A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN NORWAY



QUALITY CARE FOR EVERY CHILD



Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children











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SOS Children's Villages International Hermann-Gmeiner-Straße 51, P.O. Box 209 A-6010 Innsbruck, Austria Email: lao@sos-kd.org www.sos-childrensvillages.org

Original report written by: SOS Children's Villages Norway Summary proof-read by: Véronique Lerch, Emmanuel Sherwin and Rebecca Dobson

Cover photo: Kristian Brasen, Mariantonietta Peru, Susanne Pilmark & Patrick Wittmann



Background

In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool¹ to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: Care for ME! *Quality Care for Every Child.*

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

- 1. Desk research of existing secondary and meta data, from state, non-state and international sources;
- 2. Interviews with key service providers, service users and management; and
- 3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete. Please contact <u>Emmanuel.sherwin@sos-kd.org</u> for further assistance and questions.

The target groups of this study are:

Children in alternative care: those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

Children at risk of losing parental care: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals to use the data contained in this report to defend the rights of children and families – to work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

Disclaimer

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third-party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

¹ The original version of the tool can be found here: www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx.



Executive summary

Norway is in many ways at the forefront of advocating and implementing children's rights. Norway ratified the UN Convention on the Rights of the Child in 1991. It was incorporated into Norwegian law through the Human Rights Act in 2003, with precedence in the event of conflict with other Norwegian legislation. In 1981, Norway was the first country to create an Office of the Ombudsman for Children, responsible for monitoring law enforcement, administrative agencies, and the state of the country's children and for working to improve legislation relating to children's welfare. Save the Children's Annual State of the World's Mothers Report² ranks Norway as the best place in the world to be a mother, with generous parental leave of 46 weeks at full pay or 56 weeks at 80% pay. Furthermore, children are, for example, entitled to a full childcare place in a day-care centre, as soon as they are one year old.

Despite all this, not all children grow up with quality care in Norway today. There are gaps between the standards set in legislation and practice, and a shortage of resources in child welfare affects the childcare situation. There are also some weaknesses in legislation.

There are two main acts relevant for children in alternative care: The Children's Act³ and Child Welfare Law.⁴ Issues that determine the children's care situation are dealt with in a special court - the county social welfare board (Fylkesnemnda). In April 2013 the Norwegian government is expected to lay before parliament a bill and white paper, proposing changes to the Child Welfare Law.

The primary duty of the Child Welfare Services is to ensure that children and young people living under conditions that may harm their health and development will receive the necessary assistance when they need it, and to contribute to giving children and young people safe conditions for growing up.

Both the local and central authorities have duties and responsibilities in the child welfare field. All municipalities must have Child Welfare Services that are responsible for the day-to-day work pursuant to the Act. The child welfare services are responsible for giving advice and guidance, undertaking investigations, making decisions pursuant to the Act or preparing cases for the county social welfare board, and for implementing and following up measures.

The current legal framework emphasises that preventative measures should be tried before placing the child in alternative care. There is a low threshold for contacting the child welfare authorities and for receiving preventive services, which is one of the objectives of the present Child Welfare Act. Thus preventive services address a continuum of situations, ranging from fairly limited needs to long-term intensive and comprehensive services aimed at avoiding out of home placement.

When children are placed outside their family home, this will be in either residential care facilities or foster homes. There has been a political move away from residential care facilities of children who cannot live with their parents towards increased use of foster care. The majority of children are today placed in foster care (77.97% in 2010).

² State of the Worlds Mothers 2012, Save the Children, available at:

www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGIpI4E&b=7942609&ct=11745065. ³ The Children's Act 1982, available at: www.regjeringen.no/en/doc/Laws/Acts/The-Children-Act.html?id=448389. ⁴ *Child Welfare Act* 1992, English translation, available at:

http://www.regieringen.no/upload/BLD/Lover/Barnevernloven%20engelsk%2001%20201%202010.pdf.

Statistisk Sentralbyrå, www.ssb.no/emner/03/03/.



Residential care facilities are run by either the government or private companies; both nonprofit and commercial. According to the legal framework, when children are placed in foster care, the family of origin should be considered as a placement alternative.

National Statistics Norway (SSB) has collected data on children in care for many years. The quality of the data has improved and the scope has increased. The development of tools for managing data has also provided opportunities to cross-check large amounts of data. Yet, in some areas such as with regards to the number of siblings in care, and movement between different care placements the data is sparse.

