-depth insights into foster carers' lived experiences of fostering and supporting children with diverse and complex needs. Conducted across the United States (Lauver 2008; Rosenwald and Bronstein 2008), Norway (Solvi et al. 2024) and Greece (Xanthaki and Anagnostaki 2025), these studies collectively illustrate how foster carers navigate varied caregiving contexts. Three of the studies focused specifically on carers supporting children with significant health and disability challenges, including chronic illness and complex medical needs (Lauver 2008), mental health difficulties and attachment issues (Solvi et al. 2024) and disabilities coupled with high levels of vulnerability (Xanthaki and Anagnostaki 2025). The fourth study mentioned only one child with a disability (Rosenwald and Bronstein 2008). In contrast, the same study examined carers' preferences regarding the characteristics of children they preferred to foster, with considerations of religious beliefs and the avoidance of behavioural difficulties (Rosenwald and Bronstein 2008). Despite their distinct national and cultural settings, the results of the four studies collectively contributed to broader efforts to enhance foster care arrangements for the benefit of both children and carers. They examined foster carers'

TABLE 2 | Portion of the data extraction table.

Authors	Title	Country	Data collection method	Study type	Sample size	Cultural context	Disability specific (Y/N)	Type of care
Davi et al. (2021)	An exploration of the motivations and barriers to being a foster parent in Florida	Florida, USA	Survey	Quantitative	438	Florida, USA	No	Foster care
De Maeyer et al. (2014)	Motivation for foster carer	Belgium	Questionnaire	Quantitative	192	Belgium	No	Foster care
Helm et al. (2008)	Understanding the antecedents to recruiting foster care and adoptive parents: A comparison of White and African American families	United States	Survey questionnaire and phone calls	Quantitative	1213	Comparison of White and African American families	No	Foster care and adoption
Howell-Moroney (2014)	The empirical ties between religious motivation and altruism in foster parents: Implications for faith-based initiatives in foster care and adoption	United States	Survey	Quantitative	901	Religious motivation	No, but mentioned	Foster care
Keys et al. (2017)	Who are Christian foster parents? Exploring the motivations and personality characteristics associated with fostering intentions	Midwestern United States	Survey	Quantitative	115	Christian	No	Foster care
Lauver (2008)	Parenting foster children with chronic illness and complex medical needs	United States	Unstructured interview	Qualitative—phenomenology	13	Northeastern United States	Yes	Foster care
Lindh et al. (2007)	Characteristics and perspectives of families waiting to adopt a child with Down syndrome	United States	Questionnaire-based survey	Quantitative	72	United States	Yes	Adoption

(Continues)

TABLE 2 | (Continued)

Authors	Title	Country	Data collection method	Study type	Sample size	Cultural context	Disability specific (Y/N)	Type of care
Magalhães et al. (2022)	Reasons, willingness and intention to be a foster family: A community sample study	Portugal	Questionnaire	Quantitative	441	Portugal	No	Foster care
Rosenwald and Bronstein (2008)	Foster parents speak: Preferred characteristics of foster children and experiences in the role of foster parent	United States	Focus groups	Qualitative—grounded theory	13	New York, USA	No	Foster care
Solvi et al. (2024)	'You think lots of love will heal the child, but it requires a lifetime of patience'. Foster parents' intrapersonal and interpersonal struggles	Norway	Interviews (3)	Qualitative—phenomenology	22	Norway	Yes	Foster care
Tarleton (2003)	Committed to caring: Family-based short-break carers' views of their role	United Kingdom	Semi structured interviews and questionnaires	Mixed methods	53 (interviews) 13 (questionnaires from carers who had ceased their role)	United Kingdom	Yes	Short-break carers
Xanthaki and Anagnostaki (2025)	Fostering disabled children in Greece: Insights into foster mothers' experiences, motivations, challenges and satisfaction	Greece	Semistructured interviews	Qualitative	8	Greece	Yes	Foster care

motivations, the development of emotional bonds, the nature of caregiving experiences, the challenges associated with navigating foster care systems and the value placed on family-based care. As observed by Rosenwald and Bronstein (2008), the qualitative nature of this research also elicited unanticipated stories of carers' reflections on challenging experiences within the child welfare system. Many studies described how emotional bonds developed over time through everyday care. Despite ongoing personal strain and broader system challenges, the foster carers remained committed to fostering.

