



# Disability pension among adult former child welfare clients: A Swedish national cohort study



Bo Vinnerljung<sup>a,\*</sup>, Lars Brännström<sup>a</sup>, Anders Hjern<sup>b</sup>

<sup>a</sup> Department of Social Work, Stockholm University, Sweden

<sup>b</sup> Centre for Health Equity Studies (CHESS), Karolinska Institutet, Stockholm University, and Clinical Epidemiology, Department of Medicine, Karolinska Institutet, Sweden

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## ABSTRACT

Using longitudinal register data on all persons born in Sweden 1973–1978, we report on prevalence of disability pension among young adults who were child welfare clients during their formative years, and explore risk factors for this long-term outcome. For most child welfare subgroups, prevalence approached or exceeded ten percent. Multivariate logistic regression analyses found high crude odds ratios of disability pension among child welfare alumni. These were substantially reduced – but not obliterated – after adjustments for a host of background factors. Decomposition analyses revealed that child welfare alumni's poor school performance and low educational attainment accounted for most of the confounding effects. We also found that child welfare clients with a disability pension had far higher rates of psychosocial problems in their adult lives than other peers with a disability pension.

Child welfare alumni should be regarded as a high risk group for future disability pension and for permanent exclusion from the labor market. Rates of suicidal behavior in adult age were extreme among some subgroups of child welfare alumni with a disability pension, which should be communicated to agencies who are likely to meet these groups (eg. primary health care).

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## 1. Introduction

A long row of large-sample studies from many western countries have consistently shown that young adults with a childhood history of foster care or involvement with child welfare authorities have high risks for a multitude of problems, compared to peers. Examples are low educational attainment (Jackson & Cameron, 2011; Pecora et al., 2006; Vinnerljung, Öman, & Gunnarson, 2005), criminality (Doyle, 2008; Mersky & Janczewski, 2013; Vinnerljung, Berlin, & Hjern, 2010), substance abuse (Christoffersen & Sothill, 2003; von Borczykowski, Vinnerljung, & Hjern, 2013), premature death (Hjern, Vinnerljung, & Lindblad, 2004; Kalland, Pensola, Meriläinen, & Sinkk, 2001), and suicidal behavior (Berlin, Vinnerljung, & Hjern, 2011; Vinnerljung, Hjern, & Lindblad, 2006). The rates of health problems, especially in the area of psychiatric morbidity, are extreme when compared to majority population peers (Anctil, McCubbin, O'Brien, Pecora, & Anderson-Harumi, 2007; Vinnerljung & Hjern, 2014; Vinnerljung & Sallnäs, 2008; Vinnerljung et al., 2006, 2010; Zlotnick, Tam, & Soman, 2012). In addition, negative long term

outcomes tend to appear in clusters (Brännström, Vinnerljung, & Hjern, 2013, 2015).

The UK scholar Mike Stein concluded that youth leaving the out-of-home care system is the most excluded group of young people in European societies (Stein, 2006). A disability pension (DP) is an obvious indication of social exclusion, since it (in practice) permanently excludes a person from the labor market. In most European countries, DP is granted to adults who for medical reasons are unable to work for the foreseeable future. The aim is mainly to provide economic security (Försäkringskassan, 2013; Stattin, 2005).

Rates of DP are high in many western countries and have increased in the last decades, also in Scandinavia (Försäkringskassan, 2013; Gjesdal, Lie, & Maeland, 2004; OECD, 2003, 2009). For young people, this increase over time is mainly due to more DP being granted for psychiatric conditions (Försäkringskassan, 2013). In Sweden, which is the focus of this study, the large majority of young DP-recipients collect DP for reasons related to impaired mental health (ibid; Jonsson, Alexandersson, Kjeldgård, & Mittendorfer-Rutz, 2014).

Since adults with child welfare backgrounds have much higher risks of serious mental health problems than other peers (eg. Anctil et al., 2007; Vinnerljung et al., 2006), they would logically also be overrepresented in DP-populations. However, we have only located one large-sample study that has reported on this long-term outcome. Cheryl Zlotnick and her colleagues (2012) used survey data from California

\* Corresponding author at: Department of Social Work, Stockholm University, SE-106 91 Stockholm, Sweden.

E-mail address: [bo.vinnerljung@socarb.su.se](mailto:bo.vinnerljung@socarb.su.se) (B. Vinnerljung).

( $n = 70,000$ ) to examine the odds of receiving Social Security Disability Insurance (SSDI) for the past year, due to inability to work for health reasons. Among the respondents, 3.4 percent reported a history of foster care. In the age group 26–36, foster care alumni had threefold odds of having received SSDI for the past year compared to peers, after adjustments for demographic factors and current socioeconomic conditions. Otherwise the literature contains scant information. A Swedish interview study with a local stratified sample of 284 women (of which 28 had DP) found a crude sixfold elevated risk for DP among the 30 women in the sample who had a foster care history (Upmark & Thundal, 2002). A series of follow-ups of Swedish male conscripts noted distinct overrisks for DP later in life if the person at time of conscription reported having had contacts with the police or with child welfare authorities in his past (Sidorchuk, Hemmingsson, Romelsjö, & Allebeck, 2012; Upmark, Hemmingsson, Romelsjö, Lundberg, & Allebeck, 1997; Upmark, Lundberg, Sadigh, Allebeck, & Bigert, 1999; Upmark, Lundberg, Sadigh, & Bigert, 2001).

