

# Placement stability and satisfaction with foster home as predictors of life satisfaction for young adults raised in foster care

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## Abstract

This study examines how history of care, on one hand, and social support, on the other hand, predict satisfaction with life after leaving care by focusing on a sample of young adults raised in foster care in Norway. When aged between 19 and 29, youths answered questionnaires that mapped their past history of care, living conditions, social relationships and life satisfaction. Results show that the 70 respondents had experienced a relatively stable history of care (mean number of placements  $\pm$  SD:  $1.7 \pm 0.9$ ) and reported life satisfaction scores similar to those measured in the general population ( $23.3 \pm 7.0$ , mean  $\pm$  SD). Placement stability ( $P = 0.001$ ) and a high satisfaction with foster home ( $P = 0.030$ ) were related to a higher life satisfaction. Moreover, having good social support, that is, persons that you can count on in case of major personal problems ( $P < 0.001$ ) and a good contact with the foster family ( $P = 0.005$ ), was associated with a higher satisfaction with life. Several health-related variables and the working status were also linked to life satisfaction. Our work highlights the need to focus on promoting placement stability and a good relationship to the foster family in order to enhance well-being after leaving care.

## KEYWORDS

care history, care leavers, Diener's satisfaction with life scale, kinship care, social relationships, well-being

## 1 | INTRODUCTION

Life satisfaction and living conditions represent two crucial aspects of individual welfare. Life satisfaction is a key indicator of subjective well-being (SWB), which refers to a person's overall perspective or cognitive evaluation of his/her life as a whole (Diener, 1984). Whereas the study of living conditions examines external aspects of welfare such as income, education, housing or other health-related factors, which can be measured as objectively as possible (Barstad, 2014, pp. 14–15), life satisfaction is a subjective measure that focuses on the person's perception of his/her

situation. As such, life satisfaction only characterizes a delimited part of the person's overall welfare. The person evaluates his/her satisfaction with life in the context of some ideals influenced by his/her close environment, but also by broader cultural, social and gender norms (Garcia et al., 2017). Satisfaction with life is known as a protective factor for a healthy development and is associated with a range of positive outcomes, such as health and work performance (Erdogan et al., 2012; Proctor et al., 2010). Accordingly, achieving a high level of life satisfaction for their citizens has become a goal for modern societies (e.g. Maccagnan et al., 2019; OECD, 2020).

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Satisfaction with life in young adults (i.e. those aged 18–30) is often considered to be influenced by one's experiences in childhood and upbringing (e.g. Frijters et al., 2014; Jewell & Kambhampati, 2015). In the transition from adolescent to adult roles, the youth can follow complex and highly variable pathways (Hawkins et al., 2012; Peeters et al., 2019), which can make it especially complex to assess individual situations based on objective measurements of external welfare. Measuring life satisfaction can thus be particularly useful to estimate well-being in a young adult age (e.g. D'Agostino et al., 2019; Switek & Easterlin, 2018). Factors found to be associated with life satisfaction in adulthood include various socio-economic and demographic factors like education level (Ilies et al., 2019), marital status (Diener et al., 2000), health (Mroczek & Spiro, 2005) or social relationships (Amati et al., 2018). Income and employment level have been repeatedly linked to life satisfaction (e.g. Dolan et al., 2008; Vancea et al., 2019) and unemployment has been identified, together with health-related problems, as one of the most important negative predictor of SWB of young adults in Europe (D'Agostino et al., 2019).

### 1.1 | Life satisfaction of young people ageing out of care

For youth raised in public care, some other life experiences and/or challenges may be at play. A high proportion of the children raised out of home have suffered potentially distressing events, like exposure to poor parenting, violence, parental substance misuse or parental mental illness (e.g. Nygaard et al., 2020). Furthermore, they may have experienced different care histories related to their age at first placement, the type and number of placements they have had, the reason for placement, etc. When other young people often benefit from financial and emotional support from their birth family in the transition towards adulthood, youth ageing out of care can be forced to make an abrupt conversion to independent living, and this can influence the adult outcomes of those children (Paulsen et al., 2018; Stein, 2005).

Previous studies have shown that life satisfaction of care leavers is relatively low when compared with the general population (Cameron et al., 2018; Dregan & Gulliford, 2012; Refaeli et al., 2019). Several authors have highlighted the significance of a strong and adequate social support network to help care leavers transitioning from childhood adversity to a positive adult functioning (Dinisman, 2016; Dixon, 2008; Melkman, 2017; Refaeli et al., 2019). Rather than the quantity of social contact, the quality and continuity of the relationships have been highlighted as particularly important to help build attachment and security for youth ageing out of care (Cashmore & Paxman, 2006; Hinnen et al., 2009). Despite this general positive effect of social support, some relationships may also be detrimental to the youth, for example, if the birth family is of harmful influence (e.g. Driscoll, 2013). Still, several studies have concluded that a positive relationship to the mother contributes to a better SWB for young people ageing out of care (Dinisman et al., 2013; Refaeli et al., 2019). Institutional support, on the other hand, did not prove so far to be a

strong predictor of life satisfaction after leaving care (Dinisman et al., 2013; Refaeli et al., 2019).

