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COHORT. RESULTS FROM 1. DATA COLLECTION

RESEARCH DEPARTMENT OF CHILDREN, INTEGRATION AND EQUAL OPPORTUNITY

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Children in care (CIC): A Danish longitudinal study

A study on young children in out-of-home care from the 1995 cohort.

Results from 1. data collection.

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This paper presents results describing what characterizes young, Danish children in care and their parents, and, furthermore, discusses social policy implications of the complex psychosocial disadvantages influencing the families.

The paper is based on a longitudinal study of all Danish children, born in 1995, who currently are or formerly have been placed in care. The first data collection was conducted in the spring 2003, where the children were 7-8 years of age. It is the intention to follow up the children every third year during childhood, adolescence, and adult life. At each new data collection newcomers into care from the 1995 cohort will be included in the sample.

Background of the study

For the last 30 years the incidence of out-of-home placements of children in Denmark has been remarkably stable. According to Statistics Denmark, approximately 1 percent of the child population between 0 and 17 years of age has been placed in care during this period. Removing children in danger and dangerous children (Donzelot, 1977) from their family and placing them in environments expected to be developmentally more beneficial is still a – if not the – cardinal intervention in Danish child welfare practice. Thus, the inclination to place socially disadvantaged children in care does not seem to be diminished even though the existing legislation focuses primarily on increasing family welfare (Gilbert, 1997). This means that the available intervention repertoire stated by law consists of a number of different therapeutic, pedagogical, and economical strategies aiming at overcoming diverse family disadvantages and problems and, thus, securing an acceptable standard for taking care of children in their home environment. Existing legislation, nevertheless, has a dual purpose, the one being family/child welfare, and the other being child protection when child welfare services do not seem to bring about sufficient risk reduction in the family environment.

Although the volume of research is rapidly expanding, most aspects worth knowing about child protection in a Scandinavian context are not sufficiently examined today. In this context, a broad picture, which does not pretend to present the total Scandinavian child protection research, is sketched. A number of studies focus on outcomes of foster and residential care.

These are predominantly follow-up studies, some of them including well-matched comparison groups, others not (Börjeson & Håkansson, 1990; Christoffersen, 1993; Hessle, 1988; Hessle & Wåhlander, 2000; Levin, 1998; Vinnerljung, 1996).

Recently, children and young people who are at risk to such a degree that they need special interventions in excess of ordinary preventive programmes for all children have attracted increasing attention at the political level. This happens not least, because expenditures to child welfare/child protection have increased drastically from 1995-2003. The public interest in at-risk children is also caused by the existing research, which has produced an increasing doubt about the quality of child protection social work and the effectiveness of interventions. Studies document that the working style of child protective services is contradictory and more influenced by administrative demands than by the best interest of the child (Backe-Hansen, 2001; Claezon, 1987; Egelund, 1997). Furthermore some studies indicate lack of fully implementation of legislation in practice (Christensen & Egelund, 2002; Christoffersen, Hestbæk, Lindemann & Nielsen, 2005; Hestbæk, Lindemann, Christensen, Rebién & Christensen, 2005; Hestbæk, 1997), questions in on out-of-home care studies if the care is able to compensate the children for the deprivation that caused the care decision (Bohman & Sigvardsson, 1979, 1980, 1985; Christoffersen, 1993; Levin, 1998; Vinnerljung, 1996), and finally, care decisions often cannot be effected fully, simply because of placement break down (Vinnerljung, Sallnäs & Kyhle-Westermarck, 2001).

Thus, the level of expenditure and flaws in child protection practice and effectiveness join forces to make research and an evidence inspired development of effective working methods in child protection highly relevant to social policy makers. As a consequence, the Danish Ministry of Social Affairs in 1998 appointed a Care Committee, authorizing it to survey and evaluate the supply and the coordination of available resources of care outside home for children and youth, and to make recommendations concerning future research and practice experiments. Among other things it was recommended that a major longitudinal study on children placed in care should be initiated, and consequently, The Ministry of Social Affairs, decided to finance this study and asked the Danish National Institute of Social Research to carry out the study.

