

### Doktorsgradsarbeid

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## Service support and quality of life for youth in foster care

Psychologist Marit Hjellset Larsen's dissertation (2022) is based on studies of children in foster care. Several factors may influence the development of supportive relationships with foster carers and stability in placements.

### Why was the study carried out?

We need more knowledge about positive outcomes for youth in foster care, since studies have consistently shown that children and youth in out-of-home care have substantially more health problems and greater health care needs than children and youth in general populations. Hence, the question is whether youth in foster care receive services according to need and how the families experience the quality of the help receive.

### Who participated in the study?

The participants were 236 carers of children in foster care, aged 6–12 years, and 220 child welfare caseworkers. The overall aim of the study was to examine service use among foster families, foster parents' experiences of quality of care, and quality of life among youth in foster care. When the children were 11–18 years old, there was a follow-up study with 330 carers and 303 youths. The questionnaires comprised mental health and service

use. In addition, youths reported their quality of life, and foster parents reported their service experiences and perceived outcomes following contact with their main service provider.

### What were the findings?

The foster families had a high service use: 31.2% of carers reported contact with child and adolescent mental health services and 61.2% with primary health care services during the last two years. A substantial number of families also reported contact with several service providers. Although there was a positive association between youth mental health problems and service use, less than half of those who had indications of such problems had received services from child and adolescent mental health services. Interestingly, youth in kinship care had a lower use of the primary health care services compared to youth in nonkinship care, even when controlling for mental health problems.

Half of the foster parents reported improvements in the youth's condition and functioning following the service contact. Foster parents that had younger youths, reported more frequent service contact and no waiting time, had more positive experiences of the service contact.

Quality of life – differences between countries: the youths in the current Norwegian sample had lower quality of life across all dimensions, compared to Swedish youth in the general population. The highest Norwegian quality of life scores were on the dimension of parent relations and autonomy, while their lowest scores were on the physical well-being dimension. Males and younger children reported higher quality of life across all dimensions, and youth in kinship care and youth with more prosocial behavior five years earlier had higher quality of life scores on some dimensions.

### Conclusion

Foster families had a high service use, and the findings highlight the need for standardized assessments of youth in foster care, to identify those with a need for specialized mental health services.

### Reference

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