

# Key Drivers Contributing to Child-Parents Separation

Denmark

June 2024



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## Key Drivers Contributing to Child-Parents Separation

This report was commissioned by SOS Children's Villages Denmark in conjunction with SOS Children's Villages International.

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Suggested referencing: Gale, C., Bredahl Jacobsen, C. & Moesby-Jensen, C.K. (2024) Key drivers of child-parents separation Denmark. SOS Children's Villages International, University College, Copenhagen and the Department for Social Work, Professionshøjskolen Absalon.

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## Foreword

SOS Children's Villages Denmark is very happy to present this study that forms part of a global study on "Understanding and Preventing the Separation of Children from their Family".

As a member of the SOS Children's Villages International federation, we take part in a global movement to protect, promote and fulfil the rights of children and young people especially their right to care and protection in a family environment. The research on "Key Drivers Contributing to Child-Parent Separation" has been commissioned by SOS Children's Villages Denmark and carried out by an independent international consultant in close collaboration with two Danish researchers. The research team interviewed children, parents, social workers, and other relevant stakeholders including children with special needs and their families.

It is striking to see in this Danish report that some of the root causes of child-parent separation are very similar to other countries, regardless of the socio-economic status of these countries. Violence in the home, lack of positive attachment and poor parenting skills stand out as an inter-generational phenomenon, a vicious cycle that need to be addressed.

As a couple of interviewees emblematically put it:

"It could be their parents have gone through a childhood where they have had a lot of emotional issues. So that is transferred to their roles as parents".

"And so, I think the important thing is here to break the cycle. Because I think it is very hard when the damage is done".

Some of the children, who participated in the workshops also said that they feel unhappy or worried:

"When you don't talk together" and "when you feel that your parents don't care about you".

We know that more money does not solve all social problems, but financial constraints or conflicting interests in public budgeting remain a challenge in the global south as well as in Denmark. It is also important to discuss how the necessary support is delivered, how parents and children participate meaningfully in decision making, and how different actors in touch with the families work together. The results of the Danish report form part of the global study together with reports from Cote d'Ivoire, El Salvador, Indonesia, Kenya, Kirgizstan, Lebanon, and Uruguay.

Though SOS Children's Villages Denmark has no national implementation of programmes, the study still contributes with valuable knowledge and evidence-based recommendations for stronger protection of children's rights and welfare. Therefore, we are proud and excited to present this country report to Danish decision makers as well as sector professionals and the general public.

We wish to thank the researchers at University College Absalon and University College Copenhagen who carried out part of the data collection and supported the writing of the Danish country report. Even more so, we are full of gratitude towards the children, adults and professionals who gave us their time and trust and participated in the study, providing invaluable insights. Thank you!

Mads Klæstrup Kristensen

**Managing Director,  
SOS Children's Villages Denmark**

## Acknowledgements

Our research was made possible due to the considerable efforts of the SOS Children's Villages team in Denmark. Many thanks particularly go to Marie Amalie Høst, Programme Manager, who spent hours dedicated to contacting potential participants and organising the research programme field work. We would also like to thank Lene Godiksen, Senior Programme Manager, whose commitment to making a positive change for children and deep understanding of the importance of this research led to Denmark being a part of the wider global study on 'Key Drivers Contributing to Child-Parents Separation and Placement in Alternative Care.'

A crucial element of our research has been the partnership with two academic institutions in Denmark, the University College Copenhagen and the Centre for Social Work, Professionshøjskolen Absalon. SOS Children's Villages Denmark entered into agreements with these institutions that then allowed for the full participation of two national researchers, Dr Charlotte Bredahl Jacobsen at the University College Copenhagen and Dr Cecilie K. Moesby-Jensen at the Department for Social Work, Professionshøjskolen Absalon.

The careful facilitation of research workshops with children and adult family members by Dr Jacobsen and workshops with children with special needs by Dr Moesby-Jensen was particularly instrumental in the success of this study. Dr Jacobsen was also assisted by Associate Professor, Kresta Munkholt Sørensen. We would like to thank them, and their academic institutions, for all the support they offered in making this research possible.

Our gratitude specifically goes to the professional stakeholders who kindly participated in interviews as well as all the adult family members who gave their time to attend our research workshops and share with us their knowledge and ideas.

Most importantly, we want to offer our heartfelt thanks to all the children who shared with us their ideas about, and understanding of, family life. Their participation helped make our research findings so rich and informative. We believe their voices, and their recommendations for change, have been a primary contribution to the conclusions in this report.

# Definitions

<b>Abandonment</b>	A situation in which children are anonymously left in a 'public' place by persons unknown e.g., a child is left on the steps of a mosque or in front of a hospital. or on the street.
<b>Adoption</b>	A child who is officially placed in the legal custody of the person adopting them 'pursuant to a final adoption order, as of which moment, for the purposes of the UN Guidelines for the Alternative Care of Children, the child is considered to be in parental care'. <sup>1</sup>
<b>Alternative care</b>	Care provided for children who are not living with parents. According to the UN Guidelines, this is care that is formally arranged including foster care, kinship care and placement in small scale residential settings or, informal care. All care in residential institutions even if not formally arranged, is alternative care.
<b>Care Leavers</b>	Children and young people who have left alternative care
<b>Child</b>	A child is any person under the age of 18 years unless the law of a particular country sets the legal age for adulthood younger, as provided for under Article 1 of the United Nations Convention on the Child. <sup>2</sup>
<b>Children without parental care</b>	For the purposes of this report, this is children not in the care of both parents. The UN Guidelines for the Alternative Care of Children note this to be 'All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.' <sup>3</sup>
<b>Family based alternative care</b>	Refers to care arrangement whereby a child is placed in the domestic environment of a family, as opposed to institutional or residential care. <sup>4</sup>
<b>Formal care</b>	'All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not the result of administrative or judicial measures'. <sup>5</sup>
<b>Foster care</b>	'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved, and supervised for providing such care.' <sup>6</sup> This also applies to a formally arranged placement with family members i.e. formal kinship foster care..
<b>Gatekeeping</b>	A process by which the situation of a child is carefully assessed and decisions made about protection and care that is in their best interests. This requires adherence to the 'necessity' principle; no child should be separated from parental care and placed in alternative care unless necessary for their protection. Children should be placed in the most suitable alternative care, which should not include residential institutions, that meets their needs. This is a temporary measure and all efforts made to reunite a child with their parents, or other primary caregiver, as quickly as possible.
<b>Informal care</b>	Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends also known as informal kinship care, or by others in their individual capacity. The arrangement is at the initiative of the child, his/her parents, or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. <sup>7</sup>
<b>Institutional care</b>	'Large residential care facilities', <sup>8</sup> where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity. <sup>9</sup>
<b>Kafala</b>	A means of providing care for children as recognised under Islamic law and in Article 20 of the Convention on the Rights of the Child and in the UN Guidelines for the Alternative Care of Children. This may include providing financial and material support to a child in parental or alternative care, or may be an arrangement closer to adoption or fostering where a child is taken to live with another family <sup>10</sup>

<sup>1</sup> United Nations General Assembly 2009

<sup>2</sup> based on Article 1 of the UN Convention on the Rights of the Child 1989

<sup>3</sup> United Nations General Assembly 2009

<sup>4</sup> European Expert Group on the Transition from Institutional to Community-based Care 2012

<sup>5</sup> United Nations General Assembly 2009

<sup>6</sup> *ibid.*

<sup>7</sup> *ibid.*

<sup>8</sup> *ibid.*

<sup>9</sup> NGO Working Group on Children Without Parental Care 2013

<sup>10</sup> Cantwell and Jacomy-Vite 2011



<b>Kinship care</b>	'Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.' <sup>11</sup> Informal kinship care is 'any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ... at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.' <sup>12</sup> Formal kinship care is care in the same settings ordered by an administrative or judicial authority or duly accredited body. <sup>13</sup>
<b>Orphan</b>	For purposes of this report the term orphan refers to a child whose both parents have died
<b>Other primary caregiver</b>	Legal or customary primary caregiver of a child who is not their parent.
<b>Reintegration</b>	The process of a separated child making the transition back into his or her family <sup>14</sup>
<b>Relinquishment</b>	A process by which a parent/s or others with or without parental authority decide not to raise a child and hand them over to another 'carer' e.g., a child voluntarily taken to a residential facility. Relinquishment unlike abandonment is when the identity of the mother or father, or other caregivers are known.
<b>Residential care</b>	'Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.' <sup>15</sup> A distinction is often made between residential institutions (described above) and small group homes. Small group homes are settings in which children are cared for in small groups, usually of up to four to six children at most <sup>16</sup> , with consistent caregivers responsible for their care, in a community setting. This form of care is different from foster care in that it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children. <sup>17</sup>
<b>Separated children</b>	Children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. <sup>18</sup>
<b>Small residential care settings</b>	A 'public or private, registered, non-family-based arrangement, providing temporary care to a group of 4 to 6 children, staffed by highly trained, salaried carers, applying a key-worker system, with a high caregiver-to-child ratio that allows for individualized attention for each child, based on the professionally developed case plan, which takes into account the voice of the child.' <sup>19</sup>
<b>Street connected children</b>	Children living and/or working on the streets
<b>Violence against children</b>	For this report the term 'violence against children' will be used to denote all forms of abuse and exploitation including and physical, sexual, and emotional abuse, serious neglect and deprivation. <sup>20</sup>
<b>Young person</b>	There is no legal or internationally agreed definition of 'young person'. The United Nations for statistical purposes, has defined 'youth', as persons between the ages of 15 and 24 years. <sup>21</sup> In some countries, a young person is someone up to the age of 34 years (as for example, Cote d'Ivoire). For the purposes of this report a young person is defined as persons aged 18 to 25 years.

<sup>11</sup> United Nations General Assembly 2009

<sup>12</sup> *ibid.* Article 29b.i.

<sup>13</sup> *ibid.*

<sup>14</sup> Inter-agency group on Children's Reintegration 2016

<sup>15</sup> *ibid.* Article III, 29c. iv.

<sup>16</sup> UNICEF 2020

<sup>17</sup> United Nations General Assembly 2019

<sup>18</sup> United Nations Committee on the Rights of the Child 2005

<sup>19</sup> UNICEF 2020

<sup>20</sup> Please see: <https://data.unicef.org/topic/child-protection/violence/>

<sup>21</sup> Please see: <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>

# Glossary of terms

Adverse Childhood Experiences	ACEs
Danish Centre for Social Science Research	VIVE
Demographic and Health Survey	DHS
Gross Domestic Product	GDP
Non-Governmental Organisations	NGOs
Organisation for Economic Cooperation and Development	OECD
Trauma Informed Practice	TIP
United Nations Convention on the Rights of the Child	UNCRC
United Nations General Assembly	UNGA
UN Guidelines for the Alternative Care of Children	UN Guidelines
World Health Organisation	WHO

## 1. Background to the study

Clearly enshrined in the United Nations Convention on the Rights of the Child (UNCRC) is the right of a child, 'for the full and harmonious development of his or her personality', to 'grow up in a family environment, in an atmosphere of happiness, love and understanding.'<sup>22</sup> This is further endorsed in the 2019 UNGA Resolution, Promotion and Protection of the Rights of Children<sup>23</sup> and the UN Guidelines for the Alternative Care of Children (UN Guidelines).<sup>24</sup> In relation to alternative care, the handbook written to accompany the UN Guidelines, 'Moving Forward',<sup>25</sup> refers to the important principles of 'necessity' and 'suitability'. These principles recognise the primacy of preventing separation and removal of a child from the care of their parents. A further important premise is no actions should deprive a child of parental care unless it has been rigorously assessed as a necessary safeguarding measure. All decisions must always be in a child's best interest. The UN Guidelines echo the UNCRC in highlighting the importance of efforts being primarily 'directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.'<sup>26</sup> To this end, the 'State should ensure that families have access to forms of support in the caregiving role.'<sup>27</sup>

Over recent years, researchers have made efforts to gather information about children living in 'vulnerable'<sup>28</sup> situations and risk of separation from parental care, as well as on the efficacy of family strengthening.<sup>29</sup> However, these studies often highlight a lack of information, due in part, to inadequate national child protection data management systems that fail to gather information on the reasons why children are in alternative care, or at risk of being so.<sup>30</sup> As a result, there are perceived gaps in evidence that would help inform the development of effective universal and specialist programmes and services to address the underlying drivers of child-parents separation.

Studies have also examined the detrimental impact of adverse experiences in childhood, including separation of a child from parents, as well as the effects of placement in alternative care.<sup>31</sup> Such studies illustrate the way these events can have harmful life-long consequences for children. However, despite

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<sup>22</sup> United Nations General Assembly 1989

<sup>23</sup> United National General Assembly 2019

<sup>24</sup> United Nations General Assembly 2009

<sup>25</sup> Cantwell et al. 2012

<sup>26</sup> *ibid.*

<sup>27</sup> *ibid.*

<sup>28</sup> Nankervis et al. 2011

<sup>29</sup> Delap and Reale 2013; EveryChild 2009; Laumann 2015; Lodder et al. 2021; Namey & Brown 2018; Ortea et al. 2022; Wilke et al. 2022

<sup>30</sup> Martin & Zulaika 2016; Petrowski et al. 2017; Willi et al. 2020

<sup>31</sup> Bruskas & Tessin 2013; De Swart et al. 2012; Gale 2018; Howard et al. 2023; Simkiss 2019; Stein 2005; Stein 2012

efforts to develop national child protection systems that encompass the principles of 'gatekeeping'<sup>32</sup> and prevention of child-parents separation, children across the world continue to lose parental care. Furthermore, some studies suggest many children experience separation from their parents that could have been prevented.<sup>33</sup> It is such findings that highlight the need for urgent action to prevent the placement of children in alternative care everywhere.

Drivers of separation are thought to be complex and varied with studies placing emphasis on differing antecedents.<sup>34</sup> To develop effective and relevant strategies and programmes of service delivery that help prevent the placement of children in alternative care in different parts of the world, it is essential to gain a much clearer understanding of those drivers contributing to child-parents separation in differing contexts. It is particularly important to collate such evidence by listening to the views of children, young people, and adult family members.

This study has been prompted therefore, by a recognition that 'more research is needed to understand the effective approaches to antecedents to placement'<sup>35</sup> in alternative care. This is coupled with an understanding that the most detailed information that currently exists, overwhelmingly originates in high income countries and therefore, a need to gather further primary evidence of risk factors as relevant to different countries, contexts, and socio-ecological systems.<sup>36</sup> It is with this understanding, that our research was undertaken in a series of countries around the world. To date research has also been conducted in Denmark, El Salvador, Cote d'Ivoire, Indonesia, Kenya, Kyrgyzstan, Lebanon and Uruguay.

## 2. Aim and Scope of the Study

The primary aim of the international research aim was to address gaps in evidence relating to the key drivers that contribute to the separation of children from their parents and placement in alternative care. To collate this evidence, the following questions were considered:

- What are the key challenges facing families that create conditions in which child-parents separation and placement in alternative care is more likely to occur?
- Who are the children already in alternative care?
- What are some of the gaps in multi-level and multi-sectoral approaches and service delivery that could help prevent child-parents separation?
- What are the ideas of children, young people, family members, and other key stakeholders, about the current support to families and how it could be improved?

Alternative care is recognised in the UN Guidelines as both informal and formal care.<sup>37</sup> The difference being the former is a private arrangement that has not been ordered by an administrative or judicial authority or other accredited body. Traditionally, alternative care includes a variety of settings including kinship care, foster care, other forms of family-based placements, as well as residential care, either in a small group setting or in large institutions, and supervised independent living arrangements.

We realise that around the world, interchangeable definitions are being used in relation to children in alternative care. Some of the literature refers to separation of a child from parents, or another primary caregiver, or legal guardian. Some refers to the process of separating children from their parents as 'child-family' separation. Indeed references to separation from parents and from family are both used in the

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<sup>32</sup> Casky, and Gale 2015

<sup>33</sup> Chaitkin et al. 2017

<sup>34</sup> Bryson et al. 2017; Family for Every Child 2014; Laumann 2015

<sup>35</sup> Wilke et al. 2022

<sup>36</sup> Gale 2018; Martin & Zulaika 2016; Petrowski et al. 2017

<sup>37</sup> United Nations General Assembly 2009

UNCRC. Furthermore, it is acknowledged that the cultural construct and concept of 'family' can denote different household arrangements including the social norm that different members of the extended family are considered a child's primary caregiver. As Kendrick highlighted, over 'recent years, there have been significant developments in sociological and anthropological thinking in terms of the nature of family and intimate relationships'<sup>38</sup> with growing acceptance of differing concepts of what form a 'family' takes in different geographical and cultural contexts.

The UN Guidelines however, clearly define children in alternative care as those being no longer in the care of a parent/s.<sup>39</sup> In this regard, Article 9 of the UNCRC also notes how 'States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine...that such separation is necessary for the best interests of the child'.<sup>40</sup> In addition, Article 3 of the UN Guidelines require efforts to be primarily directed toward 'enabling the child to remain in or return to the care of his/her parents'. Article 32 of the UN Guidelines clearly states how 'preventing the need for alternative care' should first and foremost be through 'promoting parental care'. This includes policies to 'promote the right to have a relationship with both parents', and to, 'strengthen parents' ability to care for their children' (Article 33). Most importantly, we are aware of research that reflects the voices of children and their clearly articulated wish to remain with, or to return to, their 'parents'.<sup>41</sup>

Taking the differing guidance and terminology into consideration, it was decided to use the term 'child-parents separation' in this report in reference to situations where children lose parental care e.g. when being separated from both parents, and placed in alternative care.

While discourse on the prevention of placing children in alternative care has been explored in previous research and reports,<sup>42</sup> our preliminary desk review found very little evidence that this topic had been directly informed by the voices and perspectives of children, young people, parents, and other primary caregivers themselves. Neither has the available research sufficiently provided for these voices to be jointly heard from different countries and contexts across the world. It was considered important therefore, that the scope of this study included efforts to address these gaps by collating information from different stakeholders across diverse socio-economic locations, and most especially, from children and young people. To this end, participatory research methodology has allowed for the participation of children, young people, and adult family members living in different socio-political and cultural environments in a further six low, medium and high income countries, including Denmark. Gathering the knowledge of professionals from a range of government and non-governmental agencies holding a responsibility to protect and support children and families in these countries has also been an important contribution to the collation of evidence.

The research was not intended to comment on the situation of children whilst in alternative care. Neither was it expected to provide an evaluation of the services provided of any one agency, including SOS Children's Villages, in each country the research has been conducted in. Other topics not covered by the research include the situation of unaccompanied and separated children affected by migration. We do recognise their plight however and draw attention to some of the existing documentation on the reasons children affected by migration become separated from parental care.<sup>43</sup> Furthermore, as the focus of our study has been prevention of separation, although recognised as important, issues related to reintegration and adoption have not been included. Nor has the situation of children deprived of liberty through placement in detention been included in the research.

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<sup>38</sup> Kendrick 2012

<sup>39</sup> The UN Guidelines define children without parental care as all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances

<sup>40</sup> United Nations General Assembly 1989

<sup>41</sup> SOS Children's Villages 2020

<sup>42</sup> Casky & Gale. 2015; Family for Every Child 2014

<sup>43</sup> International Organization for Migration 2015; International Social Services 2017; Marcus et al. 2020

### 3. Executive summary

This study *Key Drivers Contributing Child-Parents Separation in Denmark* was conducted by independent international and national researchers and facilitated by SOS Children's Villages Denmark and SOS Children's Villages International.

Our research had the primary aim of determining the reasons children are separated from parental care and placed in alternative care in Denmark. We believe the decision to place a child in alternative care is particularly influenced by two factors: the circumstances in which they are living, and the decision making of those with responsibility for child safeguarding judgements. Therefore, our research framework, included a focus on issues that directly impact households as well as the role of decision makers and factors that influence their determination whether or not to place a child in alternative care.

Research methodology included a desk review, participatory workshops with children, including children with special needs, and with adult family members. In addition semi-structured interviews were undertaken with, and an online survey completed by, professional stakeholders.

#### **Drivers of separation at a household level**

Analysis of the information provided by children, adult family members, and interviewees, complimented by findings of a desk review, suggests there are multi-faceted and inter-related circumstances that bring children to the attention of the child protection authorities and decision making that can result in either support to prevent child-parent separation or placement in alternative care.

Findings reveal the presence of violence in the home or, the risk of such actions, can lead to child-parent separation and placement in alternative care. This includes physical and sexual violence directly experienced by children as well as the presence of domestic/gender-based violence in the home. Emotional neglect/psychological violence of children is also impacting child-parent relationships. A correlation has been made by some between children being exposed to such actions and depleted parenting ability in some households. The presence of violence also contributes to family breakdown and separation and, single-parent headed households. The latter situation also raising concerns as data indicates a higher percentage of children in alternative care come from a single-parent households.

The socio-economic status of a family is a factor influencing the risk of a child being placed in alternative care. Families from all socio-economic circumstances, low, middle and high, are losing children into alternative care. However, data suggests that even though there is a very strong social welfare system in Denmark providing safety nets for those with special needs and disabilities, unemployed, suffering ill-health, lacking adequate housing etc. there are more children from low income and socially disadvantages households in alternative care. In part, this may be related to the challenges parents face and the way this can erode coping mechanisms, exacerbate feelings of distress, anger, and for some, an impact an ability to parent well. Some research respondents also see a direct correlation between such situations and the use of violence in the home.

Some adult family members who participated in the research, question access to adequate levels of support in Denmark, both material and emotional. Many said there are challenges in seeking and gaining the support that is needed. A number of research participants who provided this information are in contact with social services and have children with special needs and disabilities. Data reveals that children with special needs and disabilities, and those with parents with special needs, disabilities or other health concerns, are being placed in alternative care. Interviewees believe such placement usually occurs when the support needs of children is high and parent's ability to cope is compromised.

Reliance on drugs and alcohol is also noted as a reason for family breakdown, including when used as a negative coping mechanism in response to socio-economic, emotional, and other challenges parents are facing. Statistics published by the Government of Denmark verify addiction of parents as a reason children are being placed in alternative care along with addiction of children themselves.<sup>44</sup> In addition, criminal behaviour of a small number of parents and children, as well as absence from, and other challenges associated with, school attendance are recorded in a Government statistical database as reasons for placement. It is noted how these latter factors were not given weight by interviewees as only two respondents briefly referred to these issues.<sup>45</sup>

Of concern are findings that reveal how the issue of inter-generational violence and/or poor parenting skills can contribute to situations in which children lose parental care. It is this factor related to family breakdown, violence and separation that may not always be adequately recognised, nor sufficiently addressed. There is a body of literature that suggests parents who themselves lacked a happy, secure, protected, and loving childhood, may struggle to care for their own children.<sup>46</sup> In this respect, and based on information provided during the research, we believe that with each generation in which families in Denmark repeatedly experience and witness violence, and/or lack strong attachment and positive parenting skills, issues related to family dysfunction, breakdown and separation, will be an ongoing concern. This in turn means the ongoing risk of placement of children in alternative care. Interviewees recognise the need for additional efforts to help break this cycle.

It is important to note that although issues related to poverty and social disadvantage can contribute to family breakdown and the presence of violence, nevertheless, there are families, including those in single-parent headed households, living in very difficult circumstances who are supportive and caring of one another and create a safe environment for children. Participants in the adult family workshop clearly expressed their worries for their children and their wish to do the best they can for them. Strong loving relationships are an important factor in helping families stand up to the impact of poverty and other shocks experienced by households.

### **Decision making**

We believe the decision to place a child in alternative care is not only influenced by the circumstances they are living in, but also the critical decision making of those professionals with responsibility for child safeguarding judgements. In this respect, our research included a focus on decision makers in Denmark, including social workers, and factors influencing their decision whether or not to place a child in alternative care. We considered decision making within the context of the national child protection system including such elements as the normative framework, data collection, the functioning and resources of child protection services, training and capacity of professionals, and use of case management tools.

Denmark has strong child protection and child welfare legislation and policies that place particular emphasis on prevention of child-parents separation. Furthermore, there are rigorous standards of child protection case management applied to social work including the use of child and family assessment procedures. No child can be removed from their family without decisions being taken as part of the statutory child protection system. Decisions that parents, and children dependent on their age, participate in.

Deciding on placement of a child in alternative care or issuing of prevention measures and support, all with a focus on the child's best interests involves several different levels of professional decision making. In this manner, social workers are the first to respond to reports of concern about a child and hold responsibility for completing the necessary child and family assessments. Decision making is then shared with other

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<sup>44</sup> Please see: <https://www.statbank.dk/20046>

<sup>45</sup> *ibid.*

<sup>46</sup> Asmundson and Afifi 2019; Dube et al. 2001; Dube et al. 2002; Felitti et al. 1998; Kim et al. 2022; Moylan et al. 2010

colleagues, passed to managerial level, and then on to Boards and Committees at municipal level. Information gathered during the research suggests there are positive and negative aspects to this process. Some believe shared decision making is a positive approach that helps place checks and balances on the process. Others believe that the decisions and recommendations of social workers, when passed for consideration to municipal Boards and Committees, are then impacted by issues other than those related to the families themselves, as for example, budgetary concerns. Some social workers are also worried that final decisions are taken by Boards or Committees members lacking in sufficient training as well as their distancing from, and lack of regular inter-personal contact with, families.

It is recognised that social workers receive a high standard of training in Denmark. Overwhelming however, interviewees said the practical experience, gained through in-service secondments during their social work course, is insufficient to equip them with the skills needed to interface and communicate with children and families. This also impacts their confidence in making the right decisions when they first begin employment.

Recent changes in legislation place specific emphasis on the participation of children in decisions affecting their lives including protection and placement in care. As this legislation was about to come into force at the time the primary research was undertaken, this was a much spoken about topic. Many interviewees feel there is a need to invest in additional training for all those in contact with children, especially social workers and other key decision makers, to enhance their understanding and skills in this area.

A further finding relates to the timing of decision making about the best interests of children, especially in terms of placement in alternative care. Overwhelmingly there is agreement amongst interviewees that the primary concern of preventing children losing the care of their parents should be respected and that this requires time, resources and perseverance. However, some believe that this important precedent means there are some children who remain in situations for too long before a decision is made to remove them and, as a result, more harm is inflicted on a child before they are separated from parental care.

## **Recommendations**

- Further investment in programmes that identify and break inter-generational violence in the home as well as early support for those struggling with parenting skills would be of benefit. Programmes to address these issues should be created in a sustainable manner and if applicable, as a universal prevention mechanism. For example, violence prevention programmes that reach children from an early age could be built into the school curriculum and offered through continuous learning throughout different stages of school life. Family strengthening and support programmes would also benefit from an additional focus on this inter-generational aspect of an inability to parent well.
- There is a strong commitment to delivering a universal welfare system in Denmark that provides access to basic and specialist support. However, for some families, an improved system of earlier detection when support is needed would help in preventing them reach a crisis point. Such support should be easily adapted to the needs of individual children and families. In addition, there may be need for further consideration regarding the barriers and reasons causing some parents to not reach out, or accessing the most pertinent support they require.
- For some families it is not just additional socio-economic help that is required but, when in contact with the social services system, more attention is needed in terms of emotional /psychosocial support and greater trust from those tasked to work with them.
- Consideration should be given to the influence of budgetary considerations in relation to decision making in child protection and alternative care. This requires increased attention so that financial



concerns are not a factor driving decisions instead of children's safety, welfare and best interests being the primary objectives. This is particularly important in the consideration and decision making of Municipal Boards and Child and Youth Committees.

- In accordance with the UN Guidelines for the Alternative Care of Children, any child residing outside of the overnight care of parents is considered to be in alternative care. This would include therefore the use of residential settings for the purposes of education e.g. boarding schools. It is recommended that this particular issue is taken into further considerations with regards policies and practice in Denmark.
- Careful consideration should be given to ensure that decisions regarding preventive interventions or alternative care are always in the child's best interest. In particular, this requires additional insight, understanding, consideration, and discussion as to how current policy, although upholding the important of prevention of child-parents separation, may be leaving some children in untenable home situations.
- Efforts should be made to review, and if necessary adjust, the child protection case management process so that the necessary time needed to interface with, and offer support to, children and families is made possible and not superseded by paperwork and bureaucratic processes. This might be accompanied by a review of the number of children and family cases each social worker is currently expected to manage at any given time and the efficacy and sustainability of this situation.
- Consideration should be given to the curriculum of higher education institutions offering social work courses in terms of greater inclusion of such topics as child protection, working with families at risk of child/parent separation, and communication methods and decision making with children and families. It is recommended that additional time is allowed for in-service secondments during which social work students are able to develop practical experience of working with children and families to complement their theoretical studies. It is suggested that ongoing access to such training should be made available for a period of time after initial employment as a social worker has been attained.
- In order to accurately address any gaps in knowledge and understanding of members of Municipal Boards and Child and Youth Committees, it is suggested a review of any training needs be conducted. This might include an exploration of their understanding of topics related to child protection and child and family well-being, trauma informed practice, and other relevant topics in relation to the most suitable support for individual children and parents.
- Additional training would be beneficial for front line key workers, e.g. teachers and child care workers, in identifying and reporting concerns about a child. Such training should ensure the content of reports regarding a concern about a child (letters of concern) provides sufficient and accurate information. It should also prompt decisions to report a concern in a more timely manner e.g. before situations escalate for a child.
- In line with additional expectations as included in the Children's Act 2024, further training should be made available on facilitating the full and meaningful participation in decision making for all professionals in contact with children, and most particularly those with responsibility for child safeguarding and decision making.



