

A comparison of systems and outcomes for safeguarding children in Australia and Norway

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ABSTRACT

Using aggregated national data, this paper compares outcomes of Australian 'child protection' (CP) and Norwegian 'child welfare services' (CWS). We highlight each nation's context and key elements of their CP/CWS organizations, with emphasis on policy and programme orientation. System outcomes are examined along with the implications of their different approaches. The main policy focus in Australia is protection and risk, while Norway's systemic approach stresses prevention, early intervention and support. These differences influence practitioner's intervention strategies and how the needs of children and parents are met. In Norway, approximately 80% of the children in the CWS receive some sort of supportive services. In contrast, Australian services for supporting families are narrowly targeted. Both countries share the 'best interest of the child' principle and an increased focus on children's rights, and have experienced increased service demands and rates of children in out-of-home care. The paper explores the relative merits of these systems.

INTRODUCTION

Child protection (CP) and child welfare service (CWS) systems are organized differently around the world because they are 'social configurations rooted in specific visions for children, families, communities and societies' (Cameron & Freymond 2006, p. 3). International comparisons of these systems enable examination of respective system discourses and outcomes and enrich debate about different approaches, and their relative merits for safeguarding vulnerable children and supporting parents (Lyons 2006; Alcock & Craig 2009). We compare the Australian and Norwegian system contexts and national data revealing the similarities and differences concerning practice outcomes and their respective social policy approaches.

Recognized as advanced Western nations with high living standards, these countries were the top two on the 2009 UN Human Development Index (United Nations 2009). Both have well developed welfare

systems, yet different approaches to protecting children and aiding families. Australia has a 'child protection system' and Norway a 'family service system' (Andersson 2006; Cameron & Freymond 2006), and significant distinctions between their systems concerning ideologies and cultural contexts, social policy orientations and the predominant system function and approach. Contrasting their aggregated national data and outcomes enables a useful comparison of each system's merits and allows critical reflection on the implications of their approaches.

Since 1990 service demand has grown substantially in both countries evidenced by increases in all CP/CWS indicators and the rates accessing services per thousand of the child population (Australian Institute of Health and Welfare [AIHW] 2010; Statistics Norway 2010b). How Australia and Norway organize and provide CP/CWS are different in important ways, including how they try to meet vulnerable family's welfare needs. We profile their systemic contexts, highlighting crucial system distinctions in the funding of

Table 1 Country profiles

Indicators	Australia	Norway
Inhabitants	21 874 900	4 800 000
Children in population 0–14 years (%)	19.3	18.9
Indigenous people (%)	2.5	>0.5
Esping-Andersen's welfare state typology	Liberal	Social democratic
Public funding in welfare/community services	Mixed government and NGO	Mixed, but primarily government
Social policies	Generally means-tested services	Generally universal and non-means-tested services
Children aged 0–17 years living in poverty (OECD*, 2004) (%)	12	5
Children aged 0–17 years living in intact families (%)	73 (2007)	75 (2009)

*OECD poverty thresholds are set at 50% of the median income for the entire population.

welfare programmes, describe the national data and its limitations and then analyse the distinct differences and similarities in the broad system outcomes for each.

AUSTRALIA

In 2009, a quarter of the Australian population of nearly 22 million people were born overseas, with 4.1 million (19.3%) being children aged 0–14 years (AIHW 2009), 12% of these living in poverty (OECD 2008) (Table 1). In 2006–2007, 73% of families were 'intact', the children (aged 0–17 years) living with both their parents (ABS 2008).

Roughly a third of Australians reside outside the metropolitan areas and they generally experience decreased economic, health and social outcomes (Cheers *et al.* 2007). Just over 2% of the population are Australia's Indigenous peoples, Aborigines and Torres Strait Islanders, who are the world's longest continuous living cultures. However, the profound effects of colonization have had disastrous impacts upon them, and they experience significant disadvantages across a range of economic, health and social indicators, including being grossly over-represented in the child welfare system (Cheers *et al.* 2007; SCRGSP 2009; AIHW 2010).

