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Family placement breakdowns in Finland – the 1997 Finnish Birth Cohort study

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ABSTRACT

We used the 1997 Finnish Birth Cohort to study the prevalence of long-term family foster care placement breakdowns. We examined whether and how often placement breakdowns occur among children who have been taken into care and placed in family foster care. We found that half of those who were placed in family foster care had at least one breakdown, 50.6% ($n = 173$). After family foster care breakdowns, in 43.0% of the breakdown episodes, the children were placed in another foster family; 39.4% of the children entered institutional care or family-style group homes; and the rest of the children entered another type of foster care or home. Our study also showed that placement breakdowns increased when out-of-home placement occurred among those older than 13 years and, most commonly, placement breakdown occurred approximately three years after family placement. In conclusion, it can be stated that placement breakdowns are common in family foster care. Actions ensuring stability and continuity in family foster care are called for.

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Children; placement breakdown; family foster care

Introduction

Out-of-home care (OHC) represents the most intensive form of child welfare service intervention, affecting a significant portion of the underage population in Western societies (Desmond et al. 2020; Eurochild 2023). Decisions by local authorities to remove a child from their home should be considered as a last resort. Typically involving placement into institutionalized or family foster care, OHC should offer stable, home-like nurturing, a warm environment, parenting, attachment and continuity in relationships (Valkonen and Janhunen 2016; Vanderfaeillie et al. 2017). Family foster care, which has become more prevalent, is particularly thought to promote these values.

Despite the desire for continuity of relationships, OHC placement breakdowns remain a common challenge in many countries (Maguire et al. 2024; Oosterman et al. 2007; Rock et al.,

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2015). It is estimated that the rate of OHC placement breakdowns varies between 20% and 50% (Maguire et al. 2024; Oosterman et al. 2007) and may even reach as high as 70% in any given year (Chamberlain, Leve, and Smith 2006). These breakdowns most commonly occur during adolescence (Carnochan, Moore, and Austin 2013). Given the high number of OHC placements, the breakdowns may be attributed to the large groups of children and adolescents within the OHC services.

An out-of-home care placement breakdown is typically defined as the unexpected and premature termination of a foster care placement. However, the breakdown definition has been reported to also include cases where the decision to end the placement has been more or less planned (Vinnerljung, Sallnäs, and Berlin 2014). Vinnerljung, Sallnäs, and Kyhle-Westermark (2001) refer to these as 'suspected breakdowns', where authorities decide to terminate the placement contrary to the original plan. Thus, the concept of breakdown encompasses various types of changes or transitions throughout the child's minority years. OHC breakdowns pose a significant risk to the stability and predictability of appropriate foster care. It is well-documented that breakdowns have both immediate and long-term negative consequences for children, including increased psychological difficulties, alcohol and substance abuse, and academic challenges (Kim, Pears, and Fisher 2012; Vinnerljung, Sallnäs, and Berlin 2014; Zlotnick, Tam, and Soman 2012). Conversely, research has shown that placement stability, without unexpected and premature breakdowns, has numerous positive impacts on child development. For instance, it leads to lower stress levels, a reduced number of behavioural and mental health issues, and fewer academic difficulties compared to those who experience OHC placement breakdowns (Biehal et al. 2010; Carnochan, Moore, and Austin 2013; Kekoni et al. 2017; Meiksans, Iaonnos, and Arney 2015; Törrönen and Munn-Kiddings 2018).

The risk factors associated with OHC placement breakdowns have been shown to encompass the child's individual characteristics, birth family dynamics, placement conditions and caretaker attributes, as well as the relationship between the foster child and foster parent (Rock et al., 2015; Oosterman et al. 2007). Individual-level factors include the child's age and health, with adolescents being at an increased risk of family foster care placement breakdowns (Rock et al., 2015; Oosterman et al. 2007). Children and adolescents with mental health diagnoses also have higher odds of experiencing placement breakdowns (Webster, Barth, and Needell 2000). Regarding birth family factors, parents' mental health problems have been shown to elevate the risk of placement interruptions (Eggertsen 2008). Placement conditions and caretaker-related factors may include foster parents' authoritarian parenting style, characterized by strictness, high demands and low responsiveness (Taylor and McQuillan 2014). Additionally, a lack of professional support from the foster care services for foster parents has been shown to increase the likelihood of placement breakdowns (Carnochan, Moore, and Austin 2013; Rostill-Brooks et al. 2011; Vinnerljung and Hjern 2011).

Given the widespread occurrence of OHC placement breakdowns, it is important to develop a comprehensive understanding of the frequency at which children's or youths' family foster care placements terminate unexpectedly at the national level. This is particularly critical due to the increasing prevalence of family placements in Finland.

