

Social Policy and the Global Crisis: Consequences and Responses

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CHILD CUSTODY PLACEMENT OUTCOMES FOR MOTHERS

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Abstract:

Mounting inequalities among families with children are demonstrated by the fact that increasing number of children are taken into custody in Finland. Internationally there is a broad literature on risks for child custody placements. In contrast very little is known about outcomes for parents. The topic is relevant not only for parent's themselves but also for children placed outside their homes as many children keep contact with their birth parents or return to live with them. We analyse child custody placement outcomes (social assistance receipt, unemployment and morbidity) in retrospective cohort study setting for mother's whose under school aged children were taken into custody between 1997–2004. This is a register based study where Finnish child placement register was merged with several administrative social insurance registers. With the view of the results we discuss family policy and general welfare policy implications to support families whose children have been taken into custody.

Introduction

There is a broad literature on risks for child custody outcomes for children. However, risks for parents to have their child placed outside the home have been addressed more seldom (Sarkola, Kahila, Gissler and Halmesmäki, 2007). Some parent factors have been examined as predictors for case outcomes. Studies in the U.S. have established parents' unemployment, loss of welfare benefits and mother's mental health problems as factors reducing the likelihood of reunification and/or re-entry into custody (Kortenkamp et al., 2004; Jones, 1998, see also Wells and Guo, 2004; Festinger, 1996).

There is no doubt that the most vulnerable children in the Nordic countries as well as elsewhere in the western world are those who are subject to child protection measures. Child protection comprises a wide range of measures which aim to improve children's living conditions and their opportunities in later life. However, there is a body of empirical evidence suggesting that children who have been subject to child protection measures, especially children placed outside their home (CPOH), have much weaker prospects in later life compared with children who have lived with their birth parents. Those placed outside their homes are far more likely than are other children to commit crimes, drop out of school, experience unemployment, join welfare, suffer from substance abuse problems, enter the homeless population or die prematurely (e.g., Heino and Johnson, 2010; Hjern, Vinnerljung and Lindblad, 2004; Kalland, Pensola, Meriläinen and Sinkkonen, 2001; Socialstryelsen, 2006; Vinnerljung, Franzén and Danielsson, 2007; Vinnerljung, Hjern, Lindblad, 2006; Vinnerljung, Öman and Gunnarson, 2005).

Placing a child outside the home does not only reflect poor living conditions of that child but also that of the birth parents. Child protection has traditionally been focused on people living on the margins of society, i.e. families with many children, families living in poverty, families in small rental or poor quality apartments, families with members who suffer from psychiatric problems and somatic illnesses (Saurama, 2005; Skehill, 2004). Very little is known about outcomes for the birth parents once their child/ren have been placed outside the home. The topic is relevant not only for parents themselves but also for children as many children keep contact with their birth parents or return to live with them in later life (Hiitola, 2009a¹; Heino and Johnson, 2010; Neil, 2006). Positive welfare outcomes for birth parents, e.g. overcoming alcohol or mental problems, may encourage their children despite the fact that they have not lived together (Hiltunen, 2005). In the U.S. and in the U.K. there has emerged a shift from child protection to family-focused casework in which parents are treated as important, efficacious, dynamic participants in service plan creation and execution (Apter,

¹ A survey showed that as many as 19 per cent of children taken into care returned to live with their birth parents once they turned 18 years (Hiitola, 2009a, 25), a result which was confirmed by a register based follow-up study (Heino and Johnson, 2010, 278).

2005). The new ideology that emphasises birth parents as permanent resource for their own children highlights the need to study placement outcomes for birth parents.

The aim of this article² is two-fold:

- 1) To describe risks (financial difficulties, mental health, inability to work) for mothers whose children have been taken into custody.
- 2) To assess how the risks develop over time.

First we describe general welfare trends in Finland with regard to child protection. Second, there is a short presentation of child protection system in the country and the following sections deal with hypothesis, data and results. Finally, the results are discussed in the concluding section.

Welfare trajectories in Finland

The distinctive feature of the Nordic family policies is the strong role of the state in relation to non-governmental organizations, families and markets (Kautto et al., 1999, Alestalo and Kuhnle, 2000). This means that the state has made extensive investments in those areas of social policy that are focused on social risks related to child bearing (Bradshaw, 2006; Leira and Ellingsaeter, 2006; Pfenning and Bahle, 2000). Since the 1970's Finland emerged as a Nordic welfare state providing universal social security. Both social work and the child welfare system were developed within this framework (Hämäläinen and Vornanen, 2006). The Nordic welfare state was often associated with high level of female labour force participation and low levels of child poverty (e.g. Bradbury and Jäntti, 2001; Vleminckx and Smeeding, 2001; Giddens, 2007). Both outcomes were related to the fact that also single parents participate in the labour market. Nordic countries were also well known for combining high level of female employment and fertility (Castles, 2003).

