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'It Isn't the Child Wearing Us Out, It's the System': Navigating Support Systems When Struggling as Foster Parents in Norway

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ABSTRACT

Foster parents encounter significant and diverse obstacles in receiving support when caring for children affected by relational trauma and mental illness. These issues extend to their interactions with welfare systems, mental health professionals and personal networks. This study is aimed at understanding foster parents' needs in navigating the support systems and finding a balance in their responsibilities. To address this, we conducted interviews with 22 foster parents caring for children receiving mental health treatment in a specialized outpatient clinic in Norway. We present the findings as a general meaning structure comprising four interconnected constituents: (1) the challenge of being an 'employee' and a parent, (2) encounters marked by inadequate information, (3) wanting a closer relationship with the child welfare services and (4) feeling a need for confidential conversations and support. This study underscores foster parents' struggle with systems that fail to provide adequate child information and holistic support, highlighting a pressing need for context-aware and tailored systemic improvements.

1 | Introduction

In many countries, the predominant method of providing care for children in out-of-home placements is through foster families. This trend holds true in Norway, where foster families are preferred to institutional alternatives (Lehmann and Kayed 2018). Society places significant reliance on foster families, entrusting them with substantial responsibilities (Backe-Hansen 2011; De Maeyer et al. 2015). Foster children themselves also emphasize the vital role of foster parents as their primary support system (Hiller et al. 2021). The children in foster care typically come from high-risk environments (Andenæs 2004; Turney and Wildeman 2017), often removed from their home due to abuse and/or neglect (Osborn, Delfabbro, and Barber 2008). These early experiences can make them more vulnerable than other children, often exhibiting lower adaptability, more demanding

behaviour and a higher prevalence of mental illness (Murray, Tarren-Sweeney, and France 2011). This highlights their extensive needs, which require significant attention from their caregivers on a daily basis. Despite the complexities of foster care necessitating robust support systems, there remains a gap between the assistance foster families receive and the demands of caring for children with extensive needs (Murray, Tarren-Sweeney, and France 2011). This study explores the needs expressed by foster parents in Norway in navigating interactions with support systems while balancing the responsibilities of caring for children with relational trauma and mental illness. Foster care arrangements vary significantly across countries in terms of laws, guidelines and practices. Therefore, nuanced and contextual research across diverse settings is crucial. While such research highlights the necessity of considering the unique characteristics of each study environment, it can also reveal

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essential knowledge that could enhance our understanding of the phenomenon in a more global context.

1.1 | The Norwegian Child Welfare Services (CWSs)

Children's welfare holds a prominent position in Norway, underpinned by legislation prioritizing preventative measures to minimize the placement of children away from their parents (The Norwegian Child Welfare Services Act [Forthcoming](#)). Kinship placement has been preferred when a child needs to move and also gained a stronger position in legislation in Norway in 2018, aiming to maintain existing relationships and attachments for children transitioning to new care arrangements (NOU 2018:18). Approximately 30% of foster children in Norway benefit from kinship care (Statistics Norway 2024), offering both greater stability (Gerds-Andresen et al. 2022; Winokur, Holtan, and Batchelder 2018) and potential challenges, such as relational vulnerabilities that might lead to conflicts and ambivalence in family relations (Kiralý and Humphreys 2016; Klein-Cox, Tobin, and Denby 2024; Lee, Clarkson-Hendrix, and Lee 2016).

In 2022, Norway had 14457 children and young people aged 0–24 years in out-of-home care, with nine out of 10 residing in foster homes (Statistics Norway 2024). This highlights the vital role of foster parents and their collaboration with local and state CWS. While both these agencies play crucial roles, they differ in operational scope, with local services primarily engaging with foster parents at the municipal level, while the state service oversees placements and provides specialized support at the national level. Both aim to ensure high-quality foster care services nationwide, occasionally offering counselling from family therapists/clinical psychologists as an additional measure.

1.2 | Elevated Complexity of Needs in Foster Care

Lehmann et al. (2013) found that more than half of foster children in Norway exhibit a mental illness. Symptoms of post-traumatic stress disorder is reported by 52.9% with an average of experiencing 3.44 potential traumatic events (Lehmann et al. 2020). In Norway, the CWS often provide interventions to improve parenting skills for several years before resorting to foster care (Lehmann and Kaye 2018). This may potentially prolong exposure to relational trauma like neglect, substance abuse and violence in some instances, exacerbating existing mental health issues. Moreover, the decrease in childcare institution placement indicates a shift in practices for children with complex needs. These children are now more commonly placed in foster homes than previously (Meld. St.17 2016-2017).