To our knowledge, only two studies have examined how the history of care (e.g. the type of placement, age at first placement and type of placement) can contribute to explain life satisfaction after leaving care. Dinisman et al. (2013) found no effect of the overall length in care or of the type of placement on life satisfaction for young people in Israel 1 year after leaving care. In a British study on the other hand, Dregan and Gulliford (2012) found that having a total length of care of more than 3 months, going through two or more placements and being over 10 years old at first placement were all linked to a lower life satisfaction at age 30.

The importance of social support on one hand and of the history of care on the other hand is thus especially relevant to evaluate when examining life satisfaction of young adults raised in care, and published studies on the subject are scarce. Our study will focus on appraising the significance of those variables in the Norwegian context.

### 1.2 | The Norwegian child protection system

The main goal of the Norwegian child protection system is to ensure that children are protected from neglect and abuse and are given equal opportunities (Skivenes, 2011). An important principle is the child's best interest. Two other rules implemented in Norwegian jurisdiction are first to practice the least intrusive form of intervention and second to emphasize family ties and the biological relationship. Consequently, most children with assistance from the child protection system receive home-based support. For those placed out of home, a formal agreement is signed at the time of placement, which determines a visit schedule to the birth parents. As in most other countries, children receiving help from child welfare services in Norway come from low-income and education families (Backe-Hansen et al., 2014). When our study started in 1999–2000, 5136 children and adolescents were in out-of-home care in Norway. Of those, 87% lived in foster homes, whereas the 13% remaining lived in residential care (institutions). Among children and adolescents placed in foster homes, about 15% were living with relatives or close network (kinship care) (Holtan, 2002, pp. 11–12).

In Norway, like in a number of other countries, young people living in out-of-home care have a right to aftercare (follow-up) support (e.g. van Breda et al., 2020). When the youth consents to receive aftercare, support is maintained after the age of 18, or replaced by other compensating measures until the person reaches 23–25 years. Aftercare measures may include psychosocial support, practical assistance and financial support and are meant to provide care leavers with the kind of help their birth parents could have offered them in the transition towards an independent living.

### 1.3 | Research goals

The aim of this study is to examine how care history and social support can predict life satisfaction after leaving care by focusing on a

sample of young adults raised in foster care (YARFC) in Norway. As other factors are known to influence life satisfaction of young adults, we also explore the effects of a number of demographic, socio-economic and health-related factors in our analyses. Our hypothesis is that, even after controlling for the socio-economic aspects and health, the social support and history of care are still important to predict life satisfaction of YARFC. We hope our study will allow to identify which variables are the strongest predictors of life satisfaction for YARFC and thus contribute to refine practices when working with youth in care.

## 2 | METHODOLOGY

### 2.1 | Participants and procedure

The material for this article is drawn from a larger longitudinal study of kinship foster care for children, parents and foster parents, conducted in Norway since 1999 (Holtan, 2002; Skoglund, 2018; Thørnblad, 2012). Data collection occurred through three waves in 1999–2000 (T1), 2006–2008 (T2) and 2014–2015 (T3). The sample consisted at T1 of children aged from 4 to 13 and having lived for at least 1 year in court-ordered kinship (141 children) or non-kinship foster care (113 children). The longitudinal study followed the same children throughout childhood and adolescence and focused on surveying their upbringing in foster home (kinship vs. non-kinship care) (Holtan et al., 2020). At T3, children had become young adults aged between 19 and 29. Only 223 participants could be invited to participate at T3, as some of the young adults at T2 did not consent to be contacted again for the follow-up study. Recruitment at T3 had to go through the foster parents as we did not have the contact information of the YARFC. Of the 223 possible participants, at least 52 did not receive our invitation (27 because their foster parents could not be traced, 20 because their foster parents did not want to disclose their name and address, four who had died since T2, and one who was in prison). Of the remaining 171 young adults, 77 participated in the study at T3, either by answering a questionnaire or by participating in interviews (response rate at T3: 45%). Of the 72 persons who filled in the questionnaire, two were excluded from our analyses because they were not able to answer independently or adequately (mentally disabled and/or dependent of care services). This study is based on the answers given to the questionnaire at T3 that map different life domains of the young adults, and on the care history of the youth,

retraced through questions asked at T1, T2 and T3. The Regional Ethical Committee and Norwegian Data Inspectorate approved the study.

### 2.2 | Attrition analyses

We tested for a possible selective dropout from the study with a binary regression using participation at T3 as the dependent variable. The only significant predictor of participation at T3 was gender, with girls being 94% more likely than boys to participate at T3 ( $P = 0.023$ , Table 1). Age, age at first placement, target group at T1 (kinship vs. non-kinship care) and education of the foster parents at T1 (low vs. high for at least one of the foster parents) did not predict participation at T3 (all  $P > 0.1$ ; Table 1).