Study aims

Our study investigates the incidence of placement breakdowns among children placed in family foster care, also by sex. Furthermore, we aim to analyse the typical timing and age at which these placement breakdowns occur.

Study context

Child protection services in Finland

Finnish child protection services and social services for children and families are structured across three distinct levels. The initial level encompasses preventive child welfare and family support services, which are delivered through basic public social services. The second level, situated within the domain of child protection, is referred to as open-care or in-home services, aimed at assisting parents and families within their home environment. For decades, the Finnish child protection system has been based on the Nordic family service-oriented model. This model is rooted in an ideology aimed at preventing social problems and is part of a broader service system that includes social and healthcare services as well as the child welfare service system (Hestbæk et al. 2019).

The third level involves out-of-home care. Since the early 1980s, Finnish child welfare legislation has delineated three distinct types of child removals from their homes: as part of in-home services, as an emergency measure, or pursuant to a care order (Pösö and Huhtanen 2017). The legislation is fundamentally anchored in the principle of temporariness. This principle stipulates that the removal of a child into care is not intended to be a permanent measure, and the child may be returned to their home once the conditions necessitating the care order are no longer present (Huhtanen 2025).

According to the Child Protection Report, from the year 2024, 1.6% of children were placed in OHC, with the number remaining the same as the previous years (THL 2025). Despite all preventive and outpatient services, a high number of children are taken into care and placed in family foster care, professional family care or residential care level (Bardy and Heino 2013; Gilbert 2011; Heino et al. 2016; Sipilä and Österbacka 2013; Whittaker, Del Valle, and Holmes 2015). Under circumstances delineated by the Child Welfare Act, a child may be taken into care and placed in either family care (kinship or non-kinship care) or institutional care (Toikko, Seppälä, and McLaughlin 2022). According to the most recent data, family foster care (41%) and institutional care (49%) are the most common types of placements (THL 2025). It is also more common to place children with non-relative foster families than with relatives. Family kinship foster care represents 14% of all family foster care placements. Additionally, there is a mandated provision for after-care in each type of out-of-home care.

Family foster care in Finland

The Finnish Child Protection Law defines family foster care as the primary choice of placement (Child Welfare Act 2007/417). Family foster care can provide permanence, a sense of belonging and connectedness to ensure the child's favourable development (Törrönen and Munn-Kiddings 2018). It offers home-like conditions for a child, fostering good attachment between the child and the foster parent (Valkonen and Janhunen 2016). The quality of attachment is considered important, because it is associated with the child's later interpersonal functioning (Hallas 2002). Warm, stable and long-term relationships are more naturally formed in family foster care compared to institutional care, which often experiences high employee turnover. For example, kinship care is assumed to offer a more familiar environment for children, providing a sense of belonging and promoting their behavioural development and mental health (Winokur, Holtan, and Batchelder 2013).

When family foster care is the primary choice for a child in need of out-of-home care (OHC), various issues must be considered. The most important factor is finding the most appropriate form of placement for each child's needs (Chor et al. 2015). The placement decision is influenced by many factors, but studies indicate that there are no clear criteria for different types of care (Chor et al., 2013; Leloux-Opmeer et al. 2017). Social workers face complex decisions and must compare several factors to find the most suitable care for the child (Jaakola 2020; Lamponen 2022; Pösö and Laakso 2014). For instance, there are no research-based criteria for placing children in the most appropriate setting, such as family foster care or institutional OHC (Chor et al. 2015; Leloux-Opmeer et al. 2017). One way to measure the quality of foster care is by focusing on stability or

breakdowns. Breakdowns pose a major risk to stable and predictable care and have both immediate and long-term negative consequences for children (Vinnerljung, Sallnäs, and Berlin 2014). Although OHC placement breakdowns are recognized, more research-based information is needed regarding situations where a child is placed in another family, i.e. a family foster home.

Data and methods

Our study is based on the 1997 Finnish Birth Cohort, which consists of all children born in Finland in 1997 ($N = 58,802$). For inclusion, two of the following criteria had to be fulfilled: (1) children had to have been taken into care and (2) placed in family foster care ($n = 346$). The exclusion criteria were (1) institutional care placements with the decision to take children into care and (2) all other Child Welfare services without the children having been taken into care. The final study population comprised 344 children who were followed up from their birth through 2016.

Data concerning OHC placements were derived from the Register of Child Welfare, maintained by the Finnish Institute for Health and Welfare. This register collects data regarding the legal causes for placement, placement location, and the start and end dates of the placement. A new notification is made if the legal cause or the placement location is changed. The form of placement was based on the information registered in the Register on Child Welfare and classified into four groups: 1) family foster care, 2) family-style group homes or institutional care, 3) own home, kinship foster care or independent supported living, and 4) other placement forms. However, the register does not collect data on Child Welfare open care or the reasons why these placements have started. Our data cover placements up to 2016, when the cohort members were 19 years old; because of this, some information about after-care is missing. Other than this exception, we know the whole OHC placement history of the cohort members.

