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Research article

The truly disadvantaged? Midlife outcome dynamics of individuals with experiences of out-of-home care

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ABSTRACT

Little is known about developmental outcomes in midlife of persons who were placed in out-of-home care (OHC) in childhood. Utilizing longitudinal Swedish data from a cohort of more than 14,000 individuals who we can follow from birth (1953) to the age of 55 (2008), this study examines midlife trajectories of social, economic, and health-related disadvantages with a specific focus on the complexity, timing, and duration of disadvantage in individuals with and without childhood experience of OHC. Roughly half of the OHC alumni did not have disadvantaged outcomes in midlife. However, experience of OHC was associated with a two-fold risk for various forms of permanent disadvantage, net of confounding factors. Implications for research, policy, and practice are discussed.

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1. Introduction

Interest in the transition of children with experiences of out-of-home care (OHC; foster family or residential care) to adulthood and independent living remains at the core of child welfare research and policy agenda (Fernandez & Barth, 2010). Targeting children who are maltreated by their parents or adolescents with serious antisocial behavior problems, OHC is a far-reaching intervention into family life. In Sweden, the focus of this study, the pronounced aim is to provide the child with better opportunities for development than in an adverse birth home. Yet OHC children face formidable challenges to become self-sufficient in young adulthood, suggesting that these children are ‘the truly disadvantaged’ (Benjamin, 1978).

A host of studies from several countries and regions have consistently shown that OHC alumni have high rates of disadvantaged outcomes when they are 20–30 years of age, including poor educational attainment, poverty, poor labor-market attachment, and high rates of criminal behavior, homelessness and health problems (Courtney & Dworsky, 2006; Cusick, Havlicek & Courtney, 2012; Kushel, Yen & Courtney, 2007; Naccarato, Brophy & Courtney, 2010; Pecora et al., 2006; Traube, James, Zhang & Landsverk, 2012; Warburton, Warburton, Sweetman & Hertzman, 2014; Viner & Taylor, 2005; Vinnerljung, Franzén, Hjern, & Lindblad, 2010; Zlotnick, Tam & Soman, 2012), often aggregated on the individual level (Courtney & Hook, 2012; Vinnerljung & Sallnäs, 2008). However, these results should not necessarily be viewed as evidence of harmful effects caused by OHC, as shown in a study by Berzin (2008). Few – if any – studies have shown positive long-term developmental effects of OHC (Doyle, 2007, 2008). Strong links between negative outcomes and poor school performance/low educational attainment are particularly pervasive in the literature (Berlin, Vinnerljung & Hjern, 2011; Vinnerljung, Brännström & Hjern,

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2015, Okpych & Courtney, 2014). However, due to the lack of sufficient longitudinal data, little is known about the developmental outcomes of OHC alumni in midlife. We are not aware of any prospective study that has addressed outcomes in upper middle age (ages 40–60) in OHC populations.

Disadvantaged conditions can exist in interrelated life domains, including – but not limited to – education, finances, work, and health. A variety of terms have been used to describe this interdependence between problem areas, most of which reflect the existence of problems or disadvantages as something that is multidimensional, accumulated, and concurrent. We use the term coexisting disadvantages (Heap, Lennartsson & Thorslund, 2013) to highlight these conceptual properties. The presence of coexisting disadvantages could be viewed as an indicator of inequality in society by large, reflecting that the distribution of resources works according to the same fundamental principles across multiple life domains (Fritzell & Lundberg, 2000). The extent to which individuals who experience coexisting disadvantages are excluded from several of the areas that determine social integration in society, it also taps into the world-wide debate on social exclusion (Halleröd & Bask, 2008).

