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# Foster carers' views of the transition from foster care to adulthood for young people with mental health problems from a life-course perspective

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## ABSTRACT

This article aims to build knowledge, from a life-course perspective, of foster carers' views of the transition from care to adulthood for young people with mental health problems. The following research questions were addressed: How do mental health problems affect the care-leaving process and the *linked lives* between young people and foster carers? What impacts do young people's mental health problems have on the *timing of lives* and *social age* when they leave a placement in care? We interviewed 18 carers from 13 foster homes in Norway and 17 carers from 14 foster homes in Sweden. The results show how young people's mental health problems could prevent carers from providing social support to and maintaining positive relations with the young people. This could be because of the young people's unwillingness to accept support, because their difficulties made them avoid contact, or because they did not want their former carers to know about the problems they were encountering. Mental health problems were a source of concern for the foster carers and of worry for the young people. Carers continued to find ways to help and be available when the young people allowed contact – the lives of the carers and the young people were still linked. It is important to recognize and address the impact of mental health on the care-leaving process and to provide adequate and timely support to young people and foster carers.

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## KEYWORDS

Foster carers; young people; care-leaving; mental health problems; life-course perspective

## Introduction

In recent decades, the situation of young people leaving placements in out-of-home care (OHC) has been increasingly acknowledged in research. This group of young people face numerous challenges, and are often obliged to make the transition from care to adulthood in a much shorter time than their peers, and without adequate support from social networks and/or social services. In recent decades there has been an abundance of research evidence of the difficulties experienced by this group when they age out of care (see, e.g. Cameron et al. 2018; Cashmore and Paxman 2006; Courtney and Hughes Heuring 2005; Höjer and Sjöblom 2014; Stein 2019; Stein and Munro 2008). There is also evidence of young people who successfully exit from care placements. Important factors for a successful care-leaving process are a strong motivation to do well and relevant support from social networks, former carers, and social services (Bakketeig and Backe-Hansen 2018; Boddy et al. 2019).

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Considerable information about young people leaving care and their transition to adulthood can be found in previous research. However, less information is available focusing on foster carers' experiences of the care-leaving process, and the impact of this process on the relations between young people and foster carers. In two simultaneously performed studies in Norway and Sweden, foster carers were asked about their experiences of the transition to adulthood for young people formerly placed in their care: 18 foster carers (from 13 foster homes) were interviewed in Norway and 17 carers (from 14 foster homes) were interviewed in Sweden.

There is a need for increased attention to how mental health problems can influence the lives of young people leaving care, and the lives of their foster carers. What mental-health-related challenges do foster carers experience when young people age out of care? Researchers have highlighted the need to apply a life-course perspective to research on children and young people, as this approach can acknowledge important factors such as social context, individual development, and the effect of change over time (White and Wu 2014). The life-course perspective focuses on how age, life transitions, relationships, and social change can have an impact on people's lives and includes the following themes: human lives and changing society, the timing of lives, and linked or interdependent lives (Elder 1994).

We focus on the following questions related to the life-course perspective: How do mental health problems affect the care-leaving process and the *linked lives* between young people and foster carers? What impacts do young people's mental health problems have on the *timing of lives* and *social age* when they leave a placement in care?

Our aim is not to investigate or define the mental health issues as such. In this study, we have no information about how the mental health problems were defined and experienced by the young people themselves. Our sole information source is the narratives from the foster carers we interviewed, and how they interpreted and experienced the young people's transition from care to adulthood.

## Foster care in Norway and Sweden

In both Norway and Sweden, foster care is the preferred alternative for OHC. In Sweden, around 70% of the 26,200 children and young people who were placed in OHC during 2021 were placed in foster care (Socialstyrelsen 2022). In Norway, just under 11,000 youth were placed in foster care in 2021, and around 1000 were placed in residential care (Norwegian Statistics 2022). In Sweden child welfare services is part of social services, but in Norway child welfare services is a separate service governed by its own legislation.

