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THE IMPACT OF CHILD PLACEMENT ON FAMILY BONDS AMONG PARENTS

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ABSTRACT

This research study investigates the nature of child placement focusing on family bonds among parents. The study is motivated by three research questions which are 1) what are the experiences of parents through the identification of their emotions towards the placement of their children? 2) How does communication and interaction influence parent-child relationships 3) What social interventions are provided by social workers to parents with children in placement? The study seeks to advance the understanding why parents are a fundamental part of a child's life, immensely contributing to the development and growth of the child. If this link is not nurtured, it poses detrimental consequences later in the parent and children's lives. The study continues to evaluate the emotions of the parents and the methods of communication and interaction utilized during placement. This aimed at seeking clarity on the contribution communication and interaction make on social support. It emphasizes the need to strengthen social support systems in parent-child relations through supportive social interventions provided by social workers.

Semi-structured interviews were initiated with 4 parents who had their children placed by Child Protection Services. The interviews were initiated in Finnish and translated into English. The study found that the parents had voluntarily placed their children revealing no ill feelings towards the placement as they needed help. The parents continued to give their children varied forms of social support which improved communication and positively re-enforced parent-child relationship. The parents' psychosocial needs were not met by CPS and more could be done. Social workers provided social intervention which requires strengthening for the parents.

The findings offer insight into the need to listen to parents and their feelings, the importance of communication and interaction in parent-child relationships especially for children in placement. There is a need to identify further what constitutes as social support. Social workers need to continue to develop methods aimed at preserving family ties and attachments, such as parent-child relationships.

Keywords: child placement, experiences, interaction and communication and social work intervention.

1 INTRODUCTION

When taking a child into care, be it institutional care, foster care and support family care, it has been contested that this is done in the best interest of the child. Tarja Pösö & Tuija Eronen (2014, 209) state that the care-order decision as well as the placement should be guided by the principle of the best interest of the child. How to describe what is regarded as the child's best interests is viewed as circumstantial, that is depending on the situation. The vitality of the parent-child relationship is often overlooked in the process, a mistake made all too often by professionals dealing with the placement of children. What does it mean to neglect this parent-child relationship, to society, to the family and to the child? Is there a more suitable way to handling the placement process and finding the best solution to the problem without causing further disruption in the family?

In theory, social workers remove children from their homes to protect them from immediate or further harm, and yet occasionally, it is the parents that need protecting. Placement is a time of panic and frustration as this to parents may mean the loss of parenting rights. Even when blameworthy, parents still battle with the loss of a child because it is their child. According to Horejsi et al. (1981, 17) the parent-child bond is amazingly powerful. The authors continue to state that even if the relationship is strained by anger or guilt, its power cannot be denied or erased. The irreplaceable role parents play in the lives of their children is snatched away, and yet these moments, are the ones children will re-live. It is after-all the parents we have to blame for the child's placement, a view held by many, and yet inaccurate of the reasons leading to many children being placed.

Currently Child Protection Services (CPS) is known for the removal of children in a fashion that is uncalled for. Children are separated from their families by default attributed to too few alternatives being available to help them stay together (A Edna McConnell Clark Foundation 1985, 2). It is important to be cognizant of the little attention given to the needs of parents, their wishes and the services to deal with the problems that resulted in the child protection services intervening in their situation. This study examines the experi-

ences of parents whose children have been placed. It employs the notion that parents are rarely listened to, reached out to or provided services fundamental to them in dealing with their problems. Recognition of these challenges heightened the researcher's interest in the subject and motivated the researcher to explore the nature of child placement. The researcher queried the absence of vast literature on parents' feeling about the child placement, parent's opinions of the impact of child placement on their family bonds and whether parents were receiving the services they required from CPS. These services are reportedly mostly insufficient or unavailable.

By receiving the best services and assistance, not only are children in the long run returned to their families after the placement period is over but parents can continue to contribute to the development and growth of the child. If however, the children cannot be returned to their families, they still need support from the latter. Interest in the social support approach by the researcher comes from the observation that there is little contribution about the subject made particularly to the field of social work. Although literature on social support does exist from authors such as Charles Tardy (1988), this literature lacks sufficiency and concreteness in describing characteristics of social support and how social support can be measured. Although great strides have been made in the past years there are still many questions that remain open on the measurement of social support. This research therefore, in the following chapters seeks to discover how parents feel, what the loss of their children meant to them, the changes this brought in their family relations and how they think that they can be helped.

It is paramount to discover these aspects in the research as they will contribute to building an approach that further defines social support, imparts possible characteristics and in what ways parents can apt this social support to their children. Finding ways to define and measure social support could improve ways of engaging parents. The researcher aims to contribute to building literature on social support, in the process formulating a model that focuses on the impact of child placement as a challenge to social work. It will aim to challenge social work to clarify how social support can be identified and integrated with communication, how it can be displayed and the contribution this development will make to methods and initiatives aimed at strengthening family ties and relationships through

communication. This interest is heightened by the different Finnish context, in which this study is carried out. The differences in society, approach to relations, structure of the families, methods of showing support and the role child protection services plays in the lives of its citizens increases the need to research this phenomenon. Which according to the Finnish authors cannot be equaled to the other countries or their child protection services.

In order for child protection services to assist the children and their families in solving the problem, social workers need to improve the social relations between the parent and the child. Supportive social intervention would tremendously contribute to not only building the parent-worker relationship but giving the social worker benefit in setting the stage for a successful intervention. This study attempts to discover in what ways social workers have reflected this supportive social intervention to parents. Children are being removed unnecessarily from their families because human service programs lack both the resources and technology to strengthen families in crisis Peter J. Pecora & David A. Haapala (1991, 1). If child protection services aims at helping children in trouble and families with problems in improving their social relations, how can this be effectuated using supportive social intervention?

This study aims at discovering the experiences of parents by identifying their feelings towards the placement of their children, how communication and interaction assist in strengthening social support in parent-child social relations. The study also seeks to understand the supportive social support offered to parent. A brief discussion is made on what makes the Finnish child protection services different from those of other countries which is followed by a presentation of a literature review that mirrors practice and practicality. It is wider as it focuses on families as the foundation of development, parent-child social relations in relation to interaction and communication, and how social workers are reportedly intervening supportively in the lives of children and families with problems. This chapter is then followed by a discussion of the method employed to collect the data and a presentation of the collected data. At the end a data analysis and reflective analysis is utilized to form a ligature for all the findings made. The proposed model on understanding the challenge on social work posed by the impact of child placement.

2 NATURE OF CHILD PLACEMENT-LITERATURE REVIEW

This chapter discusses the literature on the nature of child placement and family bonds as discussed by other authors. It provides the frame which is then followed throughout the paper.

2.1 The family as the foundation of development of the child

The institution of family is a basic unit in the society and the multi-faceted functions performed by it makes it a much needed institution in society. Although the family has encountered many changes, it still manages to be an important aspect of a child's life. Some of the important functions performed by the family include, reproduction of new family members and socializing them, and provision of emotional and physical care for older persons and young. A family in fact, is an institution which resolves or eases a large number of social problems. This view is further supported by Michael Haralambos & R. M Herald (1997) who define a family as a procedure for socialization, economic activity and sexual activities that consists of two persons of opposite genders who will indulge in sexual activity at least for the sake of pleasure and would also consist of children and a group of descendants.

Most family definitions refer to family as a universal social institution, which constituted of persons directly linked by 'kin' connection where the adult members assume the responsibility of caring for the children (Marsh et al. 1996). The UN discusses this interconnectedness of individuals in family relationships through bonds of affection and, or obligation which leads to pooling cooperative work roles and altruistic parenting within a framework of culturally accepted notions about the division of rights and responsibilities by sex and generational position (UN 1996.)

As is the case with other complex concepts, no single set of features can define all families at all times in all places. To help in developing a definition of the family suitable for sociological analysis family is discussed as a prototype. A prototype set of features that is recognized widely as making up a 'true' family is put forth. The more of these features that are taken away, the less likely it is that one is talking about a family. At some point, when enough features are taken away, a unit may no longer be considered a family. But the point at which something ceases to be a family is a matter of controversy. So, too, is the original prototype (David Popenoe 1988, 5.)

The prototype family most commonly used today is, a married couple who live together with their children. With this prototype, much of the debate about defining the family revolves around the question of whether one still has a family if for instance, one half of the couple is taken away, the couple is not married, the children are removed, or some members do not live together. Because so many actual families today are not married couples who live together with their children, a number of social scientists no longer consider this prototype to be very useful. (Ibid 1988, 5.)

According to Popenoe (1988, 5), scholarly analyses also state that the family is a relatively small domestic group consisting of at least one adult and one person dependent on that adult. Thus the family is defined as a domestic group (a group of people who live together and perform domestic activities), to distinguish it from other groups that may carry out some of the family's traditional functions. The family is also defined as a group that includes dependent persons, usually children, to distinguish it from merely an 'intimate relationship' between two adults (whether married or not).

According to social scientists the basic needs the family as an institution is intended to meet (functions or activities of the family) are as follows: the procreation (reproduction) and socialization of children; the provision to its members of care, affection, and companionship; sexual regulation (so that sexual activity in a society is not completely permissive and people are made responsible for the consequences of their sexuality); and economic cooperation (the sharing of economic resources, especially shelter, food and clothing). All these activities combined define family as;

"A relatively small domestic group of kin (or people in a kinlike relationship) consisting of at least one adult and one dependent, the adult (or adults) being charged by society with carrying out (although not necessarily exclusively) the social functions of procreation and socialization of children; provision of care, affection, and companionship; sexual regulation; and economic cooperation." (Popenoe 1988, 6.)

If the family in advanced societies is moving away from the traditional nuclear form, in what direction does it appear to be headed? This movement in the global family trend has gradually moved towards what can be called a post-nuclear family system. The more important question is, how should this trend be evaluated? Is the family improving, fading, dying, or just reorganizing? Sweden has for instance been argued to be the most modernized nation in the world. However, there is little evidence in Sweden or any other nation with which to challenge this position, although the structure of the family units is changing, the family does not seem to be 'disintegrating' or 'dying out' (Popenoe 1988). There are strong indications though, that the family in these societies is in decline. The institution of the family is growing weaker; it is losing social power and social functions, losing influence over behavior and opinion, and generally becoming less important in life. In Sweden, the institution of the family is argued to have declined further than in any other society (Popenoe 1988, 4.)

Changes that have occurred over the centuries have led to the family finding itself faced by old and new problems. Some of these changes have forced the family to undergo changes in its structure and roles in order to deal with the problem at hand. There is a need however, to identify various problems that emerged due to the changes in functions and the structure of the family unit. Some of these problems include the reduction of emotional and physical support by the family which directly affects the personality development of children and their health. There are unmet needs of social security provisions and care for older persons, which result in additional social costs at macro-levels. The need for policy-making, taking into consideration the needs of the family at grass root level, led to a different 'top-down' approach, but continuous challenges have shown this to be another hurdle in dealing with the family. Instead a working method has tended to-

wards a 'bottom-up' technique of planning and the recognition of sociological aspects of family life in policy making. This method has worked although arising problems require different policies to address them resulting in continuous change. The family is still nonetheless expected to perform its role in society.

The term 'socialization' is intended to include the upbringing, economic support and regulation of conduct of dependent children. The definition signifies the family not just as a type of social group but as a social institution. To speak of the social institution of the family, or more simply the family, is to refer collectively to all such domestic groups in a society and the functions they are intended to perform. Others object that the definition focuses on a discrete domestic group. They may argue that parents need not be living together (core residing) to form a family unit. For example divorce and separation need not mean family dissolution, but merely marital dissolution; the family remains, though geographically split into several households. (Ibid 6.)

One dimension of family decline is that family groups are becoming internally deinstitutionalized, that is, their individual members are more autonomous and less bound by the group and the domestic group as a whole is less cohesive. In a highly institutionalized group or organization there is a strong coordination of internal relationships and the directing of group activities toward collective goals. Families, are becoming less institutionalized in this sense. Examples of this are the decline of economic interdependence between husband and wife and the weakening of parental authority over children (Popenoe 1988, 8.)

To look at a family with regard to what it does is to see it as a social institution. The family is the basic unit of society; the rearing of children is a major family function. When parents are willing or unable to care for their children, some type of substitute child care or child rearing arrangement is necessary. In many cases the children can be cared for by relatives or friends. When such informal arrangements are not available, or appropriate to the needs of the child, the foster care programs provided by public and private social agencies are utilized. Family decline, is not only real, but also has an impact especially on children

and thereby on future generations, that should be of concern to the citizens of every modern nation (Ibid 10.)

Substitute care results from many social problems caused by parents to children or vice versa. Some of the social problems have become a grave concern, even to the child welfare services. Robbie Gilligan states that despite all justifiable concern about poverty, child abuse, domestic violence and homelessness, and their adverse effects on children, it is still possible for at least some children to do well in difficult circumstances. This can help if support can interact with the child's natural drive for normal development. Children need to be cared for and helped to succeed in life (John Canavan, Pat Dolan & John Pinkerton 2000, 13.)

Masten and Coatsworth (1998) observed that children transcended adversity:

"Successful children remind us that children grow up in multiple contexts-in families, schools, peer groups, baseball teams, religious organisations, and many other groups- and each context is a potential source of protective as well as risk factors. These children demonstrate that children are protected not only by the self-righting nature of development, but also by the actions of adults, by their own actions, by the nurturing of their assets, by opportunities to succeed and by the experience of success." (Masten & Coatsworth 1998, 216.)

Family support is essential in the development of every child. It has been brought up as a method that could assist in rebuilding families that are on the brink of collapse. It is about mobilizing support for children's normal development; for normal development in adverse circumstances. It is about mobilizing that support in all the contexts in which children live their lives, family, school, peer group, sports team, church and so on. It is about counteracting the corrosive potential of poverty and other harm that can befall children in disadvantaged communities. Family support is certainly about more than child protection in a narrow sense. It is about more than trying to prevent child abuse, important though that is. Child-focused family support is about supporting children's social, psychological and educational development. It is about supporting their belonging to family, school and

neighbourhood. Family support is to child welfare 'what vaccines, clean water, sanitation and food hygiene have been to health care' (Gilligan 1995b) in (Canavan et al. 2000, 13). It has been argued to be a method that should be undoubtedly incorporated into child welfare in order to assist families in need.

Child-focused family support in disadvantaged communities should embrace strategies and approaches which promote the development and safety of children in their own family and promote the conditions in the family, school and neighbourhood which are conducive to such safety and development. It should also help to keep children in their own family by preventing the breaking down of relationships within the family to the point where other responsible adults feel this is the best course. Family support seeks to promote the child's safety and development and prevent the child leaving the family by reducing stressors in the child and family's life, promoting competence in the child, connecting the child and family members to relevant supports and resources and promoting morale and competence in parents. (Ibid 14)

Family support may, ofcourse, occur naturally through informal support systems of kin, neighbours and friends. It may also be planned, arranged or delivered by professionals or para-professionals in, for instance, the health, social service or education systems. It is helpful to think of three categories of family support when provided formally (Gilligan 1995a.) These are

- i) Developmental family support which seeks to strengthen the social supports and coping capacities of children and adults in the context of their families and neighbourhood. This type of family support is not problem focused and is in principle open to all who are encountering the ordinary challenges of parenting and family living.
- ii) Compensatory family support which seeks to compensate family members for the disabling effects of disadvantage or adversity in their present or earlier life. Compensatory family support can serve as one important strand in the range of strategies necessary to counteract the toxic effects on personal, family and neighbourhood life of social exclusion.

- iii) Protective family support which seeks to strengthen the coping and resilience of children and adults in relation to identified risks or threats experienced within individual families. This type of support will recognize the value of relationships, routines (and rituals in giving greater structure) and stability to home life for a child in stressful family circumstances (Ibid 15.)

Canavan et al. (2000, 17) states that what happens to children within their families , both in the home and in the web of wider relationships, is a major influence, if not decisive, in shaping a child's experience and destiny. Stressors within and acting on the family have a huge implication for the child's welfare and development. As these stressors accumulate, together they begin to bite even deeper in terms of the harm they do. Research findings are said to indicate that mounting stressors greatly increase the risk, for example, of developing conduct disorder (Rutter et al. 1995) and reducing IQ over time (Sameroff et al. 1993).

The author continues to reveal that family support is important because it may be able to help reduce stressors and add to protective factors in a child's life. Family support is also important because family and family relationships mean so much to children, even children who have experienced great harm and hurt in the family. Abused children may still feel great loyalty to the abusive parent. One author was quoted as saying, *"You can take the child out of the family, but you cannot take the family out of the child"* (Gilligan 1995b). At the end of the day it is very difficult to replace the family satisfactorily for large numbers of children (Toynbee 1998). (Canavan et al. 2000, 17.)

Canaval et al. further states that parental support where it is forthcoming may be very important to the developing young person. American researcher suggests that parental support not only serves as a buffer against stress for the young person, but also may enhance the effects of protective factors such as academic competence and coping behavior (Wills & Cleary 1996). Support from within the family may also come from siblings. For children living in circumstances of family stress or breakdown, sibling relationships and support may become very important (Caya & Liem 1998; McTeigue 1998). Grandparents and extended kin may provide very important arenas of comfort when home circumstances are

difficult. When home becomes too difficult, placement with relatives may be a desirable alternative. Kinship has been highlighted as an important source of support to parents. While British research suggests that kinship contact may be in decline there, relatives in particular parents remain a crucial source of aid and assistance for families with young children. This seems especially so in the case of lone parents (McGlone, Park & Smith 1998.)

According to Pecora & Haapala (1991, 1) a body of research and policy literature has documented what many of us have experienced firsthand or observed through the media. Children are being removed unnecessarily from their families because human service programs lack both the resources and the technology to strengthen families in crisis. In many countries, child placement rates are increasing. Many family advocates are concerned about the rising number of children being placed in restrictive types of correctional and psychiatric facilities. A Edna McConnell Clark Foundation (1985, 2) reported that children were separated from their families by default. This was attributed to too few alternatives being available to help them (families) stay together safely. Infact, many children have been placed outside their homes not once, but multiple times (Fanshel & Shinn 1978; Rzepnicki 1987.)

In the United States for instance, the permanency planning reforms of the 1970s and 1980s have been supplemented by programs that are designed to help children by helping families. These programs have many different names; family-based services, family-centered services, home-based services, and intensive family prevention services- and are purported to provide viable placement alternatives to out-of-home placement, significantly reducing the number of children who are placed in substitute care (Wells & Biegel 1991; Byrce & Lloyd 1981; Compher 1983; Maybanks & Byrce 1979). There is enormous variation in the service characteristic of these programs. These programs themselves are described using terms such as family support, family-centered, home-based, placement prevention, and family-based services. The term family support has been used as an umbrella under which to cluster a broad range of family-strengthening programs (Ibid 2.)

Preserving the family must become the guiding philosophical principle of the social ser-

vice; a family is best served when it is preserved as a family. Although legal mandates and agency philosophies express a commitment to family preservation, in actuality, the family is treated with little respect and placement is commonly used; it is easier to place than assist a family in reconstituting itself. The latter, becoming the most often used option.

2.2 The experiences and emotions encircling custody and placement of the child

Reasons for a child entering foster care changed dramatically in Finland during the last century. Even half a century ago, the most common reasons for entering foster care was either parental death or abandonment of the child. Today, children typically need foster care because of child neglect and maltreatment from parental alcohol abuse and mental health problems (Muuri 1993). Only 1% of the population of children in Finland under 18% grow up in foster care. Of these children, approximately 48% are in family foster care, 40% are in institutional care and 12% are in new types of family-like professional care (Mirjam Kalland & Jari Sinkkonen 2001.)

In 2005, more than half a million children in the United States were in foster care (Children's Bureau 2006). One third of these children had been in care for three or more years including almost 20% who had been in care for five or more years (Children Bureau 2006). This resulted in the realization that in the late 1980s and 1990s there had been an escalating number of children in foster care and focused national attention on the needs of children stuck in foster care drift (Susan Mapp & Cache Steinberg 2007). A study done by Save The Children discussed the risk factors associated with placement disruption or breakdown in cases where long-term foster care was intended. Before the placement in 180 foster families, most of the 234 children studied (75%) had experienced neglect. A follow up time after initial placement averaged 4years and 2 months. Some children were unified with their parents, careful evaluation is needed before such reunion. (Kalland & Sinkkonen 2001.)

Timo Harrikari (2014, 1672) states that the increasing number of children in child welfare services has recently provoked significant concern (Lastensuojelu 2011). The main focus in explaining Finnish child welfare problems has been on the psychosocial dimension and the problems of the clients on an individual (Heino 2007; Kestilä et al. 2012). The causes of the problems have been addressed, including mental health problems, uncontrolled drug abuse, unlawful acts, and a lack of parenting skills (Hiilamo & Kangas 2010; Kataja 2012.)

According to Kirsi Peltonen, Noora Ellonen, Tarja Pösö & Steven Lucas (2014, 1924) several studies on child-related risks have shown that physical, mental, and developmental disabilities, chronic illnesses and behavioral characteristics that irritate the parent all increase the risk of the child becoming a victim of parental violence (Heinonen & Ellonen 2013; Newton & Vandeven 2005; Svensson, Bornehag & Janson 2011). There is some evidence that older children (13-17 year olds) are more likely to be targeted by parental violence than younger children (Frinkelhor et al. 2005). Although gender has also been demonstrated as a risk factor in some studies (Janson et al. 2011), severe physical maltreatment has been reported by similar proportions of boys and girls (Macmillan et al. 1997.)

