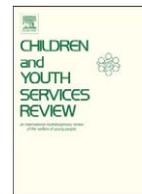




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What could explain the dramatic rise in out-of-home placement in Finland in the 1990s and early 2000s?

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ABSTRACT

Objectives: Despite exceptionally favourable economic conditions and school children's outstanding educational attainment the number of children placed outside their home in Finland has increased rapidly in the 1990s and early 2000s. This study identifies factors that are related to a child's risk of placement outside the home in Finland and tries to explore possible explanations for an increase in the share of children placed outside the home.

Methods: A regression analysis was applied to study the share of children placed outside the home and suggested risk factor indicators on sub-regional level. The use of sub-regional data from SOTKANet indicator bank allowed us to test indicators for seven areas, namely family structure (single parenthood), receipt of social assistance, unemployment, parents' alcohol and substance abuse, parents' mental health, domestic violence and abortion. Educational level, number of social workers and domestic migration were included as background factors.

Results: Child placement outside home in Finland is most clearly associated with long-term economic hardships. However, the results indicate that the rate of change in the share of children placed outside the home is associated with alcohol and substance abuse.

Conclusions: The results suggest that the Finnish success story as a world leader in children's issues has a darker side. A change in the distribution of welfare in Finland seems to place the children in the margin of the society into a more disadvantaged position.

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1. Introduction

The European Convention of Human Rights and the UN Convention on the Rights of the Child state that the placement of children should be avoided whenever feasible by preventive measures. As a last resort, the child may be placed outside the home. On the individual level the aim is to guarantee a safe and conducive environment for the child. There is no doubt that generally the most vulnerable children in the western world are those who are subject to child protection measures. Information on child protection is, however, seldom used as an indicator of social exclusion.

Placing a child outside the home does not only reflect poor living conditions of that child but also that of the biological 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 and poor quality apartments, families with members who suffer from psychiatric problems and somatic illnesses (Saurama, 2002; Skehill 2004). More generally a child's placement outside the home indicates failure by other institutions of welfare – the family, the market and the welfare

state. In that sense children placed outside the home (CPOH) is as valid an indicator of social exclusion as the number of prisoners, for instance.

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 CPOH, have much weaker prospects compared with children who have lived with their biological parents (e.g., Hjern, Vinnerljung, & Lindblad, 2004; Kalland, Pensola, Meriläinen, & Sinkkonen, 2001; Socialstyrelsen, 2006; Vinnerljung, Franzén, & Danielsson, 2007; Vinnerljung, Hjern, & Lindblad, 2006; Vinnerljung, Öman, & Gunnarson, 2005; Franzén & Vinnerljung, 2006).

Finland is considered a leader in children's issues. Since the Pisa 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 report on child welfare 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 & Vornanen, 2006). Until recently child poverty has been very low or almost non-existent in Finland.

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However, the number of CPOH in Finland has increased continuously since the late 1980s. In 2006, a total of 15 628 children and young people in Finland were placed outside the home, i.e. 1.2% of all children and young persons (Stakes, 2006). In 1991 some 9000 children were placed outside the home while 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, some 36 000 children under 18 were in child welfare interventions in community care; in 2006 the figure was almost 60 000 (more than the number of children in a birth cohort) (Stakes, 2006). Compared with 2003, the number increased by nearly 3500. Actually the rate of change in CPOH and in Gross Domestic Product is almost similar (Fig. 1). In the Nordic countries, the proportion of children under seven years of age placed outside the home is clearly highest in Finland (Nososco, 2005).

This study has two aims: to identify factors that are related to risk for CPOH in Finland and to explore possible explanations for an increase in the share of CPOH. We will first discuss the child protection system in Finland and its history. After that we will review the literature on risk factors for CPOH in order to define hypothesis. The following section deals with data and methods. The results are analysed before short, tentative conclusions are drawn.

2. Child protection system in Finland

Historically, child protection has dealt mainly with orphans. The Finnish Civil War of 1918 left tens of thousands of casualties and thousands of defenseless children in its aftermath; 600 children lost both parents and about 20 000 children were left without caregivers. 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. In the 1950s child protection measures were taken less frequently as a result of children becoming biologically orphaned. Instead, 'social orphans' i.e. children whose parents are unable to care for them have become increasingly prevalent.

Becoming orphaned was the major factor contributing to children being placed in care in the long term in Helsinki in the 1950s (Saurama, 2002; Törnudd, 1956). The traditional attitudes towards the woman's role were reflected in the fact that a mother abandoning her

child or participating in the labour force was the cause of placement in 38.5% of cases. The category of children's illnesses included children who were retarded or had visual and/or hearing impairments. It is noteworthy that mental problems and abuse of alcohol do not stand out. Neither child abuse nor child neglect was given as cause for placement. In the 1960s there was heated debate on poor housing conditions. This became a major cause for placement with some 30% of cases in Helsinki (Saurama, 2002).

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 & 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 children placed outside home decreased in the 1970s and in the first half of the 1980s.

These decades have been described as the golden years of the welfare state. This was when 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 & Vornanen, 2006).

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, e.g. from child day care, school, health centres, and police. CPOH is the last option available for social workers if other means of support fail.

