

To study living conditions among children in out of home care – Is equality a reasonable ambition?

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Working paper

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Paper presented at the REASSESS Final International Conference, Oslo, 2012

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Introduction

In this paper we will discuss the relevance and applicability of a welfare perspective on children in care. We have recently conducted a study in which we have applied such a perspective (Sallnäs et al 2010a,b; Wiklund & Sallnäs 2010; Sallnäs et al 2012; Lagerlöf 2012). We have investigated living conditions among placed children and compared their situation to their peers in the normal population. To our knowledge, this is the first study using this kind of approach on the ‘residual’ group of children in care. As children in foster and residential care form only a small proportion of the child and adolescent population in Sweden, national studies of young people’s living conditions do not capture and depict their situation. In this respect children in out of home care constitute “a hidden population” (Lambert & Wiebel 1990). Research about access to welfare resources for different groups, on the one hand, and research about children in care, on the other, is often conducted within separate disciplines and fields of discourse. In our study we have linked these fields together by using concepts from welfare theory and research when approaching children placed in ongoing foster or residential care. In welfare theory, a fundamental assumption is that access to

¹ Empirical data in this article is extensively based on Sallnäs et al (2012)

resources is a necessary condition for individuals to accomplish life goals and to enjoy a good quality of life (Johansson 1970; Jonsson & Östberg 2009).

Several arguments favor that looked-after children's access to welfare resources is an important criterion that supplements more traditional ones, when assessing different types of care. A question that can be raised, however, is if it is a reasonable ambition that placed children's living conditions in all aspects should, or could, be on par with the normal population. Using the normal population as a frame of reference entails comparing looked after children with the entire group of same aged and same sex peers, including the very privileged ones. From a normative standpoint, it is a sympathetic idea that underprivileged children should have the best of resources, and at least as good access to resources as children living in their homes, but is it reasonable to anticipate such outcome?

It is obvious that placed children's previous experiences and living conditions in their birth-families may be of significance in this context. The indicators of level of living are measured in nine dimensions and were basically constructed for the majority population. We have used the indicators for a residual group (children in care) and our hypothesis is that indicators of level of living are predominantly external or internal in their nature. *External* resources are comparatively tangible to provide. For these indicators, a reasonable goal is that children in care (regardless of their previous situation or current problems) have access to at least *equal* resources, as those in the normal population. For indicators of *internal* nature, e.g. wellbeing, however, equalization may be an unrealistic ambition since these indicators are marred with specific selection problems.

When looking at our study in hindsight and when we have been discussing it with fellow researchers and practitioners, it is evident that the welfare approach has great potential in relation to the child welfare population. However, since our study was the first one of its kind, it was in some sense "rough" in its design. In this "post study phase", we want to benefit from the experiences made and discuss how to refine the approach. If financed, we will conduct a second study which hopefully will build on a qualified and developed way of using a welfare perspective on children in care.

In this paper we present our empirical results and use them as a point of departure in our discussion.

The following questions are addressed:

- To what extent do children in foster or residential care have access to welfare resources and what are the differences when compared to the general population?
- In the light of our experiences and results, what are the overall benefits and limits in studying living conditions among children in care and hence the use of it as a criterion when evaluating care?
- To what extent do the indicators of level of living vary in terms of their capability to display quality aspects of care itself? In what way and on what grounds do they differ? What are the implications for further studies on children in care?

Studies of living conditions in Sweden

Studies of living conditions aim to explore how resources are distributed among subgroups of the Swedish population. Since the 1960s, the living conditions of the adult Swedish population have been assessed by recurrent surveys. These surveys measure resources along several dimensions that jointly operationalize the concept of “level of living”. The dimensions are:

- Economic and material resources
- Housing conditions and neighbourhood
- Security and safety
- Recreation, culture, leisure time activities
- Family and social relations
- Education and conditions in school
- Health, wellbeing and care
- Political resources

From the year 2000, children (10-18 years) have been incorporated as separate respondents in these Swedish national welfare studies, which means that contemporary studies of citizens’ living conditions now focus on resources available to children as well as to adults. This shift mirrors a conception of children as autonomous actors for whom welfare is not exclusively assessable by

consideration of parental resources. Living conditions among children in the general population are reported in Jonsson & Östberg (2009). Overall, the level of living among Swedish children is high, but children to single parents and to parents with immigrant background score lower on several indicators.

