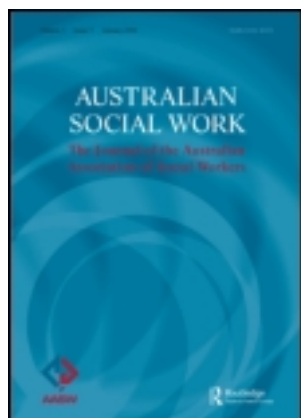


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Norwegian Child Welfare Services: A Successful Program for Protecting and Supporting Vulnerable Children and Parents?

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Abstract

This paper describes and analyses the program of Child Welfare Services (CWS) in Norway, using primary sources, aggregated data from Statistics Norway (SSB) and data from a recent study of 715 parents in contact with CWS. These data show that Norway's program orientation is on support, prevention, and early intervention, policies relevant to the emerging Australian policy context. Many of these services were beneficial for the general welfare of the children's family with over three-quarters of the children registered as clients in the Norwegian CWS receiving only supportive services during 2008. On the contrary, Australian systems primarily aim to identify and protect children under (possible) risk of abuse or neglect. Also, the survey data shows that families in contact with CWS are different to the general population in important ways, including family structure/demographics, socioeconomic characteristics, and physical and mental health. The results demonstrated that most of the parents agreed to contact CWS, and many were satisfied with the help they received. The data demonstrate that the Norwegian CWS respond to the welfare needs of vulnerable and marginalised families. Possible implications the Norwegian system might have for the children and parents who are accessing services are discussed.

Keywords: Norway; Child Welfare Services; Parent Satisfaction; Social Control; The Best Interest of the Child

This paper describes important features of the Norwegian Child Welfare Services (CWS), and discusses possible outcomes and implications for children and parents. The first section provides a short overview of the Norwegian child welfare policies, and the legal and organisational arrangements of the CWS. An overview of the causes of intervention, types of responses, and rates of children with supportive services and out-of-home-care is then provided, followed by a description of the families who are in contact with the CWS. It then discusses the extent to which the system is able to meet the needs of vulnerable families, including possible implications of a flexible and family-oriented system openly accessed by the parents.

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Cameron and Freymond (2006), and Hearn, Pösö, Smith, White and Korpinen (2004) argued that exchanging knowledge about different systems of child protection and child welfare is crucial to refocus, redirect, and develop the ways in which the State meets the needs of vulnerable and marginalised children and families. The rationale of this paper is to offer an analysis of the Norwegian system of CWS; however, another paper comparing the Australian and Norwegian systems is currently being developed. Although there are contextual distinctions between Australia and Norway, what is happening in Norway is also relevant to Australia, with the advent of the National Framework for protecting Australian children and a greater emphasis on early intervention and support (Australian Research Alliance for Children and Youth, 2009; Commonwealth of Australia, 2009).

Important principles of the Norwegian program of Child Welfare Services (CWS) are support, prevention, equality of opportunities, and early intervention (Healy & Olteidal, 2010; Tjelflaat, 2001). Over 75% of children nationally are supported while living with their parent(s) (Statistics Norway, 2009). Clearly, this is in contrast to the Australian approaches to child protection where protection and safety are core principles (Australian Institute of Health and Welfare, 2010; Humphreys et al., 2009; Lonne, Parton, Thomson, & Harries, 2009). The scope of supportive services has increased since the early 1990s, a function of the CWS that can be viewed as a late modern feature of the system.

Norway: An Overview of Demographics and Welfare Policies

Norway is one of the Scandinavian countries and covers an area of 385,199 km². In January 2009, Norway had a population of approximately 4,800,000 people. Children constitute a growing proportion of the population and in 2009 there were 1,103,500 children aged 0–17 years, approximately 23% of the Norwegian population. Norway has 12 counties and 430 municipalities, although 129 out of 430 municipalities have fewer than 2499 inhabitants (Statistics Norway, 2010).