Child protection proceedings take place before local Social Welfare Boards where the cases are prepared by social workers. The Social Welfare Board is obliged to take a child into care (Section 16 of the Child Welfare Act):

- 1) if her/his health or development is seriously endangered by lack of care or other conditions at home, or if the child is seriously endangering his health or development by abusing intoxicants, by committing an illegal act other than a minor offence, or by any other comparable behaviour,
- 2) if support interventions in community care are inappropriate or impossible or have proved to be inadequate, and

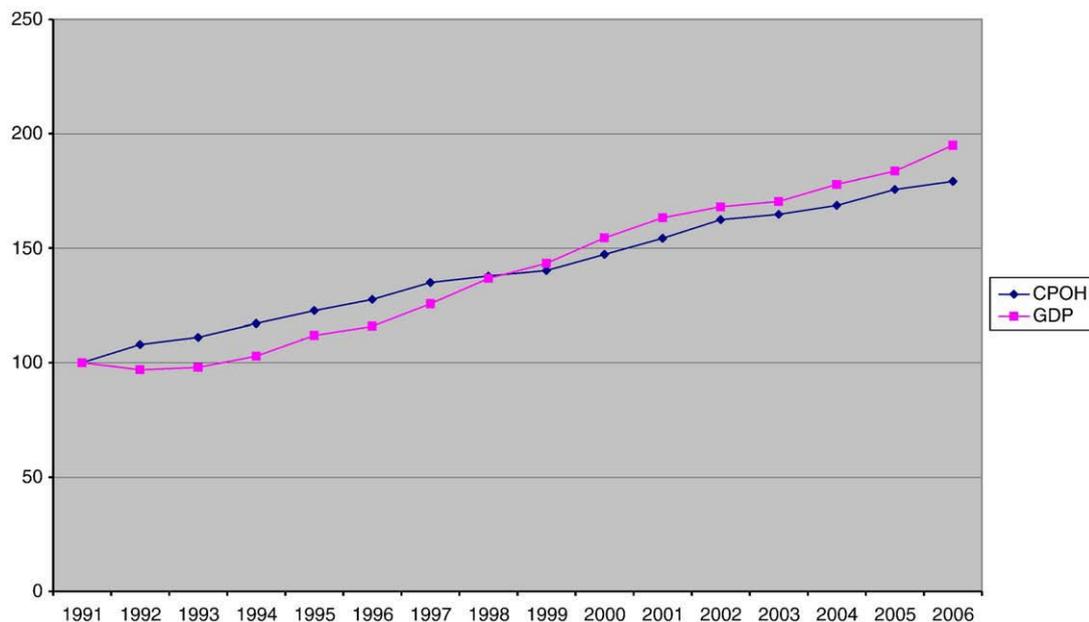


Fig. 1. Rate of change in CPOH and in GDP from 1990 to 2006 in Finland (1990=100).

- 3) if substitute care is considered to be in the best interests of the child.

CPOH takes the form of foster care, residential care or any other appropriate arrangement. Foster homes are preferred to institutionalized means but there has been a continued shortage of foster parents.

3. Hypotheses

Most of the research on risks for CPOH focuses on family conditions. A review of Finnish child protection cases brought before the administrative courts between 1999 and 2004 highlights parents' alcohol abuse as a major cause for child protection measures (Heino, Rantamäki, & Sallila, 2006). Alcohol abuse accounted for more than one third of all cases. Social workers in Finland tend to attribute the need for child protection measures to alcohol abuse, parent's mental problems, domestic violence, poor economic conditions (non-working parents, receipt of social assistance) and single parenthood (Heino, 2007; Sosiaalijaerveysministeriö, 2006a; Tuurala, 2006). In a cohort-based retrospective study in Finland, Kalland, Sinkkonen, Meriläinen, and Siimes (2006) observed a 5.8 times higher risk for single parents of having their child placed in care. 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).

The primary source of protection for the child lies within the core family and within the closest network of relatives and friends. Risk factors for CPOH also relate to child factor, e.g. genetic illnesses or behavioural problems. A contested theory argues that legalized abortion reduces crime rate as "unwanted children" are more likely to become criminals (Donohue & Levitt, 2001). An analogous relationship has been suggested for abortions and CPOH implicating that "unwanted children" are more likely to be placed outside the home (Tuurala, 2006).

Child-related causes (the young person's alcohol abuse, mental disorders, behavioural problems) were mentioned in approximately 30% of the cases in the administrative courts (Heino et al., 2006). There is no research on neighbourhood effect on CPOH or research on abortions and CPOH in Finland.

In Sweden the highest risks contributing to CPOH include psychiatric diagnosis of the 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 (Socialstyrelsen, 2006: 271–273). At the age of seven fewer than one child in 2000 was placed outside the home in cases where the mother was living with a partner, was in paid work and did not receive social assistance. If the mother was without a partner, had only secondary school education, 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 other countries (Berger, 2004; Sidebotham & Heron, 2006). The findings of Greek data 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 & 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, & Stagner, 2001; Kohl, Edleson, English, & Barth, 2005; Kotch et al., 1995; Schumacher, Smith, Slep, & Heyman, 2001; Shook Slack, Holl, McDaniel, Yoo, & Bolger, 2004; Widom & Hiller-Sturmhofel 2001; Windham, Rosenberg, Fuddy, McFarlane, Sia, & Duggan, 2004). In a study utilizing 1990 U.S.

Census data and Child Protective Services (CPS) data, the researcher found that neighbourhood poverty was most powerfully associated with the poverty status of the neighbourhood (Drake & Pandey, 1996).

The results from the U.S. are relevant to Finland which experienced a very deep recession in the early 1990s (Bardy, Salmi, & Heino, 2001). The 1990s were a period of cuts rather than expansion in social protection. In the early 2000s Finland kept most of the cutbacks in force and allowed inflation to further erode existing benefits despite strong economic growth. The current picture of welfare in Finland is one of growing inequalities (Kautto, 2006). More people are doing very well but at the same time a more clearly defined minority is suffering from multiple social problems. There is also an upward trend in alcohol related problems. The trend was aggravated by a sizeable tax cut in 2004.

Summarising the earlier results and societal developments in Finland we may divide the areas of risk factors for CPOH into seven categories. The categories deal with family structure (single parenthood), receipt of social assistance, unemployment, parents' alcohol and substance abuse, parents' mental health, domestic violence, and abortion.