The number of CPOH in Finland has increased rapidly in the 1990's and early 2000's (Hiilamo, 2009). The development is striking given the fact that Finland is considered a leader in children's issues. Since the PISA³ results of 2003 were published, Finland has become known as a top performer in school children's education (Simola, 2005). Finland was the highest-performing country also on the PISA 2006 science scale (OECD, 2007). In a comparative report on child welfare outcomes by Unicef Finland was in fourth position behind the Netherlands, Sweden and Denmark (Adamson, 2007). The aim to promote child welfare is powerfully pronounced also both in national and municipal child policy plans (Hämäläinen and Vornanen, 2006). The policy programme for the well-being

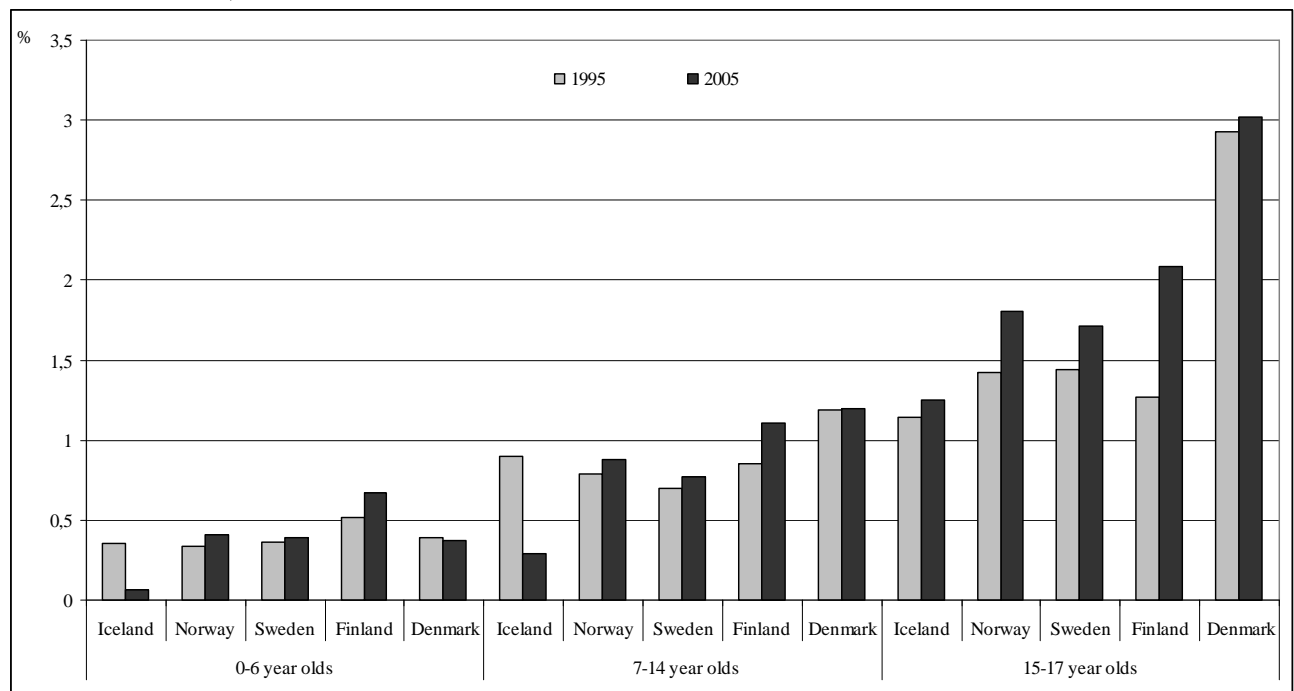
² This study is a part of a larger research project on parents whose children are placed outside the home (Saarikallio-Torp et al., 2010).

³ The OECD Programme for International Student Assessment, PISA, is an internationally standardised assessment that is administered to 15-year-olds in schools. Three assessments have so far been carried out in 2000, 2003 and 2006.

of children, youth and families, as set out in the Government Programme 2007-2011, cover broad-based intersectoral issues to ensure the well-being of families and prevention of social exclusion. The Nordic council's strategy for children and young people also aim at working with vulnerable young people in health and social services.

In 2008, a total of 16,608 children (0 to 17 years) in Finland were placed outside the home, i.e. 1.3 per cent of all children (Child welfare, 2009). In 1991 some 9,000 children were placed outside the home and the share was around 0.75. There has been an even more dramatic increase in the number of children in child welfare interventions in community care. In 1998 there were some 36,000 children under the age of 18 in child welfare interventions in community care; whereas in 2008 the figure was more than 67,000 (more than the number of children in a birth cohort) (Child welfare, 2009). The number of CPOH has increased simultaneously with the increase of child poverty in Finland. In 1990 4.9 per cent of all the children under the age of 18 lived in poor households. In 2000 the corresponding figure was 11.6 per cent and in 2008 13.3 per cent. (Findikaattori, 2010.) On a population level child protection is a low-frequency but high social relevance issue and a topic that is often discussed in public, although there are very few systematic studies on the issue (see Saarikallio-Torp et al., 2010; Heino and Johnson, 2010; Hiilamo, 2009; Heino, 2007; Hiitola, 2008).

Figure 1. Proportion of CPOH in the Nordic countries, % of all children and young people. (Source: SOTKANet 2007.)



Since 1995 the share of teenagers (youth between 15 and 17 years) that were placed outside their home increased most dramatically in Finland (Figure 1). Placements of children under the school-age were most common in Finland both in 1995 and 2005. A growing trend is observable also in other

Nordic countries but it is not as strong as in Finland.⁴ It has been argued that in Finland there are more child protection services and more support available and that the increase in the number of CPOH reflects intensified efforts by social workers. The argument is supported by the fact that child protection system is decentralized, with the standards of services largely left to municipalities. However, the conclusion was not supported by sub regional analysis (Hiilamo, 2009). No links were found between the number of social workers or changes in the number of social workers and CPOH. The ordinance on child protection, which gave municipalities more resources, was already issued in 1984. Increased supply of resources was met by emerging demand already before the end of the 1980s (Tuurala, 2006).