Australia is a constitutional democracy with a national parliament, six states and two territory governments, and local councils operating in shires and cities. The Australian government is responsible for national programmes including income support, while the state and territory governments are the primary service providers for health, education and social welfare programs including CP, and local govern-

ments provide utilities such as garbage collection. While most welfare programmes are funded through and provided by the states, independent non-government organizations (NGOs) play a significant role within the residually oriented community services (Harris & McDonald 2000). Since the 1990s, public welfare programmes have been substantially restructured and increasingly targeted and restricted within market-based systems and neoliberal policy frameworks (McDonald *et al.* 2003).

Apart from the Medicare system delivering health care, universal programmes providing welfare for children and families are means-tested, including the recent provision of a national 18-week paid parental leave scheme. While income support is provided through a generally robust system of pensions and benefits, Australian governments have curtailed programme spending through increasing eligibility restrictions targeted at those 'most' or 'genuinely' in need, with decreasing concern for equity (Harris & McDonald 2000; Kalisch 2000). State and territory governments provide compulsory education up to grade 10 for children between 5 and 15/17 years (depending on state), although many parents send their children to private, mostly faith-based, schools.

NORWAY

Norway is a small country in size and population (Table 1). In 2009 Norway's population was approximately 4.8 million people, with nearly 23% being aged 0–17 years, and 18.9% aged 0–14 years. The rate of children living in poverty was 5% in 2004, significantly lower than in Australia (OECD 2008), although this rate increased slightly from 2000 to

2006 (Nadim & Nielsen 2009). The proportion of children living with both their parents has decreased from 82% in 1989 to 75% in 2009 (Statistics Norway 2010d).

During the last 20 years, Norway has become a more ethnically diverse society, with the proportion of immigrants in the population increasing from 1.1% in 1986 to 11.4% in 2010 (Blom 2006; Statistics Norway 2010a). Norway's Indigenous Sami peoples are less than 0.5% of the total population; however, with no overall registration of the Sami people the little available data suggest they experience lower employment rates and levels of education than do other Norwegians (Statistics Norway 2010c).

Norway is governed by a nationally elected parliament with 12 counties and 430 municipalities (129 of these having fewer than 2499 inhabitants). While municipalities are legally and politically bound to a national agenda, they exercise considerable political independence. The public sector organizes and provides most services for children and families, with neoliberalistic ideologies having increasing influence on policies (Marthinsen 2010).

Most of Norway's welfare programmes are orientated towards the whole family's welfare through providing a wide range of rights-based, universal non-means-tested services for children and parents, including financial benefits, a right to attend kindergarten, a 10-year compulsory primary school for children aged 6–15 years, and up to 4 years secondary school. Moreover, many children attend public after school, and arts and music schools. Children have free access to health, medical and dental services. Parental leave up to 12 months (including 3 months paternity leave), parental leave for sick children and single-parent allowances are provided. CWS services and social security services are, however, means-tested.

Australia is defined as a liberal state and Norway as a social democratic state within Esping-Andersen's (1999) useful typology of welfare states. Social democratic welfare states are recognized as having less inequality than liberal welfare states through redistributive tax systems. Scandinavian models of welfare have also been described as coordinated market systems. Critics of Esping-Andersen's model have suggested that it simplifies welfare systems (Kasza 2002), and that gender is not sufficiently integrated into it (Siaroff 1994). Moreover, the increasing neoliberal influences on social policy in the last decade have altered welfare service provision (Marthinsen 2010). Nevertheless, Esping-Andersen's model is useful for

exploring the ideological distinctions impacting on the outcomes for CP in Australia and CWS in Norway, particularly his emphasis on the relationship between universal and needs-based service provision, and the role of private welfare markets. These aspects highlight important differences between these country's ideological platforms.