### 2.3 | Measures

Data were collected through questionnaires answered by the YARFC. See Table 2 for descriptive statistics of the following variables (variable names given in *italics*):

#### 2.3.1 | Life satisfaction

Diener et al.'s (1985) satisfaction with life scale (SWLS) is a tool used to measure the cognitive components reflecting SWB and life satisfaction. The SWLS is not designed to measure satisfaction in specific domains of life (e.g. work or relationships) but rather to help get a sense of satisfaction with life as a whole. This widely used instrument contains five items in a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The reliability of the scale in our study was very high (Cronbach's  $\alpha = 0.88$ ), and we used the sum of the five items as an estimate of life satisfaction (possible range: 7–35), a higher score indicating higher life satisfaction. When referring to measures of SWLS, we use the terms life satisfaction and well-being interchangeably.

#### 2.3.2 | Demographic information and socio-economic factors

The questionnaire at T3 included questions on gender, date of birth, family status, residence, highest achieved education and work

**TABLE 1** Analysis of T1 predictors associated with participation at T3

Independent variables	$\beta$	Wald $\chi^2$	P	Odds ratio
Age	0.664	2.61	0.11	0.91
Sex (girl vs. boy)	−0.095	5.14	0.023*	1.94
Age at first placement	−0.008	0.02	0.90	0.99
Target group (kin. vs. non-kin.)	−0.124	0.18	0.68	0.88
Education foster parents (low vs. high)	−0.200	0.43	0.51	0.82

\* $P < 0.05$ .

situation. Family status was described as whether the person lived with a partner (*Partner*: married/cohabiting vs. in a relationship vs. single) and whether the person had biological or adoptive children (*Child*: yes vs. no). The place of residence (*Residence*) was examined as living with family/foster family versus renting versus owning a place. Highest achieved education (*Education*) was determined as primary school (up to 10 years of education), high school (up to 13 years) or higher education (14 years or more). Work situation (*Work percent*) examined how much the person worked with income-generating job: full time versus part time versus not working.

### 2.3.3 | Health and drugs

*Health* was based on a self-assessment of general health (from 1: *very bad* to 5: *very good*). *Disease* was coded as 0: *no disease*, 1: *physical disease* and 2: *mental illness/disorder*, based on the person's description of his/her lasting diseases/illnesses. Alcohol consumption was determined by asking how many times the person had been drinking alcohol in the last 12 months (*Alcohol*, from 1: *never* to 5: *11 times or more*). Drugs consumption (excluding alcohol and cigarettes) was quantified by summing up answers from seven questions asking how many times the person used cannabis, heroin, amphetamine, cocaine, ecstasy, LSD and other drugs in the last 12 months (from 0: *never* to 5: *11 times or more*). *Drugs* had values ranging from 0 to 16.

### 2.3.4 | Social support

We used four variables to estimate social support. *Network* asked 'how many persons do you have so close that you could count on them if you had major personal problems (including family and foster family)'. Answer alternatives ranged from 1: *none* to 4: *6 or more persons*. *Together* was calculated as the sum of four questions asking how many times in the last month the person had been together with other people to (1) participate in sport/training, (2) cultivate common hobbies, (3) join in cultural activities and (4) go out at a restaurant/bar. Answer alternatives for each question ranged from 1: *never* to 4: *5 times or more*, so *Together* had values ranging from 4 to 16. *Family* was calculated as the sum of six questions enquiring how often the person was in contact with his/her birth family: mother, father, siblings, mother's partner, father's partner, or others from the birth family (excluding foster parents and any foster siblings for those placed in kinship care). Answer alternatives for each question ranged from 1: *never* to 6: *daily*, so the *Family* variable could range from 6 to 36 (actual range: 8–25). *Foster family* was obtained by summing up four questions examining how often the person was in contact with his/her foster family (1: *never* to 6: *daily*): foster mother, foster father, foster siblings, or others from the foster family. *Foster family* ranged from 4 to 23. For children placed in kinship care, the category 'others from the foster family' did not include anyone as relatives other than the

foster mother, foster father and foster siblings were counted as part of the birth family. Despite this difference in definitions, the mean contact with foster family was not different between youth placed in kinship care and those placed in non-kinship care ( $t_{(68)} = -1.04$ ,  $P = 0.32$ ; Table 2).

### 2.3.5 | Care history

*Age at first placement* and *number of placements* in care were determined by questions answered at T3 and confirmed by the care history registered throughout the study. Participants were also asked whether they received or earlier had received aftercare (*extended care*, categorized as 'yes' or 'no/I don't know'). *Target group* was determined as 'kinship' or 'non-kinship' care and was recorded for the last foster home the person lived in. In the same way, *satisfaction with foster home* was evaluated for the last foster home and was rated from 1: *very bad* to 5: *very good*.

## 2.4 | Data analysis

All the quantitative analyses were performed in SPSS Version 26.0. We first squared our dependent variable (i.e. life satisfaction) in order to obtain a normal distribution for that variable (Shapiro–Wilk test,  $W_{(70)} = 0.98$ ,  $P = 0.21$ ). Using general linear models, we then tested how four different domains of life contributed to predict the reported life satisfaction: (A) socio-economic factors, (B) health and drugs, (C) social relationships (family status and social support) and (D) care history. As variables from different life domains can potentially interact with one another, we further built on those four domains to establish a full model explaining satisfaction with life. This model also allowed to test whether variables from the social relationships and care history domains were significant predictors of life satisfaction, even after controlling for the socio-economic and health-related variables.