Although there are no national statistics on foster children's use of mental health services in Norway, Larsen et al. (2018) found that around 30% engaged with such services, suggesting unmet needs despite the critical role of such support for these children (Murray, Tarren-Sweeney, and France 2011). One reason might be that support from CWS is considered sufficient for those that are not in contact with mental health services, while another explanation is systemic hindrances in accessing mental health care. An Australian study found that social workers sometimes

downplayed foster children's mental health problems (Fergeus et al. 2019). Similarly, a Scottish study found that foster parents caring for children with emotional and behavioural issues were not more likely to contact mental health services than those without such problems (Minnis et al. 2006). These findings suggest that while children's difficulties were acknowledged, they were perhaps not recognized as mental health issues (Minnis et al. 2006).

Foster parents who feel that their needs are unmet may disengage from the CWS, feeling undervalued as part of the child's support team (Saarnik 2021). Effective communication and support between foster carers and social workers are pivotal for successful placements (Austerberry et al. 2013; Samrai, Beinart, and Harper 2011), highlighting the importance of collaboration and recognition (Tonheim and Iversen 2019). A recent report revealed that 78% of Norwegian foster parents hesitated to accept new fostering assignments, partly due to the perceived greater demands of the role compared to their expectations (Norwegian Foster Care Association 2022). This underlines the growing demand for out-of-home carers (Bufdir 2022), possibly affected by deinstitutionalization leading to severely traumatized children being placed in foster homes (Jørgensen and Skundberg 2016). Further research is needed to understand foster parents' experiences of navigating support systems when caring for these children (Murray, Tarren-Sweeney, and France 2011). Foster care research has often focused on foster care in general, neglecting the unique yet pivotal role of parenting foster children with extensive needs.

1.3 | Aim

This study is aimed at exploring how foster parents navigate support systems, including welfare systems, mental health professionals and personal networks, while balancing their responsibilities in caring for foster children affected by relational trauma and mental illness.

2 | Methods

2.1 | Design

To understand the perceptions, thoughts and emotions of foster parents and grasp the general meanings of their experiences, we employed a phenomenological design inspired by the philosophies of Husserl (1962/1945) and Merleau-Ponty (2012/1945). In phenomenology, we constitute our lifeworld through our embodied and intentional consciousness. It offers a comprehensive perspective on the meanings inherent in foster parents' experiences of role management and navigating support systems when struggling as carers.

2.2 | Context, Recruitment and Participants

We conducted our research at a specialist outpatient clinic in Norway that offers free mental health treatment for children aged 0–18. We invited foster parents caring for children with documented potential relational trauma who had been assessed

and diagnosed with mental illness to participate in the study. We recruited participants over a period of 12 months. The foster child's therapist invited the foster parents to participate and distributed written information about the study. Before they accepted, the main researcher provided oral information and answered their questions. An additional foster parent expressed interest via email.

We invited a total of 27 foster parents to participate in our study over the 12 months. Out of these, 22 consented, while five declined participation. The participants' ages ranged from 28 to 60 years (average 44), and they reported having had the foster child (2–17-year-olds) living with them for 1–14 years (average 3.5 years). Sixteen were first-time foster parents, while six also had experience with other foster children living with them previously or currently. We continued data collection until three consecutive interviews had been completed without significant novel insights emerging, indicating data saturation. In qualitative phenomenological inquiry, sample size hinges on acquiring sufficient data to comprehensively grasp the phenomenon, while ensuring that the collected data offer a detailed and nuanced description of the phenomenon under investigation (Hennink and Kaiser 2022).

The primary researcher conducted 16 semistructured, in-depth interviews, comprising six with couples and 10 with individual foster parents. The couples collaborated in childcare, whereas the individual interviewees identified themselves as the primary carers. The interviews prioritized participants' personal experiences and were designed to elicit detailed descriptions reflecting foster parents' encounters with support systems. We began the conversations by exploring individuals' interactions with foster parent support networks, aiming to understand their experiences of receiving and seeking assistance. We used open-ended questions and followed the natural course of the conversation, allowing participants to express their concerns. Some respondents spontaneously shared their experiences, while we prompted others with cues such as 'Please describe your experiences in the systems supporting you as a foster parent.' We then adapted the interview to what the respondents discussed by encouraging elaboration. We varied the questions from eliciting specific details to encouraging participants to share their feelings and experiences. Each interview lasted between 60 and 210 min, was audio-recorded and transcribed verbatim.

All three authors are experienced qualitative researchers and have worked with foster children and foster parents in clinical roles as psychologists.

