



# Temporal stability of entries and predictors for entry into out-of-home care before the third birthday: A Danish population-based study of entries from 1981 to 2008



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## ABSTRACT

**Objective:** Placing a child in out-of-home care is one of the most radical measures a child protection system can decide to take. There is an essential interest in understanding the probability of entering care and what circumstances are related to the decision to place a child in out-of-home care. This study investigates the temporal stability of rates and predictors for entry into care.

**Method:** Data were obtained by linking several registration systems. The study population was defined as all children entering care before their third birthday from birth cohorts 1981–2008 ( $N = 11,034$ ). Furthermore, a control population consisting of a randomly assigned quarter of the Danish child population from the same birth cohorts was used ( $N = 515,773$ ). Rates of entry and Cox regression models from six periods from 1981 to 2008 were used to model co-variables associated with entry into out-of-home care.

**Results:** The overall likelihood for entering care is found to be decreasing over time. Furthermore, results reveal two trends: relative rates of entry are significantly decreasing for children whose mother has a psychiatric history prior to the child's birth; relative rates are significantly increasing for children whose mother or father was unemployed in the year prior to the child's birth.

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## 1. Introduction

When a child is placed in out-of-home care, it is one of the most radical interventions the child protection system can decide to use because it challenges the child's need for stable, long, and lasting relationships with significant people—which is widely recognized as a fundamental aspect of sound human development (Baumeister & Leary, 1995). However, a child is removed from his or her family and placed in out-of-home care generally because there is a concern for the child's safety and because it is regarded as necessary in order to promote resilience in the child's development. The challenge is both to provide future stability and to deal with the lack of stability caused by the removal and the quality of the relationship with the parents. Placing a child in out-of-home care is therefore regarded as a serious event that should be given extra attention.

During the last several decades, there has been a growing interest in, on the one hand, studying characteristics of children being placed in care and, on the other hand, monitoring the risk of being placed in care. This tendency is understandable, because knowing the likelihood of and the reasons children are placed in out-of-home care is crucial in order to know what to expect of future outcomes and how to design

interventions. But existing research is split into studying yearly developments of either rates of entry or predictors for entry within a fixed period. The temporal stability of predictors for entry into care has not been given any attention. Studying temporal stability of predictors for entry into care is relevant because it concerns not only whether there is an increase or decrease in the likelihood of entering care but also who is more or less likely to enter care. Therefore, the aim of the present paper is to study the temporal stability of factors associated with the decision to place a child in out-of-home care by applying the available administrative data. Previous studies have found that infants and toddlers are placed in out-of-home care for reasons other than older children are (see Section 3.3); therefore, this study focuses on the likelihood of entering care before a child's third birthday.

## 2. Background

### 2.1. Developmental tendencies in the Danish child protection system

The regulatory environment of the Danish child protection system has changed over the years. By pointing to legislative changes reflecting an increased tendency toward focusing on early intervention, the option of using pre-emptive measures (some containing punitive sanctions for parents), a focus on the rights of the child, and the responsibility of the parents, Hestbæk (2011) describes how the Danish child protection

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system is characterized by a move away from a family welfare ideology and toward a child protection ideology, with a stronger element of compulsive measures and punitive devices and an increased demand on individual families. The practical impacts of these legislative tendencies are reflected in administrative data, as the use of preventive services, the proportion of placements without consent, and the proportion of children placed in kinship and network care all increased between 1990 and 2004 (Ebsen & Andersen, 2012). But whether and how these developmental tendencies are reflected in predictors for entry into care (i.e., data describing who actually enters care) has not been given any attention.

## 2.2. What predicts entry into out-of-home care?

The design of this study makes use of prior research on characteristics and predictors of entry into out-of-home care in order to investigate the temporal stability of predictors for entry into care. Twenty studies have been identified, and they clearly indicate that children in out-of-home care have backgrounds characterized by social exclusion.

The majority of studies focusing on risks of entry into care are concerned with factors related to the child or the child's family. Among young children, neglect is the type of maltreatment that—compared to physical, sexual, and combined abuses—is found to be the most common reason for placing children in out-of-home care (Duncan, 1992; Khoo, Skoog, & Dalin, 2012; Widom, 1991; Zuravin & Depanfilis, 1997). Data from birth records, such as low birth weight, being born with abnormalities, and race/ethnicity, can also predict entries (Needell & Barth, 1998). U.S. studies have found that most children in care are African Americans, followed by white Americans and then Hispanic Americans (Ards, Myers, Malkis, Sugrue, & Zhou, 2003; Pérez, Neil, & Gesiriech, 2001). Scandinavian studies have also found that birth weight can predict entries, but unlike American studies, being a Scandinavian ethnic minority (those with mothers born outside of Europe) is a protective factor for entering out-of-home care (Ejrnæs, Ejrnæs, & Frederiksen, 2010; Franzen, Vinnerljung, & Hjern, 2008). Sex as a predictor is unclear, as some studies have found that male children are more likely to enter care than female children are (Ejrnæs et al., 2010), where other studies have found that there is no significant difference (Franzen et al., 2008).

