Child Protection Systems:

An international comparison of "good practice examples" of five countries (Australia, Germany, Finland, Sweden, United Kingdom) with recommendations for Switzerland.

August 2012

Foreword

The Swiss Project Fund for Child Protection[1] set itself the aim of offering financial support to basic research and projects which could pave the way for improvements to the child protection system in Switzerland. The present study looked at the systems in place in other countries, not only to learn from their experiences but also to identify areas for improvement and development as regards current Swiss child protection mechanisms. In addition, experts from the United Kingdom, Australia, Finland, Sweden and Germany offered a brief outline of their respective systems before jointly analysing each one and working out what conclusions could be drawn for the Swiss system.

Although each national child protection system included in this study differs in terms of its historical roots and subsequent development trajectories, they are all founded on the same two principles. The first is to offer support to families so that parents are able to carry out their role effectively and thereby safeguard children from abuse and neglect. To this end, the necessary infrastructure comprising a range of supportive measures must be in place. The second concerns the implementation of a package of individual yet coordinated child protection intervention measures that enable an appropriate and adequate response to actual cases of abuse or neglect, and to those cases where there is a high likelihood of these problems occurring.

Drawing on the experiences of other countries, the researchers devised a series of recommendations, which they discussed with Swiss experts and amended, where necessary. The main recommendation concerns structural issues, including the creation of designated child protection agencies at various levels, defining course content and training requirements for future child protection professionals, and the need for interdisciplinary, interagency cooperation in child protection cases.

Many child protection professionals currently working in Switzerland have already called for efforts to shore up the current structure. The present study provides valuable pointers on how and where this could (and should) be done. The Swiss Project Fund for Child Protection therefore hopes that these findings will lead to advances in Switzerland's child protection system.

August 2012

Muriel Langenberger

President

---

[1] Formerly known as the *PPP-Programme National pour la Protection de l'Enfant* association

Preface

Basel, March 16, 2012

For the project team

Jachen C. Nett

Content

Illustration Index

1   Introduction

Jachen C. Nett and Trevor Spratt

In March 2011, the Association PPP-Programme National pour la Protection de l'Enfant contracted the Project Team, led by Prof Jachen C. Nett and Dr Trevor Spratt, to undertake the study titled 'Child protection systems: An international comparison of good practice'. A supplementary study by Jachen Nett, 'Child Protection in Switzerland: Description of the cultural, political and legal context' was commissioned by the PPP in September 2011.

What follows is a synopsis of the aims and objectives of the project, the design of the research and acknowledgment of the contributions of our collaborators; those who provide country case studies, and are our expert panel, who advised us on the applicability of our recommendations in a Swiss context. We conclude with a brief iteration of our main findings. The proceeding main body of this report begins with 'Child Protection in Switzerland: Description of the cultural, political and legal context and then an overview report 'Cross national analyses of good practice and derived recommendations' is presented, with the five country 'Case Studies' included as appendices.

1.1   Aims and Objectives

The aims of this study are twofold: first to examine current evidence for the effective delivery of child protection services from countries whose level of economic and social development is comparable to that of Switzerland; and second, to identify international examples of good practice to be evaluated with respect to the validity of their application in Switzerland. Specifically, our objectives are to: (a) Examine the child protection system in five comparator countries and produce a Case Study for each. (b) Analyse the Case Studies to identify good practices. (c) Present recommendations to an expert panel (Sounding Board) to ascertain applicability in the Swiss context as informed by demographic profile of the national historical, policy and practice contexts. (d) Make final recommendations to the Association PPP-Programme National pour la Protection de l'Enfant.

1.2   Research design and Restrictions

Our plan of investigation did not fundamentally require new primary research. The data to address the questions within our study is available within the public domain in the forms of both quantitative and qualitative data available in public documents (e.g. legislation and policies, official statistics, news reports and academic critiques). A country report template was produced to enable comparability of

data across key areas. Once country reports were completed they were first collated and then subjected such data to secondary analysis by the research team, as informed by the aims of the study. The provisional recommendations were then subjected to a further level of analysis with regard to their applicability in Switzerland by an expert panel.

1.3   The Contributors: core team and expert panel

The research was led by Jachen Nett (Bern University of Applied Sciences, Switzerland) and Trevor Spratt (Queen's University Belfast, Northern Ireland) with partners; Leah Bromfield (University of South Australia - Australian Centre for Child Protection), Johanna Hietamäki (University of Jyväskylä, Finland), Lina Ponnert (University of Lund, Sweden) and Heinz Kindler (German Youth Institute). Each member of the team produced a country report and took part in the secondary analysis of the resulting data. Trevor Spratt wrote the overview report. The expert panel comprised Stefan Blülle (Head of the Division Child and Youth Protection of the Guardianship Authority, Canton Basel-City), Andrea Hauri (Social Worker & Sociologist, Bern University of Applied Sciences), Christian Nanchen (Head of Youth Services, Canton Valais), Stefan Schnurr (Educationist, University of Applied Sciences Northwestern Switzerland), Peter Voll (Sociologist, University of Applied Sciences Western Switzerland), Judith Wyttenbach (Lawyer, University of Bern - Institute for public law) and Marco Zingaro (Lawyer, Bern University of Applied Sciences).

1.4   Synopsis of key findings

There is a convergence of learning in respect to historical developments between nations with a social welfare ethos. The nations have sought to convert that ethos into laws and procedures that balance the rights of parents to privacy with the rights of children to protection. These laws and procedures continue to be informed by a science of child development within an ecological understanding. However, the nations all share a fundamental dilemma with respect to determining at what point the state intervenes to protect the child, with evidence that both over and under intervention in family life may bring unintended and unwanted consequences. It has been possible to examine shifts over time in the provision of child protection services, reflecting different responses to this central dilemma.

The five countries do, however, share an ideology predicated on the central idea that early interventions before problems become too acute are to be promoted; but that there is also a need for an effective system to protect children from serious maltreatment in situations in which their parents are unable or unwilling to provide such protection. Reflecting this ideology, all five nations describe an optimal child protection system as one which comprises both support for families designed to prevent poor outcomes for children at risk, as well as compulsory interventions for those with an immediate

need for protection. There is no uniform model with regard to the care for youth with anti-social and criminal behaviours – in some countries they are included within the child protection system, in others they are cared for by a separate system of services.

In all five countries, the systemic response has involved state authorities taking the primary role in responding to child protection referrals. At the level of service provision, the mix between those delivered by state authorities, the third sector and the private sector differs greatly. With the increasing role of the state, its relationship with the third sector has been revised and renegotiated.

Regardless of the proportions of who does what, systems require interventions to be agreed and coordinated at three levels: between central and local governments and between local governments and the third / private sectors (reflecting child protection governance requirements); between professionals and families at area level (to reflect the interrelated features of child protection systems) and continual analysis and reform at practice level to ensure 'best practice'.

To quote from the conclusion to the 'Overview Report', 'Child protection systems are necessary because we are now aware of the range of harms caused to children if they are subject to a number of adversities, including the experience of child maltreatment. In developing and renewing its child protection system Switzerland is uniquely placed to benefit from an analysis of contemporary child protection systems across five countries. The major finding of our work is that the lessons to be learnt from these countries, both positive and negative, are remarkably consistent and coherent. We considered at the start of this project that there would be great difficulty in deducing clear lessons because of problems in creating points of comparability. Whilst this has been true with regard to some specific dimensions, for example output data, generally speaking a remarkable degree of consensus has emerged with regard to what constitutes 'best practice' in contemporary child protection systems. The 14 recommendations we have made represent what any of the research team would wish for their own countries, yet none of our countries bear all these features.'

Foundation Level – Governance Features of Contemporary Child Protection Systems
Recommendation 1 – A national standing committee at Federal level to produce a National Framework for Child Protection to inform development of Canton law and service planning. Recommendation 2 – Cantons retain legal responsibility for child protection services but these are planned and delivered with voluntary and private providers in Child Welfare Boards.
Intermediate Level – Interrelated Features of Contemporary Child Protection Systems
Recommendation 3 – Teams of social workers employed in each Canton to discharge legal responsibilities associated with a child protection service at specialist level. Recommendation 4 – Interdisciplinary Case Planning Meeting set up in each Canton to ensure effective planning to meet needs and ensure protection at case level. Recommendation 5 – Universities establish undergraduate and postgraduate training in child protection for professionals. Recommendation 6 – Universities to review standards for admission to social work degree programmes. Recommendation 7 – Promotion of partnership; parents to attend Case Planning Meetings and children's rights to representation and appeal in decisions involving them become standardised.
Advanced Level – Service Delivery Features of Contemporary Child Protection Systems
Recommendation 8 – Development of a continuum of children's services based on the Public Health Model to inform the development of the National Framework for Child Protection. Recommendation 9 – Development of practice guidance for social workers incorporating legislation and research informed 'best practice'. Recommendation 10 – Introduction of a two tier assessment framework at specialist level for social workers and common level for other professionals. Recommendation 11 – Audit of current intervention methods employed by social workers to inform the work of the Child Welfare Boards in developing training and implementation strategies. Recommendation 12 – Audit of state care to inform development of National Framework for Child Protection and work of Child Welfare Boards. Recommendation 13 – Establish a national vetting and barring scheme for those working with children. Recommendation 14 – Set up national data system to track both system outputs and child outcomes as part of National Framework for Child Protection and to inform the work of Child Welfare Boards.

R1 Establishment of National Standing Committee – National Framework for Child Protection

R5 Universities to establish under- and postgraduate child protection programmes for professionals

R6 Universities to review standards for entry into social work programmes

R2 Establishment of Canton Child Welfare Boards

R3 Establishment of Social Work Child Welfare Teams in Cantons to provide services at specialist level

R4 Establishment of Interdisciplinary Case Planning Meetings

R7 Involvement of families and children in Case Planning Meetings and decision making processes

R8 Audit of service provision at universal, targeted and specialist levels within Cantons to inform service development

R11 Audit of skills and methodologies used by social workers to inform training strategy

R9 Commission guidance for professionals working with children and families

R10 Commission development of a two-tier assessment tool for social workers and other professionals

R12 Commission review of state care

R13 Establish and ensure compliance to national vetting and barring scheme for those working with children

R14 Agree and establish national output and outcome measures for the child protection system

12

2 Child protection in Switzerland: Description of the cultural, political and legal context

Jachen C. Nett

2.1 Introduction

In this chapter the core elements and the particular features of the child protection system in Switzerland are outlined. There are some aspects of the political system of Switzerland that may seem peculiar to those from other countries because they do not correspond to political arrangements in other developed democracies. Such peculiarities have implications for the process of decision-making at national level but also affect the development of law and its implementation at the different levels of the federal system. Accordingly, the 2.2nd section of this chapter intends to provide a, *nota bene* only, cursory overview of the Swiss political system. This is followed by a short profile of the demographic situation in Switzerland which provides some evidence of current and future challenges to the system of social policy.