At each step, we tested for potential correlations between the variables of interest using Spearman's rank correlation coefficient ( $r$ ). Pairs of variables for which  $r > 0.40$  were not included in the same models because they would potentially explain the same part of the variance in life satisfaction. We thus run competing models for each pair of variables and used AIC to select the best of the competing models (e.g. because the variables *health* and *disease* are correlated, we discriminate between model B1: *health*, *alcohol* and *drugs* and model B2: *disease*, *alcohol* and *drugs*; Table 3). We further simplified models in each life domain based on  $P$ -values associated to the different variables. For that, we removed one by one the variables with the highest  $P$ -values until all variables included in the model had  $P < 0.1$  (e.g. *drugs* is removed from the best B2 model because its effect is not statistically significant at  $P < 0.1$ ; Table 3). *Sex* and *age in 2015* were included in all models to control for possible effects of those variables on other independent variables.

**TABLE 2** Descriptive statistics for the 70 children in care answering questionnaires as young adults in 2015

	Girls	Boys	Kinship	Non-kinship
Sex (n/ % girls)	40	30	61%	53%
Target group (% in kinship/n)	55%	46.7%	36	34
Age in 2015	24.1 ± 2.9	23.5 ± 3.1	23.6 ± 2.8	24.1 ± 3.1
Life satisfaction	23.0 ± 6.3	23.7 ± 7.9	22.1 ± 7.0	24.6 ± 6.8
Socio-economic factors				
Residence <sup>a</sup>	20/57.5/22.5	33/50/17	22.3/61/16.7	29.5/47/23.5
Education <sup>b</sup>	27.5/57.5/15	13/67/20	19.5/69.5/11	23.5/53/23.5
Work percent <sup>c</sup>	32.5/37.5/30	53/23/24	39/30.5/30.5	44/32.5/23.5
Health and drugs				
Health	3.8 ± 1.0	4.0 ± 0.9	3.9 ± 0.9	3.9 ± 0.9
Disease <sup>d</sup>	45/17.5/37.5	70/10/20	55.5/16.5/28	56/11.5/32.5
Alcohol	3.6 ± 1.3	3.9 ± 1.4	4.0 ± 1.1	3.4 ± 1.5
Drugs	1.5 ± 3.9	1.5 ± 3.4	1.8 ± 3.7	1.2 ± 3.6
Social relationships				
Partner <sup>e</sup>	40/7.5/52.5	20/7/73	33/9/58	29.5/6/64.5
Child <sup>f</sup>	32.5/67.5	3/97	8/92	32.5/67.5
Network	3.2 ± 0.7	3.0 ± 0.8	3.1 ± 0.8	3.2 ± 0.7
Together	9.7 ± 2.7	9.7 ± 2.9	10.1 ± 2.9	9.3 ± 2.6
Family	15.8 ± 4.5	12.2 ± 3.8	14.1 ± 4.6	14.4 ± 4.5
Foster family	13.6 ± 4.6	13.7 ± 4.0	13.1 ± 3.6	14.2 ± 4.9
Care history				
Number of placements	1.7 ± 0.9	1.8 ± 0.9	1.8 ± 0.9	1.7 ± 0.9
Age at first placement	3.5 ± 2.9	2.1 ± 1.6	2.4 ± 2.3	3.5 ± 2.6
Extended care <sup>g</sup>	42.5/57.5	50/50	44.5/55.5	47/53
Foster home satisfaction	4.2 ± 1.3	4.5 ± 1.0	4.3 ± 1.1	4.4 ± 1.3
Foster home: very bad (n)	5	2	3	4
Moved permanently after T1 (n)	3	3	3 <sup>h</sup>	3 <sup>h</sup>

Note: Unless otherwise stated, results are shown as mean ± SD.

<sup>a</sup>Residence: % owning/% renting/% living with family or foster family.

<sup>b</sup>Education: % primary school/% high school/% higher education.

<sup>c</sup>Work percent: % full time/% part time/% not working.

<sup>d</sup>Disease: % no disease/% physical disease/% mental illness.

<sup>e</sup>Partner: % married or cohabiting/% in a relationship/% single.

<sup>f</sup>Child: % yes/% no.

<sup>g</sup>Extended care: % yes/% no or do not know.

<sup>h</sup>Classified according to foster home at T1.

### 3 | RESULTS

#### 3.1 | Descriptive statistics

Descriptive statistics given in Table 2 show that our sample consisted of 30 boys and 40 girls, rather equally distributed between kinship ( $n = 36$ ) and non-kinship care at T3 ( $n = 34$ ). Life satisfaction for the overall sample was  $23.3 \pm 7.0$  (possible range: 7–35), and satisfaction with foster home was  $4.3 \pm 1.2$  (possible range: 1–5). Only seven respondents rated their last foster home as ‘very bad’: five girls and two boys. The mean number of placements was

$1.7 \pm 0.9$  (range 1–4), and mean age at first placement was  $2.9 \pm 2.5$  years. (range 0–10 years.). Six of the YARFC had moved permanently after T1 and before adulthood: two from kinship to non-kinship care; one from kinship care to another kinship care; two from non-kinship care to care in institution; and one from non-kinship back to living with the birth mother. In terms of education, 27.5% of the girls and 13% of the boys had only completed primary school, whereas 15% of the girls and 20% of the boys had some higher education. Most of the respondents were renting or owning a household, but 22.5% of the girls and 17% of the boys were still living with their family or foster family at T3.