Register-based and survey-based data suggest that the risk of maltreatment, such as physical violence, is higher in families with large numbers of children, low income levels and parental unemployment (Clement & Bouchard 2005; Sedlak & Broadhurst 1996; Wolfner & Gelles 1993). These findings, however, have been challenged by recent research in Finland that has not demonstrated an association between parental unemployment or financial troubles and violent parental behavior (Ellonen & Salmi 2011). Crises as well as various forms of domestic violence in the family have also been found to increase the risk of parents' use of violence (Clement & Bouchard 2005; DiLauro 2004; McAllister 2000; Nair, Schuler, Black, Kettinger & Harrington 2003; Sprang, Clark & Bass 2005) (Peltonen et al. 2014, 1924.)

Peltonen et al. (2014, 1925) reveals that Nordic studies report differences in the amount and type of violence mothers and fathers use against their children (Annerbäck et al. 2010; Ellonen et al. 2011). It is therefore, important to analyze risk factors in explanatory settings separately among mothers and fathers. Moreover violence perpetrated by mothers, compared to fathers, may play an even more detrimental role in the role in the child's

maladaptive development because mothers are usually the primary caregiver of a child (Hendy et al. 2003) and they are identified as primary sources of emotional support (Rosenthal & Kobak 2010). A recent study by Moretti & Craig (2013) showed that maternal, but not paternal, violence during childhood predicted children's depressive symptoms in early childhood.

In a cross-cultural analysis of Western child welfare systems; two different models have been identified: the child protection model and the family-service model (Gilbert, Parton & Skivenes 2011). Finland, where the study was conducted, belongs to the latter model and should therefore provide ambivalent mothers with services rather than punitive measures. One study suggests that the Finnish services should be developed so that they indeed meet the needs of women who balance between caring for and maltreating their children. At the same time, these services should also meet the needs and rights of children (Peltonen et al. 2014, 1931.)

2.2.1 The factors leading to custody and placement of children

Children are removed from their homes to protect them from immediate physical harm (Zuravin & DePanfilis 1997). Substance abuse and the drug culture for the majority of young children placed in foster care (Simms 1991). Foster care placement adequately provides for the physical protection of children. Foster care placement as implications for the healthy emotional development of young children (Troutman, Ryan & Cardi 1998, 1.)

Typically, the biological or natural parents of a child in foster care have many personal or situational problems. Jenkins and Norman (1972) observed *that "families with children in foster care are families in trouble. Their personal lives are disrupted and they face difficult social and economic circumstances"* (Horejsi et al. 1981, 1). Ferleger and Cotter (1976) identified characteristics common to most families with a child in foster care. These include low income, welfare status, low educational levels, single parents, female headed

households, inadequate housing, member of a minority group, limited work history, illegitimacy, migration from birthplace (families) (Horejsi et al. 1981, 4). Many a times a parent has problems with alcoholism and drug addiction and many suffer from emotional problems. One study found that over one-half of the mothers were depressed. Kline and Overstreet (1972) also observed that the general social and psychological characteristics of parents with children in foster care are strikingly similar to each other.

Data from several studies suggested that a disproportionate number of the parents are members of a minority group and that they are either divorced or separated. A high percentage of children in foster care lived in single parent families prior to placement. Kadushin (1978) went on to make a very astute observation, one highly relevant to practice. He noted that in most studies the reason for placement and the problems cited as needing attention are ones identified by the social worker or researcher rather than by the parent. On the basis of the few studies that did ask the parents to list the primary problems leading to placement, Kadushin (1978, 117) concluded that the parents more frequently saw the child's behavior and situation stress as the primary problem and considered their own problems as having caused the placement much less frequently. Thus it appears that the professionals and the parents hold different views on the nature of the problem leading to placement. This difference in perception is of more than academic significance; it may however, be of critical importance because an effective helping process must begin with and is built on the mutual agreement between worker and client about the nature of the problem. (Horejsi et al. 1981, 2.)

In order to be an effective helper, the social worker must begin by focusing on and dealing with the problems and concerns identified by the clients. Reid (1978, 127) stated that *"the definition of the problem needs to be made with some care, since it will provide the direction for the collaborative efforts of practitioner and client"*. A basic disagreement on the problem or why a child has been placed in foster care sets the stage for future frustration and failure by the social worker to provide a service that the parents accept as important and relevant to the needs and concerns. The resolution of such a disagreement should

have the highest priority as the social worker begins work with the parents of a child in foster care (Horejsi et al. 1981, 3.)

In terms of feelings, children are argued to move from shock to protest to despair and adjustment. It is of interest that many parents go through similar phases in their reactions to separation from their children. What has been found as of central importance that the worker develop a capacity for empathy in relation to the parents. It is all too easy to overlook what the parents go through when their child is placed in foster care. Also knowledge of the parents' dominant feelings can be used to enhance worker-parent communication. Parents often in cases where the placement was involuntary, feelings of embarrassment, humiliation, and anger are common (Horejsi et al. 1981, 5)

An effective task-oriented coping response utilizes a basic problem-solving approach in dealing with stress. The four steps included;

1. Clearly defining the problem
2. Working out alternative solutions or possible courses of action
3. Selecting and moving ahead on a course of action and
4. Evaluating the action's effect and starting the process all over again if the first attempt was unsuccessful (Horejsi et al. 1981, 9.)

Young children are more likely than older children to be placed in foster care and to spend a larger proportion of their life in the foster care system (Goerge & Wulczyn 1998). Young children are in foster care longer than other age groups (Beth Troutman, Susan Ryan & Michelle Cardi 1998, 1.)

By definition, foster care is a temporary arrangement with the child returning home as soon as possible. Ideally, while the child is in foster care, many supports and family services are made available to the parents so they can better cope with the problems that resulted in the need for placement and resume parental responsibilities as soon as possible. In far too many cases these services and supports are unavailable or inadequate, con-

sequently the parents' situation changes little after placement and the child remains in foster care. (Horejsi et al. 1981)

Research indicates that once placement has occurred, once there has been a physical separation between the parents and their child there is a serious erosion of the parent-child relationship. This is indeed tragic because research also suggests that the preservation and enhancement of the parent-child relationship is important to the child's social and emotional adjustment and is positively related to the eventful return of the child to his/her natural home. When the parents are not actively involved, the chances of the child remaining in foster care until maturity greatly increase and there is less chance that the child will leave foster care and move to a permanent family living arrangement such legal adoption. This means that unless the parents are actively involved in the process of planning for their child in foster care, the chances are great that the child will remain "adrift" in foster care, often moving from one foster home to another, confused and conflicted about his/her relationship with the parents. (Horejsi et al. 1981.)

2.2.2 Disruption of family-child relations during custody and placement

Out-of-home placement is typically associated with numerous disruptions in attachment relationships. These losses and lack of permanence undermine a child's attempt to form a secure attachment with a primary care giver. The more changes in care givers young children in foster care experience the more likely they are to exhibit oppositional behavior, crying and clinging (Gean, Gillmore & Dowler 1985). Disruptions in attachment relationships can lead to Relative Attachment Disorder of Infancy or Early Childhood (American Psychiatry Association 1994), a disorder in which the child exhibits severe disturbances in relationships with caregivers (Troutman, Ryan & Cardi 1998, 1.) These children however, need to build relationships which leaves them with limited options such as their foster

parents. This is expected from them, however, every child still needs to have a relationship with their biological parents.

The importance of the relationships foster children develop with their foster parents is sometimes underappreciated. Psychiatric emergencies among children in foster care are often precipitated by disruptions in their attachment relationships with foster parents (Polowsky & Kates 1996). Infants placed in out-of-home care for several months will come to view the caregiver who provides for their daily emotional and physical needs as their attachment figure. When working with infants in out-of-home placements, it is important to keep in mind that, unless the out-of-home placement is very brief, reunification with parents or placement in adoptive home constitutes an attachment disruption (Ibid 2.)

2.3 The experiences of families involved in child protection services and placement

According to Slettebo (2011) majority of families involved in child protection experience multiple stressors including poverty, marginality, family problems, housing instability and social isolation (Kojan 2010). This view is supported by Susan Kemp, Maureen O. Marcenko, Kimberly Hoagwood & William Vesneski (2009) who states that the issues that make families vulnerable to child welfare involvement also threaten their engagement in services (Littell & Jajima 2000). The majority of child-welfare involved families are poor, disproportionately they are families of color. These families experience multiple, chronic stressors, including generational experiences of poverty and marginality, co-occurring family problems (notably domestic violence, substance abuse, parental mental health issues, and developmental delays), housing instability, incarceration and social isolation. Practical barriers to participation, such as lack of transportation and money, conflicts between work schedules and mandated services, and child care difficulties are common.

According to Kemp et al. (2009) substance abuse, mental illness and interpersonal violence also derail parents' engagement in child welfare services (Littell, Alexander & Reynolds 2001). Shepard (2002) found not only that depression significantly and negatively impacted women's participation in planning and decision making, but that in a debilitating cycle, authoritative worker interventions exacerbated women's depression and further impaired their capacity to engage in services. Substance abuse likewise indirectly, as parents attempt to manage feelings of shame and stigma by closing off contact with services (Taylor, Toner, Templeton & Velleman 2008.)

Child welfare involved parents express emotions ranging from guilt, fear and related passivity, to anger and outrage. Along with the trauma of separation, these families struggle with profound stigma (Scholte, Colton, Casas, Drakeford, Roberts & Williams 1999), and both covert and overt blame for the issues confronting their children (McConnell & Llewellyn 2005). Furthermore, they frequently have long, often contentious histories with service systems (Kemp et al. 2009.)

According to these studies, parent's particular needs may not be met. Parent's psychological and emotional problems need to be addressed before changes in parenting and relationships with their children can occur (Maluccio et al. 1986). Evidence suggests a positive relationship between achieving outcomes and goals and a parent's feelings of being listened to, valued and involved in service provision (Hardy & Darlington 2008). Parents of children often present themselves as powerless, neglected and labeled as failures by public services and the community. They are often isolated from other parents, uninformed about agency services, unaware of their rights and unclear about their responsibilities (Slettebo 2008). Being deprived of the rights to care also means a loss of appreciation (Holtan & Eriksen 2006). However, this is not the case for everyone (Schofield et al. 2006). In order to build a working alliance, social workers must understand, accept and engage these negative and ambivalent feelings while at the same time reaching for resources of motivation and hope.

Nevertheless, many parents report that their most pressing needs are overlooked or inadequately addressed by child welfare services (Altman 2005, Yatchmenoff 2005). Palmer,

Manter and Manji (2006) interviewed 61 parents (primary mothers) involved with child protection services, 52% reported that they had received less help than they had expected or hoped for, or had initial requests for help turned down if parents are preoccupied by intermediate needs, they are likely less motivated to participate in treatment services (Kirsh & Tate 2006.)

In a study by Slettebo (2011), parents wanted more information, how were their services organized, how were decisions made, what was their views of their rights as parents? They had experienced difficulties in gaining access to their social worker. The parents suggested the need for follow up services once children were placed. They believed they should be given the option of therapy and the opportunity to participate in self-help groups.

The study reveals that they wanted more support from the social workers when conflicts arose between foster parents and themselves (Slettebo 2008). The parents' experiences with the child protection services are, by and large consistent with children placed in foster-care (Egelund & Hestbaek 2003, Schofield et al. 2011) and speak to the importance of forging greater co-operation among these actors. Research findings underscore the difficulties of building co-operation cases in which there is disagreement among the parties concerning the basis for child protection services taking action in the first place (Thoburn et al. 1995), or in cases in which maltreatment of the child is denied by parents (Bell 1999). Moreover, given the psychological and emotional difficulties of many of these parents, it is difficult to work on changing parenting practices, especially in the early stages of the contact with the services.

Research has shown that earlier negative experiences with services carry forward into later interactions (Kerkorian, McKay & Bannon 2006) resulting in increasing alienation from treatment systems and an unwillingness to return (Anderson 2006, 937). The unavoidable reality that child welfare involvement is mostly involuntary looms large as a factor influencing engagement in services. Not only do parents struggle with issues of power and powerlessness, but many also lack the knowledge and skills to find their way through the complex services and systems that child welfare involvement entails. In a qualitative study

of parent experiences (Brown 2006, 367) child welfare-involved mothers identified system navigation skills as a pressing need, including;

- the ability to communicate effectively
- skills in researching needed resources, services and problem solving in the face of frustrations
- knowledge of institutional policies and practices, and
- Skills in managing and containing negative and conflicted emotions to avoid negative judgements by workers and "to help their children cope with fear, confusion and difficult transitions" (Kemp et al. 2009.)

Unfortunately as Brown (2006, 369) notes, parents mostly develop these skills not from the expertise of helping professionals, but rather from their everyday trial and error experiences of working the system, which points to the need for systematic attention to parent education and empowerment. Parents also reported that their perspectives and views did not really count in service planning and delivery, even when efforts are made to increase their involvement (Drumbrill 2006.)

Slettebo (2011) states that several authors are revealed as having demonstrated intense emotions felt by parents when a child is placed in care, especially when the decision is against their will. A review of 654 empirical placement studies in the Nordic countries and in England reported that the parents experienced powerlessness, neglect, a lack of information and a lack of participation in the process (Egelund & Hestboek 2003). Another review based mainly on research from USA and Canada also described the parent's feelings of sadness, worry, lack of self-esteem, nervousness, emptiness, anger, bitterness, guilt, shame, isolation but for some, thankfulness and relief (Frame et al. 2006). It is known that some of the parents tend to place little focus on the pain and damage they may have inflicted on their child (Holtan & Eriksen 2006.)

Several research studies show that unsatisfactory help offered to parents is also a problem for child protection in Nordic countries and Great Britain (Egelund & Hestbaek 2003, Hojer 2007) in the USA (Kapp & Vela 2007), in Canada (Manji et al. 2005), and in Australia (Hardy

& Darlington 2008.) Slettebo (2011) continues to reveal that the parents who lose the right to care have mostly been unheard in child protection services. They have been mostly absent as a focus of research and they are often associated with stigma (Scholte et al. 1999). The stigma of having had one's children removed maybe a contributing reason for the lack of professional and academic consideration of life situations and services.

Child welfare agencies should improve services to birth families by building partnerships with community-based organizations and integrating family-focused models, such as family group conferencing and mediation, into child welfare practice (Sandra Bass, Margie K Shields & Richard E. Behrman 2004, 16). Other methods include the resource-centered thinking and solution-oriented approach which are the recommended alternatives to the traditional problem solving approach. The key objective of this work is to see to things such as resources and problems, get rid of certain happenings, which ends in blame and anxiety to different parties (Tuula Saarnio 2004).

This required that;

- Parents are listened to
- The different stages of custody explained, for example, when taking into care preparations
- Speaking a clear language (taking into care language is often legal rather than an ordinary person to understand all the terms)
- The customers are valued
- Hearing situations to be prepared carefully
- Customer will be seen all the documents relating to the taking into care unless it is clearly contrary to the interests of the child, the public interest or other very important private interest (Saarnio 2004.)

2.4 Parent-child social interaction and communication in the placement process

One of the biggest challenges faced by young children in foster care is maintaining attachment relationships with their parents. Children and parents need the opportunity to maintain an attachment relationship and develop more positive interactions. However, visits with parents can be upsetting to young children in foster care and disruptive to other aspects of their development (Gean et al. 1985). The majority of young children who visit their biological parents in the parents' home exhibit symptoms (sleep disturbances, aggressive behavior) before, during and/ after those visits (Gean et al. 1985). (Troutman et al. 1998, 3.)

The aim is to support families to cope with the loss caused by taking their children over into care and the related emotions, such as in dealing with guilt, shame, anger and bitterness. The task of visiting means to be available for advice, support, inform, and provide practical assistance. Many parents might give up communication with the children in mind, however, they are unable to give up parenthood. This may mean the child's point of view is irrelevant,-it is however, better only when you remain out of the child's life. This is a big misunderstanding and a mistake, as having a child is always irreplaceable. The worst thing for the child is to have to be abandoned by their parents, even if the child is from well-intentioned parents (Virpi Kujala 2003.)

Even when preservation of the family is not possible, preservation of ties and attachments can be in the best interest of the child (Mapp 2002; Palmer 1995). This benefit can exist regardless of the family's ability to provide a permanent home. Several authors have noted that a relationship with kin provides a child in foster care with a sense of personal history and identity (Cantos, Gries & Slis 1997; Kools 1997; Littner 1975; McDermott 1987; Palmer 1995; Salahu-Din & Bollman 1994). Other authors have noted that connection gives youth the chance to form accurate pictures of their families of origin (Fanshel, Finch & Grundy 1990; Fein, Maluccio & Kluger 1990; Salahu-Din & Bollman 1994). Without accurate knowledge of their birth families youth in foster care are hampered in developing

their own senses of identity (Kools 1997; McRoy, Groterant & White 1988). (Pecora & Haapala 1991, 6.)

Parents should not be left alone after the care order. Parents need support to work on the crisis caused by the taking into care. If the biological parents do not get a chance to go through the grief and the pain caused by the loss of a child, they may be impossible to move forward. Experience has shown that, even if the parents themselves aware of the necessity of taking into care, no sorrow caused by the loss of a child cannot be avoided. Support for the parents as soon as the crisis and the loss at an early stage can shorten the time for the grief caused by the child and the care and to facilitate the further work with the family (Saarnio 2004.)

Especially the involuntary taking into care social workers are often exposed to aggression and hostility, in which case the customer support and handling of the crisis more difficult. Far too often contact with parents is reduced or cut off completely when they are in crisis without the support. Crisis support could be at least partly perform other services in such a situation and guide the family, for example, family counseling, adult psychiatry, or in family services. In foster care parents have to face the crisis and the associated emotions and go through them. This means the need for other support. The knowledge that parents are supported to cope with and they get help, is also very important for a child (Saarnio 2004.)

A very small number of parents do not visit their children because they do not care for them. The majority of parents do care, yet some of these parents avoid visiting. Horejsi (1979) explained that avoiding visits is one way parents attempt to cope with the pain of separation. Some parents avoid visits because they worry about upsetting their children. It is important to help these parents understand that an emotionally upsetting visit is less harmful than no visit at all. The longer parents avoid visiting, the harder it is for them to garner enough courage to start regular visiting. Thus the importance for a worker to facilitate and encourage visiting immediately after placement. This is the time when parents have the highest motivation to visit Horejsi et al. 1981, 15). The parent-child bond is amazingly powerful. Even if the relationship is strained by anger or guilt, its power cannot be

denied or erased. A child in foster care knows he or she has only one set of biological parents; the parents never really forget the child. Even when physically separated, they continue to affect each other's feelings and behavior (Ibid 17.)

Nearly every study of foster care suggests a positive relationship between parental visits and a child's successful adjustment in foster care and the likelihood of the child's return to his or her home. Visiting may not create the changes that allow the child to return home, rather visiting may be a manifestation of the parents' desire to be united with their child. Even if it were possible to force visiting by an uninterested parent, it is unlikely that visiting per se would lead to the child's return home. It is during and through a face-to-face visit that parents and child encounter the reality of their situation and come to see more clearly what can and cannot be changed. The reasons for the placement and the separation surface once again; the parents and the child must grapple with their feelings about each other and the future of their relationship. This is not always a pleasant task, but it is a necessary one. Even when visits are emotionally upsetting for all concerned, the visits seem to have a long term beneficial effect on the child. (Ibid 17.)

Parental visitation is to be emphasized when dealing with a child in foster care placement. According to the author, the parents should be informed verbally and in writing of their responsibility to visits. Visiting should be viewed as a basic parental responsibility. It is especially important for the worker, the agency, and the foster parents to reach out to the parents at the very beginning of the placement. Unless a pattern of regular visiting is established early in the placement, it is unlikely that such a pattern can be established later (Ibid 26.)

Some parents are highly motivated to visit and continue a relationship with their child in foster care. On the other extreme are those parents who are unlikely to visit under any circumstances. The group of parents between these two extremes should be of greatest concern to the social worker. These parents are often ambivalent about visiting. It is irregular and unpredictable because their day-to-day lives are pushed and pulled by circumstances and personal problems. By working to improve visiting barriers and by reinforcing

their involvement with their child, it is possible to increase the contact between the parents and the child (Ibid 27.)

Agencies, workers, and foster parents should monitor parental visiting. Every effort should be made to keep track of whether or not the parents are visiting their child in foster care. This data should even be recorded in a log. Fanshel & Shinn (1978, 111) also stated that parental failure to visit their children and cannot long be tolerated unless the parent is physically or mentally incapacitated. The question of termination of parental rights naturally arises when a parent drops out of a child's life. Agencies should be held accountable for efforts made to involve the parent in more responsible visitation. Agencies and workers must respond immediately to infrequent visiting or a lapse in visiting. Parry (1975, 3) suggested that 'extremely infrequent visiting or no visiting by the parent or guardian should trigger an appropriate response... Whatever the reason, it is critically important that our reaction to this parental 'giving up' is not 'giving up' ourselves, but aggressive reaching out. Only in that way can we impress upon parents how very important their visits with their children are. (Ibid 27.)

Sometimes the parents need to be taught how to have a meaningful visit with their child. If previous visits have been disruptive, or if there is reason to believe that a visit will be disturbing to the parents or the child, a worker will need to instruct the parents on how to conduct the visit and handle associated stress and emotions. Various forms of role play and behavioral rehearsal techniques are especially useful in preparing the parents for a visit (Ibid 28.)