The 2.3rd section of the chapter highlights the current life conditions of children and adolescents in Switzerland, including economic, educational and health situations. It also provides some particular information concerning more recent developments challenging the relationship between parents and children. At the end of this section available evidence on child abuse and neglect in Switzerland is discussed. In the following sections the constitutional and legal bases of the child protection system are outlined, and the adoption of core articles of penal and civil law is analysed (section 2.4). The focus is then drawn to the institutional implementation of child and youth policy at the different levels of the federal system; thereby the role of private organisations is also examined (section 2.5). The chapter finishes with an account of recent developments in Swiss child protection policy. Attention is drawn to some legal amendments just introduced (or about to be introduced) and some recent national initiatives and programmes are explicated. Finally, the public perception of the child protection issue is discussed by an elaboration of topics given attention by the media.

2.2 What has to be known about Switzerland

Switzerland is a relatively small country (41,000 sq km) with borders to Austria, France, Germany, Italy and Liechtenstein. Wide areas of Switzerland are covered with uninhabitable high mountain ranges and, as a consequence, it is densely populated (184 inhabitants per sq km). Its political system can be characterised as a *federal* parliamentary democratic republic with very strong elements of a *direct*

democracy. The government is elected by the parliament for a four-year term of office. It is composed of the seven members of the so-called Federal Council and the Federal chancellor.

2.2.1   The political system

Federalism and direct democracy are two eminent traits of Swiss politics and are deeply anchored at various levels of the political, legal and constitutional setting. The Federal Assembly of Switzerland (the parliament) consists of two chambers, the National Council and the Council of States, the latter represents the 26 Cantons of which six are, for historical reasons, only so-called "Half-Cantons", which means that may send only one instead of two representatives to said chamber.

Any amendment to the Federal Constitution of the Swiss Confederation (FCSC), as it is labeled formally correct, but also certain other parliamentary decisions of major concern, have to be approved by votes of the majority of the people but also by the majority of the Cantons. Because Cantons differ considerably with respect to size of territory and population (both the Canton of Zurich having a population of over 1 million and Uri, which has a population of around 35,000, elect two representatives), the effects of the federal system on political decisions at national level can hardly be overestimated. Although an increase in federal regulation in different realms of society can be identified as a general tendency, partly induced by demands deriving from international law, Cantons still hold much sovereignty in core spheres of fiscal, economic and social policy. The principle of federalism also works at lower level than the Canton, being expressed at municipality level. These smallest political units, in number altogether 2,551, have considerable political autonomy. The bottom-up structure of the political system in Switzerland was affirmed not long ago by an important constitutional amendment. Since 2008 the Federal Constitution has an article according to which "the principle of subsidiarity must be observed in the allocation and performance of state tasks" (art. 5a FCSC). This article was adopted after the acceptance of a "referendum" by the vote on 28 Nov 2004. Therewith "direct democracy" as the other core element of the Swiss political system is addressed. Procedures of direct democracy are found on the one hand in the electoral system in view of the fact that the members of both chambers of the Swiss parliament are elected directly by the people. Whereas the electoral proceeding of the National Council follows standard federal rules, the Council of states is elected according to cantonal regulations. Important instruments of direct democracy are on the other hand popular votes. Such can be based on so-called "popular initiatives" or "referendums". In the latter case a ballot is held if 50,000 citizens request with their signature that an act of federal legislation, a decision of the parliament, or in certain cases international treaties, should be reconsidered. Thus, the "referendum is similar to a veto and has the effect of delaying and safe-guarding the political process by blocking amendments adopted by parliament or the government or delaying their effect" (Federal Chancellery, 2011, p. 19). As regards popular initiatives, these reflect the right of the citizens to bring about a change in the Constitution (at federal level), or to request a new law or an amendment of existing law (only at Canton level). For the submission of a national

popular initiative valid signatures of 100 000 voters have to be collected within a time limit of 18 months.[2]

2.2.2 Demography

In the autochthonous population of Switzerland four languages are spoken. According to the 2000 census the great majority of the population (63.7%) uses German as the main language, 20.4% French, 6.4% Italian, and a small minority of 0.5% speaks Romansh. The remaining nine per cent of the population speaks various allochthonous languages which partly reflect the comparatively high, and in the last decade again increasing, number of immigrants. The migration balance more than tripled between 2000 and 2009 from 2.8 to 9.6 per 1,000 inhabitants (FSO, 2009). For the year 2010 the Swiss Federal Statistical Office (FSO) displays a share of the foreign resident population of 22.4%. According to the last report on the foreign population in Switzerland published by the FSO (FSO, 2008), about one third of all marriages celebrated in 2007 were between spouses of Swiss and foreign nationalities (37.5%). Nearly half of the births (47.5%) to married women in 2007 had Swiss/other nationality parentage, and about quarter of all children born in this current year possess foreign nationality.
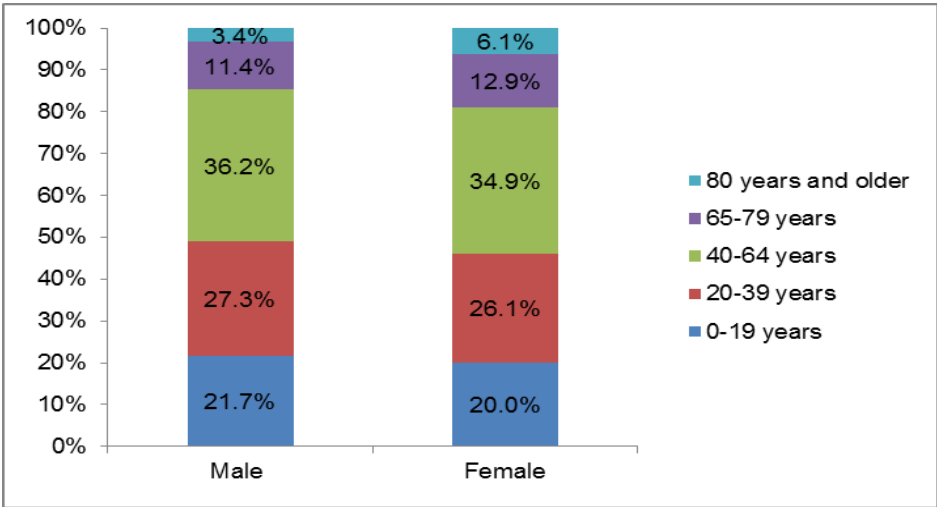
Figure 1: Age and sex of the resident population, 2010[3]

The age structure of Switzerland and its development are comparable with most other European countries in that demographic ageing is proceeding as a consequence of a low fertility rate (2009: 1.50) and a growing life expectancy. For women the life expectancy at birth grew between 1950 and 2009 from 70.9 to 84.4 years, and for men from 66.4 to 79.8 years (FSO, 2011b). As can be seen in

---

[2] For a short overview of the Swiss political system see Federal Chancellery (2011).

[3] Source www.bfs.admin.ch, retrieved: 2011/11/19.

Figure 1 the disparity between the sexes results in an uneven age structure of the population: in the age classes over 64 years women are considerably over represented with a proportion of 19.0% against 14.7% for men. The resulting tendency of a rising ageing quotient[4] was slowed down by the immigration of younger people; however it still increased from 23.5% in 1990 to 27.1% in 2010, and during the same period the corresponding youth quotient decreased from 37.7 to 33.5 (ibid.). As is shown by Figure 2 the present impact of the immigration on the age structure is strongest in the class of those aged 20 to 39 years.

Demographic ageing is a cause for concern in nearly all developed countries, especially because population scenarios suggest that "this trend will continue over the next few decades and is likely to cause serious problems, e.g. as for social security" (ibid., p. 531).
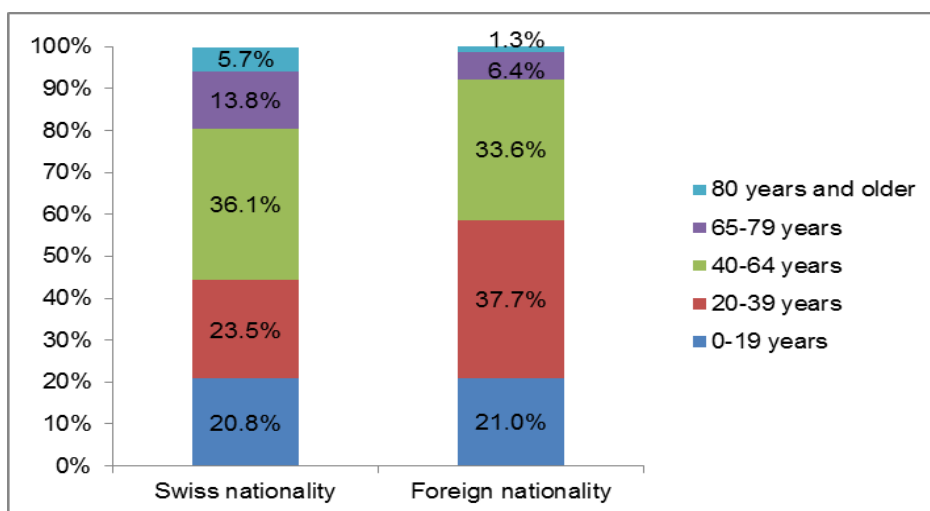
Figure 2: Age and nationality of the resident population, 2010[5]

2.3   Life conditions of children and adolescents in Switzerland

In 2000 the Federal Council mandated the Swiss National Science Foundation SNSF to implement the 52nd National Research Programme (NRP) that was entitled "Childhood, Youth and Intergenerational Relationships in a Changing Society". Within the six modules of the NRP 52 this broad theme was researched by 29 projects that covered diverse aspects (cf. SNSF, no year).[6] A summary of the most important results was published in 2008 (Schultheis, Perrig-Chiello, & Egger, 2008). Some of the most relevant results will be referred to in the following sections.

---

[4] The ageing quotient shows the proportion of those people older than 64 to the age group 20 to 64.

[5] Source: www.bfs.admin.ch, retrieved: 2011/11/19.