**TABLE 3** Predictors of life satisfaction in the four domains of interest and full model based on the retained best models on the four domains

Model description <sup>a</sup>	df	AIC
Intercept only	3	1000.8
Domain A: Socio-economic factors		
<i>Residence</i> <sup>*</sup> , <i>education</i> , <i>work percent</i> <sup>**</sup>	9	985.2
<b>Best A: <i>Residence</i><sup>*</sup>, <i>work percent</i><sup>***</sup></b>	7	<b>984.1</b>
Domain B: Health and drugs (two competing models)		
B1. <i>Health</i> <sup>**</sup> , <i>alcohol</i> <sup>§</sup> , <i>drugs</i> <sup>§</sup>	6	989.8
<b>B2. <i>Disease</i><sup>***</sup>, <i>alcohol</i><sup>§</sup>, <i>drugs</i></b>	7	<b>985.1</b>
<b>Best B2: <i>Disease</i><sup>***</sup>, <i>alcohol</i><sup>§</sup></b>	6	<b>983.7</b>
Domain C-social relationships		
<i>Partner</i> , <i>child</i> , <i>network</i> <sup>***</sup> , <i>family</i> , <i>foster family</i> <sup>**</sup> , <i>together</i> <sup>*</sup>	10	987.4
<b>Best C: <i>Network</i><sup>***</sup>, <i>foster family</i><sup>**</sup></b>	5	<b>985.4</b>
Domain D: Care history		
<i>Target group</i> , <i>number of placements</i> <sup>**</sup> , <i>extended care</i> , <i>age first placement</i> , <i>foster home satisfaction</i> <sup>**</sup>	8	991.8
<b>Best D: <i>Target group</i><sup>§</sup>, <i>number of placements</i><sup>**</sup>, <i>foster home satisfaction</i><sup>*</sup></b>	6	<b>989.1</b>
E: Full model (four competing models)		
E1. <i>Work percent</i> <sup>***</sup> , <i>foster family</i> , <i>residence</i> , <i>alcohol</i> <sup>§</sup> , <i>network</i> <sup>***</sup> , <i>target group</i> , <i>number of placements</i> <sup>**</sup>	12	964.8
<b>E2. <i>Work percent</i><sup>***</sup>, <i>foster home satisfaction</i><sup>§</sup>, <i>residence</i>, <i>alcohol</i>, <i>network</i><sup>***</sup>, <i>target group</i>, <i>number of placements</i><sup>**</sup></b>	12	<b>962.7</b>
E3. <i>Disease</i> <sup>***</sup> , <i>foster family</i> , <i>residence</i> , <i>alcohol</i> , <i>network</i> <sup>**</sup> , <i>target group</i> , <i>number of placements</i> <sup>**</sup>	12	966.9
E4. <i>Disease</i> <sup>***</sup> , <i>foster home satisfaction</i> , <i>residence</i> <sup>§</sup> , <i>alcohol</i> , <i>network</i> <sup>***</sup> , <i>target group</i> <sup>§</sup> , <i>number of placements</i> <sup>**</sup>	12	967.3
<b>Best E2: <i>Work percent</i><sup>***</sup>, <i>foster home satisfaction</i><sup>§</sup>, <i>alcohol</i><sup>§</sup>, <i>network</i><sup>***</sup>, <i>number of placements</i><sup>**</sup></b>	9	<b>960.9</b>

Notes: Competing models were examined and selected by AIC when variables were correlated at  $r > 0.4$  within a given domain. Models were further simplified by removing the variables where  $P > 0.1$  in each domain. The best models obtained after evaluation of competing models and after simplification are bolded.

<sup>a</sup>Sex and age in 2015 are included in all models.

<sup>§</sup> $P < 0.1$ .

\* $P < 0.05$ . \*\* $P < 0.01$ . \*\*\* $P < 0.001$ .

### 3.2 | Socio-economic factors

Among the socio-economic factors, all correlations were below  $r < 0.26$ , so we examined all variables in the same model (Model A;

Table 3). We only removed *education* from the best A model because its effect was not statistically significant to explain life satisfaction ( $P = 0.23$ ). Respondents who were not working reported a lower life satisfaction than persons working full time ( $P < 0.001$ ) or part time ( $P < 0.001$ ). Persons living with their family or foster family also reported a higher life satisfaction than persons renting a household ( $P = 0.006$ ) and persons owning a household ( $P = 0.086$ , tendency).

