Children in out-of-home care as young adults: A systematic review of outcomes in the Nordic countries

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ABSTRACT

Background: Internationally, the Nordic countries occupy top positions in child well-being. We investigated literature on the overall outcomes of young adults from the most vulnerable backgrounds in the Nordic countries, namely young adults who were placed in statutory out-of-home care (OoHC, i.e., foster care) during childhood in the Nordic countries for the protection of their safety and welfare.

Methods: We followed PRISMA guidelines and conducted literature searches manually, as well as electronically, via EBSCO's Psychology/Sociology databases and ProQuest's Social and Behavioral Sciences databases in February 2016 for quantitative studies that compared outcomes at age 18 or later between young adults placed in OoHC as children and those never placed in OoHC. Because of the heterogeneity and small number of eligible studies on each outcome, we conducted no meta-analysis but did formulate a narrative synthesis.

Results: Of 333 studies identified, 20 met the inclusion criteria. All of these studies were cohort studies that employed social and health register data. OoHC placement was studied with nine outcome categories: self-supporting problems, educational challenges, mental health problems, criminality, teenage parenthood, mortality, suicidal behavior, alcohol and drug use, and disability pension. In each of these categories, young adults with a history in OoHC faced higher risks compared with the general population, even after adjusting for various birth parents' socio-economic, demographic, and mental health–related factors.

Conclusion: Although the Nordic countries are among the world's leading nations in promoting child well-being, the Nordic welfare model has partly failed in preventing the inequality of families with children. As young adults, children placed in OoHC in the Nordic countries face an elevated risk of experiencing adversity.

1. Introduction

Internationally, the Nordic countries occupy top positions in child well-being. For example, a recent UNICEF report assessing child well-being in 29 rich countries concluded that after the top-ranking Netherlands, four Nordic countries—Norway, Iceland, Finland, and Sweden—ranked second, third, fourth, and fifth, respectively (UNICEF, 2013). In this systematic review, we examine the well-being of young adults from the most vulnerable backgrounds in the Nordic countries, namely young adults who were placed in statutory out-of-home care (OoHC, also known as foster care) during childhood for the protection of their safety and welfare. Our objective is to synthesize evidence on how children placed in OoHC fare in comparison with population who have no experience of OoHC.

The Nordic countries have made extensive social-policy investments—ranging from extensive prenatal health care to heavily subsidized high-quality early childhood education programs and income transfers for families with children—to prevent social risks related to childbearing and child well-being (Esping-Andersen, 2004). In social work with children and their families, the Nordic countries share a broadly similar framework that is based on similarities in family structures, family legislation, and family policy together with shared culture, common values, and continuous Nordic cooperation (Eydel & Kröger, 2010). Universally available family benefits and social, health, and childcare services, combined with dual-earner family model, provide for in international comparison a relatively favorable economic and social position for families with children.

In contrast with typically Anglo-American child protection orientation characterized by legalistic interventions and conflict between families and authorities, Gilbert (1997) classified the Nordic child welfare practice in a family service orientation category that is characterized by partnerships and voluntary arrangements between families and authorities. The Nordic countries also share an emphasis on early prevention and family preservation in child welfare interventions.
(Blomberg et al., 2010). In the Nordic child welfare regime a child may be placed into care if his neglect at home or the child’s own behavior endangers his health or development (Pösö, Skivenes, & Hestbak, 2014). Placing children in societal care is, however, a measure of last resort, which is engaged in only after in-home services have proven insufficient, unnecessary, or impossible. In line with the principle of the least intrusive intervention, the ideology of the system prioritizes parents’ responsibility for their children and supportive in-home services, even in the presence of quite adverse living conditions (Pösö et al., 2014). Notwithstanding these similarities in the main principles of the OoHC, the functioning of the systems vary to some extent between the countries. For instance, in Denmark, Finland, and Sweden the use of residential care is somewhat more common and family foster care somewhat less common than in Norway (Nordic Social Statistical Committee Nososco, 2015). Also the breakdown in the use of residential institutions by types and by the share of public and private actors show variance across the countries (see Backe-Hansen, Hjør, Sjöblom, & Størø, 2013).

Despite the ideology of prevention and prioritization of in-home services, Pösö et al. (2014) estimate that in international comparisons, the Nordic countries place children in OoHC in considerable numbers. For example, compared to the United States, placing 6.0 per 1000 children in 2007, the rate in Denmark, Finland, Norway, and Sweden was higher—placing 10.2, 12.0, 8.2, and 6.6 per 1000 children, respectively (Gilbert, Parton, & Skivenes, 2011). Moreover, during recent years, as shown in Fig. 1, the share of children in OoHC has increased in Finland, Norway, and Sweden (Nososco, 2015). Gilbert (1997) noted, in fact, that the orientation of child welfare system is not apparently associated with placement rates in a country. This observation is at least to some extent still reflected in recent placement rates in 2013 in Denmark, Finland, Norway, and Sweden, where the share of children aged 0 to 17 who were taken into care varied by country in 2013 from 9 to 14 per 1000 children (Nososco, 2015).