It has been argued in Finland that 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. It is also possible that social changes such as domestic

Table 1
List of independent variables

Risk factor	Variable	Available for 1991–2006	Available for 1997–2005
Family structure	Children receiving maintenance allowance, as % of population aged 0–17	X	X
	Divorces among those aged 25–64 per 1000 married persons of same age	X	
Receipt of social assistance	Social assistance, recipient families with children, as % of all families with children	X	X
	Long-term social assistance recipients aged 25–64, as % of total population of same age	X	X
Unemployment	Unemployed people, as % of labour force	X	
	Long-term unemployed, as % of unemployed population	X	X
Alcohol and substance abuse	Sale of alcoholic beverages per capita, as litres of pure alcohol	X	
	Community-based services for substance abusers, clients per 1000 inhabitants		X
Mental health	Reimbursements for depression medicines, female recipients aged 18–24 per 1000 persons of same age		X
Violence	Offences against life and health recorded by the police per 1000 inhabitants		X
	Shelters for battered family members – children, young people and family members in care in services funded by the municipality, during the year		X
Abortion	Induced abortions among women aged under 25 years per 1000 women aged 15–24, lagged 3 years		X
Background factors	Social workers per 10000 inhabitants	X	X
	Net migration in municipality per 1000 inhabitants	X	X
	Measure of educational level		X

Table 2
Regression analysis with nine factors as independent variables and the share of CPOH as the dependent variable in 1991, 1999 and 2006

Factor	1991			1999			2006		
	R^2 0.635, $F(75)=12.73^{***}$			R^2 0.561, $F(76)=9.53^{***}$			R^2 0.620, $F(76)=12.2^{***}$		
	Standardized coefficients			Standardized coefficients			Standardized coefficients		
	Beta	Sig.	T	Beta	Sig.	T	Beta	Sig.	T
Divorces	0.436	**	3.023	0.188		1.224	0.310	**	2.735
Maintenance allowance	0.038		0.275	0.246		1.494	0.013		0.095
Social assistance	-0.207	+	-1.680	-0.267		-1.461	-0.064		-0.344
Long-term social assistance	0.464	***	4.184	0.421	**	2.859	0.408	*	2.479
Unemployed	0.040		0.376	0.141		0.755	0.136		0.870
Long-term unemployed	0.028		0.344	0.046		0.379	0.190	+	1.762
Sale of alcoholic beverages	0.266		2.425	-0.035		-0.322	0.156		1.535
Social workers	-0.008		-0.103	0.120		1.202	-0.003		-0.035
Net migration	-0.184	+	-1.775	-0.019		-0.136	-0.113		-0.997

*** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$.

migration cutting ties between family members contribute to the need of child protection measures.

4. Methods and data

Analysing risk factors for CPOH is a demanding task with regard to data. There is no available dataset or a combination of datasets, which would allow the test of all imaginable risk factors. Consequently, the results are directed by the variables in the available datasets.

The major problems in analysing children’s risk of placement outside the home in Finland concern limitations of register data. There is a register on CPOH, but that is not linked to information on e.g. family structure, labour market status, entitlement to social benefits or health status. Researchers may apply for a permit to merge data under certain conditions, but so far only one such study has been conducted (Kalland et al., 2006). It is also very difficult to obtain individual or household level data on all possible risk factors to CPOH.

Another strategy is to focus on causes recorded by the social workers taking children into custody. The officials gave up recording background factors for child protection in the 1980s (Sosiaali- ja terveystieteiden tutkimuskeskus, 2006b). The information was deemed uncertain and a violation of privacy. Some municipalities still gather information on background factors for placement outside the home (Tuurala, 2006). It is also possible to analyse official placement decision or administrative court

decision in case of appeals (Myllärniemi, 2005; Heino et al., 2006). These documents are construed for legal purposes and may not reflect the actual family situations. The information provided by the social workers is at best an official’s interpretation of the case.

We applied a different strategy by employing community data. SOTKANet Indicator Bank (SOTKANet, 2007) was explored for variables that could stand out as measures or proxies for above mentioned risk areas. The SOTKANet Indicator Bank contains comprehensive municipal level statistical information on welfare and health in Finland. The data is mainly collected from municipal registers and it is maintained by The National Research and Development Institute for Welfare and Health (STAKES). SOTKANet contains a range of groups of indicators on welfare and health (including child placements). Indicator descriptions provide information on data content, years covered, possible restrictions, as well as advice on data interpretation. Restrictions for each indicator have been taken into account to safeguard the quality of the data, e.g. that data acquisition remained the same over time. We would have liked to analyse CPOH beginning with 1987 when the trend turned upward. However, the data on CPOH in SOTKANet is available from 1991 onwards.

Altogether we were able to identify 40 variables to describe risks for CPOH. All of the variables were not available to cover a period from 1991 to 2006. To allow a more detailed analysis of risk factors the number of risk variables was cut down to 12 and the period of analysis was split into two, namely from 1991 to 2006 and 1997 to 2005 (Table 1). The variables were chosen with regard to relevance to CPOH. For example, variables for abortions and use of depression medicines were chosen to focus on young women rather than all women.

Additionally three background variables (domestic migration, educational level and number of social workers) were included into analysis. The variable for domestic net migration serves also as a proxy for the degree of urbanization as the migration flows in Finland are directed from rural to more urban areas. The analysis was carried out with all the 77 sub-regions in Finland. Sub-regions were preferred over municipalities to reduce the random effect. There are e.g. a large number of small municipalities with no CPOH.

The variables do not give direct information on risk areas. In many cases they only indicate the extent to which the social security system has addressed particular problems, e.g. through providing services for substance abusers or income support for poor families. Therefore it is impossible to establish causal relationships. The variables in this study may only be considered as proxies or estimates of the risks associated with CPOH. The analysis of sub-regional data does not permit determination of causal relationships. Therefore, only a tentative conclusion may be given.