The country has a long tradition of providing welfare services for families, and is typically defined as a social democratic State (Esping-Andersen, 1999). This tradition entails the State providing a wide range of family services, most of which are fully subsidised by the tax system, such as the public schools system (a 10-year compulsory primary school education, in addition to public secondary schools and universities), health and medical services, and child care services. Other “welfare” activities are partly subsidised, such as kindergarten/day care for children, after school programs, and a variety of leisure activities for children (music, arts, sport etc). The social security system in Norway also provides a broad range of family allowances to support families with children, for example, benefits to single parents. Many of the allowances are universal and independent of parental income. In addition, means-tested social assistance can be provided through social security services (Bradshaw & Terum, 1997). Although the Scandinavian countries are recognised for low levels of poverty among children due to their distributive tax systems (Eydal & Kröger, 2009),

a recent study suggested that the proportion of children in Norway in relative poverty has grown from 5.1% in 2000 to 7.9% in 2006 (Nadim & Nielsen, 2009).

CWS represents a “need based” service, which means that all reports of concerns are assessed by front-line staff in the municipalities. The central legislative framework for the provision of CWS is the *Child Welfare Act (CWA)* of 1992, whose functions are to protect children from abuse and neglect, and to increase the opportunities for children with poor living conditions (sections 1-1 and 4-4). The CWA applies to all children between the ages of 0–18 years; however, services can be given to children up to 23 years. In 2003 the UN Convention on the Rights of the Child was incorporated into the CWA, formally emphasising the right of children’s participation on matters that concern their welfare (Sandberg, Høstmælingen, & Kjørholt, 2008).

The Organisation of Norwegian CWS

Figure 1 outlines the organisational framework of the CWS in Norway, with responsibility for providing and arranging services being shared between the municipalities and the central authorities. The responsibility for the provision of services occurs on two levels. Although the CWS in Norway is enacted legislatively on a national level, the day-to-day activities are operated on a local level. The Norwegian Directorate for Children, Youth, and Family Affairs (Bufetat) is a centralised authority, which is responsible for the recruitment and provision of out-of-home care, such as foster homes and institutions. The local CWS (municipalities) are responsible for guidance, accepting and evaluating referrals, investigating children’s situations and also acting as organisers, coordinators and providers of most of the direct services. Each municipality has a high degree of political autonomy in the



Figure 1 The Organisation of Child Welfare Services in Norway.

organisation of the services and a high level of professional discretion in the decision-making about what needs or behaviour should be responded to; hence, the ways in which the CWS provides and organises the services for children varies across the country (Clifford & Lichtwarck, 2010). Therefore, drawing general conclusions about CWS practices in Norway is complicated. The County Social Welfare Board (Fylkesnemnda) is a court-like administrative body involved in cases where local CWS suggest that children should be removed from their homes. The executive controlling organs of the municipalities are the County Governors (Fylkesmannen).

Children with potential needs come into contact with the local CWS through a variety of avenues. Parents are the most frequent reporters, and reports of concern are made by social workers, other professionals in schools, kindergartens and health services, community members, police, and so on. Not all reports of concern result in a referral to CWS (Drugli & Marthinsen, 1998). When a referral is formally received by CWS, municipalities have one week to determine whether or not further action is required. If a referral results in an investigation, CWS obtains more information about the child and its immediate surroundings. Investigations usually result in one of the following options: (a) a decision to intervene in the family with the approval of children and parents (section 4-4 of CWA) or without the approval of children and parents (sections 4-12 and 4-24 of CWA); (b) the child or the parents being referred to other services (e.g., family counselling or psychiatric services); or, (c) closing the case. A resolution may lead to different forms of action, and often entails a combination of services to the child and the parents. If children are to be placed outside their homes, this can be done either with the parents' consent or by CWS taking custody of the child by court order. In Australia and typical Anglo-American approaches, abuse, neglect, or harm are usually preconditions for receiving services (Khoo, Hyvönen, & Nygren, 2003; Lonne et al., 2009). Support services might be offered, however these are normally provided through other welfare programs or voluntary organisations. In the Nordic countries, the CWS has been referred to as a "family oriented" service with a strong focus on preventive efforts (Egelund & Sundell, 2001; Forsberg & Kröger, 2009; Tjelflaat, 2001), there being a wide definition of who exactly is a "needy child". Healy and Oltedal (2010) pointed out that "the notion of equality is integral" (p. 6) in the CWA (section 4-4), mirroring the social democratic profile of the child and family policies in Norway.