The overarching aim of OHC placements in both countries is for the children/young people to be reunited with their parents, and parents usually retain custody of their children while they are placed in care, even if the placements are based on care orders. In Norway, as well as in Sweden, the foster care arrangement formally ends when the young person becomes 18 years old and reaches the age of majority. In Norway, the placement can continue as an aftercare support measure from child welfare services until the youths become 23–25 years old – the point when our study was conducted (Child Welfare Act Norway 1992). In Sweden, most young people can stay in care until they have finished upper secondary school, usually at the age of 19 years. If a young person is placed according to a mandatory care order (SFS 1990, 52), the placement can last until the age of 21 years. According to Swedish legislation, social services have a responsibility to provide support to the child/young person after a placement in care has ended, but the legislation text does not imply mandatory actions (Socialstyrelsen 2022, 453). Thus, after the age of 19 years, many young people must leave their foster home (see Höjer and Sjöblom 2010, 2011, 2014).

## Previous research

### *Young people leaving care and mental health*

Previous research gives clear evidence that there is a higher prevalence of mental health problems among children and young people in care than in the majority population without care experiences. Mental health issues could include cognitive problems as well as behavioural problems related to abuse, neglect, and trauma before the child or young person was placed in care (Akister, Owens, and Goodyear 2010; Baidawi, Mendes, and Snow 2014; Cousins, Taggaret, and Milner 2010; Dixon 2008; Kelly et al. 2022; Munson et al. 2020; Okpych and Courtney 2018; Vinnerljung, Hjern, and Lindblad 2005). In a study from Norway, half of the sampled foster children were considered to meet the criteria for a mental illness (Lehmann et al. 2013). In a research project on the mental health of children and young people in residential care, 400 young people participated (Kayed et al. 2015). The results showed that there was a 76% incidence of mental disorders within the last three months among the young people in child welfare institutions. However, from the research evidence it is difficult to define the possible cause of this situation, due to the range and complexity of factors that were the reason for OHC placement and due to the possible effect of factors related to the actual placement in care (Akister, Owens, and Goodyear 2010).

According to Torbenfeldt Bengtsson, Mølholt, and Tankred Luckow (2022), care-experienced young people had one or more psychiatric diagnoses, which, from these young people's point of view, greatly affected their everyday life. When young people had mental health problems, access to friendship and good social networks, as well as the capacity to develop social skills, could be substantially reduced (Dixon 2008). Young people's mental health was improved when they had access to positive relationships and supportive social networks after leaving care (Munson et al. 2015; Rahamin and Mendes 2015). This is in line with the findings of Wade (2008) that contact with former carers was associated with stronger relations to friends, and with generally better developed social skills for young people ageing out of care. However, previous negative experiences of parenting, neglect, and abuse could prevent young care leavers from asking for help and support from adults, meaning that they had to encounter the transition from care to adulthood on their own (Pryce, Napolitano, and Samuels 2017).

### *Access to mental health services*

Mental health problems often emerge in adolescence at the time when young people are obliged to leave their placement in foster care, making the transition from care to adulthood particularly risky (Munro and Simkiss 2020). An additional source of complexity for young people with various mental health problems is that, in the process of transitioning from care to adult life, they also must face another transition – from mental health services for children, to adult services (Akister, Owens, and Goodyear 2010). In both Norway and in Sweden, this service transition occurs at 18 years of age.

After leaving care, young people in need of mental health services often find it problematic to obtain adequate help. Adult services often fail to provide care to young people, and many with great support needs are left without any satisfactory help. Furthermore, there is often little or no communication between child and adult services, which is yet another complicating factor (Brown, Courtney, and McMillen 2015; McGorry 2009; Osgood, Foster, and Courtney 2010). The loss of support from professional mental health providers makes the journey from care to adulthood even more complicated for young people with mental health problems (Munson et al. 2020). Such a change of mental health services at age 18 is particularly problematic, considering all other changes young people leaving care must handle in the transition from care to independent living (Akister, Owens, and Goodyear 2010; McGorry 2009; Osgood, Foster, and Courtney 2010). Backe-Hansen (2021) stated that while young people in care might previously have rejected offers of mental health support, they are often more motivated to seek help when they are 18–20 years old. Therefore, it is vital that young people should be provided with adequate help to access support from mental health services (Kelly et al. 2022).