Child protection system in Finland

Historically, child protection in Finland has dealt mainly with orphans. The Finnish Civil War of 1918 left tens of thousands of casualties and thousands of defenceless children in its aftermath; more than 14,000 children lost a parent and thousands of parents were sent to concentration camps and prisons. More than 29,000 were left without care (Lähteenmäki, 2000, 120). Because municipalities and the state could not cope with the care of orphans alone, there was an acute need for non-governmental child protection organizations. Since the 1950's 'social orphans' i.e. children whose parents are unable to care for them became increasingly prevalent.

The 1960s and 1970s were an ideological turning point in child welfare. The emphasis was moved from child protection to the development and promotion of the rights of children (Hämäläinen and Vornanen, 2006). The contraceptive pill was introduced to the market in the 1960s and the Abortion Act came into force in 1970. Liberalization of abortion law was given as a cause for decreased need for child protection (Tuurala, 2006). According to the argument, a drop in the number of unwanted children was reflected in a downward trend in child protection. The number of CPOH actually decreased in the 1970s and in the first half of the 1980s.

In Finland social workers may take up child protection measures upon their own observations or they may receive information on needs for child protection from other municipal institutions. Reports of abuse or neglect are typically made by child day care personnel, nurses and physicians, school principals, police and family members. In 2008 as many as 76,007 reports were filed concerning some 50,000 children (Child welfare, 2009).

The number of CPOH includes both custody placements and voluntary placements for child protec-

⁴ The figures are not totally comparable since e.g. figures for Denmark include also handicapped youth and children.

tion purposes. Children must be taken into care under the Child Welfare Act and substitute care must be provided for them if they themselves seriously endanger their health or development and if their health or development is seriously endangered by other circumstances in which they are being brought up. Taking a child into care must be prepared and resorted to if the support in community care has not been suitable or possible or if the measures have proved to be insufficient. Before a child is taken into care, substitute care should be estimated to be in the child's interests. (Child welfare, 2009). Taking a child into care is based on consent but a child can also be taken into care involuntarily in cases where the custodian or a child aged 12 and over is against it or if the hearing has been omitted for other reasons. The decision on taking a child into care is made by an administrative court upon application by a municipal office-holder, after the social worker responsible for the child's affairs has prepared the decision. Custody placements take the form of foster care, residential care or any other appropriate arrangement. Foster homes are preferred to institutionalized means (including professional family care homes) but there has been a continued shortage of foster parents in Finland.

Custody placement decisions are rather permanent. The officials are obliged to review grounds for placement but there is no need for a new decision to keep placement in force. Consequently reunification is a rare incident. Foster home placements are sometimes substituted with residential care placements but children taken into care return very seldom to live with their birth parents. The capital city of Helsinki terminated 40 placements before children reached adulthood in 2003 and in 2004 (Pitkänen, 2008). There were 1,780 and 1,846 children in care in 2003 and in 2004, i.e. only two per cent of custody placements were terminated. For the whole country altogether 824 placement decisions were terminated in 2007 (10,278 children were in care). In 44 per cent of the cases children were under the age of 18 indicating that they may have returned to live with their birth parents. The rate of reunification was 3.5 per cent. However, this is not the only option available as they may also have been adopted or remain to live elsewhere on other arrangements (Hiitola, 2009a).⁵ A review of all decisions by administrative courts on cases where a child or/and the parents disagreed with placement decision showed that in 96 per cent of cases the court decided to take the child into care (Hiitola, 2009).

Earlier research

The primary source of protection for the child lies within the core family and within the closest network of relatives and friends. Most of the research on CPOH focuses on family conditions before the placement. In Sweden the highest risks contributing to CPOH include psychiatric diagnosis of the

⁵ Between 1999 and 2009 there were 95 to 130 Finnish children under the age of 20 who were adopted.

mother (suicide attempt or substance abuse), long-term social assistance, the mother's absence from paid work and single motherhood, while mothers with higher education showed a substantially smaller risk (Socialstryrelsen 2006, 271-273). At the age of seven fewer than one child among 2000 was placed outside the home in cases where the mother was living with a partner, had higher education, was in paid work and did not receive social assistance. If the mother was without a partner, had only secondary school education and did not participate in the labour market but received social assistance, as many as every seventh child was placed outside the home. Single parenthood seems to stand out also in studies from other countries (e.g. Berger, 2004; Sidebotham and Heron, 2006; Kalland, Sinkkonen, Meriläinen and Siimes, 2006).

The findings in a Greek study suggest that the most prominent characteristics of child abuse were those associated with parents' own adverse life experiences, mental health problems, bad quality of relationship between spouses and parental neglect of the child's hygiene (Agathonos-Georgopoulou and Browne, 1997). The research in the U.S. points to poverty, unstable employment, domestic violence, alcohol and substance abuse, family structure and mental health as risk factors for child protection measures (Berger, 2004; Geen, Kortenkamp and Stagner, 2001; Kohl, Edleson, English and Barth, 2005; Kotch et al., 1995; Schumacher, Smith, Slep and Heyman, 2001; Shook Slack, Holl, McDaniel, Yoo, and Bolger, 2004; Widom and Hiller-Sturmhofel, 2001; Windham, Rosenberg, Fuddy, McFarlane, Sia, and Duggan, 2004).