Research objectives

The major research questions to be answered by the longitudinal study as a whole are:

1. Which risk and protective factors are children in care exposed to and in which phases of their childhood? Which different patterns of risk and protective factors do we find for subgroups of the children?

2. Which child welfare/child protection interventions are the children subjected to during childhood and adolescence? Can certain patterns in the child's care career be identified?
3. What are the developmental outcomes for children and for subgroups of children in care? Both outcomes while in care, when leaving care, and after care in youth and adult life are of interest to the study.
4. How can different developmental careers be explained taking into account risk and protective factors, and the characteristics of the intervention processes?

Theoretical perspectives

Researching child development sets the stage for complex analyses of a number of factors influencing the developmental outcomes of children. This longitudinal study is indebted to Bronfenbrenner's (1977, 1979, 2001) ecological model and its contextual understanding of the development in childhood and adolescence. According to the ecological concept, crucial factors influencing the development are the direct interactions between the child and family members and other individuals in her/his environment, the quality of interactions between important individuals surrounding the child, the characteristics and supply of services of the community, as well as structural factors determining the social conditions of the family. The broad ecological perspective on child development has demanded an equally broad data collection.

The specific choice of risk and protective factors to be studied in this longitudinal study is inspired by "developmental psychopathology" (Sroufe & Rutter, 1984) studies and the empirical insights they have produced about the relations between exposure to complex risk and protective mechanisms on the one hand, and children's favourable or unfavourable developmental outcomes on the other hand.

Developmental psychopathology studies have identified a number of factors statistically associated with the development of disorder. No single, truly isolated adversity, though, constitutes a high-risk climate (Rutter, 2000). In order to assess the accumulation and interplay of multiple risks, and to analyse, which factors contribute to substantial risk, we have tried to identify a broad range of specific risk factors that other studies highlight as the point of departure for the data collection.

Similarly, we have tried to identify crucial genetic and environmental protective mechanisms. Werner (1989:171) summarizes protective factors found in American as well as European studies in three broad categories: “1) Dispositional attributes of the individual that may have a strong genetic base, such as activity level, sociability, and intelligence; 2) affectional ties within the family that provide emotional support in times of stress either from a parent, grandparent, sibling, mate, or spouse; and 3) external support systems at school, work, or church that reward the individual’s competencies and provide him with a sense of meaning and an internal locus of control.”

Consequently, the data collection comprises a broad range of data on specific risk and protective factors, found to be of importance in other studies:

- *Demographically*, data have been obtained on family planning, teenage pregnancies, single parenthood, absent (including dead) parents, family size, and spacing of siblings. Data on the number of parental marriages and cohabitations, and changes of residence are obtained as well.
- *The ethnic origins* of families are charted as are the mother tongues of children and their parents.
- *The socio-economic situation* of the families is surveyed (i.e. educational status, participation in the labour force, income, and network in order to measure the degree of social exclusion, poverty, and social isolation).
- *Parents’ health* is explored, including diagnosed physical and mental illnesses, more diffuse psychosomatic sufferings and complaints, and diverse kinds of substance abuse.
- Data have, furthermore, been gathered on the degree of *family violence* and severe family discord, and *parental crime*.
- Data on *children’s health* are included in the data collection. Questions have been asked about perinatal complications, diagnoses on serious illnesses or handicap, frequency of less serious illnesses, height, and weight.
- *Child emotional disturbances, conduct disorder, hyperactivity, problems in peer relations, and pro-social behaviour* are measured by the Strengths and Difficulties Questionnaire (SDQ scale, derived from the Child Behaviour Check List).

- The *children's school performance, and cognitive and social problems in school* are explored.
- Data on the *social network* have been gathered. Siblings, grandparents, friends of the family, neighbours, etc. to whom the children feel attached are mapped in order to identify the degree of emotional support in the children's environment.
- Furthermore, the *children's hobbies and leisure activities* have been studied.
- Finally, we have thoroughly investigated all *public interventions* offered or imposed on these families, aiming at ameliorating their parental capacity before and under the placement, and – if the placement has come to an end and the child is living at home again - after the placement of the child.