2.5 Nature of social workers' intervention with children and families with problems

According to Mapp & Steinberg (2007) workers may believe that once a child is placed out of the home, this placement signifies that the child or family is so troubled that reintegration is not desirable (Petr & Entricken 1995). If the plan is to not return the child to the home, the case worker may disregard the birth family and any attempts to maintain a relationship. The worker may focus on the negative aspects of the family to the exclusion of any positive benefits the child can derive from the contact. Studies have shown that parents are left out of the child welfare process, including decision making about their cases and contact with their children (Milham, Bullock, Hosie & Haak 1986; Palmer 1995; Schatz & Bane 1991.)

Parental visitation, the scheduled face-to-face contact between parents and their children in foster care, is considered the primary child welfare intervention for maintaining parent-child relationships necessary for successful family reunification (Downs, Costin & McFadden 1996; Hess & Proch 1993), a permanency goal for the majority of children in foster care. Visitation is also viewed as providing an opportunity for professionals to better understand the parent-child relationship (Kessler & Greene 1999.)

Agencies label families as multiproblem and perceive them as disinterested in helping themselves. Most agencies do not understand these families, and traditional services fail to respond to their complex needs. Based on their histories of negative interactions with the social service system. Multiproblem families feel angry, taken advantage of, misunderstood. This attitude is realistic considering the families experience; agencies have not only been unhelpful, they have often worsened situations. A family's instinct is to survive: to protect itself from further dealings with agencies. (Kaplan 1986, 3.)

From the family's point of view, social workers exacerbate family crises. Uncoordinated, individual-focused service creates more difficulty for the family than it already has. Such service also reflects the family's disorganized way of handling its problems. The family's initial anger at itself for being unable to resolve its problems is then focused on social

workers, who have not only been unable to help but have recreated the family's confusion. Considering a family's distrust of social workers, it is ludicrous to expect it to relate to a number of workers at a time. A more logical approach is to encourage the family to establish a trusting relationship with one worker or team, with the eventual goal of interfacing with other workers (Ibid 3.)

Social workers characterize the multiproblem family as hard-core, deprived, distrustful, unmotivated, hopeless and difficult, if not impossible, to reach. The family's relationship with social service agencies is negative, and the agencies describe the attitude of the family as ranging from indifferent to hostile. Agencies slowly withdraw this services from the multiproblem family because the family fails to exhibit appropriate behavior and live up to the standards of society and the expectations of the agencies. The relationship between human service agencies and the multiproblem family is characterized by mutual alienation (Kaplan 1986, 5.)

The multiproblem family experiences the stigma of being known and disliked by many human service agencies. This family has failed repeatedly and despite the reasons for its failure, the outcome remains tantamount and consistent: the multiproblem family has been unable to achieve what society considers success. There is also mutual withdrawal between the multiproblem family and society. When a family is failing and feels rejected and ostracized, it withdraws by behaving in a manner that is unacceptable to society. It is then rejected again and the cycle continues. Society and its institutions withdraw from the multiproblem family, not only because it is failing but also because it appears to be unresponsive to help. When society labels a family as unreachable and withdraws its involvement, chronicity is the tragic result (Ibid 5.)

Like the institutions representing society, the family also withdraws. It is frustrated by its many features and its negative experiences with the social service system. This mutual rejection and withdrawal grows extreme as the gap between family and community widens. Based on past encounters, the multiproblem family has negative expectations of the social service systems. Given a stigma and labeled by institutions in the community, it is not surprising that the family is antagonistic when approached by the 'helping' profession. 'the

feeling that innumerable forces are impinging on one's life without an ability to determine the type or quantity or impact of such forces is very disorganizing to either family, individual personality, or both.' (Ibid 5.)

The success of foster care depends in many respects on the quality of the relationships between children, families and case workers. Caseworkers are the face of foster care. They are involved at every level of decision making, they link families with needed services, and they provide children with a sense of continuity that is often lacking in their foster care experience. Yet few case workers are able to play this supportive role. Most case workers carry large caseloads, labor under cumbersome paperwork demands, and, with minimal training and limited supervisory support, must make life-altering decisions on behalf of children. As a result children in foster care often report that they rarely see their social workers, and foster caregivers lament the lack of contact and support they receive (Bass et al. 2004, 23.)

The family is a system composed of people and their communication. When two individuals interact, their communication defines their relationship. A system can be compared to a turning fork; when you strike one end, the other end reverberates-a person cannot not communicate. When initiating a relationship with a multiproblem family, a counselor makes a strong effort to establish a rapport with a family that feels untrusting, angry at the helping profession, and defeated. The counselor begins building a relationship by meeting the family in its home. (Kaplan 1986, 6.)

Conducting an in-home assessment indicates to the family that the counselor has gone out of his or her way to meet the family on its own turf. The entire family and significant others are more easily involved in the meeting. Home visits automatically include all family members. 'Accepting the family's turf is no guarantee that you will succeed in engaging everyone in treatment, but it does improve the chances'. Family members typically feel more secure and more in control in meeting in their home; they have greater confidence and their resistance diminishes. (Ibid 35)

The relationship between the counselor and the family is a partnership, characterized by

mutual respect and collaboration. It is unproductive for a family worker to dictate treatment goals. For too long social workers have assumed that families, especially multiproblem families, are incapable of understanding their problems. How can a social worker who enters a family for the first time assume that his or her assessment of this family's problems is more valid than the opinions of the family members, which are based on years of experience of relationships among family members? Treatment is based on the family's goals. A family is its own best resource, yet this obvious fact is often overlooked. A counselor encourages family members to participate fully in treatment; they feel a part of the process, and do not regard it as something happening to them. Empowerment occurs at every level of treatment, it can be subtle or obvious, but the family must have no doubt that the counselor believes they are capable and can become autonomous (Ibid 39.)

James, Magura & Shyne (1981) concur with this view, reporting that numerous studies recognize the counselor-family relationship as intrinsic to the provision of effective services. Success hinges on the development of a relationship that is characterized by the counselor's respect for the family and confidence in its ability to make changes. Some family members may never have had positive, trusting relationships, and although it is difficult undertaking, the counselor develops such a relationship. (Ibid 40.)

When initiating a relationship with a family, the counselor focuses on the parents rather than the children, because changes in family dynamics are reinforced by the parents. By addressing the family's concrete needs, as well as their emotional needs, the counselor gains their trust. Parents need to meet their own needs effectively before they can meet those of their children. Through the counselor-parent relationship, the worker demonstrates or models healthy parenting skills. Reeducation and parenting are essential elements of the relationship. Once a trusting, reciprocal relationship is established, the family has faith in the counselor and believes that he or she is looking out for the family's best interests. This relationship serves as a model for the family and guides family members in their relationships among themselves and with the community (Ibid 40.)

According to Horejsi et al. (1981) when they questioned families as to what social workers needed to know in order to do a better job with parents of children in foster care. Their

expressed concerns clustered around the topics of understanding the parents' rights and responsibilities, visitation by parents, building a working relationship with the parents, using service agreements and contracts, coping with job related stress, making use of resources, especially informal resources and natural helpers, bringing agency policy and practice in line with sound and proven social work practice principles (Horejsi et al. 1981.)

Relationships have a strong feeling or emotional component. A relationship develops whenever a social worker and parents communicate and interact with each other. A relationship is unavoidable and may be positive or negative, but they are never emotionally neutral. This is because each individual is unique, each relationship is unique. A worker will have a different type of relationship with each parent. Good relationships do not just happen, they must be built. The lifeblood of a good relationship is frequent interaction and free and open communication. The quality of a worker-client relationship depends upon the behavior of the social worker and the parents (Ibid 53.)

Clients have a need to express negative and positive feelings. Clients must feel free to express anger, resentment, fear, sadness etc. A social worker must allow and even encourage the expression of these feelings; this include allowing the clients to express negative feelings toward the worker and the agency. Biestek (1957, 35) explained that the worker must recognize *"the client's needs to express his feelings freely, especially his negative feelings freely. The caseworker listens purposefully, neither discouraging nor condemning the expression of these feelings, sometimes even actively stimulating and encouraging them when they are therapeutically useful"*. Perlman (1979, 51) emphasized this by stating that the professional *'relationship is an emotional experience... if a would-be helper is to influence a help seeker to cope with his problem...he will need to reconnect with and be sensitively responsible to the emotions with which the person's problem is charged."* (Ibid 54.)

There is a delicate balance between the need for a worker to become personally and emotionally involved with a client and an equally important need to maintain a degree of professional objectivity. Clients have a need to be accepted as people of worth and inherent dignity regardless of personal problems and past failures. A social worker must create a

climate of acceptance. Clients have a need to be neither judged nor condemned for the difficulties in which they find themselves. A nonjudgmental attitude is especially important in work with parents of children in foster care. Because they often feel guilty and because they receive so much condemnation from others, these parents have a desperate need for at least one relationship free of criticism and judgment (Ibid 55.)

In addition to the role of investigator and therapist, a worker is also called upon to perform the roles of advocate, broker, mediator, and case manager. The worker who cannot reconcile the demands of these often conflicting roles will experience overwhelming stress. Biological parents with children in foster care are not a homogenous group; most have serious problems. These problems may range from acute mental illness or alcoholism to mental retardation or chronic physical illness (Ibid 181.)

The ability of biological parents to provide emotional support and informal counseling to other parents with children in foster care, and to foster parents, is often overlooked by agencies and workers. Social workers need to apply their knowledge and skill in social group work to the task of establishing and maintaining support and training groups that make use of the parents' experiences. Parents should also be asked to provide advice and guidance to policy makers and legislative committees concerned with foster care (Ibid 94.)

Figure 1: The dimensions of understanding the impact of child placement according to literature.

IMPACT OF CHILD PLACEMENT ON FAMILY BONDS

EXPERIENCES
AND EMOTIONS:
POSITIVE AND
NEGATIVE

- ✓ Parents are divorced or separated
- ✓ Problems normally identified by social workers rather than a parent
- ✓ Parents frequently see the child's behavior & situation stress and see their problems as having caused placement less frequently
- ✓ Parents are unaware of rights and uninformed about agency services
- ✓ The parents have reported feeling:
 - Guilt, self-blame, fear, stigma
 - Related passivity
 - Isolated, powerless and neglected
 - Shock, protest, despair, adjustment
 - Embarrassment and humiliation
 - Anger, outrage
 - Labeled as failures
 - Parents' most pressing needs are overlooked

SOCIAL INTER-
ACTION &
COMMUNICA-
TION

SOCIAL WORKERS'
INTERVENTION

- ✓ Parent - child relationship eroded and underappreciated
- ✓ Parents often give up communication
- ✓ If parent - child relationship is not enhanced, child is likely to remain "adrift" in foster care
- ✓ Child suffers conflict and about relationship with parents
- ✓ Psychological & emotional needs of parents and children need to be addressed before parenting and relationships fixing can occur
- ✓ Parental visits are often upsetting to the child

- ✓ Agreement and disagreement sets stage for future frustration and failure by social workers
- ✓ Need to develop empathy
- ✓ Knowing parents' feelings helps in enhancing parent-worker relationship
- ✓ Support and family services available to parents so they can better cope with the problems that led to placement. In many cases these services and supports are unavailable or inadequate
- ✓ The family's point of view is that social workers exacerbate family crises
- ✓ Social workers need to build a relationship that is collaborated and characterized by respect and communication. They should encourage the expression of positive and negative feelings and empowerment at every level

3 CONTENT OF CHILD WELFARE SERVICES IN FINLAND

The child welfare as an institution, like the family, has undergone great changes all over the world. The structure, the approach to problems, the scrutiny and respect from society, to the method of service delivery has experienced the greatest change. Legal structures have been put in place to oversee that the child welfare continues to provide its intended services to the multitudes. In order to discuss areas of interest concerning child welfare, it is important to understand that countries have differing definitions to what child protection or child welfare is, as well as its roles in society. Tarja Pösö, Marit Skivenes & Anne-Dorthe Hestbaek (2014, 477) state that 'child protection system' is used to describe the statutory system that aims to find, investigate and protect children at risk of being abused or neglected, or harming themselves by their social behavior, through specific and targeted interventions with or without the consent of the children and families involved. Previous studies have underlined that in comparative studies, there may be difficulties in differentiating between the child welfare and the child protection parts in a system that seeks to protect children (Gilbert, Parton & Skivenes 2011; Hetherington, Cooper, Smith & Wilford 1997). The Finnish word 'lastensuojelu' is usually translated in English as child protection or child welfare. However, from experience, many have been unable to, unwilling to, squeeze the Finnish and English conceptualizations into the phrase 'child protection' with its various local meanings.

Tarja Pösö (2014, 617) views that there are major challenges in finding the right English words to present the Finnish system, in academic communication are in the translation process to find the 'right' and 'fair' English terms and expressions to address something that originally does not exist in the English language. Adding to its complexities the author states that translation is not just a one way process. The word 'lastensuojelu' in Finnish refers to all statutory services provided to protect children from abuse and neglect. In addition, it refers to all services and benefits that exist for the benefit of children and fami-

lies with children. Consequently 'lastensuojelu' has both a narrow and a wide meaning. The word is commonly translated into 'child welfare' in English.

Pösö (2014, 618) further states that accordingly the act (Lastensuojelulaki) regulating statutory child protection services is translated as 'The Act of Child Welfare'. This is the English term used by the Ministry of Justice in its English translation of the document. Yet, the act defines statutory child protection based on the assessment of the needs of children and families instead of universal services. Consequently the translation could be 'The Act of Protection', but it is not. The English translation of the Finnish term is therefore, to some extent vague and unspecific as it addresses the wide meaning in particular, but the act is mainly about the narrow one.

Self-evidently, the difficulties in choosing appropriate English words to describe the Finnish child welfare are not due to the failures of the translation of the Finnish act. Rather, they reflect the differences between the English language child welfare systems and the Finnish child welfare system. The English language child welfare vocabulary has been developed in the British, American, Canadian and Australian child welfare systems. They are commonly described as residual or protection-focused child welfare systems, whereas the Finnish child welfare system, together with other Nordic systems, is described as a welfare-and-service focused system (Gilbert 1997; Gilbert, Parton & Skivenes 2011; Skivenes, Barn, Kriz, & Pösö 2014.) (Ibid 618.)

Pösö (2014, 618) continues to reveal that a welfare and service focused system operates strongly through providing in-home services; it aims to give support and help based on the assessment of the needs (instead of investigating whether abuse has taken place), and ultimate protection comprises only a fraction of its activities (this is why the majority of services are given as in-home services). Yet it differs from the universal social services, as it is assessment based and may use coercive power. The fact that only one quarter of the care orders and substitute care placements is carried out against the will of the parent, or the child 12 years of age or older, may demonstrate the characteristic of the Finnish child welfare system as a 'service' (Heino 2009; Pösö 2011.)

According to the Finnish Child Welfare Act of 1983, lastensuojelu covers all children in society and its effects extend to school, health services, housing, and building design and the family and culture. In England, child welfare means to safeguard and promote the welfare of children, especially children in need. The discussions have confirmed that lastensuojelu and child protection cannot be translated as equivalent as such because the ideologies and expectations behind these terms are themselves not equivalent (Jeff Hearn, Tarja Pösö, Carol Smith, Sue White & Johanna Korpinen 2004.)

Finland in 1936 like other Nordic countries such as Norway (1896) and Denmark in 1905 introduced at different times, the first child protection laws. These countries were influenced by the Norwegian model of child protection, which was based on a holistic understanding of children and young people in need and in trouble and included both delinquency and abusive issues. The child protection legislation has, ofcourse, changed in all three countries since the early twentieth century. The most recent changes in child protection legislation were introduced in 2010 in Denmark, in 2007 in Finland and in 1992 in Norway. However, the overall approach to child protection has not changed (Pösö et al. 2014, 478.)

The child protection system covers a wide range of childhood, youth and family troubles, and the measures range from providing light in-home services to strongly intervening measures such as out-of-home placements. In line with the prevention policy, the majority of child protection services are supportive, and they are carried out in-home with the consent of the family. The overall ideology of the child protection system rests on the parents carrying the main responsibility for their children; the support given by the system is only complementary to that. Hence, the principle of 'the least intrusive form of intervention' is vital in Nordic child protection, which implies that even with the presence of quite adverse life conditions for the child, in-home services-which are counted as the least intrusive intervention possible- should be implemented. The child may be placed in out-of-home care only when in-home-services have turned out to be useless or insufficient (Ibid 478.)

Since the 1980s, the Nordic countries have emphasized preventive services in child protection (Grinde 1989), and continue to do so. Preventive services in the family-oriented child

protection systems are in-home services provided by the local authority for children and families in the child protection system. In-home services may include, for example, intensive family support, counseling and economic support. The service provision varies among countries and municipalities, and overtime, but nevertheless, it reflects the embedded idea of family preservation and addressing the family as the recipient unit. In addition to in-home services, children and families in the child protection system are entitled to the universal services and benefits that are available for all families with children in the welfare state (Pösö et al. 2014, 479-480).

According to Tarja Pösö & Riita Laakso (2015, 160), in Finland 336 municipalities are responsible for placing children in care, this highly decentralized service is guided by the Child Welfare Act (417/2007). However, according to the authors, some municipalities are very small and find it difficult to provide good-quality services due to lack of staff or finance, they have started to cooperate with others to create 'inter-municipal' coalitions for service provision and consultation. Some municipalities have gone even further and introduced inter-municipal agencies for placement decision-making. In social and health care policy, there is a growing belief that services can only be effective if organized by large municipalities or coalitions of smaller ones (e.g. Sosiaali- ja terveystieteiden ministeriö, 2013a) (Ibid 161.)

According to Finnish law, initially, at risk families receive a range of services with a system of 'open care'. These services include family counseling financial support, help with house-keeping, special day care and/temporary placement of their child in foster care. When these efforts are insufficient or unsuccessful, then long-term family foster care is considered. This service can be provided until the youth reaches age 18, with after care services offered to age 21. Even in long-term cases, however, reunification can take place if the parents' situations change for the better (Kalland & Sinkkonen 2001). Pösö & Laakso (2014, 209) reveals that care orders are meant to be only temporary in Finland. The Child Welfare Act (417/2007) does not recognise any permanent placements and thus family reunification is one of the key aims of care orders. The authors further state that in practice, it is recognised that family reunification is not always possible and therefore, some placements are of permanent nature, lasting even for 18years. Families at risk are identified through

the school, health, social service, mental health, and criminal justice systems. Frequently more than one family member is determined to be at risk by one of these systems, and it is not unusual for these systems to deal with more than one generation of a family.

Pösö et al. (2014, 480) states that the legal norm is that children are placed out of home only if in-home child protection services appear to be clearly insufficient. In Finland, like in Denmark the decision on voluntary care is delegated to an administrative body of the municipality. Only involuntary decisions are made by the courts in Finland. Placement away from home is a measure of last resort, temporary by nature, and the ambition remains to reunify children and biological parents. In Finland, and Denmark, by far the majority (70-85%) of the placements are based on the consent of the custodians and the children themselves 15/12years of age or older. It is, however, important to point out that what might legally be a voluntary measure may still be experienced as an involuntary measure by parents or children due to the power that the child protection system holds (Hestbaek 1997). Despite the growth of children receiving in-home services, the numbers of out-of-home placement remain constant, and during the last decade, the numbers have even been increasing in Norway and Finland, whereas the Danish trend has been more stable (Bengtsson & Jakkobsen 2009, 51.)

Between 2010 and 2012, the number of children under the age of 18 in out-of-home placement varied from 12 per 1000 (2007) as compared to 8 per 1000 (1994) recorded in 1993-1994. International comparisons of the numbers of the out-of-home placements are problematic due to differences in legislation, concepts and statistics (Thoburn 2007) which illustrates the importance of locating the child protection systems in their own historical, social and cultural contexts (Stein & Munro 2008; Hearn, Pösö, Korpinen, Smith & Whyte 2004). In a recent analysis by Gilbert et al. (2011, 247), the Nordic countries did not come out with as low out-of-home placement numbers as England and the USA (Pösö et al. 2014, 481.)

The principle of child's best interest guides the interventions of the child protection system. Even after the age of 15, the child protection systems are involved in cases of delinquency, if the child's best interest so requires. Equally, substance abuse problems of

young people are treated by the child protection system. These may be important factors in understanding why the age of children in out-of-home placement is rather high, but also in understanding the proportion of children in out-of-home care. (Ibid 481.)

In the time of change in social policy and service delivery systems, the programmatic options to address families' diverse and challenging needs and problems must be expanded (Kamerman 1996). In the past two decades, two distinct program models emerged to address the needs of vulnerable families: family preservation and family support. The first was specifically designed to prevent, through the provision of intensive brief services, the imminent out-of-home placement of children in families on the verge of breaking apart. The second was envisioned as providing a range of continuously available primary prevention services to all families who perceived themselves as needing such support. There are families however, whose needs place them somewhere on a continuum between these two extremes: families who are not yet at serious risk of breakdown, but whose needs and problems are too complex to be adequately addressed by family support services (Peg McCartt Hess, Brenda G. McGowan & Michael Botsko 2000, 228.)