Despite the fact that the correlations between different kinds of disadvantage are fairly strong (Bask, 2011) and disadvantages are likely to accumulate over the individual's life course (Willson, Shuey & Elder, 2007), prior research into the developmental outcomes of OHC children have typically analyzed and discussed outcomes in isolation of each other (a notable exception is Courtney & Hook, 2012). We know from research focusing on welfare states and social policy that some disadvantages are more closely connected than others. For example, long-term unemployment and financial difficulties seem to be key elements of coexisting disadvantages (Korpi, Nelson & Stenberg, 2007). Examining transitions and outcomes during the life course also means that we are capturing a process with a specific time dimension (Heinz & Marshall, 2003), implying that we need to study transitions and outcomes not as events but as a period (Brzinsky-Fay, 2014). Disadvantaged outcomes tend moreover to be dynamic, meaning that they are often temporary for the individual (Stattin & Magnusson, 1991).

By such background, research interested in examining midlife adult outcomes should focus on sequences of coexisting disadvantages during the middle age period. Other important aspects are the appearance of these conditions and, since the institutional setting may vary over time, the changes in appearance. Accordingly, an examination of how the patterns of coexisting disadvantages evolve across time is likely to be more informative than analyzing disadvantages separately at a single point in time. It is, for example, reasonable to assume that individuals facing a longer duration of coexisting disadvantage may be worse off compared to those exposed to temporary experiences of single disadvantages. At the societal level, typical routes in and out of disadvantage may provide valuable information for understanding how midlife outcomes in OHC alumni emerge and develop. A better understanding of the life course development for individuals with childhood experiences of OHC may call for greater attention to the needs of OHC alumni, in which society has already invested heavily under the assumption that society, acting as parent, can and should do better than the child's natural family.

What can we expect to find when examining midlife outcomes for OHC alumni? Given the poor outcomes found in young adulthood, it would not be surprising to see a continuum of disadvantage reaching into upper middle age (Stattin & Magnusson, 1996). Individuals with childhood experiences of OHC may be more vulnerable to all kinds of risks and pressures throughout the life course, suggesting a lasting 'social imprint' of those traumatic events encompassed in this experience (Bäckman & Palme, 1998; Ferraro & Kelley-Moore, 2003). However, a simple claim of life course continuities may not fully capture the far more complex association between adverse childhood experiences and adult outcomes (McLeod & Almazan, 2003). Results from a number of studies have indicated that children seriously disadvantaged in early life may catch up with their peers during the life course (Long & Vaillant, 1984; Werner & Smith, 2001). Thus, it is also reasonable to hypothesize that midlife outcomes of children with experiences of OHC may converge with majority population peers. Past research addressing the transition of OHC children into adulthood has typically been restricted to evaluating single outcomes at a given point in time rather than targeting the outcome pattern as a whole. This study examines which of these competing hypotheses can be supported by longitudinal data, accounting for the timing and temporality of disadvantaged outcomes.

Drawing on prospective data from a cohort of more than 14,000 individuals born in 1953 and living in Metropolitan Stockholm (the capital region of Sweden) at age 10, of which nearly 9% have experience of OHC during their upbringing, this study extends previous research into the developmental trajectories of OHC children as follows. First, we examine midlife trajectories of social, economic, and health-related disadvantages with specific focus on the complexity, timing, duration and co-occurrence of disadvantages. Second, we apply sequence analyses (Brzinsky-Fay & Kohler, 2010) and hierarchical cluster analysis (Everitt, Landau, Leese, & Stahl, 2011) to identify patterns of trajectories during the middle age period. Last, we estimate multinomial logistic regression models that are unaffected by rescaling bias that arise in cross-model comparisons to examine whether patterns of midlife trajectories differ between individuals with and without childhood experience of OHC (Karlsön, Holm & Breen, 2012), net of characteristics related to the socioeconomic circumstances of their birth parents.

2. Macro conditions in Sweden 1950–2000

Since our 1953 Stockholm birth cohort and their midlife developmental outcomes are embedded in social structures to which various forms of opportunities and constraints are attached (Merton, 1995), we start with institutional and historical information about Swedish welfare policies and labor-market conditions between the mid-1950s and the late 2000s. Since the child welfare system has changed over time, it is also necessary to describe the contours of OHC between the mid-1950s and mid-1970s.

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