Research carried out in Finland suggested that parents whose children were placed outside the home were on average poorer and suffered more often from mental problems than other parents (Heino, 2007). Social workers in Finland tend to attribute the need for child protection measures to alcohol abuse, a parent's mental problems, domestic violence, poor economic conditions (nonworking parents, receipt of social assistance) and single parenthood (Hiitola, 2008; Heino, 2007; Sosiaali- ja terveystieteiden ministeriö, 2006a; Tuurala, 2006; Myllärniemi, 2005). A cohort-based retrospective study in Finland observed a 5.8 times higher risk for single parents of having their child placed in care (Kalland, Sinkkonen, Meriläinen and Siimes, 2006). A study based on a sample of custody placement decisions stressed also neglect and parents' lack of cooperation with child protection officials as a major cause for the child's placement into custody (Myllärniemi, 2005). Half of the mothers with alcohol and/or substance abuse before birth ended up having their child placed outside the home (Sarkola, Kahila, Gissler and Halmesmäki, 2007).

A review of Finnish child protection cases brought before the administrative courts between 1999-2004 highlights parents' alcohol abuse as a major cause for child protection measures (Heino, 2006). Alcohol abuse accounted for more than one third of all cases. Another review on same material from

2008 identified parents and/or child alcohol problems, violence and mental problems as major causes for placements (Hiitola, 2009). Child-related causes (the young person's alcohol abuse, mental disorders, behavioural problems) were mentioned in approximately 30 per cent of the cases in the administrative courts (Heino, 2006).

Summarising the earlier results we may divide the areas of risks on family situations before placement into five major categories. The categories deal with family structure (single parenthood), financial difficulties (receipt of social assistance, unemployment), parents' alcohol and substance abuse, parents' mental health problems and domestic violence. On the one hand child's custody placement may come as a major life crisis for parents surrounded with shame, humiliation, guilt and social stigma (Eronen, 2009). Research with the birth parents of adopted children demonstrated that for many people negative feeling has persisted over several years (Neil, 2006). Some people had resigned depressed reactions, others angry resistant reaction. On the other hand the disruption of a difficult parenthood may help the parents to regain control of their lives. The perspective of reunification may also encourage parents to overcome their problems.

Data

Analysing CPOH outcomes for birth parents is a demanding task with regard to data. There is no available dataset or a combination of datasets that would include information about CPOH and their parents. The major challenges in analysing welfare trajectories for marginalized groups such as parents whose children are placed outside the home concern limitations of register data. It is fairly easy to identify the children as there is a register on CPOH, but the register does not include any information on their parents, e.g. information on family structure, parents' labour market status, entitlement to social benefits or health status. Information in CPOH register is limited to child's sex, age, municipality, placement argument (Section 16 of the Child Welfare Act), form of placement (foster care, residential care or any other appropriate arrangement) and duration of placement.

In this study we identified the target population; children placed outside the home, from the Child Welfare Register and combined it with the information of the parents. Data for parents is based on several datasets, such as Social Assistance Register, Employment Register and the Social Insurance Institute's (Kela) Benefit Register. Kela's benefit register includes a wide range of income and health related benefits such as flat rate unemployment benefits, all family policy benefits, compensation for prescribed medicines and disability pensions and its' medical causes.

The Child Welfare Register has been maintained since 1991 in its present form, and population data is correct on the last day of the year. The data is updated annually. (Child welfare, 2009.) On the first

phase the birth parents for all the children in the register in 2004 were searched. This includes all the children who were placed outside the home at some point during the year. The initial population included 12,031 children. We were able to find 10,999 birth mothers (91.4 per cent) and 6,316 fathers (77.2 per cent).⁶ The parents were assigned to children in the Child Welfare Register irrespective of whether they had been living with the child or not. On the second phase social assistance benefit, employment benefits and Kela benefits as in November 2004 were identified for these parents. This means that each child is represented by his or her parents. If some parents had more than one child placed outside the home they will appear in the data as many times as they have children in the child protection register (see footnote 7 on page 12).

In this study we concentrate on mothers whose child/ren were in custody care in 2004 (n=7,378), i.e. fathers and voluntary placements were excluded from the analysis. As we are interested in child protection outcomes for birth parents we need to establish a connection between placement and parenthood.). In Finland a large share of CPOH come from single mother families (Heino, 2009). As many as 45 per cent of children taken into care by administrative courts in 2008 were from single mother families (Hiitola, 2009). The information on mothers is deemed more reliable as fathers were missing from study population clearly more often than mothers. We also assume that there is a larger variation in the background factors for voluntary placements than in custody placements which are based on Child Welfare Act statutes. Voluntary placements are intended for a fixed time frame and they involve also cases where child/ren are placed together with their parents.

The data allows us to study welfare trajectories before, during and after the child has been taken into care through the following risk areas:

- unemployment (flat rate unemployment benefit for uninsured unemployed),
- receipt of social assistance,
- the disability pension and
- morbidity (through medical diagnoses for disability pensions in November 2004).

Benefit history in the data used in this study dates back to year 1997 (this does not concern unemployment data completely). This allows us to use retrospective panel setting. With information on children's age and custody placement decision for each year we are able to trace back mothers' benefit and health status before the year of placement, as well as during and after the year of placement. In the panel setting only mothers with 0–8 year-old children were included. Earlier research suggests that the children taken into care in Finland consist mainly on two specific groups, i.e. young children

⁶ The missing parents may be caused by inaccuracies in personal register numbers, migration to foreign countries or death of a parent.