Using comprehensive longitudinal register data on all persons born in Sweden 1973–1978, the purpose of this study is to describe prevalence of disability pensions (DP) and explore risk factors for having been granted a DP among young adults who were in out-of-home care (OHC) during their formative years, or received in-home child welfare interventions.

To our knowledge, this is the first large European study of DP among former child welfare clients, and it extends previous knowledge about long term outcomes for this group in the following way. Firstly, prevalence for DP in several subgroups of child welfare alumni, in comparison with majority population peers, is reported. Secondly, data allow a rigorous control for a host of confounding factors when analyzing covariates of DP reciprocity. Thirdly, the application of a novel decomposition method developed for same-sample nested nonlinear probability models (Breen, Karlson, & Holm, 2013) allows for identifying which observed background characteristics that contribute most to the confounding. Lastly, we also provide a tentative description – through the perspective of national register data – of the life situation in adult age for different subgroups of former child welfare clients with DP, in comparison with majority population peers with and without DP.

## 2. Data and methods

Sweden has a long tradition of national registers, covering the entire population, with individualized high quality data for health and socioeconomic indicators. These registers are based on the individually unique 10-digit personal identification number (PIN) that follows every Swedish resident from birth (or time of immigration) to death. Different registers can be linked through the PIN which in our dataset has been replaced by a randomized control number, identical for all utilized registers. Also, members of the same birth/adoptive family can be linked through a ‘Multi-Generation register’, administered by Statistics Sweden. We have retrieved information from 12 national registers, listed in Table 1. 2008 was the last year of available data in our dataset for all registers, except the National Register for Prescribed Drugs (2009).

### 2.1. Study population and outcome

The population consisted of all persons born in Sweden 1973–1978 who were alive and resided in Sweden on December 30, 2008 ( $n = 531,283$ ). From this population we excluded 5,839 persons who were granted a DP before age 23. Here we followed the example of a Norwegian register study on DP (Gravseth et al., 2008) to exclude the youngest disability pensioners, mainly persons with severe learning disabilities or multi-handicaps. In addition we excluded an additional 562 individuals who did not receive a DP before age 23 but were absent in the National School Register that contains information on grades from the final year in compulsory school. Not being registered is a strong indication that

**Table 1**  
List of National Registers and data used in the study.

National Register	Variables	Categories
The Medical Birth Register <sup>1</sup>	Date of birth Sex	Year/Months Male/Female
The National Child Welfare Register <sup>1</sup>	Age at first placement in OHC; time in OHC before age 18; respite care before age 18	None Respite care only 0.5- > 2 years OHC, first plac before age 13 2-5 years OHC, first plac before age 13 >5 years OHC, first plac before age 13 Teen OHC (first plac age 13-18)
Cause of Death Register <sup>1</sup>	Date of death	Parental death before age 18: yes/no
National Patient Register <sup>1</sup>	Date of hospital admission, Discharge diagnoses (parents, study pop after age 18). For study pop also policlinic hospital care after 2002.	Disorders associated with illicit drug and alcohol use: yes/no Suicide attempts (study pop): yes/no Psychiatric disorders: yes/no
National Register of Prescribed Drugs <sup>1</sup>	Retrieved psychotropic drugs 2009 (neuroleptics, anxiolytics/hypnotics, antidepressants)	Yes/no
Multi-Generation Register <sup>2</sup>	Parental PIN	Links children/parents
Register of the Total Population <sup>2</sup>	Swedish residency 2008 Parental country of birth	Yes/no Sweden, Mixed, Other Nordic, Other European, Non-European
Income and enumeration survey <sup>2</sup>	Disability pension study pop in 2008 Parental disability pension Maternal state welfare State welfare 2008 (study pop)	Yes/no Yes/no Yes/no Yes/no
Register of educational attainment <sup>2</sup> LISA <sup>2*</sup>	Parental education Education of study pop at age 23 Family situation 2008	Compulsory (9 years), Secondary (11-12 years), Post-secondary (>12 years) Married/cohab with children, single parent, no children in the household
The National School Register <sup>2</sup>	Poor school performance at age 15/16: GPA < (M-1 SD)	Yes/no
Register of Court Convictions <sup>3</sup>	Substantial criminality (after age 18)	Yes/no

<sup>1</sup> Held by the National Board of Health and Welfare; <sup>2</sup> Held by Statistics Sweden; <sup>3</sup> Held by the Council for Crime Prevention; \* LISA = Longitudinal integration database for health insurance and labor market studies (LISA by Swedish acronym).

the person did her/his compulsory schooling in special education for children with learning disabilities. In fact, of all children absent in this register, 89 percent received a DP before age 23. Subsequently, the final sample consisted of 524,882 persons, who were 30–35 years of age at the time of follow-up (2008). Within this sample we identified 18,472 persons with child welfare experiences from their childhood (before age 18).

Former child welfare clients were categorized into five mutually exclusive groups (cf. Triseliotis, 1989; Vinnerljung, Franzén, & Danielsson, 2007):

- *In-home care* ( $n = 5,073$ ): persons who received respite care at any time before age 18, but were never placed in out-of-home care (OHC). This is the only in-home intervention that can be identified in the Child Welfare Register (see Brännström et al., 2013, 2015 for descriptions of Swedish respite care)
- *Short OHC* (3,696): placed for the first time before age 13 and with less than two years totally in OHC before age 18.
- *Intermediate OHC* ( $n = 972$ ): placed for the first time before age 13 and with 2-5 years in OHC before age 18

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