2.3 | Data Analysis

We adhered to Giorgi's (2009) descriptive phenomenological method, initially adopting the phenomenological psychological attitude involving the methodological steps of 'bracketing' and 'withholding the existential claim'. We engaged in bracketing by maintaining reflexive awareness of our potential biases and actively setting them aside. We consciously directed our focus towards the meanings communicated by the participants, involving a disciplined form of empathy. In this process,

we also refrained from assuming the factual existence or historical accuracy of the participants' descriptions, referred to as withholding the existential claim. We immersed ourselves in the transcripts to gain a comprehensive understanding of the data. Subsequently, we segmented the descriptions into distinct meaning units, identifying shifts in meaning relevant to the phenomenon. We then refined everyday descriptions within each unit, adopting a psychologically informed language to discern broader implications. Employing 'imaginative variation', we explored different levels of abstraction to transform unique experiences into general eidetic meanings, applicable to other foster parents in similar circumstances. Finally, we synthesized the transformed meaning units into a cohesive essential meaning structure.

The first author conducted and analysed all interviews. To mitigate potential bias, all authors reflected deeply on the data during the analysis. The third author extensively reviewed all transcripts and independently analysed four interviews, while the second author reviewed interview summaries. Any divergent results or disagreements during the analysis were resolved through consensus discussions among the authors. The second author was kept updated throughout the data analysis phase, enhancing methodological rigour and transparency. Frequent team meetings promoted a collaborative approach to analysis.

2.4 | Ethical Considerations

We adhered to the Helsinki Declaration and obtained approval from the Norwegian Regional Committee for Medical Research Ethics. We followed guidelines from the Norwegian Centre for Research Data. All participants provided informed consent, and we anonymized their data.

3 | Results

3.1 | General Meaning Structure

Our analysis revealed multifaceted experiences of foster parents encountering both assistance and challenges within support systems while caring for a child with extensive needs. Balancing family and work aspects, they grappled with the dual role of being a parent and 'employed' by the support system. This affected their identity as foster parents and their collaboration with the CWS. Many felt ill-equipped to care for their child due to a lack of preparation, information and guidance. Most participants emphasized the need for a collaborative partnership with the support system to alleviate isolation, promote shared responsibility and facilitate information exchange. They underscored the imperative of holistic family interventions, advocating for confidential consultations with mental health professionals independent of CWS evaluations. Confidentiality constraints hindered access to personal networks, exacerbating feelings of isolation and frustration at their inability to use customary sources of support. Despite these challenges, foster parents' dedication to the children remained steadfast, driven by affection and the rewarding experience of witnessing their progress. For analytical purposes, we divided the above general

meaning structure into four interrelated constituents: (1) the challenge of being an ‘employee’ and a parent, (2) encounters marked by inadequate information, (3) wanting a closer relationship with the CWSs and (4) feeling a need for confidential conversations and support.

3.1.1 | The Challenge of Being an ‘Employee’ and a Parent

Participants experienced a tug-of-war between two equally challenging yet essential paths, crucial for managing the overwhelming demands of parenting a child with significant needs, both individually and as a family. ‘You feel like an employee and you can’t ask for help; you just have to do what you’ve been told’ (i22). Many explained how caseworkers from the CWS failed to grasp the personal impact on them. ‘They treated us as if it was a work relationship, but this was our life’ (i2). The feeling that their private sphere was invaded made it difficult for them to set boundaries. The dynamic of family life being work required them to navigate between personal and employee identities while caring for a troubled child. ‘There are excessively high expectations about what we’re supposed to achieve and manage. When a child is struggling this much ...we need a different framework for how to live’ (i1).

Participants often felt that it was their duty to handle any situation without complaining. ‘You get to realize that you’re an employee... When I say something negative, or tell them something we find difficult, they quickly suggest relocating the child’ (i1). Several participants described the feeling of concealing their difficulties to avoid losing their child and their job. Many pointed out the significant workload and how it influenced their ability to care for the child. They needed to handle acting out, mental illness, advocating for the child’s rights, arranging support in school or other institutions and interacting with the biological parents. ‘I had to fight for him in meetings, to get the assistance he needed in school’ (i1). In such settings, they missed the support needed to avoid burning themselves out. ‘It isn’t the child wearing us out, it’s the system’ (i5). Some felt that they had a full-time job dealing with such issues as well as ‘working’ as a parent to bond with a struggling child. ‘Having to find our way in different institutions all the time feels like a full-time job due to the frequent meetings and the efforts to coordinate things’ (i15). This full-time commitment came in addition to work outside the home in many cases.