## 4. The Research Framework



Our research framework was informed by international child rights conventions and most especially the UNCRC and the 2019 United Nations General Assembly Resolution: 'Promotion and the protection of the rights of children' (A/RES/74/133).<sup>47</sup> Every child in the world has rights. These rights, including those of protection and participation, are universal and indivisible. The role of States Parties in upholding and realising the rights of children has also been taken into account when developing this research including the responsibility to 'develop and implement comprehensive child welfare and protection policies within the framework of their overall social and human development policy'.<sup>48</sup>

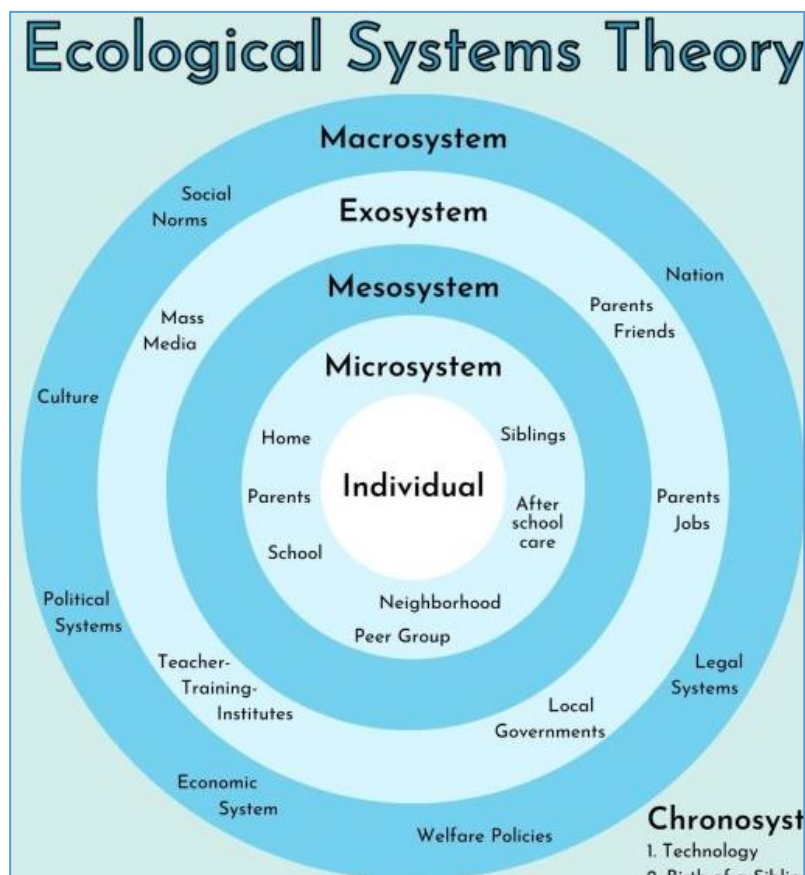
The research framework has also been informed by socio-ecological models such as that of Bronfenbrenner.<sup>49</sup> An adaptation of his model can be seen in Figure 1. This considers the impact of inter-relating factors affecting children and families at an individual interpersonal level (microsystem), structural level, including family and community level, (meso and exo systems), and institutional level (macrosystem). We have added an additional consideration to our research which is the influence of international normative frameworks and other global influences within the macrosystem.

<sup>47</sup> Please see: <https://digitallibrary.un.org/record/3837858?ln=en>

<sup>48</sup> United Nations General Assembly 2009

<sup>49</sup> Bronfenbrenner 1977 See also: Bronfenbrenner 1986; Bronfenbrenner 1994

Figure 1. An adapted graphic illustration of Bronfenbrenner's socio-ecological systems theory



(Source: Drew 2023)

Based on this model, research questions used with respondents remained broad in order to extract information about the range of factors positively and negatively influencing and impacting family life.

The research framework also considered the functioning of different components of the national child protection system (Figure 2). Such system should include a suitable normative framework and programmes informed by rigorous data collection and analysis, as well as structures for the delivery of child protection services and those that help mitigate and respond to the multi-sectoral factors placing children at risk and families in difficulty. It requires efforts to ensure public awareness of child rights and child protection as well as a well-resourced and skilled work force and coordinated, inter-sectoral partnership working between the State, families, communities, NGOs, and the private sector.

Figure 2. Components of a national child protection system



## 5. Engagement with national researchers from the University College Copenhagen and the Department for Social Work, Professionshøjskolen Absalon

Creating a caring, safe and trusting atmosphere when conducting research with children and young people is essential. To this end, rather than the International Lead Researcher (of English nationality) facilitating the workshops with children and adult family members in Denmark, the services of national researchers was sought. It is believed this helped with easier communication between researchers and research workshop participants. It also removed any distrust or suspicion that being asked questions by a 'foreigner' might incur. Furthermore, it meant the person directly interfacing with research workshop participants had a much more informed understanding of the cultural and other influencing aspects of the environment children and adult family members came from.

A vital element of the research programme therefore, has been a partnership between SOS Children's Villages Denmark and Dr Charlotte Bredahl Jacobsen at the University College, Copenhagen, and Dr Cecilie K. Moesby-Jensen at the Department for Social Work, Professionshøjskolen Absalon. Dr Jacobsen was supported by Associate Professor, Kresta Munkholt Sørensen. The careful facilitation of research workshops with children and adult family members by Dr Jacobsen, and workshops with children with special needs by Dr Moesby-Jensen, has been particularly instrumental in the success of the research in Denmark. This partnership also allowed for a research ethics application to be made to the University College Copenhagen. Full ethical approval was awarded.

## 6. Research methodology

### 6.1. Research participants

Invitations were issued to potential research participants through the dissemination of age-appropriate Information Sheets in Danish. Finding children, young people and adult family member participants proved a major challenge in Denmark. Despite months of outreach work, including use of social media, the initially anticipated numbers of 40 children, 48 young people and 40 adult members could not be achieved. As SOS Children's Villages in Denmark is not a direct project implementing agency with possible participants, this meant having to undertake extensive outreach and networking with local municipalities and other service providers from the NGO sector. A significant barrier was the time taken to request official clearance to contact groups of children, young people and adult family members through such channels as local social services departments, education authorities and similar bodies. Many requests were denied due to the high level of existing commitments of professionals and the clients they are responsible for. Furthermore, we found a high level of 'protection' towards the target groups which we also perceive as causing a barrier to participation.

The participants that did engage in the research included:

- 14 children aged 11 – 16 years old living with their own families including 10 children with special needs.
- 15 adult members of families.
- 15 professional stakeholders including social workers, child protection workers, alternative care providers, lawyers, and family support service providers.
- 29 key stakeholders who responded to an online survey requesting information on reasons children are placed in alternative care and access to support services.

### 6.2. The research process

The research field work was finalised in Denmark in November 2023. Great importance was placed on the development and use of participatory research methodology to highlight the voices of children, young people and adult family members. Methods were also used that sought the views and understanding of professionals. All findings have been correlated with information drawn from relevant literature. The following research methods were used to gather qualitative and quantitative data:

#### ■ Desk review

A desk review was conducted in English that included observation of the socio-economic and cultural environment, the functioning of the national child protection system, and provision of alternative care in Denmark. Further desk reviews sought information on topics that included participatory research methodology, prevention of family separation, gatekeeping, and family strengthening. An adjunct research report undertaken by Dr Charlotte Bredahl Jacobsen and colleagues at the University College, Copenhagen on the topic of decision making has specifically informed this report<sup>50</sup>. Due to the challenges involving significant numbers of children, and adult family members in the research, this report has relied significantly on data drawn from the desk review.

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<sup>50</sup> Jacobsen et al.2023

- **Initial consultation workshops with children and young people in El Salvador and Lebanon contributing to use of research methodology in Denmark**

In recognition of the importance of a child's right to participate in decisions affecting their lives, and understanding that they are 'competent social actors'<sup>51</sup> who should be 'actively involved in shaping their own social worlds',<sup>52</sup> steps were taken to achieve as high a degree of their participation as possible during the research.<sup>53</sup> To this end, in order to highlight their voices, and seek their knowledge and ideas, children and young people, were not only invited to join qualitative participatory research workshops in participating countries, but efforts were made to engage them in the initial design of the research questions and qualitative participatory methodology. Children and care-experienced young people in EL Salvador and Lebanon therefore participated in a consultation process. Their input into these workshops resulted in the co-design of the following research questions which were subsequently used with children and young people in other countries:

Question 1: What makes children/young people in this family happy when they are at home? (based on a drawing of a house and a family that had been drawn by participants)

Question 2: What makes children/young in this family worried or unhappy when they are at home?

Question 3: What makes the adults in the family feel happy, strong and united when they are at home?

Question 4: What makes the adults in the family feel worried or unhappy when they are at home?

Question 5: What is needed to help families be happy, strong and united?

The research questions had the aim of understanding stressors within the household as well as what would counter such challenges. The methods developed in the consultation workshops were piloted in El Salvador and Lebanon. This informed the methodology used in all research workshops, including those with adult family members, in Denmark, Cote d'Ivoire, Indonesia, Kenya, Kyrgyzstan and Uruguay.

It is important to note that the research questions did not seek personal information about, or experiences of, the workshop participants. Instead we sought information that told us about children, young people and other adult family members within their communities/country. We realise however, that participants may also have referenced their own personal experiences when offering their answers.

- **Participatory research workshops with children in Denmark**

In total 3 groups of children participated in the research workshops held in semi-urban settings in the Region of Zealand and in the city of Copenhagen. This included 2 groups of children with special needs.

Four children participated in the research workshop held in Copenhagen. They were invited to take part in a number of exercises that involved the joint drawing of an imaginary house and family (Figure 3) and writing answers to the different research questions on post-its. Children were able to privately answer questions 1 and 2 by placing their post its into bags placed on the drawings. They placed written answers to questions 3 and 4 on post-its on their drawing. They were then invited to discuss what they had written. This process was facilitated by the national researchers.

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<sup>51</sup> Gilchrist et al. 2013:577. See also Davidson 2017

<sup>52</sup> Gilchrist et al. 2013:577

<sup>53</sup> Asmundson 1959; Beebeejaun et al. 2013; Blanco et al.2022; Bradbury-Jones and Taylor 2015; Bromark et al. 2023; Chevalier and Buckles 2019; Cossar et al. 2014; Cuevas-Parra and Tisdall 2019; Fouché and Light 2011; Garcia-Quiroga and Salvo Agoglia 2020; Grant 2017; Holland et al. 2008; Jamieson et al. 2021; Lake and Wendland 2018; Larkins et al. 2021; Lundy et al. 2011; Sabo 2000; Shamji 2007; Stuart et al. 2021

Figure 3. An imaginary house and family drawn by children



Building on the original workshop methodology, Dr Cecilie K. Moesby-Jensen further developed research methods for two workshops held with children with special needs. The workshops took place at the children's schools and Dr Moesby-Jensen was accompanied by the Lead International Researcher. Four children participated in the first research workshop: 3 girls and 2 boys aged between 11 and 15 years old. They were supported by two Educators the children already knew. The children experience extensive learning difficulties, physical disabilities, multiple impairments, complex syndromes, and other diagnoses. Their Educators said there were amongst some of the school's higher functioning students. The second workshop comprised 6 children between the ages of 14 and 16 years old: 2 girls and 4 boys. They were supported by one of their teachers. The teacher informed the researchers that the participants have Attention Deficit Disorder (ADD), Attention deficit hyperactivity disorder (ADHD), Autism, and Tourette's syndrome. Several of the students had more than one diagnosis.

Each workshop with children with special needs lasted approximately one hour. They took place during school hours in a room that was familiar to the participants, quiet, and without disturbances. The workshops followed a similar structure to the one conducted with children in Copenhagen as described above, and utilised the same research questions. During the planning and preparation phase, Dr Moesby-Jensen engaged in close dialogue with the children's Educators and teachers. She provided them with visual descriptions of the project and the workshop programme that they could use to inform and prepare the children. The same visual materials were also used at the start of each workshop to once again explain to the children what their participation would entail.

The overall methodological approach to the research with children with special needs was one that would ensure predictability, structure, and clarity so that participation was accessible, pleasant, flexible, and not stressful. In the preparation phase and during the workshop activities, the sharing of information was structured around nine guiding questions that would create clarity and meaning for the children as to what would happen, why and how. This included making the following information very clear: what (the content of



the workshop), why (reason), how (method), where (location), when (timing), how long (duration), how much (quantity), with whom (people), from whom you can get support from (person).<sup>54</sup>

Gathering of data was achieved by employing visually creative elements so as to engage the children and encourage and support their active participation and easy communication.<sup>55</sup> To do this, everyone gathered around a table with large pre-prepared posters, each adorned with drawings and pictograms that illustrated the discussion topics/questions. For example, for the first four research questions, Dr Moesby-Jensen prepared a set of large drawings depicting a family home with graphics that emphasised each research question. Figure 4 illustrates the graphic corresponding to the question, 'What makes adult members of this family happy?'. Accordingly it depicts a house (a family home), the children in the home, enhanced graphics of two smiling adults, and a smiley icon to represent happiness.

*Figure 4. An example of graphics used in workshops with children with special needs*



The children actively contributed their thoughts and answers to the questions verbally which were then recorded by Dr Moesby-Jensen and accompanying Educators and teacher on post-its and placed on the posters. Throughout the workshop, pace, progress, communication and consideration for each individual participants were constantly adjusted in close collaboration with the Educators and teacher. Their role in the workshop also included supporting and interpreting children's nonverbal communication.

We believe the use of creative visual materials was effective in capturing the children's perspectives and contributed to giving a voice to children with special needs who, along with children with other forms of disability, are often excluded from participation in research.<sup>56</sup> This study recognises that children with special needs and disabilities have valid and relevant perspectives on matters that concern their family life.

## **Solutions**

In all the workshops with children, in order to seek answers to question 5, we asked them to provide their solutions to the challenges for children and families they had identified. The group of children in Copenhagen were each asked to think of themselves as a superhero and to depict this in drawings. They then wrote 3 things they would do with their superpowers to help families address the identified challenges.

<sup>54</sup> Please see: <https://adhd.dk/wp-content/uploads/2022/09/artikel-De-9-magiske-her.pdf>

<sup>55</sup> Fayette and Bond 2018; Moesby-Jensen 2019; Moesby-Jensen 2021

<sup>56</sup> Shakespeare, 2015

An example is illustrated in Figure 5. This picture depicts 2 superheroes that stop time so that they can 'clean', and in this way, create an environment in which no-one is mad with each other anymore.

*Figure 5. An example of superheroes*



In the workshops with children with special needs, the methodology was adapted to include the use of graphics prepared by Dr Moesby-Jensen depicting superheroes. Verbal answers were provided by the children and written on the post-its by the researcher (Figure 6).

*Figure 6. An example of superhero graphics used in workshops with children with special needs*



What is very important to note is, upon analysis of the results provided by children with special needs, there was very little if any differentiation between the information they provided and that of other children. To this end, we have chosen not to separate their answers but to incorporate them into the overall information collated from the research with all children and young people reported within this study.

### **Family workshops**

It was also important to elevate the voices and ideas of adult family members. To this end, two workshops were held with adult family members, one in a small urban setting within a rural area of the country



approximately 140 kms outside of Copenhagen, and the other in a suburb of Copenhagen. Participants of one of the workshops comprised mothers of children with special needs and disabilities. Similar participatory research exercises were used to those developed by, and for, children and young people including drawings of houses containing a family and problem and solution trees. The research questions used with adult family members were:

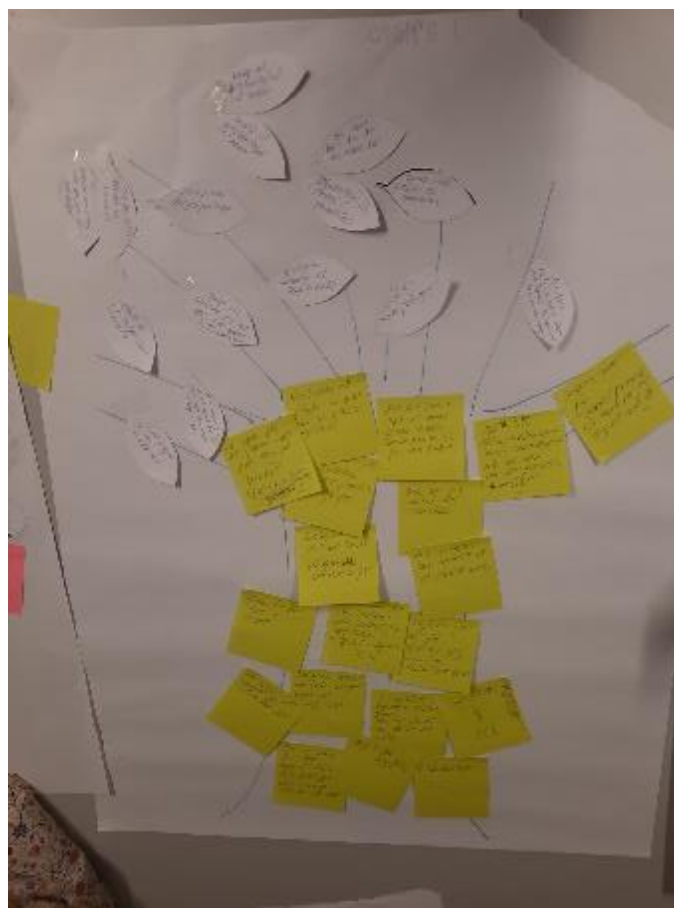
Question 1: What makes families feel happy, strong and united when they are at home?

Question 2: What makes families feel worried or unhappy when they are at home?

Question 3: What is needed to help families remain happy, strong and united?

They were asked to work together to draw a house with a family in it and to write their answers to question 1 and 2 on post-its which were then placed on their drawing. We also sought participants' ideas for solutions to the challenges they said families are facing. To do this, a problem and solution tree was drawn. Identified problems were placed on the trunk and solutions depicted as leaves on the branches (Figure 7).

*Figure 7. Example of a problem and solution tree produced by adult family members*



At the end of each workshop, participants were invited to ask questions or if they wished, to discuss topics that had arisen during their time together.

#### ■ **Semi-structured interviews**

A total of 15 semi-structured interviews were conducted with professional stakeholders (interviewees). The principle research questions focussed on the reasons children are separated from parents and placed in alternative care as well as efficacy of decision making by professional stakeholders. Interviewees were selected through a purposive sampling methodology and included social workers and other professionals working in child protection and family support services and programmes. Purposive sampling methodology

was chosen as it allows for intentional selection of knowledgeable participants that will generate theory and understanding of a specific social process and context.<sup>57</sup> Criteria for the selection of interviewees was prepared by the Lead International Researcher. Members of SOS Children's Villages Denmark team sent invitations to prospective interviewees based on their knowledge of different key professional stakeholders in the country working for government and non-governmental agencies. A translator was present during the interviews.

#### ■ **Online survey**

An online survey for professionals working in the support, care and protection of children and families was designed and disseminated utilising the Qualtrics<sup>58</sup> data software programme. The wording of the survey was designed in a way it would be applicable to respondents in all the eight countries involved in our research. The survey was emailed out to organisations and individual respondents selected by SOS Children's Villages Denmark based on selection criteria prepared by the International Lead Researcher. The questions sought information regarding the reasons children are being separated from their parents and placed in alternative care as well as different types of services and support available to families. After cleaning of the data, a total of 29 responses were included in the final analysis.

### **6.3. Research ethics**

#### **Informed participation and consent**

It was important that participation in the research was fully informed and voluntary. All prospective participants were provided with language, age, and respondent appropriate information sheets when first invited to be part of the research. Age and language appropriate consent forms were also prepared. A strong emphasis was placed on participants understanding that they were free to withdraw their participation at any time.

For the online survey, participants were provided with an information sheet in advance of their participation. The consent process was built into the survey and respondents could not move on to complete the questionnaire without first giving their consent.

#### **Confidentiality and data protection**

Research participants were assured confidentiality and anonymity, unless providing information suggesting there may harm, or risk of harm to a child occurring somewhere. All data used in reporting has been anonymised and care taken not to reveal the identity of participants. Workshop participants were asked not to share personal stories or to name anyone during workshop discussions, or to share participant's information outside of the workshops. National researchers and the translator accompanying the International Lead Researcher signed third party confidentiality agreements.

Recordings of interviews were made using an encrypted recording device and uploaded to secure password protected folders. These are held only by the International Lead Researcher. All other data has also been stored in an electronic format and held securely in password protected computer files.

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<sup>57</sup> Arber 2006; Flick 2006; Flick 2009; Ritchie et al. 2006; Robson 2002

<sup>58</sup> Please see: <https://www.qualtrics.com/uk/>

### **Facilitation of participation and remuneration**

Care was taken to balance the available time researchers had to complete the field work with efforts not to disrupt the lives of participants. This included consideration of the times and length of workshops. Gift cards were given to all workshop participants.

### **Ethics and child safeguarding**

All elements of the research process have been designed and conducted in a manner guided by professional standards and ethical principles.<sup>59</sup> Ethical clearance to conduct the research was sought and granted by University College, Copenhagen.

All efforts were made to ensure participation in the research did not lead to harm, stigma, re-victimisation or discrimination. Careful consideration was given to the sensitive nature of the topic under consideration i.e., events that may cause distress in the lives of participants. In this regard, the study was designed in a way that did not ask workshop participants about personal experience. Through careful observation, researchers did their best to pick up on cues indicating any distress during workshops. All efforts were made to ensure workshops were safe and welcoming. No other adults were present except the national and international researchers.

The issue of child safeguarding was taken with the utmost seriousness and informed the design of an ethical research process to ensure the rights and dignity of participants. A social worker or other responsible adult, such as educator, was present at the same location as the research workshops with children. They were available if a child wanted to speak with them. If a researcher had a concern about the safety or wellbeing of a child during a workshop or, something was revealed that suggested a child might be at risk of harm, the 'responsible adult' was informed. In the event of such disclosure, SOS child safeguarding procedures were to be followed. Children were informed of this process.

### **Research analysis**

All interviews have been transcribed and collated into a word document of which, in-depth reading was completed by the International Lead Researcher. All the information provided on post-its notes by children, young people and adult family members during the research workshops have been transposed into digital word documents. These documents have been imported into the NVIVO 11 data analysis programme<sup>60</sup> and through a text query process, used to extract and collate 'instances' of similarities (and variances) and inform emerging and core themes. Linkages were identified in highlighted text and illustrated in word clouds and tree maps.

The software programme, Qualtrics, allowed for the analysis of responses to the online survey.

## **6.4. Limitations of the research**

Limitations of the research include the time available to researchers to conduct field work in part due to available budgets. With particular reference to the initial process of co-designing research questions and methods with children and young people, it is recognised that additional time would have allowed for an even greater degree of participation in the research conceptualisation and methodology design.

As previously noted in this report, we recognise that only a very small number of children and no young people (aged 18 to 23 years) participated in our research in Denmark. Our research was also limited to two locations which may not have fully reflected the situation throughout the country.

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<sup>59</sup> See for example, Social Research Association (2020)

<sup>60</sup> Please see: <https://lumivero.com/products/nvivo/>

We understand that some children may be living in informal alternative care with members of their extended family. The research methodology did not allow for the study of this situation of these. Other children not included in the research include unaccompanied and separated children affected by migration or children in conflict with the law.

A focus was placed on creative activities and writing exercises to gather information rather than discussion groups. Engagement in discussions was therefore, only a very small element of the research workshops. It is recognised this may have limited the opportunity to seek clarification and/or conduct a deeper exploration of the issues raised. Furthermore, research workshops utilised group work methodology that obscured individual voices whilst providing collaborative answers. As a result the data does not allow for the capturing of individual participant's responses. In addition, as almost all research workshops, groups of children and young people comprised both girls and boys working closely together, an in-depth analysis of similarities and differences in their answers in terms of sex has not been possible.

## 7. Context

Understanding the socio-economic context in which children and families live in Denmark has been important to our study as these circumstances have a significant impact on the well-being and stability of life within a household.

*Figure 8. Map of Denmark*



(Source: World Atlas<sup>61</sup>)

Denmark is a Nordic country located in Northern Europe. The total land area is approximately 43,094 sq. kms and consists of the mainland and as many as 1,419 islands.<sup>62</sup> The country lies on both the Baltic and North Sea and has land borders with Germany and Greenland (an autonomous country of the Danish realm) as well

<sup>61</sup> Please see: <https://www.worldatlas.com/maps/denmark>

<sup>62</sup> Please see: <https://www.cia.gov/the-world-factbook/countries/denmark/summaries>

as having a 1 km border with Canada. A bridge also connects the Danish island of Zealand to Sweden. The official language is Danish. A small minority of Danish, especially the Inuit who are mainly located in Greenland have their own regional dialect.<sup>63</sup> For many years Denmark has ranked as one of the happiest countries in the world due to its high minimum wage, high quality of life, and good work-life balance. Recently, Denmark also ranked as the best country in the world in which to raise children and be a woman<sup>64</sup>

### 7.1. Governance

The constitution of Denmark provides for a legislative body with just a single legislative chamber. Legislative authority is vested in the King and the Parliament conjointly. Executive authority is vested in the King. Judicial authority is the courts of justice.<sup>65</sup> The parliament has 179 members (including two from the Faroe Islands and two from Greenland). The government is headed by a prime minister. The ceremonial head of state, the monarch, appoints the prime minister (generally the leader of the largest party or coalition in the Folketing). The monarch also signs acts passed by the Folketing upon the recommendation of the Cabinet sitting as the Council of State.<sup>66</sup>

### 7.2. Religion

Approximately 72% of Danes remain are members of the state church, the Evangelical Lutheran People's Church of Denmark.<sup>67</sup> However, religious freedom is an important part of Danish society with the presence of Roman Catholics churches, Islamic Mosques and Jewish synagogues.<sup>68</sup>

### 7.3. Population

As of December 2023, the population of Denmark was estimated to be 5,964,059.<sup>69</sup> A significant proportion of the population (88.5%) live in urban conurbations including almost 1.4 million in Copenhagen.<sup>70</sup>

In 2022, the composition of the population was identified as Danish (includes Greenlandic (who are predominantly Inuit) and Faroese( 85.6%), Turkish (1.1%), and other (13.3%) (largest groups are Polish, Syrian, Romanian, German, and Iraqi).<sup>71</sup>

The birth rate as of 2024 is estimated to be 11.3 births per 1,000 population.<sup>72</sup> The fertility rate in 2023 was 1.77 children born per woman.<sup>73</sup> According to UNICEF, 100% of children under the age of 5 have had their birth registered.<sup>74</sup>

Figure 9 illustrates the population age breakdown in Denmark as of 2023.<sup>75</sup>

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<sup>63</sup> Please see: <https://www.cia.gov/the-world-factbook/countries/denmark/#people-and-society>

<sup>64</sup> Please see: <https://denmark.dk/society-and-business/the-danish-welfare-state>

<sup>65</sup> Please see: <https://www.thedanishparliament.dk/en/democracy/the-constitutional-act>

<sup>66</sup> Please see: <https://www.britannica.com/place/Denmark/Resources-and-power>

<sup>67</sup> Please see: <https://denmark.dk/people-and-culture/religion>

<sup>68</sup> Please see: <https://www.britannica.com/place/Denmark>

<sup>69</sup> Please see: <https://www.dst.dk/en/Statistik/emner/borgere/befolkning/befolkningstal>

<sup>70</sup> *ibid.*

<sup>71</sup> Please see: <https://www.cia.gov/the-world-factbook/countries/denmark/>

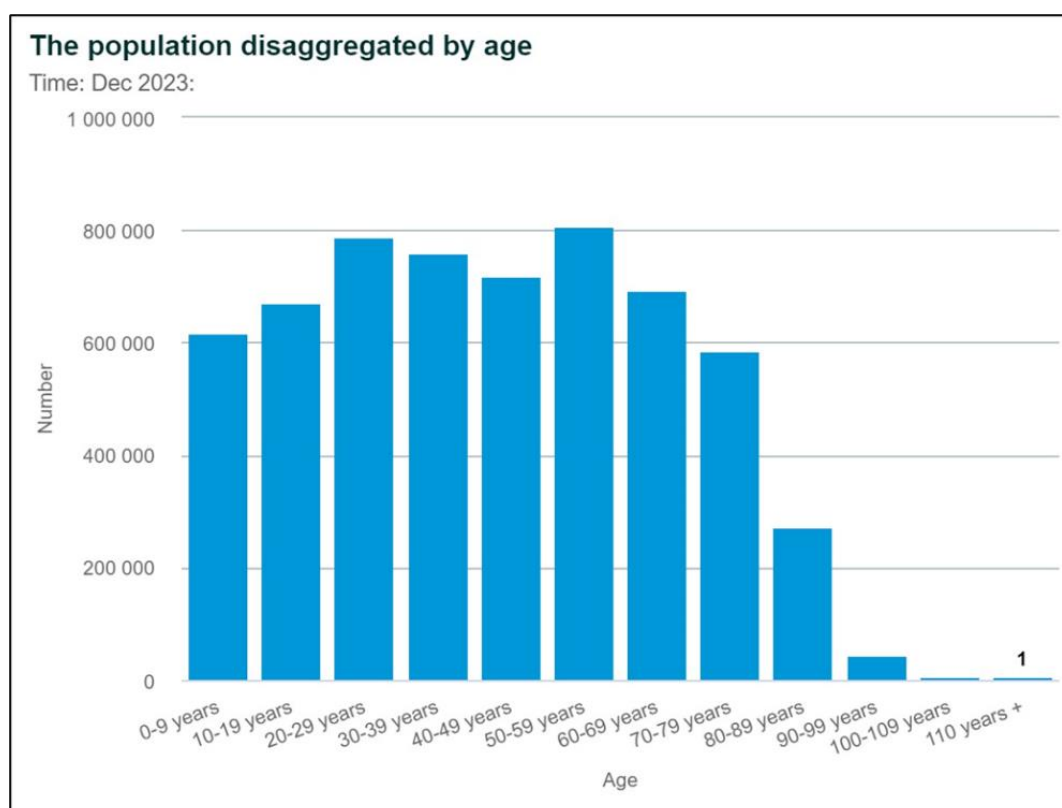
<sup>72</sup> Please see: <https://www.cia.gov/the-world-factbook/countries/denmark/#people-and-society>