The level of living concept – focus on access to resources and scope of action

The concept of “living conditions” stems from the theoretical work of Titmuss (e.g. 1958) and has been defined as “an individual’s disposition of resources in terms of money, possessions, knowledge, somatic and psychological energy, social relationships, security etc. by which the individual can control his or her terms of life “(Johansson 1970, 1979). The main indicator of welfare is the individual’s access to resources, rather than the utilisation of them or the degree of satisfaction gained from them (Fritzell & Lundberg 2000). Connected to this is the view that individuals are agents with discretion and competencies to shape their own lives.

In the literature, a discussion has been waged on how the predicament of looked after children should be studied, i.e. the most appropriate aspects to focus upon as well as how such aspects should be operationalized. Axford (2009, see also Axford 2008) argues that using “different lenses” draws attention to different aspects of a child’s situation and hence to different groups of children when applied empirically.

Studies on living conditions focus on the situation here and now. Evaluative research on out of home care for children is however often focused on long-term outcomes, such as educational achievements, mental health or self-support ability as a young adult. Child development is emphasized; hence factors of interest while the child is in placement (e.g. the child’s wellbeing or lack thereof, psychosocial conditions, etc.) are mainly viewed as predictors of later positive or negative outcomes (NBHW, 2006; 2010; Vinnerljung & Sallnäs 2008, Pecora *et al.* 2009). Evidently, this field of research is highly important and discerns areas in out of home care that must be strengthened in order to improve the life chances of fostered children in the long run. A partly other

point of departure can be found in the theoretical paradigm of childhood sociology. This paradigm has become increasingly influential, conceptualizing childhood as a life phase with its own intrinsic value, regardless of outcomes later in life (James *et al.* 1998; Corsaro 2005). The perspective is well in line with the idea of studying living conditions for children in ongoing care, and we strongly argue that conditions *during* care are significant in its own right, irrespective of later outcomes. The time children spend in out of home care often constitutes a considerable part of their childhood and impressions from this period may have a decisive impact on their life experiences. The paradigm of childhood sociology also recognizes children as individuals and autonomous social actors. When conducting research on children, this suggests that they are crucial witnesses of their own experiences. Thus, children's own testimonies should be considered essential in strengthening the validity and relevance of empirical data (Jonsson & Östberg 2009). The "social actor perspective" implies therefore that fostered children get asked about their situation rather than merely asking the staff or the foster parents, who may report the situation in an entirely different manner than the child's perspective.

We argue that there are theoretical (as well as empirical) good reasons for using *a welfare perspective* and the concept of *level of living* when assessing looked after children's situation provides several advantages. To study level of living in terms of access to resources "here and now" means that children's scope of action is analysed. From this perspective, children are agents for whom access to resources will influence their discretion and possibility to act. Access to resources is vital for all children, but may have particular significance for children coming from underprivileged living conditions. Swedish as well as international studies clearly show an overrepresentation in the care population of children from a disadvantaged socioeconomic background. Poverty and scarce resources are common in the birth families of looked after children in Sweden as well as in other countries (Bebington & Miles, 1989; Catalano *et al.* 2003; Jonson-Reid *et al.* 2009; Lundström & Sallnäs 2003; NBHW 2006). In contrast to other sectors of the Swedish welfare state (such as care of the elderly and child daycare), child welfare has never cracked its "historical shell of poverty relief".

Thus, in addition to experiences of abuse, neglect or other social problems, fostered children come from disadvantaged conditions in a broad sense.