2.3.1 Economic conditions

Switzerland is one of the wealthiest countries in the world; however, whilst 14.6% (2009) of the population are below poverty line (FSO, 2011b), this is not very meaningful if taken as an indicator for the living standard of the people concerned. For the poverty line is measured according to EU standard guidelines as the percentage of those who earn less than 60% of the national median income, and accordingly are at risk of being socially excluded.[7] A comparison with the other countries studied in this report, however, is important as it serves as an indicator of the income inequality in said countries. Such a comparison shows a quite similar proportion of individuals living under the poverty line for Germany (2009: 15%), Finland (2009: 13.1%) and Sweden (2010: 13.4%) but higher proportions for the United Kingdom (2008/2009: 17%) and Australia (2006: 19.4%).[8]
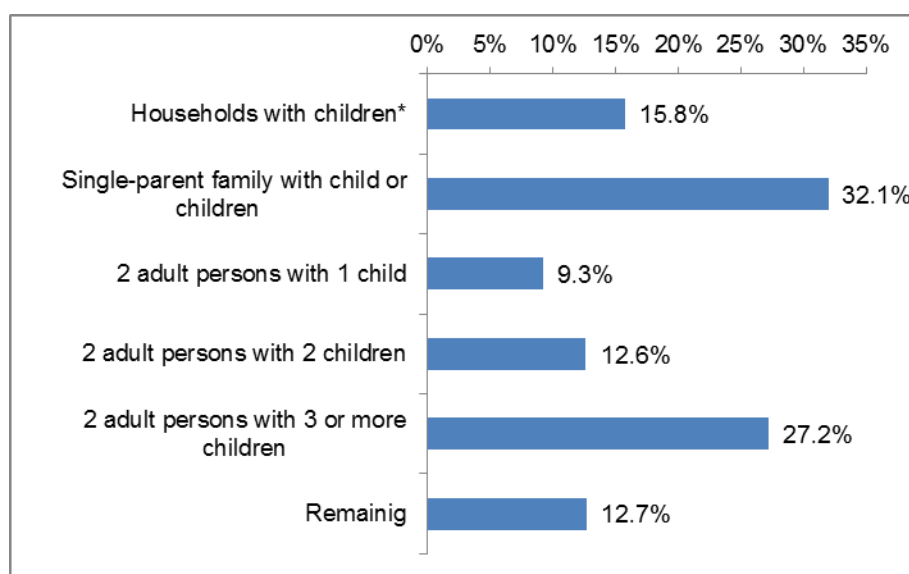
Figure 3: Share of individuals below the poverty line according to type of household in 2009

* The term "child" is defined here as a person younger than 18 and one aged 18-24 who is not working but living together with father and/or mother.

The age groups most concerned by the risk of poverty in Switzerland are, according to the EU definition, elderly people (65+) with 26.3% and the youngest individuals (0-15) with 18.3%. A look at the type of households (FSO 2011)[9] reveals that individuals living in households together with children are more at risk of falling below the poverty line (15.8%) than those living without children (13.5%). As is shown by Figure 3 this depends on the type of households, though: higher-than-average is a risk for

---

[6] The six modules encompassed the following sub-themes: (1) New data on the living conditions of children, young people and their families in Switzerland, (2) Legal and economic aspects, (3) Intergenerational issues in social and migration policy, (4) Families as the focal point in intergenerational relationships, (5) Psychosocial health, (6) Aspects of everyday life: school and leisure (cf. www.nfp52.ch).

[7] Source www.bfs.admin.ch, retrieved: 2011/11/22.

[8] Sources: Australia (ACOSS, 2010), Finland (pxweb2.stat.fi, retrieved 2011/11/28) , Germany (www.destatis.de, retrieved 2011/11/28), Sweden (www.scb.se), UK (www.ons.gov.uk, retrieved 2011/11/28).

[9] Source: www.bfs.admin.ch, date of download: 2011/11/22 (Excel file: „Erhebung über die Einkommen und die Lebensbedingungen, SILC-2009 Version 25.08.11").

the increased number of single-parent families[10] (32.1%) and those living in households composed of two adult persons and three or more children (27.2%).

With respect to unemployment Switzerland has up to now been in a privileged position compared to other countries. In the last decade the unemployment rates according to the standard set by the International Labour Organisation (ILO) shifted from 2.7% in 2000 to 4.5% in 2005 back to 3.4% in 2008, and climbed up again to 4.5% in 2010 (FSO 2011[11]). All countries referred to in this report show higher unemployment rates in 2010 (Australia: 5.1[12]; Germany 7.1%; Finland: 8.4%; Sweden: 8.4%; United Kingdom: 7.8%[13]). Yet, as in most other countries, unemployment among young people is an issue of special concern for Switzerland as well. As depicted in

Figure **4** unemployment among the age group 15-24 has risen, especially in the last decade.
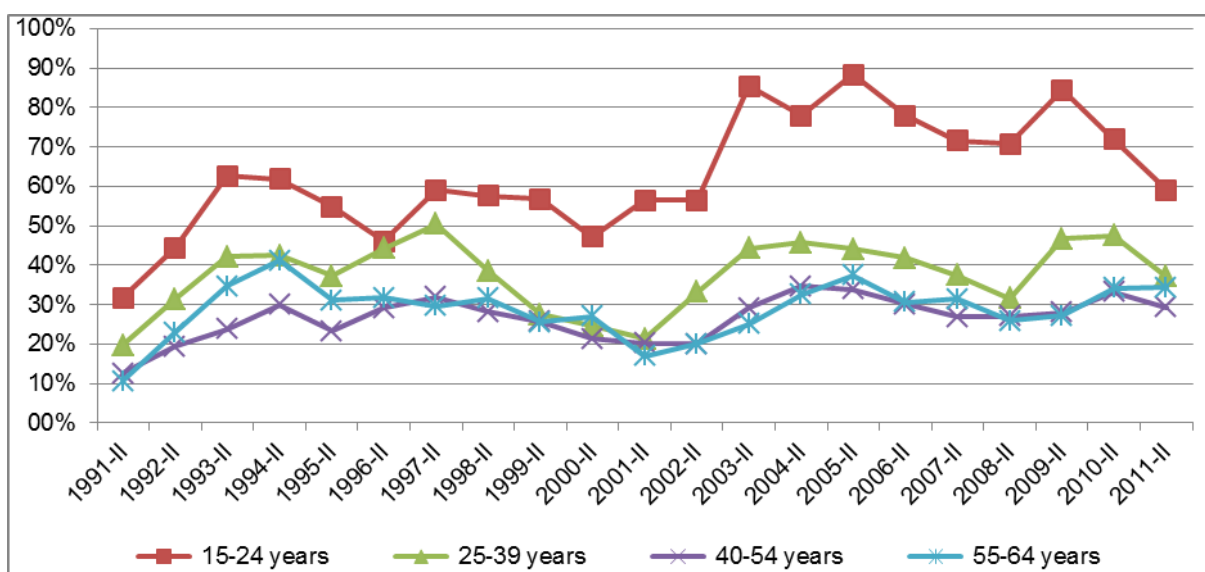
Figure 4: Unemployment rate according to ILO-Standard for different age groups[14]

Whereas the differences between male and female unemployment are relatively small, there are considerable differences between different regions in Switzerland. Relatively high unemployment rates are reported by the FSO (ibid.) for the Swiss region around Lake Geneva (2010: 6.7%) and also for the Italian speaking Canton Ticino (2010: 6.1%); lower rates on the other hand are accounted for the central and eastern regions (2010: 3.0% respectively 3.5%).

---

[10] The number of single-parent households increased between 1970 and 2008 from 106,258 to 181, i.e. by 70.6% (FSO, 2009).

[11] Source: www.bfs.admin.ch, state of the database: 2011/09/29.

[12] Source: ACOSS (2010).

[13] Source for Germany; Finland, Sweden and United Kingdom: http://epp.eurostat.ec.europa.eu, retrieved 2012/01/03.

[14] Source: www.bfs.admin.ch (own adaptation). The data refer to the 2nd quarter of the corresponding year.

2.3.2   Educational situation

According to the latest available results of the Programme for International Student Assessment (PISA) which refer to the survey undertaken in 2009 (Nidegger et al., 2010)[15] the achievements of Swiss students rank higher in all tested domains (i.e. reading, mathematics and natural sciences) than the average of all OECD countries. With respect to the comparator countries Swiss students rank statistically significant lower than Finland and Australia in respect of reading and natural sciences. On the other hand they show better achievements (statistically significant) in the domain of mathematics than students in Australia, Germany, Sweden and UK (ibid.)[16].

Under current conditions[17] a Swiss child at the age of four may expect a formal education that last on average 17.1 years. Thereof one and a half years are spent in pre-school and nine and a half years in the compulsory school system. Although there are prescriptions authoritative for all Cantons with respect to duration (9 years) and age (6) at the start of compulsory school education, the Cantons stay responsible for the system of school education. Accordingly there is a considerable variety with respect to the particular organisation of the compulsory education, e.g. there are several types of lower secondary schools, teaching hours for the nine compulsory years of schooling vary between 7100 and 8900 per child per year, and some Cantons have started to integrate pre-school (*Kindergarten*) into the compulsory school system. As a consequence of endeavours to harmonise the system it is to be expected that compulsory school attendance soon will be extended to eleven years all over Switzerland.

In 2008 a share of 86.8% reached an upper secondary educational level and 33.7% attained a certificate at tertiary level (FSO, 2011a). The Swiss professional education system has a peculiarity in that it is still based essentially on a dual vocational training approach which means that, after finishing compulsory school education, a majority of the youth start an apprenticeship at a training company whilst attending at the same time a vocational school. In 2010 a share of 65% of those finishing their secondary level education did this by achievement in a particular professional apprentice examination. A major concern for the Swiss educational policy is the fact that the children from immigrant families show high shares in schools with a low demanding level of achievement and correspondingly low shares in those that demand a high level of achievement (FSO & EDK, 2002). In Figure 5 some of the possible paths to professional education are depicted. Although foreign students account for 22.6% of all students they only make up 10.3 % of the students in schools that qualify for vocational universities, and 13.8% in schools that prepare for ordinary universities. In contrast they are over-represented in low demanding vocational training (pre- and basic apprenticeship) that does not count much in the employment market if no further professional qualification follows.

---

[15] PISA is a repeatedly executed international survey among students that measures skills and knowledge as they approach the end of their compulsory education (cf. www.pisa.oecd.org).

[16] Beside this Swiss students also rank statistically significant higher than Swedish students in the domain of natural sciences.