<sup>73</sup> *ibid.*

<sup>74</sup> Please see: <https://data.unicef.org/country/dnk/>

<sup>75</sup> Please see: <https://www.dst.dk/en/Statistik/emner/borgere/befolkning/befolkningstal>

Figure 9. Age breakdown in Denmark



(Source: Statistics Denmark available at: <https://www.dst.dk/en/Statistik/emner/borgere/befolkning/befolkningstal> )

#### 7.4. Household composition

According to the Government of Denmark's statistical data base 'Statistics Denmark', there are currently 2,834,240 households across the country and 785,199 families<sup>76</sup> with 1,374,837 children living at home.<sup>77</sup>

Figure 10 provides a snapshot of the living arrangements of children (0-17 year olds) according to data made available in June 2024.<sup>78</sup> It indicates that the vast majority of children (84,8971) are living with both parents. In total, 218, 343 live in single parent headed households (188,091 with mothers only and 30,252 with fathers). This may in part, be related to the high divorce rate in Denmark. Data indicates that divorces ranged between 35% and 54% per annum during the years 2013 to 2023.<sup>79</sup>

<sup>76</sup> According to Statistics Denmark, 'A family may consist of a single person, or it may consist of a couple. In addition a family may consist of one or more children living with at least one of the parents'

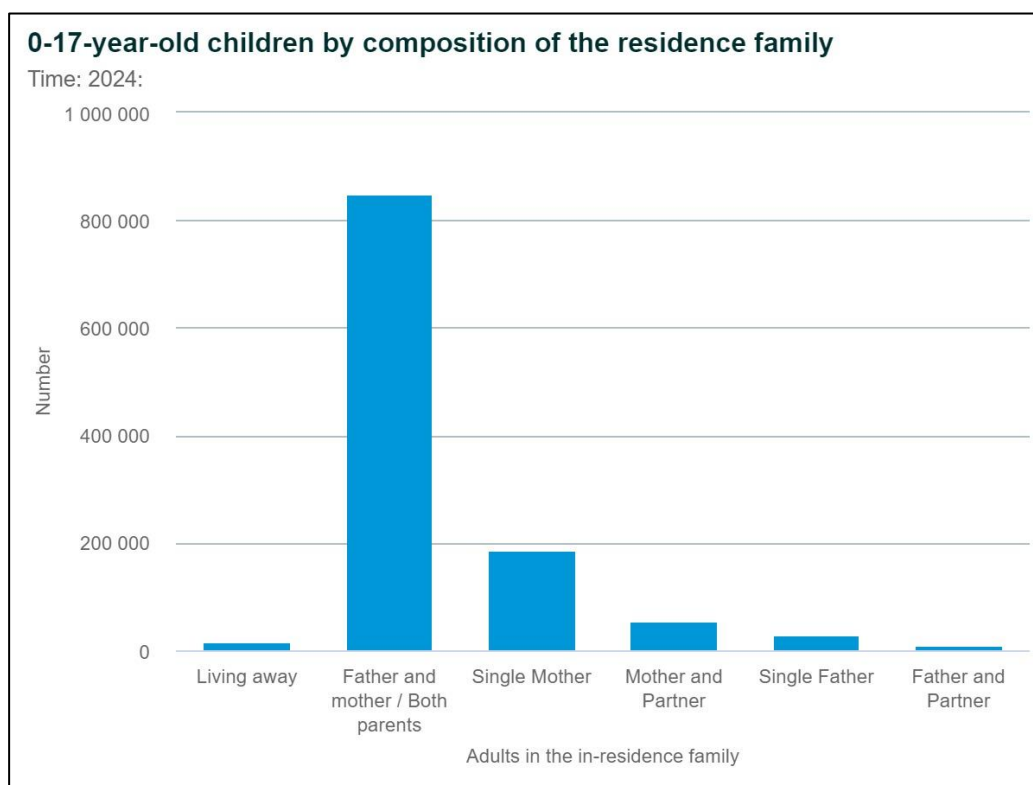
<sup>77</sup> Please see: <https://www.dst.dk/en/Statistik/emner/borgere/husstande-familier-og-boern/boern>

<sup>78</sup> *ibid.*

<sup>79</sup> Please see: <https://www.dst.dk/en/Statistik/emner/borgere/husstande-familier-og-boern/boern>



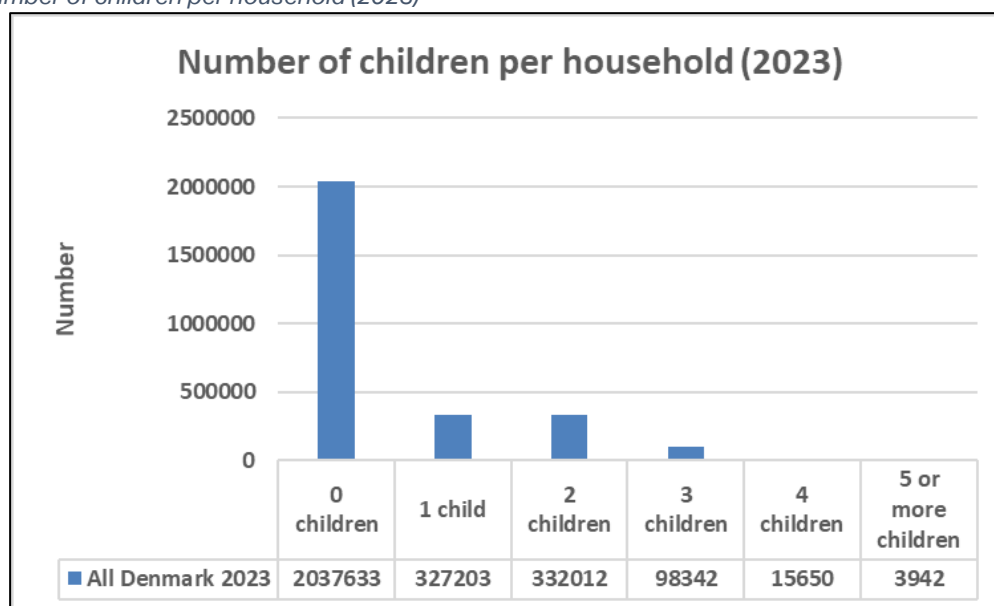
Figure 10. Living arrangements of children in Denmark ( data sourced June 2024)



(Source: Statistics Denmark available at: <https://www.dst.dk/en/Statistik/emner/borgere/husstande-familier-og-boern/boern>)

Figure 11 also contains information extracted from a data set published by Statistics Denmark illustrating the composition of households in Denmark in 2023 according to the number of children.<sup>80</sup> Overall, there are a greater number of households with no children (2,037,633) or just 1 (327,203) or 2 children (332,012) than those with 3 or more.

Figure 11. Number of children per household (2023)



(Source of data: Statistics Denmark available at: <https://www.dst.dk/en/Statistik/emner/borgere/husstande-familier-og-boern/boern>)

<sup>80</sup> Please see: <https://www.dst.dk/en/Statistik/emner/borgere/husstande-familier-og-boern/boern>

## 7.5. Gender Parity

UNDP<sup>81</sup> regularly reports on gender parity across the world. In 2023, Denmark was marked as a 'high' ranking country in terms of achieving gender parity taking in to consideration such measurements as fraction of life expectancy at birth spent in good health; population with completed secondary education or higher; youth not in education; employment or training; labour force participation; holding an account in a financial institution (e.g. a bank); share of women holding managerial positions and seats held (e.g. parliamentary seats).

According to UN Women, gender parity continues to rise in Denmark. For example, Denmark saw improved performance on the Global Women's Peace and Security Index from the Gender Inequality Index (GII<sup>82</sup>) value of 0.090 in 1990 to 0.013 in 2020.<sup>83</sup> According to the 2021 OECD Economic Survey for Denmark, female participation in the labour force is high (please see section on Employment below) and the gender wage gap is relatively low.<sup>84</sup>

## 7.6. Economy and the Danish welfare system

Denmark is ranked as a high income country by the World Bank and is one of the top 12 richest countries in the world by Gross Domestic Product (GDP) per capita.<sup>85</sup> The country is currently ranked 6th out of 191 countries and territories on the human development index.<sup>86</sup> It is also one of the OECD countries with the lowest income inequality and relative poverty rates.<sup>87</sup>

In 2022 the GDP (US\$) of Denmark was 395.4 billion, a slight decrease from 398.3 billion in 2021.<sup>88</sup> According to the World Bank, in 2022, Denmark's GDP per capita was 66,983 US\$.<sup>89</sup> The World Bank estimates also indicate that in 2020, only 0.2% of the population in Denmark lived in poverty.<sup>90</sup> According to UNICEF, in 2021, the child poverty rate in Denmark was 9.9% and recognised as being the lowest in the world.<sup>91</sup>

Denmark has a government funded and managed welfare system that has historically been amongst one of the strongest in the world.<sup>92</sup> It is a universal system with the aim of redistributing income to support those when assistance is needed through access to basic and specialist services and support. For example, free education and health care is guaranteed. The social protection system also provides support and financial security through such payments as old age pension, maternity and paternity leave, child benefit and other financial interventions for vulnerable families and children.<sup>93</sup> Help is also available to the unemployed, the sick, people with special needs and disabilities (including respite care), and those lacking or living in adequate housing etc. As will be noted throughout this report, social welfare and social services provide a variety of support services to vulnerable families that include family counselling, drug and alcohol rehabilitation and child protection services etc.

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<sup>81</sup> UNDP 2023

<sup>82</sup> The GII measures gender inequalities in three key dimensions – reproductive health, empowerment, and labour market.

<sup>83</sup> Please see: <https://hdr.undp.org/data-center/specific-country-data#/countries/DNK>

<sup>84</sup> Please see: <https://www.oecd-ilibrary.org/sites/1a287ff8-en/index.html?itemId=/content/component>

<sup>85</sup> Please see: <https://www.forbesindia.com/article/explainers/top-10-richest-countries-in-the-world/87305/1>

<sup>86</sup> Please see: <https://hdr.undp.org/data-center/country-insights#/ranks>

<sup>87</sup> Please see: [https://www.oecd-ilibrary.org/economics/oecd-economic-surveys-denmark\\_19990219](https://www.oecd-ilibrary.org/economics/oecd-economic-surveys-denmark_19990219)

<sup>88</sup> Please see: [https://economy-finance.ec.europa.eu/economic-surveillance-eu-economies/denmark/economic-forecast-denmark\\_en](https://economy-finance.ec.europa.eu/economic-surveillance-eu-economies/denmark/economic-forecast-denmark_en)

<sup>89</sup> Please see: [https://data.worldbank.org/country/denmark?intcid=ecr\\_hp\\_BeltC\\_en\\_ext](https://data.worldbank.org/country/denmark?intcid=ecr_hp_BeltC_en_ext)

<sup>90</sup> Please see: <https://data.worldbank.org/country/Denmark>

<sup>91</sup> Please see: <https://www.unicef.org/innocenti/reports/child-poverty-midst-wealth#:~:text=The%20country%20with%20the%20lowest,the%20United%20States%20of%20America.>

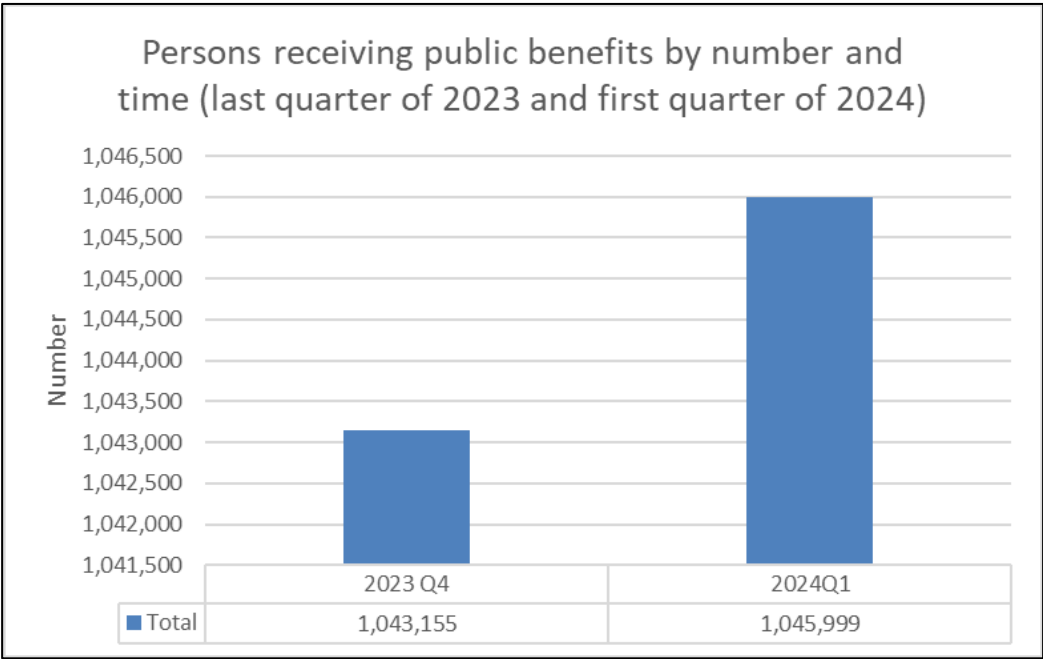
<sup>92</sup> Please see: <https://denmark.dk/society-and-business/the-danish-welfare-state>

<sup>93</sup> *ibid.*



Figure 12 contains data extracted from a Government of Denmark statistical database indicating the number of recipients of social welfare support in the last quarter of 2023 (1,043,155) and first quarter of 2024 (1,045,999).<sup>94</sup>

Figure 12.Number of recipients of social welfare support (last quarter of 2023 and first quarter of 2024)



(Source of data: Statistics Denmark available at: <https://www.statbank.dk/20012>)

### 7.7. Employment

In 2023, the unemployment rate in Demark was 5.1% with predictions it would rise slightly during 2024 to 5.6%.<sup>95</sup> In 2022, there was only a 3.6% differential between the employment rate of females aged 16 to 65 years old (75.8% and males (79.4%).<sup>96</sup> As of May 2024, the gross unemployment rate (of persons considered to be available for work) was 2.9%.<sup>97</sup> The unemployment rate in Denmark is recognised as being significantly lower than the average European rate.<sup>98</sup>

In 2020 there was a lower representation of persons with special needs and disabilities in the workforce (58% of women and 62% of men) in relation to persons without special needs and disabilities (79% of women and 80% men).<sup>99</sup>

<sup>94</sup> Please see: <https://www.statbank.dk/20012>

<sup>95</sup> Please see: [https://economy-finance.ec.europa.eu/economic-surveillance-eu-economies/denmark/economic-forecast-denmark\\_en](https://economy-finance.ec.europa.eu/economic-surveillance-eu-economies/denmark/economic-forecast-denmark_en)

<sup>96</sup> Please see: <https://www.statbank.dk/20012>

<sup>97</sup> *ibid.*

<sup>98</sup> Please see: [https://eures.europa.eu/living-and-working/labour-market-information/labour-market-information-denmark\\_en](https://eures.europa.eu/living-and-working/labour-market-information/labour-market-information-denmark_en)

<sup>99</sup> *ibid.*

## 7.8. Health

As seen in Table 1, data extracted from the World Health Organisation (WHO) shows the top ten causes of death in Denmark in 2019.<sup>100</sup>

Table 1. Top ten causes of deaths in Denmark (female and male) 2019

Top causes of deaths (2019)	per 100,00 of the population
Ischaemic heart disease dementias	92.5
Alzheimer disease and other dementias	90.4
Chronic obstructive pulmonary disease	76
Trachea, bronchus, lung cancers	64.5
Stroke	63.5
Lower respiratory infections	38.9
Colon and rectum cancers	37.2
Prostate cancer	25.6
Breast cancer	22.5
Diabetes mellitus	22.2

(Source: WHO 2024: <https://data.who.int/countries/208>)

According to the current UNICEF website, the rate of infant mortality is 4 per 1,000 live births and neo-mortality 2 per 1,000 live births.<sup>101</sup> The UN agency has reported on the consistent decline in the under-five mortality rate in Denmark.<sup>102</sup> Data published by the World Bank shows that 2 out of every 1,000 girls aged 15 and 19 years old gave birth in 2021.<sup>103</sup> A total of 95% of all deliveries are attended by a skill health worker.<sup>104</sup>

Life expectancy continues to increase in Denmark. For those currently aged 4 years old it is 83.4 years for females and 79.6 for males.<sup>105</sup> There are 1,029 people living in Denmark today who are over the age of 100 years old.<sup>106</sup>

There is universal access to free medical care and the Government of Denmark describes the health care system as delivering ' high-quality healthcare' which includes prevention of, and response to, health concerns.<sup>107</sup> As of 2018, there were 4.23 physicians per 1,000 of the population and in 2019, 2.6 hospital bed per 1,000 of the population.<sup>108</sup>

Sections 121-122 of the Health Act require municipalities to offer all children and young people, including those with special needs and disabilities, 'health guidance, assistance and examinations given free of charge by healthcare providers.'<sup>109</sup> All families in Denmark are offered home visits by a health visitor, a specially

<sup>100</sup> Please see: <https://data.who.int/countries/208>

<sup>101</sup> Please see: <https://data.unicef.org/country/dnk/>

<sup>102</sup> Please see: <https://data.unicef.org/country/dnk/>

<sup>103</sup> Please see:

<https://genderdata.worldbank.org/countries/denmark/#:~:text=5%20women%20die%20per%20100%2C000,same%20as%20its%20regional%20average.>

<sup>104</sup> Please see: <https://data.unicef.org/country/dnk/>

<sup>105</sup> Please see: <https://www.dst.dk/en/Statistik/emner/borgere/befolkning/middellevetid>

<sup>106</sup> *ibid.*

<sup>107</sup> Please see: The First Danish Biennial Report on the Implementation of the European Child Guarantee available at: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en>

<sup>108</sup> Please see: <https://www.cia.gov/the-world-factbook/countries/denmark/#people-and-society>

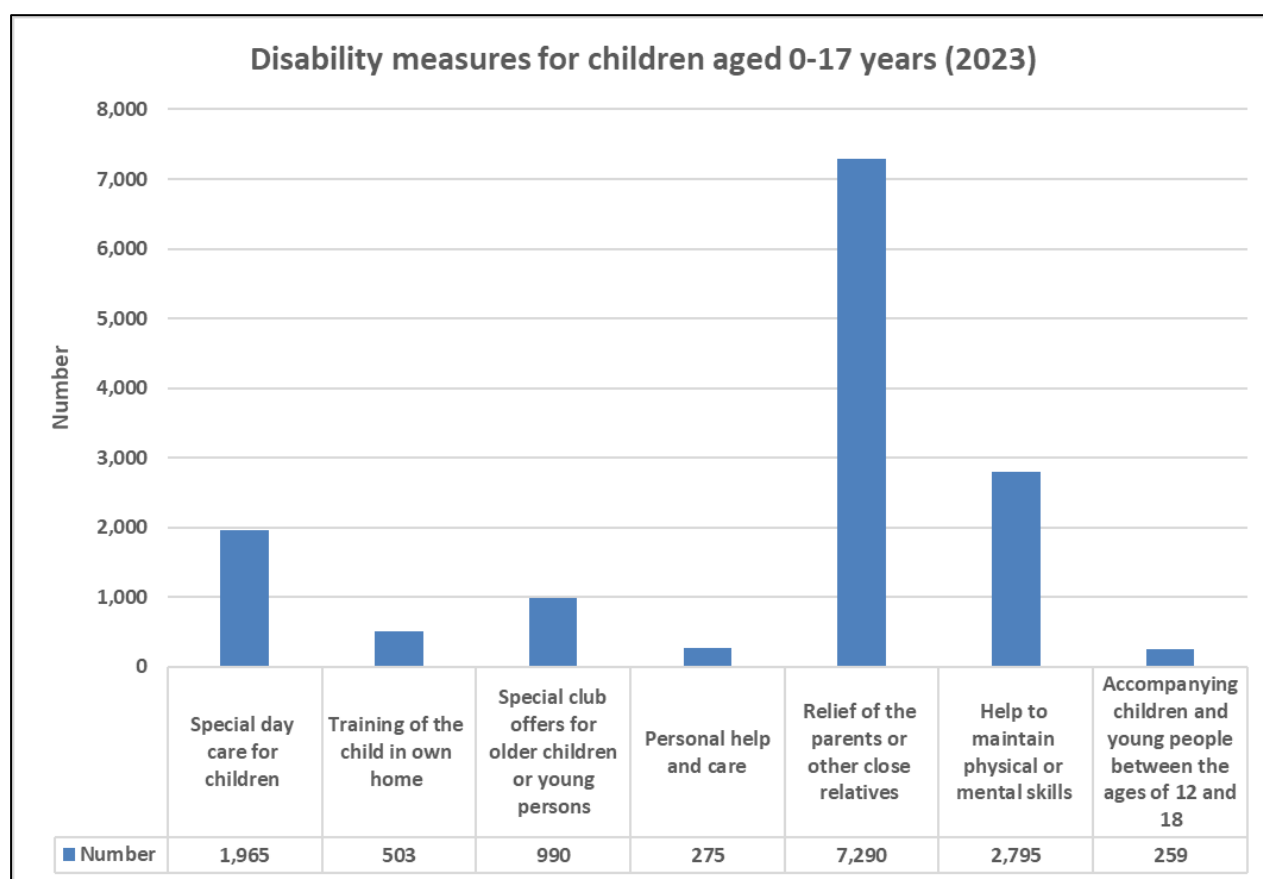
<sup>109</sup> Please see: The First Danish Biennial Report on the Implementation of the European Child Guarantee available at: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en>

trained nurse, during a child's first year of life. A focus is placed on a child's development and well-being, as well as breastfeeding and family planning. Families with special needs are offered additional services, including home visits depending on a specific professional assessment, needs and concerns. In 2022, health visitors were given additional resources to specifically target services for families in need of extra support.<sup>110</sup> According to the Government of Denmark, the goal is to reduce social inequality in terms of health.

A report issued by the Danish Institute of Human Rights indicated that in 2022, approximately 30% of the Danish population aged between 16 and 64 years old identified themselves as having special needs or a disability 'in the form of a long-term problem, physical disability, or a mental disorder'.<sup>111</sup> Of this number, 12% classified themselves as having a major disability.

Figure 13 includes information extracted from a Government of Denmark data. It illustrates the different forms of government services that were provided to 11,880 children with special needs and disabilities in 2023.<sup>112</sup>

Figure 13. Children with special needs and disabilities in receipt of Government of Denmark services (2023)



(Source of data: Statistics Denmark available at: <https://www.dst.dk/en/Statistik/emner/sociale-forhold/social-stoette/handicapomraadet>)

Specific concerns have been raised for persons with special needs and disabilities in Denmark in reference to exposure to violence.<sup>113</sup> In 2020, it was estimated that 28% of women and 26% of men with special needs

<sup>110</sup> *ibid.*

<sup>111</sup> Please see: <https://handicapbarometer.dk/>

<sup>112</sup> Please see: <https://www.dst.dk/en/Statistik/emner/sociale-forhold/social-stoette/handicapomraadet>

<sup>113</sup> Please see: <https://handicapbarometer.dk/>

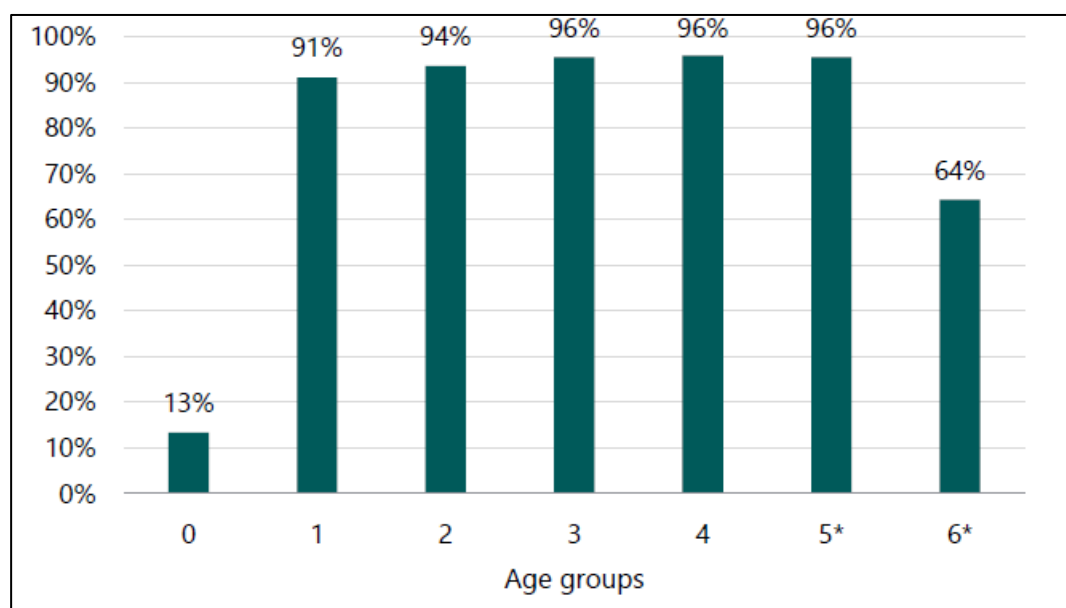
and disabilities suffered from such experience. This was in comparison to 18% of women and 17% of men without special needs and disabilities.<sup>114</sup> In the same year, 6,198 persons with special needs and disabilities were reported as having been subject to coercive measures including the use of belts, straps, sedatives, restraints, personal shielding, medication, forced hospitalization and forced detention.<sup>115</sup> Additional information on violence against children with special needs and disabilities can be found later in this report.

## 7.9. Education

The website of the Ministry of Higher Education and Science describes the aim of the Danish education system as ensuring 'all people acquire knowledge and competencies that qualify them to take an active part in society and contribute to its further development.'<sup>116</sup> It goes on to say that education is open to all and is generally free of charge. According to a report issued by the OECD in 2020, education in Denmark is financed by means of a high level of public taxation.<sup>117</sup>

Provision of education starts when children are very young. In this respect, the OECD noted how Denmark has one of the highest rates of enrolment in early childhood education and care across OECD countries.<sup>118</sup> As described in a 2020 Government of Denmark report, the vast majority of Danish children between the age of 1 and 5 years old are enrolled in early childhood and child care services for which the Government is providing financial subsidies (Figure 14).<sup>119</sup> Municipalities provide a minimum of 75% of the cost and additional support can be requested dependent on the financial situation of parents.<sup>120</sup>

Figure 14. Children in early childhood education and child care services (2022) disaggregated by age (0-6 years old)



(Source: The First Danish Biennial Report on the Implementation of the European Child Guarantee. Available at: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en>)

In Denmark education is compulsory between the ages of 6 and 16 years old. In 2019, the OECD noted how a large percentage of the Danish population traditionally attain upper secondary education as their highest

<sup>114</sup> *ibid.*

<sup>115</sup> *ibid.*

<sup>116</sup> Please see: <https://ufm.dk/en/education/the-danish-education-system/principles-for-education-in-denmark>

<sup>117</sup> OECD 2020

<sup>118</sup> *ibid.*

<sup>119</sup> Please see: The First Danish Biennial Report on the Implementation of the European Child Guarantee available at: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en>

<sup>120</sup> *ibid.*

level of attainment.<sup>121</sup> OECD data shows the percentage of students attending public tertiary education in 2021 was one of the highest among OECD and partner countries at 99.6%.<sup>122</sup> Denmark also has a high number of adults attending educational courses with estimates that at any given time, one in three Danish adults aged 25-64 years old is undertaking some form continuing education course.<sup>123</sup> However, there are also reports on school absence. According to a news agency website, 2022/23 figures released by the Danish Ministry of Schools and Education show the average absence rate in the 2022.23 school year, to have been 7%.<sup>124</sup> It is understood this was 1% lower than in the previous year.