Methodology

The sample

The empirical material of the study was collected in 2006-2007 using an "audio questionnaire" (see below) on 272 youths in foster and residential care augmented with surveys (mainly covering background factors) answered by foster carers and residential staff. Data collection was initiated in 2006 by requesting lists of placed children (aged 10-18) in every municipality in three counties of mid-Sweden. Children aged 10-12 were later excluded from the study for reasons that will be explained. Only those who had been in care for at least six months were included since the manifestation of welfare resources in care is not immediate and hence the results would be confounded by the inclusion of short-term placements.

The foster care sample frame consisted of 1,529 youths, from which 375 were selected by unbiased random procedure. Out of these, 114 were excluded since they did not meet the inclusion criteria (they had either left care or did not meet the six months criterion). This resulted in a net sample of 261. All the children placed in residential care by the participating municipalities were selected. We had information about 409 children placed in residential care and among these 188 did not meet the inclusion criteria. Hence, the net population in residential care was 221.

During the pilot work for the study, it became evident that the youngest children (10-12) were having difficulties in responding to the instruments. Some of them had cognitive problems, which limited their understanding of the questions. Others had attention difficulties, which made it impossible for them to complete the interview. Therefore, we decided to exclude this group, even though the net sample was significantly reduced and the exclusion was made after the sample frame had been constructed. In the end, 434 youths (12-18 years) in care remained, of whom 212 were placed in

residential care and 222 in foster care. In sum, 272 children participated in the study, with an overall response rate of 63%. The response rate was higher in residential care, 69%, than in foster care, 56%.

Considering the fact that the study targets a hard-to-reach population, the response rate is acceptable. Research using children and youths as respondents has repeatedly reported low response rates (cf. Curtis *et al.* 2004; Sandbæk 2004, see also Kennan *et al.* 2011). This is partly due to the methodological and ethical issues that have to be addressed when young people are involved (see e.g. Backet-Milburn *et al.* 2003; Redmon, 2008) as well as satisfying numerous gatekeepers guarding their own interests (Sallnäs *et al.* 2010). Berrick *et al.* (2000) write that "the challenges of conducting research with children in foster care are formidable" (see also Gilligan 2000; Cree 2002). However, there was no clear indication that the answering rate was systematically associated to available resources, the focus of this article.

The response rate is lower among children in foster homes than in residential homes, which may influence our comparisons of resources in different care settings. If children with low access to welfare resources are overrepresented in drop-outs, then particularly resources among children in foster care may be overestimated. It should be noted, however, that the pattern of resource deficiency among looked after children is clear and consistent, in particular for children in residential care.

As shown in Table 1, the study population includes 272 children, of whom 125 were in foster care and 147 in residential care. There was an overweight of girls in foster homes, while boys were more common in residential care. Generally, the children in residential care were older, only 9 per cent were 13-14 years. Children in foster care had a much longer placement history (almost seven years on average) than those in residential care (less than two years). The extended placement periods reflect the six months in care inclusion criteria. Hence, the children studied - especially those in foster homes - display the situation of children who are in long-term placements. In the general Swedish out-of-home care population the median time spent in care (counted on terminated spells of care) is

6.1 months and even shorter for voluntary placements, 3.9 months. However, among placements based on both voluntary and coercive decisions, the equivalent figure is 41.2 months (NBHW 2009, p 29).

Table 1. *Young people in foster care and residential care (percent)*

	Foster home (n=125)	Residential care (n=147)
<i>Gender: Boys</i>	46	59
Girls	54	41
<i>Age: 13-14</i>	27	9
15-16	31	44
17-18	42	47
<i>Mean time spent in care (months)</i>	81	20

Data collection and ethical considerations

Data collection was initiated by sending letters containing information and an invitation to participate in the study. These letters were sent to the children, to their biological parents and to their foster carers or residential staff. For children under 15, parental consent was requested. Up to two reminder letters followed in cases of non-response and if these failed, we phoned the foster carers or residential home to inquire about the youth's willingness to participate.