## Theoretical perspectives

According to Hutchison (2019), the life-course perspective provides a comprehensive focus on a person's life experiences – i.e. what happens in one life period as connected to other periods. Thus, what happens in adolescence is influenced by childhood experiences and will also influence the pathways into adulthood. This way of looking at life experiences as connected is useful when aiming to understand young people's transitions from care to adulthood. Brady and Gilligan (2018, 2020) stated that the life-course perspective is particularly relevant to research on young people in the process of leaving care and their relations, because it provides a long-term approach to the young people's experiences over time.

The principle of *linked lives* is central to the life-course perspective (Elder 1994) as it addresses the interactions over an individual's lifespan. The principle of *linked lives* relates to the interdependence of human lives and emphasizes how people can be connected to one another on several levels (Hutchison 2011, 2019). Social support and relationships are part of such interdependence and have an impact on the life trajectories of individuals (Hutchison 2011). This perspective is helpful when understanding the foster carers' relational work when young people age out of care.

The *timing of lives* perspective involves the personal impact of changes in life, depending on where people are in their lives when the changes occur (Elder 1994). When it comes to *timing of lives*, Hutchison (2011) referred to *dimensions of age*. There are several dimensions of age in addition to *biological age*. *Psychological age* refers to how people perceive themselves and their capacities and skills, such as memory and learning skills, intelligence, motivation, and emotions. *Social age* can be defined by those roles and behaviours expected by society in relation to age, i.e. an age norm that indicates what is expected of people at certain ages. It is possible for individuals to shift between different roles 'on-time' or 'off-time', depending on the variation in social norms or expectations (Hutchison 2011).

In this article, we will focus on the *linked lives* and *timing of lives* perspectives and how they can be used as tools to understand how foster carers' relations with and follow-up of the cared-for young people are influenced by the young people's mental health problems.

## Methods

Our sample consists of 18 foster carers (from 13 foster homes) from Norway and 17 foster carers (from 14 foster homes) from Sweden. In total, 35 carers from 27 foster homes were interviewed. The following criteria were used for eligibility to participate in the study: experience of caring for at least one young person who had aged out of care; the placement should have lasted at least one year; and the placement should have ended no longer than five years before the interview.

We sent information about the study to local child welfare services and asked them to help us find eligible carers. We also contacted local private foster care agencies. Additionally, we contacted organizations for foster carers, and these organizations posted information about the study on their websites.

In Norway, carers from three of 13 foster families were recruited by the local child welfare services. Two foster families were recruited via some of the other participating foster carers and eight made contact after the foster carers' associations had posted information about the project on their closed Facebook account. The foster carers had experience of caring for one to five children/young people placed in care (two out of three had one placement); 13 carers were female and five were male. Altogether, the participating foster carers in the Norwegian sample had experience of 19 young people ageing out of their care. The young people had been placed in their care from two to 16 years before ageing out of care.

In Sweden, seven out of the 14 participating foster homes were recruited via local child welfare services, two learned of the study via private foster care agencies, and five received information through the websites of foster carers' organizations. In total, 14 female carers and three male carers were interviewed.

The foster carers from 11 out of the 14 participating Swedish foster homes had more than 15 years of experience of fostering, and the interviewees' experience as foster carers ranged from five to 46 years and from one to 109 placements. Those who had cared for a great number of children and young people had, for periods of time, received emergency placements, which explains the large number of placements. In those cases in which the interviewed carers had had many young people as foster care placements, the interviewees were asked to give information about those young people who had most recently left care.

Information concerning the participating foster carers is provided in Table 1. Table 2 provides information about the Norwegian and the Swedish samples.