The aim of the analysis was to find out which factors are associated with the variation in the proportion of CPOH between sub-regions and

Table 3
Regression analysis with twelve factors as independent variables and the share of CPOH as the dependent variable in 1997, 2001 and 2005

Factor	1997			2001			2005		
	R^2 0.686, $F(76)=11.65^{***}$			R^2 0.637, $F(76)=8.95^{***}$			R^2 0.627, $F(76)=8.95^{***}$		
	Standardized coefficients			Standardized coefficients			Standardized coefficients		
	Beta	Sig.	T	Beta	Sig.	T	Beta	Sig.	T
Induced abortions	0.044		0.399	0.002		0.020	-0.060		-0.669
Maintenance allowance	0.205		1.467	0.358	**	2.910	0.333	**	2.791
Social assistance	0.006		0.044	-0.350	+	-1.915	0.018		0.102
Long-term social assistance	0.346	*	2.281	0.509	**	3.030	0.318	+	1.965
Long-term unemployment	0.121		0.912	-0.009		-0.081	0.002		0.015
Reimbursements for depression medicines	-0.014		-0.143	-0.057		-0.634	0.314	**	3.362
Community-based services for substance abusers	0.219	*	2.246	0.132		1.422	-0.032		-0.322
Shelters for battered	0.243	*	2.129	0.137		1.385	0.265		2.414
Offences against life and health	0.134		1.229	0.407	***	4.788	0.111		1.185
Social workers	-0.104		-0.902	-0.038		-0.404	0.121		1.328
Net migration	0.079		0.558	0.090		0.677	0.106		0.921
Measure of educational level	-0.171		-1.144	-0.124		-0.927	-0.303	*	-2.301

*** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$.

Table 4
GLM analysis of nine variables as covariates, year (1991–2006) as fixed factor and CPOH as independent variable

Tests of between-subjects effects					
	Type III sum of squares	df	Mean square	F	Sig.
Corrected model	75.647	24	3.152	84.328	***
Intercept	0.312	1	0.312	8.347	**
Divorces	2.336	1	2.336	62.502	***
Maintenance allowance	1.116	1	1.116	29.856	***
Social assistance	1.426	1	1.426	38.149	***
Long-term social assistance	6.017	1	6.017	160.969	***
Unemployed	0.614	1	0.614	16.425	***
Long-term unemployed	0.016	1	0.016	0.429	
Sale of alcoholic beverages	0.583	1	0.583	15.590	***
Net migration	0.000	1	0.000	0.009	
Social workers	0.060	1	0.060	1.603	
Year	10.139	15	0.676	18.084	***
Error	45.077	1206	0.037		
Total	701.860	1231			
Corrected total	120.725	1230			

Parameter estimates				
	B	Std. error	t	Sig.
Intercept	0.111	0.046	2.435	*
Divorces	0.020	0.003	7.906	***
Maintenance allowance	0.027	0.005	5.464	***
Social assistance	-0.023	0.004	-6.176	***
Long-term social assistance	0.189	0.015	12.687	***
Unemployed	0.009	0.002	4.053	***
Long-term unemployed	0.001	0.001	0.655	
Sale of alcoholic beverages	0.015	0.004	3.948	***
Net migration	0.000	0.001	-0.095	
Social workers	0.005	0.004	1.266	
[year = 1991]	-0.115	0.039	-2.952	**
[year = 1992]	-0.139	0.040	-3.496	***
[year = 1993]	-0.234	0.041	-5.734	***
[year = 1994]	-0.321	0.039	-8.313	***
[year = 1995]	-0.350	0.036	-9.612	***
[year = 1996]	-0.410	0.036	-11.461	***
[year = 1997]	-0.398	0.035	-11.438	***
[year = 1998]	-0.357	0.034	-10.631	***
[year = 1999]	-0.306	0.033	-9.318	***
[year = 2000]	-0.277	0.032	-8.538	***
[year = 2001]	-0.233	0.032	-7.238	***
[year = 2002]	-0.193	0.032	-6.079	***
[year = 2003]	-0.133	0.032	-4.191	***
[year = 2004]	-0.082	0.032	-2.584	*
[year = 2005]	-0.040	0.031	-1.284	
[year = 2006]	0.000	0.000	0.000	

*** $p < .001$, ** $p < .01$, * $p < .05$.

which factors are associated with the differences in the rate of change in the proportion of CPOH.¹ A four-step method of analysis was applied. Firstly, we did regression analysis at three points in time for both variable sets. The points of analysis were chosen from the beginning of the analysis period (years 1991 and 1997 respectively), from the middle (years 1999 and 2001 respectively) and from the end of the analysis period (years 2006 and 2006 respectively). The following step included a regression analysis of the standardized yearly changes in both variable sets. As the second option of statistical analysis GLM was applied to both variable sets with year as a fixed factor and independent variables as covariates. Finally GLM was constructed with yearly changes in both variable sets.

¹ The information on placements outside the home was derived from the Register of Child Welfare. Individual-level information in the Register of Child Welfare is confidential. This register contains information on children and young people placed outside the home. The 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. To control for the differences in birth cohorts, the percentage of CPOH out of all children of the same age was used.

The hypothesis is that the above mentioned variables are associated with the share of CPOH (inverse association with abortions).

5. Results

In this section we will report the results on associations between risk factor variables and the share of CPOH following the results on factors associated with the increase in the share of CPOH (Tables 2–8).

Regression analysis in a cross section setting identified different variables as statistically significant. However, we received no support for theories that CPOH would be negatively associated with abortions and positively associated with number of social workers.