### 3.3 | Health and drugs

In the health and drugs domain of life, the self-assessed *health* was correlated to the presence of a lasting *disease* ( $r = 0.45$ ), so those two variables were examined in competing models B1 and B2 (Table 3). The model including *disease* (B2; Table 3) was found to be a better model to predict life satisfaction, and we further removed *drugs* from the best B model as its effect was not statistically significant ( $P = 0.42$ ). Persons with no disease reported a higher life satisfaction than persons with a mental ( $P < 0.001$ ) or physical ( $P = 0.078$ , tendency) disease, and persons drinking more alcohol also tended to be less satisfied with their life ( $P = 0.091$ ).

### 3.4 | Social relationships

Within variables of interest to describe social relationships, none of the variables had correlations  $r > 0.24$ , so we could examine all variables of interest in the same model (Model C, Table 3). We successively removed *child* ( $P = 0.42$ ), *partner* ( $P = 0.33$ ), contact with family (*family*,  $P = 0.17$ ) and *together* ( $P = 0.11$ ) from the best C model as their effects were not statistically significant. The main variables predicting life satisfaction within the social relationship domain of life were thus *network* and *foster family*, with respondents having more people close to them ( $P < 0.001$ ) and more contact with their foster family ( $P = 0.005$ ) having a higher life satisfaction.

### 3.5 | Care history

Within variables of interest to describe care history, all correlations between variables were  $r < 0.28$ , so we could examine them all together in the same model (Model D; Table 3). We removed *extended care* ( $P = 0.53$ ) and *age at first placement* ( $P = 0.33$ ) from the best D model as their effects were not statistically significant. For the care history domain of life, the main variables that predicted life satisfaction were thus *target group*, *number of placements* and *foster home satisfaction*. A higher number of placements ( $P = 0.005$ ) and a lower satisfaction with foster home ( $P = 0.011$ ) were linked to a lower life satisfaction. Respondents with their last foster home in kinship care also tended to report lower life satisfaction than respondents in non-kinship care ( $P = 0.081$ ).

### 3.6 | Full model to explain life satisfaction

When testing for correlations within the full model, we found *disease* to be correlated with *work percent* ( $r = 0.45$ ) and *foster home satisfaction* to be correlated with contact with *foster family* ( $r = 0.42$ ), so we built four competing models with those pairs of variables (E models; Table 3). Model E2 (which included *work percent* and *foster home satisfaction*) was the best to explain life satisfaction (although nearly equivalent to model E1, which included *work percent* and contact with *foster family*). We further removed target group ( $P = 0.32$ ) and residence ( $P = 0.19$ ) from model E2 to obtain the best E model.

Estimates from the final best E model are given in Table 4 and show that life satisfaction decreased with *age* ( $P < 0.001$ ) and with *alcohol* consumption ( $P = 0.030$ ). Opposite, life satisfaction was positively related to the size of the *network* (number of persons close to you,  $P < 0.001$ ). Persons who were not working reported a lower life satisfaction than persons with part time ( $P < 0.001$ ) or full-time work ( $P < 0.001$ ). Finally, *number of placements* in care ( $P = 0.001$ ) was negatively related to life satisfaction, although a higher satisfaction with foster home was associated to a higher life satisfaction ( $P = 0.030$ ).

## 4 | DISCUSSION

As we had hypothesized, care history was significantly related to life satisfaction of YARFC, meaning the number of placements in care and satisfaction with foster home. Social relationships and work situation were also important determinants of life satisfaction. We will now discuss our findings in light of published results on life satisfaction in young adults in the general population and give perspectives on the importance of care history and social support to enhance life satisfaction in YARFC.

**TABLE 4** Estimates from the best model (Best E2 in Table 3) to predict squared life satisfaction

	$\beta$	SE	Wald $\chi^2$ <sup>a</sup>	p
Intercept	1004.0	303.0	10.98	0.001
Sex: female <sup>b</sup>	-37.9	50.5	0.56	0.45
Age in 2015	-35.0	9.0	15.1	<0.001
Work percent: full time <sup>a</sup>	284.6	60.8	21.9	<0.001
Work percent: part time <sup>a</sup>	299.7	64.0	22.0	<0.001
Network	117.9	32.5	13.1	<0.001
Alcohol	-40.4	18.6	4.69	0.030
Number of placements	-104.4	30.5	11.7	0.001
Foster home satisfaction	45.0	20.8	4.71	0.030

<sup>a</sup>Work percent: not working is the reference category.

<sup>b</sup>Sex: male is the reference category.

### 4.1 | A life satisfaction similar to the general population

The mean life satisfaction in our sample (23 for girls and 23.7 for boys) was slightly higher than the one reported in the Students' Health and Well-Being 2014 Survey (22 for both men and women, SHoT report; Nedregård & Olsen, 2014, p. 78) which also used Diener's SWLS (1985) to estimate well-being among students in Norway. It was also comparable to the satisfaction with life of Norwegian adolescents (13–18 years) living in rural areas, who reported a mean life satisfaction of 24.0 for boys and 22.3 for girls (Moksnes et al., 2014). Many studies report care leavers to show lower SWB than the general population (e.g. Cameron et al., 2018; Refaeli et al., 2019), but a recent Norwegian study also found youth in foster care to have well-being scores similar to the European norm data (Larsen et al., 2020). Our study focuses on 70 young adults with a relatively stable history of care (84% had experienced one or two placements only). As discussed below, we find the number of placements to be negatively related to well-being, and this generally low number of placements might explain why our sample did not present the same challenges as other populations of YARFC. Alternatively, and as suggested by the study from Larsen et al. (2020), the fact that life satisfaction in our sample compares with that of the general population might also be due to the extensive Norwegian welfare system being rather favourable to youth raised out of home compared with other, less wide-ranging welfare systems (Paulsen et al., 2018; Storo et al., 2019).