Methods

Interviews were conducted with the biological parents (primarily mothers) of the children, and two postal questionnaires were sent to child protective social workers in the local municipality and to carers in foster and residential care respectively.

Sample

This study is based on data on all children in Denmark, born in 1995, who are currently or have formerly been placed in care. The children were identified by asking the Danish, municipal Child Protective Services nationwide to report any child from the 1995 cohort being or having been in care at the time of the data collection, the parents of the child, and – for children currently in care – the carers as well. 14 municipalities, approximately 5%, did not respond. These municipalities were, according to Statistics Denmark, expected to have 34 children in care, i.e. an initial attrition of not quite 5% of the total of expected children. The remaining 257 municipalities reported 603 children. We did not obtain any information on 27 of these 603 children, as neither parents, nor social workers, nor carers participated in the study. This means, that the net sample ended up with 576 children.

Comparison groups

The Danish National Institute of Social Research (SFI) has from their birth followed a representative sample of Danish children born in 1995 in a national, longitudinal study on Child Development and Welfare. The sample (N=5998) of this study corresponds to approximately 10% of the total cohort. This gives us an extraordinary possibility of compar-

ing children in care to children of their own age in the total population. Data collections in the two longitudinal studies, therefore, have been coordinated, and we have asked similar questions as far as the different purposes of the two studies have allowed.

A sub-sample of the longitudinal study on Child Development and Welfare has been extracted as well in order to construct a comparison group of socially disadvantaged families whose children have, however, not been placed outside home. Criteria for including families in the sub-sample are that the family is characterised by at least two of the three following characteristics: The parents have no education beyond secondary school (9 years of schooling), they are socially excluded on the labour market, and they live in disrupted families.

Interviews with parents (mothers)

As many mothers of children in care were expected to be heads of single households, and to have custody of the child in care, focus was on interviewing mothers. In the relatively few instances where fathers either, themselves, had custody of the child, or the parents decided that the father should be the informant, fathers were interviewed. 85% of the interviewed parents were mothers, 15% were fathers.

An experienced interviewer corps interviewed mothers (and fathers). The interview took approximately 1½ hours and took place in the parents' home. Interviews were based on a comprehensive standardized questionnaire containing only a few open questions. The questions concerned all factors mentioned above relating to the parents and the child. Furthermore, the parents were asked about the child protection and care processes and their assessments of these.

To assess the children's emotional problems, conduct disorder, hyperactivity, peer relations, and pro-social behaviour the Strengths and Difficulties Questionnaire (SDQ) was included in the interview with parents (Goodman, 1999). 57% of the parents participated in interviews. This produces a relatively high attrition rate. A majority of the parents not participating, refused on the explicit ground that they did not wish to be interviewed. Other explanations of the attrition consisted of parents who simply could not be found or due to illness/hospitalisation during period of interviewing. The attrition analysis suggests that the

attrition is systematic in as much as the non-participating parents belong to the most disadvantaged group. It seems, though, that severely disadvantaged parents have chosen to participate, if their children thrive in care, but have refused, if their children have major problems while in care.

Analysis

Data have been analysed in bivariate and multivariate analyses. Simple bivariate analyses are used to describe and compare the prevalence (frequencies) of different phenomena among children in care, children of the same age in the general population, and socially disadvantaged children who have not been in care. Multivariate logistic regression has been used to analyse which factors do have a significant impact on the developmental outcomes of the children. This paper is primarily descriptive and is, thus, mainly based on bivariate analyses.

Results

The overall conclusion is that parents of young children in care are disproportionately socially disadvantaged in every respect under study. They are extremely disadvantaged compared to the parents in the representative study of the 1995-cohort. They also differ, but in many ways less, from socio-economically disadvantaged parents whose children are not in care. Even when comparing parents of cared for children of all ages (0-17 years) to parents of 7 years old children placed in care in our study, the comparison disfavours the latter (Hestbæk, 1997). What first of all characterizes parents of young children in care is the accumulation of problems that creates an extremely difficult situation for the families.