**Table 1.** Information concerning participating foster carers.

Number of placements per carer		Years of experience as foster carer	
1	1 (SE)	0–5 years	2 (SE)
	11 (N)		9 (N)
2–3	3 (SE)	6–10 years	0 (SE)
	5 (N)		6 (N)
4–10	3 (SE)	11–15 years	3 (SE)
	2 (N)		2 (N)
11–20	5 (SE)	16–20 years	5 (SE)
	0 (N)		1 (N)
21–30	2 (SE)	21–30 years	3 (SE)
	0 (N)		0 (N)
31 and more	3 (SE)	31 and more years	4 (SE)
	0 (N)		0 (N)

**Table 2.** Information on sample.

	Swedish sample	Norwegian sample
Foster families	14	13
Foster carers participating	14 female/3male Total 17	13 female/5 male Total 18
Recruitment through	7 child welfare services 2 private foster-care agency 5 website foster-care association	3 child welfare services 2 'snowballing' 8 website foster care association

When looking at the character of the samples, there is a clear difference between the Norwegian and Swedish samples regarding the foster carers' experience as carers and number of placements. This must be taken into consideration when analysing the results. However, in both the Swedish and the Norwegian samples, foster carers had experience of foster children with mental health problems, and accounted for how such problems could affect their role as foster carers.

The project was ethically approved by the Swedish Ethical Review Authority (dnr: 2019–04365) and the Norwegian Centre for Research Data. Participation was voluntary and the participants were informed that they could withdraw from the project at any time. To ensure confidentiality, the foster parents were given fictitious names and it is not stated which country they come from.

## Analysis

All interviews were recorded and transcribed verbatim. Norwegian and Swedish are similar languages, which meant that we were both able to read all the interviews without any translation. We used NVivo software for analysing the interviews. The analysis was conducted separately in Norway and Sweden, and only the two authors were involved in coding. Thematic analysis was chosen as a tool for finding patterns within our data (Braun and Clarke 2006). The authors discussed preliminary categories several times to ensure a common understanding and that relevant

aspects would be included and applied to both samples. We initially performed broader analyses in which we identified themes and categories related to our research questions. These broader themes were later divided into more specific categories, using NVivo software. The use of NVivo facilitated the analytical process, as we could share the two NVivo files and thus have access to all the data from both countries.

## Results

### *Short summary of the results*

- Mental health problems made foster carers' relations to the young people more complicated and entailed both worry and uncertainty.
- Contact might be reduced, because the young people were ashamed of their situation and/or wanted to protect the carers from realizing how bad things were.
- Several foster carers felt responsible for providing ongoing support to the young people with mental health problems.
- Leaving care at age 18 years could be more problematic for young people with mental health problems, as they were not ready to cope with the demands of an independent life, such as keeping a job, paying rent, and keeping an apartment clean and tidy.
- Mental health services for adults were not compatible with the needs of young care leavers, who could therefore be left without adequate support.

### *Linked lives and challenging relationships*

Some of the young people formerly placed in care had lived with their foster carers for a long time, while others had moved into care as teenagers. One theme that emerged from the analysis was the foster carers' descriptions of how their lives were still linked to the young people, but that the relations could be challenging. In the interviews, it was made clear that the young people's mental health problems had a great impact on their social relations – with foster carers, peers, and other members of their network – after they had left their care placements. These problems affected the young people's capacity to maintain social relations and create new ones. Additionally, the quality of the social relations could also be affected. Some young people became socially isolated after leaving care, while others could become involved in complicated and/or destructive relationships.

Many of the interviewed carers described uncertainty concerning their future relations with the young people after they have moved out. Would they stay in touch? Most foster carers expressed a wish for continued contact, but how could they, as former carers, convey this wish and make the young people want to stay in touch? This could be complicated enough when the young people did not have any pronounced mental health issues; when they did have such issues, the relations could be much more complicated, compounding the uncertainty concerning future contact and ongoing relations.