The reason for the continuous high demand for out-of-home placements is related to the services and their quality, timing and efficiency. It may be argued that the in-home child protection service provision for families and children does not meet their complex needs sufficiently. This maybe especially so regarding poverty, substance abuse and mental health problems of the parents, which are frequent problems among families in need of support. As a matter of fact, very little is known about the measures used in in-home care; even less is known about their impact, timing and dynamics in the children's and families' lives (Bengtsson, Knudsen & Nielsen 2008; Huuskonen, Korpinen, Pösö, Ritala-Koskinen & Vakkari 2010; Kuronen & Lahtinen 2010). It has been pointed out that the general idea of universal services-'one size fits all' ignores the differences among service-users, and that this universal approach is embedded in the targeted child protection services as well, even though the services should be tailored individually and needs based (Pösö et al. 2014, 483.)

In theory, the child welfare system is committed to maintaining children in their own

homes; yet, in practice, placement is the treatment most often employed. In the past, placement was used extensively, without question. Quality and efficacy of care was of little concern; alternatives to placement were not even a consideration. Since the 1950s, however, the effectiveness of out-of-home placement has been challenged. Many researchers indicate the drawbacks of institutionalizations and foster care, while some point to the negative and often irreparable effects of such placement? Professionals have been accused of abandoning parents or allowing parents to abandon their children. Instead, they must preserve a child's connection to the family, balancing the need to protect the child with the need to keep the family together as maintaining parental involvement is crucial (Lisa Kaplan 1986.)

When Finns talk of 'child protection' and attempt to conceptualize child protection in England, they have certain expectations in mind in terms of lastensuojelu that cannot be erased. The same goes the other way around for British people seeking to understand lastensuojelu. Something extra is added or something vital is left out when thinking about English protection or Finnish lastensuojelu through the eyes of the other, no matter how much information we have on the other's system. However, this does not mean that we cannot discuss or discuss or do research on the same theme or phenomena called child protection or lastensuojelu (Hearn et al. 2004.)

4 RESEARCH FRAMEWORK AND RESEARCH QUESTIONS

This chapter discusses framework on the context and dimensions of CPS. From this framework, the dimensions of CPS are discussed. The gaps discovered in the framework and the interconnectedness of the relationships formulates the research questions.

4.1 Research framework

This study is guided by a framework developed by the researcher that improves the understanding of the subject under study and how it can be better understood in relation to the components surrounding it. The study views legislation as governing the services and work carried out by CPS. It gives CPS the tools to provide services to the people that it serves, in this case, the children and families with problems such as those needing child placement services. CPS is responsible for organizing these services for the families. In Figure 1, the role of CPS is presented according to its responsibilities concerning child placement. The social workers share a relationship with the children and families with problems and vice versa. The relationship is displayed as a two-way relationship where the families seek the services of CPS through social workers and social workers deliver these services to the children and families with problems.

Social workers also share a relationship with other institutions that provide services to children and families with problems as ascertained by social workers. In this case, the social worker is responsible for building the link between children and their families and the other institutions. Other institutions are the institutions that provide services such as child placement. This is for instance when a child is placed, it is the duty of the social worker to find the right placement for the child and also build a working relationship between the

child in placement, the placement and the family. This is called supportive intervention. This presentation is very essential in this research as it will pose as a framework to discuss the subject of child placement. This frame will create the base for understanding how the nature of placement, communication and interaction influence the relationships in this study and also how all these elements influence each other. The positive and negative impacts are discussed as the impact that child placement has on families.

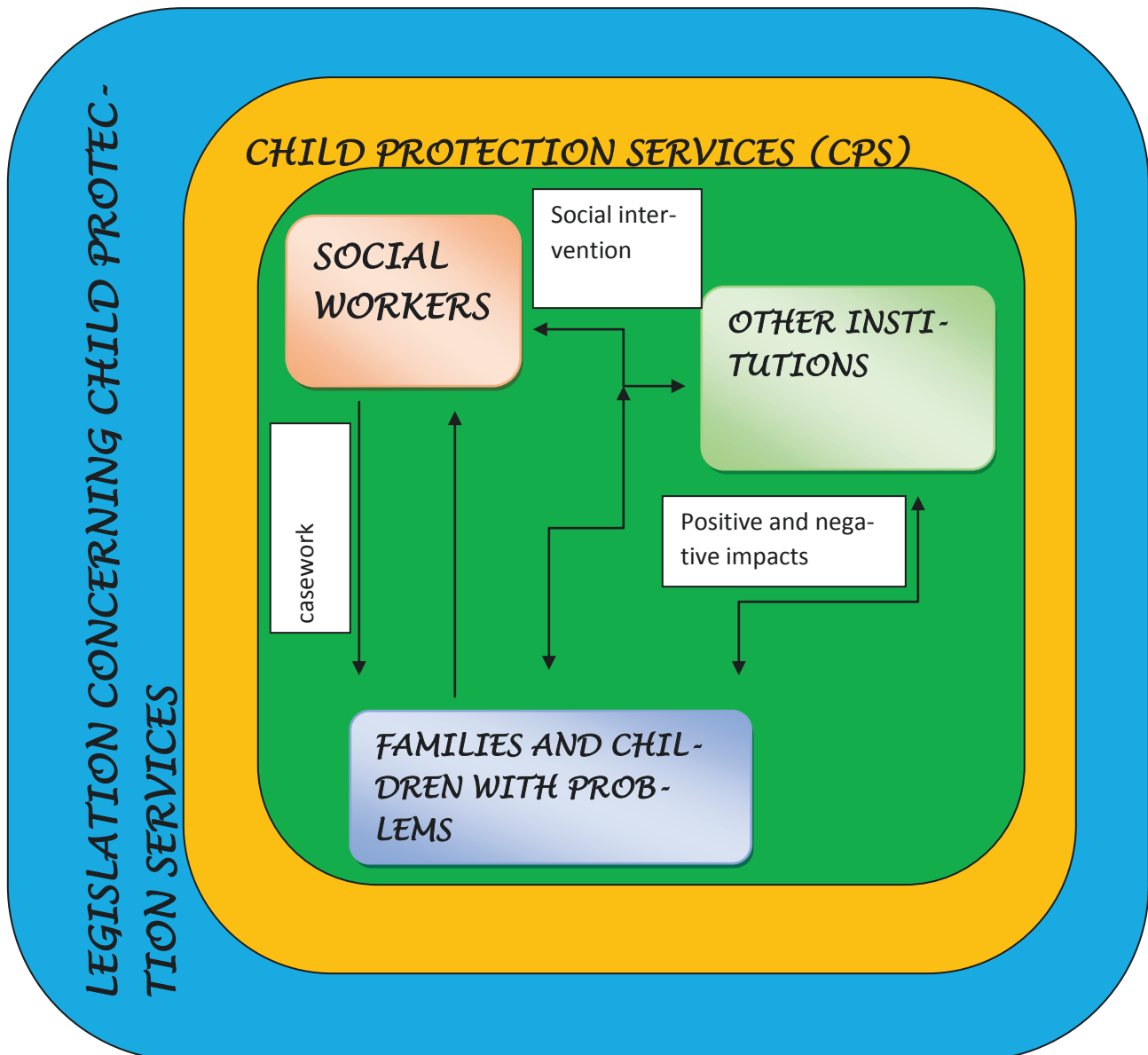


Figure 2: Content and dimensions of CPS.

4.2 Research questions

1. To explore the experiences of parents through the identification of their emotions towards the placement of their children?
2. How does communication and interaction influence parent-child relationships?
3. What social interventions are provided by social workers to parents with children in placement?

5 RESEARCH PROCESS

5.1 Purpose of the study

The purpose of this study is to discover the impact of placement on family bonds among parents with the aim to help many realize the role family plays in the lives of individuals. The number of families in Finland is relatively low compared to the entire population, therefore there is an essential need to strengthen the family as an institution as it plays an important role. With the surfacing problems in many families, placement whether permanent or temporary has come off as a solution. However, is this solution the best? This study will also contribute towards policy and while incorporating the family in the process of placement, bring out the supportive social interventions provided by social workers and discover suggestions of how help can be offered to families with problems without tempering with the role of the family, in this case in the development of the identity of the child. This study seeks to present a model of the impact of placement as a challenge in social work. The model will connect legislature governing CPS, CPS and its relation to children and families and the institutions tasked with providing placement care for children. The model will seek to emphasize the importance of communication and interaction as a pathway to building and strengthening social support, a necessity for children in placement. The model will further suggest ways in which social support through communication can be characterized and be shown. This study can help the Ministry of Health and Child Welfare develop a stronger support system for the child while in placement as well as recognize the services that can be offered to parents with children in placement in the form of, for instance psychological and emotional support. The study is feasible as it seeks information from a population that knows the placement process first hand. I want to understand the experiences of families; the social support offered to parents by social workers as viewed by the parents and explore how communication and interaction influence parent-child relations.

5.2 Statement of the problem

Ideally, every child deserves an acceptable, nurturing environment that grants them the capacity for full development, surrounded by people that support them unconditionally. Children notably flourish in environments with shared understanding, positive parent-child relationships and families upon whom their dependency and trust lies. In turn, parents strive to protect their children from the problems of this world and equip them with life skills that are essential for their own survival.

The family has previously been tasked with role of development for each of its members. An organization known as Healthy Children supports this view stating that families as known, provide children with a sense of belonging, a unique identity. The family has been seen as a source of emotional support, comfort, warmth and nurturing, protection and security. It has always instructed children and given guidance about personal values and social behavior. It has helped them develop the positive interrelationships and provided an environment that encouraged learning at home and at school. It not only instilled discipline, but helped them learn and internalize codes of conduct that helped serve them for the rest of their lives (Healthy Children 2014, 1). The influence the family has always had, continues to deteriorate as it is confronted by social problems.

Social services in different countries are structured according to the problems affecting that society and the resources available to meet those needs. In Finland legislation is passed in accordance with the social problems that exist and the resources available to alleviate their impact on the Finnish society. The legislation governing the child protection services is aimed at ruling and regulating the provision of social services. Legislation lags behind changes in society resulting in the creation of a perfect picture yet the human resources charged with imparting these changes are faced with the challenges of impracticality.

This ideal situation that fictitiously presents an impression of what society should be, fails to materialize due to the increasing social problems that have plagued society. These social problems affect families to be precise, hindering them from functioning to full capaci-

ty and, doubtlessly playing its role in a child's life. CPS through legislation is tasked with safeguarding the welfare of children and this is supported by law which allows social workers to take children away from their homes (into placement) in dire situations. This service is often voluntary but for many other families it is not. Legislation stipulates that social workers place children when CPS' efforts to improve the family's situation have proved futile. Thereby, children become the priority and decisions made are in the best interests of the child. The loss of rights to parenthood has caused tension between families and social workers.

Child placement has been due to reasons such as physical abuse, sexual abuse, abandonment and neglect. This has led to strains in relationships between families and children in placement care. Social workers have been accused for removing children from their homes without cause. However, Troutman, Ryan & Cardi (1998, 1) argue that children are removed from their homes to protect them from immediate harm, (Zuravin & DePanfilis 1997). Social workers have been further blamed for removing children from their families without the means to rebuild families as services are either unavailable or insufficient.

CPS' services lack the methods capable of strengthening parent-child relationships thereby, helping families discover solutions to their problems. CPS' services are unable to provide parents with professional assistance in dealing with placement regardless of it being voluntary or involuntary. Although researchers argue that there is continuous placement of children, placement is circumstantial, as in depending on the situation, some children need placement more than others. Legislation should be changed to fit the practical issues society faces. Social workers need continuous education on the applicability of different approaches to family preservation.

In spite of the efforts by CPS to tackle the challenges brought on by placement, there is no identifiable solution to assisting families with children in placement. This study proposes that to deal effectively with families it is paramount to understand the emotions of parents regarding placement. It is important to understand the importance and improve parent-child relationships which would then contribute to improved relations and in the process strengthen social support. The study emphasizes the importance of social support

and challenges researchers to discover how social support can be measured. Discovering the dimensions of communication and interaction would contribute to understanding social support. It is important to implement social intervention methods that will in due course increase the services offered to parents and further facilitate parent-worker and parent-child relationships.

5.3 Data and data collection

This chapter discusses special phenomenon, details and dimensions from the parents' stories. It demonstrates the methods used to understand these stories and interpret them. This section of the research is more focused on the questions that were used to gain this information, and how analysis of the data ended in the presentation of the results.

5.3.1 Qualitative research

It has been a challenging aspect in social science to measure distinct things such as social support and attachment. In this research, interviews have been used to investigate this phenomenon. The researcher utilized qualitative research as it is the best method to understand meanings, look at, describe and understand experience, ideas, beliefs and values, intangibles such as these. Qualitative research is according to the Qualitative Research Consultants Association (QRCA),

"Designed to reveal a target audience's range of behavior and the perceptions that drive it with reference to specific topics or issues. The results of qualitative research are descriptive rather than predictive." (QRCA 2015.)

Qualitative research is supported as a method that does not introduce treatments or manipulate variables, or impose the researcher's operational definitions of variables on the participants. Rather, it is reported to let the meaning emerge from the participants and it is flexible in that it can adjust to the setting. Its aim is to get a better understanding through firsthand experience, truthful reporting, and quotations of actual conversations. Qualitative research further aims to understand how the participants derive meaning from their surroundings, and how their meaning influences their behavior. This makes this method, the most usable method of research.

This method has been selected particularly to describe and understand the experiences of parents through understanding their emotions. It is challenging to explain the emotions of people and therefore, qualitative research has been particularly chosen for this main reason as it reveals that rather than being predictive, understanding emotions means being descriptive. The method seeks firsthand experience from participants and is applicable to the research as experiences among people vary and can only be similar. This method is therefore, the best to understand parent-child relationships, which is central to understanding the phenomenon under study.

5.3.2 Sample size and ethical considerations

The researcher was required to follow protocol when working with the child protection services (Sosiaalipalvelukeskus/ Lastensuojelu) which meant seeking permission to interview clients from the institution. The research was written in English language, while the interviews were carried out in Finnish language. It would have proved a challenge to find participants who could provide as much information when interviewed in a language they were not overly familiar with. With this in mind, the researcher sought the assistance of POSKE (Pohjois-Suomen Sosiaalialan Osaamiskeskus), an organization that carries out projects for the Ministry of Health and Social Welfare, often working hand in hand with the

child welfare services. POSKE then sought the help of Nina Peronius who became the most important link between the participants and the researcher. With the assistance of Nina, the child welfare services reached out to parents who have children in placement and were willing to participate in the research interviews.

The researcher having obtained the names of four participants, then contacted the participants requesting to interview them. Accompanying the request was a questionnaire (see Appendix 1) and a detailed, and informative introduction to the entailments of the research (Appendix 2). This introduction stated the reasons why the research was being carried out, what importance it had, the structure of the research, what purpose this would serve in future and what contribution the opinions of the participants would make in the research. After receiving a positive feedback of participation from the participants, the researcher then suggested a date and time for the interviews.

The interviews took place in POSKE on different days and different times of the day (all scheduled in the afternoon) with the presence and assistance of Nina Peronius who conducted the interviews in Finnish. Only one interview was carried out in a central location away from POSKE as the respondent resided in a different municipality. The parents, the principal researcher and the assistant researcher signed consent forms which served as a confidentiality clause (see Appendix 2). The interviews were then recorded using a recorder. All the interviews lasted varying times although all of the recordings were more than 30 minutes each.

The study was a very sensitive topic to many parents and it was important to ensure that the parents were aware of the options and choices they had. The parents were assured that their names nor addresses would ever be made public and that the study was voluntary. The presentation of the information would be done in a way that the respondents or their families are unidentifiable. In a bid to present this information in the study, the researcher named the respondents, Respondent A, Respondent B, Respondent C and Respondent D. This was an effort to reducing the chances of the participants being identified. The study featured many limitations such as language abilities, a lot of time was spent on transcribing the interviews from the recorded Finnish language to English lan-

guage. Some of the participants advised that they could not speak in English meaning all the proceeding interviews relied heavily on the role played by Nina who assisted in undertaking the interviews. All measures were taken to protect the respondents and researchers in this research.

5.3.3 A semi-structured interview process

The type of interviews utilized in this research were 'semi-structured interviews'. The interviews in this research comprised of a questionnaire formulated by the researcher. The questionnaire focused on three parts which were; a) placement and family bonds b) placement and family interaction c) the intervention role of social workers in the placement process. These three parts comprised of a total of 28 questions which were open ended questions. The Robert Wood Johnson Foundation (2008) discussed the characteristics of semi-structured interviews as including:

- The interview and respondents engage in a formal interview
- The interview develops and uses an interview guide. This guide is a list of questions and topics that need to be covered during the conversation, usually in a particular order
- The interview follows the guide, but is able to follow topical trajectories in the conversation that may stray from the guide when he or she feels this is appropriate

This method of undertaking semi-structured interviews is supported by Cohen & Crabtree (2008) who revealed that, interviews in semi-structured interviews include open ended questions which follow relevant topics that may however, stray from the interview guide. This writer states that straying from the guide still provides the opportunity for identifying new ways of seeing and understanding the topic at hand. Semi-structured interviews al-

low for the interviews to be taped-recorded and later transcript these tapes for analysis. Some benefits of using semi-structured interviews have led many researchers to utilize them. These include allowing the researcher to prepare the questions ahead of time. These semi-structured interviews allow the informants the freedom to express their views in their own terms. Semi-structured interviews can provide reliable, comparable qualitative data (The Rosewood Foundation 2008.)

It is of paramount importance that the participants tell their stories and their experiences. This means also obtaining more information from the interview, which would otherwise not have been covered by the questions. According to McNamara (1999) interviews are particularly useful for getting the story behind a participant's experiences. The interviewer can pursue in-depth information around the topic.

Some advantages of using interviews are;

- Useful in obtaining info about personal feelings, perceptions and opinions
- Respondent's own words are recorded
- Allow more detailed questions to be asked

The disadvantages are that;

- They can be very time-consuming: setting up, interviewing, transcribing, analyzing, feedback, reporting
- They can be costly
- Different interviews may understand and transcribe interviews in different ways

The data sources to be used include secondary data and primary data. These data sources mean using previous research, scientific articles, official statistics, journals and interviews. Regardless of the difficulties in studying child welfare in Finland in relation to other countries, the researcher has utilized data sources from the former and the latter. These authors have all discussed child protection/child welfare and the issues related to it.

5.3.4 Thematic analysis

Having obtained the required data through interviews, thematic analysis was used as an analysis strategy. This method requires that the data be sorted according to themes by the researcher. The researcher grouped together questions that were related. This was easier to undertake as the questionnaire was constructed according to the important themes in the research. According to the researcher constructing the questionnaire in this way assisted in making sure that the right questions were formulated to obtain as much information from the respondents. This sorting allowed for the questions to be grouped into data that is related and discussed in relation to questions within the same theme. This allowed for a swift flow in the presentation of data in the discussion of the results as well as a good presentation of the findings. According to Braun & Clarke (2006, 82), a theme captures something important about the data in relation to the research questions and represents some level of patterned response or meaning within the data set

Boyatzis (1998, 7) supports this by stating that when transforming qualitative information, thematic analysis is a process of 'encoding' qualitative information. The researcher develops codes, words or phrases that serve as labels for sections of data. The writer further explains that these maybe a list of themes, a complex model with themes, indicators and qualifications that are causally related; or something in between these two forms. Thematic analysis is flexible and what researchers do with the themes once they uncover them differs based on the intentions of the research and the process analysis. Many researchers according to the writer use thematic analysis as a way of getting close to the data and developing some deeper appreciation of the content.

Thematic analysis is a qualitative analytic method for;

'Identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail. However, frequently it goes further than this and interprets various aspects of the research topic' (Braun & Clarke 2006, 79.)

Braun and Clarke discussed a guide to the 6 phases of conducting thematic analysis which are;

1. Becoming familiar with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

The researcher aimed at following the phases of thematic analysis outlined by Braun and Clarke. Although challenging, it was eventually easier to bring forth the intended mirror in the literature and the data findings. This made it easier to point out the similarities, differences and the gaps pointed out by the research.

6 IMPACTS OF BASIC DIMENSIONS OF EXPERIENCES OF CHILD PLACEMENT

6.1 Basic dimensions of experiences of child placement

Four respondents took part in the data collection process. These were named Respondent A, B, C and D. Respondent A was a 48 year old, married woman who has three children. According to the Respondent only one of her three children had been put in placement. Respondent B was a 46 year old, single mother to an only child. Respondent C was a 51 year old woman with two male children. Both her children had been put in placement while Respondent D was a 44 year old divorced and widowed mother of one.

Three forms of placement known in Finland are institutional care, foster care (Open family care) and support care. While responding to the question on the form of placement received by their children, the respondents also had varied ages for their children. Respondent A cited open care support system for her daughter (10months at 16years), Respondent B cited two placements institutional care at differing times for her daughter (first 9months at 11/12 years and 6months at 14 years). Respondent C revealed that her eldest son was in institutional care (at 16years-junior high), while her youngest son was in institutional care twice (junior high as well). Both her sons received support family care when they were younger. Respondent D responded by that her child was in open care placement, hospital care and then placed in a foster care family (14years).

6.1.1 Experiences during placement

The respondents were then questioned about their interaction with the Child Protection Services (CPS) prior to their children's placements. All the respondents had been in some form of interaction with CPS before their children were placed. Respondent A revealed that she had had some problems with her daughter but dealing with CPS had only led to communication and a simple checkup. Respondent B had faced challenges dealing with her daughter and had contacted the child protection services. They had a meeting six months before her daughter was placed. The meetings prior to the placement had earlier resulted in a visit to the child psychiatric institution from a very young age. The respondent further stated that she had been the one who contacted CPS. Respondent C had been in contact with CPS almost the entire lives of her children. She stated that she had found her children to be rather demanding and difficult, therefore, she had sought the services of CPS when her children were still young, before they went to school. Respondent D revealed that she had been co-working with CPS from the child's very young age due to the divorce with the child's father. She stated that she had received support from CPS when the child was small.