The psychosocial situation of the parents

Demographically, the parents are characterized by a number of factors, which can reduce or undermine their ability to organize the everyday family life, and take care of the children. As shown in table 1, more than one fourth (28 pct.) of the mothers were teenagers when they gave birth to the child, and well over half of the mothers (59 pct.) did not plan the pregnancy. 27 pct. of the mothers have large families, having given birth to four or more children. Quite half of the parents (52 pct. - predominantly mothers) are heading single-parent households, the children of which tend to have a high risk of being exposed to poverty. A smaller group of the parents, furthermore, seems to have a rather turbulent life

characterized by three or more marriages/cohabitations after the birth of the child. As a consequence of the disruption of many of the families, children in care often experience a loss of the parent who has left the family. Thus, 37% of the children have not maintained contact with the parent not living in the family. And 7% of the children have experienced the death of a parent.

Table 1. Demographic factors, (parents' answers). Percent.

	The longitudinal study of children in care (LSCC)	The sub-sample of socially disadvantaged families (from LSCDW)	The longitudinal study of child development and welfare (LSCDW)
Teenage parenthood	28	- 1)	4 ***
Unplanned pregnancy	59	23 ***	13 ***
Single-parent household	52	33 ***	12 ***
Mother has given birth to four or more children	27	- 1)	3 ***
More than three marriages/cohabitations	14	6 ***	1 ***
The child has lost contact with the parent not living in the family ¹	37	- 1)	13 ***
Death of one or both parent(s)	7	1)	1 *** ²
Number of observations the percentages are based on	329	291	4,971

Note: The significance shows whether the data on LSCC are statistically significant different from the sub-sample or the LSCDW. *** shows that the numbers are statistically significant different at the 0.01 level, ** at the 0.05 level, and * at the 0.10 level.

1) The numbers are not available for the sub-sample

Socio-economically, parents of young children in care differ dramatically from parents of children of similar age in the general population. As shown in table 2, parents of children in care are disadvantaged in regard to both schooling, and vocational training/higher education. 38 pct. of the parents have no education beyond compulsory schooling, i.e. 9 years of instruction. 15% did not even attend school for 9 years, but left school after 7 or 8 years of instruction. Less than one third (30 pct.) of the parents of children in care have any vocational training/higher education, i.e. 70 % of the parents are un-skilled.³

80 % of the parents are unemployed at the labour market at the data collection moment. Well over one fourth of the parents are, in fact, socially excluded, as they have either been

¹ Including children whose parent is dead.

² According to Statistics Denmark (2003) 1% of Danish 7-8 year old children have experienced the death of a parent.

³ The remaining approximately third of the parents have attended school more than 9 years, but they have no vocational training.

unemployed for at least three years, or have retired early (because of health problems) and are supported by public pre-retirement schemes.

As a consequence of the low educational level and the unemployment/social exclusion of the parents, they have extremely low incomes, even considering that many families are single-parent households. 37 % of the households earn less than 150.000 DKK compared to 20 % of the sub-sample of the LSCDW and to 2 % of the total LSCDW. More than half of them earn less than 200.000 DKK in gross income a year.

Table 2. Social factors, (parents' answers). Percent.

	The longitudinal study of children in care (LSCC)	The sub-sample of socially disadvantaged families (from LSCDW)	The longitudinal study of child development and welfare (LSCDW)
No education beyond compulsory schooling	38	34	3 ***
Less than 9 years of instruction	15	5 ***	1 ***
No vocational training/education	70	80	12 ***
Parents have during all the last three years experienced unemployment spells or have not worked at all	58	48 *	8 ***
Parents are publicly supported by early retirement schemes	22	7 ***	1 ***
Household gross income is less than 150.000 DKK a year	37	20 ***	2 ***
Number of observations the percentages are based on	329	291	4,971

Note: The significance shows whether the data on LSCC are statistically significant different from the sub-sample or the LSCDW. *** shows that the numbers are statistically significant different at the 0.01 level, ** at the 0.05 level, and * at the 0.10 level.