Excluding abortions and number of social worker all the hypothesis were supported at least on one point of time. The share of long-term social assistance recipients emerged as the most important

Table 5
GLM analysis of twelve variables as covariates, year (1997–2005) as fixed factor and CPOH as independent variable

Tests of between-subjects effects					
	Type III sum of squares	df	Mean square	F	Sig.
Corrected model	41.683	20	2.084	57.482	***
Intercept	0.277	1	0.277	7.648	**
Maintenance allowance	2.019	1	2.019	55.690	***
Induced abortions	0.001	1	0.001	0.040	
Social assistance	0.017	1	0.017	0.460	
Long-term social assistance	1.380	1	1.380	38.071	***
Long-term unemployment	0.016	1	0.016	0.440	
Community-based services for substance abusers	0.971	1	0.971	26.787	***
Reimbursements for depression medicines	0.290	1	0.290	8.011	**
Shelters for battered	1.918	1	1.918	52.902	***
Offences against life and health	2.008	1	2.008	55.392	***
Social workers	0.003	1	0.003	0.084	
Net migration	0.159	1	0.159	4.379	*
Measure of educational level	0.841	1	0.841	23.205	***
Year	1.748	8	0.219	6.028	+
Error	24.365	672	0.036		
Total	458.640	693			
Corrected total	66.048	692			

a. R squared = .631
(adjusted R squared = 0.620)

Parameter estimates				
	B	Std. error	t	Sig.
Intercept	0.403	0.099	4.078	***
Maintenance allowance	0.043	0.006	7.463	***
Induced abortions	0.000	0.002	-0.200	
Social assistance	-0.004	0.005	-0.678	
Long-term social assistance	0.128	0.021	6.170	***
Long-term unemployment	0.001	0.002	0.663	
Community-based services for substance abusers	0.009	0.002	5.176	**
Reimbursements for depression medicines	0.002	0.001	2.830	**
Shelters for battered	0.001	0.000	0.000	***
Offences against life and health	0.035	0.005	7.443	***
Social workers	0.001	0.005	0.290	
Net migration	0.003	0.002	2.093	*
Measure of educational level	-0.002	0.000	-4.817	***
[year = 1997]	-0.296	0.048	-6.223	***
[year = 1998]	-0.261	0.044	-5.939	***
[year = 1999]	-0.215	0.040	-5.359	***
[year = 2000]	-0.198	0.037	-5.396	***
[year = 2001]	-0.160	0.035	-4.609	***
[year = 2002]	-0.140	0.033	-4.209	***
[year = 2003]	-0.088	0.032	-2.726	***
[year = 2004]	-0.047	0.031	-1.521	***
[year = 2005]	0.000	0.000	0.000	

*** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$.

Table 6
Regression analysis with standardized yearly changes in nine independent variables and standardized yearly changes in CPOH as the dependent variable

	R ² 0.024, F(1154)=3.03**		
	Standardized coefficients		
	Beta	Sig.	T
Divorces	-0.019		-0.649
Maintenance allowance	-0.041		-1.310
Social assistance	0.055		1.329
Long-term social assistance	0.018		0.484
Unemployed	-0.076	+	-1.835
Long-term unemployed	0.013		0.341
Sale of alcoholic beverages	0.096	**	2.909
Social workers	0.025		0.857
Net migration	0.052	+	1.764

**p<.01, +p<.10.

factor associated with CPOH. Earlier research has shown a strong association between family poverty and the risk of child protection measures. Our results did not demonstrate a strong link between unemployment or long-term unemployment and CPOH. However, if we focus on the core of the problem, i.e. long-term social assistance receipt, associations began to emerge. The link between long-term social assistance receipt and the share of CPOH was the most consistent finding in our result.

It is somewhat surprising that the share of families with children as recipients of social assistance was negatively related to CPOH (Tables 2 and 3, statistically almost significant results in 1991 and in 2001 in regression analysis). This might indicate that receipt of social assistance is not a risk for CPOH if the condition is not persistent.

Family instability was also strongly linked to the proportion of CPOH. The size of and the number of statistically significant coefficients for children receiving maintenance allowance (a means-tested guaranteed advance maintenance scheme) and divorces demonstrate that CPOH is associated with single parenthood also in Finland.

Somewhat surprisingly the analysis suggests that alcohol and substance abuse do not always go together with CPOH in Finland. The problem with the variable on community-based services for substance abusers is that it does not reflect the extent to which alcohol or other substances are abused but the extent to which sub-regions address problems caused by the abuse.

A major shortcoming in the research on child protection risks is that there are hardly any indicators available on domestic violence. The SOTKANet indicator for violent offences recorded by the police per 1000 inhabitants includes domestic violence, but the problem is that domestic violence is very often not reported to the police. Another indicator for domestic violence is the shelters for battered family members. This indicator was associated with CPOH in 1997 (Table 3).

Table 7
Regression analysis with standardized yearly changes in twelve independent variables and standardized yearly changes in CPOH as the dependent variable

	R ² 0.037, F(1154)=1.93*		
	Standardized coefficients		
	Beta	Sig.	T
Maintenance allowance	-0.055		-1.351
Induced abortions	0.043		1.021
Social assistance	0.105	*	2.472
Long-term social assistance	0.015		0.354
Long-term unemployment	0.018		0.437
Community-based services for substance abusers	0.095	*	2.355
Reimbursements for depression medicines	0.028		0.671
Shelters for battered	-0.008		-0.203
Offences against life and health	-0.045		-1.104
Social workers	-0.039		-0.944
Measure of educational level	0.028		0.685
Net migration	0.052		1.246

*p<.05.

Violent offences were strongly linked with CPOH in 2001. Earlier research has determined a strong link between alcohol abuse and violent crimes (Sirén, Lehti, & Kivivuori, 2005).

We tried to employ reimbursements for depression medicines for young women as an indicator for mental health. The indicator was a statistically significant association with this indicator and CPOH in 2005 (Table 3). However, our results did not support the conclusion that mental health is a major factor in CPOH.