Method

Data Sources and Procedure

In order to focus on the outcomes of the current system, two sources of data are used to describe the characteristics of the children and parents receiving services. The first data set is derived from Statistics Norway's yearly reports on the activities of the Norwegian CWS (Statistics Norway, 2009). These aggregated data include: number of children receiving services by cause, type, and age; number of investigations started by who referred the case; and the result of the investigation and staff levels. The other

data set consists of a recent interview survey of 715 families in contact with CWS. The study was undertaken by staff (including the author of this article) from the University in Stavanger, Lillehammer University College, Nordland Research Institute and Sør-Trøndelag University College (Fauske et al., 2009). The parents were from different households and were interviewed in four different regions of Norway, covering three large cities and nine smaller municipalities. The survey was conducted in 2008–2009, and SPSS software (SPSS Inc, Chicago, USA) was used for analysis. This is the largest study in this area that has hitherto been carried out in Norway and was the first of three phases of a larger national project titled “The New Child Welfare Services”. The subsequent phases consist of further data collections building on the initial interview data.

Participants

The informants were recruited through the CWS, and the interviews were completed face-to-face by researchers and research assistants. All participants gave informed consent to participate in the study. This study consisted of two data sets with one answered by one of the parent(s) of the child, and the other by their social workers. The data set for parents had six sections: (a) how the family came into contact with CWS; (b) characteristics of the child; (c) parent’s stressors; (d) the role of parent; (e) living conditions and background characteristics; and (f) satisfaction with CWS. Social workers reported on: (a) background characteristics of the family; (b) type of services; (c) referee and collaborators; and (d) cause(s) for intervention. Not surprisingly, most of the parents interviewed were female ($N = 514$), as 43.9% of the children lived with a single mother.

There was little missing data for the section that the parents answered, and the sample is considered to be representative of the total child welfare population in Norway, as the total proportion of children in out-of-home care, supportive services, the types of services provided, and the child’s age were very similar to the proportions shown in the aggregated national data.

Results

Scope and Type of Responses

Table 1 illustrates that increasing numbers of children have been accessing services over the last decade. The rates of children using services have risen significantly between 1997 and 2008. However, 75.4% of the children lived with their parent(s) while receiving assistance. In 2008 the rate of children in out-of-home care was 7.9 per 1000 children, including voluntary placements. According to Statistics Norway (2009) Norway, a total of 6406 out of 10,847 children who were placed outside their homes were under the custody of the CWS. Children in the custody of CWS increased by 1.2% from 2008 to 2009. Furthermore, staff levels increased from 2.2 per 1000 children in 1993 to 3.0 in 2008. Some of this may be due to extended sources of

Table 1 All Children Assisted by Child Welfare Services Norway by year, Statistics Norway (2009) (per 1000 children)

1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
26.8	26.9	26.8	27.4	28.3	28.8	29.8	31.0	32.1	32.9	34.8	35.9

funding/resources to the CWS from the beginning of the 1990s, which, among other things, resulted in a considerable growth in CWS staff (Hagen, 2001).

As Table 2 shows, there are many reasons why children are accessing services. The “conditions in the home” was the reason for action in over half of the cases during 2008. This category gives little insight into the features of the precise conditions and, in addition, the miscellaneous category “other reason” is the second most frequently used. Previous studies have found that the category “other assistance” includes different forms of guidance and intervention in the home and community-based services for youths (Fauske et al., 2009; Gjerustad, Grønningsæter, Kvinge, Mossige, & Vindegg, 2006). In one out of five cases, problems for the child were the cause for intervention, and in over one of every four cases these were related to the parent. In nearly 15% of the cases, the behavioural problems of the child were reported to be the cause. Mental illnesses, inability of care, and drug abuse were the most frequent parent-related reasons for action. In fewer than 4% of the new cases during 2008, the cause for providing assistance was directly related to child abuse and neglect.