Most of the foster parents described having little influence in important matters because of their lack of parental rights. It was particularly difficult when orders contradicted the child’s well-being, especially when exposing the child to intrusive or hostile biological parents who had caused them trauma in the past. ‘I was told to take the child to the biological parent no matter what. I could be fired if I did not comply. It’s like you’re not allowed to use your own common sense’ (i6). They also had to deal with hurtful remarks from biological parents. ‘Her biological family told her we were just in it for the money, that we didn’t care for her like they do’ (i9). Although the foster parents recognized the biological family’s distress in such remarks, these assessments were perceived as negatively affecting the foster children’s and foster parents’ self-esteem.

In the participants’ narratives, there were indications that the CWS may perpetuate traditional gender roles. However, some participants reported a more equitable distribution of parental responsibilities. Those who received more support in sharing parental responsibilities emphasized this as crucial. ‘My husband’s support is essential; we have an arrangement with CWS to share certain responsibilities’ (i6). Yet others lacked such opportunities. ‘My husband wasn’t eligible for paid leave to provide relief for me for even a short period, which would have given me the chance to breathe’ (i1). Despite calls for more balanced familial responsibilities, many felt that their voices went unheard. In a similar vein, the foster parents without partners expressed how the child’s extensive needs made the task difficult as a single parent. ‘If I were to choose again today, I wouldn’t have embarked on this journey alone’ (i17).

3.1.2 | Encounters Marked by Inadequate Information

Poor information exchange can leave foster parents feeling betrayed by the system when they cannot provide adequate care. All participants encountered obstacles in accessing crucial confidential information about the child. Their advice to others considering fostering was to be better prepared. Our analysis revealed the participants’ desire for a deeper understanding of their foster child. ‘You need more knowledge and preparation for this assignment’ (i8). However, only a minority felt sufficiently informed about the child’s background to provide appropriate care. Central to their concern was gaining access to comprehensive information from the system to effectively prepare for the child’s needs. ‘Foster parents must receive a clear understanding of their assignment. They need to know the child’s requirements, needs and history, to understand how to engage and communicate with the child’ (i8). It was pointed out that sound knowledge about a child’s background was essential to being good foster parents both in terms of continuity in the child’s life story and understanding behavioural nuances. ‘Caseworkers often change and they don’t have time to read up on every child’s history. The children lose their identity if foster parents are not allowed to know their background’ (i5). Further, minor events could trigger intense reactions from the foster child, and misunderstandings were frequent when foster parents could not understand why the foster child exhibited certain behaviour. ‘It makes it easier to put two and two together’ (i6). Several participants mentioned how insufficient information made behaviour management difficult.

It took the child welfare services months to decide what information they could share with me. It was a pity they didn’t mention that he’d had a significant trauma just two weeks before arriving at our home. Our approach to the situation would have been markedly different if we’d known.

(i6)

A family who had read parts of the child’s court case conveyed how important it was for them to know the child’s extensive history; it needed to be taken into account and inform their way of bringing up the child. ‘The more we knew, the better. He needed to know his own background, and we noticed how important

it was for us that we could answer his questions about his past' (i4). Participants familiar with the child's background received information from their caseworker. Foster parents felt that those sharing this information recognized its significance for effective parenting and realized that they prioritized the child's best interest when deciding to provide the information. The information was often confidential, preventing participants from sharing it with others involved in the child's care, even though it could have been helpful. Some participants also felt misled, stating that they were not provided with accurate information about the child's needs and that important details were withheld. 'I think some information is kept hidden to avoid losing potential foster parents' (i7). Some described a tendency of being told the positive aspects of the story, while the challenges were omitted, and they wished for transparency.

We clearly communicated to the child welfare services our limitations in dealing with very difficult cases, but we found we got a child who is deeply traumatized and well behind his peers in several areas. They should have been more transparent about this situation.

(i7)

Several of the participants described a wide gap between their expectations and their ability to cope when the child arrived. 'The system has taken advantage of my love and my life...' (i1). Further, many emphasized how the sharing of information was important throughout the assignment as foster parents, not just in the preparations. They revealed how inadequate information could alienate them from both the child and the caseworker. 'When our teen spoke negatively about us to the child welfare services, we became alienated from them, and started to view each other negatively. Rather than talking together' (i20). Even though they thought that there were good intentions behind withholding information, they saw how misunderstandings could lead to difficulties. Exchange of information emerged as essential for fostering collaboration between foster parents and child welfare workers, which contradicted the aim of confidentiality.