The participating youths each received a CD with pre-recorded questions. Using earphones, the youths then answered the questions, which predominantly comprised fixed response alternatives.

The survey was an adapted version of the instrument used in the national studies described, modified to match the specific situation (e.g. 'parent' was altered to 'foster parent' or 'staff').

A research assistant instructed the respondents and distributed the CDs in the young people's own locations, but when this was not possible, the CD and instruments were posted to the respondents

with instructions as to how to proceed (see Jonsson *et al.* 2001, Jonsson & Östberg 2009; Sallnäs *et al.* 2010b for a more detailed description of the method).

Prior to data collection, the study was approved by a regional ethical review board composed of independent researchers. Thereafter, the study was approved by local government committee boards in every municipality within the three counties. Participating children were informed of their right to withdraw at any time.

The indicators presented

Space does not allow us to present all the empirical data on the children's level of living. Therefore we have for each indicator but one, selected variables to operationalize the resources that are central to all children, but which may be of even greater importance for children in care, for instance wellbeing and health, educational and social support and economic discretion. The indicator of political resources has been omitted on the grounds of less relevant in this context since the children studied are fairly young.

Results

In Table 2, systematic comparisons are presented between availability of resources among children in care and children in the general population (see Jonsson & Östberg 2009 for a descriptive presentation of resources in a national sample of children in the wider population). By adjusting for age and sex, the comparison group may differ depending on type of care.

Table 2. Welfare indicators of young people in foster care and in residential care compared with a normal population. Significance tests refer to comparisons between type of care and respective comparison group and figures are mean percentages or Euros per annum.

	Foster care (n=125)	Reference group (n=1470)	Residential care (n=147)	Reference group (n=1470)
Economic and material resources				
Earnings (mean) ¹	80	70	136***	70
Money on a need basis	26	26	6***	24
Lacks financial margin	20	13	39***	11
Consumption limitations	35	31	62**	31
Owns pet	52	53	17***	49
Owns TV	66	65	51***	68
Owns bicycle	75***	88	35***	86
Owns moped	22	26	15***	34
Owns CD-player	88	91	88	91
Owns cell phone	97	95	86***	96
Owns computer	45	44	43	47
Housing conditions and neighbourhood				
Own room	96	95	98	96
Security and safety				
Feels secure in the neighbourhood (daytime)	95	97	88***	98
Feels secure in the neighbourhood (at night)	74	79	74**	84

Gets bullied ²	26**	16	28***	15
Participate in bullying ²	6**	2	8***	2
Leisure time activities				
Practicing sports ³	48***	63	51**	62
Organized activities ³	16	21	33***	20
Household chores ⁴	28	29	44***	28
Family and social relations				
<i>Person to turn to when troubled</i>				
Adult in the residing environment	69**	79	72	76
Biological family	42***	79	60***	76
Friends	73	77	67	74
Girlfriend/boyfriend	20	23	40***	26
Other	11	7	15***	6
Lacks person to turn to	5	3	8*	4
<i>Contact with friends</i>				
Regular contacts ³	94	97	72***	97
<i>Quality in contact with adults</i>				
Adults available ⁵	88*	94	79***	94
Education and conditions at school				
Homework assistance at home	71	76	46***	72
Teacher assistance at	94	92	83**	91

school				
Teacher expectations	29	24	30	25
Truancy ³	10**	4	17***	4
Health, wellbeing and care				
Difficulties in falling asleep ³	46**	34	67***	35
Stressed ³	61**	48	71***	47
Headaches ³	28	31	44***	28
Stomach pain ³	25	18	37***	16
Tensed and nervous ⁶	29***	18	45***	17
Sad ⁶	36***	17	42***	18
In a good mood ⁶	92	95	76***	94
I will lead a good life in the future.	94	96	86***	95
Satisfied with myself ⁶	78**	87	74***	87

¹Mean Euro/month

²At least once a month

³At least once a week

⁴At least three hours/week

⁵Always or often

⁶Agrees in the statement "Mostly, I feel...."