CP IN AUSTRALIA

Child safety and identification of risk of harm are the main foci of the Australian system, which functions on a risk-dominated, forensic approach to notifications of suspected abuse and neglect (Lonne *et al.* 2009). Over time, approaches to protecting children have changed, with a child rescue approach in the first wave, the 'battered baby syndrome' encompassing the second wave, and an increasing child rights approach now becoming primary along with an emerging public health approach as the third wave (Scott 2006a). However, following a raft of judicial and other inquiries identifying systemic failures such as ballooning investigations, poor standards of care and problematic organizational environments (Lonne & Thomson 2005; Scott 2006b), in 2009 the Council of Australian Governments (COAG) announced a National Framework for Protecting Australia's Children, which entails a strong early intervention and prevention policy emphasis and a less forensically oriented and more supportive approach for families (ARACY 2009; COAG 2009).

Nevertheless, there is significant contestation among stakeholders regarding key aspects such as parent's/children's rights, and the need for a strong and focused statutory function (Humphreys *et al.* 2009). For example, the COAG initiatives accompanied the national expansion of mandatory reporting (Mathews *et al.* 2009), and linkage of the federal income support systems with the state CP and education systems, initially for remote Aboriginal communities, but now being trialed elsewhere.

While state/territory statutory agencies remain the dominant organizations, Australian NGOs play the primary role in support and treatment services to families and children. However, significant variation in accessing NGO services has led to concerns about ongoing systemic capacity to meet the National Framework agenda. The sector also faces significant workforce issues, including recruitment and retention, and practitioners have a diverse array of qualifications and professional training, with social workers being a relatively modest proportion of the overall community

services workforce (Healy & Lonne 2010; Healy & Oltedal 2010).

There are few substantive differences in state/territory policy with key aspects such as the 'best interest of the child' the same across the country (Bromfield & Higgins 2005) as are the underlying ideologies of the CP systems (Lonne *et al.* 2009). Interventions are generally highly proceduralized and targeted at those at risk, with the intake stage being the most variable aspect (Bromfield & Higgins 2005). Recent Australian research of standardized risk assessment approaches has identified their problematic use (Gillingham & Humphreys 2009). While Australia's data records of notifications of child abuse and neglect and the numbers of children in state care are 'relatively good' (Scott 2009, p. 65), interpreting national aggregated statistics requires caution due to definitional and data collection differences across jurisdictions (Bromfield & Higgins 2004, 2005). Concern remains about the negative effects of the overall regulatory framework (Braithwaite *et al.* 2009) and the real outcomes for children and families, particularly the rising numbers of children in care, and the effects on over-represented Indigenous children, families and communities (Scott 2006a,b; Humphreys *et al.* 2009; Tilbury 2009).

CWS IN NORWAY

The Norwegian CWS system undertakes the primary public role and responsibility for supporting vulnerable families; one of the visions being to promote equality between children (Healy & Oltedal 2010). Consequently, needing protection is no pre-condition for accessing assistance (Khoo *et al.* 2003). The statutory-dominated Norwegian CWS provides support, treatment and residential services for children, with a limited role for the independent sector (Stokken & Nyhlen 2003). In contrast to Australia, CWS front-line staff are predominantly social workers and child care workers (see Note 1) (Statistics Norway 2010e).

Hagen's (2001) historical overview of the development of the Norwegian CWS identified two periods of great importance. The earliest contours of a separated CWS system emerged in 1953 with the Act of Child Protection substituting the Poverty Act, and also introducing the 'best interests' principle for work with children. However, the 'modern' CWS were developed with the 1992 Child Welfare Act's (CWA) introduction of a national programme to improve CWS, increasing the status of child welfare workers, and

making CWS more distinct from other welfare-related organizations. Children and parents 'in need' became a politically prioritized group and more resources were allocated, increasing the number of CW workers, developing education/training and expanding the level of emergency services for children and youths. Additionally, comprehensive screening systems were introduced impacting decision-making processes for staff. Fixed deadlines influenced worker's assessments of referrals, investigations and the provision and evaluation of children's services. Nonetheless, the CWA allows significant discretion in professional decision-making.