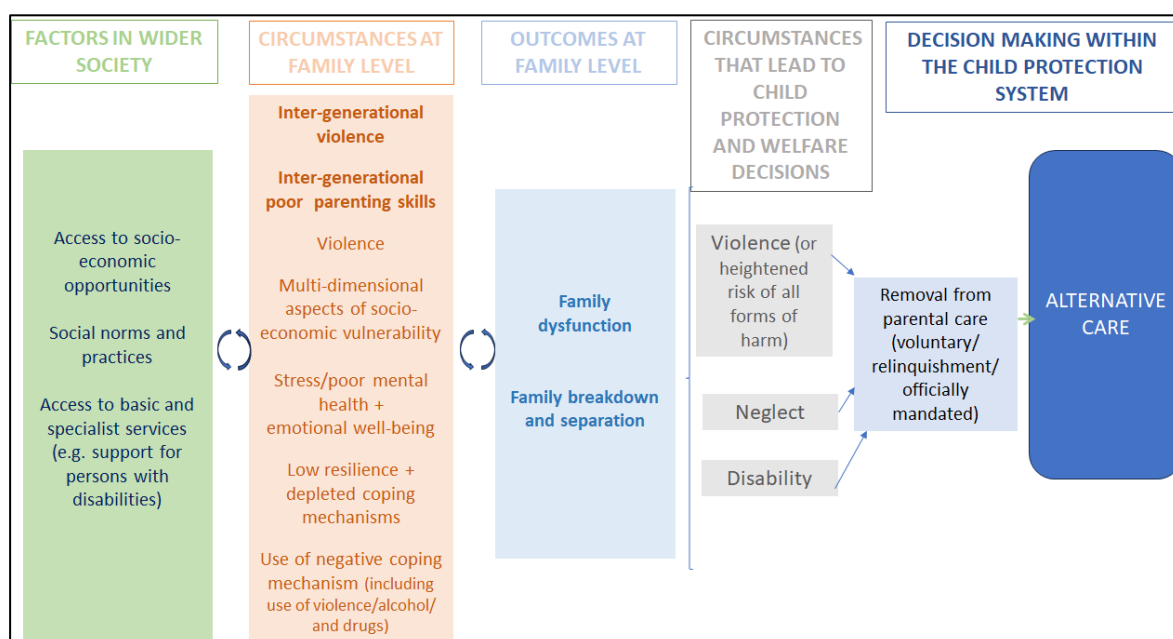
A recent Government policy entitled 'Children First' provides a specific commitment to children placed in 'treatment', 'special education centres', and alternative care to receive the 'education to which they are entitled'.<sup>125</sup> The policy calls on local authorities to improve the quality of education these children are provided.

## 8. Research findings

The research had the primary aim of determining reasons children are separated from parental care and placed in alternative care in Denmark. Following an analysis of the research data, overall a correlation has been identified between the information provided by different participants including children, adult family members, and professional key informants.

Our findings highlight two distinct influences related to placement of children in alternative care. The first being circumstances within a family that may subsequently lead to such placement (circumstances and outcomes at family level) which we recognise, are also impacted by factors in the wider society (Figure 15). The second is the functioning of the national child protection system in which legislation, policy and practice guides and influences gatekeeping decisions (circumstances that initiate child protection and welfare decisions and decision making within the child protection system).

Figure 15. Drivers associated with placement of children in alternative care



<sup>121</sup> Please see: [https://www.oecd.org/education/education-at-a-glance/EAG2019\\_CN\\_DNK.pdf](https://www.oecd.org/education/education-at-a-glance/EAG2019_CN_DNK.pdf)

<sup>122</sup> Please see: <https://gpseducation.oecd.org/CountryProfile?primaryCountry=DNK&treshold=10&topic=EO>

<sup>123</sup> Please see: <https://denmark.dk/society-and-business/lifelong-education>

<sup>124</sup> Please see: <https://www.thelocal.dk/20231110/one-in-five-children-at-danish-schools-has-10-percent-absence>

<sup>125</sup> *ibid.*

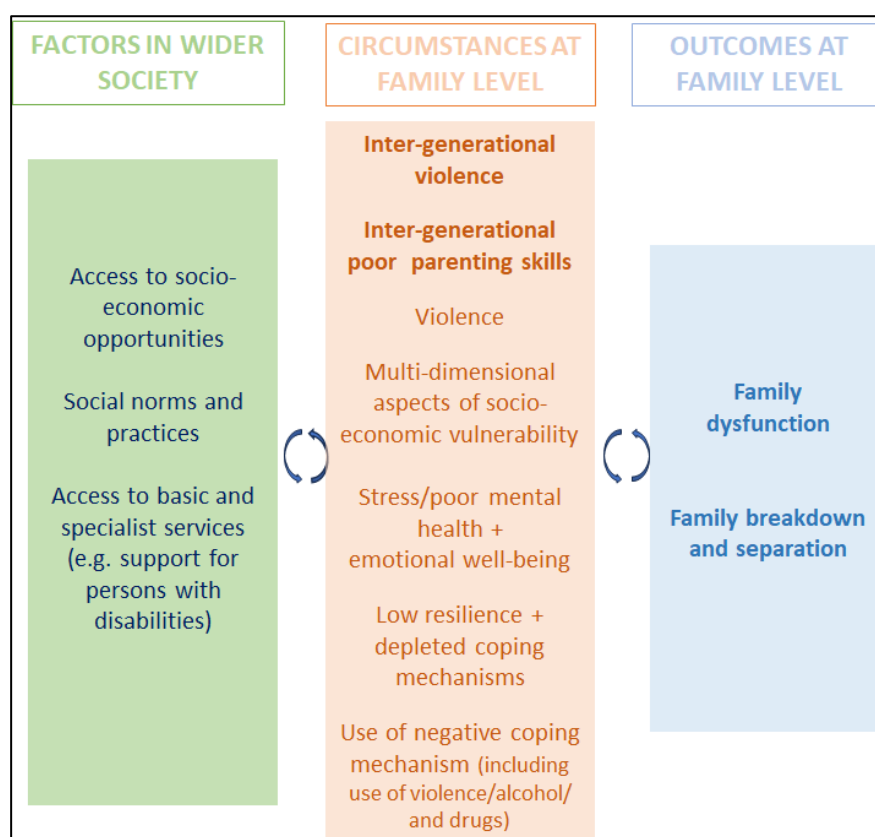
The following section of the report provides an insight into findings related to circumstances within a family that can lead to children being placed in alternative care.

## 8.1. Circumstances at a family level that result in children being placed in alternative care

Analysis of the information provided by children, adult family members, and interviewees, complimented by findings of a desk review, suggests there are multi-faceted and inter-related circumstances that bring children to the attention of the child protection authorities and decision making that can result in either support to prevent child-parent separation or, when deemed necessary, placement in alternative care.

As previously noted, family life is impacted by factors in wider society including access to socio-economic opportunities, social norms as for example those reflected in the promotion of equality, as well as a universal social welfare system and ability to access basic and specialist services etc.(Figure 16). As briefly seen in Section 8, there is an overall higher standard of living and good access to basic services and social protection in Denmark than in many other countries of the world. Nevertheless, despite living in such a society, there are families who, for various reasons, are living in vulnerable circumstances and may not always reach out for, or access, the specific support they need. These circumstances can contribute to family dysfunction and breakdown. This in turn may then lead to the separation of some children from their parents and placement in alternative care (Figure 16). This section of the report provides a summary of the research findings in relation to such situations that can lead to this placement.

Figure 16. Factors at a societal and family level contributing to placement of children in alternative care



### 8.1.1. Violence against children

Violence against children is described by UNICEF as taking many forms, 'including physical, sexual, and emotional abuse, and may involve neglect or deprivation.'<sup>126</sup> Violence is inflicted on children as well as between parents and other adults in the family. It is a factor contributing to family dysfunction, breakdown, and separation. Violence prompts involvement of the child protection authorities in Denmark and decisions to move children into alternative care.

An analysis of the answers from the children who participated in the research when asked, 'What makes children feel unhappy and worried when at home?' can be found in the word cloud below (Figure 17) (analysis indicating the 200 most frequent words with minimum length of 3 letters). Words included '*abuse*', '*rape*', '*anger*' and '*violent parents*'. They also wrote about '*violent partners*', '*someone in the family being physically hurt*', and '*parents who argue all the time*'. Mention was also made of the presence of, '*parents who are addicts*', '*alcohol*', and tension in the home. Other issues including those related to emotional feelings and other aspects of well-being are discussed later in this report.

Figure 17. Results of workshops with children: What makes children feel unhappy and worried when at home?



Conversely, when asked 'What makes children happy when they are at home?', the most frequently used words related to protection, and respect. A few children wrote about, being '*safe*', and '*safety*'.

When children were asked 'What makes adults in the family feel worried or unhappy when they are at home?' very few answers related to violence. Likewise, only a very small number of adult family members mentioned violence when asked, 'What makes families worried or unhappy or worried when they are at home?'. One participant did say it was '*better having no man than an abuser of drugs or alcohol or a tyrant*'; another wrote about the need for '*safety*'. Words in relation to what makes families happy when they are at home, as provided by adults, included having, '*conflicts solved*', '*mutual understanding*', '*proximity*', and '*friendship*'. A few women wrote how divorce and being without a man made life easier and happier.

<sup>126</sup> Please see: <https://data.unicef.org/topic/child-protection/violence/>



When professionals were asked why children are placed in alternative care, all interviewees cited violence as one of the drivers.

*"also physical abuse, violence in different forms in worse cases sexual abuse."*

*"it is most often different forms of abuse."*

*"...often are cases of severe neglect and violence where it is one or both parents who are using violence against their children."*

*"...sexual violence"*

*"...it would normally be violence and also neglect."*

*"... some of the cases we see where violence is the reason."*

*"...violence is one of the biggest problems and those like physical violence, and also psychological, and also social control..."*

A significant number of interviewees referred to children of refugee and migrant families who come to the attention of social services. In this respect, they also referred to violence used as a form of discipline. They said there were some adult family members that are unaware this is against the law, nor accepted practice, in Denmark and that such behaviour was influenced by their usual cultural norms. They referred to the heightened importance of honour within some migrant families and how this can lead to female members in particular being subject to harsher behaviour. Interviewees said,

*"We also have families that come from another cultural background. They come to Denmark but don't know how different the Danish system is...Their way of disciplining is harsher and more direct than we recommend and tolerate. And many parents, when we say we are concerned that they are using violence, they don't see it as violence themselves. They see it as a way to guide and discipline their children."*

*"...and also related to honour related conflict such as those from a very conservative family...the daughter might have transgressed...and maybe had a boyfriend."*

One respondent noted how this situation, especially in relation to controlling the behaviour of girls, might also happen in very conservative Danish families.

Professionals who responded to the online survey answered questions about the reasons children are placed in alternative care including the correlation between violence against children and placement. Answers indicate approximately a third of respondents think physical, sexual and emotional/psychological abuse is 'often' the reason for such placement (Figure 18). A greater number think this 'sometimes' leads to placement. A few respondents chose the answer 'I don't know'. As all respondents were professionals working in the area of child protection and care, this lack of knowledge was unexpected but has not been explored further as part of our research.



Figure 18. Reasons children are placed in alternative care

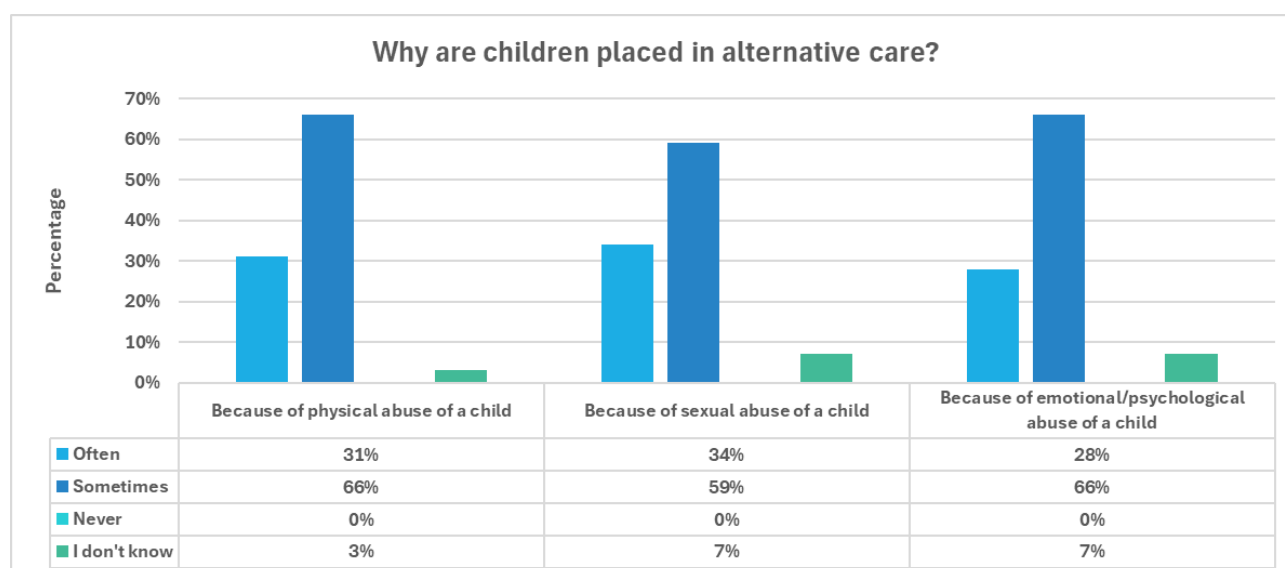


Table 2 contains data extracted from the Government of Denmark database, 'Statistics Denmark'. It shows the number of children for whom a decisive reason to place them in alternative care was sexual, physical and other forms of violence between 2018 to 2023.<sup>127</sup>

Table 2. Decisive reason for placement due to abuse of a child/young person, e.g. sexually or violently: Denmark 2018 - 2023

Decisive reason for placement due to abuse of a child/young person, e.g. sexually or violently: Denmark 2018 - 2023	Total	% of all placements
2023	296	6.2%
2022	245	4.6%
2021	193	3.6%
2020	206	6.0%
2019	232	4.3%
2018	257	3.3%

(Source: Statistics Denmark - <https://www.statbank.dk/20046>) (Note: (data for Copenhagen in 2019 is noted to be incomplete)

Overall however, this reason remains a low percentage of all reasons cited for placement<sup>128</sup>. For example, in 2023, only 6.4% of all children placed in alternative care were there because they had experienced violence. Danish informants suggest this is due to a number of factors including the low incidence of violence overall in Denmark.<sup>129</sup> Secondly it is also thought that as placement is used as a prevention measure before the violence occurs, it will be the factors that place children at such risk that are recorded as reasons for placement e.g. parental drug and alcohol addiction. Furthermore, there may be a higher number of children who have actually experienced violence but the perpetrators have been removed and children allowed to remain with a parent/s when deemed safe to do so.

<sup>127</sup> Please see: <https://www.statbank.dk/20046>

<sup>128</sup> Please see: <https://www.statbank.dk/20046>)

<sup>129</sup> Official figures show 13,442 reports of violence against individuals in 2023. This was 0.2% of the total population of (5,959, 464). Please see <https://www.dst.dk/en/Statistik/emner/sociale-forhold/kriminalitet/anmeldte-forbrydelser> and <https://www.statistikbanken.dk/10022>

If violence against children is a reason for placement in alternative care, we felt it was important to understand the magnitude of child protection risks in Denmark. In this respect, we found the results of a study published by the Danish National Council for Children in 2016, showing 9.4% of the 3,973 children involved in the research had been exposed to repeated physical violence by an adult at home in the previous 12 months.<sup>130</sup> In 2021, Larsen et al. declared 'physical violence against children to be widespread in Denmark.'<sup>131</sup> They noted that 137,986 notifications of concern about children had been submitted to the Danish municipalities in 2019 that also included cases of poly-victimisation.

In 2021, a report published by the Danish Centre for Social Science Research (VIVE) referenced various other studies including that undertaken in 2016 by Rayce et al. involving 52,000 mothers and fathers.<sup>132</sup> A total of 12.4% of all parents said they had shaken, slapped or hit a child when they had not behaved properly in the two months prior to the study. Reference was also made to a 2019 study by Frisch et al., involving 62,700 survey participants.<sup>133</sup> Seven percent of respondents said they had been subjected to sexual assault at least once in their lives with a third of such experiences occurring before the age of 15 years old. Approximately half of these respondents said it had happened once and the remainder that it had occurred several times. The authors of the VIVE report also summarised findings of their scoping of literature and concluded that 5% of young people in Denmark had experienced repeated, long-term physical violence in the home over a period of years. Furthermore, young children were more frequently exposed to drunken violence, or dealt with more harshly, than older children.

As will be noted in further detail in this report, previous research has also identified children with disabilities to be at higher risk of experiencing physical and sexual violence than children without disabilities.<sup>134</sup>

### 8.1.2. Emotional neglect and psychological violence

The World Health Organization (WHO) defines emotional or psychological violence as including, 'restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.' It is recognised how emotional neglect/psychological violence can have a negative impact on feelings of self-worth and emotional well-being as well as other life-long effects.<sup>135</sup> The term 'emotional neglect' has been used by several other authors as for example, Ludwig and Rostain who define it as 'a relationship pattern in which an individual's affectional needs are consistently disregarded, ignored, invalidated, or unappreciated by a significant other'.<sup>136</sup> They explain how parents 'may have trouble understanding their children's needs for love, affection, closeness, and support, or they may feel too overwhelmed or powerless to meet these needs on a consistent basis.'<sup>137</sup> This factor is also important to note as later in this report we discuss the ongoing negative impact that lack of love and care in childhood can have across generations.

Answers received from children during the research workshops to the question, 'What makes children unhappy or worried at home?', identify their expectations in terms of parents being emotionally close to them and of understanding and trusting them. Answers also suggest however, that this feeling of being cared for and supported is not always sufficient and, as a result, we surmise that some children may be emotionally neglected (Figure 19). As previously noted, although we asked children to provide answers that

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<sup>130</sup> Danish National Children's Council 2016

<sup>131</sup> Larsen et al. 2021:2

<sup>132</sup> VIVE 2021

<sup>133</sup> VIVE 2021:28

<sup>134</sup> Elklit et al. 2023a; Elklit et al 2023b

<sup>135</sup> SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde 2021; SOS Children's Villages International 2020

<sup>136</sup> Ludwig & Rostain 2009

<sup>137</sup> *ibid.*

were reflecting on situations within families within their community in general, we recognise they may have also related their responses to personal experiences.

Figure 19. What makes children worried or unhappy when they are at home (as answered by children)

**What makes children worried or unhappy when they are at home? (as answered by children)**

when you feel that your parents don't care about you  
if you try to avoid your parents and you don't feel loved  
if you don't talk about your problems enough  
when you don't talk together  
that you don't dare to tell you parents something  
parents who tell other people about your secrets  
when your parents post pictures of you without asking for permission  
your parents worry and think you don't have any friends and then they push you  
that your parents don't tell you something that you should know  
to be left by your parents  
if your parents are not present in your mind  
bad self esteem  
being sad  
if you are under a lot of pressure or stress  
loneliness  
absence of parents  
expectations  
not feeling accepted

Conversely, when asked what makes children happy at home, many who participated in our workshops wrote about the importance of "love" and "that parents show their love". They said children feel happy when have "reassurance" and "understanding". Children want all siblings to have "equal attention". They also wrote about the importance of "respect" and the "trust" of parents. Time spent together as a family also makes children happy.

Interviewees, when asked about reasons children might be placed in care, also noted issues related to what some described as 'psychological violence'.

*"Here in Denmark we also have ...psychological violence..."*

*"Yes we do also see emotional violence or psychological violence."*

*"We have had parents that call their children names and put them down, and call them idiot, and call them bad names. And this has so much effect on the children. They become so sad and their self-worth just goes down."*

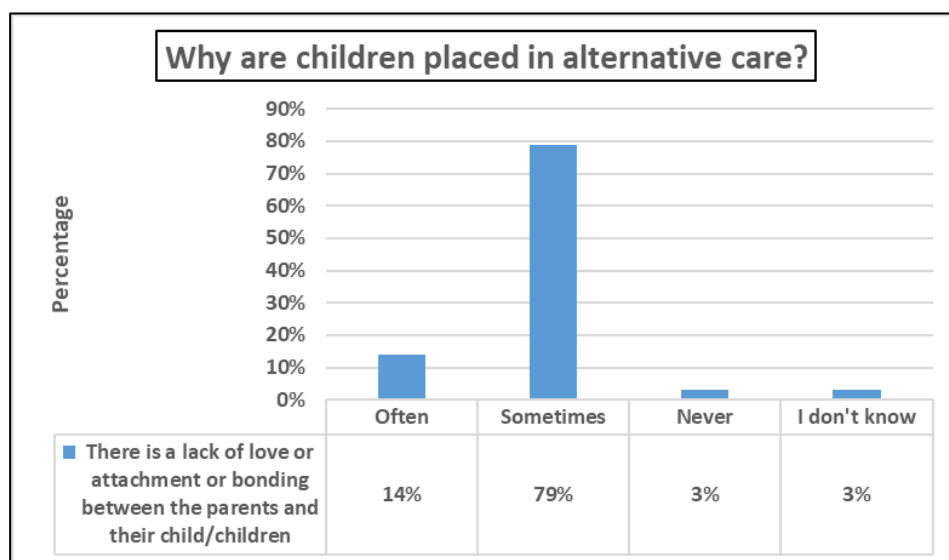
*"Then we also have cases when children are punished with isolation"*

*"So if we do see cases of sexual or physical abuse we tend to also see issues related to psychological violence. So they are quite complex and connected."*

*"Both physical, but also mental abuse. Lack of emotionally connection in the relations between the child and the parent. Lack of the parents' ability to know what the child is in need of, emotionally..."*

When asked about the reasons children are placed in alternative care in Denmark, respondents to our online survey recognised lack of love, attachment or bonding between children and their parents as a concern. As illustrated in Figure 20, a total of 79% of respondents think this is 'sometimes' a reason that children are placed in alternative care, and 14% think this is 'often' the case. Again a small number said this was 'never' a reason and some said they didn't know.

Figure 20. Reasons children are placed in alternative care



Emotional care and attachment between parents and their children is a very important element of positive child-parent relationships and good parenting.<sup>138</sup> According to Government of Denmark data however, what is described as inadequate parental care and control (although no detailed definition is provided) was the greatest single reason for placement in alternative care between 2018 and 2023 (Table 3).

Table 3. Decisive reason for placement due to inadequate parental care and control: Denmark 2018 – 2023

Decisive reason for placement due to inadequate parental care and control: Denmark 2018 - 2023	Total	% of all placements
2023	1083	22.7%
2022	1059	19.8%
2021	932	17.6%
2020	955	16.7%
2019	892	16.6%
2018	1301	17.0%

(Source: Statistics Denmark - <https://www.statbank.dk/20046> (data for Copenhagen in 2019 is noted to be incomplete).

In relation to attachment between parents and children in Denmark, a 2023 study by Lausten et al. on the well-being of vulnerable children found that 1 in 3 of those in alternative care did not have a particularly strong emotional attachment to their parents.<sup>139</sup> Almost 4 out of 10 of care-experienced children and young people participating in the study said they rarely experience emotional or 'social support'<sup>140</sup> from their parents.

<sup>138</sup> Bowlby 1969

<sup>139</sup> Lausten et al. 2023

<sup>140</sup> Lausten et al. 2023:111

A study published by Christofferson et al. in 2013 involving 2,980 young people concluded that a significant proportion of children in Denmark were at risk of experiencing maltreatment including 5.2% of respondents who said they had experienced some form of emotional abuse inflicted by their parents or guardians before they reached their 12<sup>th</sup> birthday.<sup>141</sup> Amongst participants who had been the subject of government child protection case management, 19.6% reported having experienced emotional abuse. A further report issued by the Danish National Council for Children in 2016 found at least 17% of children they surveyed had been exposed to psychological violence at home within the past year.<sup>142</sup>

Further issues related to bonding and familial relationships are discussed later in this report.

### 8.1.3. Neglect

For the purposes of our report we define material neglect as the failure to provide necessary food, clothing, shelter, medical care to the degree that a child's health, safety, and well-being are threatened. When asked what makes families vulnerable to separation, interviewees spoke of such neglect as a reason children might be placed in alternative care.

One interviewee said there are cases when "*small children are so neglected they need professional care.*" A further interviewee explained how,

*"...we still have some cases where the children they don't get enough food. It is still rare. We still have cases where they are left alone, especially younger children...With the small babies we do see some parents who are struggling with feeding the children, not seeking help if nursing is not working, and not seeking the right nutritional advice with the counsellors that they can be provided with. They don't take advantage of the health system when they are struggling with babies with regards nutrition. And with small babies we are very much aware when they are not responding to a baby. Eye contact and those thing. It can cause so much damage in just a few weeks if a baby is not getting stimulation and so on. It can really make a huge negative impact on the development of the child. So we would see such things as neglect..."*

Interviewees said social services in Denmark has a mandated responsibility to respond to cases of neglect. This includes support to improve family conditions before reaching a stage where removal of a child is recommended. They said separation should only occur when the neglect is so severe that a child is thought to be at risk of harm. A few interviewees spoke of such cases,

*"...when after some time we have tried all these things and we see that the child's development is still going downhill and they are not thriving, we are worried about their development. Or we are worried they are not safe at home. That is when we often get to the point where we maybe think about foster care and that removing them from their home is necessary."*

*"Like the young mother whose home we visited. And it was so dirty you could not live there. It was not a place for a new born baby. There was food all over the place and it smelt. The house was in a very very bad condition the house."*

Table 4 contains data extracted from a Government of Denmark database.<sup>143</sup> It illustrates the number of children for whom a decision was taken to place them in alternative care because of neglect between 2018

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<sup>141</sup> Christofferson et al. 2013

<sup>142</sup> Danish National Children's Council 2016

<sup>143</sup> Please see: <https://www.statbank.dk/20046>

and 2023. We note how the data reflects there were no recorded placements made for this reason in 2023. There is a notable reduction in children entering alternative care for reasons of neglect by 2022.

Table 4. Decisive reason for placement due to neglect: Denmark 2018 - 2023

Decisive reason for placement due to neglect: Denmark 2018 - 2023	Total	% of all placements
2023	0	0
2022	214	4.0%
2021	479	9.0%
2020	603	10.5%
2019	506	9.4%
2018	514	6.7%

(Source: Statistics Denmark - <https://www.statbank.dk/20046> (data for Copenhagen in 2019 is noted to be incomplete).

Reasons that may contribute to parents emotional and physical neglect of their children, as for example, substance addiction, mental health problems, and their own previously experienced trauma, are explored in other sections of this report.

#### 8.1.4. Abandonment and relinquishment

No research respondents spoke of abandonment when asked about reasons children are in alternative care. According to Navne and Jakobsen,<sup>144</sup> abandonment of children in Denmark is rare. Only one interviewee spoke of parents wishing to relinquish their children in cases where relationships have irrevocably broken down,

*"...sometimes the parents come to us and say us we can't have our child at home anymore so please help us make that happen...I think those cases I have experienced, I think it is the relationship between the child and the parent. It has gone very bad, and wrong, and they have a hard time speaking together.... and then they explain that they don't have the tools to sort things out. To speak about what they disagree about..."*

A small number of interviewees referred to situations in which parents of children with special needs and disabilities requiring intensive support may come forward when no longer able to cope and request the placement of their child into full time alternative care.

Any case in which a parent/s wishes to relinquish their children in Denmark, and brought to the attention of social services, is subject to a process of child protection case management as defined and examined later in this report.

#### 8.1.5. Domestic violence

The UN refers to domestic violence as 'domestic abuse' and 'intimate partner violence' and defines it as 'as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner.'<sup>145</sup> Such abuse can be physical, sexual, emotional, economic or psychological actions or threats of actions including behaviour that frightens, intimidates, terrorizes, manipulates, hurts, humiliates, blames, injures, or wounds someone. Domestic violence can occur between married couples as well as those co-habiting.

<sup>144</sup> Navne and Jakobsen 2020

<sup>145</sup> Please see: <https://www.un.org/en/coronavirus/what-is-domestic-abuse#:~:text=Domestic%20abuse%2C%20also%20called%20%22domestic,control%20over%20an%20intimate%20partner.>

It was noted in the answers provided by a few children who participated in the research workshops that they were aware of violence between adults in the home. Many social workers and other professionals spoke about children who come to their attention because they are living in situations of domestic violence.