It is noteworthy that the number of social workers was not related to CPOH, neither was domestic migration (with the exception of almost statistically negative association in 1991). The results suggest that the level of CPOH is not a result of social workers' activities rather it reflects living conditions of children in the margin of the society. However, the result for year 2005 indicates that CPOH in sub-regional level might be negatively associated with educational level (Table 3).

The above mentioned results were confirmed by GML with year as a fixed factor (Tables 4 and 5). Again the share of long-term social assistance recipients was clearly the strongest factor in explaining the variation in CPOH across sub-regions. Other factors positively

Table 8
GLM analysis of changes in nine variables as covariates, year (1991–2006) as fixed factor and change in CPOH as independent variable

Tests of between-subjects effects					
	Type III sum of squares	df	Mean square	F	Sig.
Corrected model	0.671	23	0.029	2.939	***
Intercept	0.343	1	0.343	34.508	***
Divorces	0.005	1	0.005	0.536	
Maintenance allowance	0.013	1	0.013	1.297	
Social assistance	0.073	1	0.073	7.337	**
Long-term social assistance	0.020	1	0.020	2.050	
Unemployed	0.049	1	0.049	4.894	*
Long-term unemployed	0.035	1	0.035	3.522	+
Sale of alcoholic beverages	0.057	1	0.057	5.756	*
Net migration	0.008	1	0.008	0.843	
Social workers	0.024	1	0.024	2.390	
Year	0.390	14	0.028	2.803	***
Error	11.234	1131	0.010		
Total	12.860	1155			
Corrected total	11.906	1154			
a. R squared=0.056 (adjusted R squared=0.037)					
Parameter estimates					
	B	Std. error	t	Sig.	
Intercept	0.018	0.013	1.411		
Divorces	-0.001	0.001	-0.732		
Maintenance allowance	-0.008	0.007	-1.139		
Social assistance	0.011	0.004	2.709	**	
Long-term social assistance	0.022	0.015	1.432		
Unemployed	-0.009	0.004	-2.212	*	
Long-term unemployed	0.003	0.001	1.877	+	
Sale of alcoholic beverages	0.029		0.012	*	
Net migration	0.003	0.003	0.918		
Social workers	0.001	0.001	1.546		
[year=1992]	0.044	0.032	1.360		
[year=1993]	-0.026	0.031	-0.847		
[year=1994]	-0.022	0.022	-1.023		
[year=1995]	-0.002	0.018	-0.102		
[year=1996]	-0.037	0.019	-1.993		
[year=1997]	0.004	0.017	0.232		
[year=1998]	-0.015	0.017	-0.911		
[year=1999]	0.035	0.017	2.062		
[year=2000]	0.024	0.016	1.451		
[year=2001]	0.010	0.016	0.607		
[year=2002]	0.001	0.017	0.082		
[year=2003]	0.023	0.017	1.383		
[year=2004]	0.011	0.017	0.645		
[year=2005]	0.028	0.016	1.709		
[year=2006]	0.000	0.000	0.000		

***p<.001, **p<.01, *p<.05, +p<.10.

associated with CPOH included divorces and child maintenance allowance as well as violent offences (1997–2005) and sale of alcoholic beverages (1991–2006).

The second research questions concerned factors, which could be related to the increase in the proportion of CPOH. This was a more complicated task. A lot has happened since 1987 when the upward trend in CPOH began: the 1980s boom went bust with increases in unemployment and somewhat later, income inequalities and poverty. Later, unemployment rates decreased although poverty rates remained sticky and income inequalities grew. In other words, there have been major ups and downs in the economy, employment, life conditions, and income distributions, but CPOH has not followed these swings; instead, it has grown at a rather constant pace.

There was a large degree of variation in the rate of change in CPOH across sub-regions (Tables 6–9). The statistical significance of the models was not very strong and the models explained only a fraction of the variation. Therefore we have to be very cautious in interpreting the results.

Table 9

GLM analysis of changes in twelve variables as covariates, year (1997–2005) as fixed factor and change in CPOH as independent variable

Tests of between-subjects effects					
	Type III sum of squares	df	Mean square	F	Sig.
Corrected model	0.364	19	0.019	1.654	*
Intercept	0.047	1	0.047	4.093	*
Maintenance allowance	0.019	1	0.019	1.638	
Induced abortions	0.016	1	0.016	1.415	
Social assistance	0.071	1	0.071	6.145	*
Long-term social assistance	0.005	1	0.005	0.454	
Long-term unemployment	0.004	1	0.004	0.362	
Community-based services for substance abusers	0.059	1	0.059	5.051	*
Reimbursements for depression medicines	0.002	1	0.002	0.135	
Shelters for battered	0.000	1	0.000	0.008	
Offences against life and health	0.015	1	0.015	1.305	
Social workers	0.009	1	0.009	0.765	
Net migration	0.021	1	0.021	1.829	
Measure of educational level	0.003	1	0.003	0.263	
Year	0.095	7	0.014	1.175	
Error	6.910	596	0.012		
Total	8.060	616			
Corrected total	7.274	615			
a. R squared=0.050 (adjusted R squared=0.020)					
Parameter estimates					
	B	Std. error	t	Sig.	
Intercept	0.047	0.021	2.208	*	
Maintenance allowance	-0.017	0.013	-1.280		
Induced abortions	0.001	0.001	1.190		
Social assistance	0.017	0.007	2.479	*	
Long-term social assistance	-0.016	0.024	-0.674		
Long-term unemployment	0.001	0.002	0.602		
Community-based services for substance abusers	0.006	0.003	2.247	*	
Reimbursements for depression medicines	0.000	0.001	0.367		
Shelters for battered	0.000	0.000	0.000		
Offences against life and health	-0.005	0.004	-1.142		
Social workers	-0.004	0.005	-0.875		
Net migration	0.002	0.001	1.353		
Measure of educational level	0.002	0.004	0.513		
[year = 1998]	-0.041	0.019	-2.159		
[year = 1999]	0.004	0.019	0.232		
[year = 2000]	-0.002	0.018	-0.091		
[year = 2001]	-0.013	0.018	-0.693		
[year = 2002]	-0.021	0.019	-1.154		
[year = 2003]	-0.017	0.019	-0.891		
[year = 2004]	-0.012	0.018	-0.685		
[year = 2005]	0.000	0.000	0.000		