Essentially, these laws and programmes emphasized cooperating with families, with out-of-home intervention a 'last option'. This principle, along with early intervention, predominated during the mid-nineties. In 2003 a major rearrangement of the CWS organization occurred along with the establishment of the centralized 'Bufetat', a link between the state and the municipalities' day-to-day CWA responsibilities. However, significant accountability problems between Bufetat and the municipalities' front-line staff have been identified (Gautun 2009).

While the 'best interests' principle guides professional practice in both countries, Norway is a family/parent-orientated CW system (Fauske *et al.* 2009), which identifies children and parents living in vulnerable circumstances, and focuses on early intervention, prevention and support, distinctive features affecting the relationships between parents, children and front-line CWS staff.

Norway's national CWA legislation incorporates the UN Convention on the Rights of the Child including formally emphasizing the right of children's participation on matters that concern their welfare, but inadequate children's involvement in assessment and decision-making processes has been identified as problematic (Oppedal 1997; Seim 2007; Stang 2007, p. 305). While some Norwegian municipalities also use standardized frameworks when assessing children's situations, professional discretion and judgement in the decision-making is encouraged, a factor that results in great variation of institutional arrangements, assessment and decision-making (Veland 1998, 2004; Clifford & Lichtwarck 2010).

PRACTICE PROCESSES

While key elements of these country's systems differ (Table 2), the core formal practice processes in both are quite similar, albeit with different nomenclature.

Table 2 Key elements in child protection/child welfare service (CP/CWS) organization

	Australia	Norway
Jurisdiction	State and territory	National
Responsibility for day-to-day activities	State and territory statutory authorities	Basically municipalities and the centralized authority Bufetat
Policy/ programme focus	Protection and risk	Prevention, early intervention and support
Work strategies	Standardized, assessment forms, 'legalism'	Contextual, high level of professional discretion
Responds to	Harm/neglect/abuse/maltreatment	Welfare, support needs and harm/neglect/abuse

For example, in Australia reported concerns are ‘notifications’, whereas ‘referral’ is used in Norway. Concerns about children are reported to front-line staff, who determine whether or not to investigate the child’s situation. A notification/referral can result in the case being followed up by further investigation, or closed, or the family being referred to other services. Australian investigations can result in further intervention including support agreed to by the family or court action to enable further investigation, or to seek a protective order, including being placed in out-of-home care, whereas a Norwegian investigation can entail services being provided by CWS on a voluntarily basis or the case being referred to a court (The County Social Welfare Board).

SOURCES AND LIMITATIONS OF DATA

Since 1993 the AIHW has been responsible for analysing administrative data in three collections: notifications, investigation and substantiation; children on care and protection orders; and children in out-of-home care. Australian authorities provide limited data on staffing and programme outputs. Statistics Norway (SSB) has been responsible since 1987 for administration of Norwegian data collected by all municipalities, including the number of children in the services, staffing levels and, more recently, financial costs.

Difficulties arise when using data for cross-national comparisons ‘due to significant differences in child abuse data and broader social and economic factors’ (Scott 2006a, p. 10). Australian data vary due to legislative and definitional differences among jurisdictions (Bromfield & Higgins 2004; AIHW 2009). Hence, we list each Australian state’s data separately when necessary. In Norway all municipalities share superior social policies and national reporting of CWS data.

Some Australian and Norwegian data are not directly comparable. Australian children in contact with CP authorities are more likely to be referred to

NGOs for support, whereas Norwegian CWS provides a variety of support services in addition to out-of-home care. Australian data concern children from 0 to 16 years, whereas Norway’s data address children from 0 to 17 years (Healy & Oltedal 2010). In order to discern the ‘bigger picture’ and to aid comparison, where possible we have transformed data to rates per 1000 children, using national population data.