*"We are also really aware of violence between parent - , domestic violence. And we see that as psychological violence towards the child. The children may directly experience psychological violence if they are in the home with the parents and there is conflict...We take those situations very seriously and that aspect also contributes to whether a child is safe at home and needs to be placed in care for a short or longer time."*

*"...we mainly work with women that go to domestic violence shelters. We are given a notification from the shelter if the child belongs in our district. And we always get a notification if the women goes back to the family. And in those situations we are very much aware of getting in contact and knowing what is going on. And we would consider those high risk cases because usually the violence will not have stopped and the situation can be very dangerous for the child."*

When asked about reasons children are placed in alternative care in Denmark, 79% of respondents to our online survey said they think violence between adult members of family members in the household is 'sometimes' a reason and 10% believe this is 'often' a reason. (Figure 22)

Figure 21. Reasons children are placed in alternative care

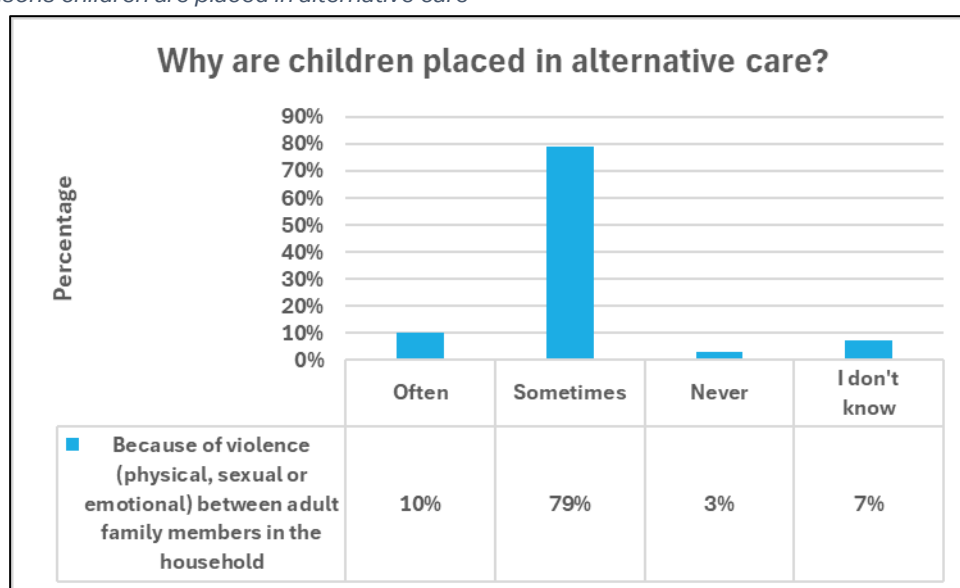


Table 5 contains data extracted from a Government of Denmark database illustrating there were a number of children for whom a decision was taken to place them in alternative care due to high levels of conflict or violence in the home between adults between 2018 and 2023.<sup>146</sup>

<sup>146</sup> Please see: <https://www.statbank.dk/20046>



Table 5. Decisive reason for placement due to high level of conflict or violence in the home between adults Denmark 2018 - 2023

Decisive reason for placement due to high level of conflict or violence in the home between adults: Denmark 2018 - 2023	Total	% of all placements
2023	192	4.0%
2022	251	5.3%
2021	257	4.8%
2020	265	4.6%
2019	247	4.6%
2018	366	4.7%

(Source: Statistics Denmark - <https://www.statbank.dk/20046>) (data for Copenhagen in 2019 is noted to be incomplete).

Previous studies have also shown a direct correlation between domestic violence and placement in alternative care in Denmark. For example, research findings published by Lyk-Jensen et al. in 2024 revealed a higher likelihood of children exposed to domestic violence being placed in alternative care, or being subject to authorised preventative social measures, than children who did not have such experience. The authors also wrote that 'children who are indirect victims of domestic violence can exhibit the same negative outcomes as children who are direct victims.'<sup>147</sup>

Research published by VIVE in 2022, reveals how 3.4 % of the adult Danish population experienced at least one of four forms of intimate partner violence in 2020.<sup>148</sup> A further survey published in 2022 said 5.5% percent of women and 4% of men in Denmark over the age of 16 years reported having been exposed to physical or psychological partner violence in 2021.<sup>149</sup> Based on this information, the authors of the report estimated that approximately 82,000 women and 43,000 men are exposed to partner violence in Denmark annually. Findings of a study published in 2023, found that amongst children born between 1997 and 2003, over 21,000 had been exposed to violence between adult partners in the home before the age of 8.<sup>150</sup>

#### 8.1.6. Use of drugs and alcohol

Only one child who attended the research workshops made reference to children being worried or unhappy if their '*parents are addicts*' and two referred to concern of parents if children used drugs or alcohol. No adult family members referred to drugs or alcohol.

The topic was raised by many interviewees however, when discussing challenges within families, family breakdown, and the possibility of parent-child separation and use of alternative care. One interviewee said they thought separation of children from parental care *"could also be something related to alcohol drugs, or violence."* Another answered, *"[parents use of drugs and alcohol] is some of the situations where we are taking children away from their parents..."* Some raised a particular concern when babies were involved.

When speaking of child protection risks, one interview spoke about how the use of *"drugs and violence goes hand in hand."* They went on to say, *"when they [parents] are under the effect of drugs they often, more often, go with violence because they cannot regulate themselves when they have the drugs inside them."* Other interviewees spoke about the impact of parental addiction including neglect of children, both physical and emotional, and the breakdown in relationship between themselves and their child.

<sup>147</sup> Lyk-Jensen et al.2024:422

<sup>148</sup> VIVE 2022a

<sup>149</sup> Norwegian Institute of Public Health at the University of Southern Denmark 2022

<sup>150</sup> Lyk-Jensen et al. 2023

*...“they [parents] sometimes disappear from their homes and the child is left alone by themselves because they are out drinking. We pick up the notification from school because they are drunk or intoxicated...but [there is] also just basic neglect because we have a parent that may be laying drunk on the sofa and cannot really provide food or attention and get them to school basic things.”*

*“...I think that is a big issue of parents who have a drug or alcohol abuse...And they are not getting the treatment they need. And that way they cannot take care of their child nor find another way out”.*

Interviewees also noted how using drugs and alcohol is a coping mechanisms for some parents.

*“Some of them they have emotional problems which leads them to regulate themselves through drugs.”*

One interviewee spoke of how,

*“parents are doing their very very very best. No parent wants to harm their children on purpose and many of them that come here [counselling centre] they say, ‘but I only do drugs at night’. ‘I only do drugs when children sleep or I go out’. And what they miss in that story is how it affects the rest of the family... but what the child is most affected by is of course if they are influenced by the drugs, they cannot take care of children...”*

It was also recognised that the focus when possible and safe to do so, is on rehabilitation, counselling, and keeping children and parents together.

Only one interviewee mentioned substance abuse by children themselves. This was in relation to those who resort to drugs and alcohol as a response to trauma they experience due to living in a dysfunctional or violent family situation. However, as recorded in a Government of Denmark statistics database, children’s use of drugs and alcohol is a reason a small number of children are placed in alternative care each year.<sup>151</sup> For example, in 2023, 135 children aged between 13 to 17 years old were placed because of addiction.<sup>152</sup>

Respondents to the online survey recognise parent’s use of drugs and alcohol as a reason children may be placed in alternative care. In total 34% of respondents believe this is ‘often’ a reason for placement and 59% think it happens ‘sometimes’ (Figure 23). Respondents also think children having an addiction can lead to the use of alternative care although only 10% believe this happens ‘often’ whilst 69% think it happens ‘sometimes’.

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<sup>151</sup> Please see: <https://www.statbank.dk/20046>)

<sup>152</sup> *ibid.*

Figure 22. Reasons children are placed in alternative care

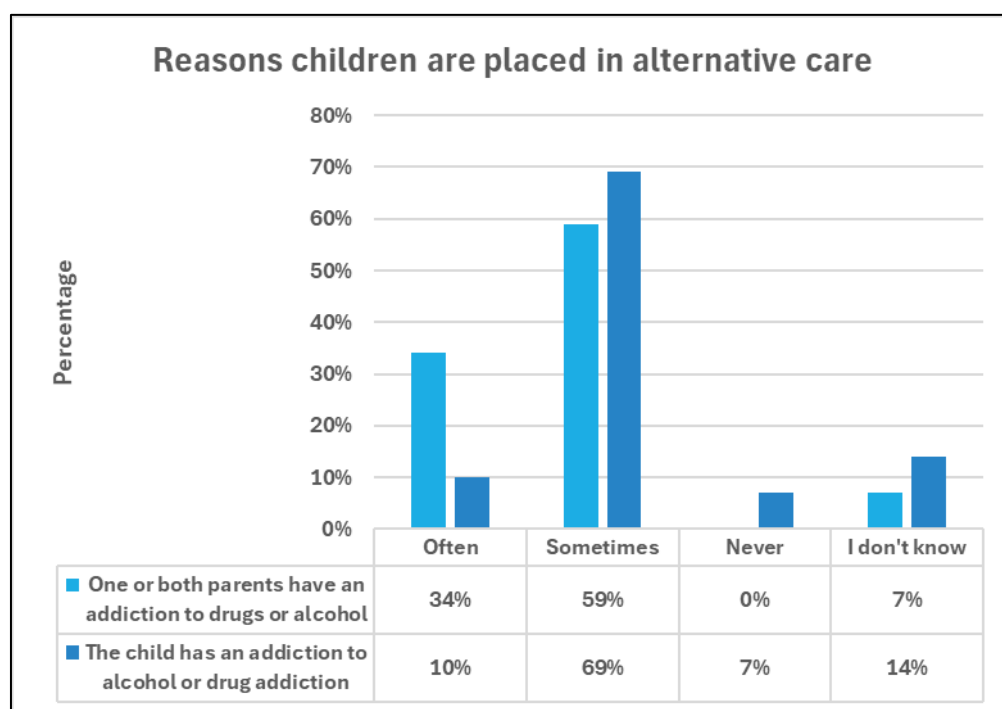


Table 6 contains data extracted from the Government of Denmark database, 'Statistics Denmark', that illustrates children for whom a decision was taken to place them in alternative care between 2018 and 2023, was related to substance abuse by parents.<sup>153</sup>

Table 6. Decisive reason for placement due to addiction of adults Denmark 2018 - 2023

Decisive reason for placement due to substance abuse (addictive behaviour) by parents: Denmark 2018 - 2023	Total	% of all placements
2023	203	4.3%
2022	186	3.5%
2021	166	3.1%
2020	208	3.6%
2019	199	3.7%
2018	294	3.8%

(Source: Statistics Denmark - <https://www.statbank.dk/20046>) (data for Copenhagen in 2019 is noted to be incomplete).

In terms of data related to children growing up in families where drug and alcohol addiction is present, a report of the Danish National Council for Children in 2016 highlighted research showing a clear connection between 'parents' abuse of alcohol or drugs and children's experience of violence in the family.'<sup>154</sup> A study issued by VIVE in 2023 includes data from a 2019 National Board of Health estimation showing approximately 80,000 Danish citizens had a high-risk consumption of illegal drugs, opioids or hashish.<sup>155</sup> The 2023 VIVE report also provides data from the National Health Authority indicating how in 2019, approximately 122,000 children were growing up in a family where one or both parents had an alcohol problem.<sup>156</sup>

<sup>153</sup> Please see: <https://www.statbank.dk/20046>

<sup>154</sup> Danish National Children's Council 2016:15

<sup>155</sup> VIVE 2023

<sup>156</sup> *ibid*

### 8.1.7. Special needs and disabilities

Interviewees acknowledged that children with special needs and disabilities are being placed in alternative care. However, they said that overall they thought numbers are low and placement would only occur if parents had got to a position when they could not cope even after support had been made available to them. When specifically asked the question about children with special needs and disability in alternative care interviewees said,

*"...we do have some cases, where the child has special needs and need 24 hour care..."*

*"So, in some instances the child might have a disability which is so extensive that the parents might come here on their own accord to put the child in a facility with 24/7 care."*

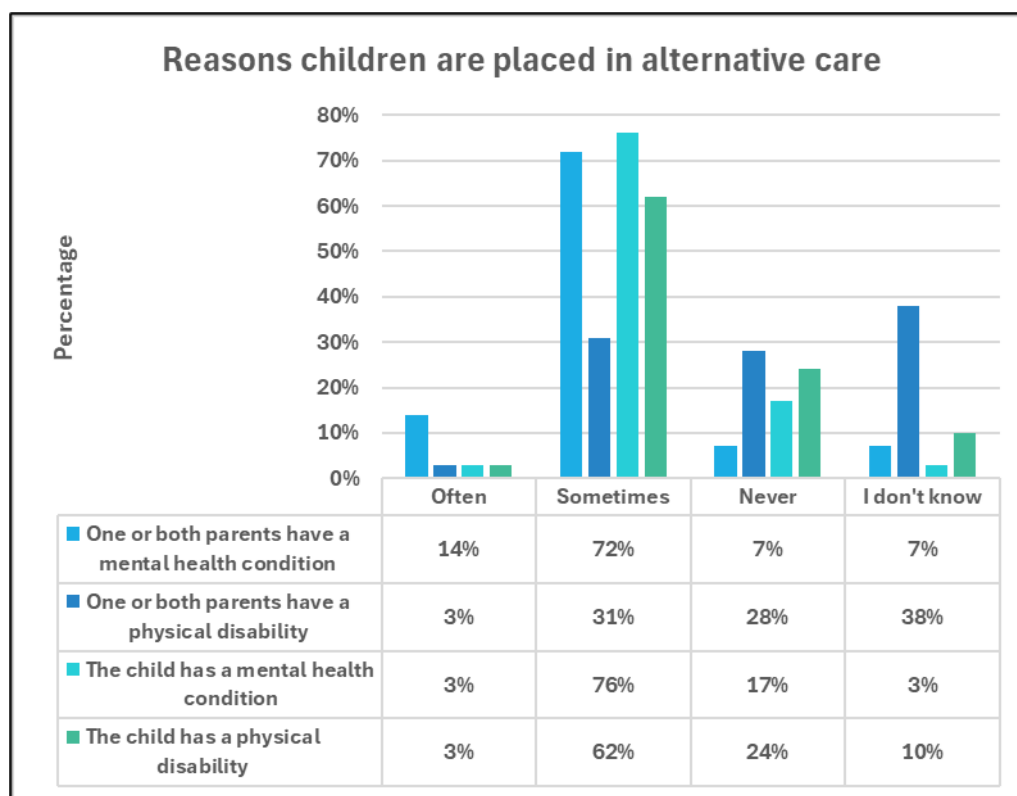
*"I would really say it depends on the capacity of the parents because we do see families where they get a lot of support, of equipment and so on, from the municipality. And they keep the child...And they get support and everything is fine. But we also see parents giving up and it is simply too much, especially if there is a physical disability...Maybe when the child is smaller it is alright. But then when you add all the issues coming up when they are older...so it adds on a second layer to the situation and sometimes it become too much [for parents]."*

A small number of interviewees also spoke about parents with a disability who are unable to cope and how this situation can then lead to a child being placed in alternative care,

*"It could be that the parents themselves have a disability or if they might be dealing with a sickness that would lower their capacity..."*

Respondents to the online survey think the mental health of a parent can 'often' (14%) or 'sometimes' (72%) result in a child being placed in alternative care but it being less likely if a parent has a physical disability (Figure 24). A significant number of respondents think children who have either special needs (mental health condition) (76%) or a physical disability (62%) are 'sometimes' at risk of placement. It is interesting to note that some respondents think issues related to special needs or physical disability of parents or children are 'never' a reason related to placement and a significant percentage (38%) who 'don't know'. Our research has not included an analysis of why this was these were the chosen answers of some respondents.

Figure 23. Reasons children are placed in alternative care



According to Moesby-Jensen, at the end of 2017, there were 3,578 children with special needs and disabilities aged 0-17 years old in alternative care in Denmark, of which 443 (12.4%) were placed through a mandated order by the municipality i.e. a placement to which parents did not voluntarily give consent.<sup>157</sup> It is understood the number of children with special needs and disabilities in alternative care remained relatively constant between 2012 and 2017.<sup>158</sup>

In 2023, according to the Government of Denmark statistics database, there were 14,077 children with special needs and disabilities registered as receiving an assistance measure from the State.<sup>159</sup> The Government recognises how there may be additional numbers of children with special needs and disabilities in the country who were not recorded as they did not receive these services.<sup>160</sup> However, despite the support made available to families with children with special needs and disabilities, there are a small number placed in alternative care each year. Table 7 contains data extracted from a Government of Denmark database illustrating the number of children with special needs and disabilities placed in alternative care in the years 2018 to 2023.

<sup>157</sup> Moesby-Jensen 2022. See also: [Anbringelser uden samtykke af børn og unge med funktionsnedsættelser - Oktober2020 - Endelig rapport.pdf](#)

<sup>158</sup> *ibid.*

<sup>159</sup> Please see: <https://www.statistikbanken.dk/statbank5a/default.asp?w=1920>

<sup>160</sup> Please see: Please see: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en>

Table 7. Decisive reason for placement due to considerably or permanently reduced physical or mental capacity in a child/young person: Denmark 2018 - 2023

<b>Decisive reason for placement due to considerably or permanently reduced physical or mental capacity in a child/young person: Denmark 2018 - 2023</b>	<b>Total</b>	<b>% of all placements in that year</b>
2023	376	7.5%
2022	418	7.8%
2021	384	7.2%
2020	394	6.9%
2019	342	6.3%
2018	453	5.9%

(Source: Statistics Denmark - <https://www.statbank.dk/20046>) (data for Copenhagen in 2019 is noted to be incomplete).

The data in Table 8 is also extracted from the same government database illustrating how for a small number of children, having parents with special needs or disabilities can be the reason for their placement in alternative care.<sup>161</sup>

Table 8. Decisive reason for placement due to considerably or permanently reduced physical or mental capacity in a parents: Denmark 2018 - 2023

<b>Decisive reason for placement due to considerably or permanently reduced physical or mental capacity in parents: Denmark 2018 - 2023</b>	<b>Total</b>	<b>% of all in placements in that year</b>
2023	240	5.0%
2022	281	5.2%
2021	221	4.1%
2020	226	4.0%
2019	206	3.8%
2018	457	5.9%

(Source: Statistics Denmark - <https://www.statbank.dk/20046>) (data for Copenhagen in 2019 is noted to be incomplete).

There is a further category of decisive reasons for children's placement also recorded in the Government of Denmark statistics database which is labelled 'health conditions'.<sup>162</sup> However, no definition is provided as to which specific health concerns are included in this category.

As previously noted in this study, children who experience violence can be at risk of separation from parental care. A study issued by the Danish National Council for Children in 2016 specifically referred to the protection risks of children with special needs. Amongst the children who self-reported they had ADHD, Attention Deficit Disorder (ADD), Aspergers, Autism, Obsessive-Compulsive Disorder (OCD) or Tourette's, findings revealed 19% were more exposed to physical violence and 28% to psychological violence than children who had not indicated a diagnosis.<sup>163</sup>

A 2023 study by Elkit et al. found children with special needs and disabilities to be over represented in all 12,830 reported cases of violence towards children and young people.<sup>164</sup> Risk factors contributing to this

<sup>161</sup> Please see: <https://www.statbank.dk/20046>

<sup>162</sup> *ibid.*

<sup>163</sup> Danish National Children's Council 2016:16

<sup>164</sup> Elkit et al. 2023a:143

situation included parental history of violence, family break-up, and unemployment of parents. However, they also noted a reduction of one third in such cases in comparison to the previous decade. Elklit et al. wrote in a further study in 2023, that children with special needs and disabilities were 'at heightened risk of sexual violence compared to non-disabled peers.'<sup>165</sup> In terms of family background, the research spoke of sexual violence against these children being more prevalent under certain family and social conditions, including when a parent had a mental health diagnosis, was convicted as perpetrator, or had been a victim of, violence, had experienced situations of parental separation, teenage motherhood, and extended unemployment.

In some countries, lack of access to education for children with special needs and disabilities can be a primary reason for placement in care. However, as stated in the first Danish Biennial Report on the Implementation of the European Child Guarantee (2022), the Government of Denmark reiterated their commitment to children with special needs and disabilities including the provision of inclusive education or, when not possible provision of special education in 'special schools'<sup>166</sup> and 'special classes'<sup>167</sup>. By this means, provision of education is also made in classrooms on the same premises as local schools or, in schools specifically for children with special needs or disabilities. There is also however, provision within boarding schools (specialefterskole). One website reports there to be 18 of these special educational residential schools for children with special needs in Denmark.<sup>168</sup> It is understood that these schools receive state subsidies but parents must also contribute towards fees. The website goes on to speak of mainstream residential schools (almen efterskoler) that also offer a certain number of spaces for children with special needs.

It is of note that interviewees did not mention such residential settings when asked about the situation for children, including those with special needs and, disabilities. This may indicate that it is only children who are in out of home care due to their contact with social services and the child protection system that are considered to be in alternative care i.e. the use of boarding schools as part of an education system was not identified by professionals as being relevant to situations that deprive children of the daily care of their parents. It is the consideration of the lead author of this report however, that use of such residential settings would meet the criteria of alternative care as laid out in the UN Guidelines for the Alternative Care of Children.

#### 8.1.8. Parents who are imprisoned or are responsible for criminal behaviour

A few interviewees spoke about children being at risk of placement in alternative care due to the imprisonment of a parent. No official statistics have been sourced that would confirm the extent to which this occurs however, a Government of Denmark statistical database does indicate that a small number of children are placed in alternative due to criminal behaviour of parents each year (Table 9).<sup>169</sup>

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<sup>165</sup> Elklit et al. 2023b:1

<sup>166</sup> Please see: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en> page 6

<sup>167</sup> Please see: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en> page 6

<sup>168</sup> Please see: <https://www.the-intl.com/post/special-needs-efterskoler>

<sup>169</sup> Please see: <https://www.statbank.dk/20046>



Table 9. Decisive reason for placement due to criminal behaviour of parents: Denmark 2018 - 2023

Decisive reason for placement due to criminal behaviour parents: Denmark 2018 - 2023	Total
2023	41
2022	61
2021	54
2020	64
2019	43
2018	58

(Source: Statistics Denmark - <https://www.statbank.dk/20046>) (data for Copenhagen in 2019 is noted to be incomplete).

In total only 7% of respondents of the online survey think children are 'often' placed in alternative care because one or both parents are in prison but 72% think this happens 'sometimes' (Table 10).

Table 10. Reasons children are placed in alternative care

Reason children are placed in alternative care	Often	Sometimes	Never	I don't know
One or both parents are in prison	7%	72%	14%	7%

A study published by VIVE in 2023 reported that approximately 5 to 6% of children in Denmark experience the imprisonment of a parent at some time in their childhood.<sup>170</sup>

### 8.1.9. Divorce, separation and single headed households

Interviewees suggest stress and lack of good communication in the family is contributing to breakdown of marriages and partnerships and this can ultimately lead to divorce or separation. They also spoke of the efforts put into mediation and preventing separation of children in the family from at least one of their parents in the case of divorce or separation. They indicated it is when situations of conflict in the home between adults, and particularly the presence of violence, that invoke heightened concerns for children.

In connection to family breakdown and the separation of parents/adult partners in the household, there are indications that children in single headed households may be at higher risk of being recipients of government social services prevention measures. A report issued by VIVE in 2018 said only 1% of the children in foster care participating in their study had birth parents who were living together.<sup>171</sup> A further study published by Lausten et al. in 2023 pronounced that the proportion of children and young people whose parents live together is lower for those in alternative care or preventive measures than for the other vulnerable groups included in their study.<sup>172</sup> They also stated that the proportion of children and young people whose parents were living together decreases the more intense the social services intervention they received. In terms of risk of exposure to violence, recognised as a driver related to alternative care placement, in 2016, the Danish National Council for Children released research that found children who live with only one parent are more exposed to psychological violence in the home than children who live with both parents.<sup>173</sup>

<sup>170</sup> VIVE 2023:46

<sup>171</sup> VIVE 2018b:22

<sup>172</sup> Lausten et al. 2023

<sup>173</sup> Danish National Council for Children 2016

#### 8.1.10. Children who run away from home and street connected children

As a consequence of circumstances in the home, for example exposure to violence, children can find themselves in situations outside the home that then also place them at risk of placement in alternative care. This includes children who become street connected. Street connected children as for example, those living and working on the streets.

It has recently become legal in Denmark to assist children who are street connected, including providing them with temporary shelter, without referring them the local child protection authorities and informing parents for a certain time period. The issue of being street connected was not raised by research workshop participants. However, an interviewee who specifically works with children in such circumstances confirmed that there are children who for example, experience violence at home or have parents with a substance addiction or mental health issues, that do end up sleeping on the streets. Others, when asked if children become street connected, also said this is due to physical, sexual and psychological violence and breakdown in family relationships or, they are thrown out of the house.

*... "what we see is a systematic course of children being thrown out. So similar patterns, if they don't follow the rules in the home... if they are not following the rules it's just doors just close. You don't have a key to your own home. Sometimes your stuff is in big black plastic sacks outside the door. Or they take all your clothes and throw them out, or cut them up, or destroy your personal belongings. We see that a lot also."*

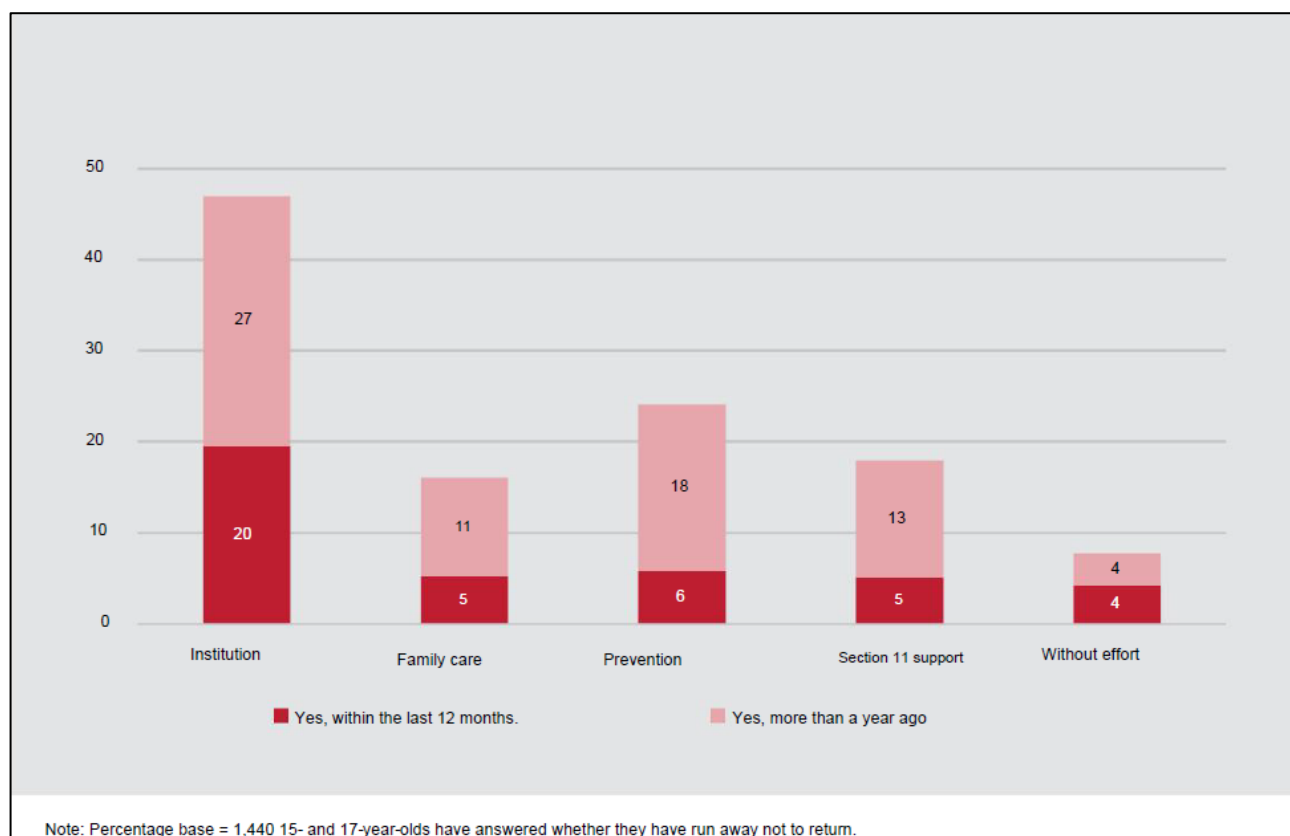
One interviewee also spoke about children running away due to dysfunction within the family as a result of parents with drug and alcohol addiction and/or mental health challenges, or having parents who have resorted to crime. They also said social control in the home is an issue, including situations when it relates to family honour e.g. when a girl from a very conservative or very religious family has *"transgressed"* in terms of family expectations. A further professional informant said they thought that children running away from home was seldom a reason for placement in alternative care.

We were told that one NGO run centre that supports street connected children also receives children and young people who have run away from residential alternative care or foster care. Data confirms this situation as seen in Figure 25. This information extracted from a study published in 2024, shows almost half of all the respondents (47%) who were children placed in residential care, and 16% of those in foster care, said they had tried to run away from their placement.<sup>174</sup> The report also shows that 24% of children who were receiving government services to prevent family separation (prevention) and 18% receiving prevention support under Section 11 of Services Act No 3, had tried to run away from home. The final category in the table are vulnerable children included in the study who were not receiving any official support (without effort).