Economic and material resources: There is no noticeable difference between children in foster care and their peers in terms of economic and material resources. Children in foster care seem to benefit from informal financial support from foster parents, even though their personal earnings are less than those of their peers living in their biological home. For children in residential care the pattern is different. These children had less economic discretion and were more economically vulnerable than their peers in the wider population. They were also more deprived in terms of personal possessions (a pet, a TV, a cell phone).

Housing conditions and neighborhood: Since residential care constitutes housing conditions that are difficult to compare with other types living arrangements, we only present data on the children's access to a room of their own. The results show that in this respect children in out of home care do not differ from their peers. A very high percentage in all groups lives in non-shared rooms.

Security and safety: Bullying is a concern in both the out-of-home care population and in the reference groups, but children in foster care as well as in residential care experience bullying significantly more often than other children. The results also show that children in care participate in bullying more frequently than their peers who are not in care.

Leisure time (i.e. out of school) activities: Children in residential care as well as in foster care are less engaged in sport activities in comparison with their peers. However, significantly more children in residential care are engaged in other organized activities as well as in extensive household work on a daily basis. Engagement in household work often constitutes part of a treatment rationale in residential care, which may be a contributing factor (cf. Egelund & Jakobsen 2009; Jakobsen 2010 and Olsen & Dahl 2008). Children in foster care, however, do not deviate from their peers significantly, either in organized activities or household work.

Family and social relations: From this dimension we present results on access to *social support* from family, friends or residential staff. When young people are asked to whom they would turn when troubled, fewer children in care turn to adults in their living environment compared with their peers. The difference, however, is only significant for children in residential care who, on the other hand, tend to turn to girlfriends/boyfriend in times of distress. It is notable that almost one in ten children in residential care report that they have do not have anyone to turn to for support. Since the *raison d'être* of residential homes is to give social support to young people, this result is important. Another aspect of social support is if placed children see friends often (at least weekly). Here, there are no considerable differences between children in foster homes and their peers, but for children in residential homes, frequent contacts with friends are less common.

A more qualitative aspect of social support is whether respondents feel that adults in their living environment have time for them. For both groups, the differences are significant (less quality in social support in comparison with their peers), though the deprivation of children in residential care in this respect is more pronounced. About every fifth young person in residential care stated that adults seldom or never have time for them.

Education and conditions at school: School is a vital social arena for children and education represents a central resource with profound impact for children in the short as well as in the long run (NBHW 2006; 2010, Almquist 2011). Education is often a neglected area in out of home care (see Jackson & Cameron 2011; Egelund & Hestbæk 2003 & 2009, Trout *et al.* 2008 for international reviews) and research has conveyed that Involvement from the adult population is closely associated with educational attainment for children in care (cf. Martin & Jackson 2002; Jackson & Cameron 2011; Osborne *et al.* 2010 & Höjer *et al.* 2008). Our results show that children in residential care receive help with homework from staff to a much lesser extent than children do in general from their parents. Between children in foster care and the reference group there were no such differences. Truancy, which is an important issue in relation to educational achievements, is more common among children in care according to our analysis.

Health, wellbeing and care: Mental health is a central resource in the sense that it is connected to other areas of life and the possibility of accomplishing life goals. In Sweden several studies point in the direction that the mental health of young people has deteriorated in recent times, but without clear correlation to social background or conditions within the family (SOU 2006:77; Östberg *et al.* 2006; NBHW 2009). There are several ways of measuring mental health. Studies of living conditions use self-reporting on different aspects of wellbeing, different aspects of lack of wellbeing and different indicators of psychosomatic conditions (e.g. recurrent headache, stomachache, etc.). In terms of indicators of psychosomatic problems, young people in residential homes report significantly higher prevalence of all indicators in comparison with the wider population. Further,

children in foster homes report more indicators of psychosomatic problems than their peers, but the difference is only significant for three indicators and the gap to the reference group is narrower. When the indicators are indexed, children in residential care as well as in foster care significantly differ from their respective reference group.