Although different their stories were, their situations both had similarities and differences. The respondents who were all mothers were asked to relate on their own accord, the events that led to the placements. Respondent A told about how her child in the 9th grade had begun skipping classes but did well enough and moved to high school. During the summer vacation the respondent worked and therefore, the child had less parental supervision. This meant she could do anything and go anywhere.

When the autumn came she started high school but missed many classes and she began to fail. The respondent had found the child an apartment in the city as they lived 50km away in the country side. According to the respondent the child abused the living situation as they often found indications of alcohol and smoking. Before she had spoken to her daughter who promised to change, so she had gone ahead with buying her school stationery but the child wasn't interested in those efforts. She viewed her actions as not being

enough and wasn't getting the support she had hoped for from her husband. She decided to contact CPS.

The respondent continued to tell how she found the contact number of the Rovaniemi online city services. She called the hotline and left a message after she got no answer. For a couple of weeks no one contacted her and so she later called another number and on that line she got an answer. She scheduled a meeting with CPS and there she made the report herself. This was after efforts to talk to her child had proved unsuccessful. When questioned about the school, she stated that the school had not contacted her but she tried to keep in touch with the teachers to find out how the child was doing.

Respondent B started by telling how she, and her daughter fought constantly and they couldn't bear each other. The child had often threatened to run away to her friends who lived in Helsinki. Her uncle was the only person who lived in the city and they had visited him sometimes. The respondent stated that her daughter didn't have any friends in the current city and her friends were in the capital city. According to the respondent communication stopped except that they constantly yelled at each other. Even though she tried but felt her face was annoying to her child. According to the respondent, yelling became normal but looking back at the situation she only realized it was only yelling and not talking the entire time which was not good.

At the age of six her daughter was diagnosed with ADHD and had a horrible experience at school. The school contacted the respondent often leading to the child being kicked out of school and placed in a psychiatric institution in a crisis period. The respondent contacted a friend who worked in aftercare services (Jakihuolto) and they discussed her daughter's behaviour. During this crisis period the child visited home but continued to threaten her parents with running away. Failure for the respondent to physically control the child led to the respondent to contact her friend who advised her to contact CPS.

The respondent called CPS at 9am on the day and at 2pm, CPS came to collect her, it was an urgent placement. When the workers took away her clothes, they found sharp objects in her clothes and that she had been cutting herself. They are said to also have found 50 tablets in her room, which the respondent has no knowledge what they are for. So the lat-

ter continued to search the room after work, revealing that the week after the child was placed was horrible. She says she began to relax a little and that her throwing up and absence from work had been due to stress which went away after the placement.

Respondent C also shared her experience with her two sons. The first son is reported to have been at junior high when he started having difficulties at school and began using cannabis. He was caught among a group of young people in Rovaniemi who were caught using cannabis. When the police contacted the respondent the matter was taken to CPS. It was then realized that he was smoking a lot.

The mother then asked that the child be placed. The social worker in-charge of the case is said to have asked if the respondent meant emergency placement or placement after the weekend. So the respondent confirmed that she wanted immediate placement. Prior to the incident, the child's school experience had dropped and it surprised the respondent but she believes the change in her son had been sudden and quick. The reason for the placement was more of a crisis, criminal case, knowledge of drug use and therefore, the placement. Afterwards the respondent said she questioned her quick decision but came to the conclusion that it was probably the best decision.

The placement is said to have been a relief as the mother began to concentrate more at work and have rest at home. Earlier it had been a challenge for the respondent to be at work and still monitor her son to stay out of trouble. She stated that she began to grow out of the habit of worrying and continuously keeping an eye on her children all the time. According to the respondent having her older son placed was a relief for her and her younger son. She felt that the younger child could exit living in the shadow of his older brother who had a strong personality and could emotionally stir the rest of the family. All the pressure that had built up from the older son was relieved immediately. The respondent revealed that she hoped that things wouldn't go so far with her younger son but it did.

The placement of the respondent's younger son had started by the absences from school. At some point the boy had stolen painkillers from home and the respondent reveals that she felt a change in the atmosphere. The child was not interested in school anymore, had trouble getting up in the morning and also looked depressed. The school warned her that

he may not graduate from the 9th grade. The contact from the school was there but not enough, therefore, contacting the school was on her terms. The respondent decided that to contact CPS about placement and a family worker assisted in making the emergency placement. The first place was further from Rovaniemi as there was no room close to the city but the right procedures were followed.

The younger child's second placement was institutional care in Rovaniemi. He had started vocational school and it didn't go well as the use of cannabis and class absences began to surface. The respondent states that she felt she had had enough. The younger child is said to have felt positive about the placement but didn't show up. This placement according to the respondent was planned and followed procedure but the child ran away because he didn't want to be placed in institutional care. The second placement was first considered an emergency placement for a month (ran away), then a month of voluntary, then another month of emergency (caught smoking cannabis) and two weeks of voluntary placement. In total the placement was 3,5months.

Respondent D revealed that she separated with the father of her child when her daughter was 2 years old. The court therefore, ordered shared custody which didn't work as planned. The respondent states that she received support from CPS when the child was small. The father of her child suddenly passed away in a caravan fire in the autumn of 2008. In the same fall, the child changed to junior high. The bullying at school started and she was absent from school and was not at the same level with others. The child began to suffer migraines and had symptoms of depression.

She began placement in Rovaniemi attending the hospital school where they helped her with depression. She had also been cutting herself. The period in hospital lasted till mid-March and then she came back to her own school with bad progress. She wasn't eating at school or any kind of food as she said she didn't have an appetite to eat even at home. This was followed by extreme weight loss which she didn't see or understand. Due to the extreme weight loss she was placed in the beginning of June in the Lapland hospital to the children's ward to be cared for there. In *[name of place withheld]* there is no place for children with eating disorders. As *[name of place withheld]* didn't have to offer support network to home for me so that she could get well, they ended up bringing the option of

open placement. Till today she is still in the same place with the whole period lasting about 3 months.

She transitioned from home to the family placement. After [name of place withheld] she was at home and often went there to talk to someone. In the beginning of June we noticed the situation was malnutrition so she had to go to the hospital until July. The respondent states that as a single carer she didn't have the support network to follow up if she ate or not. When asked if they could assist in finding support network in [name of place withheld] which was not available in the summer. [Name of place withheld] was therefore, closed during the summer. A radical solution was then made to place her in a family home in [name of place withheld] (Köngäs) which was very far but she had to move right away from the hospital she moved to that family home in [name of place withheld]. So my daughter was in foster care for 3 months, in hospital for a little more than a month then foster care home.

For the placement in [name of place withheld] the respondent states that she felt her shout for help had been answered because she was absent for over 200hrs from school. Since she had skipped so much classes, she was behind and she couldn't start the semester, there was bullying, and she closed herself in her room building those walls. The respondent said her daughter had fear moments and felt that she didn't have strength to function as a mother without this support network, so she didn't see any other option and felt good about the solution she had received. On the other hand the respondent reveals that she felt bad because she was thinking about her daughter. It was also a hard time as it took strength from her because she drove there every week to meet her in [name of place withheld].

When questioned about how these changes impacted their families, the respondents had varying responses. Respondent A stated that they were relieved as they knew that she was safe and hoped that she would start going to school again and at least not continuing with smoking and drinking. They hoped she would come out of it and get her intelligence back. Respondent C revealed that during the first placement of the younger son, the older son still lived at home but during the second placement of the younger brother, he had

moved out to his own apartment. The respondent stated that she felt disappointed that her son had not learnt his lesson from the first placement.

The second placement was planned but there is the other side I enjoyed I didn't have forced responsibility. She stated that she was used to being alone at home and could have peace and read books in peace. She continued to say that every time she comes from work she doesn't have to worry if she will find the house standing and not on fire. She worried, as she chose to look on the brighter side at that moment. She reveals that she was worried how things were going with the child. She says she knew that the placement would end at some point but she didn't think about herself at that point in time and didn't want to worry as she would benefit at the end. Respondent D said it was easier to talk about things before she had worried about sharing her worries with her parents and sister as they worried too.

6.1.2 Social interaction and communication during placement

The respondents were asked about the people in their lives during the time of their challenging time. Respondent A revealed that she and her kids were the core of the family and took care of everything as a mother, all the practicalities, house, kids, their needs. Respondent B stated that the father of the child was with the child every second weekend, however he lived in another city. The child's grandparents live in another city. Therefore, it had just been the two of them.

She felt that the relatives have said there is nothing affecting the girl and there is no ADHD. Since they were not there to witness it, it was not easy to say. Since my daughter was sick, she felt that she had to do what was best and not care what people thought as relatives rarely saw her. The mother revealed that after the divorce she lived with another man and there were problems. He also claimed that there was nothing wrong with the girl and that the mother was the one with mental problems. She states that they eventually moved elsewhere and basically lived alone without any social service support person.

She further reveals that when her child was away for 9 months their relationship was better. At first her daughter accused her of putting her in placement, telling her she didn't love her. There were good family workers, and men and women she could talk to and laugh with. The respondent revealed that she was a different child when she came back from placement. She had been in placement in April when her father died in July while she was still in placement. Now her daughter is attached to her as her father is no longer there anymore. Sometimes she wishes she could catch a breath but she has realized that at first she could not bear her but now she is with her all the time.

Respondent C stated that she was a single mother, who was in a relationship with someone who lived in a different town. She revealed that she divorced from the children's father 13 years ago although they have good relations. They shared common custody although the father was less involved in taking care of the two boys as time passed he became more involved. Respondent D revealed that she has had a partner but he has been living in another city. The core of the family has therefore, been her and her daughter. This change has been because she says she has had to be alone in 14 years. Her own feelings were very contradictory in that situation but the staff at Lapin Keskussairaala (LKS) and the people at [name of place withheld as well as the social worker were supporting her so that she would take the right solution for her daughter.

The respondents were further asked to describe their family ties then and now. Respondent A shared that she and her kids were the most part of the family and in a way her husband didn't participate that much. Her husband wasn't part of the routines, well not in a way that she would have wanted. Respondent C stated that her family ties were good but they were intense. She reveals that she was always able to talk with the boys but they were always sometimes fighting and yelling like hyenas. After the first placement the situation at home calmed down and they benefitted from the first placement.

She reveals that her elder son was disappointed and angry that she had put him in placement. The kids both have the same father but they divorced 13 years ago. The father knows where they are headed and sometimes gives his opinion but has forwarded the raising responsibilities to her. It also depends on the day and he sometimes throws the responsibilities at her. The father of the children is said to live in the next city and now

that the boys are older, they get to visit him. The boys' relationship with their father didn't change because of the placement. In the opposite, she thinks there has been good communication because of placement. It has given them concrete reason to talk and it didn't make the relationship worse. Respondent D revealed that before she thought she should survive everything by herself and that she didn't want to disturb anyone or ask for help but now it's easier to talk about all things and now she and her daughter are keeping more in contact with each other.

When questioned about whether this change had any impact on their view of the family as an institution and how they viewed the family as contributing to the development and growth of a child, their responses were rather interesting.

Respondent A stated that in her opinion this change had had no impact on her view of the family. She stated that the family is the foundation for the child's growth and development. The parents according to her are important even though the girl is placed. Despite that the family is an institution but in her case she feels she failed in the situation at the time. She further says there are ofcourse, different kinds of families but in her case she doesn't have relatives in the area she lives in. the view of the family is just our family not including relatives, continuing to say, it's just within the four walls. Which has included her spouses' relatives and his parents, leaving her almost alone.

Respondent C revealed that she felt the question was rather difficult. However, she sees family as an institution in Finland being a different concept. Being originally from the north, she didn't think it had changed her view of the family as an institution. Family is to her not stable, as it doesn't depend on who is part of the family. In her view, it hasn't changed and it didn't make her role as a mother less important. She says she has now recognized more the meaning of the family after the placement. It has according to her given her tools to talk about.

With reference to the family contributing to the development and growth of a child, she says it is difficult for her to think but she has always raised the children alone as the father left a long time ago. She considers her family as being small, "just me and the boys". She states that the grandparents are not in good position, whereas from the father's side they

had only seen the children once. The grandparents are not so involved and so they are a small family. She says she has been able to guide them when they were little although she thinks she hasn't been the best mother. She further says she has been searching for the meaning and role of a mother as she had children when she was quite grown up.

She feels the environment and friends have had a bigger role to play in these developments and growth as they live in the city. She has often thought that the place where they stay really affects the development of children. Living in the city is according to her a big factor and also a sort of bad influence compared to that she came from a really small village. She says she has discussed with the boys about whether the influence of a smaller village would have been better as compared to living in the city and have considered living in a smaller place. Although finding it difficult to say, she feels she has missed a bigger family and a bigger community. Even though she feels she is skillful, it's difficult to play all the roles in a child's life, being a mom, dad, grandparents and all.

She believes that since her family is really small with no other family members, she has taken the help and embraced the assistance CPS has offered as that means there are more adults involved. She further states that she thinks it's sad that in Finland the families are so small. Thus CPS has been helpful as it meant she could talk to them and have some support. She continues to say she thinks that family is now a complicated concept as its definition has changed, no one can easily involve anyone and people come and go in families. She reveals that she is able to accept any adults to the family even though it's for a short time when they support her.

Respondent D said the impact of her view on the family as an institution has had an effect and its effect is underlined even more afterwards and the place where the girl is living now. The forming of the family affects even now how she sees the family now has changed. When her daughter was placed in a foster care home, she didn't know about almost anything before, it has changed her view of family in that there are other families besides the core family.

She further states that the family enhances the growth of a child, the family has to feel well because at least her daughter took all the negative influence things from mother to

child. When she felt bad, her daughter felt worse. The parents have to be well for the children to be well. Her own healing does affect the growth and development of her daughter. The daughter senses all the negativity from the mother if there are problems such as finances as this reflects to the daughter.

The respondents were asked about the support mechanisms they developed as a family since the change. Respondent A states that she was hopeful that her daughter's things would be in order and that she had erred on her, doing so they could get her on the right track. So she would start studying again like she now does at the moment. She states that at the moment things are ok and her daughter has a place to study and is doing well. She feels they had a teenage slump maybe because of the teenage years but they got over it. Respondent B said she didn't know but felt her job helped a lot. She says she made sure that she could talk to her colleagues at work as there was no one she could talk to. She says she couldn't talk to her parents as they have their own opinions which she didn't like.

She said anyone can survive everything, it is difficult, very heavy, yet you realize this afterwards when there are no problems anymore. When the problems have been dealt with by family workers. The family workers came right away when they were asked to when her daughter was aged 11, they supported her and her child. Even though she was grumpy at first, it took about a week before she started talking to her mother. The family workers assisted their relationship too but she didn't deal much with the other employees.

Respondent C said she thought the family didn't need to be alone and these placements had given them much help. She says she has always thought of it as a good thing. She feels she has gotten support from there and there and there have been good conversations. Respondent D states that she has a very good work community as she herself works in a hospital world, so she feels she is in that circle of help. She says they read her like an open book. She got the discussion help there even if she was not able to talk to anyone else even if she had no time for example going to visit the mental health care site.

Respondent A revealed that she was the only one who kept contact with her daughter. Her younger daughters maybe kept in touch on whatsapp, facebook and all. She thinks they had that kind of contact. Her husband is not the father of the child who was in placement.

Her biological father lives in a different area but had been in contact with her from time to time and they have a very good relationship although she doesn't really know the details of the contact.

On the first night that she was placed, the respondent says she tried to call her daughter and the next day but got no answer. She says this happened for 3 weeks that she didn't want to contact the respondent. After that time, she started calling. From that point on, the respondent reveals, that their ties have gotten better. Before the placement, she says they weren't doing so well, that they weren't close. She reveals that her daughter didn't want to talk to grownups at all. When they talked often, their courses collided. They started talking again and she began to open up about the placement 3 weeks after going into placement.

She further revealed that the phone was the means of communication. She did visit her daughter from time to time but her daughter didn't want to take her inside her room in the placement. Even though the respondent attributed the place to being similar to a prisoner, she felt they were allowed to come and go. She could see her friends, sleep over at their homes, and even bring friends there. She had that permission, all those rights but at that point, all her daughter's friends disappeared. The respondent says her friends abandoned her when the change occurred, which was sad and she attributes that to being the reason her daughter wanted company and began calling her.

Respondent B on the other hand revealed that her daughter was first in placement for 3 weeks without going out. When her vacation started she was able to come out. She called home almost every day and also visited so often that it is easy to keep contact that way. The placement took the phones away at night but the respondent said she and her daughter saw each other many times during the week. The second placement is reportedly the same place and that was because her daughter refused to go to school. The respondent says her daughter only went to school 2 to 3 times a week as she had to go to work and couldn't be home to take her to school or push her. Calling CPS helped as they dealt with her but this time there was no calming period, so they kept contact with her and could visit her. This time it wasn't behavioral issues.

Communication was good, as reported by the respondent, which made her realize that she needed support to finish that grade. Therefore, she was placed in January and in December she was allowed to take the 8th grade. According to the respondent, no one else was in contact with her in any way. The respondent's parents visited Rovaniemi but they refused to visit questioning what the neighbours would say.

Respondent C revealed that when her first son was placed, she communicated with him almost every day but there were some activities that made him unreachable by phone. She visited her older son at least once a week, sometimes even more. She reveals that this was made better by the fact that in that placement she was more involved and it was difficult for the workers to play sympathetic to a parent. In her second son's placement he was 100km from where she lived. They also spoke almost every day by phone in that placement they were flexible and contacted her informing her how things were going and what the situation was. She visited and also had the possibility to stay overnight which was included in the price if you wished to do that. In her experience there were no problems with the visit. When parents visited, the routines had to change. The placement is said to have a principle that they would involve parents even if it was the possibility of forced involvement (aggressive contact), which according to the respondent was good. The contact was put as a priority and parents were in this place given first priority.

In the second placement of the 2nd child, the phone was too used but she visited a little too. The respondent however, felt that when she called she was distracting him. During the meetings with the placement, they gave her information too. However, she felt the place was commercial and out to continuously correct her, meaning there were more important goals they wanted to reach. Although she didn't give them feedback directly, through someone she gave them that feedback.

The second placement was more closed, less flexible and even tougher to negotiate exceptions for him. This led to them agreeing to let him use the phone more, the computer and even to go to the shops but that didn't happen as it was said not to be incomprehensible for the workers. The respondent viewed this placement as being a stiff environment as the boss was incapable of seeing things in any other way that varied from the structure

that had been set. They didn't conform to the individual situation as the rules were the same for everyone.

The younger brother contacted his brother during the placement process. The communication was restricted as it was urgent placement. The younger brother called his older brother a couple of times a week. The father of the child called too, they had to follow the rules of placement. In the younger child's first placement, with the security controlled meetings the older brother did contact the younger brother during the latter's placement. The father supported the meetings as the younger boy was taken to meet his father since he lived close to the placement he had been put in, they also agreed on what they could do during the weekend. This placement was more positive due to the less restrictions even though there was control too and the workers' activeness. The second placement involved a little of the father. There wasn't much contact with the older brother until he had got his phone. They didn't allow so much influence as the older brother was a challenging behavior.

Respondent D says she in the first placement they spoke daily at a certain time of the day and the visits were weekly. The phone was the most used and their phoning times were really controlled. According to the respondent it was strict and when she didn't have her own phone, the phone she used was that of the placement because there was need to have the withdrawal period from technology. That meant no tablet, laptop or phone in use. Those things had taken her to her own world (her room) had to be removed. So the withdrawal from smart technology equipment had to be done. In the hospital however, the phone continued to be used, while she continued to visit weekly. Every second week, her daughter would come home. There was almost no limit to how long she used the phone to communicate with her daughter. The phones were however, taken away as set by the rules at 9:30pm. This was the only silence to be observed after this time all day. In the last placement, it was the same. She continued to visit home every second weekend and during the holidays, with the maximum time being only 2 weeks. The mother says she visited to the (perhekoti) when they had meetings. The phone and whatsapp are still being used. At first there were limits as she didn't have her own phone for about 2 weeks but after that she could ask for the phone from the worker when she needed to call with the

timeline being 11pm. She understood that she couldn't call her mother during work time either. Her mother thought this wasn't as challenging as she thought as technology is important to a young person. The aim was for her to know the family community and not to exclude herself.

The respondent revealed that she has a sister who lives in Rovaniemi went to visit her daughter, with upfront notice. There were things that needed to be done and there was no free action. When taking care of depression they follow a certain way on how to go and not leave free time alone. Activities such as sport, movies and different things meaning the day was scheduled then and there were certain calling times.

Respondent A reveals that she has never blamed her daughter and had tried to take things as they were. She says she tried to support and not blame her and make everything seem like a punishment for what she had done, and she noticed. She says she has chatted with her daughter, gone out for coffee, went eating together and has listened if she had something to talk about. The respondent has reported that her daughter didn't say anything to her face but she was really happy that the latter has accepted her company and that communication back then and communication now, that it was better as compared to communication earlier.