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<sup>174</sup> Lausten et al. 2023

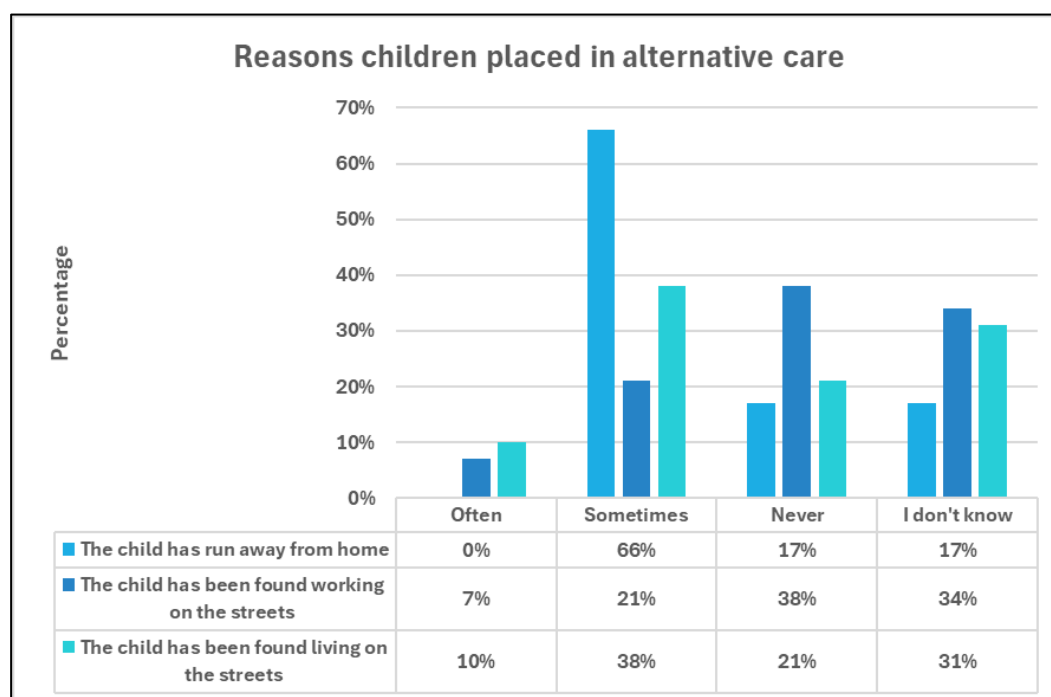
Figure 24. Proportion of young people who have run away within the previous 12 months and more than a year ago (percentage)



(Source: Lausten et al. 2023:84) (institution refers to residential care settings)

Respondents to our online survey think children who have run away from home are 'sometimes' at risk of placement in alternative care (66%) along with those who have been found working (21%) or living on the streets (38%) (Figure 26). No respondents think children running away from home is 'often' a reason for such placement.

Figure 25. Reasons children are placed in alternative care



## 9. The correlation between issues related to socio-economic vulnerability, family break down and placement in alternative care

Research findings suggest that children in Denmark who are placed in alternative care are from families of all income brackets. However, drawing on information gathered during the research, it is suggested that children living in families experiencing social and economic vulnerabilities are at a higher risk of separation from parental care and placement. This is attributed to a number of reasons including the additional stress poverty can place on a family and higher visibility of children at risk from poorer backgrounds to the different professionals they come into contact with. In respect of the latter, interviewees said children from richer families are less likely to come to school hungry or inadequately clothed and therefore, less likely to come to the attention of teachers for example. It is also suggested that wealthier families are better able to deflect the interest of social services and other professionals more easily. As interviewees said,

*"When you see those families who have the big houses and the big income, they can be well spoken. They can speak to the system. There can be violence but it would be fair to say it is difficult to enter into those families who are more affluent."*

*"For the lower social economically placed families, they cannot really pay their way out of it [a difficult situation] so it is more visible to us."*

*"A great deal of the people who come here [family counselling centre] are from the lower social economic class deprived families. We also get cases where it is families from better places socially, economically, but there might be some other emotional issues at play".*

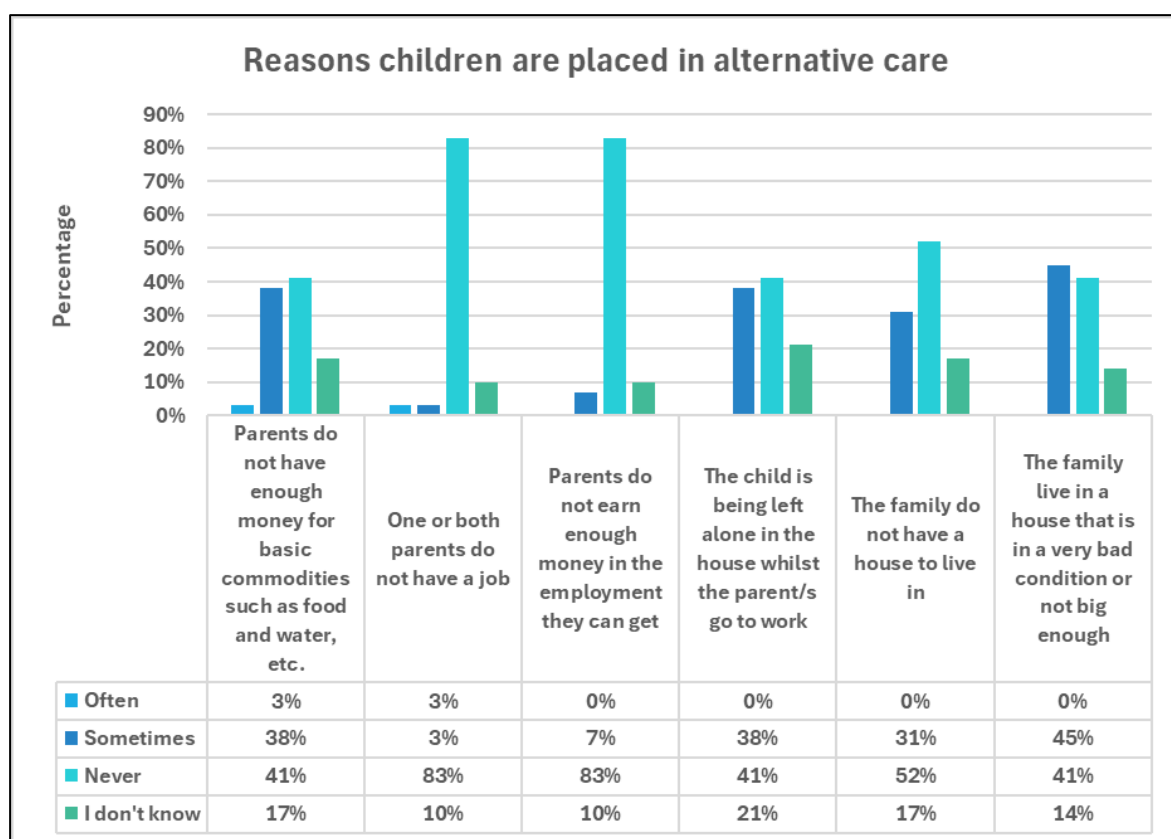
*"No I definitely think it is more people from a low income..."*

*"Mostly it is families from the low socio- economic background. But that is not to say there maybe people from middle or higher incomes. But for the most part, the majority of them are low income."*

*"Mostly it is from poor people. But we have both as well ..."*

In the online survey, when asked about the impact of living conditions and unemployment, very few respondents indicated issues related to poverty are 'often' a reason for children's placement in alternative care (Figure 27). Just over a third of respondents think parents not having enough money for such basic commodities as food and water etc. (38%) is 'sometimes' a reason along with leaving children alone in the house so they can go out to work (38%). It is noted that the vast majority of respondents think lack of employment and ability to earn sufficient income are 'never' a reason for placement or, 'don't know'.

Figure 26. Reasons children are placed in alternative care



Issues related to poverty was not a significant concern raised by children participating in the research workshops. Only two children wrote about financial worries when asked, 'What makes children worried or unhappy when they are in the home?'. When asked, 'What makes adults worried or unhappy when they are at home?', some children wrote about '*money problems*' and parents not having employment.

It is noted that adult family members who participated in the research workshops were drawn from families believed to be experiencing certain socio-economic challenges/vulnerabilities. When asked, 'What makes a family happy, strong and united when at home?', a small number of participants wrote about issues related to financial circumstances. This included being happy if there is '*financial stability*', having '*money to buy good food*', and being able to go out to work. When asked, 'What makes families unhappy and worried when they are home?', once again very few answers related to lack of financial resources although one participant wrote that '*parents worry about economy, they say no to things when children ask, they have only money for food and bills*'.

Although our research did not delve into reasons parents are facing challenges accessing the services and support they require, it has been identified how parent's engagement with local authority social service providers can be a cause of anxiety. Analysis of the information provided during the workshops with family adult members suggests some parents are mentally, and physically, exhausted not just as result of coping with everyday worries, but also due to the stress caused by engaging in a system they feel is challenging and examining them. Participants spoke about the '*fight*' parents have with the system. Some are worried their children will be taken from them. Answers also suggest parents are frustrated with their engagement in a social services system that does not necessarily deliver the support they need – both in terms of services and emotional guidance. Below is a selection of the answers provided during workshops with adult family members when asked, 'What makes families worried or unhappy when they are at home?' (Figure 28).

Figure 27. What makes families worried or unhappy when they are at home

**What makes families worried or unhappy when they are at home? (as answered by adult family members)**

*when you have to fight to get help for your child  
the fight against the 'system'  
you have to be so outgoing and fight all the time  
that you stand alone in the fight against the system  
being completely on the bottom - not having anyone to look up to  
it takes many months to get help  
lack of help creates poor wellbeing in the whole family  
hundreds of professionals' opinions and assessments and being able to navigate it  
that parents who see a problem with their child are not listened to even though they know the child best  
when professionals do not take parents' concerns seriously and dismiss the problem and blame parents  
for their child's difficulty following normal development  
that you yourself have to pay (a lot of money) for help that you are actually entitled to, but which you don't  
get because there are savings in the municipality  
that there is no easy access to help/advice  
that finances prevent municipalities from providing relevant help to ensure family/children well-being and  
development  
financial structures in the municipality make it unattractive to provide help in time*

*absolutely extreme exhaustion  
are we parents getting worn out?  
no one understands!  
the feeling of being 'eaten', that you have given everything, but it is not enough.  
The opposite of happiness is the high demand to show a mental surplus  
Not having the mental surplus  
I do all I can but they keep saying it is not good enough'  
alone with your worries about your child.  
bad conscience about being inadequate as a parent  
that they will be evaluated as bad mothers  
worry that their children are removed from home and they thereby 'lose them' when the children are in  
poor mental health  
the fact that municipalities can threaten families with placing their child makes them far too powerful and  
makes it difficult for people to seek help in time*

*the worries continue after your child turns 18, because then they themselves are in the 'battle'.  
the future of the disabled child is worrying  
what happens to my adult child when I am no longer here?  
can others love my 'strange' child?  
the loss of the dream of a happy, harmonious family*

Feelings of stress and being overwhelmed is of concern as such situations can diminish resilience of parents, impact the ability to maintain strong relationships and unity in the household, as well as caring for their children.

*"[Parents] are lost in their stress... So it is the economics first, and the stress, and the feeling that they cannot do anything with their children."*

*"In Demark there is money they [parents] get each month. But it is very low and it is a stress factor".*

*"I think the parent themselves have some issues. They don't have a job and have social problems themselves. So to raise a child as well can be hard when you have a hard time taking care of yourself...."*

In particular, direct links were made by interviewees between the stress caused by issues related to poverty and even how this might lead to violence in the home,

*"...because stress is one of the main factors I think for the parents, they feel so overwhelmed and maybe they have been in this pressured situation for a while. And sometimes that is why they have started using violence and conflicting more with their own children. And sometimes it can be an acute or urgent situation which makes us worried...."*

*"Violence can also be a case of desperation...That could be like, if they are in a financial crisis. If they are afraid of losing their house. If the children are in a vulnerable situation like if they are out in the gangs...or it could also be parents that are going through a divorce."*

*"And sometimes it is also a cry for help. Like we had a mother saying, yes I smash her [her daughter] because I do not know what to do anymore. And then violence can also be a cases of desperation."*

A 2019 report issued by VIVE, illustrates the relationship between higher degrees of family vulnerability and placement in alternative care. Findings suggest that parents of children placed in alternative care are more likely to be on cash assistance, excluded from the labour market, 'have a psychiatric diagnosis, more often have received a conditional or unconditional sentence and have more often been in substance abuse treatment, compared to parents of children and young people'<sup>175</sup> in prevention programmes. A further report issued by VIVE in 2018, found only 29% of fathers and 14% of mothers of children in foster care had employment and that predominantly, parents of children in alternative care were living in socially vulnerable circumstances.<sup>176</sup>

A 2016 study issued by the Danish National Council for Children, found connections between socio-economic vulnerability and a child's risk of experiencing 'psychological violence and serious domestic violence'<sup>177</sup> thus rendering them vulnerable to attention of social services. In total, 17% of the children in the study who were living in a household where both parents were unemployed, had been exposed to serious violence compared to 9% of children whose parents were in work. Of children whose parents were unemployed, 29% had experienced psychological violence in the home in comparison to 16% of children whose parents were both working.<sup>178</sup> The findings also suggested that children from 'economically well-off families'<sup>179</sup> were at higher risk to violence than children from those identified as middle class.

A study by Lausten et al. also shows that children placed in alternative care include those whose 'mother and father have had experience major social and psychological challenges'.<sup>180</sup> As seen previously in this report (please see Table 8), 'decisive reasons' for placement into alternative care include the reduced

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<sup>175</sup> VIVE 2019a:3

<sup>176</sup> VIVE 2018b

<sup>177</sup> Danish National Children's Council 2016:12

<sup>178</sup> Danish National Children's Council 2016:12

<sup>179</sup> *ibid.*

<sup>180</sup> Lausten et al. 2023:95



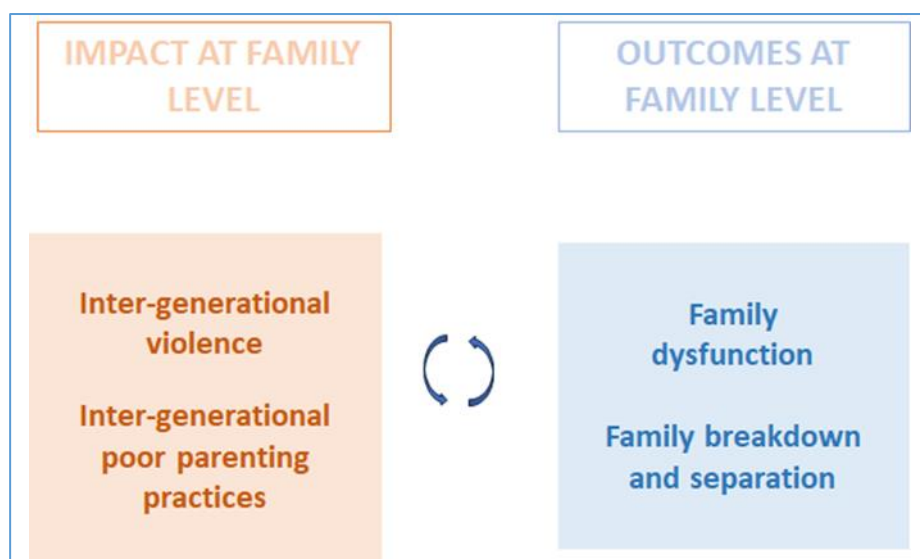
physical or mental capacity of parents. In 2023 for example, 5.0% (240) of all placements were made for this reason.

As also previously noted in this report, it is important we recognise that many parents confronted with socio-economic challenges are striving to do their best to care for and protect their children. A factor we observed amongst parents participating in the adult family workshops in Denmark.

## 10. The phenomenon of inter-generational violence and inter-generational lack of adequate parenting capacity

A specific theme that has emerged in our research findings in relation to the perpetuation of dysfunction and breakdown within, and separation of, families is the inter-generational aspect of violence, the inter-generational lack of adequate parenting capacity, and connection between the two (Figure 29).

Figure 28. Factors of inter-generational violence and poor parenting skills



When asked why families reach a situation where separation of children is a consideration, all interviewees drew attention to violence in the home, breakdown in family relationships, lack of positive attachment and adequate parenting skills as being an inter-generational phenomenon. This included consideration of parents who themselves had been in alternative care. They stressed that more needs to be done to address this issue.

*"...family violence and use of drugs and alcohol... So, a lot these things,...it is inter-generational in many of these cases."*

*"Attachment, I think that is something that we know really affects the way people relate to each other. I think previous trauma is a huge factor here because if you yourself have been neglected, and abused in different ways, then your nervous system, your ability to mentalise, is heavily affected...it is broken between generations."*

*"So most of the parents that we see that have these kind of issues [violence and drugs and alcohol] in the family...It is usually something that has been inter-generational. So you might see cases where you have a parent that did not get the necessary emotional care, or*

*emotional needs met, so that is the hard to give that to their child because they never got that."*

*" I hear their [parent's] story of their childhood. What they have gone through. Horrible, horrible stuff themselves."*

*"So in my experience a lot of the parents here in the municipality don't have the competences to be the parents that the children need... and what I mentioned how a lot of these parents also have had issues in their childhood in terms of maybe they have been put into care, or have had some type of issues in their childhood that would continue this vicious circle."*

*"[parents] say I had a foster home when I was growing up and my mother was drinking too and my father he was violent. And so they have stories...And sometimes I think it takes generations to change these things".*

*"I think it could be their own upbringing as well and so on so they never learnt the tools to do it [to parent]"*

*"It could be their parents have gone through a childhood where they have had a lot of emotional issues. So that is transferred to their roles as parents."*

*"It is very important to really take care of these children when they are in alternative care and when they are no longer with their parent... as some of it is intergenerational. So really being aware of doing the right thing and really protecting them so there is not the same pattern emerging."*

*"And so I think the important thing is here is to break the cycle. Because I think it is very hard when the damage is done...."*

A few interviewees also mentioned children becoming violent with their parents especially when relationships have broken down between them.

There is an acknowledgement in a body of international research that adverse childhood experiences (ACES),<sup>181</sup> can contribute to negative behaviour that may be repeated throughout someone's life.<sup>182</sup> A report on vulnerable children in Denmark published by Larsen et al. in 2023, also noted how children who are exposed to adverse experiences have an increased likelihood of later experiencing social and psychological problems themselves.<sup>183</sup> This includes 'increased incidence of anxiety, loneliness, depression, alcoholism, drug abuse, suicide attempts and early death'<sup>184</sup>. It is also recognised how, through 'observation, learning and imitation'<sup>185</sup> of adults, and/or being a recipient of violence, physical neglect, lack of love and affection, children also risk repeating such behaviour<sup>186</sup> which in turn, can result in violence, instability, and family dysfunction passing from generation to generation.

A report issued by VIVE in 2018 provides some insight into families that have had children placed in alternative care in Denmark. The study claimed poor relationships between parents and children was 'often'

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<sup>181</sup> SOS Children's Villages International and CELCIS, Centre for Excellence for Children's Care and Protection, University of Strathclyde 2021; SOS Children's Villages International 2020

<sup>182</sup> Asmundson and Afifi 2019; Dube et al. 2001; Dube et al. 2002; Felitti et al. 1998; Kim et al. 2022; Moylan et al. 2010

<sup>183</sup> Larsen et al 2021

<sup>184</sup> Larsen et al. 2021:29

<sup>185</sup> Contreras and del Carmen Cano 2016:44

<sup>186</sup> Contreras and del Carmen Cano 2016; Bevan & Higgins 2002

the case for placement with 75% of parents 'unable to take on the parental role'.<sup>187</sup> A further 2021 VIVE report includes studies illustrating heightened risk of abuse of children by parents who had also experienced violence in their own childhood.<sup>188</sup> One such study published by IJzendoorn et al. in 2020, illustrated the risk of intergenerational transmission of violence and children's increased risk of exposure to violence when their parents had been violated in childhood. Other findings in the VIVE report highlighted connections between violence against children perpetrated by parents who experienced insecure childhood attachment and other 'adverse childhood experiences that tend to accumulate and cluster within families'.<sup>189</sup> The report does caution however, that experiences of abuse are in no way 'doomed to be repeated in the next generation'<sup>190</sup> and spoke of those for whom 'sufficient natural resilience'<sup>191</sup> is a help when trying to overcome adversities in childhood.

#### **In summary:**

In summary, it is evident from our research findings that there are multiple and interconnected factors contributing to circumstances within the family home that may lead to children's placement in alternative care in Denmark. This conclusion also relates to children who are placed at risk as illustrated in the findings in a 2021 VIVE report noting how there,

is no single factor that can explain why some parents mistreat their children. The dynamics of child abuse are best understood by analyzing the complex interplay between different factors. Some factors relate to individual characteristics of parents and children, while other factors are relational. Still other factors belong to the external environment, in the local community or the social structure.<sup>192</sup>

## **11. Decision making and the national child protection system**

As previously acknowledged, we consider the decision to place a child in alternative care to be influenced by two particular factors: the circumstances they are living in, and the decision making of those with responsibility for children's safeguarding and well-being. To this end, the research framework for this study included a focus on decision makers and factors influencing their decision making. Most especially consideration has been given to decision making within the context of a national child protection system (please see Figure 2).

Gatekeeping mechanisms and alternative care should be an integral component of a national child protection system. An effective system requires a holistic view of childhood and mitigation of the multi-sectoral factors placing children at risk and families in difficulty. It also needs effective partnership working between the State, families, communities, and NGOs amongst others, to build a protective environment. The laws, strategies and policies that mandate for the operating of a national child protection system must contain everything needed to protect the rights of children with prevention of unnecessary child-parents separation amongst the primary aims. Likewise, effective functioning of Ministries and other bodies responsible for oversight and delivery of the system should place safeguarding alongside prevention of separation as a high priority. Systematic and rigorous data collection to inform policy and practice is also essential.

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<sup>187</sup> VIVE 2018b:6

<sup>188</sup> VIVE 2021

<sup>189</sup> VIVE 2021:48-49

<sup>190</sup> *ibid.*

<sup>191</sup> *ibid.*

<sup>192</sup> VIVE 2021:7

We have taken these important objectives and principles into account when developing our research framework and reviewing the child protection system in Denmark. We have used a research focus that seeks evidence and understanding of how 'gatekeeping' works in the country and especially how decisions about use of alternative care are made, steps to prevent unnecessary separation, and the support available to children and families when experiencing difficulties. The information provided in this section of the report is predominately the result of a desk review in relation to the national child protection system and alternative care provision in Denmark complemented by information provided by interviewees.

### 11.1. A normative framework for child protection

In line with the UNCRC, a national normative framework, consisting of laws, bylaws and regulations, policies, and statutory guidance, should guarantee children's right to protection from all forms of violence, abuse, neglect, and exploitation. It should reinforce the primary responsibility of parents for the care and protection of children, obligate the State to support parents in this endeavour, and allow for intervention if, and when, necessary to care for and protect a child. A normative framework should provide for the necessary socio-political, economic, and cultural conditions in which children and families can thrive. It also offers a mandate for decision making and, in this regard, guides professionals in their roles and responsibilities toward children and families as well as to when, and how, they should take certain decisions.

#### International conventions and treaties

Upon signing or ratifying a UN convention or treaty, as with any other State, Denmark is mandated to reflect the content in national law. Table 11 contains a number of international conventions and treaties that the Government of Denmark has signed or ratified as relevant to the protection of children.

Table 11. International Conventions ratified by the Government of Denmark

International Conventions and Treaties	Year ratified
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women	1983
CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	1987
ILO Convention on the worst forms of child labour (No.182)	2000
Convention against Transnational Organized Crime and Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children	2002
CAT-OP - Optional Protocol of the Convention against Torture	2004
CCPR - International Covenant on Economic, Social and Cultural Rights	1972
CERD - International Convention on the Elimination of All Forms of Racial Discrimination	1971
CESCR - International Covenant on Economic, Social and Cultural Rights	1972
United Nations Convention on the Rights of the Child (UN CRC)	1991
CRC-OP-AC - Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	2002
CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	2003
CRPD - Convention on the Rights of Persons with Disabilities	2009

## National legislation and policy

Table 12 lists some of the relevant laws and policies pertaining to child protection and alternative care in Denmark.

Table 12. National legislation and policy relevant to child protection and alternative care in Denmark

National Normative Framework	Year
The Constitutional Act of Denmark	1849
Act on Social Assistance	1974
Act No. 411 of Jun. 1998 amending the Act on Measures to Combat Alcohol Abuse (prohibition of retail sale of alcohol to children below 15 years of age)	1998
Act on Social Services	1998
Administration of Justice Act (Retsplejeloven)	
Act No. 441 - amending of the Criminal Code and the Administration of Justice Act (combating the sexual abuse of children)	2000
The Children's Act (Børneloven) (No. 460)	2001
Executive Order No. 218 on the Processing of Personal Data in Central Criminal Records (preventing those convicted of crimes against children from working with children)	2001
Act on Custody and Access	2002
Act on Care Placement Reform (No.542)	2007
Act on Parental Responsibility (No.499)	2007
The Criminal Code (with amendments in 2009)	2008
The Children's Reform	2011
Consolidation Act on Social Services	2018
The Children's Act	2024
Children First	2021

Below is a short precis of just a few of the laws that we feel are particularly relevant to the child protection and placement in alternative care in Denmark.

### The Children's Act

In January 2024 there were additions to Danish law as it applies to child protection and alternative care with the introduction of the Children's Act adopted by the Danish Parliament in June 2023. In particular, more emphasis has been placed on a child's right to meaningful participation including involvement in their own child protection and welfare case and decisions being made about them in this law. Decisions that must always meet the best interests of the child. The Children's Act consolidates regulations and procedures that were situated in other pieces of legislation, including those in the Consolidation Act on Social Services, mandating special support for children when required. This includes children with protection needs and those with special needs and disabilities. Chapter 2 of the Act is entitled "The rights and fundamental principles of children and young people" and reflects Denmark's obligations to fulfil the UN CRC. Central themes include the right of children to care, protection and inclusion with the aim of achieving development, health and well-being.

The Act lays out a process for child protection case management by which referral, response and support to children of concern must be implemented and the time frames by which they must be achieved. A substantive section of this law focuses on decisions regarding child-parent separation. This is called the 'legal criteria for placement in care' (anbringelsesgrundlag). A process that requires assessed and documented evidence to show a child's legal rights to development and safety are being violated. Placement decisions should also be subject to continuous monitoring and revision.

The Act contains guidance and procedures for counselling and early prevention measures, which were previously outlined in the Social Services Act. It also provides a significant number of articles related to the support of children with special needs and disabilities. Furthermore, it allows for support to a child and their parents (through a parental action plan or comprehensive plan) during the placement of a child in alternative care with an aim of family reunification. Permanent out of home placement and adoption including decisions taken that do not gain parental consent and are classified as 'exceptional' circumstances, is also incorporated. At the time of our research concerns were being raised about this latter directive, and the Act allowing for removal, and possible adoption of an unborn child immediately after birth without the consent of the parents. The Act says this step is only to be taken when the parent/s are assessed as lacking abilities or resources that would pose a risk to the unborn child's health or development. Our analysis of the Act suggests that overall, it meets the 'necessity' and 'suitability' criteria as laid out in the UN Guidelines for the Alternative Care of Children<sup>193</sup> with an emphasis placed on prevention of child-parent separation.

### **The Parental Responsibility Act**

The Parental Responsibility Act of 2007 has the interests of the child and a child's right to well-being and protection from harm as a primary consideration. This includes protecting children from all forms of violence and abuse including physical, sexual and psychological violence and witnessing violence. A child has a right to care and security, should be treated with respect, and not exposed to corporal punishment or other degrading treatment.

In particular the Act contains many articles relating to the custody of a child. A child is anyone under the age of 18 years 'under custody', i.e. under the care of a legal caregiver, unless married. The Act covers issues related to parental custody and access to a child by a non-custodial parent. Child welfare counselling and family mediation can be offered. Unless detrimental to the child, they should be consulted about parental custody, their place of residence and access to custodians. A child who has reached the age of 10 years old may request the Agency of Family Law to summon the parents for a meeting about custody, the child's place of residence or access rights.

### **The Criminal Code**

Physical violence is criminalized under various provisions of the Criminal Code, including Article 213 on neglect and degrading treatment, that specifically calls for the protection of children against violations. The Code considers various degrees of physical violence and includes prosecution of a perpetrator of physical violence against a child. Sexual intercourse with a child under the age of 12 is punishable as rape and it is illegal to have intercourse with a child under 15 years old if the perpetrator is an adult, unless if there is a superior-subordinate relationship, then it is 18 years.<sup>194</sup> The Code also prohibits assisting children to engage in prostitution through sexual intercourse, or the buying of sexual activities with children. Sexual assaults including groping, exposure, stalking and verbal abuse are punishable if the violation is committed against a child under 15 years of age.<sup>195</sup>

### **Children First**

Children First is a multi-party agreement adopted in May 2021 with the aim of providing all children with a good start in life and provision of improved and early support for vulnerable children and families.<sup>196</sup> An objective being prevention of problems in childhood to mitigate risks of becoming a vulnerable adult. The policy includes provision through various laws and policies (including the new Children's Act). This incorporates policies that provide support to families and ensure children have a 'loving upbringing'. Actions to strengthen support to families must be equally implemented across the country. Application of a more

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<sup>193</sup> United Nations General Assembly 2009

<sup>194</sup> *ibid.*

<sup>195</sup> *ibid.*

<sup>196</sup> VIVE 2022b:5 Please also see: <https://www.regeringen.dk/nyheder/2020/barnet-foerst/>

rigorous child protection case management is included with the aim of families receiving the most suitable intervention in a timely manner. This also calls for holistic assessments when placement of a child in alternative care is a consideration and a more rigorous process of decision making when consent of parents is or is not given. Children First has a commitment to improve the quality of foster care and residential placements.

### 11.2. Structures for child protection system delivery, co-ordination, and oversight

According to Shanks et al, in Denmark, as with other Nordic States, 'child welfare services are embedded in more or less comprehensive welfare systems'<sup>197</sup> built on ideas of universalism. This includes efforts to secure basic needs through a welfare and social protection system available to all citizens as well as a responsibility of municipalities to provide additional support, including protection services, 'for children who need it.'<sup>198</sup> Within this universal and targeted provision is a focus on prevention of family vulnerability and separation or provision of alternative care when deemed necessary. Below are details of a few of the national and local authority structures holding such responsibility.