In terms of indicators of wellbeing, the average score of young people in both foster care and residential care are significantly lower in comparison with their peers. The differences are substantial for both groups, but most prominent for children in residential care. However, remarkably many of the looked after youth agree with such statements as “I am mostly in a good mood”, “I am mostly satisfied with myself” and they are also optimistic about the future. Differences between groups show the same pattern as for psychosomatic problems. There is a substantial distance to the wider population among children in care, but it is not as clear or as systematic for children in foster care as it is for children in residential care.

All in all, the overall pattern is consistent. In the indicators of level of living presented in this article, children in residential care in all areas but three (own computer, own room, organized activities) have less access to resources than their peers and also in relation to children in foster care.

Concluding discussion

Children in out of home care compose a group that in particular may benefit from access to welfare resources. Therefore, it may seem paradoxical that the living condition of this group has been a neglected area of research. A conceivable reason for the lack of knowledge in this respect is that the level and the distribution of welfare resources are focused in a discourse separated from research on out of home care. Studies of out of home care mainly concern children and families in the margins of society, whereas empirical welfare research covers the broad population. Further, the child welfare discourse typically conceptualizes out of home care as treatment settings, not as arenas that potentially can provide children with welfare resources.

Our analysis shows that:

- Children in foster care have by and large the same access to economic and material resources as the wider population. Children in residential care have more personal earnings than their peers, but they lack financial flexibility, they are more often excluded from activities because of economic shortcomings and they own less personal possessions. The high costs of residential care (roughly half a billion Euros annually in Sweden, SKL, 2010) do not seem to transform into manifest economic and material resources that are available to placed children.
- Children in residential care more often feel insecure in their neighbourhood and both groups of placed children are the victims of, or participate in, bullying more frequently than their peers. This echoes international research, indicating that especially children in residential care comparatively often are victims or perpetrators of bullying (see for example Egelund *et al.* 2008; Rao & Simkiss 2007; Barter *et al.* 2004; and Gibbs & Sinclair 1999, 2000). Our data, in addition, show that that bullying is an evident problem also among children in foster care.
- Children in residential care participate in organized activities and do more household work than their peers, indicating a highly scheduled daily living. Research on leisure activities for children in public care is scarce. However, some studies have found correlations between participation in leisure activities and educational attainment (see for example Martin & Jackson 2002; Jackson & Cameron 2011). Gilligan (1999, 2000) suggests that spare time activities for children in care can enhance resilience since they can help children to develop social and instrumental skills. In this sense, children in residential care have access to such resources to a greater extent than their peers in foster care and in the reference groups.
- Both groups of placed children have less access to social support than the wider population. This is especially true for children in residential care, despite the fact that they reside in an environment for which the *raison d'être* at least partly is to provide social support.

- Children in residential care get less support in their schoolwork than their peers and both groups of placed children skip school more often than the reference groups. These are alarming results. Education and a child's conditions at school are of vital importance for children in general and for children in out of home care in particular. Several studies highlight school and education as a highly problematic area for children in foster and residential care (see Egelund & Hestbæk, 2003 & 2009, Trout *et al.* 2008 for international reviews), indicating that children in foster and residential care need *more* educational support than their peers, not less.
- Both groups report less wellbeing and more psychosomatic problems than their peers, but the differences to the wider population are less prominent for children in foster care than those in residential care.
- The overall conclusion concerning the welfare dimensions studied is that children in care in general have less access to resources than their peers in the normal population. This holds particularly true for children in residential care, where the differences are substantial. In other words, the care context tends to differentiate the extent to which society acts to compensate for the initial disadvantaged position from which children in care often originate. From this point of view, children in foster care have a better situation than children in residential care.