3.1.3 | Wanting a Closer Relationship With the CWSs

A key challenge expressed by many was the need for a collaborative relationship with the CWS involving shared responsibility. They emphasized the importance of feeling valued by the system and supported collectively, ensuring that they were not alone in their fostering journey. However, frequent changes in caseworkers hindered the development of such relationships. 'Because of all these sudden changes, it's hard for the caseworkers to get to know us and our foster child. It's not their fault, but the system is performing poorly' (i4). This resulted in caseworkers' inability to sufficiently understand the family dynamics. Many caseworkers were described as dedicated, yet overall availability in the system was inadequate. 'We meet only four times a year' (i22). A few foster parents were satisfied with the assistance they received, especially when consistency, flexibility and hands-on engagement were offered. 'Our caseworker was available when needed' (i14). Some stated that receiving help that extended beyond what they expected was what kept them going. 'Without

his [psychologist from CWS] presence and extensive experience in integrating struggling children into new families, I'd have no clue about how to deal with these challenging situations' (i6).

The wide array of needs reported by the participants corresponded to the variety among the families, and there existed a multitude of viewpoints regarding potential solutions, ranging from emotional support to financial support. 'Asking for financial support makes you feel like a nuisance' (i17). Many revealed how insufficient help exacerbated their problems. 'It hurts to be ignored when you need help' (i12). Initial guidance was often lacking, prompting calls for proactive support. 'It's better to provide help from the beginning rather than wait until it's too difficult' (i8). The promise of family support often translated to help solely for the foster child, leaving foster parents feeling sidelined within their own family structure. This imbalance was commonly reported. 'It's like the struggling foster child is at the top of the family, and the rest of us are below' (i1). Many carers noted that being treated as a whole family had a significant impact on their continued caring role.

We need more help... for the entire family. A child will get better in the safety and love of the home they live in. You cannot help one part of the whole and expect it to be ok. Because it isn't ...

(i22)

Some participants mentioned feeling criticized when reaching out for help during difficulties. 'My frustration made me say something I regret to the foster child and I sought help... The advice was not to repeat it, and to say I was sorry. There was no help to resolve the issue' (i20). Such experiences discouraged openness and a good connection with the CWS. As a consequence, several participants kept their thoughts and feelings to themselves. 'Our openness backfires. Feelings of shame are met with suspicion instead of support' (i14). Negative expectations for how they would handle the job hindered a good relationship. 'Building trust was a tough process as they started to doubt my capabilities' (i8).

Most participants preferred open communication, personal connections and time for caseworkers to understand the family dynamics. 'As they got to know me, they saw how good I am for him' (i8). Their idea was that more time together and respectful listening would enhance collaboration between foster parents and caseworkers. Some participants had worked in CWS themselves and found that it was difficult to understand the impact of a foster child without first-hand experience. 'As a caseworker myself, I discovered how little you know about what foster families face. ... You think you understand, but you don't, so you need to listen closely ...' (i2). Engaging in such a dialogue could prove instrumental in determining the necessity for support in various aspects, including respite care, supervision, evaluation of foster families, interaction with the child's biological parents and providing support in advocating for the child's rights in diverse systems. It could also provide a sense of partnership and collaboration.

Families described various needs for customized assistance. For example, while some described respite homes as a viable option,

others regarded them as an unfavourable choice. Those who highlighted the need for respite homes emphasized the importance of the destination being willingly accepted by the child; otherwise, it would exacerbate challenges upon the child's return. 'When he is with his grandparents I can relax' (i17). Some foster parents felt that if the child sensed being separated only for them to have a break, it might erode much of the attachment work and family-building already accomplished. This could lead to a more difficult situation when the child returned. 'It might feel easier temporarily, but difficulties will escalate over time' (i5).

Municipal cultures and operational frameworks were blamed for collaboration issues. Many described caseworkers as dedicated and interested, but time constraints and interpretation of guidelines prevented them from providing the desired and necessary support. 'If I have any questions, I simply pick up the phone. If they don't answer, they return the call. I sense their willingness to help and support us' (i19).

3.1.4 | Feeling a Need for Confidential Conversations and Support

Many of the foster parents faced barriers in accessing mental health support, sometimes due to restrictions from the CWS and sometimes because therapy was terminated too soon. In view of the significant needs of the child, they were taken aback by this. They yearned for additional support beyond the confines of the CWS as their employer, emphasizing external support as crucial when caring for children with complex needs. In addition to this, confidentiality rules made it difficult to seek support from their circle of friends and family, losing the backing one would typically receive when caring for biological children. 'We were instructed by the child welfare services to exclusively communicate with them' (i1).