The respondent further revealed that the child's placement was a new situation for her and she didn't know what protocol needed to be followed, if they had visiting hours and how they took care of the needs of the child. She later found out that they took care of all her needs. The employees in the placement were helpful, even when she called late. She was advised not to call after 9pm as they had small children there and they had rules to follow before any visits. She wished they had shared the rules before the placement, or at least brought them up. The encouragement to be in contact with the child wasn't something she didn't need as she would have wanted to know about her daughter's life situation.

She said she thinks there wasn't much that could have been done better to improve their relationship as her daughter contacted her on her own. The girl refused to answer any

questions posed to her by the personnel who worked there and only spoke to her mother, which was confusing to them all.

Respondent B felt that she couldn't offer her support a lot but could breathe. She says it took a while to realize that her daughter was gone but had to practice living differently that she was used to. She says she didn't realize that their situation wasn't normal but she felt she was practicing to live a normal life, both of them were. After the placement she followed her mother everywhere talking all the time. Her cheerfulness made the respondent realize that her daughter hadn't spoken in a long time. She even confided in a friend as all the talking was new to her. However, she says she had faced no challenges as both institutions had supported the relationship with the child and her parents. Even when her daughter reached out to her when fighting with the employees there, she backed off and told her daughter to deal with it and she wasn't taking any sides.

From first placement, the respondent realizes that she got a big information package about the whole process such as day schedules. Receiving this information allowed her to reread the packages, which she still has. The family workers to her were intensively in touch as she could contact them anytime whenever she felt. Even after the placement, she has continued to deal with them. She says she hasn't needed support but still communicates with them.

Respondent C says she couldn't do much than to talk as honest talk as everyone around them is aware of their client hood with CPS. Even with her children the respondent advises that it is the best way, to talk about things with their real names. Even though there were certain hours that she couldn't call, she was irritated by it but also understood the reasons for the placement and that there were certain times that she could talk to her son. She however, feels that everything was good and all went well with nothing being possibly being done differently.

For her first son, she now feels the placement should have been with less restrictions. In her younger son's placements, the first she says there were always challenges but could be better. She felt good afterwards and everything worked, goals were achieved. The workers put effort and even she was treated as an expert, with equality with regard to

helping her son. Which in her opinion was an effort on their side as nothing was left bothering her afterwards. The second placement is something they talked about with the boss. The latter agreed that they had never dealt with a situation like hers. However, she feels differently about it.

Respondent D said she listened and tried to support her child but the girl was pouring out the bad feeling because I left her there. The respondent feels it helped to listen and stay in touch even if it wasn't easy. Afterwards she says she received positive feedback but not at the time all this was happening. It therefore, produces results when the wellbeing of the child is developing in the right direction. Rules were set that her child had to follow at home and in the foster care home.

It is essential to create trust to assist in developing the relationship between a child and an adult. The respondent felt that she doesn't have to question everything as she used to because for every action there is a purpose or meaning. In certain things one needs to be strong to a teenager who rebels and as a mother, one can't always be strong. This was because every time she wasn't able to answer right away to her messages her daughter came to her own conclusions. That meant sometimes she couldn't reach her daughter by phone and when she had something else to tell.

One challenge she faced with the second placement was that she was in puberty age and yet in the hospital there were children. These were practical challenges as well as the placement was more of a care place. The previous place closed for the summer and some of the personnel were there and could be used. However, in this placement the adult psychologist was there to be used. So the right place for someone with this kind of illness would have been good.

In some situations, the respondent felt that the relationship could have been made better but understood that her daughter is not the only one who was in that placement. Distance made it better as being in the same city would have meant that not much support was offered. The final placement had a good atmosphere and has been going on for a longer time so she doesn't quite know what can be done better as it has been formed well. Her

daughter however, felt she didn't have to follow the same rules as the placement. To the respondent this was important and required a lot from her as a mother.

6.1.3 Social workers' support intervention during placement

Throughout the process of the placement respondent A revealed that she was too devastated at the time that she doesn't remember how much help she received from social workers. As she was the one who contacted CPS she had wanted something to be done and so she wanted a social worker who could have taken her under her wing. She remembers that the social workers said she could call them anytime and that if she had anything bothering her, she could contact them too. She knew the social worker working her case and she had to be changed. So they had to restart the process of getting to know each other with the new social worker and explain the situation again.

She believes the social worker took her through the process with information and guidance but isn't aware of anything she should have known. She reveals eventually that they didn't take her through information and guidance practicalities. However, she thinks someone should have told her about open care placement and what it means. She however, doesn't think the social workers helped much in bettering the relationship between the child and the rest of the family members. The social worker is reported to have met the respondent's daughter every two months in her placement. The latter was rather active which was unusual.

Respondent B revealed that the first time she called, the care worker took her seriously and started to take care of the case. A meeting was held about her behavior as authoritatives but she was defiant. The respondent says in Finland people say bad things about CPS but she only has the positive. She feels she had enough information and guidance. The social worker made visits to her home and believes when one has the courage to ask, they can receive help. At first one can be mostly scared but when one is tired and

fed up, you let them do what they want. The social worker according to the respondent, they only met in meetings.

Respondent C reveals that the social workers didn't give her much support. It was her decision and the social workers in charge of the emergency services was confused. The social worker did explain what emergency placement was and there had to be a consultation meeting among the social workers about the situation. However, the respondent doesn't remember much about the meeting besides the reasons why the older son got into placement. She doesn't feel the meeting was constructive or solution oriented.

In the second placement, the same social worker was there and the placement was an emergency placement too. The social worker asked after her wellbeing and in that process she received information too. She adds that their work has been normal with good information and that she hasn't had to any disagreements with the social workers. All the information she has received was from social workers and the workers from the placement. In one placement, she had to ask for the information and received it, they didn't serve it but rather offered it when asked.

In the last placement, they offered their help and support in the way they could. They called and kept her in the know how. There was a challenging start but they treated her the way they were supposed to.

In the respondent's family, there hasn't been a need to support the family roles. She offers to share information she has noticed about social workers in the years that she has worked with them. She says they face young people more, they ask more about young people and parents. They listen and talk about all that is developing, their conversation, listening skills, and confrontation with respect and further respect the opinions of young people and parents in these situations. Their meetings have a calm presence and this helped the respondent in continuing with the conversation at home. She reveals that she has given the social workers feedback about how these conversations have helped her. She says she has told the social workers because she is aware how challenging their work can be, even criticizing them where need be.

Respondent D says she had a phone number where she could call anytime to ask anything. She revealed that she had the support she needed but only the summer time proved challenging in terms of getting support. During the meetings held, during the placements they also discussed challenges faced, possible problems at home and they tried to find solutions and always looked to the continuousness of placement if its needed or not. The respondent revealed that the social workers discussed alone with her daughter which she was aware that she was opening up. When alone with the respondent, the daughter was quite attached so the social worker had been opening up the discussions and this has been due to the contribution of the workers.

Respondent A also revealed that the social workers did not discuss how she felt or what her thoughts were about the placement, even with a closure meeting. She had approached the family support person in her congregation with the hope of getting some help. She linked this visit with her idea of filing for divorce from her husband. She states that she sought this assistance so that she would not have to face her own thoughts alone. The two times she visited the family center helped as she unwounded the worst things that were bothering her. After the second appointment she did not return as the counselor checked her watch and couple of times and yawned. This choice was taken regardless of their previous agreement that she needed several of these counseling sessions. She had been aware before that the congregation had such support.

She was well aware that the system also had psychosocial support services but the congregational services was where she wanted to. Her disappointment made her take the choices that she took. She had also gone to the center for women facing abuse/violence (ensia turvakoti) and spoke to someone there. The person there had seemed to have had a long day and was seemingly getting tired, that too felt pointless.

She feels that there was nothing else that could have been done as the social workers and workers had told her that communication and relations between her and her child may be strained in the process. Until things became better and she could tell her how things were going on at home, it had been hard when she wasn't answering her calls.

Respondent B felt she didn't need the help so she didn't need that much help from social workers, in the first placement maybe. However, in the second placement it was easier as she was aware of the system and the people. The respondent said she had not sought any professional help as she had been in touch a lot more with social workers. The child psychiatrist enquired often how things were going, they always asked how things were going. Involving social workers assisted as they interacted and this changed their relationship and her daughter's attitude.

Respondent C states that she has received help and support from a health center psychologist before when the kids were younger and it had been rewarding. There she says she could praise herself and berate others. She says although at the time she didn't think these placements as a big thing, now that she was talking about it, she felt it would have been good to have talked about these things before she was worn out and much more openly. The CPS didn't offer her any help and she didn't ask, she felt she was independent and could do everything by herself, so they didn't offer and she didn't ask.

She said she felt this interview had enlightened her as the next time she had a meeting with the social workers about the children she would ask what kind of help they could offer her. She further said asking for help doesn't make her a bad person. However, she says she still didn't know what services were offered by the system but she felt social workers had been very professional and used these support services are differently. However, she has been satisfied so far. The conversations were rewarding.

Respondent D revealed that she sought help from the mental health unit where she worked but a couple of times to talk but not regularly. She has spoken to her little sister and some people that she talks to, however, when the situation became easier she was able to talk about it more. She says she has also received help from her parents but she doesn't like to put too much on them because they are sick. The respondent says seeking help assisted her in pouring her heart out and discussing with a professional in every stage. They have told her she has been brave to seek help. She says she has carried these words as encouragement even though at the time it was rather difficult. She says she hasn't faced anything that's isn't good with regard to social workers so she hasn't had this black hole.

The respondents were asked, "*Due to its importance and regardless of the reasons for placement, the family should continue reconstruction with the right tools and services to repair it. Do you agree with this statement and why/why not?*"

The respondent A agreed with the statement saying the family is important because it is the foundation for the child's development and growth. The relatives, the culture are all important. Although problems inside the family exist there should be support and tools to mend these problems and help relieve these problems. This will mend ties thereby supporting the family dynamics and family ties instead attributing this to her case where her child was taken away from her because they were not getting along. She got social and monetary support as she had to move from her home she shared with her husband. One of the suggestions from the respondent is getting the support as a couple and she doesn't recall hearing anything like that. Maybe that is what led her to seeking support from the congregation.

Respondent B agreed with the statement, saying bigger family needs more support than just her and her daughter. However, the reasons for placement are different but support should always be there. Family to her is always important and she grades it on a scale of 10, the highest grade, 10. Respondent C agreed with the statement, revealing that the support and services are different for every family. She felt that during those meetings, social workers should give assignments to everyone in the family to think about what they need. This could be done through open questions and commitment to working. In some situations a family may not need any immediate help but maybe later.

Respondent D, agreed too because in her opinion things that have happened need to be handled as they can harm the child as she grows into an adult. This is for instance in her case that she lost her daughter's father and that wasn't quite handled well. She has put it at the back of her head as she fears that this could activate a crisis in adulthood. Knowing that her daughter gets help till she is 21 is a relief although she thinks it is not enough necessarily. She feels a lot of negative has been left from custodial issues and these could be activated by a stressful situation when she grows older as it doesn't end at this age.

6.2 Child placement as a subjective phenomenon

As a step to understanding the nature of child placement, many dimensions of this phenomenon require dissection, an attempt the researcher has made in this study. In order to analyze and identify this study's findings with child placement the researcher will explore first the experiences of parents during placement. Social interaction and communication during placement will then be discussed, followed lastly by the social workers' support intervention during placement. Not only does this chapter discuss the responses of the interviewees, it seeks to mirror these findings with studies of the phenomenon by other researchers and a reflection by the researcher.

6.2.1 Experiences during placement

Child placement has seen many children being removed from their homes, placing it into one of the major issues in the radar of child protection and cynical criticism from critics of the social service system. The latter has urged CPS to find alternative methods to assisting families besides the removal of children from their homes. The Edna McConnell Clark Foundation (1985, 2) reported that children were separated from their families by default. This is said to be attributed to too few alternatives being available to help them (families) stay together safely. Infact, many children have been placed outside their homes not once, but multiple times (Fanshel & Shinn, 1978; Rzepnicki, 1987). Affirming this finding was Pecora & Haapala (1991, 1) who stated that children are being removed unnecessarily from their families because human service programs lack both the resources and the technology to strengthen families in crisis. The writers further revealed that in many countries, child placement rates are increasing. Therefore, many family advocates are con-

cerned about the rising number of children being placed in restrictive types of correctional and psychiatric facilities.

Often times child placement is justified and that children who are removed from their homes are those deserving of safety, protection and care. It is rather challenging for those on whom the task of decision making is assigned to meet the approval of every affected parent. The media is one factor that fires up some cases, creating controversy. It is important to note that although child placement is not the most outstanding preference, it is creating safe environments for the children it places into care.

The forms of placement care in Finland are mainly foster care, institutional care (open family care) and support family care. In this case the child is reportedly moved away from the parents' everyday care to public substitute care. Substitute care differs, again, among countries, but most commonly it means foster and residential care (Pösö & Eronen 2014, 208). One important finding was that (Fanshel & Shinn 1978; Rzepnicki, 1987) many children have been placed out of their homes multiple times. The children who received care in this study received all the three forms of placement and some of the children were placed more than once.

Families that have experienced child placement are reportedly distinguishable by the characteristics they possess. Kline & Overstreet (1972) observed that the general social and psychological characteristics of parents with children in foster care are strikingly similar to each other. Ferleger & Cotter (1976) identified characteristics common to most families with a child in foster care and some of these characteristics are similar to the findings of this research. These according to the writers include low income, welfare status, low educational levels, single parents, female headed households, inadequate housing, member of a minority group, limited work history, illegitimacy, migration from birthplace (families) (Horejsi et al. 1981, 4).

The parents interviewed were either single, divorced, married or widowed women. They were also separated from their husbands and the children had at some point prior to the placement received assistance from child protection services. Respondent C and respondent D had both received assistance prior to the current placement. Not all the children had

this interaction with CPS at an early age, but majority had. However, their reasons differed as they said,

"I have been in interaction with Child Protection Services almost the entire lives of my children. My children are both demanding and difficult. I am also a demanding person and have sought the services of Child Protection Services since my children were young, before they went to school. So it was sort of almost their entire lives for both of them." (Respondent C)

"There has been co-working at the young age of the child because I divorced from the biological father of the child when the child was about 2 years old. The court ordered shared custody which didn't work. Without that the child would have suffered. Yes, I have received support from Child Protection Services when the child was small." (Respondent D)

This does give the impression that families whose children are placed are families who are different and faced with challenges. It does create a stigma and often alienates families that find themselves possessing similar characteristics. This could be attributed to the stigma and discrimination faced by families whose paths have extended over the CPS boarder. To a certain extent this is true, however, the reasons for placement are always different with each family.

The parents made the notifications of the cases to CPS which meant they voluntarily requested CPS for intervention. Most notifications reportedly received immediate feedback from social workers. When services were not available for one respondent in her municipality, her needs were forwarded to another municipality eventually her child received placement in another municipality. Pösö & Laakso (2015, 160-161) had revealed this when they stated that some municipalities are very small and find it difficult to provide good-quality services due to lack of staff or finance, they have started to cooperate with others to create 'inter-municipal' coalitions for service provision and consultation. Some municipalities have gone even further and introduced inter-municipal agencies for placement decision-making. The respondent was quoted saying,

"Here in [name of town withheld] there is no place for children with eating disorders. Because [name of town withheld] didn't have to offer support network to home for me so that she could get well, they ended up bringing the option of the open placement." (Respondent D)

It is essential to note that in Finland CPS' services are different in municipalities. However, some municipalities lack the resources and transfer service users to nearest municipalities

that can provide the required services. It is important to acknowledge that this positive initiation takes the efforts of CPS another step forward as it strives to improve the odds of many services reaching the people that need it. The questions that remain unanswered are if placement does affect parent-child relationships more and what challenges parents face by this placement?

The reasons for placement could be categorized into behavioral problems, health problems and criminal problems. These were loss of interest in school, being bullied at school, and skipping classes, school expulsion, threatening to run away from home, parent-child fighting, self-harm (cutting wrists), self-seclusion, smoking and drinking alcohol, Attention Deficit Hyperactivity Disorder (ADHD), depression, eating disorder, use of prescription drugs, and illegal drug and substance abuse. The reasons discovered were cited as being the major causes of the placement. These findings cannot be generalized to every child that was placed voluntarily although it is interesting to note that none of the reasons linked the parents as being the reasons for the placement of their children. Kadushin (1978, 117) supported this by revealing that the parents more frequently saw the child's behavior and situation stress as the primary problem and considered their own problems as having caused the placement much less frequently. It is however, essential that the reasons for placements be made more apparent avoiding bias as parents are often blamed for the reasons children are placed.

Kalland & Sinkkonen (2001) stated that the reasons for a child entering foster care changed dramatically in Finland during the last century. Even half a century ago, the most common reasons for entering foster care was either parental death or abandonment of the child. Today, children typically need foster care because of child neglect and maltreatment from parental alcohol abuse and mental health problems (Muuri 1993). Simms (1991) revealed that substance abuse and the drug culture for the majority of young children placed in foster care (Troutman, Ryan & Cardi 1998, 1). Although the causes from the past still exist this day, the increase in cases and their diversity should be a cause of concern. However, our society has gone as far as tolerating some behaviors to a point where its overtaken by other causes, and ends up as problems for later deliberation.

One of the main aims of the research was to discover the feelings of the parents towards their children and towards the placement process. This was interesting as it facilitated a pathway to understanding how the parents viewed placement and how their voluntary placement was to them reflecting as positive or negative. In addition to revealing their experiences, the parents were also asked to talk about their feelings. Upon discovery, there were mixed emotions for many as one respondent shared feeling horrible and having a realization that she had prior to the placement felt sick but that her health had since improved. Other parents reported building up of pressure, feeling drained of strength and ability, fed up, no longer having forced responsibility, a sign of relief and disappointment.

Child welfare involved parents express emotions ranging from guilt, fear and related passivity, to anger and outrage. Along with the trauma of separation, these families struggled with profound stigma (Scholte, Colton, Casas, Drakeford, Roberts & Williams 1999), and both covert and overt blame for the issues confronting their children (McConnell & Llewellyn 2005). Furthermore, they frequently had long, often contentious histories with service systems (Kemp et al. 2009). Slettebo (2008) added that several authors are revealed as having demonstrated intense emotions felt by parents when a child is placed in care, especially when the decision is against their will. However, the placements encountered had occurred at free will.

Many studies have often focused on the negative aspect of child placement and discussed the feelings of parents as being those holding CPS accountable for the placement of their children. When placement has not earned the consent of parents only then does the latter speak out about what they consider as unfair practices of CPS. These different feelings were evident in the responses of parents that had consented to placement as they said,

"Well, yes, we were relieved. Now we knew she was safe and we hoped that she would start going to school again and at least not continue with smoking and drinking. We hoped she would come out of it and get her intelligence back." (Respondent A)

"but then there is the other side I enjoyed I didn't have that forced responsibility. I am getting used to being alone at home and I can have peace and read books in peace. Every time I come from work I don't have to worry if I will find the house still standing and not on fire. I decided I was going to enjoy that time alone without being worried. I decided to look at the bright side at that moment..." (Respondent C)

"I felt myself that I don't have strength to function as a mother without this support network, so I didn't see any other option and I felt good about the solution I had received. On the other hand I felt bad because I was thinking about my daughter. But it was also a hard time as it took strength from me because I was driving there every week to meet the girl in...[Name of placement withheld]." (Respondent D)

The respondents all relay the assistance they received from CPS and view seeking CPS assistance as an institution that relieved them of pressure, stress and would secured their children the help they needed. They believed child placement could assist their children in changing their behavior. One parent revealed concern as she had no prior experience with CPS. She said,

"Well, when the child was put there it was a new situation for me. I didn't know what was the protocol in that placement, if they had visiting hours and how much they took care of the needs of the child in that end, like who took care of the pocket money, bought clothes for the child and how the daily stuff is taken care of. At some point later, I found that the child gets pocket money, clothes, and school books from there. The basic need were taken care of there. So you don't have to worry about that kind of stuff." (Respondent A)

The impact placement had on parents is evidenced by their view, their encounter with CPS which is divulged in their experiences, emotions and words. It is important to understand the positive and negative impact by seeking to understand if parents see the changes of placement as having benefitted their situation and their children or not. Many parents affirmed this finding citing that placement had indeed benefitted them. However, many parents dealing with CPS experience different emotions ranging from anger, guilt to shame for the placements. They are angry with the system, guilty that they could have done more to protect their children and sometimes guilty that they failed. The shame often surfaces when help is sought or when faced with criticism from society. This profoundly highlights the lack of support, individualism and failure to help the needy. A lack of humanity? Failure to offer support has shown how our society has disintegrated compared to olden society where a child belonged to the whole community, where a community raised a child, a characteristic lacked by today's society.

6.2.2 Social interaction and communication during placement

"The family is a system composed of people and their communication. When two individuals interact, their communication defines their relationship." (Kaplan 1986, 6.)

Having been placed the responses of the child toward their parents were different. Some of the children talked to their parents immediately after entering their care homes, while others took longer to respond. Horejsi et al. (1981, 5) revealed that in terms of feelings, children are argued to move from shock to protest to despair and adjustment. It is of interest that many parents go through similar phases in their reactions to separation from their children. The parent-child bond is amazingly powerful. Even if the relationship is strained by anger or guilt, its power cannot be denied or erased. A child in foster care knows he or she has only one set of biological parents; the parents never really forget the child. Even when physically separated, they continue to affect each other's feelings and behavior (Ibid 17).