Concerning *health*, 44% of the parents explain that they are diagnosed for at least one serious somatic or mental illness. One third of those diagnosed, have more than one diagnosis. The most frequent diagnoses refer to psychiatric illnesses (13%).⁴

The parents themselves report that 44% of them are or have been *alcohol or drug abusers*. Severe marital discord occurs often in these families, as one of the reasons for placing 32% of the children in care was *violence* between spouses.⁵

⁴ We cannot compare this to the parents of the LSCDW as a similar question was not asked in this study. From another Danish representative study of approximately the same age group we know, though, that 7% of mothers and 3% of fathers state that they have a serious illness or handicap (Nielsen, Pedersen & Madsen, 2001).

Finally, it shall be mentioned that 44% of the cared for children have either one or both parents who were themselves placed outside home as children.⁶

The psychosocial situation of the children

Turning to the children, the same picture as of the parents becomes evident. The children in care are clearly more disadvantaged than the socially vulnerable children of the comparison group who are, themselves, less well off than the total 1995-cohort.

As shown in table 3, children in care significantly more frequent experience *health problems*. 28 % of them have at least one relatively severe diagnosed illness or a handicap. Especially psychiatric diagnoses are overrepresented among children in care.

Positive or negative *school experiences* seem to be crucial factors in the developmental careers of children in care (Quinton & Rutter, 1988), and problems arising early in schooling tend to be continuous. In this light it is not elevating that young children placed in care have disproportionate school problems. They are slow starters and often one year behind normal school entry, a minor group (6%) has already repeated a form at the age of 7-8. 24 % of them receive special education outside the ordinary school system because they are incapable of keeping up with the rest of the class. Surprisingly, the vast majority of children in care seem to like school in spite of these adversities.

Most remarkable, perhaps, is that more than one half of the children placed in care score within the abnormal range measured by the *SDQ total-score*. This means that mental health problems among these children are pervasive and constitute a major challenge to carers and a demand for massive therapeutic resources.

Finally, children in care attend organised leisure activities to a lesser extend than do children in the general population. Especially children, previously in care and now living at home again, are not involved in sports and other hobbies.

⁵ Similar data are not obtained in LSCDW

⁶ 5-7% (girls: 5 % and boys: 7 %) of all Danish children are placed in care during childhood for a shorter or longer period of time (Christoffersen, 1999).

Table 3. Children's problems. Percent.

	The longitudinal study of children in care (LSCC)	The sub-sample of socially disadvantaged families (from LSCDW)	The longitudinal study of child development and welfare (LSCDW)
Health:			
The child has at least one diagnosed illness or handicap	28	23	13 ***
School performance:			
The child attends a lower class than expected of children of the same age	45	37 *	24 ***
The child performs poorly in Danish	11	6 *	3 ***
The child receives special education	24	3 ***	1 ***
The child does not like school	5	4	1 ***
SDQ-Score			
Total SDQ-score within the abnormal range	53	17 ***	5 ***
Hobbies/leisure activities			
The child has not participated in organised leisure activities within the last year	24	31	12 ***
Number of observations the percentages are based on	490	291	4,971

Note: The significance shows whether the data on LSCC are statistically significant different from the sub-sample or the LSCDW. *** shows that the numbers are statistically significant different at the 0.01 level, ** at the 0.05 level, and * at the 0.10 level.

Combining the adversities of parents and children

In order to form hypotheses to be tested in the next data collection we have identified the supposedly most disadvantaged parents and children and those parent-child dyads in which both parts are highly vulnerable.