Contrary to some other studies highlighting gender differences in life satisfaction (Lysberg et al., 2018; Moksnes et al., 2014), we observed no statistically significant effect of gender in our sample. This is in line with several meta-analyses that have shown that, although satisfaction with some specific domains of life can vary between males and females, the overall life satisfaction is not dependent on gender (Batz-Barbarich et al., 2018; Chen et al., 2020). On the other side, we found well-being to be related to age, with older respondents being less satisfied with life than younger respondents. Most studies examining the relation between age and SWB in the general population describe a U-shaped relationship (López Ulloa et al., 2013) with the lowest level of life satisfaction occurring between about 35 and 50 years (Dolan et al., 2008; Hellevik, 2017), but a recent comparative analysis has shown that the general decrease in SWB with age might start as early as around 10 years of age (Casas & González-Carrasco, 2019). Additionally, for YARFC, the level of life satisfaction might also vary as a function of time since leaving care (e.g. Stein & Dumaret, 2011). In particular, the first year after leaving care can be a challenging period for YARFC (Dixon, 2008; Stein, 2005). As the use of aftercare measures becomes more common, young adults can exit care at variable ages, and we had no information on when our respondents had left foster home. We would therefore recommend further studies to try to unravel the effect of age from the effect of time since leaving care by examining both variables in the same models.

## 4.2 | Living conditions and relation to life satisfaction

Like many studies examining the main predictors of well-being in adulthood, we found health, job situation and social support to be strongly related to life satisfaction (Dolan et al., 2008; Sheikh et al., 2016). The working situation (*Work percent*) was highly correlated with the health status (*Disease*), and both captured a similar part of the variation in life satisfaction. Individuals with an illness were probably impeded from work and reported a lower well-being than the healthy and working respondents. As pointed out by Kivijarvi et al. (2020), loneliness and financial difficulties are probably the main mediators of the negative effects of bad health and unemployment on SWB. Even though we did not find a statistically significant impact of education or family situation (*Partner* or *Child*) on life satisfaction in our sample, Birkeland et al. (2014) found in a longitudinal analysis of 998 Norwegian individuals that living with a partner was associated with high life satisfaction at age 30. Our small sample size or the younger age of our respondents might explain why we do not find this relation to be significant in our study.

As often reported in the literature (Amati et al., 2018; Dolan et al., 2008; Melkman, 2017), the support of a good social network was related to an enhanced life satisfaction. The variable measuring how many persons were so close that they could be of help in case of major personal problems (*Network*) was a strong predictor of well-being in our study. This is in line with findings from Melkman (2017) that identify network adequacy as the most prominent factor mediating between childhood adversity and well-being of youth ageing out of care. The variable *Together*, however, which measures how many times in the last month YARFC had been together with other persons to participate in hobbies, cultural activities, etc., was not statistically related to life satisfaction. Rather than the quantity of social contact, it is the quality of the relationship that is linked to life satisfaction. Particularly, the dimensions of stability, trust and affection have been highlighted by several authors as central to enhance well-being (Barstad, 2014, p. 303; Cabrera et al., 2020; Melkman, 2017).

## 4.3 | Birth family and institutional help

Even though having a good relationship with the birth mother has been found by some previous studies to enhance life satisfaction of care leavers (Dinisman et al., 2013; Refaeli et al., 2019), we did not find the contact with the birth family to be related to SWB. The links between youth raised in care and their birth family can be complex (Driscoll, 2013), and visits are regulated by written agreements while children are in care (Haight et al., 2003). In the study from Driscoll (2013), youths aged 16–20 acknowledged that their birth family could be of detrimental influence and would not be able to help them with decisions about their future. A positive relationship might thus be more important than the amount of contact, as contact can also be the source of emotional stress (Refaeli et al., 2019).

The institutional help in form of aftercare did not relate to the level of life satisfaction in our sample. Various works have shown that aftercare can be linked to better outcomes for YARFC (Shpiegel et al., 2020; Talaslampi et al., 2019). However, some authors discuss whether this link is due to the persons having the better ‘qualifications’ at adolescence being more likely to receive aftercare or to the aftercare itself having a positive impact on the young adult outcomes (Valset, 2018). Jarczok et al. (2020) examined how aftercare related to well-being and found that care leavers accepting the aftercare programme rated their quality of life lower than those reporting no need for support. In our study, a substantial proportion of the respondents (13.3% of the boys and 7.5% of the girls) did not know whether they had received/were receiving aftercare. We can hypothesize that the precise definition of ‘aftercare’ might have been unclear for the youth answering our questionnaire. We recommend further studies to test for the effect of aftercare by examining which concrete compensating measures were received and how they influenced not only the living conditions but also the well-being after leaving care.