[17] The following reported data refer to 2008.
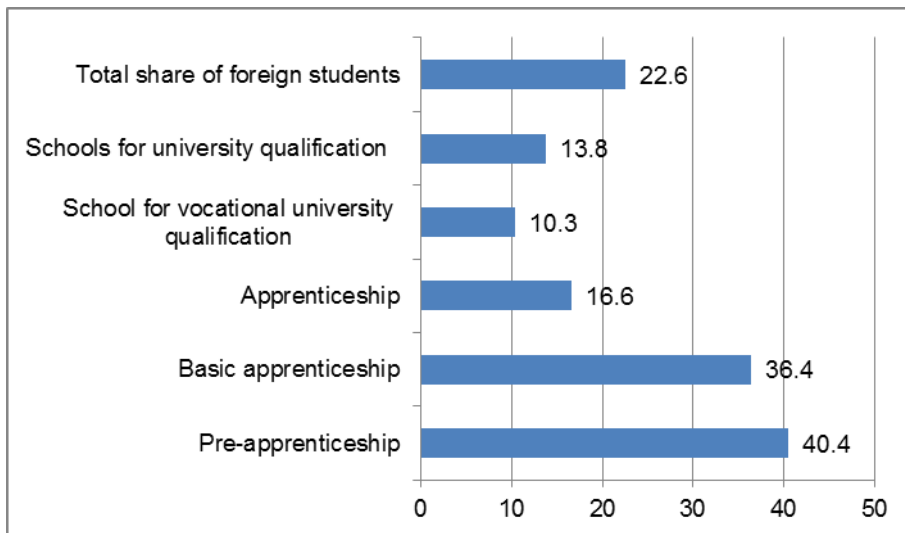
Figure 5: Share (%) of foreign students at different demand levels of secondary education in 2009/2010[18]

Besides this disparity there are also remarkable differences regarding the proportions of male and female students attaining certificates at the highest levels of secondary and tertiary education as can be seen in Figure 6. Girls have a rising share in the group of those attaining a certificate at secondary educational level that gives access to universities (2010: 57.6%) and are even more successful in the attainment of a degree at one of the two university types (2010: 62.1% and 55.3% respectively)[19]. At doctorate level by contrast, female students are still in the minority (2010: 43.4%).
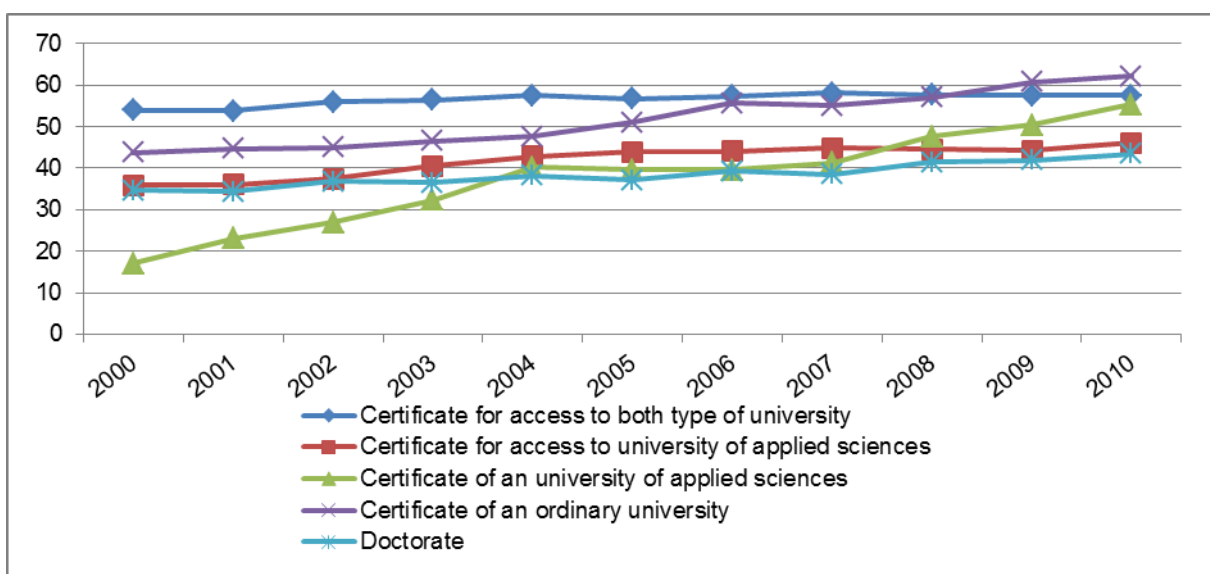
Figure 6: Female share (%) in attainment of certificates at the highest levels of secondary and tertiary education[20]

These gender differences raise concerns over the adequateness of the secondary school system. There appears to be some discrimination against the encouragement of typically male abilities and interests and more account of the differential psycho-social development of boys and girls during childhood and adolescence may need to be taken.

2.3.3   Mortality of children and health risks

There are some trends with respect to the health situation of children and adolescents in Switzerland that clearly show that certain things have changed for the better in last couple of years. As can be seen in Figure 7 the mortality of boys and girls under the age of 14 both decreased between 1995 and 2008 from 383 (boys) and 258 (girls) to 238 and 180 respectively.
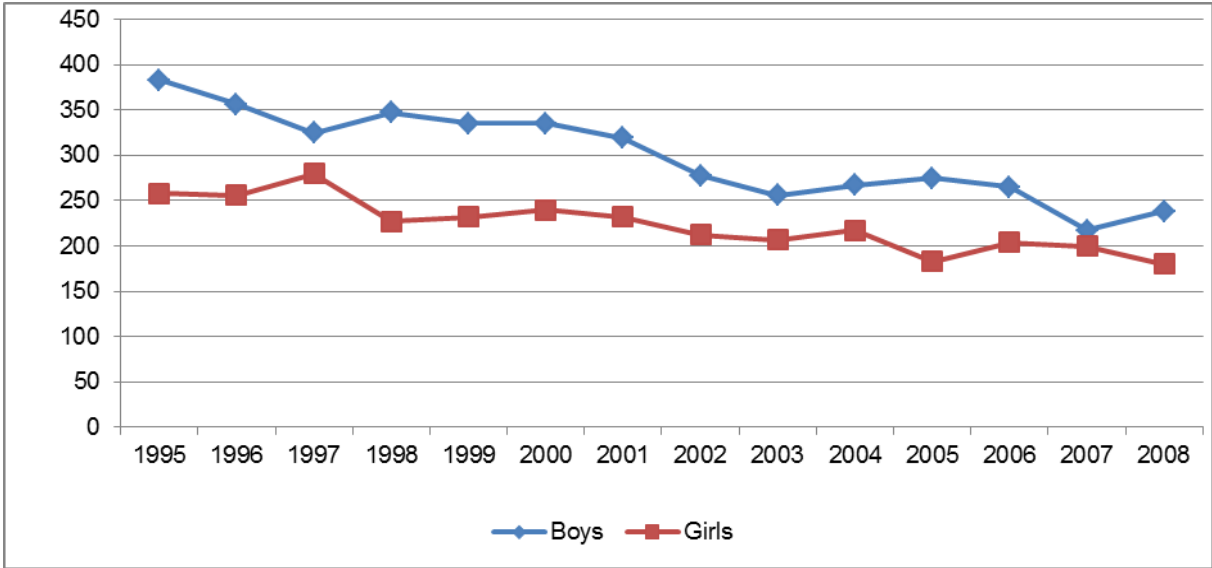
Figure 7: Deaths of boys and girls aged 0 to 14 (1995-2008)[21]

A look at the causes of death in infants reveals the positive consequences of the advancement in medical diagnostics and treatment. For all causes of death there has been a decline (see Figure 8). Of special notes is the decrease of cases of sudden infant deaths (SID) because this sometimes is associated fatal child abuse (Committee on Child Abuse and Neglect, 2001; Reece, 1993).

During the last decades car traffic has increased enormously in Switzerland. The more remarkable is the fact that the number children up to the age of nine injured or killed as pedestrians in car accidents is decreasing (see Figure 9); this group has to be considered as particularly vulnerable, as children at this age cannot be fully responsible for their behaviour and therefore deserve special protection. This

---

positive development has to be contrasted, however, with fact that the increase in traffic further has curtailed children's freedom to play outdoors.
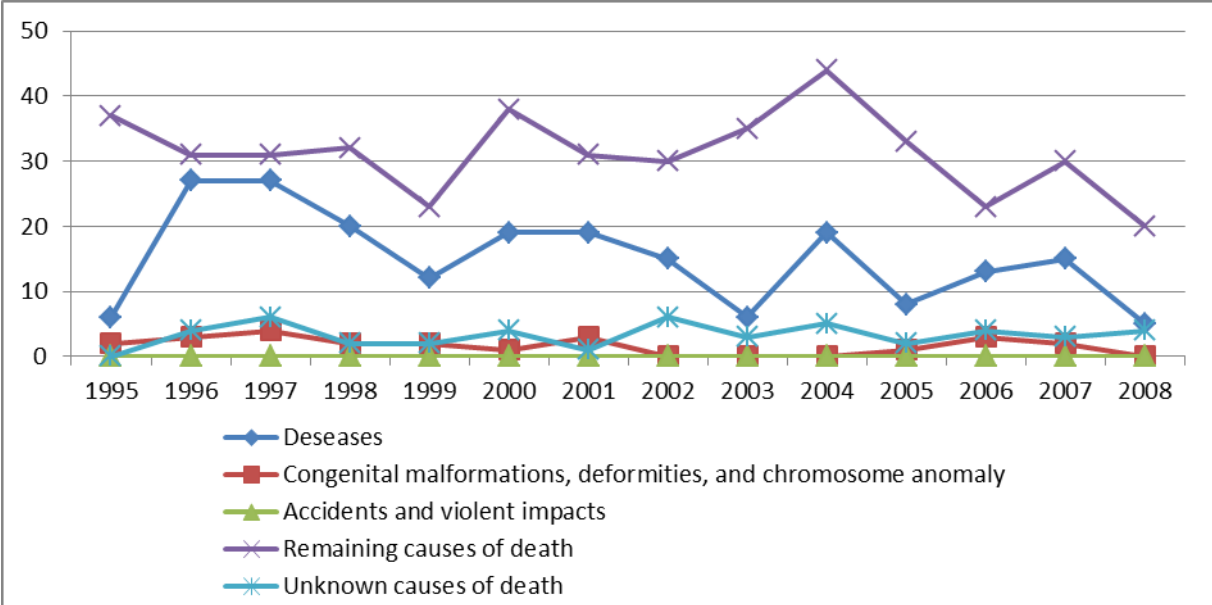
Figure 8: Causes for death of infants (1995-2008)[22]
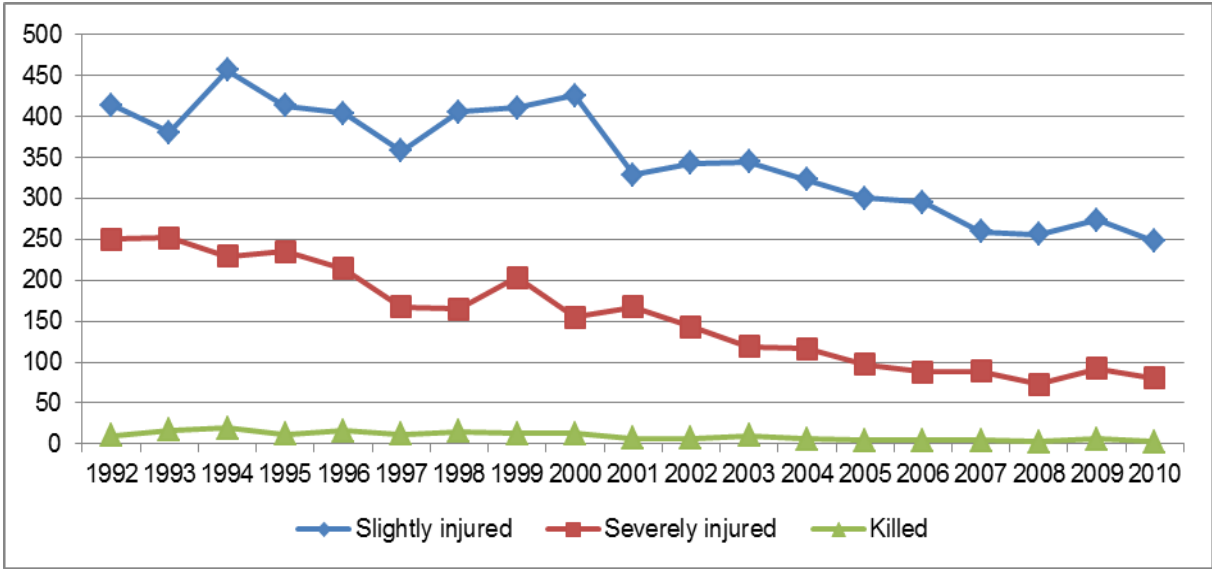
Figure 9: Pedestrian victims of car accidents at the age of 0 to 9 (1992-2010)[23]

As children become adolescents another issue of public health gains in significance; according to the Federal Office for Public Health (FOPH, 2005) the percentage of years lost as a consequence of

[22] Source: www.bfs.admin.ch: "Statistics of causes of death" (State of the database: 2010/11/23).