As expected we were able to find only a few statistically significant (or almost significant) associations in the rate of change in CPOH and in risk factors (lagging the variables did not produce more significant associations). The strongest evidence was found between the rate of change in CPOH and alcohol abuse (sale of alcoholic beverages and community-based services for substance abusers). The results also suggest that change in the share of families with children receiving social assistance was related to changes in share of CPOH.

Finally, we ran the above mentioned analysis also with the share of children in custody and the share of young people (18 to 20 years) placed outside the home and the rate of change in these variables as dependent variables (results not presented in the tables). The results were almost identical with the CPOH as dependent variable. They showed the long-term receipt of social assistance, divorces and alcohol abuse as the most important factors associated with the share of children in custody and the share of young people placed outside the home. The rate of change in these variables was most clearly positively associated with the rate of change in alcohol abuse.

6. Conclusions

Our results suggest that the Finnish success story as a world leader in children's issues has a darker side. There have been continuous cuts in social services and income transfers. For example the number of families receiving home care help has decreased drastically. Unemployment has decreased and the number of families receiving social assistance has also decreased. However, there is a more and more clearly defined group of people who suffer from poverty. They are the long-term unemployed, they are receiving social assistance permanently or almost permanently and they abuse alcohol. A change in the distribution of welfare in Finland seems to place the children in the margin of the society into a more disadvantaged position.

As expected the results indicate that the proportion of CPOH is higher where there are more people receiving social assistance for longer periods. The relationship between single parenthood and CPOH received also a strong empirical support. We must keep in mind that there is a significant overlap between single parenthood and social assistance receipt. Register on social assistance clients shows that one single-parent family in three received social assistance (Heino & Lamminpää, 2006).

Children's social exclusion measured in terms of CPOH seems to go hand in hand with traditional measures for adult's social exclusion such as long-term receipt of social assistance, alcohol and substance abuse and violent crimes. These results support earlier finding from social workers' observations and child protection documents. Behind favourable economic conditions alcohol and substance abuse coupled with economic hardships seem to explain a dramatic increase in CPOH.

Earlier research suggests that the CPOH in Finland consists mainly of two specific groups, i.e. young children (children under school age) and the adolescent (Heino, 2007; Myllärniemi, 2005; Tuurala, 2006). Family related factors seem to concern the younger group of children while child-related factors play a more important role for the adolescent. The major problem for families with small children seems to relate alcohol abuse. For families with older children the focus is on children's behavioural problems. It is a topic for the future research to focus on risk factors for each of these groups.

The ordinance on child protection, which gave municipalities more resources, was already issued in 1984. Our results are in line with Tuurala's (2006) observation that the increased supply of resources was already met by emerging demand before the end of the 1980s. No links were found between the number of social workers or changes in the number of social workers and CPOH.

The results of this study emphasise the role of preventive measures in combating alcohol abuse. There is also an urgent need to develop tailored services for families with long-term economic hardships.