(children under the school age) and the adolescent (Heino, 2007; Myllärniemi, 2005; Tuurala, 2006). Family related factors seems to concern the younger group of children while child related factors play a more important role for the adolescent (Hiitola, 2008; Heino and Johnson, 2010). As indicated in Figure 1 the share of children under the school-age among CPOH was clearly the highest in Finland in comparison with other Nordic countries. Additional benefit is that for the group of mothers whose children are under the age of nine we have benefit information from the time the children were born to analyze welfare trajectories before, during and after the year when the children were taken into care.

However, it is noteworthy that our study group includes only those mothers whose child/ren were in care in 2004 and excludes those rare cases where child/ren have returned to live with their mothers and/or fathers. Despite these shortcomings the register data is considered to be high-quality data.

In the cross sectional setting we use a 10 per cent sample from working aged population (16–64 year-olds) with children in November 2004 as a control group (Working aged mothers, n=58,864). This sample is based on mothers unlike our study group where each child is represented by his or her mother. Multiple parents do not greatly distort the comparison as most of the mothers have only one child placed outside the home.⁷ However, it is possible that not all the children in a particular family are taken into care. Additionally, we use another control group of working aged mothers (Mothers receiving social assistance, n=2,414) which is based on Social Assistance Register and includes those families who receive social assistance.⁸ This group is used as an indicator for families suffering from poverty. The rationale is to study whether mothers with young children in care differ from other families suffering from poverty.

Table 1. Age structure of the study group and control groups.

	Mothers with children in care	Working aged mothers	Mothers on social as- sistance
	n = 7,378	n = 58,864	n = 2,414
	%	%	%
16-24 year-olds	3.4	3.8	17.2
25-34 year-olds	22.8	26.3	31.7
35-44 year-olds	51.9	46.1	36.3
45-54 year-olds	20.2	22.1	13.9
55-64 year-olds	1.6	1.7	1.1
	100	100	100

⁷ In the data 72 per cent of mother had one child placed outside the home and 19 per cent two children.

⁸ This data includes all households with children who received social assistance in November 2004.

Mothers with children in care in 2004 were most often between 35 and 44 years (Table 1). Their age structure corresponds to sample of working aged mothers while mothers on social assistance were on average clearly younger.

The problem with outcome variables is that in many cases they only indicate the extent to which the social security system has addressed particular problems, e.g. financial need, lack of jobs, inability to work or mental problems. The variables in this study may only be considered as proxies in describing mother's circumstances before the placement, during the placement and after the placement. A particular problem with regard to mothers concerns unemployment and social assistance benefits. Majority of birth mothers for children taken into care were in fertile age between 1997 and 2004. If additional child is born into the family, eligibility regulations for unemployment and social assistance change (until that child is placed outside the home). We try to introduce controls to overcome this problem.

On the basis of earlier research we assume that mothers with children in care suffer more often from economic hardships, are more often on sickness benefits and receive more often disability pension than mothers in the control groups. Lack of previous research may preclude hypothesis on accumulation of risks among parents after the placement. However, social benefit system allows us to assume that e.g. receipt of social assistance will decrease once a child has been taken into care. That is due to the fact that the size of the household decrease together with the threshold for social assistance. We also make a cautious hypothesis that other types of risks (unemployment and disability pension) remain on the same level after the placement as they were before and during the placement. The control sample allows us to assess the level of risks. However, our data does not permit determination of causal relationships.

Results

The results are reported on three consecutive sections. First, we will give a cross-sectional overview of the study group vis-à-vis control groups. The following section focuses on unemployment, social assistance receipt and disability pension for three custody cohorts⁹ (2000, 2001 and 2002). The cohorts are followed from five to six years. Finally we will analyse diagnosis for disability pensions on cross sectional setting.

Table 2 confirms our hypothesis on accumulated risks among mothers with children in care. As a group they differed substantially from the group working aged mothers with regard to benefit status

⁹ A cohort refers to the year when a child was first taken into care.

in November 2004. Mothers with children taken into care were almost four times more often unemployed than working aged mothers and more than seven times more often on sickness benefits (including disability pension). Almost half of the mothers with children in care received social assistance, while the share for working aged mothers was 4.1 per cent. The difference was even greater for those who did not receive any other benefits than social assistance (6.9 per cent vs. 0.6 per cent), indicating that the mother was not entitled to either unemployment benefit or sickness benefits.

The group of mothers whose children were in care resembled mothers on social assistance on some respects. The rate of unemployment was almost on the same level for both groups. Mothers with children in care had other income than benefits (indicator for work income) in 19.3 per cent of the cases while the corresponding figure for mothers on social assistance was 13.4 per cent. However, mothers with children in care had sickness benefits almost three times more often than mothers on social assistance. It is fair to conclude that mothers with children in care face more risks than mothers on social assistance.

Table 2. Benefit status for study group and control groups in November 2004.