#### Ministry of Social Affairs, Housing and Senior Citizens

The Ministry of Social Affairs, Housing and Senior Citizens (Social-, Bolig- og Ældreministeriet) has the overall responsibility for at-risk children, young people and families, socially excluded adults, and people with special needs and disabilities. In this manner, the Ministry plays a strategic role that includes responsibility for the development of legislation and policy to be endorsed by politicians. This includes overall detailing of the standards and regulations for alternative care provision which is then to be provided by municipalities.

#### National Council for Children

According to the website of the Danish National Council for Children, the work of the Council includes 'to secure children's rights on the basis of the UN Convention on the Rights of the Child' and to 'speak up for children and young people in the public debate'.<sup>199</sup> The Council is a politically and financially independent body that advises the Government, the Parliament and other authorities on matters of children's rights.

#### Municipal Authorities

While Parliament adopts and formulates legislation and policy governing the child protection system and placement in alternative care, the 98 local municipalities across Denmark hold responsibility for administering and implementing the system. In this respect, the Child and Family Departments at municipal have a duty to provide social work services. They have responsibility for receiving referrals of children and families, activating assessments, and overseeing a case management process. This includes initial decisions making regarding acuteness of a reported concern, provision of preventive family interventions, and the placement of children in alternative care. Although not mandated in law, the municipality is expected to form different levels of decision making groups. A Municipal Boards (also known as 'visitation boards'<sup>200</sup>) takes decisions regarding interventions including placement in care or prevention measures when there is parental consent as well as consent from children aged 15 years upwards. If however, this consent is not given and there is a recommendation to remove the child into alternative care, the decision is taken by a municipal Child and Youth Committee.

#### Provision of alternative care

The Danish child protection and welfare system places emphasis on prevention of child-parent separation. However, placement in alternative care is also made available for children in Denmark from the age of 0 to

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<sup>197</sup> Shanks et al. 2021:30

<sup>198</sup> Shanks et al. 2021:30

<sup>199</sup> Please see: <https://www.boerneraadet.dk/english/>

<sup>200</sup> Jacobsen et al. 2023



17 years when it is decided this is in their best interest. Some young people remain in care and/or receive after-care services until they turn 23 years old. Article 114 of the Child Act provides for alternative care in different family-based and residential care settings.

In 2021 municipal departments across Denmark received 152,718 notices of concern about children (an increase from 128,724 in 2018).<sup>201</sup> Of this number, 112,965 received prevention measures in the form of individual and family-oriented support. Data extracted from the Government of Denmark statistical database 'Statistics Denmark', indicates that as of 31<sup>st</sup> December 2021, there were 11,562 children aged 0-17 years in out of home placements.<sup>202</sup> It has been estimated that at any given time, 1% of all children in Denmark are in alternative care.<sup>203</sup>

The age of a child appears to be a significant factor as the data shows the number of children in out of home care rises in relation to the age they have attained. For example, as of December 31<sup>st</sup> 2023, of a total 11,568 children in alternative care aged 0-17 year, there were 201 infants aged 1 years old in comparison to 1,270 15 year olds and 1,355 who had attained the age of 16 years. According to a VIVE study on the well-being of care-experienced young people, of the 17 years olds included in the research, almost half had initially been placed in care after the age of 12 years old.<sup>204</sup> More girls than boys were placed at an older age. Our research has not investigated the reason there are considerably more older children coming into the alternative care system.

Family-based alternative care is the most favoured setting with approximately two thirds of all placements in this form.<sup>205</sup> This includes different forms of foster care. Data in a 2022 VIVE report also suggests the vast majority of infants and young children are placed in family-based care whilst it is more likely that older children will be placed in residential care including social educational residences and boarding schools.<sup>206</sup> In December 2021, approximately a third of children were living in residential care settings.

A few interviewees also suggested it was more likely to be older children that are placed in residential care.

*"Often you would always try to place in a foster care but with the children where the problems are too complex it would often be the institutions. And also this way of handling it often results in siblings been placed in different places because often the small children are going to foster care and the bigger one goes to an institution..."*

*"Mostly residential care [for older children]. I think sometimes they do go foster care"*

Provision of alternative care is funded by the State but can be provided by non-governmental and private and no-for profit organisations. According to Shanks et al. approximately half of all small residential care units in Denmark are owned by non-profit organisations (46%), 22% by for-profit companies and 32% by local authorities.<sup>207</sup>

Although there are more children receiving prevention services than living in alternative care, nevertheless, actual overall Government expenditure is higher for placements than prevention services. According to a

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<sup>201</sup> Please see: <https://www.dst.dk/en/Statistik/emner/sociale-forhold/social-stoette/udsatte-boern-og-unge>

<sup>202</sup> *ibid.*

<sup>203</sup> Please see: <https://www.statistikbanken.dk/statbank5a/default.asp?w=1920>

<sup>204</sup> VIVE 2022b

<sup>205</sup> *ibid.*

<sup>206</sup> VIVE 2022b

<sup>207</sup> Shanks et al. 2021

Government of Denmark report to the European Commission, in 2022 a total of 19.2 billion krone was spent on services and support for vulnerable children and young people (in the age of 0-22) of which:

- 10.9 billion spent on the placement of children in family-based and residential care
- 7.2 billion krone spent on prevention measures
- 1.1 billion spent on day-care centres and other day-care facilities.

Placement in residential care was the most expensive option costing between 1.3 and 1.4 million krone per year per child whilst network foster care cost an average of 0.2 million.<sup>208</sup> The average annual cost per child to provide prevention measures ranged between 95.000 to 624.000 krone. This is particularly interesting information as later in this report it is noted how financial considerations may be impacting decision making.

All the information provided by research informants in Denmark related to children who are placed in alternative care as a result of coming to the attention of the child protection. No interviewees spoke about the use of residential (boarding) schools as being a situation in which children are separated from the everyday care of their parents. There are however, various forms of boarding schools across Denmark some of which although private, also receive government subsidies. UNESCO for example, describes different education facilities across the county including 'efterskole' which are part State subsidised boarding schools for 14 to 18 years olds where they can complete their lower secondary education.<sup>209</sup> According to UNESCO, there were 240 such 'efterskole' attended by 28,000 students in 2020 and these facilities are growing in popularity. The Lead Researcher for this study identifies the placement of children in such residential settings as alternative care in accordance with the UN Guidelines.

### 11.3. Capacity of decision makers and use of child protection case management

Gatekeeping procedures that prevent unnecessary child-parents separation are an essential component of a national child protection system. In this regard, child protection case management should guide and facilitate decision making that is in the best interests of each child, and in meeting their individual needs, circumstances and wishes.<sup>210</sup> International guidance also highlights the importance of decision makers from all responsible bodies and organisations sharing the same gatekeeping tools and processes that include the use of comprehensive child and family assessments and the setting of risk thresholds in relation to child safeguarding to inform any decision making processes<sup>211</sup>.

#### Reporting children for whom there is a protection concern

Initial decision makers in terms of protection and well-being of children Denmark are those deciding whether or not to report a concern. Under the law there is a duty to report a concern with additional mandated responsibilities for certain categories of professionals as for example teachers, pedagogues, child day care provider, health care workers etc. Interviewees said family members, neighbours and also children themselves report concerns. Reports from members of the public can be anonymous although one interviewee said this can sometimes make referrals difficult to follow up on. Reports of concern are directed to the child protection units in each municipality. If the police are the first professionals to become involved in a situation where there is a concern for a child, they must notify the social work team. Social services can receive reports orally and in written form including in a format known as a 'letter of concern'. There is a 24 hour emergency service with social workers ready to respond immediately if necessary.

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<sup>208</sup> Please see: The First Danish Biennial Report on the Implementation of the European Child Guarantee available at: <https://ec.europa.eu/social/BlobServlet?docId=27605&langId=en>

<sup>209</sup> Please see: <https://education-profiles.org/europe-and-northern-america/denmark/~non-state-actors-in-education#Other%20types%20of%20schools>

<sup>210</sup> Cantwell et al. 2012; Csaky and Gale 2015

<sup>211</sup> Cantwell et al. 2012

In terms of reporting a concern, according to Larsen et al., in 2019, 'schools accounted for 21% of all notifications, while the healthcare system, including dentists and health nurses in the same year only accounted for 19%.<sup>212</sup> Family members, the children themselves, or acquaintances accounted for 7% of reports. Others were submitted by 'institutions'<sup>213</sup> (6%), the police (12%), and other municipal administration departments (12%). Anonymous reports accounted for 7% and Larsen et al. classified the remaining 16% as having been submitted by 'others'.<sup>214</sup>

Overall, when asked about the training and competency of police, teachers, and other professionals to make a decision about initial referrals and the submitting of a 'letter of concern' to social services, interviewees think there could be improvements and that additional training should be made available. One interviewee noted the competency of the police whilst others thought it was particularly those working in education settings who needed additional training. Several spoke of a reluctance on the part of some professionals to refer a child, or get involved in their situation. This they said, is possibly due to lack of time as well as insecurity in terms of making the correct decision whether or not to report. There is also a concern that some reporting should have been undertaken earlier.

*"I think they are trained enough to make a report, but I think that the reports are bad. But not the police actually...I actually think that it is really important that we give the teachers and the leaders of the schools more training about this."*

*"I think there could be more improvement. But also, for example, for many of the welfare professionals they don't have much time. So that is always an issue...because it is not a part of the core job for almost all of these professionals. It is something extra for them."*

*I think that they are yes [trained enough], but I think it is important to note we are different professionals. So we see different things... some professionals see some things, and the social workers see other things. So maybe they see a problem that we do not. So we look differently at the same problem. But I think they are capable of making, of doing, those reports, the letters of concern."*

*"So, it is quite difficult because they might have some of these cases where, when they finally get to it, it has been something where there has been a concern for a long time. But that is anxiety around acting on it because of the potential consequences..."*

*"I sit where the child has been taken into alternative care. In my experience I have found that when the children gets to my stage it has been a long time coming where some of these letters of concerns could have been sent in earlier."*

### **Child protection case management and decision making**

In terms of child protection case management procedures, the law in Denmark places an obligation on a municipality to respond to incoming reports concerning a child. It is clear that case management procedures including different forms of child and family assessment are being undertaken before decisions are made. As noted above, the vast majority of decisions result in prevention measures and support being offered and only a small number of all reports of concern result in placement in alternative care.

In the first instance if a referral comes into the 24 hour social work call centre, an immediate decision to respond is taken if the case involves physical violence, sexual assault, or something else of such a serious nature. The case must be responded to by a social worker in the Child and Family Department within 24 hours.

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<sup>212</sup> Larsen et al. 2021:5

<sup>213</sup> *ibid*

<sup>214</sup> *ibid*.

<sup>215</sup> After having brought the case to their manager, a child may be removed to a temporary safe place of alternative care while the police investigate further. 'Depending on the result of the police investigation, the child may be directly placed in more permanent alternative care, or an ordinary social assessment of child and family may be initiated.'<sup>216</sup>

In the case of less urgent referrals, interviewees confirmed that if the report raises a concern of maltreatment or circumstances impacting a child's development, social workers should initiate an assessment of the child and their family (an *undersøgelse*). They also spoke of standardised and structured assessment tools used to guide a holistic investigation. It is understood the depth of the assessment may be dependent on the degree to which a child is considered to be at risk. Reportedly, in situations where certain support for a child may be obvious without a thorough assessment of the child and family, municipalities may conduct a shorter assessment (*afdækning*).<sup>217</sup> However, it is understood that decisions about placements in alternative care should 'always' be taken on the backdrop of the long and thorough assessments.'<sup>218</sup>

Interviewees outlined the assessment process. This should involve different informants and take into consideration the views of the child/ren involved unless their maturity or the nature of the case directs otherwise. Interviews also take place with other member of the family (including siblings if deemed necessary) and professionals who have knowledge of the child including teachers, health visitors, and psychologists if the child or parents are in some form of treatment.<sup>219</sup> This assessment process is supposed to take no longer than 4 months however reports suggest they are often delayed.<sup>220</sup> The assessment should consider development and behaviour of the child, family conditions and other information related to health, education, and relationships, including those with friends and other relevant persons.

As explained by an interviewee when describing the process undertaken by social workers,

*"We shed light on the case, all the way round involving all those who know something about the child..."*

Once assessments have been completed, a case is then passed to a social worker's supervisor/line manager. A number of interviewees also spoke of regular group meetings in which social workers have the opportunity to share and discuss their cases and decisions. This, said some interviewees, is a good way to ensure checks and balances in the decision making process.

*"you would always discuss it with your group with your coordinator or your supervisor... so you never sit with it alone which is good so you have more perspectives on the situation. So I think that that creates a more aligned decision making."*

*"The good thing in here is that we have a...situation where we also always talk. We will sit at a table and you never take a decision yourself. We are always working according to the law and you will never be alone with that decision. And if you have a situation you uncover and you cannot find a solution, an alternative solution, you have to call the manager at the centre. So we cannot separate children and family without talking to our manager of the centre. And we have to present our argument and what we have uncovered, and to give a yes or no. So there will be a control check..."*

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<sup>215</sup> VIVE 2021

<sup>216</sup> Jacobsen et al. 2023:8

<sup>217</sup> Jacobsen et al. 2023

<sup>218</sup> Jacobsen et al. 2023:4

<sup>219</sup> Jacobsen et al. 2023

<sup>220</sup> *ibid.*

*"But there is always discussing it [the case] with the social workers supervisor and a social work coordinator."*

Decisions by social work managers, following discussion with social workers, are then formulated into recommendations. As previously noted in this report, this is followed by two different decision making processes. Unlike in many other countries, the final decision making is not undertaken in a court of law. If parents, and children aged 15 years and upwards, consent to the recommended interventions including placement of a child in alternative care, the case goes to a 'Municipal Board' which also translates into English as a 'visitation board' (as named in the 2023 Child Act) for final decision making.

The 'vast majority of placements in Denmark are made with parental consent and without diminution of parental authority'<sup>221</sup>. If however, there is no consent, and, as laid out in the Child Act 2023, Article 50, if there is evidence 'of insufficient care for, or treatment of, the child, abuse to which the child has been exposed, substance abuse problems, criminal behaviour or other severe social difficulties in the child, or other behavioural or adjustment problems in the child' the case usually goes to a municipal 'Children and Youth Committee' for a final decision. This Committee comprises local 'politicians', a judge, and one or more psychologists. They evaluate the case and decide whether recommended interventions should be enforced based on sufficient evidence that the child is at risk and continues to struggle in the family home. Parents and children are invited to a separate meeting with the Children and Youth Committee before a final decision is taken. In these processes the child and the parents are each provided with a lawyer to assist them in speaking to their case.

During the research undertaken by Jacobsen et al, social workers described the process during the meeting of the municipal board as 'an exam'. They said they have produced assessment reports that are perhaps between 5-20 pages long in addition to which, they are required to make an oral presentation.

### **Decision making with a primary focus on preventative measures**

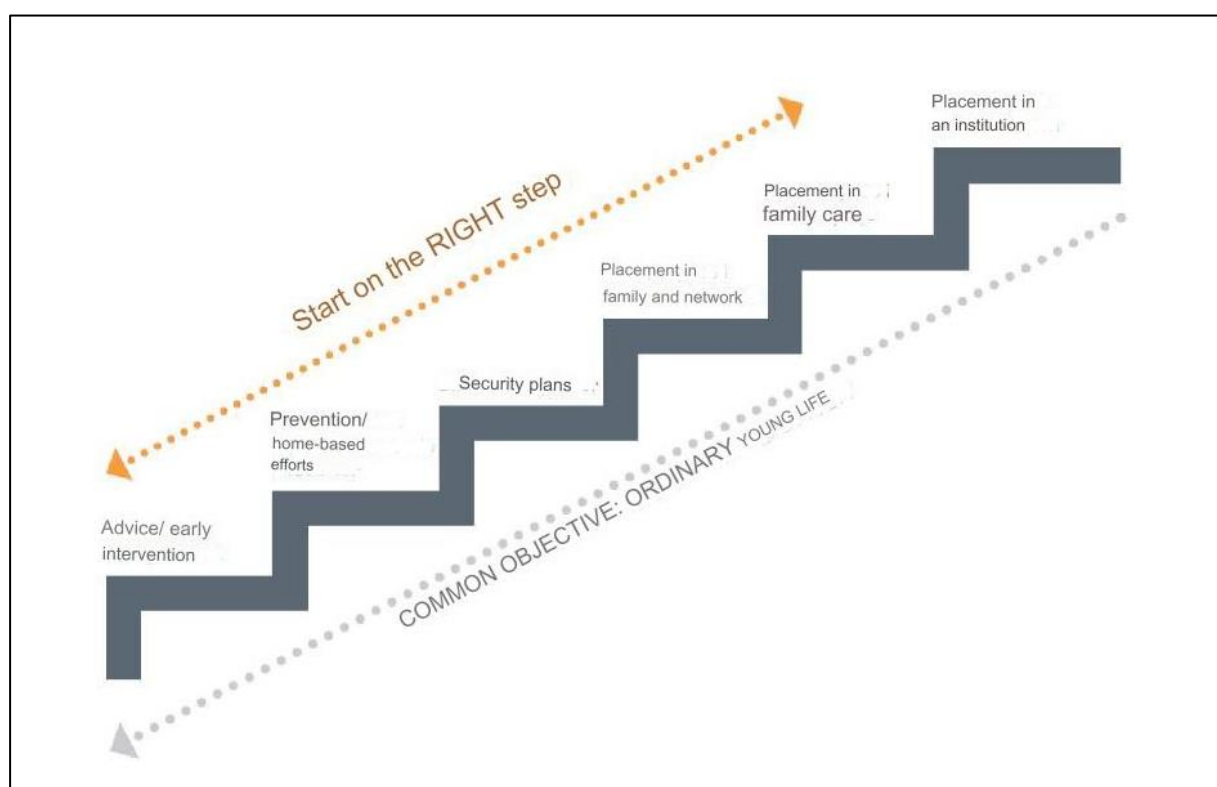
Information collected during the research suggests that whenever possible, and based upon assessment of level of risk of harm a child might be experiencing or at risk of, decision makers try to offer differing levels of support to prevent child-parent separation and rectify any detrimental situation in the home. Under the Danish child protection system, there are several levels of support that can be offered. This is based on an 'intervention ladder' mentioned by many interviewees that comprised 6 different degrees of service provision depending on the severity of the situation as illustrated in Figure 30 extracted from a 2018 report issued by VIVE.<sup>222</sup>

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<sup>221</sup> VIVE 2019b:23

<sup>222</sup> VIVE 2018a

Figure 29. Danish 'Ladder of Intervention'



(Source: VIVE 2018a)

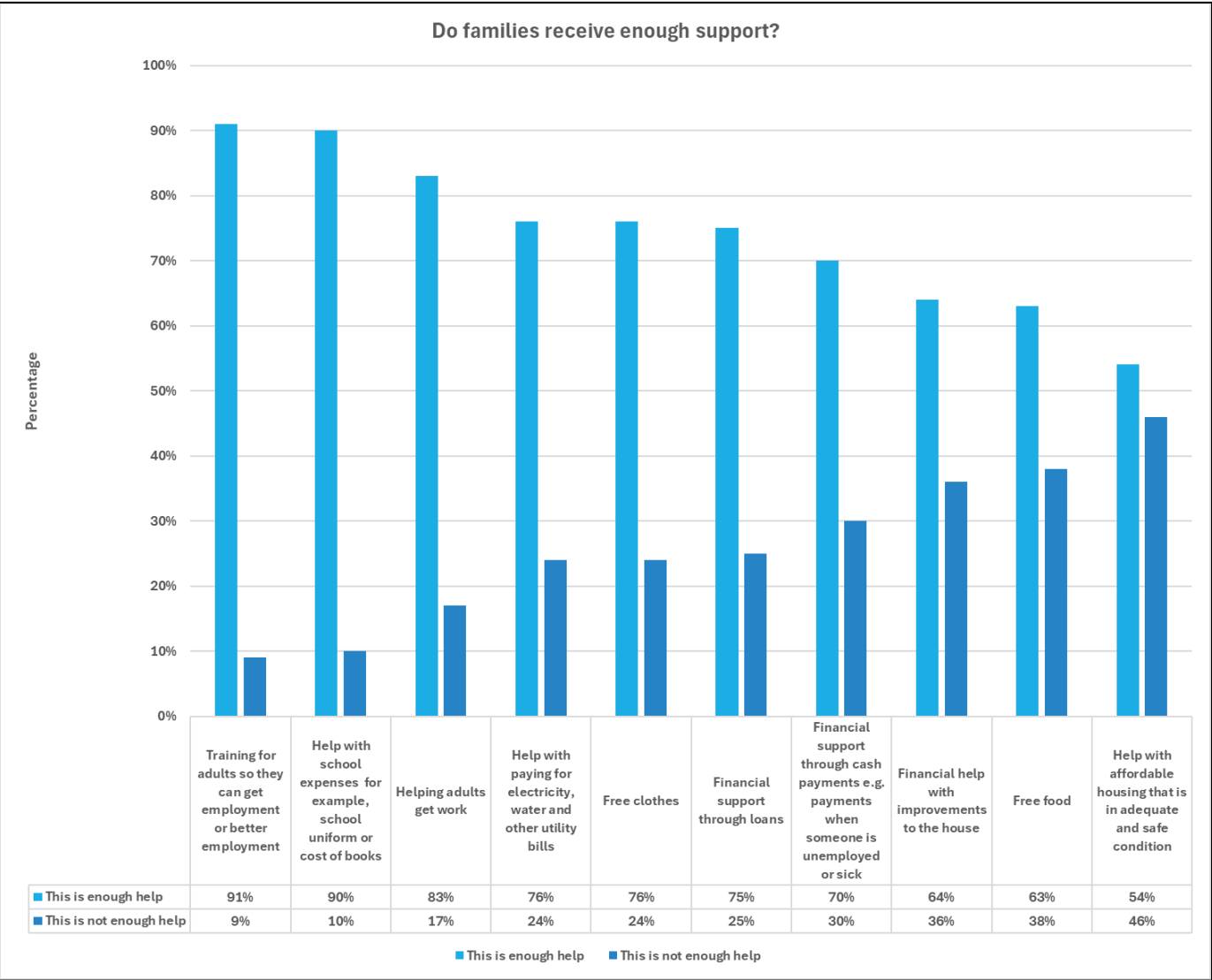
Prevention measures can range from brief consultations with parents and the child to intensive family support 2-3 times a week.<sup>223</sup> It can also include respite care during weekdays or weekends and access to financial support. Interviewees said support can sometimes last months and even years if social workers believe there is the possibility that parental skills can improve. Such support requires municipalities to commit significant resources to supporting families and preventing child-parents separation, including those for children with special needs and disabilities.<sup>224</sup> Interviewees involved in our research included front line workers delivering such services and the commitment to delivering such support became apparent when gathering the in-depth information they provided.

Respondents to the online survey were asked also about access to support services. Answers are depicted in Figure 31. In terms of general welfare support, including assistance with household costs and access to employment, overall the majority of respondents think there is 'enough' help being offered.

<sup>223</sup> Jacobsen et al. 2023

<sup>224</sup> *ibid.*

Figure 30. Do families receive enough support?



A further question put to survey respondents asked about provision of specialist support to families in difficulty. In this respect, a total of 68% of respondents think access to family counselling, emotional support and mentoring is 'often' available, 24% believe it is provided 'sometimes' and 4% answered 'never'. In terms of access to emergency shelter for victims of domestic abuse, 76% of respondents believe such support is 'often' available, 20% said 'sometimes' and 4% think it is 'never' available.

**The efficacy of, and influences on, decision making**

A set of questions put to all interviewees explored the efficacy of decisions being taken by different professional stakeholders. In particular, views on influences that could affect the process either positively or negatively were sought. To support this exploration of decision making, additional research was commissioned by SOS Children’s Villages International as an adjunct to our research on drivers of child-parent separation. This research was undertaken by Charlotte Bredahl Jacobsen, Kresta Munkholt Sørensen, and Mikkel Blegvad Schaumann from the University College, Copenhagen.<sup>225</sup> Their study defined decision efficacy as relating to ‘the belief that a decision made was the right one.’<sup>226</sup>

Findings of this additional research correspond to the information collected during our initial interviews with stakeholders in Denmark. This includes an uncertainty amongst social workers as to whether or not the

<sup>225</sup> Jacobsen et al. 2023  
<sup>226</sup> Jacobsen et al. 2023:9



decisions being made by various decision makers were always the correct one. According to Jacobsen et al, this uncertainty relates in part, to the lack of evidence for positive long-term effects of out-of-home care'.<sup>227</sup> Evidence drawn from both studies are reported below.

Information gathered during our initial research in response to questions about social worker competency, and the influence of subjectivity and objectivity in decision making, suggests use of assessments is seen as an important factor contributing to evidence based conclusions. In this respect, social workers are recognised as being conscious of collecting and analysing sufficient, and accurate information, including exploration beyond what might seem initially evident. The social workers interviewed in our study believe this process is useful in proving or disproving initial gut feelings and subjectivity that may be present in the decision making process.

*"It would be good if I can say none [of the decisions are based on gut feelings] but of course we are talking to parents and we can have different kind of feelings about how the parents are reacting. How they are. How they want to work with the social workers..."*

*"So of course we always use our gut feelings about a situation. But it is also important...that we also need to talk a lot about our ethics and how much power we have in our job. And we have to make sure that we also ask ourselves the critical question. Can we figure out another solution? Can we do this in another way?"*

*"I think I don't know. It is not 50/50 [gut feeling], but I think maybe 60% or so is based on what is actually in the [assessment] documents we are trained to write. To have the evidence for our gut feeling...Still, there is room for improvement."*

*"So I think social workers tend to take the right course. But it is also important to say that we are trying to make the best decision but we don't know what would happen in the future. So we don't know if the child had stayed home how would have that affected the child."*

Some social workers also feel shared decision making is a positive way of reaching the correct decisions, and helping bring checks and balances to individual decisions, whilst others disagree.

*"You never sit with it alone which is good. So you have more perspectives on the situation. I think that that creates a more aligned decision making..."*

*"It is two different types of scenarios. One where it can be quite comforting to know that your leadership is supportive of your decision and supports your assessment. That is in cases where you agree to have that kind of support. But in instances where there is a disagreement in terms of the assessment or the decision, it can feel a bit like less than ideal to have your professionalism and your skills devalued in that case."*

Interviewees had differing opinions as to the efficacy of decision making particularly once it went beyond the initial involvement of social workers. Some feel that although once the recommendations of social workers are taken to next levels, as for example municipal boards and committees, not all decisions are ultimately being made in the best interest of children.

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<sup>227</sup> Jacobsen et al. 2023:9

*" ... if I had my own child in that situation I would trust the social workers to do a good evaluation. I think where that my trust stop. When it goes to management. Because those are the ones that have to look at what is possible then..."*

*"It is just that I [a social worker] have had many cases where I have suggested a certain kind of service type or even the placement of a child but then it goes to the board...and they have for example refused, or said no we don't think this child should be placed. Even if it was my suggestion based on the assessment report and so on. And this is when of course, they suggest another solution....And that is what I mean in that I think the case workers, the social worker, they do make the decisions but I think the boards do not always make the right decisions."*

*"Sometimes because they [the Board] have much more experience with actually taking the decision, so sometimes they do have some suggestion for maybe that we could do so and so....Sometimes it makes sense what they suggest as a solution. And sometimes it is just delaying the decision to place a child."*

*"A lot of the time we experience that when they [a Municipal Board or Committee] look at the cases they decide that they [a child] need to be removed from their parents. And that is very difficult because if we have a different opinion. And we have to follow their decision. It is really difficult when you don't agree and you don't believe that this is going to be good. Quite often, most times, when this has happened, the fostering, the whole move, it broke down most of the time. Because I think that they are too far away from the work. I mean one thing is you can read about our thinking and our work and our conversations. You can read about the case. But then when they make such a big decision, they are far away from the case and don't trust those of us who are close. This is my experience."*

One social worker feels their close and ongoing dialogue with members of municipal boards and committees has increased the chance of mutually agreed decisions and respect for their assessments and recommendations. Another felt there was an opportunity for further decision making dialogue when other levels were involved, even if the outcome was not always satisfactory.

*"Usually because these sort of dialogues with leadership is coming throughout the process so it is very rare that I would put forward an assessment that I do not believe wouldn't be agreed."*

*I really do think that we have many great social workers that do see the needs of the child even if it is placement or preventative work, like family work, like placement family strengthening but very intensive. But I think they [Board and Committee members] have their own budget to look at and agenda. Yes. And sometimes it is good because it creates discussion of whether this is what is really needed and so on. And sometimes...it is not always wrong to have their financial head on because it also makes us creative in helping the families. But unfortunately I have seen that it can play a role that I don't think it is always the best thing..."*

During the field work undertaken to gather data for this report, no-one from a decision making Municipal Board or Child and Youth Committee was interviewed. However, as an adjunct to this study, further research was undertaken on the topic of decision making and individuals who sit on these Boards and Committees were included. Findings of that research is available from SOS Children's Villages International.