Some of the welfare resources studied are clearly linked to 'here and now', in terms of their capacity to be immediately provided to children as well as used by children (for instance economic resources, computer, cell phone). This does not rule out that the broad set of welfare resources discussed also may have more or less potential value for the future. Material and economic resources are closely linked to the present, but they may also be of importance for the ability to cope with modern life in the long run. Educational support is important for the children's chances of good scholastic achievements in both a short- and a long-term perspective. We argue, however, that regardless of

this, access to resources 'here and now' is of great importance when evaluating out of home care children.

Levels of living among looked after children - challenges in future research.

From our experience, studies of levels of living represent a fruitful approach to evaluate state care. In future replications, however, there are some methodological issues that need some considerations, given the specific population at hand. Our basic analytical strategy in this article – as well as other research publications which has emanated from the project – has been means comparisons between on one hand a sample of youth in foster and residential care and on the other hand a sample of youth in the majority population (adjusted for age and sex). Hence, our standard reference point is levels of living in the majority population interpreted as means in such a population. To put it differently, the yard stick we use to assess the prosperity of state care is the extent equalization occurs.

Our analytical approach has intuitive appeal which we hope is evident in this article. Still, it is possible to raise some critical objections. There is a *selection* aspect, which is particularly evident when it comes to resources of an internal nature. We do not have data on the problems that propelled the children in the study into out of home care, but based on the literature we can assume that they come from deprived living circumstances, and also that children in residential care probably have quite substantial problems since they are placed in a treatment setting. Hence, one could argue that our results are partly due to a selection effect. For instance, the relative deprivation of children in residential care may be contingent on the individual problems that initiated this placement type. According to that line of argument, children in residential care have more and graver problems than those in foster care, which could explain the greater distance to the wider population. In our specific study one could argue, *firstly*, that the children in the study had been placed for six months at the shortest, so there was time for resources to manifest themselves, so to speak, and *secondly*, that this objection is less relevant in relation to areas as for instance economic and material resources and

social support. These resources can be provided to children regardless of the severity of the child's problems. *Thirdly*, previous research indicates that even if children displaying behavioural problems (c.f. criminal conduct and drug abuse) are most common in residential care, the relations between children's needs and problems and the type of care in which they are placed is complex (Vinnerljung et al 2001; Sallnäs 2005).

On a principle level, one may discuss if equalization should, or could, be expected from a sub group which originates from disadvantaged conditions. Foster care and residential care represent targeted interventions and interventions of such kind embrace more or less by definition disadvantaged populations. Targeted welfare services in general, e.g. activation programs for unemployed, do rarely expect outcomes equivalent to the majority population. On the contrary, an activation program that facilitates employment among 50 per cent of its participants could be assessed as highly potent irrespective of the fact that 95 per cent of the majority population are in labor. Thus, a typical yard stick of assessing prosperity of targeted welfare interventions is *improvement* to a defined degree, not equalization.

Any yard-stick applied in assessing the prosperity of welfare interventions has, of course, normative components. From a normative point of view, one might argue – in consistence with the approach in our project – that expectations should be high when interventions concern exposed children and state intrusion in familial life is severe. Thus, such argument is that high expectations (i.e. equalization) rather than low expectations (i.e. improvement) is contingent on the population at hand as well as the severity of a specific targeted welfare intervention. Such an argument seems reasonable, but any change in the welfare of children entering state care is obviously important to detect. Since we do not have any data on the welfare of children before they entered care, we do not know if e.g. improvement has occurred.

Further, there is another problem in using equalization as a yard-stick. Even though equalization might be acknowledged from a normative standpoint, it would – obviously – be beneficial if such an

expectation is realistic. Welfare operationalized as level of living is complex in that resources are measured along several dimensions which vary qualitatively. In relation to the individual, some resource dimensions are extensively *external* (e.g. economic and material resources) and hence only distally associated to the problems which paved the way to care. Others dimensions are extensively *internal* (e.g. mental health) and thus proximally associated to child welfare problems. Finally, some dimensions are to a varying degree external as well as internal. Family and social relations represent such hybrid, where social support can be provided externally whereas youth's internal experiences may render it difficult to be receptive for such support (at least in the short run). A reasonable assumption is that resources of principally internal nature are marred with a selection problem in our study, i.e. deficiencies in these dimensions are probably causes which explicitly paved the way for care for many of the respondents in our study. For internal resources, it seems reasonable to assume that a realistic yard-stick should be one of improvement rather than equalization. External resources, on the other hand, do not have such a problem and equalization seems realistic. In Table 3, we have tentatively categorized the different resource dimensions based on the extent different indicators can be categorised as external or internal.