Services provided to children and families listed in Table 3, demonstrated that the CWS responds to a variety of needs. Some children received several services at once; hence supportive services were also used in combination with out-of-home care. Indeed, in approximately one of every three support cases, services were provided to children in out-of-home care (Fauske et al., 2009). The table shows that nearly 35% of the services were focused on the home as a site for intervention, including services such as guidance, home-based treatment, home adviser, supervision, and parent

Table 2 Main Reason for Intervention in New Cases during 2008, Norway, Statistics Norway (2009) (%)

Reason	%	Reason	%
Parent Related		Child Related	
Parent's mental illness	8.5	Child's behavioural problems	14.8
Parent's inability of care	7.0	Child's psychological problem	3.2
Parent's drug excess	5.9	Child's drug abuse	1.4
Domestic violence	4.1	Child disabled	1.1
Parent's somatic illness	1.2		
Parents dead	0.5		
Parents criminality	0.4		
Child Abuse and Neglect		Other	
Physical abuse	1.8	Conditions in the home	50.3
Mental abuse	0.7	Other reason	17.0
Neglect	0.6	Unknown reason	2.0
Sexual abuse/incest	0.6		

Table 3 Children with Services by Type of Assistance during 2008, Norway, Statistics Norway (2009) (%)

Service Type	%	Service Type	%
Supportive Services			
Child Oriented		Parent Oriented	
Visiting home/relief support	25.0	Advice and guidance	21.6
Kindergarten	12.3	Other home based treatment	6.7
Leisure activity	11.3	Home adviser/relief at home	5.5
After school support	11.2	Supervision	5.4
Person selected to support child	9.5	Parent Management Training	2.1
Multisystemic treatment		Oregon(PMTO)	
Education/work	1.6	Centre for parents and children	1.0
Out-patient psychiatric treatment	1.3	Other	
Treatment for children w special educational needs	0.7	Other assistance	39.6
	0.3	Economic support	25.3
		Participation in a support group	6.9
		Medical examination/treatment	1.5
Out-of-home Care			
Foster Care		Residential Care	
Foster home outside the family	9.7	Child welfare institution	6.1
Reinforced foster home outside the family	7.5	Other treatment's institution	0.7
Foster home within the family	4.1	Other	
Reinforced foster home within the family	1.1	Emergency shelter home	3.0
		Own housing	2.4

Note. The total% is higher than 100, as one child can have several services, including a combination of out-of-home care and supportive services.

management training. Most of the child-focused services were “mainstream” services, such as kindergarten, leisure activities, and after school support. Visiting home/relief support was provided to one quarter of the children, and this usually means the child socially visiting another home or a farm once or twice a month, usually for two nights. Further, a quarter of the children were in out-of-home care, most of them in foster homes outside the family, and nearly 7% of the children were in residential care.

Characteristics of Children and Parents

The wide scope of the Norwegian CWS is illustrated by the diverse reasons for deciding to intervene in families, and the variety of services they receive through the system. However, the aggregated data say little about the characteristics of these children and their parents. The survey analysis demonstrated distinct differences between the general child population and the children in CWS with respect to a number of indicators such as socioeconomic status of the children, family structure, education level of parents, and physical and psychological health of the parents and the children. Although families in contact with the CWS are a diverse population, the survey shows that the socioeconomic and demographic characteristics of the families

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in contact with CWS have not changed significantly over recent decades. This population is experiencing processes of marginalisation caused by changes in family structure, lack of employment/education, low income, and inadequate support in social networks. Children receiving services from CWS are more likely to live with a single parent and, while nearly 75% of the child population in Norway lives with both parents, only 19% of the children in the survey did. Furthermore, 50% of the children lived with a single parent. These findings are consistent with previous studies (Egelund et al., 2008).