[23] Source: Own calculations based FSO data (www.pxweb.bfs.admin.ch).

suicide before reaching the age of 70 is two times higher than for years lost because of death caused by road traffic accidents. With 19.1 deaths caused by suicide per 100,000 residents, suicide rates in Switzerland belong to the highest in the world.[24] Suicide is the main cause of death for men aged between 15 and 44. The suicide rates climb steeply with the beginning of adolescence to reach a first apex in the mid-twenty years. Boys are over-represented when compared with girls in suicide rates. According to interview data based on large samples collected in 1992, 2002 (Narring et al., 2003) and 1997 (Rey Gex, Narring, Ferron, & Michaud, 1998) between 3.4% and 3.9% of girls and between 1.6% and 2.6% of boys aged 15-20 reported an attempted suicide within the preceding twelve months. Data on prevalence of attempted suicide presented by Delgrande & Messerli (2003) show that 4% of girls and 2.6 % of boys aged 15-16 have tried to kill themselves at least once.

Other issues of public health in Switzerland that are of major concern with respect to adolescents are obesity, excessive alcohol consumption and the consumption of illegal drugs, mainly cannabis.

According to the results of the research project "BMI-Monitoring"[25] initiated by Health Promotion Switzerland, a foundation constituted and supported by all Swiss Cantons, overweight and obesity are a widespread phenomenon amongst children and adolescents. Because of the physiological transformation in childhood and adolescence there is no simple and generally accepted definition of the criteria that allow for a reliable diagnosis concerning overweight and obesity, though (Stamm, Wiegand, & Lamprecht, 2010). In comparison to earlier years the BMI seems to have stabilised among Children and adolescents in Switzerland (Aeberli, Amman, Knabenhans, Molinari, & Zimmermann, 2009). However, prevalence data suggest it is too early to give the all-clear; depending on city and Canton surveyed the share of concerned children varies between 10% and 26% (ibid.): on average every fifth to every seventh child in Switzerland is overweight and 4% suffer obesity. There is a well-documented association between low socio-economic status and overweight and obesity (e.g. ispa, 2009; Robertson, Lobstein, & Knai, 2007; Stamm et al., 2011; WHO/Europe, 2006, 2012). Because poor families are supposed to live more often in neighbourhoods which are exposed to heavy car traffic, there is reason to believe that such living conditions reduce outdoor activities with adverse effects on children's motor activity (cf. Sauter & Hüttenmoser, 2006).

Data on alcohol and cannabis consumption among adolescents in Switzerland are made available by a study executed on behalf of the FOPH (Schmid, Delgrande Jordan, Kuntsche, Kuendig, & Annaheim, 2008). Accordingly, 7% of boys and nearly 3% of girls at the age of fifteen report daily alcohol consumption, and 40% of all have already experienced a state of drunkenness; 1% even had to be treated in the hospital because of such an event. As the age when alcohol was first consumed an average of 13.3 years was identified (ibid.). Regarding cannabis, which is used much more frequently than any other illegal drug, 34.2% of boys and 26.8% of girls interviewed report having consumed this substance at least once.

---

[24] With respect to the countries studied in this report only Finland shows a higher suicide rate (FOPH, 2005).

[25] BMI refers to the "Body.Mass-Index", which is used to measure overweight and obesity.

2.3.4 Concerns with regard to parental control and the rising influence of the electronic media

Swiss society is, as is the case in most other highly developed countries, challenged with some phenomena which have become the subject of widespread public debate and consequently impacted upon child and youth policy. Consumption patterns and leisure activities of youth have changed considerably in the last couple of years. Especially in the densely populated agglomerations society has changed into what sometimes is called a "24-hours-society", which means that the time young people spend with leisure activities has extended, particularly at weekends, until the morning hours. Correspondingly, the time available for alcohol abuse, indecent behaviour, vandalism, and committing all kind of other crimes has increased. This trend obviously accounts for some of the developments generally deplored, e.g. the impairment of public areas by littering and malicious mischief and the factual, or at least perceived[26] growth, of youth violence. There is good reason, however, to assume that these phenomena are also associated with a decline in parental control. Two surveys undertaken in the secondary schools of the Canton St. Gallen (Walser & Killias, 2009) and in three municipalities in the agglomeration of Bern city (Urwyler, Nett, & Rondi, 2011) reveal an association between levels of parental control and problem behaviour (alcohol consumption, gambling, use of violence, membership in deviant groups, etc.). Parental control was measured by the parent's knowledge as regards what their children are doing when they go out at night and also by the parent's willingness to establish and enforce rules on such occasions. The findings of both studies show that families with immigration background are less willing or able to control their children; additionally, the second study (ibid.) also points out that in single-parent and patchwork families less control is exerted on the young people. Thus the rising number of single-parent households, the decomposition of traditional families, respectively their re-composition to patchwork households, but also the lower social control exerted in the growing population of immigrants could very well be associated with an increase in juvenile misbehaviour.

The problem of diminishing parental control is also reflected in the dwindling influence parents have on their children as regards the use of electronic media. Actually, the second study mentioned above also identified associations between low control of the use of electronic media on the one hand and delinquent and risk behaviour on the other. Of particular concern for preventive measures might be the finding that low control of the use of electronic media correlates with immigration background and incomplete families (ibid.).[27] According to the statements of about one third (36%) of those interviewed, the parents of children and adolescents aged 12 to 18 (the average age was 13.9) do not decide on rules that restrict TV consumption. A higher share of parents tried to regulate computer use (47%). Control over the use of electronic media is becoming more difficult because many children have

---

[26] In fact there is still a scientific controversy about the question whether youth violence has really increased in recent years or not (Federal Council, 2009; FSIO, 2010; Nett, 2010).

[27] Within the frame of NRP 52 a research project directed by Heinz Moser and Heinz Bonfadelli surveyed leisure activities and Media consumption of children and adolescents aged 9-16 in the region of Zurich. The findings of this study also revealed considerable differences between youth with and without immigration background regarding the use of electronic media (cf. Bonfadelli & Bucher, 2006; Bonfadelli & Moser, 2007; Moser, 2006).

access to mobile electronic devices, and TVs or computers are available in the children's room. Yet 66% of the interviewed report to have a personal access to the internet (ibid). This finding corresponds approximately with the results of a representative study for Switzerland (the so-called "JAMES study"[28]), also conducted 2010 in schools among 1,000 students aged 12-19 (Willemse, Waller, & Süss, 2010). According to this study three quarters of the sample possess a personal computer with internet access. Internet is used in this age class very frequently: during the week on average about two hours daily, and at the weekend one hour longer. However there is an extreme range between a few minutes and many more hours.

Many leisure activities still rely on membership of formal associations. This is particularly true for sports: 65% of boys and 53% of girls interviewed in three Bernese municipalities reported being a member of a sport club; 28% declared membership of another kind of association, and 21% reported membership of several other associations. Mostly these have something to do with music, or are youth groups such as the Boy Scouts (Urwyler & Nett, 2011). Yet considering the development of leisure activities it hardly can be denied that during the last decade a fundamental change has taken place (cf. Ribeaud & Eisner, 2009). While a great majority of the youth still regularly enjoy meeting friends and love to follow sportive activities, 82% and 70% respectively report doing such activities at least several times a week, the two leisure activities that top the ranking list are the use of the cell phone and the internet. Though third place on the ranking is occupied by a non-medial activity, the list of the top ten is dominated by medial activities. Social networks (e.g. Facebook) as part of the so-called Web 2.0[29] have gained enormously in significance for young people: according to the JAMES study 84% of those interviewed are registered in at least one of the online social networks. Obviously still, real friendships usually develop in school (as reported by 94%) or in the neighbourhood (56%), and frequently as well by membership of formal associations (38%) or by family connections (30%). All the same it is remarkable that 16% also name the internet as a source of a friendship.

The growing use of the web 2.0 has consequences for the individual management of the private sphere in that it provides new possibilities for misuse of personal data published online. This issue is of special concern for adolescents. In the age puberty one of main developmental tasks consists of socialising in peer groups and gaining a social identity apart from the family of origin (cf. Harris, 1995; Hurrelmann, 2005). Thus adolescents are comparatively more vulnerable as regards the violation of the private sphere by taking advantage of personal information which was put online without a care. The JAMES study mentioned above presents some interesting findings in this respect: 29% of those interviewed report that photos or videos were uploaded on the internet without their given consent, 18% have been involved in an online communication that used vulgar and insulting expressions (so-called "flaming") and finally, 8% state that they already have been the target of defamation and insults that were spread online (Willemse et al., 2010). The results concerning the individual readiness to

---

[28] "JAMES" refers to „Jugend – Aktivitäten – Medien – Erhebung – Schweiz" (Youth – Activities – Media – Data collection – Switzerland).

[29] Web 2.0 is a term used to refer to interactive and collaborative aspects of a growing number of internet services.

disclose personal data show that there is a difference between boys and girls; basically girls are more reluctant to disclose personal Information, however with one important exception: they more readily upload photos and videos of themselves. Whereas this particular difference might be explained by differential mating strategies between the sexes, it less easy to understand why, as pointed out by the JAMES Study repeatedly, youths in the German, French and Italian speaking parts of Switzerland reveal considerable variation in respect of their online behaviour.

2.3.5   Indicators of child abuse and neglect

As a result of a parliamentary initiative[30] in 1988 the Federal Department of Home Affairs mandated a working group of experts to prepare a report providing information on the character and prevalence, but also on causes, of child maltreatment in Switzerland. Additionally, the working group was urged to make proposals as to how serious deficits could be compensated for and what preventive measures might be introduced. For this report a broad and heterogeneous database was created (i.e. a prospective collection of data in 5,000 health and 800 social services, a survey among parents representative for Switzerland, interviews with inmates in seven prisons, expert interviews, etc.). In 1992 the working group published its results (Arbeitsgruppe Kindesmisshandlung, 1992). It was the first, and up today, last trial to provide a nationwide overview of the multifarious and complex subject of child maltreatment. Many of the proposals made in the report were subsequently implemented in legal amendments and in practice.