Nordic children placed in OoHC, in comparison with peers, come from more disadvantaged backgrounds. Their parents are more likely to be single parents and unemployed, to have lower education, and to live on social welfare (e.g., Ejrnæs, Ejrnæs, & Frederiksen, 2011; Franzén, Vinnerljung, & Hjern, 2008; Kestilä et al., 2012a). In addition, children placed in OoHC themselves are more likely to suffer from, for example, behavioral and mental health problems in their childhood (Egelund & Lausten, 2009).

Earlier reviews in other countries show that in their later life children placed in OoHC face an elevated risk of experiencing negative outcomes (McDonald, Allen, Westerfelt, & Piliavin, 1996; Vinnerljung, 1996a). By outcomes, we refer to the affect living conditions and experiences during childhood and adolescence have on an individual’s physical, psychological, cognitive, social, and economic well-being in young adulthood (see Pollard & Lee, 2003). Although research on OoHC outcomes is abundant, to the best of our knowledge no systematic review in the Nordic countries has addressed the overall outcomes of OoHC (for Sweden, Vinnerljung, 1996b).

To fill this research gap, we collated the available evidence of the association between exposure to placement in OoHC in childhood and outcomes in young adulthood in the Nordic countries. We examined studies that apply quantitative methodologies and compare the outcomes of young adults with a history in OoHC with the outcomes of young adults without such history. Our definition of OoHC includes all children and adolescents who are placed outside their family homes before age 18 as a supportive intervention by child welfare agencies. This includes children placed in OoHC as an open-care measure, children in emergency placement, children taken into care voluntarily or involuntarily, and children who receive after-care services after their placement ends.

2. Methods

2.1. Search strategy

We followed the methods recommendations presented in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for conducting and reporting this systematic review (Moher, Liberati, Tetzlaff, & Altman, 2009). We searched EBSCO’s Psychology/Sociology Databases and ProQuest’s Social and Behavioral Sciences databases in February 2016. In addition to peer-reviewed articles, we included reports by governmental and independent research agencies. We included relevant studies that were published in English, Danish, Finnish, Norwegian, or Swedish. If the same study was published both in English and in a Nordic language, we selected the English publication. To access the most recent studies, we limited the search to studies published between 1 January 2000 and 22 February 2016.

We searched the studies for the review in three steps. First, we manually scrutinized the reference lists of the studies we already knew, developed search terms, and searched electronic databases with a search strategy presented in Table 1. Second, we manually scrutinized the reference lists of the eligible studies to find any other relevant studies. Third, we contacted experts in each studied Nordic country to ensure the inclusion of all relevant studies. We also conducted a separate database search and contacted experts to identify studies in Iceland; this effort produced no results that met the inclusion criteria.

Table 1
Search strategy for EBSCO’s Psychology/Sociology Databases and ProQuest’s Social and Behavioral Sciences Databases on 23 and 24 February 2016, respectively.

<table>
<thead>
<tr>
<th>Search terms</th>
</tr>
</thead>
<tbody>
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<td>Population (young adults placed in out-of-home care at age 0 to 17)</td>
</tr>
<tr>
<td>1. Keyword</td>
</tr>
<tr>
<td>“FOSTER care” OR “FOSTER children” OR “KINSHIP care” OR “FOSTER home care” OR</td>
</tr>
<tr>
<td>“FOSTER family care” OR “RESIDENTIAL foster care” OR “OUT of home care” OR</td>
</tr>
<tr>
<td>“OUT of home placement” OR “OUT of home placement”</td>
</tr>
<tr>
<td>2. Title</td>
</tr>
<tr>
<td>“foster children” OR “foster care” OR “looked after” OR “looked-after” OR</td>
</tr>
<tr>
<td>“out of home care” OR “out of home placement” OR “out of home placement”</td>
</tr>
<tr>
<td>3. OR 2</td>
</tr>
<tr>
<td>4. Geographical area (Nordic countries)</td>
</tr>
<tr>
<td>All fields Denmark, Finland, Norway, and Sweden</td>
</tr>
<tr>
<td>5. Population and geographical area</td>
</tr>
<tr>
<td>3 AND 4</td>
</tr>
</tbody>
</table>

Fig. 1. Children and adolescents taken into out-of-home care in the Nordic countries, per thousand children from 2000 to 2013 (Nordic Social Statistical Committee Nososco, 2015).
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