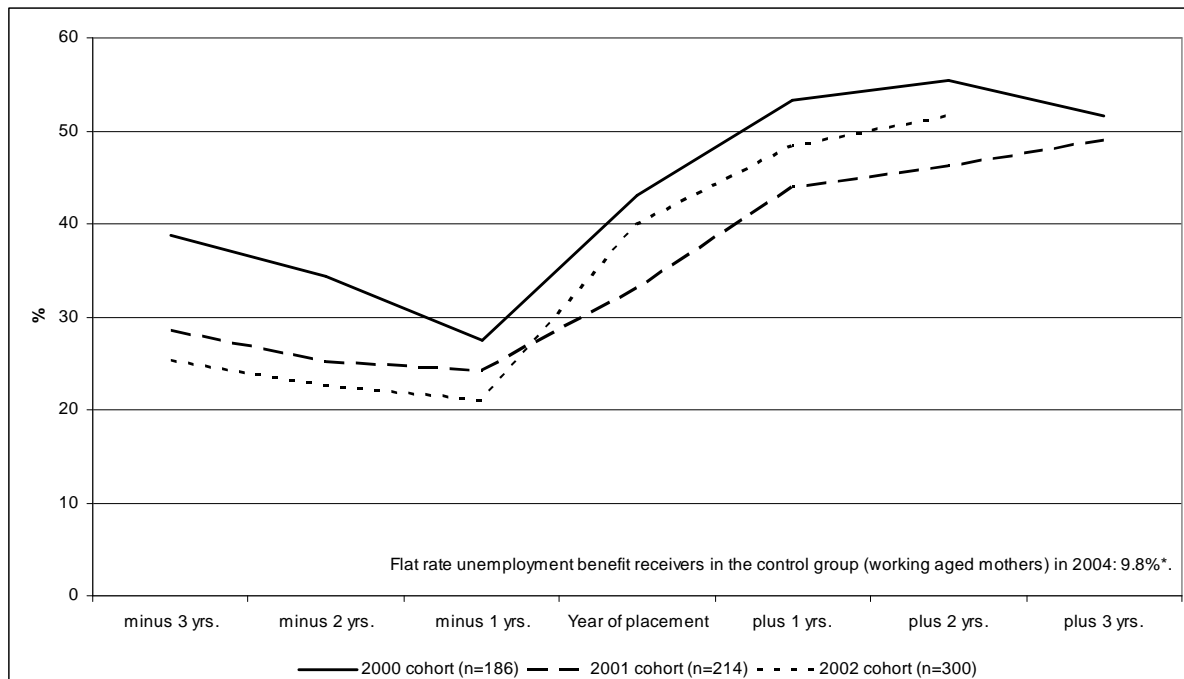
	Mothers with children in care	Working aged mothers	Mothers on social assistance
	n = 7,378	n = 58,864	n = 2,414
Unemployment benefits	40.9	11.3	42.5
of which			
Flat rate unemployment benefit	31.7	5.5	34.0
Sick benefits	23.1	3.2	8.5
of which			
Disability pension	18.6	1.2	4.9
Family benefits	8.1	17.3	30.0
Student support	1.7	1.8	5.6
Social assistance (no other benefits)	6.9	0.6	
Other income (work)	19.3	65.8	13.4
	100	100	100
Social assistance recipients, % of all	46.2	4.1	--

To analyse custody placement outcomes for mothers we constructed three cohorts where we were able to follow mothers with children in care at least for two years before and after the beginning of the placement. Consequently, the cohorts were formed according to placement years. The average age of children rises from 2000 to 2002. This is due to our retrospective panel setting.¹⁰ The children in the earlier cohorts have been taken into care at younger age than children in the later cohorts.

¹⁰ We focus on mothers whose children in care were 0 to 8 years old in 2004. Therefore, those taken into care in 2000 were three years old or younger. Those taken into care in 2001 were four years or younger while those taken into care in 2002 were five years or younger.

The flat rate unemployment benefit in Finland is means-tested against all income (also spouse's income). The benefit is set to a level where the recipient is not eligible for social assistance. However, social assistance covers all those housing expenses which are not compensated through housing benefit and which are deemed reasonable by social workers. In effect, one third of flat rate unemployment benefit recipients received also social assistance in 2000 (Hiilamo et al., 2005). Figure 2 shows the share of mothers receiving flat rate unemployment benefit in a given year.¹¹ In all cohorts the rate of unemployment is already on a fairly high level three years before the placement indicating a disadvantaged position of these mothers' in the labour market. However, the rate decreases towards the year before the placement. This may reflect that unemployment benefit was replaced by family benefits. Unemployment increases dramatically during the placement year. Custody placement terminates the eligibility for family benefits (in case all the children of the family are taken into care). The share of unemployed continues to increase until the second year after the placement. This group of mothers differs greatly from a sample of working aged mothers with children between 0 to 8 years since the share of those mothers claiming flat rate unemployment benefit at some point during 2004 was 9.8 per cent. Contrary to our hypothesis unemployment status of mother with children in care does not seem to remain constant. The results indicate that labour market status of mothers continues to deteriorate after the placement.

Figure 2. Receipt of flat rate unemployment benefit in different custody cohorts among mothers with children (0-8 year-olds) taken into care.