Many underscored the need for therapy, emphasizing confidential dialogues and neutrality from the helper. 'We have often been alone. Especially in times of disagreement with support systems, we've never had a neutral party to discuss with' (i1). Some informants mentioned difficulties associated with navigating disputes with professionals engaged in the care of the child, expressing a need to confide in and reflect on issues with someone possessing both a vested interest and professional expertise in the matter. Many also highlighted the need for skilled mental health support. 'We needed a space for dialogue, not with the child welfare services as our employer, but with someone skilled in attachment and trauma reactions' (i3). Their emphasis was on therapy for the entire family, as well as the relational trauma of the child. 'You cannot imagine in advance how long it takes to see changes in a relationally traumatized child, and the chaos brought into your life by this child. ...It's a lot' (i22). Many questioned the lack of specialized support for these children. Some participants suggested that the mental health clinic should be actively involved and collaborate with the CWS. 'Everyone should have access to a therapist at a mental health clinic. They're different in their qualifications and confidentiality with us as foster parents' (i22). Some felt understood only after having treatment for the whole family at a mental health clinic. 'It took five years to get

this help, and then we felt that someone finally understood our situation' (i1). 'The therapy gave our foster child more stability and trust, which then reduced our feeling of immense exhaustion' (i22). All foster parents found the work enjoyable when they managed to connect emotionally with the child, which appeared to be the primary motivation for most of them. 'When she confides in me, I know it's worth all the hard work' (i18). They described meeting therapists with expertise who took into account their needs as foster parents, as well as their needs beyond this role. 'In therapy, self-care was also important' (i1). However, some questioned the care provided at mental health clinics; they described limited support for children with profound relational trauma and emphasized a long-term relationship. 'Challenges persist for these children; it's not a matter of months' (i11). The majority of the participants talked about how the child's problems manifested themselves intermittently due to specific triggers or developmental stages, or continuously in varying degrees over time.

The participants described needs for different degrees of guidance, depending on prior foster parenting experience and the extent of the child's difficulties. 'There are long periods of doubt about continuing as a foster parent. We're expected to deal with these periods alone' (i22). Some sought experienced therapists, others craved standard family support akin to what they received for their biological children and some expressed a desire for both aspects. 'Our extended family doesn't know how this impacts us' (i1). They all described how others could not understand their situation. Fostering a child with potential relational trauma and mental illness was perceived as incomprehensible, especially when they could not share their experiences. 'You cannot imagine...' (i22). Instead of receiving empathy and support from close others, they found that confidentiality requirements distanced them from those who could have helped. It also made foster families more isolated and less able to solve difficulties. Trying to help and bring up the child on their own exhausted them. 'I felt lonely and even depressed for not being able to help our foster child more when his behaviour deteriorated in his teenage years. Friends and family never knew' (i20). The majority pointed out that a group of like-minded people to share their experiences with could be helpful. It was emphasized that these groups should be matched properly with regard to similar challenges and lifestyle; otherwise, it would just feel like more 'work' on their shoulders. 'Although we longed to talk to people in similar situations, it wouldn't be helpful if we were too different' (i2). The participants wished for support and understanding and expressed gratitude when they received this.

4 | Discussion

This study explored the complex realities of foster parents contending with systemic support issues when caring for children with extensive needs. Their dual identity as carers and employees, exacerbated by insufficient knowledge of the child's background, compounded their parenting difficulties. Support often focused narrowly on the child, while the families seemed to want and need a more holistic approach. Additionally, stringent confidentiality rules led to a sense of isolation, severing them from possible support within their personal networks.

4.1 | The Dilemmas of Professional Parenting

In line with previous research, our participants articulated the intricate nature of managing the interplay between their personal lives and work responsibilities when entering the foster care system (Schofield et al. 2013). Their challenges were worsened by systemic factors such as workload, limited decision-making control and parental responsibility distribution. In contrast to much of the literature on work–life balance, which primarily focuses on the challenges encountered by working mothers and fathers (Bianchi and Milkie 2010), the participants had to grapple with an unclear boundary between family and work (Schofield et al. 2013), as well as sharing the care with the CWS and biological parents of the child. Their workload made the participants feel like professionals, having to address behavioural issues, manage mental health concerns, advocate for the child's rights and coordinate with various institutions.