Fiona described how her foster son's mental health problems not only made it very hard for him to relate to other people and create new social relations, but also complicated the foster carers' contact with him after he had left care. There was no contact on his initiative; rather, the foster carers had to be active and initiate contact:

He doesn't answer when people try to speak to him – he is really introverted/ . . . /He does not want to admit that he [has problems]/ . . . /So now that he has moved out, he has very little contact with us in relation to, for example, coming by and having dinner. I have to say 'Will you come and eat?' (Fiona)

In accordance with the above quotation, several carers mentioned that contact after the young people had left the care placements was complicated when they had problems with their mental health.

Nina described a similar situation, in which her foster daughter, Nora, had been exposed to severe abuse in her birth family. As a consequence of this abuse, she suffered from several mental health issues. In recent years she had stayed in several foster homes, but all placements had broken down. Nina and her husband managed to provide Nora with a safe environment, and she finally settled down and thrived. When she was 18 years old, the placement was ended, although both Nora and her foster carers wanted it to continue. After the placement ended, Nora's life took a bad turn, with repeated evictions from secure accommodations. Nina stated that she and her husband had explicitly told Nora that she could always contact them, that they would be there for her. However, recently she has not answered the phone:

Last time I talked to her, she was evicted again. Then she hasn't answered my calls. She occasionally sends text messages, in which she states that she feels so bad, and doesn't have the energy to talk to me. (Nina)

Situations like this could make foster carers worried and uncertain about how to act towards the young people: Should they be persistent and keep trying to contact them, or should they wait for them to take the first step? In some cases, carers said that the reduced contact was because the young people were ashamed of their situation, or because they wanted to protect their carers from knowing how badly off they were. Camilla and Carl had fostered a girl, Cecilie, since she was a toddler. In the interview, Camilla and Carl frequently described their worries about Cecilie, who has encountered numerous challenges since leaving care, due to issues related to her mental health. They had no intention of seeing Cecilie less than before, but their contact with her had recently lessened:

We used to know how to help Cecilie, how to make her feel good about herself. But now [i.e., since she was forced to move out due to aging out of care] her situation is so bad. I met her yesterday. She has refused to see us for four months. We have been in touch over the phone, but every time she was supposed to meet us, she cancelled. She is afraid that I will see how badly off she is, she is trying to protect me. (Camilla)

The above quotation illustrates how the mental health problems of the young people could hamper ongoing contact with carers. For Camilla and Carl, the reduced contact with Cecilie was a constant source of worry: they felt that they were unable to help Cecilie and this was a hard experience for them.

The interviewees gave several descriptions of how foster carers' continued contact also meant increased support and practical help for those young people with mental health problems. In the quotation below, Ingegerd described how she felt responsible for Ivan, previously placed in her care. Ivan has had a cognitive mental disability since birth and had finished upper secondary school:

I regularly go down to his apartment, to clean up – which means that I carry out 10 bags of paper, cardboard boxes, and other kinds of rubbish. The only thing he does is sit in front of his computer, playing. (Ingegerd)

In the interview, Ingegerd told us that Ivan was very isolated: he had no friends, and mostly stayed in his apartment. It is evident that Ingegerd had a huge commitment to Ivan's well-being, and that their lives were still connected after the placement had ended.

In the interviews, there were frequent accounts of foster carers' worries when young people moved to independent living and were expected to cope on their own. Some carers believed that these young people would need support for the rest of their lives:

Yes, she struggles a lot. It is hard. She really struggles. But I think she is a girl who will need someone to be there for her all the time. I know when it becomes too hard, I need to get someone else to support her. I cannot continue with this until I am 80. I cannot do that. (Anne)



Anne not only conveyed her worry about this girl and her current situation, but she also worried about her future, realizing that she cannot cope on her own and will need life-long support that Anne feared she, herself, would not be able to provide.