The education level of the study parents was significantly lower than for the overall population in Norway. According to Statistics Norway (2010), 16.9% of the general population aged 30–39 years had primary school as their highest education level whereas approximately 25% of the parents in the survey had these qualifications or lower qualifications. Although all social classes are represented in the services, 75% are categorised as working class or unemployed (Fauske et al., 2009). However there was wide variation between families' household incomes, with nearly 50% of the parents receiving some sort of public allowances.

Furthermore, the data shows that a considerable number of the parents were struggling with poor physical health and psychosocial problems, which had also been found in previous studies (Clifford, 2006; Havnen, Jacobsen, & Stormark, 2009). Other stressors that were experienced by the parents included: conflicts within extended family; breakdown of relationship; and relocation. One out of six parents scored high on accumulation of stressors (scoring 6–10 on a 10-point scale). Additionally, parents reported that approximately half their children had health problems, and 16% of the children had a psychiatric diagnosis. Some of these families face complex problems that have accumulated over time.

Importantly, approximately 40% of the parents said that they had agreed to be referred or had asked for help from CWS themselves. Also, three-quarters of the parents reported considerable confidence with the services they received. One out of five parents said that the services their child received improved the economic situation of the household. Of particular interest is that parents whose child was in out-of-home care were only slightly less satisfied than parents of children who received supportive services while their children remained at home.

Summary of Data

In summary, the key points illustrating crucial developments of the Norwegian CWS over the latter two decades include:

1. All indicators on CWS have increased: more resources are being used, and more children and parents are accessing services.
2. The CW clients differ significantly from the general population in terms of their family structure, living conditions, and health, which, taken overall, indicate their increased social and economic disadvantage.

3. The CWS responds to child abuse and neglect; however, most families are vulnerable and marginalised and receive only supportive services.
4. Parents report relatively high levels of satisfaction with the CWS.
5. Despite strong emphasis on the welfare of families, the proportion of children in out-of-home care increased.

The aggregated data demonstrated that the proportion of supportive services explains most of the increasing rates of children receiving assistance from CWS. Economic support, kindergarten, leisure activities, and after school support were the most frequently used services during 2008. In the eyes of the majority of parents participating in the survey, the interventions from CWS were helpful for the child. The data suggest that the Norwegian CWS responds positively to a variety of needs that the children and parents are experiencing.

The survey data shows that most parents were satisfied with the help the child had received from CWS. Also, many of them wanted help from CWS. From the parents' point of view, the variety of services provided represents something they need and want. Parents are the most frequent "reporters" of concern, and the study shows that nearly 40% agreed to contact CWS. However, increases in supportive actions have not decreased the proportion of children in out-of-home care.

Discussion

Challenges and Possible Implications of a Flexible System

The Norwegian system is flexible and readily accessed by parents. However, there are some important contradictions with the system, such as the best interest of the child, the surveillance of poor and marginalised families, and lack of attention to the needs of children in care. These contradictions are discussed further in this section.

On the one hand, the Norwegian system seems to recognise and respond to the needs of families. CWS provides services that are wanted by the parents, and the parents report high levels of satisfaction with the way their needs are being met by the workers, and with the outcomes for the child. The analysis indicates a good match between the services provided and the characteristics/needs of the CWS clients. Clearly, the CWS workers are able to respond to various needs, ranging from providing kindergarten and leisure activities to protecting children who experience abuse and neglect. The diverse responses illustrate that professionals have room for discretion in their assessment and intervention decision making. Although high levels of discretion might result in very different practices between the municipalities, the Norwegian CWS is undoubtedly a more flexible system than many other child protection systems around the world that emphasise risk, standardised assessments, and forensic investigation "techniques" (Cameron & Freymond, 2006). Compared to parent satisfaction in child protection systems in Anglophone countries, where parents are highly critical of the decision-making process and outcomes (Dale, 2004;

Freeman & Hunt, 1999; Thorpe & Thomson, 2003), the level of satisfaction reported in the Norwegian sample is high.