As indicators of parents' stressors we have chosen five factors:

- Parents have no education beyond compulsory schooling
- Parents are socially excluded from the labour market
- Parents have a diagnosed mental illness
- Parents are or have been substance abusers
- Parents have been placed outside home when they were children themselves

The distribution of parents according to the number of indicators characterizing their lives is shown in table 4.

Table 4. Number of indicators of strains of parents of children placed in care. Percent.

None of the indicators	9
One of the indicators	19
Two of the indicators	24
Three of the indicators	29
Four of the indicators	14
All the chosen indicators	5
Total	100

As indicators of children's strains four factors have been chosen (cf. table 5):

- The child has a diagnosed severe illness or a handicap
- The child lacks behind children of the same age in school
- The child's total score at the SDQ- scale places it within the abnormal range
- The child does not participate in leisure activities

Table 5. Number of indicators of strains of children placed in care. Percent

None of the indicators	22
One of the indicators	34
Two of the indicators	25
Three of the indicators	15
All the chosen indicators	5
Total	101

The combination of children's and parents' strains appears from table 6. In the majority (55%) of the cases both child and parents, according to the chosen criteria, are either medium or highly disadvantaged. This combination makes it probable that the total resources for enabling the family to bring up the child adequately are small or negligible. If either the parent

(5%) or the child (8%) is under heavy strain, resources may be small as well even if the other part has few problems. A minor group (5%) consists of children and parents who are both in the lower end of the vulnerability continuum. They may – with or without welfare interventions - be able to overcome the odds which caused the placement of the child. Further 15% of the children have some problems, but have parents who are less disadvantaged and may be able to overcome the problems if proper welfare interventions are offered. The same may not apply to the 12 % of the parents who are, themselves, placed in the medium range but have children who are less vulnerable.

Table 6. The combination of parents’ and children’s adversities. Percent.

Parents’ level of adversity	Children’s level of adversity			
	Low (0 indicators)	Medium (1-2 indicators)	High (3-4 indicators)	Total
Low vulnerability (0-1 indicator)	5	15	8	28
Medium vulnerability (2-3 indicators)	12	32	9	53
High vulnerability (4-5 indicators)	5	12	2	19
Total	22	59	19	100

In the data collections following, it remains to be tested if the children whose parents - according to the criteria decided - are medium or highly disadvantaged and who are themselves placed alike on the problem continuum, will in fact show worse developmental outcomes than other children in care. As an indicator of the relevance of the stressors chosen, though, we can see that the Child Protective Services have significantly more often started the child protection case of these children early - during the pregnancy or the child’s first year – and do significantly more often expect the child to be placed outside home throughout its childhood.

Discussion and social policy perspectives

An important challenge to social policy is the fact that parents (e.g. mothers) of young children in care as a group are extremely psychosocially unprivileged even compared to mothers of cared for children of all ages. This brings to light the need for development of programmes that effectively can ameliorate the situation for young mothers belonging to this high-risk group. Probably both intensive and prolonged interventions targeting the complex combina-

tion of poverty, distress, and limited parenting capacity are necessary, if these young mothers shall stand a chance of bringing up their children at an acceptable level.

In Danish child protection work there is a tendency to focus primarily on parents' needs (Christensen & Egelund, 2002; Egelund, 2002), especially needs related to their perceived deviances. Deviant parenthood (e.g. motherhood) is at the centre of the efforts while poverty-related hardship occupies a less important place in the intervention repertoire. Nevertheless, it is a strong tradition of thought in social work that interventions strengthening mothers will "trickle down" to the children who will themselves benefit without specific help.

The results of this study reveals a group of parents and children living under such heavy strain that it becomes clear that the "trickle down" hypothesis is inadequate taking the children's extremely disadvantaged position into account. The children as well as their mothers are in need of complex interventions if their extraordinary problems are to be met. Extraordinary needs demand extraordinary interventions, and for many of these young children a mainstream placement will probably not be enough to bring about life chances similar to those of other children of their age. Different highly specialized interventions (medical, psychiatric, educational, etc.) are necessary in order to overcome the deficits that these children are born with or have developed in interaction with their environment.

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