Our findings align with those of Schofield et al. (2013), which indicate diverse perceptions of foster parent roles. While some primarily identify as parents, others acknowledge the professional dimension. This underlines the need for nuanced support strategies that accommodate varied role perceptions. Achieving a balance or integrating the roles into 'professional parenting' appears to be beneficial (Hollett, Hassett, and Lumsden 2022; Kirton 2007) and enriching (Schofield et al. 2013). However, it has been demonstrated in this and prior studies that some foster parents express a preference for maintaining a 'professional' emotional distance, while others adopt a conventional parental identity (Blythe et al. 2013; De Wilde et al. 2019; Farmer and Lippold 2016; Wubs, Batstra, and Grietens 2018). The delineation of foster parents' responsibilities highlights the crucial need for supportive measures to help them navigate the dynamic nature of their role, which straddles the domains of parenting and professional caring (Marks and MacDermid 1996; Schofield et al. 2013). Successfully managing role conflicts between being an employee and a parent is contingent on deriving personal satisfaction and job fulfilment from both roles, ultimately enhancing both aspects (Rothbard 2001; Schofield et al. 2013).

Our findings emphasize the importance of promoting a more equitable distribution of parental responsibilities in child rearing, as this has been linked to a reduction in parenting stress (Richardson et al. 2018; Richardson and Futris 2019). This appears to be relevant for both couples and single foster parents caring for foster children with extensive needs. Consistent with our study, CWS interventions appear to influence family dynamics, often aligning with traditional gender roles (Lugg and Ulvik 2023), making women the primary carer and lonelier in the fostering task. Single parents in our study also expressed the potential benefits of sharing the responsibilities with another parent. Previous research supports our findings on the advantages of having two compatible parents (Amato 2005; Biblarz and Stacey 2010), which appear as a particularly crucial factor in dealing with foster children facing significant challenges, as observed in our study.

4.2 | Information Exchange in the Child's Best Interest

Our participants emphasized the need for better preparation and a deeper understanding of their foster child with enhanced needs. Previous studies have also stressed the value of receiving information about the child (Murray, Tarren-Sweeney, and France 2011; Octoman, McLean, and Sleep 2014; Samrai, Beinart, and Harper 2011). In our study, the importance of timely and comprehensive information throughout the process of foster care was emphasized. Some participants felt misled due to withheld information, resulting in a gap between expectations and reality. This echoed previous research showing that aligning foster parents' expectations with the actual experience enhances job satisfaction (Rodger, Cummings, and Leschied 2006). Certain participants also speculated that CWS withheld information out of concern for losing potential foster parents. Previous research indicates that such omissions can breed distrust towards the CWS and caseworkers (Sanchirico, Lau, and Russell 1998). It seems imperative to address this issue to establish a more transparent and trusting relationship between foster parents and CWS professionals. In our study, open communication and information exchange were emphasized as essential for collaboration with the CWS, even if this challenged the concept of confidentiality. However, a study by Lanigan and Burleson (2017) found that while knowledge of a child's traumatic past can aid foster parenting, it could also make foster parents wary of encouraging the relationship between the child and the biological parents. In the book *The Professional Social Worker* (Damsgaard 2010), various ethical dilemmas faced by social workers are discussed. A recurring theme in these dilemmas involves the need to choose between adhering to legal guidelines and prioritizing the preservation of relationships and trust with the parties involved. This highlights the inherent complexity of the social work profession, where dilemmas can involve the fear of rule violations as opposed to the professional assessment of sharing necessary information in the child's best interest.

4.3 | High-Burden Foster Care Benefits From Partnership With the CWS

Our study revealed that foster parents providing care in high-burden foster care settings seek increased collaboration with and acknowledgement from the CWS, mirroring findings from previous research (Murray, Tarren-Sweeney, and France 2011). Effective communication and time for caseworkers to gain an understanding of family dynamics emerge as crucial factors for collaboration in this and previous research (Tonheim and Iversen 2019). Limited foster parent involvement in decision-making is highlighted as a negative factor for successful foster care, potentially leading to feelings of devaluation (Murray, Tarren-Sweeney, and France 2011; Rhodes, Orme, and McSurdy 2003; Saarnik 2021). Our participants stressed the value of building relationships with professionals to bridge gaps in understanding and enhance support effectiveness, aligning with previous findings (Burns et al. 2004; Saarnik 2021).

A collaborative partnership where professionals assume partial care responsibility when the child stays in a care facility for, for example, one weekend a month and longer during the summer could support foster parents caring for children with heightened needs (Negård, Skjær Ulvik, and Oterholm 2020), but most of our participants seemed unaware of this approach. Respite care, however, where the child lives with a different family, extended biological family or friends were discussed as an alternative, with differing perspectives on its effectiveness, highlighting the complexity of decisions in foster care based on the needs of different families and children.