A short overview of some of the key challenges identified is thematically categorised:

Root causes for placing children in alternative care

In Norway, drug misuse is often a cause when children are removed from parents where the parents are native Norwegian. Some children are removed from parents who are in prison, or they have been separated from their parents due to wars and conflicts and come to Norway as unaccompanied minors seeking asylum. Poverty is often an underlying cause. There is an over-representation of immigrant children in the care system:⁶ 8.6 per 1,000 immigrant children (0-17 years) were in alternative care in 2009, compared with 4.3 per 1,000 Norwegian-born children of immigrant parents and 5.9 per 1,000 among children with immigrant background.

Children do not always get the right support at the right time

The child welfare system is often criticised that children do not get necessary support at the right time. Despite mandatory reporting for several groups,⁷ evidence shows that an alarmingly high number of concerns reported are not followed up, and in many local authorities it takes a long time before children receive help.⁸ An underlying cause is lack of resources – the local authorities say they do not have the capacity to follow up all families who need support. The law also poses some challenges – to provide preventative services to the family, social services are dependent on parental consent.

Not equipped to fulfil the individual needs of children

When the state assumes the care responsibility for a child, suitable alternatives are not always available that are equipped to fulfil the individual needs of children. The UN Committee on the Rights of the Child's concluding observations for Norway expressed concerns that "suitable alternatives are not available at all places and, therefore, the placement of a child is sometimes dependent on chance".⁹ A major challenge is the lack of foster parents. There has been a political trend away from placing children in residential care facilities and towards more use of foster families, but the number of foster families has not increased correspondingly. The result is that hundreds of children have to wait for placement.

⁶ Integrerings og Mangfoldsdirektoratet, available at: www.imdi.no/no/Fakta-og-statistikk/Barnevern/.

⁷ The statutory duty to report to the Child Welfare Service applies to anyone working in government agencies and services, and for organisations and private performing work or services for state, county or municipality:

www.regjeringen.no/upload/kilde/bld/bro/2006/0003/ddd/pdfv/270272-web_opplysn.pdf. ⁸ Riksrevisjonens undersøkelse om det kommunale barnevernet og bruken av statlige virkemidler, 2011-2012, available at: www.riksrevisjonen.no/Rapporter/Sider/BarnevernStat.aspx. ⁹ Committee on the Rights of the Child Concluding Observations for Norway's 4th Periodic Report 2010, available

⁹ Committee on the Rights of the Child Concluding Observations for Norway's 4th Periodic Report 2010, available at: www.crin.org/docs/Norway_01_10.pdf.



Unstable foster placements

When children are placed in alternative care, they too often experience being moved between different placements, including moving into an emergency placement before a foster home. From 2011 to 2012 there was a 12% increase in the number of children who were moved from one placement to another. In total, 2,900 children were moved for one reason or another; 42% of these children were between 13 and 17 years old. It also happens that foster parents 'give up' and the child has to move to a new foster family. There exist some small studies on the extent and cause of the problem, and some recent steps taken by the authorities to improve the statistics, but the available statistics today on this subject is poor.

Sometimes children are returned to parents. Once a year the biological parents can appeal for a new trial. We know from experience that it affects the stability in the foster families, creates uncertainty for the children, foster parents and the process of bonding with the new carers.

Separated from siblings

Norway has a legal framework that says that the government should as far as possible ensure that siblings can stay together when placed in alternative care. There are no official data collected about whether siblings are placed together and what the causes are when they are split. Furthermore, there is surprisingly little research on sibling relationships in care in Norway. Social workers tell us that they sometimes split sibling groups because they cannot find foster homes that have capacity to look after siblings; social workers also tell us that they decide to split sibling groups because they have had very troubled backgrounds and need individual attention. A study done by SOS Children's Villages Norway during spring 2013 shows that six in 10 children are split from siblings when in alternative care. In addition, when siblings are separated we know from anecdotal evidence that sometimes children are not supported to maintain relationships with their siblings.