TABLE 3 | Articles directly focused on motivation for foster or adopt children with disabilities.

Study	Findings relevant to motivation
Davi et al. (2021)	'Helping special needs children' was identified as a motivator within the questionnaire. Respondents interested in fostering were significantly more likely to be motivated by a desire to help special needs children than those not interested in or unsure about fostering.
Helm et al. (2008)	Whether or not children are already in the home, families were primarily motivated by an altruistic desire to help a child in need. Compared with white American families, African American families reported stronger motivations to fill the 'empty nest', provide companions for their children, act altruistically and make a difference in a child's life. Deterrents to adopt or foster included fear, feeling unprepared or unqualified, the unknowns of a child's problems, a limited personal support network, time demands and financial cost.
Lauver (2008)	The commitment to parenting children with significant needs was highlighted as a motivation for fostering children with chronic illnesses and complex medical needs.
Lindh et al. (2007)	Some prospective adoptive parents of children with Down syndrome were motivated by the belief that it would positively benefit their existing family.
Magalhães et al. (2022)	Identified child-centred reasons as key motivators, including wanting to help a child with 'special problems'.
Tarleton (2003)	Short-break carers for disabled children primarily provide care because they enjoy it and develop genuine relationships with the children.
Xanthaki and Anagnostaki (2025)	Foster mothers were motivated by the child's disability, emotional attachment and a sense of moral responsibility; however, fostering was experienced as highly demanding due to systemic barriers, role overload and challenging behaviours.

These 12 studies, published between 2003 and 2025, used various research designs, sampling frames and data collection methods to examine the motivations of specific groups across different cultural contexts. They explored value-based motivations (altruism, personal values and religious beliefs), carers' preferences and selectivity in choosing which children to foster or adopt and reasons for discontinuing care. Collectively, this literature highlights the motivations, caregiving experiences and systemic challenges encountered by carers when entering and sustaining long-term foster care and adoption, with particular attention to children with disabilities and complex care needs.

2.3.2 | Articles With a Direct Focus on Motivation to Forster or Adopt Children With Disabilities

Table 3 presents a selection of studies from the scoping review that directly investigated individuals' and families' motivations for choosing to foster or adopt children living with disabilities. Table 4 highlights studies where the primary focus was not directly on the motivations for fostering or adopting children with disabilities but which still provided some relevant insights or mentioned these motivations within a broader context.

3 | Emergent Themes

3.1 | Altruistic Concern for Vulnerable Children

Altruism, expressed by carers as a desire to protect and support vulnerable children, was a dominant motivation identified in most of the reviewed qualitative studies. Moral or empathic responses to vulnerable children, with or without a disability, often served as an 'entry point' into caregiving for foster carers and adoptive parents (Davi et al. 2021; Helm et al. 2008; Howell-Moroney 2014; Keys et al. 2017; Magalhães et al. 2022). A moral or empathic response can underpin a person's desire to help, which is a behavioural motivation. With 57% of respondents identifying the desire to help 'children in need' (Keys et al. 2017), it would be likely foster carers and adoptive parents would be aware of the high prevalence of children with a disability in the out-of-home childcare (OHCC).

Three quantitative studies specifically identified altruistic motivations related to caring for children with disabilities. Notably, those interested in fostering were significantly more likely to agree with the statement 'Help special needs children' than those who were not ($M = 3.74$, $SD = 1.165$ vs. $M = 2.94$, $SD = 1.223$, $p < 0.001$) (Davi et al. 2021). The statement 'Wanted to help a child with special problems', used to measure altruistic motivation, performed strongly on the altruism personality factor (0.63 factor loading), indicating that helping a child with

TABLE 4 | Articles less directly focused on motivation to foster or adopt children with disabilities.