Research has also been focusing on parental characteristics. Several studies have found that having parents with a psychiatric history is a predictive factor (Alice, Paula, Thieman, & Dail, 1997; Bhatti-Sinclair & Sutcliffe, 2012; Franzen et al., 2008; Khoo et al., 2012; Widom, 1991). Specifically, substance abuse is a strong parental risk factor (Besinger, Garland, Litrownik, & Landsverk, 1999; Griffith et al., 2009; Khoo et al., 2012; Sarkola, Kahila, Gissler, & Halmesmäki, 2007; Widom, 1991; Zuravin & Depanfilis, 1997). It is unclear whether parental financial problem is a predictor for entry into care. Some studies have found that it is not (Alice et al., 1997; Duncan, 1992), and others have found that it is (Dworsky, Courtney, & Zinn, 2007). But epidemiological studies generally point to indicators of low socioeconomic status, such as unemployment, receiving disability pension, and low educational level, as being predictors for entry, and they have also found that indicators of low parental resources or relational problems (e.g., single parenthood, broken families, emotional/medical problems, and teenage parenthood) can predict entry into out-of-home care (Bhatti-Sinclair & Sutcliffe, 2012; Ejrnæs et al., 2010; Franzen et al., 2008). This corresponds very well with more local studies that have found that parental readiness for change (Littell & Girvin, 2005) and style of parenting (either a lack of discipline or too-harsh discipline) is common among parents who have had their children placed in out-of-home care (Griffith et al., 2009).

Final estimates on predictors, as well as levels of significance, vary. But except for financial problems, sex, and ethnicity, there is a consensus that

children entering out-of-home care have backgrounds that characterize them as a socially excluded and marginalized group.

One of the identified studies relates to whether there is a temporal stability of the predictors studied. Bhatti-Sinclair and Sutcliffe (2012) used U.S. data from entries in both 2005 and 2009 in order to investigate the temporal stability of predictors for entry into care, and they found a change in odds ratio, which was more than  $\pm 1.00$  for nine out of 13 variables. In particular, child medical problems and parental medical problems differed between the two entry years.

## 2.3. Challenges in comparing existing research

Ultimately, the existing research covers many entry cohorts, but for methodological reasons, direct comparisons are very difficult. Hence, no inference can be made about the temporal stability of predictors for entry into care based on existing studies. In the studies reviewed, five primary overlapping variations in methodology have been identified.

First, studies vary in regard to what point on the pathway into care they compare children. Seven studies described characteristics of children already in the out-of-home care system—either comparing them with each other (e.g., different kinds of care) or simply describing them (Besinger et al., 1999; Cohen-schlanger, Fitzpatrick, Hulchanski, & Raphael, 1995; Delfabbro, Borgas, Rogers, Jeffreys, & Wilson, 2009; Griffith et al., 2009; Grogan-Kaylor, 2000; Khoo et al., 2012; Pérez et al., 2001). This design has a methodological weakness that makes it impossible to make any causal inference about risk of entry, as no prediction for being placed in care can be calculated; only characteristics of children already in care can be described. On the other hand, such studies can be used to demonstrate that the group of out-of-home care children is not homogeneous. Furthermore, such studies tend to include more detailed information, enabling more precise descriptions of the actual contexts leading to the out-of-home care placements.

Nine studies compared substantiated cases with non-substantiated cases or are based on a sample where everybody has been referred to the authorities (Alice et al., 1997; Ards et al., 2003; Bhatti-Sinclair & Sutcliffe, 2012; Duncan, 1992; Dworsky et al., 2007; Farmer, Mustillo, Burns, & Holden, 2008; Littell & Girvin, 2005; Sarkola et al., 2007; Widom, 1991; Zuravin & Depanfilis, 1997). This type of comparison has the advantage that they describe the exact decision making, as they are based on exactly what the system is confronted with. As such, they can describe the child's risk of entry when first referred to the system, but they cannot describe the overall risk of being placed in out-of-home care.

Three studies compared children entering care with children not entering care (Ejrnæs et al., 2010; Franzen et al., 2008; Needell & Barth, 1998). Such studies are typically register-based or based on administrative data. They have the advantage that they can estimate children's risks for entering care and hence study pathways toward becoming a child with the attention of the social service system. On the other hand, these studies often lack detailed information about the reasons for being placed in out-of-home care.

Second, studies vary in the sources of data they use. Six studies used case file reviews (Besinger et al., 1999; Griffith et al., 2009; Khoo et al., 2012; Littell & Girvin, 2005; Widom, 1991; Zuravin & Depanfilis, 1997). Using case files has the advantage that very case-specific information can be analyzed. However, case file reviews also have important disadvantages. As with any other retrospective study, the investigator depends on the availability and accuracy of the case file. Further selection of cases is subject to selection bias, as the investigator often self-selects the cases—for instance, cases that come from a local child protection service organization. This makes it hard to generalize findings. Also, using case file reviews limits the scope of the study, as only children already having a case can be studied. This makes comparisons with children not represented in the child protection system impossible.

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