It is arguable that parental satisfaction is a key indicator, albeit a proxy one, of positive program outcomes. CWS is a public body that has the power to regulate and intervene in the private sphere without the consent of the parents, which is not necessarily the best starting point for social work practice. However, the study clearly shows that the workers have succeeded in building good relations with the parents including some of those whose children are removed. As pointed out, most parents are content with the work of CWS, and in most CWS cases, working with the parents equates with working positively with the child. The importance of respect, recognition, and empowerment/involvement are values highlighted as crucial for social work practice (International Federation of Social Workers, 2005). Although the study does not allow any causal explanations to be drawn between the level of satisfaction and these values, the results indicate that CWS workers generally stress these values when interacting with parents.

However, the interests of the child and those of the parents are not always concurrent or congruent. It has been argued that CWS workers' concern with parents is at the cost of children's participation in decision-making processes. In some cases a high level of parent satisfaction may conflict with the interests of the child. Several contributors have claimed that the children are not appropriately involved in making decisions about themselves (Havnen, Christensen, & Havik, 1998; Holland, 2001; Sundell & Karlsson, 1999; Thrana, 2008), arguing that the CWS are too concerned with the interests of the parents. Some of these authors have suggested that the voices of the children are not audible enough in the CWS's decision-making process. For this reason, a public report about the CWS (Ministry of Children, Equality and Social Inclusion, 2009) suggested turning the CWA into rights-based legislation to secure children's participation. However, it could be argued that the Norwegian debate concerning children's versus parents' rights is influenced by oppositions and dichotomies. As demonstrated in the analysis section, many of the responses from the CWS aim to redress inequality by enabling families to participate in mainstream society. Moreover, the analysis illustrated that the CWS offers help to address the psychological and physical problems of the children. Although the participation of children in the decision-making process appears to be poor, the help offered indicates that the workers are aware of the best interest of the child.

The CWA specifically pointed out the socially equalising function of the CWS (section 4-4). Both the aggregated data and the interview results show that professionals are able to accurately identify some of these families. The study data demonstrated the overrepresentation of socioeconomically disadvantaged families. Also, a great proportion of the supportive services are affirmative responses, which seemingly aim to redress inequality. However, the provision of these services may also serve other objectives. From a critical point of view, increased numbers of children (and parents) accessing services also mean increased social control of marginalised

families. Through the provision of “wanted” services, it is easier for the CWS to gain insight into and empathy for lower socioeconomic groups’ approaches to child rearing. Ericsson (2000) argued that

child welfare may be pictured as a tool that is used by the authorities to ensure that family life does not deviate too markedly from the norms it considers should be followed if the family is to fulfil its role as the cornerstone of an economically, physically and morally healthy society. (p. 16)

It could be argued that the CWS as a cultural institution passes on the values of the majority: the dominant middle class (Lareau, 2003). These values and practices might not be shared by the lower socioeconomic groups; however, through parent-oriented supportive services such as guidance and supervision, lower socioeconomic groups are indirectly forced to learn these strategies, so that their parenting styles conform better to middle-class values.

Next is the question of whether the CWS is the appropriate institution to respond to those needs caused by, and related, to processes of marginalisation and exclusion. The increase in children in out-of-home care has many reasons, such as raised attentiveness towards child abuse and neglect in society, and the accumulation of risk factors for some families. Nonetheless, with more children being referred to CWS, professionals have “access to assess” the situations of more children, many of whom may be in need or are vulnerable. As the CWS might provide wanted services, more parents are likely to ask for help. Although the CWS provides mainstream services that aim to redress inequality, it has been argued that CWS workers fail to adequately consider structural conditions in their assessments and decision-making processes (Andenæs, 2004; Egelund, 1997). Consequently, problems can be individualised and psychologised, resulting in a pathological interpretation of the problems of the children and the parents. In this regard, it has been suggested that the supportive services should be separated from the protective services (Lonne et al., 2009; Marthinsen, 2004). It has been pointed out that the need for protection is different from other needs, hence the various functions of CWS systems should be carefully considered (Munroe & Martin, 2005).