Nina has been a foster carer for 30 years, with experience of fostering several children and young people. Nina described how she viewed the task of foster carer in relation to children's and young people's mental and physical health:

Some young people self-injure, and you have to be a nurse, cleaning and taping their wounds, managing their medication. You have to be very updated on neurological dysfunctions, personality disorders, but also physical conditions. There is also a need for knowledge of birth injuries and intellectual dysfunctions. You really have to have all-round knowledge of these things. (*Nina*)

Here, Nina summarizes the complex task of caring for children and young people with mental health problems. This is not only a complex task for the carers while the young people are formally in care. The carers' commitment continued after the young people's transition from care to independent living, as shown in the above quotations. The lives of the carers and their former foster children were linked in many ways, but the young people's mental health problems complicated their relations. Several foster carers mentioned mental health problems as one of their greatest concerns when young people left care:

I: What has been the most challenging issue since your foster daughter left her care placement?

Heidi: My greatest fear was how her mental health would affect her care leaving/ . . . /I was terrified that she would be unable to cope with her mental health problems, that she would end up in a complete mental health breakdown. (*Heidi*)

As with several other interviewees in the study, Heidi expressed her worries about the future of her foster daughter after leaving care, and about how her mental health problems would affect her well-being and capacity to cope with living on her own.

### **Timing of lives: social age**

Statements from the interviewees testify to how the formal system, in which young people are categorized as adults when they reach the age of majority at 18 years, created great problems on many levels. This can be a problem for all young people leaving care, not only for those who experience mental health problems. However, when such problems are added to the care-leaving process, the situation can be very complicated.

Some of the young people had problems relating to others, and isolated themselves, unable to cope with social relations. The formal system of care leaving at a certain age was not in accordance with the needs of these young people. In the interview, Karin talked about her foster son, Kevin, who had several mental health problems due to previous traumatic experiences. While he was in care, he got help from children's mental health services, but he still had many problems. Karin described how it was easier to help Kevin when he was a child. When he got older his problems were more pronounced, and it became harder to reach him. He had severe suicidal thoughts, and the foster carers had to keep a constant watch on him for weeks when he was at his worst. When Kevin left care, Karin and her husband helped him find an apartment. However, Kevin could not cope with living on his own and lost his apartment, due to unpaid rent and inability to keep the apartment clean and tidy. In the interview, Karin expressed her frustration at the lack of acknowledgement of Kevin's mental health problems in relation to his actual capacity, not only his age at the ending of the placement:

Social services knew that he couldn't cope on his own, that he had to have someone who helped him on a daily basis – get out of bed, pay his bills, that sort of thing. We should have been allowed to stay as a support family – we could have helped him to plan and see to it that he had some kind of structure in his life. (*Karin*)

At the time of the interview, Karin and her husband had very little contact with Kevin, a fact that made them sad and frustrated. According to Karin, Kevin thinks that they interfere with his life, and he doesn't want to be in touch. Echoing some of our other interviewees, Karin thought that all their hard work and all their efforts while Kevin was in their care were of no significance, as Kevin was left without adequate support when the placement ended.

The foster carers quoted above, in line with other interviewees, illustrated how the formal system of care leaving was not adapted to young people in the process of leaving care, and noted that those young people with mental health problems experienced additional problems. These problems were also related to the transfer from mental health services for children to services for adults, as Elsa described:

When I think of her care-leaving, I picture myself walking one step ahead of her, preparing the ground/ . . . /I want to follow her to work, I want to cook for her/ . . . /She needs a lot of help, but she wants me to help her, not anyone else. The child welfare workers are eager to transfer her to the mental health services for adults. But these services are not adapted to young people in their early twenties. And as she doesn't want any help from them, she falls between two chairs, so to speak. (Elsa)

Even though Elsa's foster daughter had left care, Elsa still felt great responsibility for her. She wanted to be there for her at home and at work – knowing that this young woman, due to her mental health issues, had problems accepting help from others. Their lives were linked in a complex way.