Monitoring and supervision

The legal framework says that all children in foster care shall have a supervisor that visits them at a minimum four times a year. The supervisor shall have an independent function, but must cooperate with Child Welfare Services for the benefit of the child. This is a way to ensure the quality of care, and in many cases, the supervisor is the one who can uncover possible neglect and abuse. However, today there is a shortage of supervisors, and many children find that they often have to change supervisors. The UN Committee on the Rights of the Child has criticised Norway's current inspection system.¹⁰ This can have serious consequences, resulting in children in care living under harmful conditions. Norwegian media have uncovered several cases of abuse of children in foster care.¹¹

Children are not heard and the complaint mechanism is complicated

Children above seven years old are entitled to participate in decisions involving their personal welfare, and have the right to state their views in accordance with their age and level of maturity. However, several recent official reports criticise the welfare system for not listening and taking children's views seriously. As seen above, one challenge is that there are flaws in the supervision system. Children also say that they are not involved in the preparation of care

¹⁰ Committee on the Rights of the Child Concluding Observations for Norway's 4th Periodic Report 2010, available at: www.crin.org/docs/Norway_01_10.pdf.

¹¹ The newspaper Adresseavisen has found that 52 children in alternative care has been sexually exploited whilst in care between year 2000 and 2011, available at:

www.aftenposten.no/nyheter/iriks/52-barnevernsbarn-utsatt-for-grove-overgrep-6716101.html.



arrangements, and that they do not know what has been written about them in the reports. The reasons are multiple and complex, which also reflects the findings of research in this field. In its concluding observations for Norway, the UN Committee on the Rights of the Child welcomes the fact that Norway has lowered the age at which children have the right to express themselves in cases of concern to them, from 12 to seven years and that also younger children may be heard. However the Committee is concerned that, in practice, the child's right be heard is not fully implemented or effectively practiced in all phases of decisions.¹²

Not equal care for all children

Although the *Child Welfare Act* says that the law applies to all children in the country, unaccompanied asylum seekers aged 16 and 17 are not looked after by the child welfare service. Today, the immigration authorities have responsibility for these children. This is recognised as a concern of the UN Committee on the Rights of the Child, which recommends that the responsibilities of the child welfare service is expanded to children aged 16 and 17.¹³ Furthermore, children with disabilities "fall between two stools" – they have different rights according to different laws. Work with financial and administrative responsibilities, within and between different agencies, can be very time and resource-intensive and prevent good care for this group of children and young people.¹⁴

Aftercare

Aftercare has risen from the age of 20 and can now be provided until the age of 23. A change came in 2009. This provision now establishes that the Child Welfare Services must give grounds if *no* offer of aftercare is given to a young person. The number of young people who get aftercare is now growing every year. However, there is concern that the number of children receiving aftercare is decreasing for each year that goes by after the youth turns 18. It is also a concern that the planning of aftercare often starts too late, usually not before the young person is close to 18 years of age.

Long-term outcomes

Former child welfare clients achieve lower education levels than their peers in the general population. They have also lower incomes and they are more often unemployed. More of the former clients receive social security benefits.¹⁵

¹² Committee on the Rights of the Child Concluding Observations for Norway's 4th Periodic Report 2010, available at: www.crin.org/docs/Norway_01_10.pdf, p.5.

at: www.crin.org/docs/Norway_01_10.pdf, p.5. ¹³ Committee on the Rights of the Child Concluding Observations for Norway's 4th Periodic Report 2010, www.crin.org/docs/Norway_01_10.pdf.

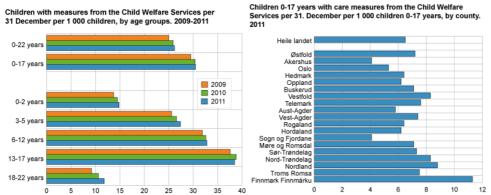
www.crin.org/docs/Norway_01_10.pdf. ¹⁴ Gundersen T, Farstad G R, Solberg A., Ansvarsfordeling til barns beste?, 2011, available at: www.nova.no/asset/4801/1/4801_1.pdf.

www.nova.no/asset/4801/1/4801_1.pdf. ¹⁵ Nova report 10/09, available at: www.nova.no/asset/3812/1/3812_1.pdf, (Summary in English); Nova report 3/08, available at: www.nova.no/asset/3236/1/3236_1.pdf, (Summary in English).



Key findings

The 2011 proportion of the total child population in formal care settings was 0.9%. By the end of 2011, 13,200 children were placed outside their own family, either as a care or assistance measure. This means that about nine per 1,000 children (0-22 years) were placed by the Child Welfare Services. Foster homes covered seven out of 10 of the placement measures.¹⁶



Source: Child Welfare 2011; Statistics Norway, http://www.ssb.no/en/barneverng/.