Study	Findings relevant to motivation
De Maeyer et al. (2014)	Mention of disability was limited to a single item on a 24 item survey—'*I want to help a child with special problems*' in the article. Selection of this item was linked to families with more foster children in their home. More broadly, surveyed Flemish (Belgium) foster parents reported multiple motives to foster. The most often identified motivations were child-centred, with '*wanting to provide a good home for a child*' (34.4%) and '*giving a child love*' being the most common best descriptors. Next, self-oriented reasons, which focus on foster parents' needs, were favoured and often driven by a desire to have or replace children, followed by society-oriented reasons.
Howell-Moroney (2014)	Explored the link between religious motivation and altruism in foster parents but did not specifically target motivations for fostering children with disabilities. The survey respondents were given 27 reasons for their motivation for fostering, one being '*Wanted to help a child with special problems*'.
Keys et al. (2017)	Discussed Christian foster parents' general desire to help those in need but did not specifically focus on fostering children with disabilities. It states in the article, '*PCWA* (Public Child Welfare Agency) *foster parent also reported wanting to help children with special needs, while others indicated they simply had enough time and space to be foster parents*' (Keys et al. 2017, 70)
Rosenwald and Bronstein (2008)	Focused on foster parents' preferred characteristics of foster children and their experiences, with less emphasis on motivation, particularly for children with disabilities. One participant, who cares for a foster child with brain damage from being shaken as an infant, stated '*I did not want to let her go, because I knew we were kind of her last hope of being in a normal family life*" (Rosenwald and Bronstein 2008, 291). Although the article is not disability specific, it touches on a particular case of a foster parent with a disabled child/ren.
Solvi et al. (2024)	Examined thoughts and experiences of foster parents caring for children with mental illness and attachment difficulties, focusing more on challenges and commitment than initial motivation. Although not centred on motivation, the article contains a part titled 'Wanting to Help a Child' that covers differing motivations including societal responsibility, individual child driven and sense of responsibility.

a disability aligns with broader altruistic motivations (Howell-Moroney 2014). Similarly, 61.5% of foster parents surveyed responded to the statement of motivation for fostering 'I want to help a child with special problems' as 'very true' or 'true', and 3.1% selected this statement as their best reason for fostering (De Maeyer et al. 2014).

Qualitative studies reinforced these child-centred primary motivations. The experience of foster parents was themed as 'foster care as service', with 'Foster parents describe fostering children, particularly those most vulnerable, as their mission' (Rosenwald and Bronstein 2008, 291, 297). Similarly, foster carers recruited from a mental health clinic found 'wanting to help a child' a constituent theme, stating, 'What drove most of them was the desire to share a good life with a child who has experienced misfortune. There was a sense of responsibility …' (Solvi et al. 2024, 4).

Motivations to foster children with disability often focused on disability itself, the emotional relationship between the child and the foster mother and a sense of charity (Xanthaki and Anagnostaki 2025). Interviews with foster mothers of children with disability, focusing on their motivation, experiences, challenges and satisfaction, one statement shared by a foster mother described fostering as an act of helping—"Yeah, sure, I'd never foster a normal kid. Never. I wouldn't even think about it … I fostered a child to help him." (Xanthaki and Anagnostaki 2025, 350) Foster mothers discussed a strong sense of charity felt toward their disabled foster child and how they proceeded with fostering to protect or even to save them (Xanthaki and Anagnostaki 2025). These motivations are altruistic in nature and show the concern felt for the child by the foster mother regarding the long-term well-being of the child.

In many studies reviewed, carers' altruistic concern included children with disabilities, but this did not always mean they were prepared for the long-term demands and responsibility of disability-related care. Their early intentions often sat beside other motivations that shifted as the relationship with the child unfolded, their understanding of the child deepened and the relational dynamics became clearer.

3.2 | Enduring Commitment to Disability-Related Caregiving

In contrast to general altruistic concern, this theme reflected a willingness to engage with the sustained and often demanding realities of caring for children with disabilities including ongoing medical care, behavioural support, emotional labour and long-term advocacy. Across qualitative studies, carers showed an awareness of what disability-related caregiving would involve and described how families adjusted gradually as needs became clearer. Lauver (2008), for example, discussed carers who made a deliberate decision to parent children with chronic illness and complex medical needs, with a particular focus on how families adjusted over time. Participants described reworking everyday routines, learning new skills as needs emerged and maintaining long-term involvement with health and social care services. Another carer spoke of her sustained effort and commitment to her foster child, 'I spent every day with him on the porch, moving his arms, moving his legs, making him look this way, keeping him alert all the time … 'cause I just felt determined that this innocent child was not gonna be brain damaged' (Rosenwald and Bronstein 2008, 291). This carer's motivation was displayed through daily, intentional acts of service to her foster child, displaying her enduring commitment.