Since publication of this national report there has been only few and selective information made available that updates our knowledge of prevalence of child maltreatment in Switzerland. However, it is to be expected that on-going research supported by the UBS-Optimus Foundation will present results in 2012 which will give a more up to date and accurate profile of the present situation. According to the online description of the Optimus Study[31] it shall "provide a comprehensive picture of the magnitude of violence, abuse and neglect among young people, quantifying the harm that this has on those affected and the extent to which outreach projects such as victim support programs are able to help these young people."[32] Hopefully the data collected by the Optimus Study will at least partially elucidate the dark field of child abuse and neglect in Switzerland. Hence, before these results are available the dimension of the problem may only be judged by consulting various statistics that shed light on particular aspects of it.

The Swiss Federal Statistical Office (FSO) has started to analyse and publish data on domestic violence.[33] These partly also comprise information on child maltreatment. A selection of such data,

---

[30] It was a so-called "postulate" submitted to the Federal Council by Judith Stamm (National Council) on June 18, 1987.

[31] The following members of the research team designed the Optimus Study in Switzerland: Ulrich Schnyder, Meichun Mohler-Kuo, Markus Landolt and Thomas Maier (Director of Studies, University of Zurich). The main data base consists of a survey among about more than 6,700 grade students.

[32] Source: www.optimusstudy.org, retrieved 2011/11/01.

[33] Source: www.bfs.admin.ch retrieved: 2011/11/22.

based on the Swiss Criminal Statistics of the Police (CSP), and which includes all crimes occurring in relationships between the victim and his/her parents, foster parents or relatives, is shown in Figure 10. The domestic crimes presented there are classified according to the different titles of the Swiss Penal Code[34] (SPC). Thus the majority of domestic offences against minors consist of those against life and limb, which mainly refers to acts of aggression (art. 126 SPC) and common or serious assault (art. 123 respectively 122 SPC). It is notable that domestic offences with a sexual connotation more frequently concern younger children and to a lesser degree old adolescents.
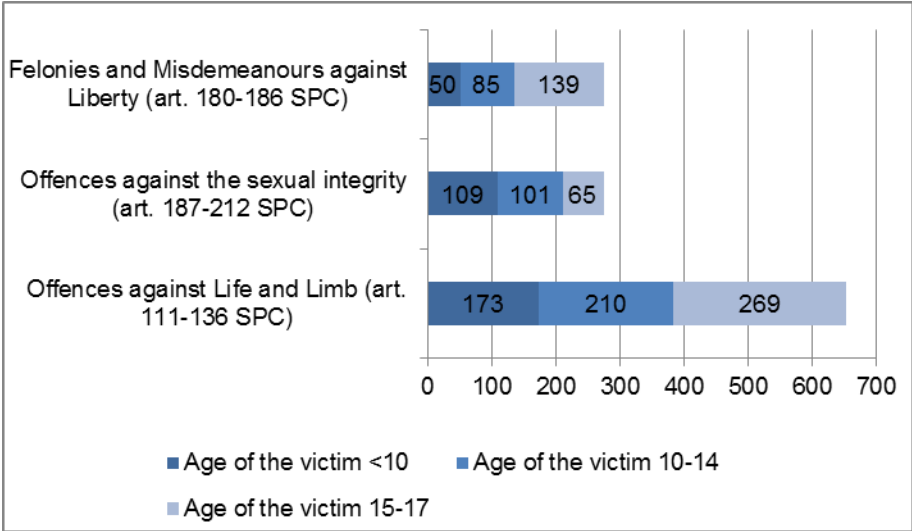
Figure 10: Young victims of domestic violence according to their age and type of crime as reported by the police in 2010[35]
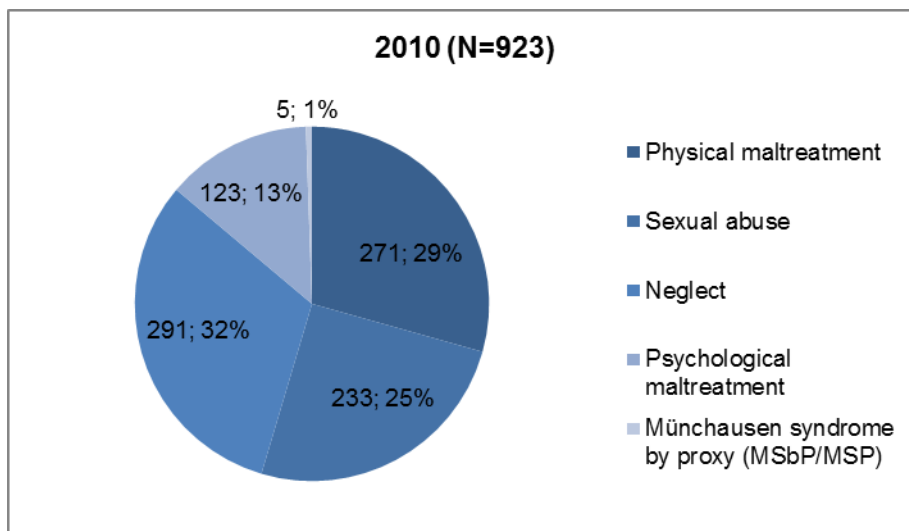
Figure 11: Cases of detected or suspected child maltreatment in 15 (out of 26) Swiss paediatric clinics according to category[36]

Another meaningful source of information is the statistics provided by the section "Child Protection" of Swiss Society of Paediatrics (SSP). Since 2009 it has published data collected by paediatric clinics in Switzerland. A closer look at data relating to 2010 reveals some instructive facts (Swiss Society of Paediatrics, 2011). As regards the 923 cases of detected or suspected child maltreatment depicted in Figure 11 it has to be stated first of all that only the half of them are based on a fully trusted diagnosis, 19 % are judged as probable cases, and the remaining 31% remain unconfirmed. Accordingly, nearly one third of the cases registered in 2010 concern more or less confirmed instances of child neglect, followed by physical and sexual abuse with shares of 29% and 25% respectively. It is noticeable that female children are in all categories overrepresented: totally they have a share of 60.5% of the presumed victims, with the highest proportion shown in the category "sexual abuse" (75.9%). The victims are frequently small children whereas infants are most at risk: nearly one quarter are still infants, i.e. aged less than one year (ibid.).

---

[36] Source: data retrieved from Swiss Society of Paediatrics (2011). The Muenchausen syndrome by proxy (MSbP/MSP) possibly needs some explanation. MSbP is the term for a pattern of behaviour of parents (mostly mothers) which is characterised by fabricating an illness or inducing such an illness in their child (cf. Stirling & Committee on Child Abuse and Neglect, 2007).
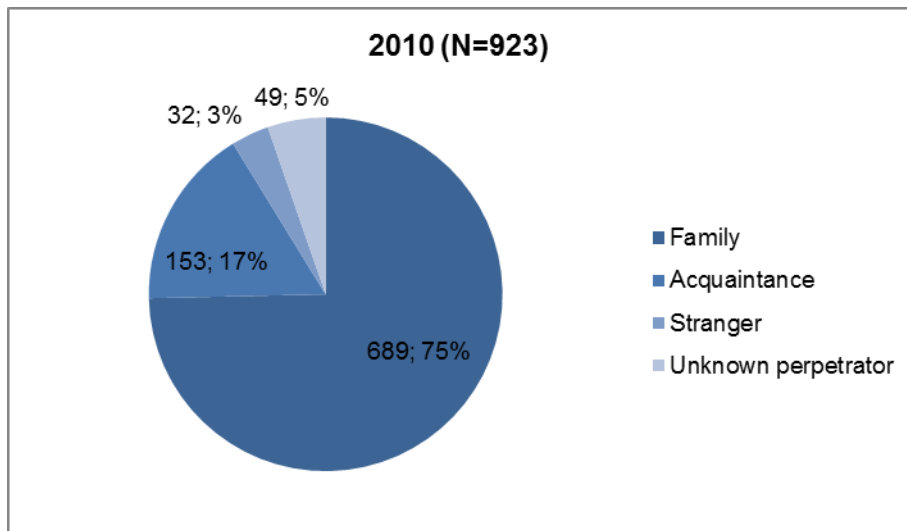
Figure 12: Perpetrator's relationship to the victim in the sample of 15 Swiss paediatric clinics[37]

According to the sample of the paediatric clinics, in 75% of the cases the perpetrator belong to the family (see Figure 12), which confirms the significance of the statistics of domestic violence as an indicator of child maltreatment; however the considerable share of 17% that consists of people acquainted to the child also points at the fact that preventive efforts have to encompass the children's whole education setting. Perpetrators are in the great majority adult persons (82.2%), mostly of male sex (48.1%). Yet, if one takes into account that in 14.5% of the case both sexes appear as perpetrators, women are involved in nearly half of the sample (see Figure 13).

Following the diagnoses the child protection group of the paediatric clinics initiated guardianship measures by making a notice to the authority in charge in 22.2% of the cases, or recommended such measures (7.5%); for 20.7% of the patients such a measure was already initiated by a third party. In addition, in 8.4% of the instances criminal prosecution was initiated or recommended by the child protection group, in the other 14.5% of the cases criminal prosecution was already initiated by third party (ibid.).
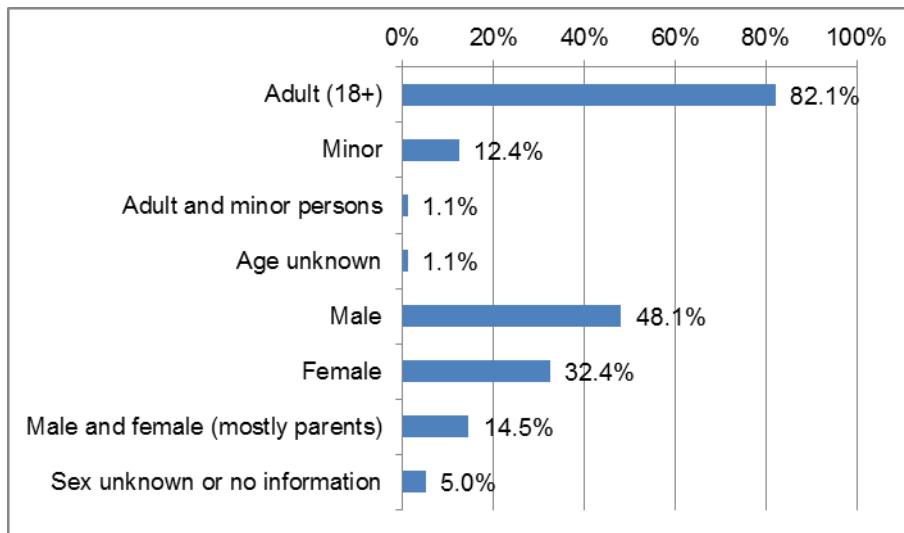
Figure 13: Perpetrator's age and sex in the sample of 15 Swiss paediatric clinics[38]

Cases of child maltreatment detected by paediatric clinics of course only represent the tip of the iceberg. This also holds true for cases that appear in the various official statistics recording the activities of penal, civil courts or other agencies operating with a legal mandate, which will be referred to in chapter 2.4 below. As already mentioned information on children's personal experience of violence and abuse is not systematically collected in Switzerland. One of the surveys mentioned above (Urwyler et al., 2011) provides some information, however, that may serve as an indication for the prevalence of parental violence against children. According to the corresponding findings 80.0% of the interviewed boys and girls aged between 12 and 18 report never having been beaten by their parents.[39] Those who suffered heavy blows or bashing that resulted in bruises or even medical treatment only sum up to 2.9%. An analysis according to professional status and the immigration related background revealed, however, that there is a disparity that concerns in particular the immigration status of the children or their parents: 31% of those having an immigration background reported acts of parental violence in comparison to 13% in the other group of non-immigrants. This tendency is more prevalent in the 1st generation of immigrant families than in the 2nd and points to the positive effects of social integration into Swiss society (ibid.).