References

- Adamson, P. (2007). Child poverty in perspective: An overview of child well-being in rich countries. *Innocenti Report Card, 7* Florence: Unicef Innocenti Research Centre.
- Agathonos-Georgopoulou, H., & Browne, K. D. (1997). The prediction of child maltreatment in Greek families. *Child Abuse & Neglect, 21*(8), 721–735.
- Bardy, M., Salmi, M., & Heino, T. (2001). Mikä lapsiamme uhkaa [What is threatening our children]. *raportteja, vol. 263*. Helsinki: Stakes.
- Berger, L. M. (2004). Income, family structure, and child maltreatment risk. *Children and Youth Services Review, 26*(8), 725–748.
- Donohue, J., & Levitt, S. (2001). Legalized abortion and crime. *Quarterly Journal of Economics, 116*(2), 379–420.
- Drake, B., & Pandey, S. (1996). Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse & Neglect, 20*(11), 1003–1018.
- Franzén, E., & Vinnerljung, B. (2006). Foster children as young adults: Many motherless, fatherless or orphaned. *Child and Family Social Work, 11*, 254–263.
- Geen, R., Kortenkamp, K., & Stagner, M. (2001). Foster care experiences of long-term welfare recipients in California. *Social Service Review, 76*, 552–574.
- Hämäläinen, J., & Vornanen, R. (2006). The role of social work in local, regional and national child policy. *BSU/IUC J Soc. Work Theory Practice, 12*.
- Heino, T. (2007). Keitä ovat uudet lastensuojelun asiakkaat? Tutkimus lapsista ja perheistä tilastotukujen takana. [Who are the new clients in child protection]. Helsinki: Stakes <http://www.stakes.fi/verkkojulkaisut/tyopaperit/T30-2007-VERKKO.pdf>. Accessed Feb 19, 2008.
- Heino, T., & Lamminpää, K. (2006). Yksinhuoltajaperheiden taloudellinen ahdinko ei näytä hellittävän [Single parent's continue to suffer from economic hardships]. Helsinki: Stakes.
- Heino, T., Rantamäki, R., & Sallila, S. (2006). Hallinto-oikeuksien ratkaisut lastensuojeluasioissa 2000–2004 [Administrative courts' decisions on child protection cases]. Helsinki: Stakes <http://www.stakes.fi/verkkojulkaisut/tyopaperit/T14-2006-VERKKO.pdf>. Accessed Feb 19, 2008.
- Hjern, A., Vinnerljung, B., & Lindblad, F. (2004). Avoidable mortality among child welfare recipients and intercountry adoptees. *Journal of Epidemiology & Community Health, 58*, 412–417.
- Kalland, M., Pensola, T. H., Meriläinen, J., & Sinkkonen, J. (2001). Mortality in children registered in the Finnish child welfare registry: Population-based study. *BMJ, 323*, 207–208.
- Kalland, M., Sinkkonen, J., Meriläinen, J., & Siimes, M. A. (2006). Maternal smoking behavior, background and neonatal health in Finnish children subsequently placed in foster care. *Child Abuse & Neglect, 30*(9), 1037–1047.
- Kautto, M. (Ed.). (2006). *Suomalaisten hyvinvointi 2006 [Welfare in Finland 2006]* Helsinki: Stakes.
- Kohl, P. L., Edleson, J. L., English, D. J., & Barth, R. P. (2005). Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and Adolescent Well-Being. *Children and Youth Services Review, 27*(11), 1167–1182.
- Kotch, J. B., Browne, D. C., Ringwalt, C. L., Stewart, P. W., Ruina, E., Holt, K., et al. (1995). Risk of child abuse or neglect in a cohort of low-income children. *Child Abuse & Neglect, 19*(9), 1115–1130.
- Myllärniemi, A. (2005). Huostaanoton kriteerit pääkaupunkiseudulla [Criteria for child placement outside the home in the Helsinki metropolitan area]. www.socca.fi/julkaisut.htm. Accessed June 25, 2007.
- Nososco (2005). *Social protection in the Nordic countries 2003*. Copenhagen: Nososco.
- OECD (2007). *PISA 2006 science competencies for tomorrow's world*. Paris: OECD.
- Saurama, E. (2002). Lastensuojelupolitiikkaa 1950-luvulla. In J. -P. Roos (Ed.), *Huostaanottokirja* www.huostaanotto.fi/Huostaanottokirja/huostaanottokirja.pdf. Accessed June 25, 2007.
- Schumacher, J. A., Smith, Slep, A. M., & Heyman, R. E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior, 6*(2–3), 231–254.
- Shook Slack, K., Holl, J. L., McDaniel, M., Yoo, J., & Bolger, K. (2004). Understanding the risks of child neglect: An exploration of poverty and parenting characteristics. *Child Maltreatment, 9*(4), 395–408.
- Skehill, Caroline (2004). *History of the present of child protection and welfare social work in Ireland*. Ceredigion: Edwin Mellen Press.
- Sidebotham, P., & Heron, J. (2006). Child maltreatment in the “children of the nineties”: A cohort study of risk factors. *Child Abuse & Neglect, 30*(5), 497–522.
- Simola, H. (2005). The Finnish miracle of PISA: Historical and sociological remarks on teaching and teacher education. *Comparative Education, 41*(4), 455–470.
- Sirén, R., Lehti, M., & Kivivuori, J. (2005). Väkivaltarikokset ja alkoholi [Violent crime and alcohol]. Teoksessa: Rikollisuustilanne 2004. Rikollisuus tilastojen valossa. Oikeuspoliittisen tutkimuslaitoksen julkaisuja 215. Helsinki: Oikeuspoliittinen tutkimuslaitos.
- Socialstyrelsen (2006). Social rapport 2006 [Social report]. *Utsatthet bland barn och unga* (pp. 241–300). Stockholm: Socialstyrelsen.
- Sosiaali- ja terveysministeriö (2006). *Lapsiasiavaltuutetun toimintakertomus vuodelta 2005 [Child ombudsman's annual report]*. Helsinki: Sosiaali- ja terveysministeriö.
- Sosiaali- ja terveysministeriö (2006). *Lastensuojelulain kokonaisuudistustyöryhmän muistio [Working group's draft for a new child protection act]*. Helsinki: Sosiaali- ja terveysministeriö.
- SOTKANet (2007). *Details for Sotka database*. http://edustapalvelin.stakes.fi/portal/page?_pageid=53,1&_dad=portal&_schema=PORTAL. Accessed June 25, 2007.
- Stakes (2006). Suomen virallinen tilasto, Sosiaaliturva 2006 [Official social statistics]. *Tilastotiedote, vol. 14*. Helsinki: Stakes 1.9.2006.
- Törnudd, Margit (1956). Värnlösa barn i samhällets vård. En undersökning rörande värnlösa barn som omhändertagits för samhällsvård av Helsingfors stads barnskydds nämnd. [Vulnerable children in care] *Helsingfors stads publikationer n:o 5* Helsingfors: Työväen kirjapaino.
- Tuurala, T. (2006). Miksi lastensuojelun tarve kasvaa? [What is behind increased demand for child protection?]. *Sosiaaliturva, 9*, 8–11.
- Widom, C. S., & Hiller-Sturmhofel, S. (2001). Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research & Health, 25*.
- Windham, A. M., Rosenberg, L., Fuddy, L., McFarlane, E., Sia, C., & Duggan, A. K. (2004). Risk of mother-reported child abuse in the first 3 years of life. *Child Abuse & Neglect, 28*(6), 647–669.
- Vinnerljung, B., Franzén, E., & Danielsson, M. (2007). Teenage parenthood among child welfare clients. *Journal of Adolescence, 30*(1), 97–116.
- Vinnerljung, B., Hjern, A., & Lindblad, F. (2006). Suicide attempts and severe psychiatric morbidity among former child welfare clients. *Journal of Child Psychology and Psychiatry, 47*, 723–733.
- Vinnerljung, B., Öman, M., & Gunnarson, T. (2005). Educational attainments of former child welfare clients. *International Journal of Social Welfare, 14*, 265–276.