Our main interest is to examine the breakdowns of the family foster care placements. Because the reasons for the ending of the placement are unknown, we had to define when/in which case the breakdown occurred. Here, we consider the breakdown as an episode when the family foster care placement had ended and a new OHC placement had begun within six months. However, we did not consider breakdowns to be episodes where the reason for the next placement was planned after-care.

Statistical methods

We tested statistical significance for sex differences by using the test for relative proportions and the Student's *t*-test. We also tested the statistical differences for the number of episodes by type of breakdown by using the Student's *t*-test. Finally, we used logistic regression to study the effect of sex and age at the first replacement on having a breakdown.

Results

Descriptive statistics about the study population are presented in Table 1. Of the study population, 52.3% ($n = 179$) were females and 47.7% ($n = 163$) were males. Of these children, 90.9% ($n = 311$) were under 13 years old and 9.1% ($n = 31$) were 13 or older when first placed in OHC care. The percentage of those who had no placement breakdowns was 49.4% ($n = 169$), and the percentage of those who had at least one breakdown was 50.6% ($n = 173$). The mean age at breakdown was 11.1 years, and the mean time in care at breakdown was 3.5 years. We found no differences between the sexes.

Placement episodes after the breakdown are presented in Table 2. Family foster care was the next placement in 43.0% ($n = 108$) of the placement periods after the breakdown. In 39.4% ($n = 99$) of the

Table 1. Descriptive statistics of the study population.

	n	%	p for sex difference
Study population	342		
Female	179	52.3	0.22
Male	163	47.7	
Age 0–12 when first placed out of home	311		
Female	160	51.4	0.47
Male	151	48.6	
Age 13–17 when first placed out of home	31		
Female	19	61.3	0.08
Male	12	38.7	
No breakdown	169	49.4	
Female	86	50.9	0.74
Male	83	49.1	
Breakdown	173	50.6	
Female	93	53.8	0.16
Male	80	46.2	
Mean age at breakdown		11.1 (SD = 4.38)	
Female		11.6 (SD = 4.54)	0.17
Male		10.7 (SD = 4.18)	
Mean time in care at breakdown (years)		3.54 (SD = 3.95)	
Female		3.58 (SD = 3.97)	0.78
Male		3.5 (SD = 3.93)	

Table 2. Placement episodes after the breakdown.

	Number of episodes (Number of persons)	% of the breakdown episodes	Episodes per person (mean and SD)	p value for difference to group 1
Breakdown ⇒ Family foster care	108 (67)	43.0	1.6 (SD = 1.24)	
Breakdown ⇒ Family-style group homes or institutional care	99 (91)	39.4	1.1 (SD = 0.32)	<0.001
Breakdown ⇒ Own home, kinship foster care or independent supported living	40 (38)	15.9	1.1 (SD = 0.22)	0.01
Breakdown ⇒ Other placement forms	4 (4)	1.6	1.0 (SD = 0)	0.3

cases, family group-style home or institutional care was the next placement. Own home, kinship foster care or supported independent living was the next placement in 15.9% ($n = 40$) of the placement periods after the breakdown. In 1.6% ($n = 4$) of the cases, other placement forms were the next placement type.

Most of these placement episodes (93.6%) began within three days after the end of the family foster care placement. Usually, the next placement period began the following day after the end of the family foster care placement. In only 3.2% of cases, the next placement period began more than one month after the end of the family foster care placement.

We found statistically significant differences in the number of episodes per person when comparing individuals placed in family foster care after a breakdown to those placed in either family group-style homes or institutional care, as well as to those placed in their own home, kinship foster care or supported independent living.

We also studied the age distribution of breakdowns. Most of the breakdowns occurred among 13- to 17-year-olds ($n = 113$). Breakdowns were also common among 7- to 12-year-olds ($n = 94$). A minority of the breakdowns occurred when the cohort members were 0–6 years old ($n = 44$). The differences in logistic regression were, however, statistically insignificant (Table 3).

Table 3. Estimated odds ratios, confidence intervals and *P*-values for placement regression.

Term	OR (95% CI)	P-value
(Intercept)	0.15 (0.12–0.19)	<0.001
Age at first placement	1.02 (0.99–1.06)	0.14
Sex: male	1.05 (0.8–1.37)	0.75

Discussion

In this study, we examined the frequency of placement breakdowns among children who had been taken into care and placed in family foster care. We investigated the typical timing and age at which the breakdowns occur. To address these aims, we utilized data from the 1997 Finnish Birth Cohort. As the sample includes the entire Finnish population born in 1997, the findings provide nationally representative insights into the prevalence of placement breakdowns in family foster care.