Some carers described caregiving as extending indefinitely, rather than as limited to a particular stage of the child's life, using language that emphasized patience and endurance. Among families seeking to adopt a child with Down syndrome, confidence about managing ongoing care was often shaped by what carers already knew or had experienced in their own lives, rather than by abstract expectations about disability (Lindh et al. 2007). Foster mothers caring for children with disabilities similarly described continuing as carers despite personal strain and difficulties engaging with service systems, and some spoke about uncertainty regarding what might happen to the child if their care could no longer continue (Solvi et al. 2024; Xanthaki and Anagnostaki 2025). Such concerns about a child's future care beyond the carer's own capacity reflect a profound sense of devotion to both their role and to the child's long-term wellbeing.

Quantitative findings also reflected this form of disability-specific commitment. Across different studies, disability-related caregiving consistently arose as a salient child-centred motivation, as evidenced by prospective foster carers rating 'helping special needs children' more highly among those interested in fostering than other groups ($M = 3.74$ vs. 2.94; $p < 0.001$) (Davi et al. 2021). Similarly, the motive 'I want to help a child with special problems' formed part of a wider child-centred motivation factor, whereby disability-related helping was understood as part of a broader commitment to the child rather than as a peripheral motive (Magalhães et al. 2022).

Overall, the studies indicate carers' commitment to fostering or adoption was still forming at entry and deepened further over time. Although some carers began with general altruistic intentions, their continued caregiving was influenced by lived experience and a growing acceptance of disability as part of family life. With time and acceptance, carers' identities and expectations changed to support long-term caregiving.

3.3 | Personal Values and Belief Systems

The motivation to foster or adopt a child living with a disability was closely connected to people's personal values and belief systems in six studies of varying research design within this review. Carers describe fostering as a moral or ethical choice consistent with their broader value system, whereas for adoptive parents, adoption is a permanent care arrangement, reflecting ongoing commitment to their values and beliefs.

Underlying faith-based values may motivate some foster carers, influenced by a sense of moral responsibility and religious teachings. For example, 57% of Christian foster parents in the Midwestern United States were 'primarily motivated to foster by their desire to help others in need' (Keys et al. 2017, 67), with their faith encouraging them to 'look after orphans … in their distress' (Keys et al. 2017, 67). Similarly, in the context of short-break carers of children living with a disability, Tarleton (2003) states, 'Providing short breaks was also a chance to 'give something back', to help others, and a way to express religious commitment. This was raised specifically by three short-break carers from Asian (Muslim) communities'. In these accounts, disability was not described as a deterrent, but as a reason to provide respite and care for other families and stimulate joy in their own lives. Moral commitment, as a value-driven motivation, is also apparent, as one foster mother expressed 'I just wanted to love her, help her progress, and get over her obstacles' (Lauver 2008, 80).

Perseverance and long-term commitment are demonstrated by carers' sustained dedication, which guides their caregiving approach. A foster carer stated, "Most people don't understand the work. You think lots of love will heal the child, but it requires a lifetime of patience." (Solvi et al. 2024, 4), which emphasizes patience as a moral virtue rather than a coping strategy. Among the survey respondents who wanted to adopt a child with Down syndrome, 62% felt 'called', and 32% cited a religious or faith-based reason (Lindh et al. 2007), highlighting the importance of personal values and belief systems in motivating carers to foster or adopt a child living with a disability. Values, including patience, responsibility, faith and service, shape carers' willingness to care for this vulnerable cohort.

3.4 | Mutual Benefit and Family Enrichment

Three studies within the review, representing quantitative, qualitative and mixed methods research designs, describe motivations aligned with anticipated mutual benefit and the enrichment of family life. The accounts of carers in the studies portray caregiving as relational and emotionally meaningful (Lindh et al. 2007; Lauver 2008; Tarleton 2003).