Children are likely to shut their parents out, protesting placement. Not only have they parted with friends, siblings but they are faced with adjustments to a place they shall call home for a while. The main modes of communication were mainly mobile phone calls and visitation. Technological developments of applications such as whatsapp and facebook were listed as other means of communication utilized. One of the parents said she had the realization that the child needed support and reached out to her as much as possible. The care placements controlled the use of these technical gadgets as they are often disruptive to the adjustment of the child. It is important when a child is being corrected to control certain aspects of their lives such as mobile phones that would then allow for intervention to take place as these mobile phones can be destructive.

For some parents reaching their children proved futile as one respondent was quoted saying,

"In the beginning when she was placed, already on the first night I tried to call my daughter and the next day and she didn't answer. This happened for 3 weeks that she didn't want to contact me. After that even she started calling, from that point on our ties have gotten better...we started to talk again and she began to open up about the placement 3 weeks after going into placement." (Respondent A)

The respondent's experience was different from one parent who happily reported that her child reached out to her. Many parents experience different responses when their children respond to their efforts of communication. She was quoted saying,

"She called almost every day and came to visit so often as it is easy to keep contact that way, they took the phones away at night but we saw each other many times during the week." (Respondent B)

In this case the response was positive. In other cases like that of Respondent A the communication took longer to materialize as the child was likely unhappy about the placement. This is the crucial point where social workers need to work with parents and their children. At other times however, giving the child some space is vital as they can reflect on the reasons that led to placement. Visitation as stated above was another method utilized by parents to communicate and interact with their child. All the parents made an effort to visit their children during placement. One case that stood out when discussing communication and interaction was when she said,

"Well, in our case I wouldn't say so as she started to be in contact herself in such an active way. At one point when the people working there were asking the girl questions she wasn't responding to them as I was the person she was talking to. They were a little confused too. No it wasn't the most common of things. Communication was not a problem between me and her, it was something else." (Respondent A)

The child informed her mother that she wasn't willing to talk about her personal stuff to many people since there were many employees there. She didn't want to repeat herself and felt that was tiring and not useful. Having been placed many children confide in their social workers and placement care workers as these are the people responsible for their care. However, the refusal to confide in a care worker further inhibits cooperation and the efforts to rehabilitate the child.

The care placements were of varying types. Some had strict regulations as respondents described them as stiff and less flexible while others were reportedly relaxed, open, and accommodating. After placement periods had begun, some parents were furnished with information regarding the care places while others weren't so well informed.

Visiting the child was important to many parents regardless of the distance they had to travel to do so. Many of the parents made an effort to do this as often as possible. Care

placements often make efforts to make this process as obstacle free as possible. One parent had her child placed 100km away from home. She revealed that the placement was flexible and contacted her to inform her of the progress. She said,

"They had a principle that they would involve parents even if it was forced involvement and aggressive contact, which was good. I visited and there was the possibility to stay overnight...there were no problems with the visit. In this place they changed the routines when the parents were coming. The contact was put as a priority and parents were given the first priority." (Respondent C)

Horejsi et al. (1981, 26) revealed that parental visitation is to be emphasized when dealing with a child in foster care placement. According to the author, the parents should be informed verbally and in writing of their responsibility to visit. Visiting should be viewed as a basic parental responsibility. It is especially important for the worker, the agency, and the foster parents to reach out to the parents at the very beginning of the placement. Unless a pattern of regular visiting is established early in the placement, it is unlikely that such a pattern can be established later. It is however, more challenging in reality for social workers to apply this as it highly depends on whether the placement was voluntary or not and whether parents do wish to mend their relationship with the children or not. Social workers should make every effort to engage parents at every stage of the placement process.

Some parents are highly motivated to visit and continue a relationship with their child in foster care. On the other extreme are those parents who are unlikely to visit under any circumstances. The group of parents between these two extremes should be of greatest concern to the social worker. By working to improve visiting barriers and by reinforcing their involvement with their child, it is possible to increase the contact between the parents and the child. Fanshel & Shinn (1978, 111) also stated that parental failure to visit their children and cannot long be tolerated unless the parent is physically or mentally incapacitated. Only in that way can we impress upon parents how very important their visits with their children are (Ibid 27.)

Parental visitation, the scheduled face-to-face contact between parents and their children in foster care, is considered the primary child welfare intervention for maintaining parent-child relationships necessary for successful family reunification (Downs, Costin & McFadden 1996; Hess & Proch 1993), a permanency goal for the majority of children in foster

care. Visitation is also viewed as providing an opportunity for professionals to better understand the parent-child relationship (Kessler & Greene 1999).

Placement for many improved communication between parent and child. This is a very essential part of child placement and an initiative towards building a stronger parent-child relationship. However, one respondent tried to explicitly detail ways in which the relationship had improved. None of the parents mentioned physical emotions such as hugging their children which caused an information gap on what communication and interaction is and what the parents viewed communication and interaction as entailing. She said,

"I have chatted with her, have had coffee, went eating together, I have listened if she had something to talk about. Well, she hasn't said anything to my face but I have been really happy that she has accepted my company and we got that communication back and now we are communicating. Yes, we started communicating better as compared to communication earlier. Yes, that was the most important thing." (Respondent A)

This evidenced that family support is paramount to any child. Family and family relationships mean so much to children, even children who have experienced great harm and hurt in the family. *"You can take the child out of the family, but you cannot take the family out of the child"* (Gilligan 1995b in Canavan et al. 2000, 17). What this means is that no matter what dysfunction occurs in a family, one will always remain linked to their family. It is not a relationship that can be renounced at will.

The fathers of their children were in the picture but were not involved in raising their children. Such occurrences leave the parents with no option but to seek CPS intervention. Kemp et al. (2009) argued that parent's particular needs are often not met and parents' psychological and emotional problems needed to be addressed before changes in parenting and relationships with their children can occur (Maluccio et al. 1986). One married woman revealed that she had not received any support from her husband. She said,

"My husband is not the father of the child who was in placement...my own actions were not enough and because I didn't get the support from my husband that I was hoping for, so I contacted Child Protection Services."

Gilligan (1995b) in Canavan et al. (2000, 13) backed the importance of family support as being essential in the development of every child. It has been brought up as a method that could assist in rebuilding families that are on the brink of collapse. It is about mobilizing

support for children's normal development; for normal development in adverse circumstances. Child-focused family support like-wise is about supporting children's social, psychological and educational development, their belonging to a family, school and neighbourhood. Family support is to child welfare 'what vaccines, clean water, sanitation and food hygiene have been to health care' (Gilligan 1995b) in (Canavan et al. 2000, 13). In this case, an undisputed necessity.

Respondents had varied amounts of social support, others lacked it or were denied it. For most, relatives stayed far away or were unable to support due to ill health while others felt it was a shame/ disgraceful to be involved or simply denied the existence of the problem. One respondent's efforts to reach out for social support for her child through visitation from family members was met by a n unfamiliar realization. The stigma associated with child placement doesn't only affect the parents but close family members too. She said,

"No one was in contact with her in any way. My parents visited Rovaniemi, but they refused to visit, asking what the neighbours would say."

Some authors have encouraged the involvement of other family members such as siblings and grandparents. The grandparents and extended kin provide very important arenas of comfort when home circumstances are difficult. British research suggests that kinship contact may be in decline there, relatives in particular parents remain a crucial source of aid and assistance for families with young children. This seems especially so in the case of lone parents (McGlone, Park & Smith 1998). Canavan et al. (2000) states that support from within the family may also come from siblings, thereby affirming the importance of sibling engagement in communication. For children living in circumstances of family stress or breakdown, sibling relationships and support may become very important (Caya & Liem 1998; McTeigue 1998).

Therefore, the family was comprised of mothers and children. Other support systems utilized by the parents were the people they were in relationships with. When questioned on how their family life situation and external support influenced the development and growth of their child, the respondents' views were rather interesting. Many of the moth-

ers appeared to live far away from their families who could have formed the external support system they needed. The respondents said,

"Well, ofcourse, there are different kinds of families but in my case I don't have any relatives around here, in this area. The view of the family is just our family not including relatives, it's just within the four walls. My spouse's relatives and his parents." (Respondent A)

"It is difficult for me to think but I have always raised the children alone as the father left a long time ago. It's really a small family just me and the boys. The grandparents are not in good position. From the father's side they have only seen the children once. The grandparents are not so involved and so we are a small family." (Respondent C)

This is an indication of the challenges parents face in seeking support even from their own relatives and families. This challenge raises concern on the disintegration of the family whose task has always been the growth and development of children. Parents were viewed as important by the respondents who argued that there can be other families besides the core family. They brought to light how we easily bring anyone to be part of the family. The acceptance that other types of families exist means to some degree, a family is no longer based on the entities or units of the family. It is important to note however, that on the basis of placement the structure of the family does not matter as long as both the parents and siblings of the child offer their full support.

The importance of family as being the foundation for the growth and development of the child regardless of its structure cannot be over emphasized. However, in order to understand more explicitly the impact all these things have on family bonds goes down to what can be defined as a family. The findings disputes the view by Popenoe (1988, 5) that when family is discussed as a prototype it contains a prototype set of features that are recognized as making up a 'true' family. However, when more of these features that are taken away, the less likely it is that one is talking about a family. At some point, when enough features are taken away, a unit may no longer be considered a family. But the point at which something ceases to be a family is a matter of controversy.

Horejsi et al. (1981, 2) reported that a high percentage of children in foster care lived in single parent families prior to placement. According to the author, the prototype family mostly used today is, a married couple who live together with their children. With this prototype, much of the debate about defining the family revolves around the question of

whether one still has a family if for instance, one half of the couple is taken away, the couple is not married, the children are removed, or some members do not live together. This has been because so many actual families today are not married couples who live together with their children, a number of social scientists no longer consider this prototype to be very useful. (Ibid 1988, 5). Popenoe (1988, 5) then revealed that scholarly analyses state that the family is a relatively small domestic group consisting of at least one adult and one person dependent on that adult.

The complexity of family is discussed as a complicated concept. One parent raised a point many researchers avoid. She said,

"nowadays families are a onetime use kind of thing. If some things don't work you just leave and find yourself a new family somewhere else..." (Respondent A)

Other respondents had varied opinions when discussing the family, its importance and how it has impacted their lives. The respondents supported the work done by the family such as growth and development roles but stating that even though family has disintegrated as an institution, they play the same roles as other mothers in other families. One parent defended her abilities as single parent revealing that,

"Family as an institution in Finland is a different concept. Being originally from the north, I don't think it has changed my view of the family as an institution. Family is not stable, it doesn't depend on who is part of the family. No, my view hasn't changed and it didn't make my role as a mother less important. I have now recognized more the meaning of the family after the placement. It has given me tools to talk about." (Respondent C)

When discussing the impact placement has had on their view of family, many felt that the placement had not changed that affirming that it shall continue to be the foundation for the child's growth and development. For others, the placement was an eye opener and lesson. However, sadly one parent had added,

"The parents are important although the girl is placed. Despite that I think family is an institution but in my case we failed in this situation at that time." (Respondent A)

"It has had an effect and the effect is underlined even more afterwards and the place where the girl is living now. The forming of the family affects, even now, how I see the family now and it has changed. When my daughter was placed in foster care home, I didn't

know about almost anything before. It has changed my view of family that there can be other families besides the core family." (Respondent D)

"The environment and the friends have had a bigger role in those developments and growth as we live in the city. I have been thinking that the place where we stay in Finland really affects the development of the children. Living in the city is a big factor and sort of bad influence and I am from a really small village...It's difficult to say but I have missed a bigger family and a bigger community." (Respondent C)

"The family enhances the growth of a child, the family has to feel well because at least my daughter took all the negative influence things from me to herself. If I feel bad she will feel bad even more than me. The parents need to be well for the children to be well. My own healing does affect the growth and development of my daughter. The daughter senses all the negativity from the mother. If there are problems such as financially as this reflects to the daughter." (Respondent D)

These findings are supported by Canavan et al. (2000, 17) who states that what happens to children within their families, both in the home and in the web of wider relationships, is a major influence, if not decisive, in shaping a child's experience and destiny. Stressors within the and acting on the family have a huge implication for the child's welfare and development. As these stressors accumulate, together they begin to bite even deeper in terms of the harm they do.

6.2.3 Social workers' intervention during placement

The challenges faced with seeking support from family members and extended kin led to parents seeking alternative support mechanisms. Several research studies show that unsatisfactory help offered to parents is also a problem for child protection in Nordic countries and Great Britain (Egelund & Hestbaek 2003, Hojer 2007) in the USA (Kapp & Vela 2007), in Canada (Manji et al. 2005), and in Australia (Hardy & Darlington 2008). Some of the parents nevertheless applauded family workers for providing them with support while others enlisted the support from co-workers and other institutions such as churches and psychiatric institutions. They did however, acknowledge the immediate response from social workers when they first made the notifications. The care workers in the care institu-

tions provided support during the meetings they held with the parents and contacted the parents often. However, not all parents receive the services they need. Slettebo (2008) continued to reveal that the parents who lose the right to care have mostly been unheard in child protection services. They have been mostly absent as a focus of research and they are often associated with stigma (Scholte et al. 1999). The stigma of having had one's children removed maybe a contributing reason for the lack of professional and academic consideration of life situations and services. One parent said,

"When you have the courage to ask, you will get help. At first you are mostly scared but when you are tired and fed up you say let them do what they want." (Respondent B)

Sadly the social workers are not mentioned as having given vast amounts of support. The meetings with social workers for some parents were not as constructive as the parents had hoped. They said,

"There was a meeting but we didn't discuss anything else besides the reasons why the older son got into placement. I don't think the meeting was constructive or solution oriented. Later maybe there was some information as I called and asked the following day. Each time I called, I got the information. They didn't hide the information but neither did they serve it. I had to ask for it" (Respondent C)

"In [name of placement withheld], the second placement we were able to go on with the negotiations with social workers before this placement and discussions. So I received support but the summer time showed challenges in getting the support...in the third placement we discussed challenges, possible problems at home and we tried to find solutions and they always looked at the continuousness of the placement if its needed or not." (Respondent D)

The social workers did share information about the placement process for some of the parents while others claim they were not given any information past the placement of the child. Some of the responses were,

"I don't know but I think my job helped me a lot. I made sure that I could talk to my colleagues at work as there was no one I could talk to. I couldn't talk to my parents as they have their own opinions which I don't like. You can survive everything. It is very difficult, very heavy, you realize this afterwards when there are no problems anymore. When the problems have been dealt with by family workers...the family workers supported me and the child...the family workers assisted our relationship too but I didn't deal much with the other employees. No challenges, no obstacles. In both institutions they have supported the relationships with children and parents...no still I think the family workers were more intensively in touch so I could call them anytime I felt like it. Even afterwards we have been dealing with them."

The social workers as indicated in the model that seeks to study the social intervention they do, viewed social workers as being the link between the parent and the child during placement. One parent revealed that the interaction during the meetings with the social workers changed the relationship between her and the child. Some of the respondent said this helped as they ended up not needing the support for their family. This is based on the importance of building a relationship with the parents and the child. James, Magura & Shyne (1981), reported that numerous studies recognize the counselor-family relationship as intrinsic to the provision of effective services. Success hinges on the development of a relationship that is characterized by the counselor's respect for the family and confidence in its ability to make changes. Some family members may never have had positive, trusting relationships, and although it is difficult undertaking, the counselor develops such a relationship. (Ibid 40).

The authors went on to reveal a very important aspect almost always forgotten. Their views revealed that when initiating a relationship with a family, the counselor focuses on the parents rather than the children, because changes in family dynamics are reinforced by the parents. By addressing the family's concrete needs, as well as their emotional needs, the counselor gains their trust. Parents need to meet their own needs effectively before they can meet those of their children. Through the counselor-parent relationship, the worker demonstrates or models healthy parenting skills. Reeducation and parenting are essential elements of the relationship. Once a trusting, reciprocal relationship is established, the family has faith in the counselor and believes that he or she is looking out for the family's best interests. This relationship serves as a model for the family and guides family members in their relationships among themselves and with the community (Ibid 40). This is paramount in social work, however, challenging in practice. In her words, the parent said,

"The girl's attitude changed. That I am no longer her enemy and I don't always want bad for her. After those 3 weeks, it was easier to talk. I don't know what happened there but before it was impossible to talk. Nowadays she tells me almost everything and realized that I am not an uptight parent. Her thinking has changed a lot. We can talk about everything. We have a psychiatry membership and it ends soon as we don't need it anymore. The membership in child protection ended earlier, the girl needs someone to go to. She

goes to [name of place withheld] where she talks to someone. It's not the best place but the psychiatrist suggested it and it works for her. When she met the worker there she immediately trusted her and they completely connected." (Respondent B)

One respondent acknowledged the work done by social workers to a point where she said,

"I want to recognize this one thing I have noticed in every social worker as the years go by, they face the young people more, they ask more about young people and parents. They listen and talk to all which is developing well I must say. Their conversations, listening, they confront you with respect and respect the opinions of young people and parents in these situations...after these meetings we were able to continue with the conversations at home as we were able to start off so well in the office. I have given them feedback about how these conversations have helped. I have tried to tell social workers because I know their work is challenging..." (Respondent C)

For many parents who had received the meetings with social workers, these meetings had a calm presence and admired the professionalism of social workers. The meetings were held every 3 months.

Others had to seek help from other professionals in other institutions however, not all had gone well. For one parent the congregation was a good place for her as she was going through a divorce at the time. All the scheduled meetings did not take place as she says,

"...in the second appointment the counselor checked her watch a couple of times and yawned. I did not go back even though the first time had proved worth it for me." (Respondent A)

The respondent had been aware that the church had a psychosocial support system that it offered to its congregants. Seeking assistance from the women's center (Turvakoti), an institution that dealt with women who faced abuse and violence in their homes had not helped either. The meeting had ended in disappointment too as she revealed,

"the person had scheduled an evening appointment but had seemingly had a long day and was tired." (Respondent A)

Seeking help for some respondents from other institutions had turned out to be rewarding. While often times other people feel that they do not require the help and that they can cope in their own way. One respondent who informed of such a decision said,

"It was good that this interview was now because next time there is a meeting about the children I could ask about what kind of help they can give me. It doesn't make me a bad person that I could ask for help." (Respondent C)

Professionals view parents having the ability to voluntarily seek assistance as being brave. This is in comparison with the many people plagued by problems and concerns, but they do not seek any help. One parent remembered words from social workers as encouragement even though at the time it was rather difficult. She revealed seeking more information on the internet. Turning to the internet as an information source is what we today always do. Many people nowadays seek solace in the internet to search for symptoms for their problems. Oftentimes the findings do not always represent the problems we have. Seeking help from a qualified professional would otherwise provide a more profound diagnosis. The internet contains a great source of information, however, it can lead to a wrong diagnosis and still be more informative.

The parents felt the importance of relatives, culture were a contributing factor to a child's development. Although families are different, with different problems, support should always be provided and there was a need to assign family members tasks to tell the worker what they need. This according to the parents could be done through open ended questions, commitment to working together and getting families support services as a couple as parental separation is often caused by unspoken issues. Support and tools are a necessity to assist in mending families with problems and helping relieve pressure on family relations. If not dealt with problems affecting young people like the loss of another parent were problems that had a greater possibility of resurfacing later in life.

In order to assist parents, social workers need to incorporate reforms that are aimed at preserving family relations. Canavan et al. (2000, 17) states that what happens to children within their families, both in the home and in the web of wider relationships, is a major influence, if not decisive, in shaping a child's experience and destiny. Stressors within the family and acting on the family have a huge implication for the child's welfare and development. Placement in some instances needs to be utilized when no other option is available. It is paramount to educate society on the benefits of societal partnerships in helping each other raise and correct the behavior of children. Assisting parents facing challenges in their lives such as substance and drug abuse, health problems would greatly impact

their lives and those of their children as an intervention. Social workers have busy schedules and are pressed in dealing with the many notifications and cases in CPS. The need to support social workers is as essential as the need for social workers to support parents and children.

Parents and children should not be left alone after the care order. They need support to work on the crisis caused by the taking into care. If the biological parents do not get a chance to go through the grief and the pain caused by the loss of a child, it may be impossible to move forward. Experience has shown that, even if the parents themselves are aware of the necessity of taking into care, no sorrow caused by the loss of a child cannot be avoided. Support for the parents as soon as the crisis and the loss at an early stage can shorten the time for the grief caused by the child and the care and to facilitate the further work with the family (Saarnio 2004.)

The respondents made contributions and suggestions that there was need for an explanation of foreign terms used that an average person has no knowledge of and also explain what kind of placement the place is. The parents felt they needed to be notified of the house rules of placements. Social workers were agreed to be difficult to reach by phone, and needed to be flexible even during busy times as every family is different. Bass et al. (2004) supported the experiences of parents stating that caseworkers are the face of foster care. They are involved at every level of decision making, they link families with needed services, and they provide children with a sense of continuity that is often lacking in their foster care experience. Yet few case workers are able to play this supportive role. Most case workers carry large caseloads, labor under cumbersome paperwork demands, and, with minimal training and limited supervisory support, must make life-altering decisions on behalf of children. As a result children in foster care often report that they rarely see their social workers, and foster caregivers lament the lack of contact and support they receive (Ibid 23.)

Reaching out to families could be done through home assignments, conversations assist in discussing situations, thereby bringing some light on the matter. The family needs to decide what is best for them so the social workers aren't the ones to decide for the families.