Camilla and Carl also explicitly mentioned the discordance between the formal ending of the placement and the needs of their foster daughter:

Our foster care case workers say that if you have these diagnoses, you are like seven years behind. If Cecilie could have stayed until she was 25, maybe she would have been like 18 when she left us? Now you might say that she was thrown out as a 13-year-old/ . . . /I feel as if all our efforts throughout these years are going down the drain. (Camilla)

The mental health services for adults did not have the capacity to help Cecilie, and her life became increasingly difficult. Camilla and Carl were still committed and wanted to be part of Cecilie's life, but the challenges connected to her mental health problems made it hard for them. In the interview, they expressed feelings of desperation and sadness over how Cecilie's life turned out after she had left care.

Several of the foster carers emphasized the understanding that the young people formerly placed in their care needed support after turning 18 years old. This was put into words by a foster mother in answer to a question about what kind of follow-up she thought these young people needed:

I think when they are 18 they need support, they need someone who can support them, because they are not 18, they are much younger/ . . . /It is a vulnerable time – what to do, where to live, and then moving out of the foster home?/ . . . /When you are 18 you are still very young. (Sissel)

The above comments all testify to how the formalized structuring of care according to age, such as having to leave care at a certain age, created great problems for young people with mental health problems when they left their foster care placements, since they still needed a lot of follow-up. Furthermore, from the carers' statements we got the impression that the mental health services for adults often lacked the capacity to find adequate ways of supporting young people ageing out of care, and the young people themselves were reluctant to seek help from adult services.

## Discussion

When analysing the interviews, we were struck by how frequently foster carers described experiences related to children's and young people's mental health problems. These problems could be evident from early childhood or later in adolescence. It was obvious that such problems could have a huge impact on the lives of children and young people in various ways. For instance, mental health

problems could affect young people's ability to create stable and supportive relations with others – carers, friends, and family – making the transition from care more complicated. Mental health problems could have an impact on the life course of young people leaving care, so the life-course perspective is used as a tool with which to analyse results of the study.

When the young people in our study left care, most of their foster carers intended to stay in touch with them and continue to provide support. However, many carers displayed uncertainty concerning their future contact, and this uncertainty was often connected to the young people's mental health problems. Some young people isolated themselves, and it was a challenge for foster carers to get in touch. In other cases, the foster carers stated that the young people were ashamed of their problematic situations and did not want to see their former foster carers as they found it hard to reveal how bad their situations were. Additionally, foster carers had the sense that some of the young people stayed out of touch to protect the carers from knowing how severe their problems were. To sum up, it was clear that the young people's mental health problems had an impact on their care leaving and on their continued relations with their former carers. In some cases, mental health problems hampered ongoing contact with the carers, while in other cases the relations became more complicated.

In the interviews, the foster carers displayed their serious worries about the young people, worries often related to the young people's mental health problems. The foster carers sometimes talked about how these young people could not cope with everyday life – they did not pay the rent, could not keep the apartment clean, could not keep a job – and ended up in a very difficult situation. For some carers, these worries were constantly present, as they still felt responsible for the well-being of the young people formerly in their care. The carers showed great commitment to the future lives of these young people, and there were carers who told us that they could not see an end to their commitment, as the mental health problems of these young people would entail a great need for ongoing support.

The lives of the foster carers were still connected to the lives of the young people: there was interdependence between the carers and young people in which the foster carers performed substantial relational work even when the young people had left their care placements. However, it was obvious that the young people's mental health problems made the relational work more demanding, and sometimes the foster carers had to make great efforts to support the young people. Additionally, the mental health problems of the young people could also affect the lives of the carers in other ways, and several carers expressed their dissatisfaction that they could not support the young people in the way they wanted to.

The present results testify to how young people's mental health problems could make their transition from care to adulthood more complicated. Such problems could prevent carers from providing social support and maintaining positive relations with the young people. This could be due to the young people's unwillingness to accept help and support, in some cases because previous negative experiences of parenting could prevent them from asking for help (Pryce, Napolitano, and Samuels 2017). For some young people, their difficulties made them stay out of contact, as they did not want their former carers to know about their problems. Mental health problems were a source of concern for the foster carers and of worry for the young people. The carers continued to try to find ways to help and be available when the young people allowed contact. The lives of the carers and the young people were still linked (Hutchison 2011, 2019), but often in a complicated way.