Quantitative findings indicated families waiting to adopt a child living with Down syndrome express confidence in their ability and capacity to care for the child's additional needs (84% of respondents felt 'well equipped') and describe their hopeful, upcoming adoption as a positive addition to their family life (Lindh et al. 2007). Qualitative research further illustrates how this motivation is shaped by emotional connection. A foster parent of a child with a chronic illness or complex medical need stated, 'I knew that I wanted him when he looked at us with his big beautiful eyes' (Lauver 2008, 80). This statement describes motivation through immediate emotional bond rather than altruism or deliberate planning. Similarly, a short-break carer in the mixed methods study stated, 'It enriches my life experiences—the day just fizzes. I'm a big kid … The day doesn't drag. I look forward to it' (Tarleton 2003, 39). In this quote, disability is associated with shared joy and experience together, including meaningful interaction and reciprocal engagement. Collectively, these stories suggest that some carers are motivated by the expectation of family or personal enrichment, through shared experience, anticipated joy and emotional engagement within daily life.

TABLE 5 | Emergent themes identified from the analysis.

Theme	Analytic focus	Supporting studies
Altruistic concern for vulnerable children	Many caregivers often share a deep commitment to a child-centred approach, rooted in empathy and compassion for vulnerable children. This genuine concern frequently serves as the primary motivation for individuals to pursue fostering or adoption. Although this compassion is not always directed specifically toward children with disabilities, it exists within care systems that frequently accommodate those with complex needs. Research has demonstrated that caregivers strongly support the idea of helping others, and personal accounts reveal their readiness to embrace the long-term and intensive challenges that come with caring for children with disabilities.	Davi et al. (2021); Howell-Moroney (2014); Magalhães et al. (2022); Helm et al. (2008); De Maeyer et al. (2014); Keys et al. (2017); Xanthaki and Anagnostaki (2025)
Enduring commitment to disability-related caregiving	This theme relates to the carers' motivation to assume the ongoing commitment to the child's medical, behavioural, emotional and advocacy responsibilities. This generally evolves from initial altruism into a sustained commitment.	Davi et al. (2021); Lauver (2008); Lindh et al. (2007); Magalhães et al. (2022); Rosenwald and Bronstein (2008); Solvi et al. (2024); Xanthaki and Anagnostaki (2025)
Personal values and beliefs	Studies showed that caregiving decisions were often based on moral, ethical and faith-based belief systems. Carers' sense of purpose, responsibility and perseverance through religious beliefs, secular ethics and social justice orientations were understood and sustained.	Keys et al. (2017); Lauver (2008); Lindh et al. (2007); Solvi et al. (2024); Tarleton (2003)
Perceived mutual benefit and family enrichment	Most evident in adoption context, some carers anticipated that caring for a child with a disability would enrich their family life and provide personal meaning, emphasizing a reciprocal benefit for the child and the family.	Lauver (2008); Lindh et al. (2007); Tarleton (2003)

The key themes identified across the included studies, providing a synthesis of how motivations were conceptualized and reported by the authors are reported in Table 5.

4 | Discussion

This scoping review set out to understand what motivates people in industrialized Western countries to foster or adopt children with disabilities. The 12 studies included in the review showed that motivations tend to evolve. Instead of a single, stable reason, carers described a mix of personal beliefs, moral commitments and ideas about family life, all shaped by the broader systems in which fostering and adoption take place.

Across the studies, many carers described a broad concern for children who were vulnerable or lacked support. This was especially visible in the quantitative literature, where motivations such as wanting to help children in need or assisting a child with particular challenges were grouped into wide altruistic or child-centred categories (Davi et al. 2021; Howell-Moroney 2014; Keys et al. 2017; Magalhães et al. 2022). Similar patterns are reported in the broader foster care literature, where carers' motivations are commonly framed as a general concern for vulnerable children (Rolock et al. 2025). These explanations were often quite general. They rarely reflected a specific commitment to disability, which suggests that altruism may encourage people to begin fostering or adoption, but it does not fully encompass what is required once carers are faced with the everyday realities of disability-related care.

A second theme across the studies concerned carers' willingness to meet the ongoing demands of disability-related caregiving. Qualitative research revealed carers taking on long-term responsibility, managing specialized care tasks and navigating multiple service systems on the child's behalf (Lauver 2008; Solvi et al. 2024). The Greek finding showed a context specific view on this theme by illustrating how such commitment by foster mothers can also be driven by a moral imperative to shield children with disability from institutional neglect (Xanthaki and Anagnostaki 2025). Quantitative studies also showed that disability-specific helping motivations were meaningful for some carers, although this was not a universal pattern (Davi et al. 2021; Magalhães et al. 2022). Taken together, these findings suggest that sustained caregiving is more closely tied to carers' preparedness for the realities of disability than to general intentions to help.