Child Welfare Services statistics 2007–2010					
	2007	2008	2009	2010	2011
Children with measures from the Child Welfare Services during the year	42,625	44,167	46,487	49,781	52,098
Assistance measure	34,916	36,290	38,700	41,708	43,613
Care measure	7,709	7,877	7,787	8,073	8,485
Region øst	9,310	9,897	10,583	11,429	11,961
Oslo	4,640	4,882	5,185	5,539	5,526
Region Sør	8,550	8,786	9,049	10,200	11,045
Region Vest	8,844	9,068	9,533	9,835	10,058
Region Midt-Norge	6,344	6,372	6,604	6,965	7,372
Region Nord	4,937	5,162	5,533	5,813	6,136
New children with measures	11,730	11,760	12,767	13,727	14,241
Children with placement measures per 31 December		10,847	11,355	12,492	13,177
Assistance measure		4,441	4,752	5,512	5,907
Care measure	6,301	6,406	6,603	6,980	7,270

Source: Child Welfare 2011; Statistics Norway, http://www.ssb.no/en/barneverng/.

¹⁶ Statistisk Sentralbyrå, English version available at: www.ssb.no/en/barneverng/.



Recommendations

- 1. Give children a legal right to childcare services so that children's needs form the basis of measures when the parents refuse help.
- 2. Improve and expand support measures to children in foster care as well as foster parents to prevent breakdown and increase stability.
- 3. Ensure that the situation of sibling groups in alternative care is made visible, particularly the question of whether sibling groups are split up or jointly accommodated. This includes ensuring that sibling placement is an integral part of child and youth welfare statistics of the country.
- 4. Introduce a duty on the child welfare service to always check whether a child has siblings, during the initial assessment process, planning for care placement, and continuously when in care, with the view to avoid separation, and support and strengthen sibling relationships and bonds.
- 5. Invest in recruiting, training and supporting foster parents so that there are sufficient placements with the ability to care for siblings.
- 6. Improve and extend the support for children leaving care support. Including, ensuring that the preparations include advice/ mentoring from young people with experience of leaving care.
- 7. Establish easily available complaints mechanisms for children when they feel unfairly treated by the child welfare authorities. As part of this the government must sign and ratify the *UN Convention on the Rights of the Child Optional Protocol* on individual complaints procedures.
- 8. Amend the *Child Welfare Law* so that it places a duty on the Child Welfare Service to always document the ways in which the child is involved in decision-making and what their views are in each case. This applies to all phases of child welfare work.
- 9. Introduce elements in the national legislation and policies that provide significant guarantees for the foster parents' own children to be heard, and their views taken into account in matters that affect them.
- 10. Expand the responsibilities of the Child Welfare Service to unaccompanied asylum seeker children aged 16 and 17.



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Glossary

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Institutions	The central government child welfare authorities at regional level are responsible for the establishment and operation of institutions, and any associated specialised services for the care and treatment of children.
Ordinary foster	Foster care is a private home that, for shorter or longer time, with or without reinforcement measures, with or without a family connection to the child.
homes	The state level recruits and trains and hands over to the local authority.
Enhanced foster	An enhanced foster home is where the associated support and/ or economic reinforcement measures may include increased labour compensation, increased expenses, counselling, respite care, and often consist of combinations of these.
homes	Level of responsibility as above – but with refund from state.
Emergency foster	Emergency foster care are for children in crisis situations where the welfare service must quickly intervene and place the child while a case is investigated, until the local authority has decided what to do, or the state has come up with a more permanent offer of placement. Emergency is an alternative to institutional placement in acute cases and the position will initially be relatively short-lived.
care	Emergency foster care differs from foster care in that agreement is not tied to a particular child. The emergency system usually consists of a whole family where one person is responsible and has this as their main working responsibility.
Training or treatment institution	Short term (about six months) in an institution with organised social training programmes for young people, whilst in parallel, working with youth networks, friends and family, school, etc.
Independent living with support/ monitoring	As part of aftercare, young people live in independent accommodation or with a host family, and are supported by a Child Welfare Officer in various areas such as school, work, finances, social, health etc.

A LOVING HOME FOR EVERY CHILD