The stories told by the carers were also related to the concept of *timing of lives*. The ages at which specific life events and transitions occur refer to the *timing of lives* (Hutchison 2019). In our study, we could see how the *timing of events* further complicated the young people's care leaving. From the foster carers' point of view, neither the *psychological* nor *social age* of the young people was in accordance with their capacity to live independently. Several foster carers described how the young people still had a great need for structure and support due to their mental health problems, and how premature care leaving was detrimental to the well-being of the young people. Some foster carers expressed frustration at the lack of

acknowledgement from social services, as well as from mental health services, of the young people's problems. There were cases in which the foster carers felt that 'all their efforts were going down the drain' due to the lack of recognition of the young people's mental health problems. The lack of recognition of the actual 'social age' of the young people with mental health problems often created huge problems for their transition from care to independent living, and added to foster carers' worry and frustration. Thus, the *timing of lives* and *social age* could have a substantial impact on the care-leaving process and on the relations between the carers and young people. This information needs to be reported to and assimilated by both social services and policymakers.

These results are in concordance with previous research, which gives evidence of how a formalized time for care leaving can be difficult for young people (Cameron et al. 2018; Cashmore and Paxman 2006; Höjer and Sjöblom 2014; Stein 2006; Stein and Munro 2008). The transition from care to adulthood can be particularly problematic, as mental health problems often emerge at the time of care leaving (Munro and Simkiss 2020), a situation frequently described by the carers in our study. The results show that the existing care-leaving policies in both Norway and Sweden are not adapted to the needs of young care leavers. Furthermore, the importance of continued relations with foster carers has not been acknowledged in this system.

## Limitations

In our two samples, most of the foster carers expressed strong commitment to the young people previously placed in their care. There is a possibility that this commitment was an incentive to participate in the study, and that our sample might be biased towards foster carers with greater devotion to their foster children. However, foster carers often express strong dedication to their assignments (Schofield, Beek, and Ward 2012), and several carers in our sample had also experienced breakdowns and difficulties throughout their time as foster carers.

This is a qualitative study, and the interview results cannot be generalized to the whole population of foster carers. Still, we think that the information from the interviewed foster carers is of importance if we are to understand the care-leaving process for both young people and carers.

## Conclusion

When summarizing the results of the interviews, it becomes clear that the young people's mental health problems had an impact on their care-leaving process. The young people's relations with their former foster carers could be affected in different ways. Most foster carers were willing and prepared to provide continued support to the young people, but they often encountered many challenges in attempting to do so, arising from the young people's mental health issues. This could result in interrupted relations and a complicated situation for the young people. Previous research shows how the mental health of young people leaving care improved when they had access to stable and positive social relations and a supportive network. Contact with former carers was also related to positive relations with friends and better developed social skills (Dixon 2008, Munson 2015; Rahamin and Mendes 2015; Wade 2008). It is therefore important to acknowledge the effect of mental health problems on the care-leaving process and to provide adequate support to young people and foster carers to sustain such stable and positive relations.

The life-course perspective has helped us to understand how the lives of the young people and their carers are interlinked, and to realize that it is necessary to apply a long-term approach when analysing the situation of young people leaving care (Brady and Gilligan 2018, 2020).

The aim of care placement is for children and young people to receive adequate support and recognition, so that they will be able to cope with adult life when they leave care. This aim is also in accordance with foster carers' perception of their assignment as carers. The present results show

that the issue of mental health of young people ageing out of care should be better acknowledged than it currently is in Norway and Sweden. This is important information for social workers and policymakers. It is crucial to recognize and address the impact of mental health on the care-leaving process and to provide adequate and timely support to young people and foster carers in order to facilitate a positive care-leaving process.

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