Table3. The nature, selection and appropriate yard-stick of different resource dimension.

Resource dimension	Nature of resource	Selection	Appropriate yard-stick
Economic and material resources	External	Weak	Equalization
Housing conditions and neighborhood	External	Weak	Equalization
Leisure time and activities	External	Weak	Equalization
Family and social relations	External/Internal	Strong	Improvement
Education and conditions at school	External	Weak	Equalization

Health, well-being and care	Internal	Strong	Improvement
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Acknowledging the categorization in Table 3, it becomes evident that equalization is an appropriate yard-stick in the majority of the resource dimensions: Economic and material resources, Housing conditions and neighborhood, Leisure time and activities, Education and conditions at school. These dimensions are predominantly indications of tangible and concrete resources, which in principle can be provided independently of the individual child's problem. One may argue that bullying (which is one of the factors in the dimension Education and conditions at school) has internal traits, but this is an exception in the dimension. Additionally, bullying is a group phenomenon that extensively can be addressed by interventions by adults.

However, there are two dimensions in which equalization does not seem realistic, neither has equalization occurred according to our empirical data. For Family and social relations and Health, well-being and care, outcome is probably related to factors that propelled children into care. However, it seems reasonable that the dimension Family and social relations is partly external, i. e. in the sense that the care environment can provide a structure for relationships, and partly internal in the sense that relationships and attachment often are problematic areas for children in care. Health, well-being and care is a dimension which obviously has internal character. This does not exclude, however, that the care provider should facilitate adequate support, even though enhancements in this dimension often is a long term process. Due to the internal traits of Family and social relations as well as the internal nature of Health, well-being and care, it is reasonable to assume that selection is strong.

The design of our study does not facilitate the option to analyse improvements in any of the dimensions, which obviously would have been important to detect. Thus, in future replications it would be beneficial to collect data that enables to detect improvements, but this entails numerous practical issues that are, to say the least, difficult to resolve. Retrospective designs – i.e. to ask

children about the level of living before they entered care – is not a reasonable option, partly due to the theoretical ‘here and now’ approach of the study. In principle, we would need a prospective longitudinal designed study of children in the majority population with follow ups for the fractions that eventually enter care. To get enough statistical power (i.e. enough looked after children) requires a project of such a magnitude that it is not feasible at the current level of funding of research projects in Sweden.

Thus, it seems difficult to design a study – at least with reasonable economic frames – that is able to measure potential improvements in the welfare of children when they enter state care. It is probably somewhat more realistic to measure potential improvements in welfare of children during time in care, but such design will most certainly also be marred with substantial problems. Suitable design for such a scheme would be to establish panels of youths in care. However, foster care and especially residential care is known for high rates of breakdowns and hence substantial attrition would be to expect.

A more pragmatic way of handling resource dimensions marred with selection effects is trying to refine comparison groups used during analyses. If children in care are compared to their peers in socio economic disadvantaged groups, or to groups constructed on the basis of background factors associated with low level of living in general, this would be a more ‘fair’ reference point than the mean of the majority population. Refinement of the reference group would, thus, be more relevant in resource dimensions of extensively internal nature (where selection effects are expected).

To our view, a welfare perspective has hitherto not been adequately used in studies of child welfare interventions. As this article shows, it is not an uncomplicated approach, but it can nevertheless contribute with important knowledge about groups, not discernible in samples from the majority population. Refinement of the design we used in our empirical study, would obviously be beneficial in further studies of children in care - one of the most vulnerable groups in the Swedish welfare state.

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