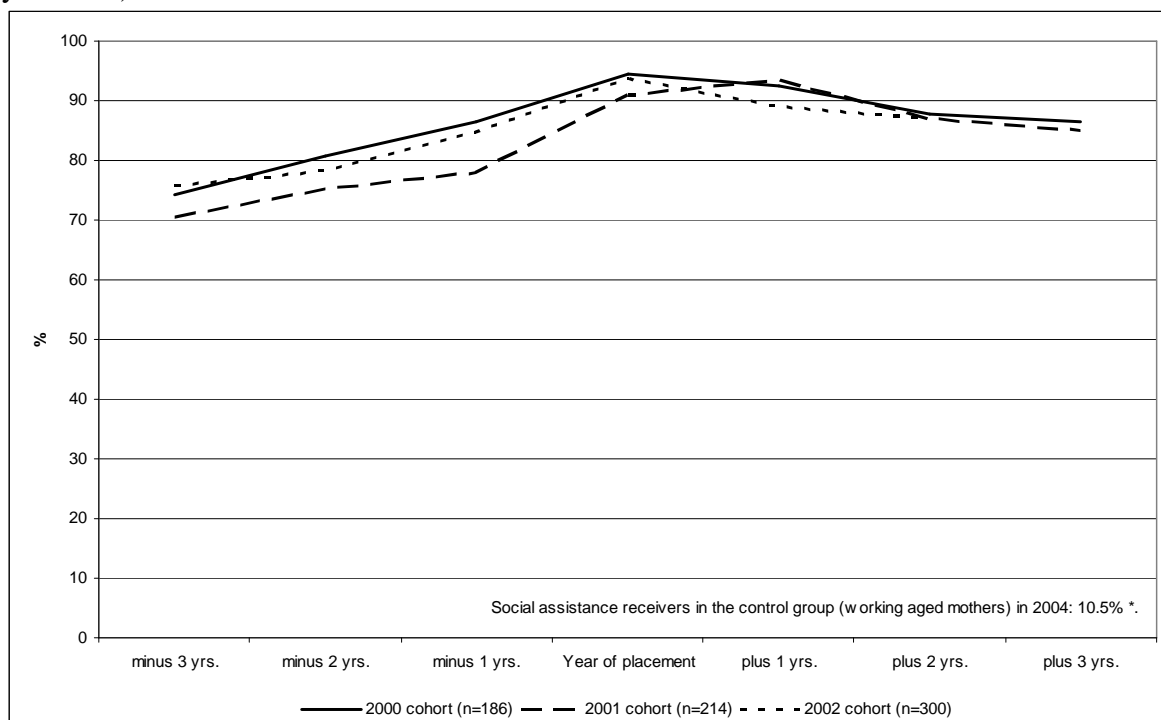


*A cohort refers to the year when the custody care of a child first began.

¹¹ In the following the receipt is calculated as a share of those who received the benefit in question one day or longer in a given year.

In Finland social assistance recipients are obliged to care for themselves according to their ability (Kuivalainen, 2004). The last-resort social assistance schemes are run by local authorities, the emphasis is on social work and the assistance has traditionally been strictly means-tested. Register on social assistance clients shows that one single-parent family in three received social assistance (Heino and Lamminpää, 2006). A clear majority of mothers with children taken into care in all cohorts receive social assistance before the custody placement (Figure 3). This may illustrate work practises in child protection where all other measures – including financial assistance -- are to be pursued before a custody placement. It is somewhat surprising that the level of social assistance recipients does not decrease to pre-placement level despite of the fact that qualification conditions for social assistance change. After a child is taken into care the rest of the family is supposed to survive with less income. Again our results run against the hypothesis. Receipt of social assistance does not decrease after the child is taken into care but remains on a previous level. Unfortunately we do not have information on the actual amounts of social assistance to determine if the households fell far below the threshold before placement. In any case it seems that mother's financial difficulties persist after the placement. Only 10.5 percent of working aged mothers with children between 0 and 8 years in general received social assistance at some point during the year 2004.

Figure 3. Receipt of social assistance in different custody cohorts among mothers with children (0-8 year-olds) taken into care.



Finally, we look at mothers on a disability pension (Figure 4). We measure only those mothers with children taken into care and who are on disability pension with short or non-existent work history or with low incomes. These low level benefits are practically permanent, only very few leave the bene-

fit to make a (re)start at the labour market. We observe a steep increase in the rate of disability pension receivers after the placement. Three years after the placement as many as 17 per cent of mothers were on a disability pension (cohorts 2000 and 2001). Again the risk for disability pension does not remain constant but seems to increase dramatically after the placement. Only 0.7 percent of mothers in the control group (working aged mothers with children between 0 and 8 years) were on a same kind of disability pension in 2004. The increase in the level of disability pension receivers for mothers with children in care may relate to the fact that the process of claiming disability pension usually takes some years. This means that the conditions which resulted in the custody placement of a child will be reflected on the shares of disability pension receivers only some years later.

Figure 4. Disability pension receivers in different custody cohorts among mothers with children (0-8 year-olds) taken into care.