Finally, general limitations using aggregated data include different staff interpretations and practices in the registration process. In Norway’s case, there are unclear distinctions between the various functions of the CWS, for example, a child in foster care might receive several additional services that are also registered. Hence, the list of supportive and preventive services provided can give a skewed picture of the volume and total scope of children receiving them. Despite these limitations, considerable value results from highlighting how broad policy, programme frameworks and approaches result in different outcomes and results.

DATA COMPARISONS

Both countries have experienced significant increases in children accessing services over the past two decades. In 1987, the rising number of Norwegian children receiving assistance was 14 044, and service demand increased substantially from 1993 to be 46 500 children in 2009. Significant growth (34%) is evident in the rates of children receiving services per 1000 population from 1997 to 2008, indicating rapid service delivery expansion (Table 3). The profound growth (112%) found in Australian services over this period is evidenced by the increased rate of children under care and protection orders (Table 4).

While Australian CP services and Norwegian family support services are delivered quite differently and for different age groups, a far higher proportion of families receive assistance in Norway. In Australia, service delivery is primarily dependent upon first having a

Table 3 Children (0–17 years) assisted by CWS Norway (number per 1000 children)

1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
26.8	26.9	26.8	27.4	28.3	28.8	29.8	31.0	32.1	32.9	34.8	35.9	37.5

Table 4 Australian children assisted by CP agencies (number per 1000 children)

	1997	2000	2003	2007	2009	2010
Care and protection order (0–17 years)	3.3	4.1	4.6	6.0	6.9	7.4
Substantiation (0–16 years)	na	na	na	7.3	6.9	6.1
Intensive family support (0–17 years)	na	na	na	0.9	3.1	3.0

na, not available.

Table 5 Commenced investigations (number per 1000 children)

	2008	2009
Norway	25.2	27.2
Australia	37.3	40.2

Table 6 Investigations with type of action 2009 (%)

	Australia	Norway
Not substantiated/closed	66.4	49.2
Substantiated/resolution	33.6	50.2

substantiated outcome resulting from a CP investigation. Substantiation rates can be seen to be falling since 2007 (Table 4). Taken overall, services to assist children have grown in both countries, but more so in Australia.

Investigations

Although, different terminologies are used in Norway and Australia for describing contact between children and protective systems, everyone can report concerns about a child to the authorities. In Australia certain public staff are mandated to report concerns (Mathews *et al.* 2009). In some Australian states a notification is understood as the initial contact, while in other states, notification is a result of a pre-assessment made by front-line staff. While the Norwegian CW system responds to a greater variety of needs, the number of investigations per 1000 children is much higher in Australia (Table 5). However, almost half of the investigations started in Norway resulted in some kind of action from the CWS, while around 1/3 of the Australian investigations resulted in substantiation (Table 6). There are proportionately fewer investigations in Norway than Australia and a higher rate is substantiated.

Crucial differences regarding sources of notifications are evident (Table 7), with the main source in Australia being the police (26.5%), and parents (15.8%) in Norway. A recent study found that approximately 40% of the parents contacted the CWS themselves or agreed to this (Fauske *et al.* 2009). Norwegian parents appear more likely to initiate contact with the CWS, partly because the services provided are accessible and needed (Kojan 2011). Norwegian children are also more likely to be the source of a notification than is the case in Australia. However, Australian NGOs, relatives and neighbours are comparatively more likely to notify authorities.