Across these studies, carers also drew on personal values and belief systems when explaining how they managed the longer term demands of disability-related caregiving. In faith-based accounts, caring for children with disability was described as a moral or religious responsibility, with disability framed as a setting in which values of service and duty were put into practice rather than avoided (Keys et al. 2017; Tarleton 2003). Other studies did not emphasize religion directly, but carers still spoke about values such as love, patience and responsibility when describing how they continued to provide care over time, particularly when demands intensified (Lauver 2008; Solvi et al. 2024). Experiences of feeling 'called' to adopt a child with Down's syndrome show how moral and spiritual beliefs can help carers come to terms with the permanence of disability-related caregiving and incorporate it into their sense of long-term commitment (Lindh et al. 2007). Similar value-based accounts of sustained commitment are also reported among parents adopting children with special needs, where caregiving is understood as a morally meaningful, long-term undertaking rather than a temporary or contingent role (Denby et al. 2011).

Some carers described motivation not as a response to obligation or need, but as something rooted in emotional connection and the expectation of meaningful relationships. Similar relationally grounded motivations have also been documented in the wider foster and adoptive care literature, where decisions to foster are shaped by emotional meaning and anticipated family relationships (Andersson 2001). Additionally, carers who felt 'well equipped' to care for a child with Down syndrome tended to view disability as compatible with family life, rather than disruptive (Lindh et al. 2007). This perspective framed adoption as an extension of family identity, rather than a sacrifice. From studies, carers recounted motivation often emerging through shared experience and emotional recognition, rather than deliberate planning. Foster parent's immediate attachment to the child reflected a felt sense of connection that often preceded rational decision-making, with some carers describing care-giving as energizing and joyful (Lauver 2008), while others presented disability-related care as mutually rewarding (Tarleton 2003). Together, these findings challenge deficit-based assumptions by highlighting that for some carers, disability is not experienced as a burden but as a source of connection, enjoyment and relational fulfilment in everyday family life.

Taken together, the studies show that motivations to foster or adopt children with disabilities shift over time and vary widely between carers. Altruism may help initiate involvement, but long-term caregiving appears to depend more on how carers' expectations, values and understandings of disability develop once they are actively engaged. This has implications for recruitment and retention, as approaches that rely mainly on altruistic appeals may not be enough. Supporting stable placements may require a stronger focus on carers' preparedness and their capacity to engage with the ongoing realities of disability-related care.

4.1 | Implications for Practice

Understanding carers' motivations has important implications for recruitment, support and retention in disability-related foster and adoptive care. Recruitment efforts may be strengthened by appealing to both altruistic values and interest in supporting children with complex needs, including by highlighting the potential for positive impact on children and family life. Strengths-based messaging for the greater recruitment of carers can emphasize holistic gains and use participant stories that highlight positive caregiving experiences to counter deterrents such as fear and uncertainty. Support strategies should be responsive to carers' motivations, combining recognition of carers' contributions with access to specialized training, disability services, respite planning and adequate financial support. Given the association between altruism and religious motivation, faith-based communities may represent an important avenue for recruitment and support, alongside broader efforts to address misconceptions and increase public understanding of foster care and disability.

4.2 | Limitations

The review is based on a limited number of studies that met the stringent inclusion criteria. Furthermore, although the search strategy was comprehensive, the focus on peer-reviewed academic journals published in English between 2000 and 2025 may have excluded relevant information from other sources or time periods. Some included studies did not focus exclusively on disability, requiring careful extraction of relevant data. The definition of disability, while based on international conventions, may be interpreted differently across studies.

4.3 | Future Research

Future research should address the gaps identified in this review, including the need for larger studies focused on the motivations of foster and adoptive carers for children across different disability types. Carers may be motivated by different disabilities, which entail very different caregiving demands, carer emotional readiness and support needs, given that disabilities are heterogeneous. Qualitative and longitudinal research could provide deeper insight into carers' lived experiences, how motivations evolve over time and their relationship to placement stability and retention. Further work is also needed to examine the motivations of kinship carers and the influence of cultural factors within industrialized Western contexts. Importantly, research should evaluate the effectiveness of recruitment approaches (e.g., strength-based messaging) and support strategies tailored to carers' motivational profiles.

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