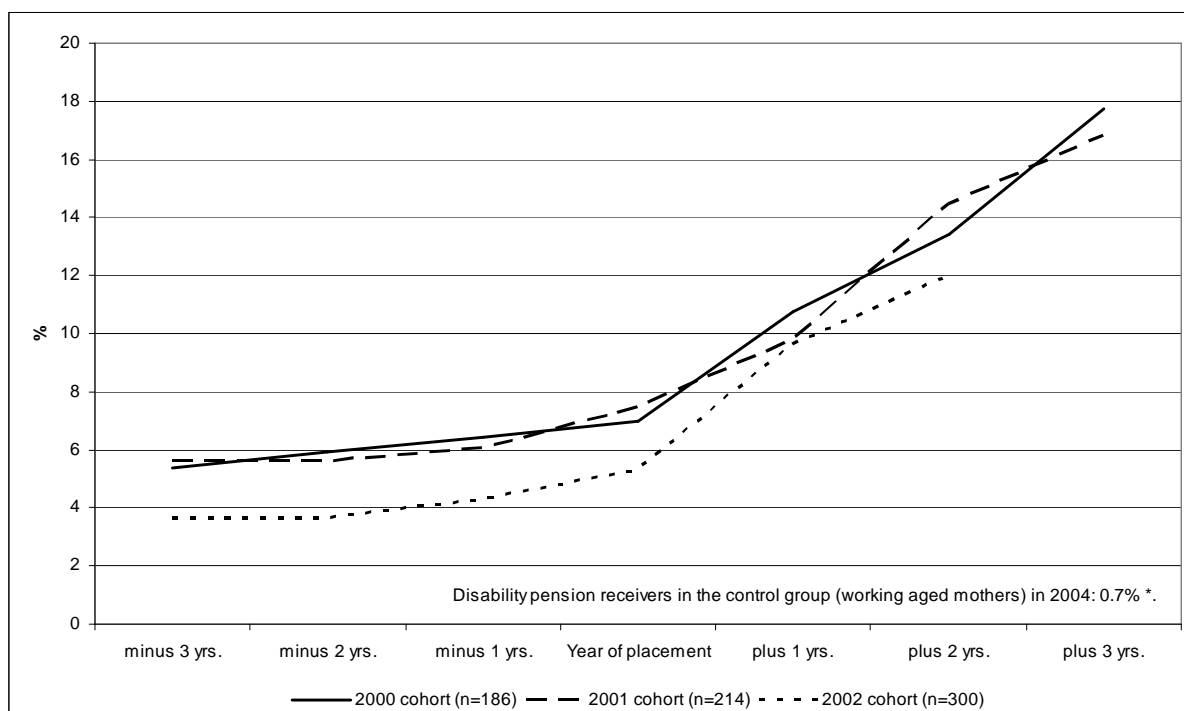


Table 3 reports a cross-sectional analysis of most common diseases and related health problems among mothers on disability pension. Almost every fifth (18.6 per cent) mother whose child/ren was/were in custody care received disability pension in 2004. The corresponding figure for the control group (working aged mothers) was only 1.2 per cent; for mothers on social assistance the figure was 4.9 per cent (not shown in the table). Mothers with children in care were also overrepresented in mental and behavioural disorder diagnosis. In 82.1 per cent of the cases the diagnosis for disability pension related to mental problems among the study group, while that was the case in 56.3 per cent of the cases in the control group (working aged mothers). The most important subgroup of mental and behavioural disorders for mothers with children in care concerned psychotic disturbances, personality disorders and mental retardation. Mothers in the control group suffered more often from de-

pression and from physical ailments such as diseases of the nervous system and diseases of the musculoskeletal system. The result points to severe mental problems as a major risk factor for mothers whose children have been taken into care.

Table 3. Disability pension recipients by major diagnostic category in November 2004.

	Mothers with children in care (n=7,378)	Working aged mothers (n=58,864)
% of disability pension recipients	18.6	1.2
Most common diseases and related health problems among mothers on disability pension, %	(n=1,371)	(n=688)
Mental and behavioural disorders	82.1	56.3
<i>Of which</i>		
<i>Psychotic disturbances</i>	46.4	41.3
<i>Personality disorder</i>	17.5	10.9
<i>Depression</i>	13.6	33.3
<i>Phobias & anxiety disorders</i>	3.9	5.4
<i>Mental disability and disturbances/Mental retardation</i>	13.7	8.5
<i>Mental and behavioural disorders due to psychoactive substance use (Alcohol & drugs)</i>	4.5	0.5
<i>Other</i>	0.4	0.0
<i>Total</i>	100	100
Diseases of the nervous system	4.3	12.2
Injury, poisoning	2.3	2.2
Diseases of the musculoskeletal system and connective tissue	2.5	13.5
Diseases of the circulatory system	1.5	1.7
Others	3.6	8.0
Cause of pension not found in the register	3.7	6.1
Total	100	100

Conclusions

The research reported in this paper is an exploratory effort to describe the custody placement outcomes for birth mothers. We focused on four overlapping risk areas: unemployment, financial difficulties, mental health and inability to work. As expected birth mother's living conditions differed greatly from a population sample of working aged mothers. In addition, mothers whose children had been taken into care were worse off than mothers who received social assistance. However, the level of these risks did not remain constant after the placement. The benefit status for mothers with children in care seems not to improve after the custody placement. On the contrary, the share of unemployed mothers increases; almost 90 per cent relies on social assistance and the share of mothers on disability pension increases as well.

There was a slight selection bias towards more marginalized mothers as those mothers that have had been reunited with their child were not included in the register that was used to construct our study group. However, the rate of reunification is considered to be very low in Finland. In fact, our results may shed some light on the topic. As living conditions for most mothers with children in care dete-

riorate after the placement it can be noted that there might be few opportunities for the children to return to live with their birth mothers. Earlier research has shown that poverty and economic deprivation might be the greatest risks from the social environment for successful reunification (Jones, 1998).

According to our results, the socioeconomic status of birth parents with children taken into care is originally very disadvantaged. There is an urgent need to develop tailored social services for families with long term economic hardships. The experience of child's placement into care is often life-altering. Results of this study emphasise the role of mental health services for mothers with children in care. The results also call attention for targeted social work interventions to assist this group of mothers.

As Apter (2005) notes, research that studies the perspective of parents with children in care is scarce. Several questions concerning their welfare outcomes remain unanswered. More detailed analysis calls for data on social networks and social support, housing conditions and family structure. An important topic concerns outcomes of the type and quantity of contacts between birth parents and children taken into care (see Neil, 2006).

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