Reason for intervention

Categorizing the reasons for intervention highlights the legislative and policy focus, and systemic functioning. In a study of CP performance measures from Australia, USA and the UK, Tilbury (2004) identified the political and ideological constructions underpinning measurements of CP system indicators and highlighted their pervasive influence on practice. In Australia the narrowly prescribed reasons for intervention are the type of abuse and neglect recorded as part of the investigation and substantiation process

	Australia (2009/2010)*	Norway (2009)
Police	26.5	11.8
Parent	5.6	15.8
School personnel	13.4	5.7
Health care personnel/hospital	9.6	†
Social worker/social security's staff	8.0	2.6
Medical practitioner	4.0	4.9
Other relative	6.2	7.8
Friend/neighbour	4.4	2.5
Other	6.2	7.8
Departmental officer/public body	3.4	4.0
Other health personnel	2.5	5.6
Child care personnel/kindergarten	1.4	4.2
Non-government organization	6.7	0.2
Child	0.4	1.5
Child welfare services (N)	na	12.1
Emergency child protection centre (N)	na	6.5
Psychiatric services for children (N)	na	4.6
Educational/psychological service (N)	na	0.8
Asylum centre (N)	na	1.8
Women's refuge (N)	na	0.6
Youth support team/youth centre (N)	na	0.6
Unknown (N)	na	0.01
Anonymous (A)	4.8	na
Sibling (A)	0.3	na

*An average based on the total number of notifications from all states (AIHW 2011).

†Included in the category 'medical practitioner'.

na, not available.

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Emotional abuse	34.8	45.6	37.9	17.8	51.7	47.7	40.1	25.2
Neglect	29.5	8.1	29.5	41.2	32.2	33.2	38.7	38.8
Physical abuse	19.6	39.0	25.6	20.6	11.1	13.3	17.0	25.9
Sexual abuse	16.1	7.3	7.1	20.4	5.0	5.8	4.2	10.1

Table 7 Sources of notifications (%)

Table 8 Abuse type for Australian substantiated notifications 2008–2009 (%)

Table 9 Reason for intervention in new cases, 2008 Norway (%)

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

(Table 8), whereas the causes reported in Norway's CWS are broader (Table 9).

General trends and large variations are evident across Australian jurisdictions (Table 8). For example, emotional abuse and neglect, imprecise terms and categories, account for the majority of substantiated

cases, while significant variations exist in physical and sexual abuse. Unfortunately the Australian system does not collect detailed data on the specific reasons underpinning CP interventions.

In Norway, the reasons for intervention mirror the multifunctional responses of the CWS. Additionally,

Table 10 Children in out-of-home care (number per 1000 children)

	1992	1998	2007	2008	2009
Norway*	6.9	5.8	7.5	7.7	8.0
Australia†	na	3.1	5.8	6.2	6.7

*Children from 0 to 22 years, and include out-of-home placements reported as support services.

†Children from 0 to 17 years.
na, not available.

the possible causes behind the behaviour or ‘problem’ are reported, not only the ‘symptoms’ of the behaviour. However, data on the characteristics of the CP/CW families in both countries do not include categories like ‘poverty’ or ‘social isolation/exclusion’, despite their importance as contributory factors.

Norway has more categories concerning major reasons for intervention (Table 9) with the vague categories ‘the conditions in the home’ and ‘other reason’ being the largest. Australia had a far higher proportion of emotional abuse, neglect and sexual abuse cases than Norway.

Types of responses

All Australian jurisdictions provide a range of support services and intensive family support services (AIHW 2010), primarily aimed at preventing separation of the child and family, or reuniting them, with integrated strategies utilized to improve family functioning. Nonetheless, there is little information publicly available regarding the sorts of family situations that receive particular services, the specific interventions provided or the outcomes achieved (AIHW 2010). The Norwegian data on service provision are significantly more detailed, and many different services are provided and aim at preventing out-of-home placements, with families receiving a number of services, such as financial, educational, recreational, psychological and other kinds of support (Kojan 2011). Clearly, Australian CP systems provide fewer and more targeted services than the Norwegian CWS.