## 4.4 | The importance of placement stability and quality relationships to the foster family

More contact with the foster family was linked to a higher life satisfaction. The explanation for this association might be found in the central role that foster parents can maintain in the transition to adulthood, as they can continue to be a source of financial, housing and emotional support (Hojer & Sjoblom, 2014). At the time of our study, 17% of the boys and 22.5% of the girls were still living with their family or foster family (but nearly exclusively their foster family). The importance of the foster family is also denoted by the relationship between satisfaction with foster home and life satisfaction. Previous studies have shown that satisfaction with caregivers had an impact on SWB for children and adolescents placed in out-of-home care (Llosada-Gistau et al., 2020; Montserrat & Casas, 2006), but our study highlights that this effect can last even after the youths have left foster care. When good and stable relationships are established between the youth and their foster families, the foster parents can take over the role of the birth parents to help achieve a positive transition towards adulthood and thus enhance well-being after leaving care.

Of the variables examined within the ‘care history’ domain of life, the number of placements was the one having the strongest relationship to SWB. Placement stability is recognized as an important aspect of life for children raised in out-of-home care. Most studies have examined how stability influences children while they are in care (e.g. Cullen et al., 2020; Rubin et al., 2004; Rubin et al., 2007; Waid, 2014). However, some authors also draw attention to long-lasting effects of the number of placements on self-esteem, resilience, behavioural problems and educational achievements after leaving care (Cashmore & Paxman, 2006; Cassarino-Perez et al., 2018; Shpiegel et al., 2020). Dregan and Gulliford (2012) have identified a negative relationship between multiple placements and the life satisfaction at age 30, and our results are in line with this finding. We can



hypothesize that relational stability probably plays a role in the relationship we observed, as more stability enhances the chance to establish trust and attachment with the foster family.

Interestingly, we did not find the type of placement (kinship care vs. non-kinship care) to have statistically significant effects on well-being after leaving care. Kinship care is often preferred when placing children in out-of-home care as it is believed to enhance the continuity in family relationships and the sense of belonging (Messing, 2006). Winokur et al. (2015) have shown that children placed in kinship care had two times the odds of reporting well-being as did children placed in foster care but, to our knowledge, no published study has examined if this difference lasted after leaving care. In addition, placement in kinship care has also been reported to be potentially associated with some risk factors, for example, a lack of formal training of the kinship caregivers, financial difficulties and lack of social support (Taylor et al., 2020). In the model examining only the relationship between care history and life satisfaction (Model D), we found that respondents having their last foster home in kinship care tended to report a lower life satisfaction than those placed in non-kinship care ( $P = 0.081$ ). The tendency disappeared when examining this effect in the full model, where job situation and social support were controlled for. This suggests that the slightly lower life satisfaction reported by young adults raised in kinship care (see Table 2) might be related to those youths experiencing higher financial difficulties or lower social integration when entering adulthood. Further research would be needed to examine whether those interesting findings can be confirmed in larger samples and in different societal contexts.

We did not find age at first placement to be a significant predictor of life satisfaction after leaving care, whereas Dregan and Gulliford (2012) found respondents having entered care after the age of 10 to be less satisfied with life at age 30. This might be due to our sample being mainly constituted of children who had entered care at a relatively young age. Indeed, only 1.4% of our respondents had entered care at 10 years or more, whereas 78.6% were less than 5 years old when entering care.

## 5 | STRENGTHS AND LIMITATIONS

One limitation of our study is linked to its longitudinal scheme, which generates a substantial dropout through time. Dropout is a common issue in longitudinal studies but was probably exacerbated in YARFC because of certain characteristics specific to children raised out of home. Some of our study participants could not be traced while for others, the foster parents did not want to disclose their contact information. Children raised out-of-home move on average more often than children in the general population (e.g. Pears et al., 2015), and a change of placement from one foster home to another increases the risk of not being able to retrace the youth. In addition, because the monitoring of the foster care already creates a lot of attention on the youth, the foster parents as gatekeepers might want to protect their foster children from extra solicitations linked to research projects (Skoglund, 2018). Due to those issues, we infer that the young adults

who have received our invitation to answer at T3 might not be totally representative of our original sample. Young adults that had moved less often and that had had a more positive experience of out-of-home care were probably more likely to be invited at T3. We found the number of placements to be negatively related to life satisfaction, so if the youths that had moved less often were easier to retrace, we can suppose that those not retraced might have reported a lower life satisfaction than the ones measured in our study. In addition, some variables that were not statistically related to life satisfaction in our sample (e.g. *education, extended care or age at first placement*) might have been of importance if we had reached a more varied sample of YARFC at T3.

However, even though our results might not be completely representative of all children raised in public care, our study still suggests that satisfaction with life can be good for youths who have experienced a relatively stable placement history and have established positive relationships with their foster parents. This is encouraging and should help guide practices in Norway and abroad. Indeed, as one of very few studies examining the relationship between care history and SWB of the young adults after leaving care, our work identifies the stability of the relationship with the foster family, attained through placement stability, as a key area to work on in an attempt to achieve positive outcomes for the YARFC.

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## DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions.

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