---

[38] Source: data retrieved from Swiss Society of Paediatrics (2011).

[39] These values are considerably lower than those found in the representative survey about twenty years ago. However, the relatively higher percentage of victims found there (35%) assumingly has methodological reasons.

2.4 Constitutional and legal bases of child protection

The term "child protection"[40] is commonly used in Switzerland in a comparatively narrow sense mostly referring to legal action of state authorities. Nevertheless it has to be considered as an integral part within the wider frame of the national child and youth policy which is solidly anchored in constitutional but also international law. According to a common differentiation suggested by Christoph Häfeli (2005) the child protection system in Switzerland can be divided into a voluntary sector, a specialised sector, and two legally based sectors whereby one is regulated by civil law and the other by penal law. The voluntary sector refers to those services provided for parents, children and adolescents which can be made use of voluntarily as for instance family counselling, parent education, or paediatric and juvenile psychiatry. The specialised sector of child protection, in contrast, is characterised by the confinement of services to a narrowly defined task as e.g. the counselling victims of crime, or the child protection committee of a paediatric clinic. Child protection regulated by civil law covers the parental obligations and rights and constitutes the legal framework for state interference into family life. With respect to the system of penal law its protective function for children is twofold: on the one hand the criminal prosecution of adults as well as juvenile offenders to prevent children from victimisation; on the other particular criminal procedures and system of sanctions established to prosecute juvenile offenders, taking into account the protection requirements and specific needs of children. In the following section the various legal foundations of Swiss child protection policy are outlined in more detail.

2.4.1 International and federal constitutional law

Although international law is binding and has primacy in respect of national law it does not override national law as in principle full ratification only follows after constitutional and legal amendments have entered into force. If national law does not allow for full ratification, caveats usually are submitted.[41] Because such caveats usually are intended to have provisory character the development of international law consequently has an important impact on Swiss legal system. As regards the legal system of child protection there are four international agreements of significance, however it was the ratification of the UN Convention on the Rights of the Child (1989) in 1997 that has to be considered as the one with the greatest impact. The remaining three international agreements are of less concern in this regard as they deal with aspects of child abduction that are subject to private law,[42] with jurisdiction, applicable law, recognition, enforcement and co-operation in respect of parental

---

[40] In Switzerland the most common, but also in legal context used German term for it is "Kindesschutz", in French it is "protection de l'enfant", and in Italian "protezione dell'infanzia".

[41] As for example, both the UN Convention on the Rights of the Child (1989) and the International Covenant on Civil and Political Rights (1966) demand the separation of children and adults in penitentiaries respectively detention facilities: although these agreements were ratified by Switzerland (1997 and 1992) caveats correspondingly were applied. In the latter case the caveat was abolished meanwhile (cf. www.humanrights.ch).

[42] Cf. Hague Convention of October 25, 1980 on the *Civil Aspects of International Child Abduction*.

responsibility and measures for the protection of children[43] and finally, with the legal regulation of adoption between different countries.[44]

In the Federal Constitution (FCSF)[45] there are only a few yet important articles directly related to the fundamental issues of child protection. These are articles 11 (protection of children and young people), 13 (right to privacy), 14 (right to marry and to have a family), and the recently added article 67 (encouragement of children and young people).[46] The core article 11 states in the first paragraph that "[c]hildren and young people have the right to the special protection of their integrity and to the encouragement of their development." The 2nd paragraph limits the exercise of the rights by the children themselves "to the extent that their power of judgment allows." Art. 13 is of relevance in respect to child protection as it limits the power of authorities to interfere with family life on the one hand (1st paragraph); the 2nd paragraph, on the other hand, protects all persons, accordingly also children, against misuse of personal data. Finally, the 1st paragraph of art. 67 FCSF states that in fulfilling their duties the "Confederation and Cantons shall take account of the special need of children and young people to receive encouragement and protection." The 2nd paragraph then legitimates the involvement of the Confederation in respect of this task as it "may supplement cantonal measures by supporting extracurricular work with children and young people" (ibid.).

Legally less binding are the social objectives mapped out in art. 41 FCSC. These include access to social security and health care, the protection and encouragement of "families as communities of adults and children", fair work conditions, access to "suitable accommodation on reasonable terms", education as well as basic and advanced training in accordance with individual abilities, encouragement and support of children and young people to achieve successful socialization, and finally, protection against economic consequences of old-age, maternity or unpredictable adversities e.g. invalidity. In art. 41 it says that the "Confederation and the Cantons shall as a complement to personal responsibility and private initiative [i.e. only subsidiary] endeavour to ensure that the specified objectives are achieved". In the 3rd and 4th paragraph this endeavour is additionally relativised by pointing out that the Confederation and the Cantons are obliged by the social objectives only as far as their achievement lies "within the scope of their constitutional powers and the resources available to them," and by the direction that "[n]o direct right to state benefits may be established on the basis of these social objectives" (ibid.).

---

[43] Cf. Hague Convention of October 19, 1996.

[44] Cf. Hague Convention of 29 May 1993 on *Protection of Children and Co-operation in respect of Intercountry Adoption.*

[45] Federal Constitution of the Swiss Confederation of 18 April 1999 (status as of 1 January 2011).

[46] As adopted by the popular vote of May 21, 2006.

2.4.2 Swiss Civil Code

It can be said that the Swiss Civil Code (SCC) represents the core of legal child protection as it focuses on the question as to how minors can be protected and supported to assure that their rights are respected. As federal law the SCC claims nationwide validity, accordingly however it only defines a frame of minimal legal standards within which the Cantons can develop their own child protection policy. In the articles 307 to 314 SCC, which are of special concern in this respect, the legislation essentially has defined the rights and duties of the parents as well as of the guardianship authorities, but also in a general way the different types of governmental intervention that are applicable, and under what condition these can be disposed. The following two articles, 315*a* and 315*b,* deal with the scope and place of jurisdiction as regards the civil court and the guardianship authority. The last two articles which are of special concern in this context regulate the supervision of persons taking foster children (art. 316 SCC), and oblige the Cantons to collaborate "in the areas of child protection under civil law, the criminal law relating to young offenders and other youth support activities" (art. 317 SCC).

In the following an overview of the development of measures as defined by the SCC shall be given. The corresponding data on which the figures are based were drawn from the tables annually published by the "Conference of the Cantons for the Guardianship of Children and Adults" (KOKES[47]). It is important to note here that these data only provide information on the "system inputs", and that the number of measures introduced do not tell us anything about "system outcomes" and thus about effectiveness of the measures introduced (cf. recommendation 14).
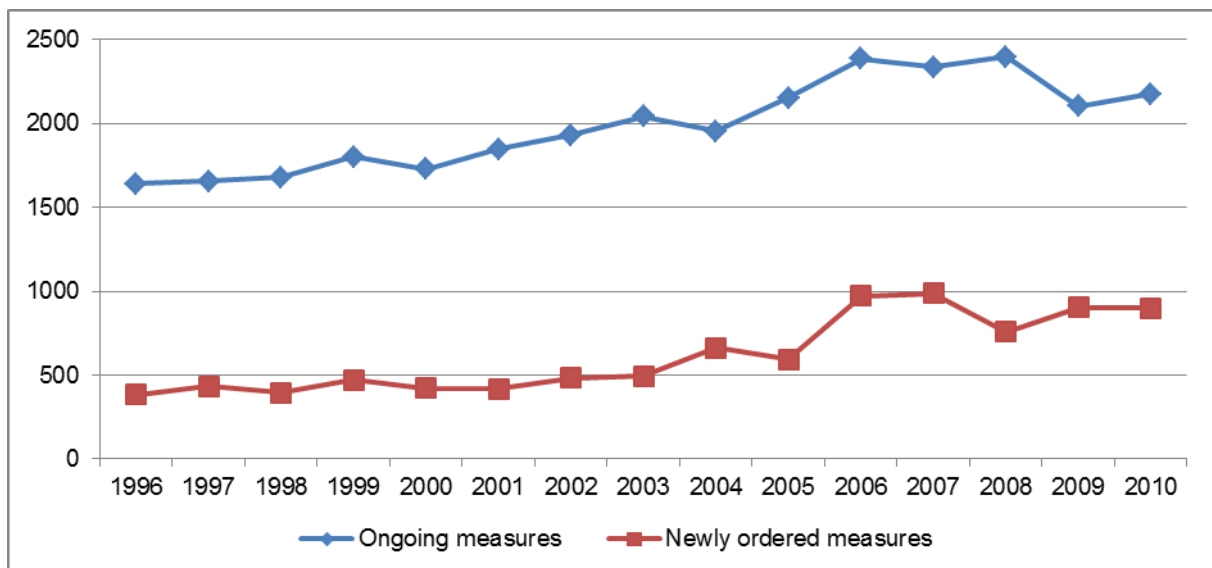
Figure 14: Current and newly disposed "appropriate measures" according to art. 307 SCC[48]

---

[47] KOKES is the abbreviation of the German name of the association "Konferenz der Kantone für Kindes- und Erwachsenenschutz".

[48] Own calculations based on data published by KOKES (see footnote 49).

Figure 14 refers to the so-called "appropriate measures" based on art. 307 SCC that comprise less invasive and more pre-emptive interventions taken by the guardianship authority, reminding parents, foster parents or children of their duties but also "issue specific instructions regarding care, upbringing or education and appoint a suitable person or agency with powers to investigate and monitor the situation" (ibid.). As differentiated already by the published tables of KOKES[49] Figure 14 delineates ongoing and newly disposed measures. Accordingly, between 1996 and 2010 the number of ongoing measures increased within this period by 32.6%, with those newly disposed more than doubling (+134.1%).