Australian children under care and protection orders in 2009 were predominately under guardianship orders or otherwise in custodial arrangements. National comparisons of children in out-of-home care are reported in both countries, albeit with different age ranges. Table 10 shows that the rate of children in out-of-home care in Australia has rapidly increased

Table 11 The age of children in out-of-home care (%)

Age group	Australia	Age group	Norway
<1	3.2	<2	3.8
1–4 years	21.8	3–5 years	6.6
5–9 years	30.0	6–12 years	29.7
10–14 years	30.4	13–17 years	42.9
15–17 years	14.6	18–22 years	17.0

(44% in the 5 years to 2009 and doubling in the last decade), mainly resulting from children staying longer in care (Tilbury 2009).

An important objective of the 1992 Norwegian CWS law was to prevent children from entering out-of-home care where possible (Kojan & Fauske 2011), with the most vulnerable children helped at an earlier stage to prevent separation, thereby reducing demand for out-of-home services. Nonetheless, the rates of children in out-of-home care have risen over the past two decades from nearly 5500 children in foster or institutional care in 1987, to almost double to 10 847 by 2008 (7.7 children per 1000). However, while 6406 children were placed outside their homes under the custody of CWS, the remaining 4441 who were placed outside their homes were under the custody of their parents. Hence, while the rate per 1000 children in out-of-home-care is higher in Norway (0–22 years) than Australia (0–17 years), many children are placed on a voluntarily basis. However, nearly 17% of the Norwegian children in out-of-home care are aged 18–22 years and transitioning to independent adulthood. Approximately one quarter of the Australian children in out-of-home care in 2009 were aged between 0 and 4 years compared with 10.4% of Norwegian children in 2008 aged between 0 and 5 years (Table 11). These data suggest that Norwegian supportive services are provided before the child is separated from its parents. Table 12 illustrates that while the proportions of children in foster care are similar in both countries, relative and kinship care is larger in Australia, while residential care and independent living is in Norway, most likely due to their high proportion of teenagers and young adults in out-of-home care.

DISCUSSION

CP/CWS regulates the relationship between the state and private parties concerning children’s safety and welfare. Hence, it is important to examine their national contexts. While Australia and Norway share

Type of care	Australia (2008–2009)	Norway* (2008)
Foster care	47.1	51.5
Relative/kin (N: foster care within family)	45.4	21.3
Residential care	4.8	13.8
Independent living	0.5	9.7
Other home based care (N: emergency shelter)	1.4	3.7
Family group homes	0.4	0.0
Other	0.4	0.0

Table 12 Children in out-of-home care by type (%)

*Children from 0 to 22 years, and include out-of-home placements reported as support services, i.e. voluntary placements.

economic and well-being similarities, they have different ideological traditions. Australia has a market-driven economy markedly influenced by neoliberal ideologies, whereas the Norwegian system is predominantly influenced by social democratic ideologies and has a coordinated market system. Norway’s social democratic tradition emphasizes the welfare of the family, with early intervention and support important for vulnerable families. In Australia, dominant neoliberal ideologies have resulted in a risk-averse policy orientation that focuses on investigating risky and dangerous families.

However, the overall picture is nuanced as these countries also share some important similarities, such as the ‘best interests’ principle, notwithstanding interpretation and practice differences. Both countries have experienced increased service demands, partly due to higher rates of notifications. While both countries have increased their focus on children’s rights, greater attention to the child’s perspective in Norway (Kojan 2011) suggests possible development towards a more child-orientated CWS practice.

Their out-of-home care services share similarities, albeit with the slightly higher Norwegian rates in line with their stronger service focus. However, there are fewer young children in out-of-home care in Norway and they can remain in care until the age of 23 years compared with 18 years for Australian children. Norway’s more developed system of care for teenagers and young adults inflates the number of children in care compared with Australia. This does not necessarily mean that the Norwegian system is better overall than the Australian system as the Norwegian family services approach may be better at keeping children in their homes in the early years of their lives, but less successful for younger adults. In their eagerness to avoid family breakdowns, the Norwegian CWS are perhaps giving parents too many chances and providing supportive rather than protective services.