In the current study, we discovered that approximately half (50.6%) of those cohort members who were taken into care and placed in family foster care had at least one breakdown. This finding is notable: at the national level, half of the family placements were interrupted. The number of placement breakdowns was at the same level with earlier international findings (Konijn et al. 2019; Oosterman et al. 2007; Vinnerljung, Sallnäs, and Berlin 2014). Given that the reasons for the breakdowns cannot be determined from the register data, the numbers appear to be at a similar level to those reported in studies (e.g. Maguire et al. 2024) where the background factors have been more precisely identified. Considering the goal of stability (Carnochan, Moore, and Austin 2013) for children placed in OHC -and especially family foster care, which is the primary choice when placing children in OHC care in Finland (Child Welfare Act, 2008)- these results indicate that this aim is not being achieved.

We found, in our study, that after the breakdowns, 43% of these children and adolescents entered family foster care, about 40% entered institutional care or family-style group homes, about 16% returned to their own homes and less than 2% entered other forms of placement. By utilizing register-based cohort data, it is not possible to estimate what kind of placement breakdown is being referred to. However, as suggested by the large number of children entering institutional care after the end of family foster care, it seems that many of the breakdowns can be considered unfavourable events in the Finnish child welfare service system.

Most breakdowns, in the current study, occurred during the first three and a half years from the beginning of the family foster care placement. Earlier studies have reported the same kind of time frame for the first change (Connell et al. 2006). In addition, the most common age for occurrence of breakdowns among the cohort members was 15–16 years, and the mean age at breakdown was 11.1 years. This is also in line with earlier literature, indicating that teenagers are at a higher risk for placement breakdowns (e.g. Konijn et al. 2019). The findings, which reveal the typical timing of placement breakdowns, are significant for preventing breakdowns by setting time-specific targets for intervention.

Altogether, our study findings indicate instability and a lack of continuity among children placed in family foster care. Despite varying definitions of placement breakdown, it is evident that when a child's everyday life ends in one location and continues in another – most often in a different family or institution – it represents a significant change for the child. It is important, however, to acknowledge that, in a register-based study, it is impossible to know the exact reasons for breakdowns. The high number of transitions from family foster care to institutional care at the national level underscores the importance of focusing on actions within the placement process to prevent breakdowns.

Fortunately, previous research has identified common factors associated with placement breakdowns. These include, for example, individual characteristics, birth and foster family

dynamics, health-related adversities, and the availability of professional support for both foster children and families (Kim, Pears, and Fisher 2012; Vinnerljung, Sallnäs, and Berlin 2014; Zlotnick, Tam, and Soman 2012). According to Valkonen and Janhunen (2016), the most desired forms of support among foster parents include increased interaction with social workers, access to expert assistance, and help in cooperating with biological parents and managing the unique challenges of the children. Support for foster parents is considered a key element of high-quality, out-of-home care, where the child's needs are adequately addressed (Ciarrochi et al. 2012; Rork and McNeil 2011). In Finland, foster-parent support is defined in the Family Care Act (263/2015), and it is also linked to each child's unique needs and the foster parents' competencies. More research-informed political decisions are needed to develop evidence-based prevention programmes and interventions that promote stability and continuity in the lives of children and adolescents in family foster care.

Strengths and limitations

This study has a number of strengths, such as the large nationwide data covering all individuals born during one year in Finland. The long follow-up time with extensive and reliable registers (Gissler and Haukka 2004) is also a strength. This provides a possibility to generalize these results into other societies with similar child welfare systems.

It can be considered a limitation of the study that the cohort members were not met with personally; thus, it is impossible to know exactly the reasons behind the breakdowns. In addition, as in all longitudinal studies, both society and service systems have changed over the years. This causes uncertainty in interpretation of the results. Finally, our data were limited to the variables that are available in the administrative register, and we may have missed important background variables.

Conclusion

The findings of this study can serve as an important addition to previous scientific literature and form a basis for developing services for children placed out of home. Placement breakdowns in family foster care are a common phenomenon in Finland. This study indicated that the majority of the breakdowns are unfavourable events in children's lives. Special attention should be paid to supporting children around adolescents in family foster care in order to prevent breakdowns. In addition, the first 1,000 days in family foster care are critical in terms of preventing unfavourable breakdowns.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Declarations

The study obtained ethical approval from the Ethical committee at the Finnish Institute for Health and Welfare §572/2013 and was performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. The dataset of this study was managed as mandated by Finnish data protection legislation. According to Finnish law, register-based studies do not require informed consent.

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