A possible consequence of an emphasis on support services is that more children from the lower socioeconomic groups will be accessing the system. Currently, we know that the proportions of parents who embrace the CWS have increased; indeed, there are already parents who apply for certain services such as economic support, relief support, and kindergarten. Therefore, it is not an unlikely scenario that the overrepresentation of children from the lower socioeconomic groups and families with poor living conditions may increase because of organisational attention to them. Consequently, children with poor living conditions are more likely to become “clients” or “users”, and their everyday lives may be clientised in several areas. This might add major benefits to their lives in terms of adequate access to adults and other children, and improve their life opportunities; however, it might also

stigmatise their positions further through processes of clientification—a “double-edged sword”.

Moreover, it is necessary to address whether a general increase in children receiving supportive services is at the expense of the neediest children, as regards to the quality of care of children who are already placed in out-of-home care. In the recent past the quality of care for children in out-of-home care has received critical attention through the media. It has been argued that it lacks consistency, which has major implications for children who experience breakdowns with their foster homes and/or institutions. The CWS has been criticised by some county governors due to an absence of evaluation of children living in foster homes or institutions. The follow-up of children in out-of-home care is insufficiently integrated in CWS daily activities.

Many children become clients because their parents are socioeconomically marginalised, not because they are necessarily “in need” of protection or treatment. However, few Norwegian studies have focused on the use of supportive services, and their outcomes and effects for children and parents. The main body of literature on CWS is linked to the protective function of the system, which to a large extent is dealing with children in foster homes and residential care. This represents a problem because, as demonstrated in this analysis, it is the supportive function of the system that has significantly expanded. Paradoxically, the welfare orientation in the Norwegian CWS has not limited the rates of children in out-of-home care. The rate of children in out-of-home care (including voluntarily placements) in Norway was 7.9 per 1000 children in 2008, compared to 6.2 per 1000 children in Australia for the same year (Australian Institute of Health and Welfare, 2009). However, these numbers should be compared carefully, as the systems of out-of-home care are significantly distinct from each other. In Norway, children can be in out-of-home care up to the age of 23 years. In contrast, Australia has fewer teenagers and young adults in out-of-home care. Consequently, the fact that Norway has services for young adults inflates the average numbers of children in out-of-home care.

Currently, the body of knowledge on support services does not mirror the developments in the system over the past decades. The result is a lack of knowledge about those services most frequently used and appreciated by the families.

Conclusion

This paper has described and analysed the organisation and the current trends of the Norwegian CWS, which is a family- and welfare-oriented system with several functions: protecting, preventing, supporting, and equalising. Both aggregated data and survey data suggest that the system is largely successful in responding to a variety of needs that CW clients experience. The greatest increase of services is found within the supportive and preventive functions of the system. The combined data sources

clearly show that the CWS is able to identify children and parents in marginalised and vulnerable circumstances. I have argued that the Norwegian CW workers are left with a high degree of discretion, making the system flexible as regards the range of services provided. Further, the system is generally successful in terms of parent satisfaction. In most cases, building bridges with parents is important for successful outcomes for the child and their family.

On the other hand, a high level of parent satisfaction is not necessarily an indicator of high child satisfaction. For this reason, I have argued that there are possible problems of family/parent oriented systems, including the position of the child, the quality of services for children in out-of-home care, and processes of clientification of marginalised groups. Either way, the CW clients do experience various (and in some cases complex) problems that should be appropriately responded to. However, there is a lack of knowledge about the specific aims, scope, and outcomes of the supportive services. I have questioned whether the program of CWS is the most appropriate way of helping children who are not abused or neglected, but who are still in need of increasing their life opportunities due to poor living conditions and/or health.

Future research needs to investigate the causes for providing supportive services, as well as exploring in which ways these services support marginalised children and parents. We need to know more about the outcomes of supportive actions provided by the CWS. Also, it is necessary to gain knowledge about the objectives for providing these services. Are they provided to equalise the opportunities of disadvantaged children, or are they a governing tool to keep an eye on “lower class” families? In either event, the current research demonstrates that the Norwegian approach to promoting the welfare of children has many tangible benefits for those families receiving assistance.

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