Our findings highlighted participants' wish for the CWS to acknowledge them as a complete family unit, emphasizing the importance of holistic family functioning for the foster child's healing process, as supported by previous research (Coulter et al. 2022). Our participants noted caseworkers' genuine interest but also observed how constraints and regulations hindered them from providing sufficient time and comprehensive assistance. The caseworkers appeared to have varying knowledge of the positive impact building relationships with service providers has on successful placements (Chipungu and Bent-Goodley 2004; Massinga and Pecora 2004). In our study, participants highly valued the expertise and competence of social workers. They also emphasized the significance of continuity in caseworker relationships in foster care contexts, which concurs with previous research (Oke, Rostill-Brookes, and Larkin 2011).

4.4 | Foster Parents Need Support Beyond Their Relationship With the CWS

In our study, several participants underlined the therapeutic necessity of confidential dialogues, emphasizing the crucial need for neutrality from other support providers. Such a relationship is typically nonevaluative and nondefensive and consistently demonstrates care and respect, which is generally considered highly beneficial for individuals seeking help, as noted in previous literature on therapy (Lambert and Barley 2001). However, establishing such a relationship with a caseworker proved challenging, due to both their evaluative role and turnover in the system. Participants encountered situations that made them reluctant to openly discuss their hardships, especially emotional ones. Acknowledging the profound impact of relational trauma on both the child and the foster family's life, participants emphasized the significance of family therapy, describing notable improvements in stability and trust, which alleviated their feeling of exhaustion. Despite recognizing the importance of such support, participants often faced hurdles in accessing it, which is also in line with previous research (Larsen et al. 2018). In our study, some participants confided that they felt restrained by the CWS from seeking a therapist or opening up about their challenges to others, which is seen in previous research such as that of Fergeus et al. (2019). This left many foster parents feeling isolated and unsupported in their caring role. The confidentiality restrictions imposed to protect the child's privacy were frequently viewed as burdensome. These restrictions created a gap between foster parents and their networks, limiting their ability to seek support from family and friends who were

typically involved in matters concerning their family (Cooley, Thompson, and Newell 2019).

5 | Strengths and Limitations

The strength of the study is the rich descriptions from a carer's perspective of foster parents' caring experiences with foster children affected by relational difficulties and mental illness. We used a phenomenological approach with interviews, which was well suited for gaining an in-depth understanding of the phenomenon under investigation, as it enabled the generation of rich and nuanced data through open-ended and flexible questioning techniques. To ensure a comprehensive understanding, we considered various factors such as socioeconomic background, ethnicity and family structure. There were also variation regarding kinship and nonkinship care. The study was geographically restricted to a particular region of Norway, implying that cultural specificity may constrain the extrapolation of the results. However, the resulting knowledge reveals essential factors that could inform understanding of the phenomenon in a global context. We consider that these findings have generated valuable insights and generalized meanings in the experiences of foster parents within a specific sociocultural context, emphasizing the importance of future research in this area in more diverse cultural settings.

6 | Conclusions and Implications

This study highlights the multifaceted challenges faced by foster parents within support systems when raising a child with heightened needs. There is a need to address these issues to enhance the well-being of both the child and the family, involving discussions on innovative approaches. Concerns about insufficient information and limited comprehension of children's traumas highlight the necessity for customized support strategies that acknowledge the varied experiences and requirements of foster families. Continuous support and therapy for the entire family should be an essential component of fostering. Existing confidentiality regulations hinder the utilization of personal support networks, which could be beneficial for these families, to enable them to provide the nurturing family environment they aspire to offer their foster children. Policy recommendations must carefully balance the ethical dilemmas surrounding confidentiality, but they also need to be questioned. Efforts should be made to elevate the status of foster parents in relation to the child, granting access to receive and share information necessary to the child's well-being. Further research is crucial to optimize foster care practices while improving gender equality and providing extra support to single carers, as well as promoting trust between foster parents and the CWS. This study underscores the importance of exploring the challenges faced by foster parents and caseworkers, particularly regarding fear of making mistakes, which can exacerbate mistrust and alienation.

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Ethics Statement

The study adhered to the Helsinki Declaration, gained approval from the Norwegian Regional Committee for Medical Research Ethics (84764) and followed guidelines from the Norwegian Centre for Research Data.

Consent

Informed consent was obtained from all subjects involved in the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from Telemark Hospital Trust. Restrictions apply to the availability of these data, which were used under license for this study. Data are available from the author(s) with the permission of Telemark Hospital Trust.

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