#### **Financial influences impacting decision making**

The majority of interviewees referred to the negative influence of municipality budgets that impacts decision being taken by members of Municipal Boards and Child and Youth Committees. For example, we were told,

*"When a child is sent to care that costs money and that comes out of the municipal budget... There is also the financial concern to consider...So that could be a concern when considering these cases about putting these children into care...."*

*"There are enough services but there is not enough money for the services... They have to have these special meetings where they kind of say ok, so how much money do we have? How many families do we have? How can we spend the money best? Ok so this family actually needs this but that is too expensive so we cannot give them that. So we give them the next best thing. But of course they are also trying their best but the budgets are so tight..."*

*"Yes they have training [Municipal Boards and Committees] but you can sometime feel, even when you present all the needs of the child, their faces are still blank and are like, we don't have the money. And I am like, I don't care whether you have the money, find it...It depends on the district because I have also been working in another municipality where I felt that they did have the right experience because they have been a case worker themselves. And that they have had extra training on child protection of course and other relevant things. So I can't say that it is like that in all distinct and municipalities or districts in Copenhagen."*

*"But what we experience here in the commune is that we have to cut services everywhere...We are under a very big pressure so we don't have that many possibilities or opportunities. What might be the right thing for the family is not necessary something that is possible."*

*"And unfortunately my experience is that sometimes it is because of economy...And right now, and every year they are millions above the budgets for the services...So sometimes I think they don't make the right decision because it is based on economy instead of the actual needs and the severe services that the family really needs."*

These observations are of interest in consideration of information previously noted in this report concluding that the cost of alternative care placements, and especially those in residential settings, are significantly more expensive than prevention measure. We do not have any further evidence however, whether as a result, this is preventing necessary placement of children in alternative care. It is also recognised that what is perceived to be a lack of adequate financing of services was an issue raised by adult family members who attended the research workshops (Please see Figure 28).

### **Timeliness of decision making**

Although all interviewees believe prevention of child-parent separation is a primary and important goal, there are some who are concerned this emphasis may result in some children remaining in untenable situations for too long. By which time, said some interviewees, there is even more damage done to the child.

*"...they have been working toward not having so many separations. And I think that is a good idea and also a bad idea. Because sometimes you will try a solution by making things change in the family. But sometimes you also stretch it out too long. Like if you see if the mother is still drinking and still doing drugs how can you be aware of that but still say that the children are safe. So that can be a problem. Because sometimes when you have been engaging in family counselling, the family counselling been there for like three years but it is still not getting better. Then it is not the right alternative to separation"*

*"I think for us we do try a lot of things. But sometimes I also think that we try too much. And I have seen the foster care, the cases where the child has been removed from their parents and it has broken down. It is often because first of all it was too late by that stage."*

*"There is a tendency in Denmark to do everything...to really work with the family to fix issues with the family... some issues might go on for too long and hurt the child."*

*"It is very difficult but I do believe in if we have to remove a children we have to do it early. So we need to try some things first but I do also think we need to...look at the steps the other way around...because we do end up wasting a lot years where this child gets worse and worse... because we want to remove the child as the last resort but we end up hurting the child more in a lot of cases..."*

### **Working conditions**

There is a concern amongst some interviewees that the quality of decision making should not always be attributed to the ability of individuals themselves, but to some of the challenges of the system they are working in. This includes not being given sufficient time to gather all the necessary information on which decisions are made, the high number of cases assigned to each social worker, and the 'stress' the role can bring.

*"I would say that the lack of social workers are a big problem right now".*

*"We need more time for each case so that a case worker has more time to do even more evaluation of the family. For example now we only have one or two conversations with a child every six months before doing the evaluation, the final assessment. I don't think that is enough. I think we need to have more time to explore what is really going on and how we can support the parents. I think that we could prevent some separation..."*

*"...you know all social workers have too many cases and not enough time."*

*"I think it is an important job and it is very hard. So there is a lot of new social workers that get into working with children and we have a hard time to make those stay."*

There are also some worries related to changes in social work practice over recent years that have brought additional responsibility for paper work.

*"...we are getting the new Child Law on the 1<sup>st</sup> January. I think there is a lot of focus on why all the paper work blah, and let's get to it and have more time in talking to each other instead of doing all this paper work all the time that nobody reads".*

According to Jacobsen et al., changes to legislation such as the new Children's Act, has placed further emphasis on more rigorous child protection case management procedures that increase monitoring of casework, have stronger procedural elements, and intensified managerial supervision leading to social workers' responsibility for timeliness and gathering of adequate information being more closely monitored and automated.<sup>228</sup> More responsibility for decision-making has also been pushed upwards to the managerial level.<sup>229</sup> The results of these changes are yet to be evaluated. However, information gathered by

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<sup>228</sup> Jacobsen et al. 2023:10

<sup>229</sup> *ibid.*

Jacobsen et al. demonstrates how social workers in Denmark do not equate bureaucratisation with decision efficacy.

### **Children's participation in decision making**

For many years, children's participation has been seen as an important element to case management in Denmark. However, in recognition of a need to improve such inclusion of a child throughout case management procedures, the new Children's Act (2024) has placed even further responsibility of professionals to fulfil such practice.

All interviewees recognised the importance of improving opportunities for child participation. At the time of the research in late 2023, many organisations were preparing for the enactment of Child Law in January 2024, especially in terms of practical interpretation of the law and implications for their work. Interviewees also noted the need for additional training on this topic for some professionals, including member of Municipal Boards and Child and Youth Committees,

*"I think they think it is in the best interest [of the child] but I think we have a big problem generally in how we meet children and how we cooperate with children. Because I think we are making big mistakes when children are reaching out and when we don't meet them open minded and we aren't curious. Because they have some knowledge that we don't have. Only they have this knowledge and we are very dependent on this knowledge from the child".*

*"And I think that we need to learn how to collaborate with children because they know. But it is us adults who need to learn how to do this."*

#### **11.4. Training for decision makers**

It is important to understand how well professional training equips those holding responsibility of decision making. Social workers in Denmark gain a bachelor's degree through three years in higher education and one semester in an internship. The degree contains one obligatory semester on child and family social work and a further elective 10 week-course on children at high risk. Interviewees felt training is of a high standard. However, although they recognise and appreciate the importance of the teaching on theory, many said it would be beneficial for social workers to gain more practical placement experience as part of their education, especially when connected to communication with children and families and decision making.

*"...you might cover it [decision making] with a theoretical lecture or two. There is not enough particular training. It is definitely at a high level abstract you cover it...on paper, but not before you implement it..If you don't get the chance to speak to children then when you get a new job this would be the first time doing this."*

*"If you take someone who is a fresh graduate they are not fully equipped".*

*"I do think that we are quite trained in bringing all the people in around the family."*

The research undertaken by Jacobsen et al. provided similar conclusions. Social workers and social work coordinators and managers deem training in the form of in-service practice to be very important. When asked if social work education in Denmark was sufficient to create a 'decent level of efficacy'<sup>230</sup> all interviewees answered with an emphatic no. The social workers who participated in our research explained how the training is of a general nature covering a broad range of social work topics. They said the section of the curriculum on child protection is not sufficient to adequately prepare students for the difficult child and

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<sup>230</sup> Jacobsen et al. 2023:11

family assessments, and decision making. As noted above, a desire was expressed for more internships during their courses as well as additional mentoring and training opportunities once in the workplace for newly graduated social workers.

During their research Jacobsen et al. spoke to interviewees about efficacy of decision making as the result of professional proficiency gained through mentoring, opportunities to discuss cases with other professionals, and learning through practical experience.<sup>231</sup> Their findings also recognise the importance of matching practical experience with theoretical learning. In this regard, it was suggested that social workers working in local authorities should have additional opportunities to learn about child protection or related fields once employed or, their education should be prolonged by another year.

In terms of the decision makers that sit on Municipal Boards and Child and Youth Committees, there were mixed opinions as to the adequacy of the training they receive. Overall however, there is an understanding that they would benefit from additional training to aid their decision making responsibilities and, in particular light of new legislation, ways of ensuring the full and meaningful participation in the decision making process.

### 11.5. Data collection and management information systems

The UN Guidelines for the Alternative Care of Children<sup>232</sup> advise States on 'development and implementation of coordinated policies. Such policies should be based on sound information and statistical data. The necessity of accurate and systematic data collection for information on characteristics and trends of child protection and alternative care is crucial for the development and application of appropriate and evidence-based policy, practice, and services.

Our research findings suggest there is rigorous and systematic data collection undertaken by the Government of Denmark that provides evidence and information on children in the child protection and alternative care system complimented by research conducted by academia and non-governmental bodies. This information is being used to inform future developments in legislation, policy and service delivery.

## 12. Solutions to challenges provided by research participants

We felt it important to ask different research participants about solutions to the challenges they had identified. During the workshops with children, they were asked to draw themselves as superheroes and write the three things they thought most important to change for families using their superpower. As each child provided their own answer, there was no overall ranking. Their superpowers included psychologist who can help the whole family even if only one person in the is receiving their support. For example, a superpower can help people, including parents, think about what can be changed in their behaviour. A further superpower was depicted as time. The child wrote that a *'super power can help in so many ways to make one's home a little better'* including helping someone travel back in time to a moment before they faced a challenge that resulted in them feeling 'bad'. Other superpowers include those of stopping time and then 'cleaning' everything to prevent the point at which people got mad with one another. A child carer super hero can provide parents with respite time from their children's demand for attention, and superpowers can change a parent's point of view and open up their mind on how they act towards and raise their children.

Figure 32 shows an example of the graphics prepared by the national researcher when working with groups of children with special needs and the solutions they think a superhero might help with.

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<sup>231</sup> Jacobsen et al. 2023

<sup>232</sup> United Nations General Assembly 2009



Figure 31. Solutions that superheroes can help with



Their superheroes would use their superpowers to ensure was love in the family, make sure they spent time together, provide recreational activities ,and keep them healthy. The superheroes would also help families be *"lucky"*, *"happy"*, to find *"their place in life"*, and make sure people did not harm themselves. Families would be *"good"* rather than *"greedy and evil"*. They would also provide families with *"infinite money for poor families"* and a *"proper house"*.

Utilising a problem and solution tree exercise, adults attending the family workshops were also asked about solutions they might help address the challenges they had raised. An example can be seen in Figure 33.



Figure 32. Examples of Problem and Solution Trees designed by adult family workshop members



A representation of their answers can be found in Figure 34. They suggest adult family members would like a more equitable relationship with professional key workers. In this respect, opportunities to build respect and trust is important. They want professionals to listen to them more carefully and respect their ideas and opinions, and most importantly recognise when they are doing their best. They want their need for timely support to be accurately recognised, not to have to '*fight to get help*', or have the threat and fear of such consequences as having their children removed if they do not meet expectations. They also seek more financial help and increased access to specialist services such as those offered by psychologists.

Figure 33. Solutions to the challenges being faced by families as answered by adult family members

#### **Solutions to the challenges being faced by families (as answered by adult family members)**

*Give us trust that we are heard when asking for help*

*Always believe in parents. Listen to them and resistance will disappear and they will be able to take advice*

*Right now it hurts the parents that they are overloaded when they have to fight to get help.*

*it is absolutely central to give the families the right grants. it destroys people to have to fight for the child's rights.*

*Families' support needs are different and support must not harm people's parenting ability*

*Municipality's employees must not threaten to place children in order to enforce their will*

*Make the application process for aids for the child, courses, relief, etc. much easier.*

*Drop the documentation requirements. I don't ask for anything we don't need*

*Help from the municipality and being heard and needs met*

*Support the family financially. it is impossible to work 37 hours with a disabled child.*

*Stable relationships with contact persons*

*Time for professionals to actually familiarize themselves with the individual family's problems and diagnoses.*

*It takes too long time to get help from a family consultant*

*Provide easy access to help and advice*

*The maternity care acts instantly when they realise that a pregnant mother is engaged with a man who is a drug or alcohol abuser. But after birth, you have to wait for support for a long time.*

*Support to parents in conflict resolution*

*Municipalities must not be tempted to save on aid because of structures in the system.*

*Want an administrative court or similar that gives parents and families stronger legal certainty.*

*away from box thinking! (school fund, ppr fund, municipal fund, psychiatric fund)*

*More money to the families so children can get what other children get*

*Economics must be thought of as a life course. citizens must be made as self-sufficient as possible, and it will only be more expensive in the long run to save during childhood*

*More resources to the 'family judicial house' so they can actually help when parents have conflicts instead of having only time for one meeting*

*provide access to help to support people to maintain and develop their parenting skills*

*Help to improve the well-being of adults and the full family will thrive better*

*Help parents to 'self-love' so they can teach their children the same*

*Better education for young people with disabilities*

*Create space in society for the deviant children*

*Society must help make disabled people one of us all - they must not be hidden away. They are not dangerous because they are different*

*Support for children in institutions*

*Requirement that residences must not make a profit. Requirements for trained staff at places of residence*

*The staff at special schools should be well-educated and knowledgeable, so that parents do not have to be the ones with the special knowledge*

*Better supervision of special and day treatment schools as well as institutions*

When considering solutions, it is important to consider the things that make children happy. When asked what makes children and young people happy when they are home, children in the research workshops wrote about feeling loved; "*Love that you know the parents love each other and they love you and they love your siblings*". Children want to feel "*safe*" and protected. Many wrote about the importance of having parents present and having a good relationship with their them as well as of being "*reassured*", supported, understood by them. Spending time together as a family is very important to children. Children want to feel they can talk to parents about their problems and concerns. They want their parents to be proud of them and to trust and respect them. Participants, especially those with special needs, highlighted the importance of children having time for recreation and play.

During the family workshops, written answers to the question 'What makes the family, happy, strong and united?', related to family members being close to one another, not having any "*conflict*", and there being "*mutual respect*", "*unconditional love*", "*collaboration*", and "*trust*". Several wrote about the importance of "*laughter*". Many wrote about the importance of being "*heard and seen by the system*" and practical and emotional support from "*skilled*" professionals as well as "*time for healing*" makes families happy. Other issues included "*financial security*", employment, being in good health and not being worried about not having somewhere to live.

Interviewees were asked for their recommendations regarding actions and services that could help improve the situation for families and prevent child-parents separation. This included additional,

- Programmes in schools to address violence
- Parenting skills programmes
- Budgets for social welfare programmes to help parents in poverty
- Access to psychosocial and psychiatry programmes for families – cutting waiting lists and ensuring children quickly get the right diagnosis – *“expanding on therapy especially to address the trauma of parents in their childhood to break the cycle and additional work with children on their trauma once they are in care.”*
- Ability to engage with children
- Thought put into whether some children are being placed in care too late
- Awareness campaigns that explain the harm to children living in families experiencing violence
- Time that social workers can spend with families and less *“technical”* bureaucracy
- Time for social workers to support each other
- Offering families more practical support i.e. not just focussing on how to be “better parents” but helped them with preparing meals, paying bills, finding a job, cleaning etc.
- Focus on support through social work services rather than “controlling and managing ” a crisis through “sanctions”
- Better cooperation between different agencies

In particular, many interviewees mentioned the need for more investment in prevention and working at an earlier stage with families before they reach a crisis point. Although recognising the importance of policies that focus on the best interest of the child, they note how important it is to recognise that parents need support in changing their circumstances. One interviewee said, *“we have to remember the parents as well”*. Some think there is a need for social workers to be allowed to be more flexible, *“creative”* and to be able to think *“outside the box”* when working with families.

A further recommendation is to improve the support children receive whilst in alternative care so they themselves do not grow up to put their own child in care – to prevent the *“inter-generational”* nature of children being placed in care and to stop *“the same pattern emerging.”*

## 13. Summary of findings and recommendations

Conclusions and recommendations have been informed by the information children and adult family members provided during research workshops. These findings have been triangulated with the knowledge and understanding of a range of professionals holding responsibility to protect children and support families in Denmark, as well as information gathered during a desk review.

The research framework, analysis of findings, and development of recommendations have been particularly guided by the UNCRC and the 2019 United Nations General Assembly Resolution, ‘The promotion and protection of the rights of children’ as well as the UN Guidelines for the Alternative Care of Children.

Overall our findings highlight two distinct influences related to placement of children in alternative care. The first is the impact of factors within the wider society that families live in and how this can influence outcomes and circumstances within a family. The second is the functioning of the national child protection system in which legislation, policy and practice guides and influences gatekeeping decisions.

In terms of factors that directly impact children, according to the information collated for this study, one of the drivers related to placement in alternative care in Denmark is that of violence. Children are being subject to all forms of violence including that which is physical and sexual. In this respect however, it is noted how according to the Government of Denmark’s statistical records, the percentage of children placed in alternative care due to having been subject to violence is low in comparison to the cumulative numbers

placed for all other recorded reasons.<sup>233</sup> Danish informants suggest this is due to a number of factors including the overall incidence of violence in Denmark being low. It is also thought that as placement is used as a prevention measure before the violence occurs, it is the factors that place children at such risk that are recorded as reasons for placement e.g. parental drug and alcohol addiction. Furthermore, child subject to violence might remain in the care of one parent when deemed safe to do so rather placing them in alternative care.

Emotional neglect of, also described by interviewees as 'psychological violence' against, children is impacting child-parent relationships and in some cases is noted as being a reflection of depleted parenting ability in some households. In this respect, lack of love, bonding and attachment between parents and their children has also been identified as contributing to situations that can lead to placement in alternative care. Material neglect in terms of the failure to provide such necessary facets as food, clothing, shelter, medical care, or supervision to a point at which a child's safety and well-being are threatened is also occurring. These situations can lead to placement in alternative care. Explanations as to why parents might inflict these forms of neglect include many of the issues discussed throughout the report as for example, inadequate parenting skills, depleted coping mechanisms (sometimes exacerbated by socio-economic challenges), addiction, and mental health problems. Many of which are recognised as being inter-related factors.

Domestic violence between adults is a further contributing factor for consideration particularly as it relates to dysfunction and breakdown within families and possible separation. The presence of domestic violence places children directly at risk of being harmed and/or bringing the family to the attention of social services. Furthermore, domestic violence can be a contributing factor to divorce/partner separation and as a result, children living in single headed households. In relation to this situation, evidence suggests that there is a higher proportion of children in out of home placements, or in receipt of prevention support services, whose parents do not live together than those who live in vulnerable households for whom such measure have not been applied. It must also be acknowledged however, that many children live in many single-parent headed households in they are safe and happy environments and thrive.

Many informants recognise the use of, and reliance on, drugs and alcohol as a factor contributing to family breakdown, even violence within the home, and heightened risk of child-parent separation. This includes those whose addictions are thought to be a negative coping mechanism in response to emotional, socio-economic, and other challenges they are facing. This finding is confirmed by statistics published by the Government of Denmark which shows addiction of parents and addiction of children themselves as reasons for placement in alternative care.<sup>234</sup> In addition, criminal behaviour of both parents and children, as well as absence from, and other challenges associated with, school attendance are recorded in the same Government statistical database as reasons for placement. It is noted however, that these latter two factors were not given weight by interviewees as only two interviewees referred to them.

The age of a child appears to be significant in relation to placement in care. As data shows, the number of children in out of home care rises in relation to the age they have reached. In this respect, research shows over half of care experienced children entered their first placement after the age of 12 years old. Our research has not investigated the reason for this although the government recorded reasons for alternative care that include challenges with attending school, criminal behaviour of children, drug and alcohol addiction, and other behaviour causing concern such as aggressive behaviour etc. may be in part accountable for this finding.

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<sup>233</sup> Please see: <https://www.statistikbanken.dk/statbank5a/default.asp?w=1920>

<sup>234</sup> Please see: <https://www.statbank.dk/20046>

As already referenced, the socio-economic status of a family is a factor influencing the risk of a child being placed in alternative care. Even though children from low, middle and high socio-economic circumstances are being placed in alternative care, data suggests it is children living in low income and socially vulnerable households that are particularly at risk of placement. This in part, is attributed to socio-economic, emotional, and other challenges that is heightening stress and eroding the coping mechanisms of parents. For some, this is also leading to feelings of distress and anger. Some interviewees also spoke of the direct correlation between vulnerable living circumstances and violence. Denmark has been noted as having a strong and universal welfare system including the provision of social protection allowing access to basic services and support and safety nets for those facing specific challenges i.e. those who are unemployed, suffering ill-health, lacking housing etc. In addition, overall, laws and policies promote a focus on equity within society. Nevertheless, despite living in such a socio-economic environment, there are families who, for various reasons, are living in vulnerable circumstances and whom, may not always reach out for, or access, the specific support they need.

Although our research did not investigate further into reasons parents are facing this situation, it has been identified how some who are already physically and mentally exhausted as a result of the everyday challenges they face, have additional anxieties as a result of their engagement with local authority social service providers. Adults participating in the research workshops said parents can struggle to find the most effective and timely support, and are fearful of losing their children into care. Lack of emotional support, the manner in which they feel misunderstood, and lack of respect and trust in their ability to parent well are also concerns. A need for further access to support of a practical and monetary nature was also highlighted.

Many of the adults participating in our research workshops are parents of children with special needs and disabilities. Data indicates that children with special needs or disability or, having a parent/s with special needs or disability, are being placed in alternative care. Reasons include situations in which parents find themselves unable to cope, especially when there are intensive support needs. We also note that although access to inclusive education is an important component of the national education system, there are also special residential boarding schools that children with special needs attend. This was not a topic referred to by interviewees when asked about children separated from parental care. We however, do consider this to be placement in alternative care. Indeed, all children placed in boarding schools are out of the daily care of parents and in this way, considered to be in alternative care in accordance with the UN Guidelines for the Alternative Care of Children. Furthermore, previous research in Denmark also suggests that children with special needs and disabilities are at higher risk of experiencing violence and can be a contributing factor to their placement in alternative care.

Of particular concern are findings that reveal how the issue of inter-generational violence and/or poor parenting ability contributes to situations in which children lose parental care. It is widely acknowledged that adversity in childhood (ACEs) can be a contributing factor in negative lifelong outcomes. For example, lack of parenting skills and/or violence can be learned behaviours as a result of experiences as a child. Almost all interviewees spoke about the possibility of parents who themselves lacked a happy, secure, protected, and loving childhood, struggling to adequately care for their own children or even resorting to violence. A factor which we believe, may not always be sufficiently recognised or addressed when supporting families in which there is a risk of child/parent separation. With each generation in which families in Denmark repeatedly experience and witness violence, and/or lack strong attachment and positive parenting skills, issues related to family breakdown and placement of children in alternative care will be an ongoing concern.

It is important to recognise that, although issues related to socio-economic adversity contribute to family breakdown and the presence of violence and depleted parenting ability, nevertheless, there are families living in very difficult circumstances who are supportive and caring of one another and do create a safe environment for children. This illustrates how strong loving relationships are an important factor in helping

families stand up to the impact of poverty and other shocks experienced by households. Adult family workshop members spoke for example, about their worries for their children and their wish to do the best they can for them.

In terms of decision making, we believe the placement of a child in alternative care is not only influenced the circumstances they are living in, but also the critical decisions taken by those professionals with responsibility for child safeguarding judgements. In this respect, our research included a focus on decision makers, and factors influencing their decisions whether or not to place a child in alternative care. Emerging from the research is the very strong focus in law, policy and practice in Denmark to prevent child-parents separation, a commitment to achieving the best interests of children, and to provide support to families. The vast majority of children for whom there are concerns, when safe to do so, are provided with support to prevent their separation from parents. Only a small percentage of children for whom a concern is reported are placed in alternative care. Accompanying this situation however, is a discourse in Denmark as to whether or not decisions to remove children into protective alternative care are sometimes coming too late.

Denmark has very strong child protection and child welfare system whose functioning contribute to this emphasis on prevention of child-parents separation. Furthermore, there are rigorous standards of child protection case management applied to social work including the use of child and family assessment procedures. No child can be removed from their family without decisions being taken as part of the child protection system.

A factor of decision making in terms of protection of, and alternative care for children in Denmark is the way it involves several different levels of decision making. Firstly, those in contact with children to recognise and report any concern. It is suggested that particularly amongst professional key workers such as teachers and health workers, there may either be a lack of sufficient skills, or confidence, to make such a report. It is also thought some reports should have been made much earlier.

Although social workers are the first to respond to reports of concern about a child and take responsibility for assessing and building a relationship with a family, they are not the final decision makers. Several additional layers of decision making including group discussions amongst social workers, recommendations passed to social worker managers, and then on to Boards and Committees within the local municipal authorities who take the final decisions. For some, this provides a checks and balances system and allows for thorough consideration of a case. However, some interviewees feel those decision makers who are not social workers are too far removed from contact with the families they work with. In addition they feel members of Boards and Committees are not always adequately trained or technically knowledgeable. A further factor being, when decision making reaches 'political' levels budgetary considerations come into play. This it is believed, deflects some decisions that would have been more focussed on the best interests of a child towards the money local authorities still have remaining for that year.

It is recognised that social workers receive a high standard of training in Denmark. However, it is believed that the practical in-service experience gained during social work courses is insufficient to equip them with the skills needed to communicate with children and families. This also impacts their confidence in making the right decisions when they first start work. There is also recognition that the quality of decision making by social workers is not necessarily about the ability of individuals themselves, but related to challenges of the child protection system they are working in. This includes not having sufficient time to gather all the necessary information on which decisions are made, the high number of cases assigned to each social worker, and the stress their work can bring.

A further finding is related to the timing of decision making especially in terms of placement in alternative care. Overwhelmingly there is agreement that the primary concern of preventing children losing the care of their parents should be respected and how this requires time, resources and perseverance. However, some believe that this important precedent means there are some children who remain in situations for too long before a decision to remove them is made and, as a result, more harm is inflicted on a child before they are separated.

Recent changes in legislation place specific emphasis on the participation of children in decisions affecting their lives including protection and placement in care. As this legislation was about to come into force at the time the primary research was undertaken, this was a much spoken about topic. It was understood that further investment is needed so that additional training for all those in contact with children, especially social workers and other key decision makers, will enhance their skills in this area.

In conclusion, there is a committed and dedicated workforce in social services and other service providers who want the best for children and their families. In addition, there are many parents who strive to love, care and protect their children. Furthermore Denmark has a strong child protection and welfare system. However, some children are still losing parental care. Learning and evaluation is always a valuable step to take and in this manner we hope the findings of this research contributes to a deeper understanding of the drivers associated with placement of children in alternative care and the multi-faceted and inter-related circumstances that bring children to the attention of the child protection and welfare authorities.

## Recommendations

- Further investment in programmes that identify and break inter-generational violence in the home as well as early support for those struggling with parenting skills would be of benefit. Programmes to address these issues should be created in a sustainable manner and if applicable, as a universal prevention mechanism. For example, violence prevention programmes that reach children from an early age could be built into the school curriculum and offered through continuous learning throughout different stages of school life. Family strengthening and support programmes would also benefit from an additional focus on this inter-generational aspect of an inability to parent well.
- There is a strong commitment to delivering a universal welfare system in Denmark that provides access to basic and specialist support. However, for some families, an improved system of earlier detection when support is needed would help in preventing them reach a crisis point. Such support should be easily adapted to the needs of individual children and families. In addition, there may be need for further consideration regarding the barriers and reasons causing some parents to not reach out, or accessing the most pertinent support they require.
- For some families it is not just additional socio-economic help that is required but, when in contact with the social services system, more attention is needed in terms of emotional /psychosocial support and greater trust from those tasked to work with them.
- Consideration should be given to the influence of budgetary considerations in relation to decision making in child protection and alternative care. This requires increased attention so that financial concerns are not a factor driving decisions instead of children's safety, welfare and best interests being the primary objectives. This is particularly important in the consideration and decision making of Municipal Boards and Child and Youth Committees.
- Careful consideration should be given to ensure that decisions regarding preventive interventions or alternative care are always in the child's best interest. In particular, this requires additional insight,



understanding, consideration, and discussion as to how current policy, although upholding the important of prevention of child-parents separation, may be leaving some children in untenable home situations.

- In accordance with the UN Guidelines for the Alternative Care of Children, any child residing outside of the overnight care of parents is considered to be in alternative care. This would include therefore the use of residential settings for the purposes of education e.g. boarding schools. It is recommended that this particular issue is taken into further considerations with regards policies and practice in Denmark.
- Efforts should be made to review, and if necessary adjust, the child protection case management process so that the necessary time needed to interface with, and offer support to, children and families is made possible and not superseded by paperwork and bureaucratic processes. This might be accompanied by a review of the number of children and family cases each social worker is currently expected to manage at any given time and the efficacy and sustainability of this situation.
- Consideration should be given to the curriculum of higher education institutions offering social work courses in terms of greater inclusion of such topics as child protection, working with families at risk of child/parent separation, and communication methods and decision making with children and families. It is recommended that additional time is allowed for in-service secondments during which social work students are able to develop practical experience of working with children and families to complement their theoretical studies. It is suggested that ongoing access to such training should be made available for a period of time after initial employment as a social worker has been attained.
- In order to accurately address any gaps in knowledge and understanding of members of Municipal Boards and Child and Youth Committees, it is suggested a review of any training needs be conducted. This might include an exploration of their understanding of topics related to child protection and child and family well-being, trauma informed practice, and other relevant topics in relation to the most suitable support for individual children and parents.
- Additional training would be beneficial for front line key workers, e.g. teachers and child care workers, in identifying and reporting concerns about a child. Such training should ensure the content of reports regarding a concern about a child (letters of concern) provides sufficient and accurate information. It should also prompt decisions to report a concern in a more timely manner e.g. before situations escalate for a child.
- In line with additional expectations as included in the Children's Act 2024, further training should be made available on facilitating the full and meaningful participation in decision making for all professionals in contact with children, and most particularly those with responsibility for child safeguarding and decision making.

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