The Norwegian system’s focus on early intervention and support to minimize serious neglect, maltreatment and abuse has had consequences for social worker’s assessments of needy children and parents, and a broader foundation for intervention in families. Conversely, the Australian system has been narrowly targeted and only recently focused on preventive strategies (ARACY 2009; COAG 2009). While the Norwegian system is not without case tragedies such as the 2010 death of a teenage girl in residential care, these have been far fewer than in Australia.

We suggest that the most crucial difference between these systems is their respective emphasis on providing supportive services. The supportive and welfare orientation in the Norwegian CWS is very clear, and in 2009, approximately 80% of children in the CWS received some sort of supportive services. In Australia, the services offered are basically ‘core’ CP services, with emphasis on protective orders and out-of-home services. While Australian statutory authorities offer some supportive services, the NGOs tend to provide the bulk of these. These differences illustrate the ideological contexts of the respective CP/CWS programmes. A forensic, risk-focused approach affects the ways CP workers assess children’s needs and how parents are socially constructed. Children need protection from ‘dangerous’ parents, and removal can become a preferred option. In contrast, the family-orientated approach requires Norwegian social workers to include parent’s perspectives in their assessments of risk, and supportive services are usually provided before children can be removed from their parents.

The Australian forensic system and the Norwegian family orientation approach are also reflected through notification sources: police being the most frequent in Australia and parents in Norway. This can be partly explained by the Australian mandatory reporting arrangements and the respective approaches towards

supportive services. Parents seem less likely to seek help if they are concerned about being treated as a 'risk'.

CONCLUSION

In summary, these countries have addressed their increased service demands differently. While both embrace the 'best interests' principle, the Norwegian system focuses on support, and the Australian authorities on risk. What then is the overall system mandate and mission of CP/CW? And, how well do these systems address these? The outcome data indicate that both systems generally protect children well: however, through the extensive provision of supportive services the Norwegian system is also addressing the needs of many more socioeconomically marginalized families than Australia is. Through supportive services, CWS appears to build social, economic and cultural resources when other welfare functions of the Norwegian system have failed (Kojan & Fauske 2011). As we can see from the types of services used, the Norwegian CWS responds to problems related to psychological and social issues for children and their parents, indicating their strong family orientation.

Undoubtedly, the CP and CW systems reflect their own societal ideologies, traditions and social structures. Both have their advantages and limitations. Although the supportive function of the Norwegian system appears attractive, the system has been criticized for the lack of child perspective in decision-making processes, resulting in recent calls for greater emphasis on the rights of the child. A push for greater emphasis on the child's perspective in recent Norwegian CWS research (Stang 2007; Strandbu & Vis 2008; Omre & Schjelderup 2009; Juul 2010; Langballe *et al.* 2010) might indeed challenge the current family focus within CWS practice. However, a child perspective is not necessarily in conflict with the family orientation approach, as both can focus on the general well-being and living conditions of children.

The Australian system has focused more on the rights of the child over a longer period, reflecting a central idea from neoliberal policies – individualization. The Norwegian CWS approach emphasizes the family's general well-being, while the Australian child perspective is orientated towards protecting children from risk of harm and neglect. Increasing investigations and risk-averse interventions have resulted in rising numbers of children in out-of-home care for ever longer periods. In contrast, Norway's focus on assisting families helps vulnerable children, either

through directly aiding them or by assisting parents in a variety of ways. The significant professional discretion in Norway gives room for contextual solutions when trying to minimize abuse and neglect and contrasts with Australia's emphasis on procedures and standardized assessments. Comparing Australia and Norway allows us to contrast the approaches taken, and to critically assess their merits and outcomes in contextually appropriate ways. Perhaps most importantly, it helps us to reflect and learn from each other and improve the outcomes for vulnerable children and families.

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NOTE

1 The education system in Norway provides a bachelor in Social Work (‘sosionom/social worker’) and a separate bachelor in Social Education and Child Welfare (‘barnevernspedagog/child care worker’).