A conversational approach could be better if the whole family is discussing the situation which means the family gets to tell what kind of support it needs. This was observed by Horejsi et al. (1981, 3) who revealed that in order to be an effective helper, the social worker must begin by focusing on and dealing with the problems and concerns identified by the clients. Reid (1978, 127) had revealed too that *"the definition of the problem needs to be made with some care, since it will provide the direction for the collaborative efforts of practitioner and client"*.

7 SOME CONCLUSIONS ON REFLECTION OF RESULTS

The study was undertaken to find out the experiences of parents concerning child protection, the factors that contributed to the improvement of communication while the child was in placement. Also under investigation were the methods of interaction used by the social workers the participants worked with, under the assumption that the participants as parents dealt with social workers.

Every child welfare institution is governed by legislation which oversees the input, processes and output in the delivery of services to the people that require them. Legislation is an umbrella term that encompasses laws that are enacted to govern, set standards and control the actions of its workers in this case, the stages of action social workers are expected to follow in service delivery. Continuous growth and development in society has seen the development of problems that have required a continuous passage and amendment of legislative laws in order to meet the changing societal norms and standards.

During this study it has been discovered that Finland has over the years passed legislation in child protection services and continued to amend it in successive years to improve its services. This is evidenced by the Lastensuojelulaki 417/2007 loosely translated as "The Act of Child Welfare" Pösö (2014, 618) passed in 2007, which authorizes social workers as to how, when, and under what circumstances they should act. This is for instance that prior to 2012 foster care, professional care homes and residential care were all equal forms of substitute care. The legislative change in that same year prioritized foster care over other forms of placement, thereby, making foster care the first option that should be examined when placing into care. If foster care is not suitable, it is only then that other forms of placement be used (Pösö & Eronen 2014, 210.)

The CPS under its wing contains several services offered by social workers which envelop all the processes they offer to families and children with problems, as well as CPS's interaction with other institutions. In this case social workers deal with families and children with problems and institutions that are tasked with providing placement services to fami-

lies in need. This inner sector of CPS sees to the interaction of children and their families at a point when social worker's intervention is needed to improve family relations between the concerned. This intervention is regardless of whether the families or the child are at fault.

The study revealed many interesting aspects of the phenomenon under study which mirrored as well as diverted from previous literature. Since this study was not predictive but descriptive. The finding of this study are reflected in the diagram below which discusses the dimensions of child placement. These findings are structured in a way that discusses the experiences and emotions (positive and negative), social relations (interaction and communication) and social workers' intervention.

IMPACT OF CHILD PLACEMENT ON FAMILY BONDS

EXPERIENCES
AND EMOTIONS:
POSITIVE AND
NEGATIVE

- ✓ Parents are single, divorced, separated & widowed
- ✓ Problems normally identified by parents rather than social workers
- ✓ Parents frequently see the child's behavior as having caused placement but don't reveal their own problems that may have contributing factors
- ✓ Most of the parents requested a bit more information about agency services
- ✓ The parents have reported feeling:
 - Guilt, self-blame and fear
 - Fed up and pressure build up
 - Drained of strength and ability
 - Some of the parents viewed themselves as having failed in that particular situation
 - Questioned their abilities as parents
 - Their needs were well met
 - Relief, peace and less worry
 - No longer having forced responsibility
 - Their children were getting the help they needed

SOCIAL INTER-
ACTION &
COMMUNICA-
TION

- ✓ Utilized all forms of methods of communication such as visits, phone calls and whatsapp
- ✓ Parent - child relationship improved
- ✓ Parents often faced challenges but continues to reach out through communication
- ✓ Surprised how much positive change occurred through placement
- ✓ The meetings held opened room for talk at home
- ✓ Children reached out to their parents more
- ✓ Psychological & emotional needs of some parents were not met even when they sought help from other institutions
- ✓ Parents realized the importance of social support

SOCIAL WORK-
ERS' INTER-
VENTION

- ✓ A satisfactory rapid response to notification which was appreciated by parents
- ✓ Social workers did provide information about placement process
- ✓ Met with the parents, children and other care workers at least every 3 months
- ✓ Knowing parents' feelings helps in enhancing parent-worker relationship, however, none of the social workers enquired about the feelings of the parents nor did they offer any type of psycho-social support such as counseling.
- ✓ Support and family services available to parents so they can better cope with the problems that led to placement. These services and supports were not offered
- ✓ Parents felt social workers needed to bring together all members to know what they need
- ✓ Social workers didn't encourage the expression of positive and negative feelings

Figure 3: The dimensions of understanding the impact of child placement according to study findings.

8 CONCLUSION

The findings of this study indicated that the problems that affected families centuries ago still continue to, coupled by modern problems that continue to surface and take the front stage. There has been a change however, in the major reasons that called for social workers' involvement in the life of families. Literature has shown that parental death and abandonment were the major leading causes for placement in the past. Children were then placed with external kin if no immediate family member was suitable for the placement. This has been overtaken by lack of parenting skills, parental alcohol and substance abuse, maltreatment and neglect, which are the problems that currently lead to the removal of children from their homes. These differences are an indication of the changes child protection has had to grapple with as times change.

Social workers then as required by legislation begin to deal with the parent and the child to find the cause of dysfunction and how this can be solved. The case is therefore, carried forth to the first intervention procedure in the CPS process. On the other hand there are circumstances that require the immediate removal of the child from their homes such as if the child faces immediate or life threatening harm if left in the care of their parents. If the issues are resolved, the child is then returned home and continuous visitation by social workers to ensure that there are no other issues of concern. However, if the social workers ascertains that the child should be placed, the process of placement then resumes.

If the process thereby, leads to placement of the child, the social worker is tasked with finding the best form of placement needed by the child sought from other institutions. What then follows, has been found to be the interconnected relationships, between parents, children, placement and social workers to find a solution to the problems. Through this interaction between families and other institutions, the outcomes are either positive or negative. They are all aimed at finding the needed assistance for the children whose welfare is the source of concern. These processes impact families in a positive and negative way, which is also a focus of investigation in this study.

The concept, processes and the impact of child placement continue to be in the midst of disputation regarding the implications child placement has had on the lives of children and their families. Three components were utilized in the analysis of this phenomenon as a way of gaining more knowledge about the practicality of the issue. This study not only mirrored preceding implications, the approaches that have been used but it also analyzed the findings of this research to discover how the child placement is dealt with in real life situations. The research study sought to understand why parents are a fundamental part of a child's life and what contributions they made to the development and growth of a child. This was done through evaluating the emotional responses of parents and their utilized methods of interaction and communication during placement. Seeking clarity on the contribution communication and interaction make on social support and its importance. The study emphasized the need to strengthen parent-child relations through supportive social intervention from social workers.

It is however, as if families, parents in this case, are sort of forgotten once the child has been placed. Depending on the model used by the social worker working the case, finding the help required by the child is often the major priority. If the child was voluntarily placed by the parents, there is a greater chance that the parents may partake in the processes. However, this is a different thing altogether if the child was involuntarily placed.

After the placement (voluntary or involuntary) the first thing to note is that the parents and social worker may already have a strained relationship caused by the disputed removal of the child from the home. The interaction between the parents and the child is further hampered by that the social worker is often required to be the link between the parent and the child in placement. Communication between the parents and their children is then compromised, which would otherwise have gone a long way to impact the child's life and improve their attitude for the better, or better still, see the difference in their parents if the latter had been the one needing to change.

The findings of this study revealed the changes the family structure has undergone in society, however, the parents revealed that they still contributed to their children's growth and development. The parents' emotions revealed close, yet different feelings towards the placement of their children. Initially thought to be emotions mirroring negative feel-

ings towards placement, the findings of this study revealed positive emotions towards placement. The parents felt their children were receiving the help they needed as placement was voluntary for all. This study also revealed the efforts parents made to reach their children through communication and interaction.

Although faced with challenges, their perseverance was rewarded by improved parent-child relationships resulting in the children reaching out to their parents for continuous social support. The methods employed in communication highlighted to the researcher the main components under which social support can be defined, characterized and measured. This was evidenced by the results of the methods continuously employed by the parents regardless of positive or negative reception to their efforts. This affirmed the researcher's view that social support is essential in improving the parent-child relationship which is paramount to the needs of children in placement and further research is needed to gain further insight into the subject.

Communication between children and their parents is very important as not only do children need to make conversant with their background but utilize the relationship and bond to form their self-identity. Failure to form self-identity has resulted in many children coming out of placement, only to struggle with identity formation and belonging. This often results in these children reverting to a life of crime, most often evoked by the trauma and feelings of abandonment, suffered either at home or in placement. This is not to say children who come out of placement all end up involved in criminal activities, as for some, placement is a second chance to start a life clean of the harm previously suffered. The social worker is therefore, the link between the child, the family and the placement.

The families do engage with the placement when they support their children. Although communication is varied, the placement sometimes authorizes when and how interaction can occur. The parents interviewed in this study cited the modes of advanced technology as a way in which they kept contact. It is of paramount importance to acknowledge that the respondents did all visit their children in their places of placement. This assisted in keeping the relationship between the parent and the child positive. The task of visiting means to be available for advice, support, inform, and provide practical assistance (Kujala 2003).

Reaching out to their child after the placement wasn't always met with a positive reaction for all parents. Although some children reached out to their parents on their own for support. Horejsi et al. (1981, 17) supported this finding stating that, the parent-child bond is amazingly powerful. Even if the relationship is strained by anger or guilt, its power cannot be denied or erased. A child in foster care knows he or she has only one set of biological parents; the parents never really forget the child. Even when physically separated, they continue to affect each other's feelings and behavior (Ibid 17.)

The notion of this study had been based on views that parents were rarely listened to, reached out to or provided the services needed to deal with the problems they faced. Parents revealed that their psychosocial needs were inadequately met by the social workers. They do appraise the social workers for their quick instantaneous response to their cry for help but reveal that they lacked the support and direction to where they could seek psychological support in the form of counseling services. The social workers failed to enquire about the feelings of the parents blinding them to the contributions these feelings could make in bettering parent-worker relationships and parent-child relationships. The researcher emphasizes the need to strengthen social workers' supportive social intervention methods. The social workers' continual development of these methods would contribute immensely in the preservation of family ties and attachments.

It is essential to preserve as much as possible what remains of the attachment between children and their families. Pecora & Haapala (1991, 6) felt that even when preservation of the family is not possible, preservation of ties and attachments can be in the best interest of the child (Mapp 2002; Palmer 1995). Bowlby (1969) described this attachment as a deep and enduring emotional bond that not only connects one person to another across time and space but also influences subsequent development. Like social support, attachment has a good face value in promoting child development but still remains a concept that is difficult to measure or test.

It is important to acknowledge that data limitations influence this study's inability to generalize the findings to the entire Finnish society. However, these findings have highlighted the challenges of social work with particular emphasis on placement and the challenges it poses to social work. These are explained in the diagram below.

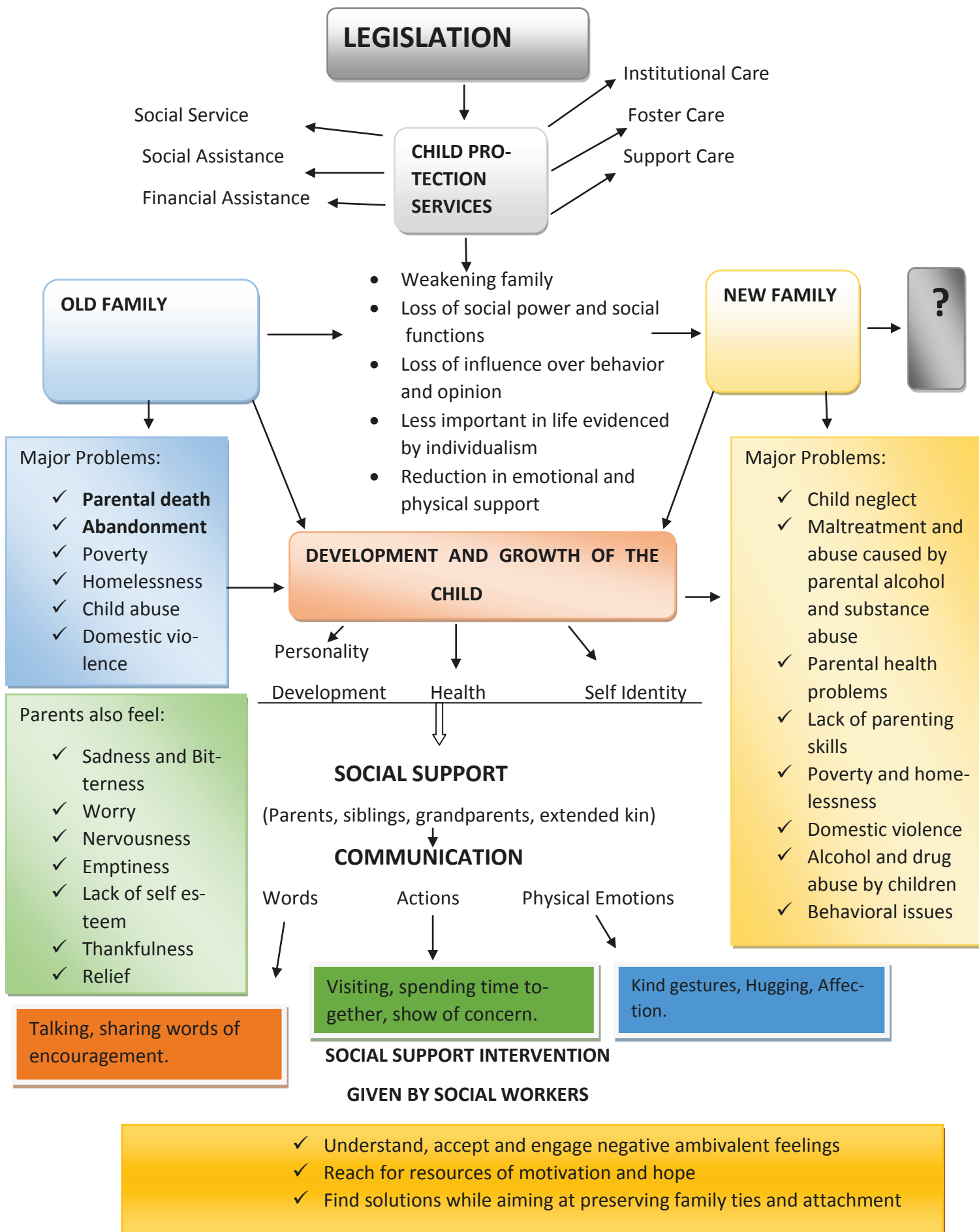


Figure 4: The impact of child placement as a challenge in social work

To gain insight to understanding the impact of child placement as a challenge to social the researcher designed the model to illustrate the relationship legislature shares with CPS, and the services offered by CPS guided by legislature as a way of meeting societal needs. The interconnected relationships further illustrate the change in the family as an institution and the problems that it has grappled with in the past and in the present that impact the development and growth of a child revealing the impact this has on parents and their emotional responses. Social support is then illustrated as being essential in the development and growth of the child and the important spheres from which this social support can be attained. Communication through various form such as actions and physical emotions suggested by the researcher, is seen as in the vital link to providing the social support required by a child. Lastly this model links the importance of communication to the contribution social workers' social support intervention could make to the child and the parents as an initiative to preserving family ties and attachment, in the process gaining insight into the impact child placement has on family bonds which was central to the purpose of this study.

9 RECOMMENDATIONS

The respondents recommended that;

- Legislation governing CPS should in future be reviewed or amended to meet the practical applicability to social problems
- Legislation needs to protect social workers from receiving the blame for the negatively resulting cases of child placement
- CPS needs to educate the society on the importance of family as contributing to the development and growth of a child
- CPS needs to educate the people of the services their offer on psychosocial services and where these services can be attained for instance placing this information on the internet for easier accessibility
- CPS needs to encourage research on the challenges it faces with families to academics and carry out independent research that involves parents, as an initiative to improving their services
- CPS needs to focus on developing methods that benefit children and families from child placement through actively encouraging communication and interaction between parents and children
- CPS needs to emphasize to social workers the importance of strengthening social support to parents as a means of improving parent-worker relationships and parent-child relationships
- CPS needs to develop alternatively visible methods that can be utilized by social workers in building relationships with families guided by respect and understanding and yet seeking to provide supportive social intervention

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11 APPENDICES

Appendix 1. Questionnaire

Section a: basic questions

1. What is your age?
2. What is your gender?
3. What is your marital status?
4. How many children do you have?

Section b: placement and family bonds

5. What form of placement has your child received (Institutional care, foster care or support family care)?
6. At what age was your child put in placement?
7. Have you had any interaction with the child protection services prior to your child's placement?
8. Tell me about the events leading to the placement, what was the nature of your experience? How did you feel?
9. How did this change impact your family?
10. Please describe your family ties then and now.
11. Has this change had any impact on your view of the family as an institution?
12. In what ways do you think family contributes to the development and growth of a child?
13. What support mechanisms have you developed as a family since this change?

Section c: placement and family interaction

14. How often do you communicate with your child?
15. What methods of communication do you use?
16. Does the rest of the family have access to these methods of communication? Do they utilize them?
17. In what ways would you say you have shown support to your child? Have they responded to your efforts?
18. What challenges and obstacles do you face in reciprocating this support? Is there anything you feel you could do better or improve in?
19. What services do you feel you need that can make the communication/interaction better?

Section d: the role of social workers in placement process

20. Through out this process what kind of help have you received from social workers?
21. Did they take you through the process with information and guidance?
22. In what ways have social workers helped in bettering your relationship with your child and the rest of the family members?
23. Have you shared your feelings about the experience with the social workers? How was it received?
24. Have you sought professional help in dealing with your feels? What impact has this had on your family bonds?
25. What services do you know of that are offered by the system to assist in dealing with your psychosocial needs?
26. How else can social workers assist you as they are the link between you and the child?
27. Due to its importance and regardless of the reasons for placement, the family should continue reconstruction with the right tools and services to repair it. Do you agree with this statement and why/why not?
28. What contribution can you make/ suggestions that will improve your interaction with social workers and help the child protection services in positively impacting families affected by placement?

Appendix 2. Information and consent form

I am writing to let you know about a research study that you have the option to take part in. I, Mongiwa Siduli (a University of Lapland Master of Comparative Social Work Student) am contacting you as one of the parents who has been a client at the Child Protection Services in Rovaniemi. I have signed a confidentiality clause with Child Protection Services with regard to contacting you, as well as receiving and exchanging any information with you.

This study is being done to learn more about the impact child placement has on family bonds. The reason I want to know more about the impact (both negative and positive) is the rising number of children being placed into care in Finland. I found the topic to be relevant to the Ministry of Social Affairs and Health as well as other institutions. The former seeks to understand how it can help strengthen family ties of families at risk. Social workers are the link to social services as well as parents and will benefit from this study as it will help in improving the provision of social services. Its main focus is on the following areas;

- Placement and family bonds
- Placement and family interaction
- The intervention role of social workers in the placement process

Taking part in this research is optional. I am looking for people who want to take part in this research and are willing to express themselves. They must have a child in institutional care, support family care and, or foster care. If you decide to take part in the study, the recorded interview will be done at a time and place convenient for you. You will answer questions in a “conversation manner” which will be allow for follow up questions where need be. There is no cost to participate in the research. Below is a confidentiality clause to be signed by the willing client and overseen by the researcher.

Informed consent

I give my consent to partake in a study on the impact of child placement on family bonds. Any information or names of my family members or any information that would make us identifiable by the public. I will answer the questions as honestly and to the best of my knowledge, as a contribution towards the development of social services.

Participant's signature

Date

Researcher's signature

Date

Name and Surname

Address

Contact number

Supervisor's signature

Date

Name and surname

Employment address

Contact number

Appendix 3 Basic concepts concerning Finnish child welfare

This research focuses on terms which include, foster care, support family care, institutional care, family bonds, child welfare and child placement. When used in other contexts these terms could mean something different. It is therefore, important to define them at most in the Finnish context as well, as this research is focused on gaining more understanding this subject in the Finnish context.

The term;

- Foster care commonly refers to all out-of-home placements for children who cannot remain with their birth parents. Children may be placed with non-relative foster families, with relatives, in a therapeutic or treatment foster care home, or in some form of congregate care, such as institution or a group home (6). In the Finnish context foster care (perhehoito) means that the care, raising and nurturing of a child placed in care is arranged outside of the child's home in a family's private home. The families are called foster families.
- Support families help families with children to cope with everyday life when their parents' own vigor and resources have run short. This is one of our various support services aimed at helping children and their families together, allowing them to renew their energies. The foster families that work with us offer their homes to take in children who need short-term or long term foster care in a family.
- Institutional care (residential care or laitoshoido) means that the care, raising and nurturing of a child placed in care is arranged outside of his or her home in a child welfare institution.
- Child welfare (lastensuojelu) is the service task of society, the aim of which is to guarantee a child's balanced development and well-being. Child welfare is divided into child and family specific as well as preventive, child welfare...

- Child welfare institution is an institution, in which trained workers are responsible for taking care of children and young people placed in care. Examples include children's homes, youth homes, reformatories and family support centres are child welfare institutions. In addition to institutional care, child welfare institutions may also provide open care services. Institutions may be specialized to care for small children, youths, or children and youths that need certain special care. For example, children that are difficult to care for in an ordinary foster family are cared for at a child welfare institution. A child may be too violent or may have a severe problem with alcohol abuse. In Finland, institutions resemble homes and they are never very big. Institutions comply with the law in their activities which are monitored.
- Placement (sijoitus) means that a child is placed in alternative care, in other words that a child's care and raising is arranged away from the child's home.