The next more invasive step of guardian authorities consists of appointing a "child welfare advocate whose function is to help the parents look after the child by providing advice and practical support" (art. 308 SCC). If it is judged as necessary the child welfare advocate can be entitled with certain rights and powers that may interfere with parental custody.

According to Figure 15 the number of appointments of child welfare advocate also substantially increased in period 1996 to 2010 whereas, in contrast to Figure 14, the number of ongoing measures grew more than the newly disposed ones (by 147.5% and 108.1% respectively).
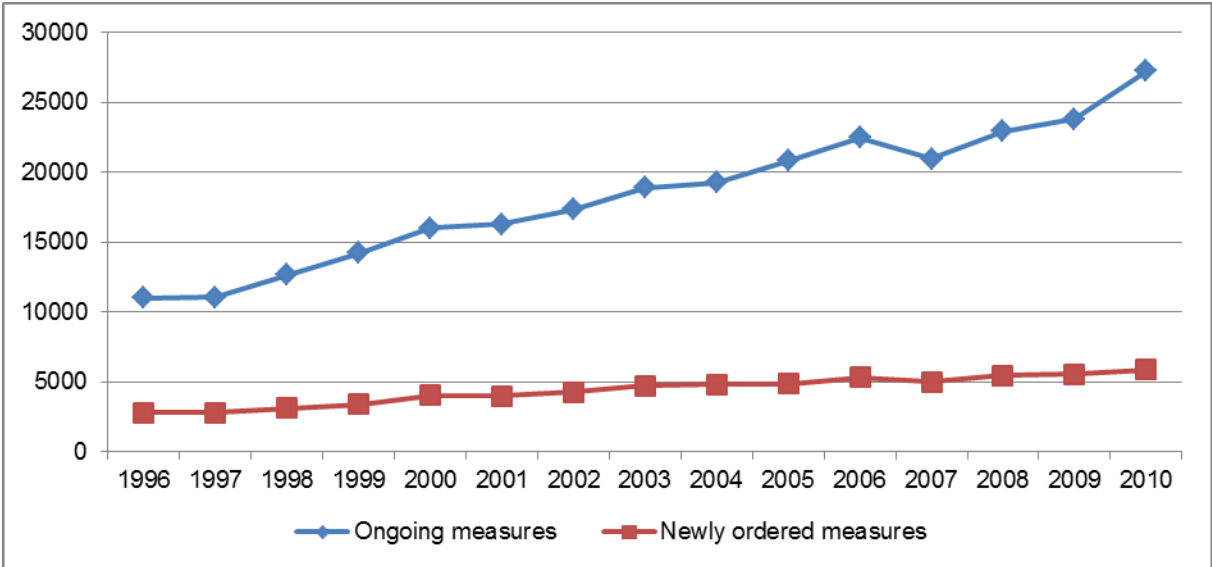
Figure 15: Appointment of a "child welfare advocate" as a measure according to art. 308 SCC[50]

Art. 310 and 311 SCC if adopted both have the consequence that the child is taken away from home and placed somewhere else. Art. 310, however, is less definite in character. It means that the guardianship authority decides on removing the child from the parents or from where the child is usually living and finds another suitable location. Such a removal of parental care is indicated if the guardianship authority sees "no other way to avert a threat to the child's well-being" (art. 310 para. 1

---

[49] Source: www.kokes.ch, retrieved 2011/10/23.

[50] Own calculations based on data published by KOKES (see footnote 49).

SCC), or if such a removal is requested by the parents or the child and the guardianship authority arrives at the conclusion that the "relations between them have deteriorated to the extent that it is no longer conscionable for the child to remain in the family home and provided no other practical remedy is available in the circumstances" (art. 310 para. 2 SCC). This article can also be adopted if the parents want to take their child back to their household, even if they had lived prior to this for a long time with foster parents, and if the parent's intention is judged to be a risk for the child's development (art. 310 para. 3 SCC).

Art. 311 SCC in contrast has more serious consequences as "the withdrawal of parental custody is effective in respect of all the children, including those born subsequently" (ibid.). This most invasive measure therefore can only be adopted compulsorily (i.e. against the will of the parents) by an adjudication of the guardianship *supervisory* authority.[51] For this measure one of two conditions have to fulfilled: either "the parents are unable to exercise parental custody as required on account of inexperience, illness, disability, absence or other similar reasons;" or "the parents have not cared for the child to any meaningful degree or have flagrantly violated their duties towards the child" (ibid.).

Art. 312 SCC refers to a situation when it is the declared intention of the parents to abolish their custody on the child, be it for good cause or with the intention to give the child up for adoption by unnamed third parties. In this case the decision lies with the guardianship authority.

Finally, art. 313 SCC determines that the appointed measures have to take account of changing circumstances and correspondingly be adapted. As regards the restoration of parental custody after it has been withdrawal, there is a set time limit of one year.
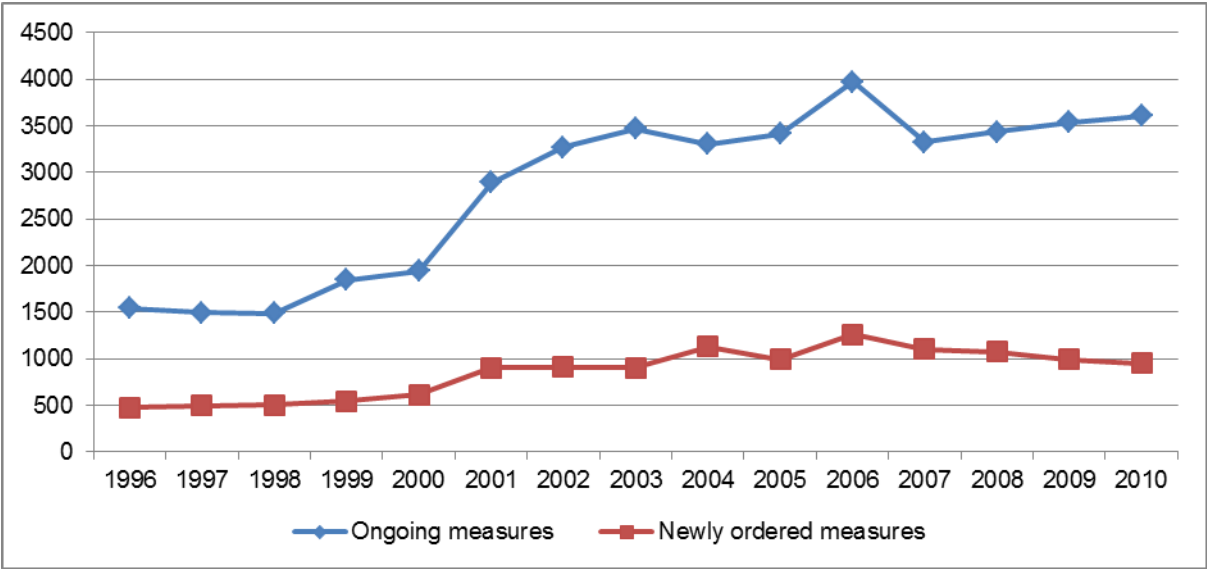
Figure 16: Removal of children from parental care as a measure according to art. 310 or 310/308 SCC[52]

---

[51] This will change with the introduction of revised provisions in 2013. From then, the guardianship supervisory authority will not be entitled anymore to make a decision of first instance.

[52] Own calculations based on data published by KOKES (see footnote 49).

The diagrams in Figure 16 and Figure 17 represent the developments of the adoption of art. 310, partially in combination with 308 SCC (

Figure **16**) on the one hand, and of decisions regarding withdrawal of parental custody (compulsory and voluntarily) according to articles 311 and 312 SCC (Figure 17).
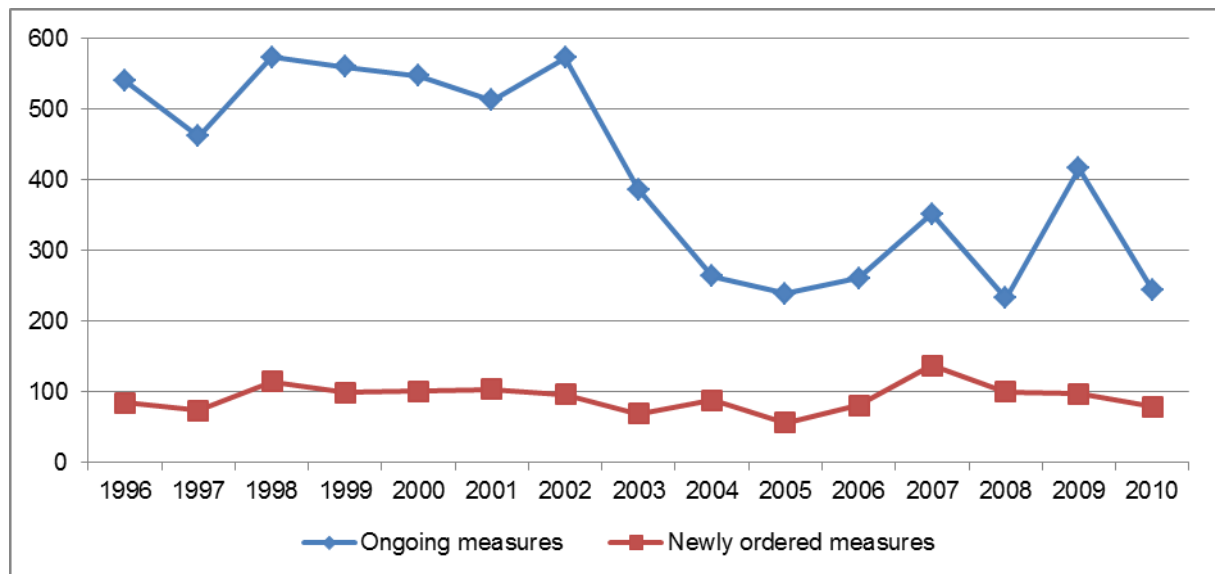
Figure 17: Withdrawal of parental custody as a measure according to art. 311 and 312 SCC[53]

A comparison of these two diagrams shows a certain disparity in the developments between 1996 and 2010. Whereas removals of children from parental care still rose until the beginning of the last decade and then started to stabilize at a higher level, the adoption of articles 311 and 312, i.e. the withdrawal of parental custody, already was stabilized at the beginning of period in 1996 as the numbers of newly disposed measures overall stayed about the same level. The fact that the number of ongoing measures dropped from a higher level at the beginning of the last decade indicates that before 1996 withdrawals of parental custody were more common and that, possibly after a change in adjudication, ongoing measures then started to expire. The different developments also suggest that a partial substitution between the two kinds of measures might have been at work, i.e. it is assumed that in recent cases guardianship authorities more frequently decided in favour of removals from care and against the more drastic measure of withdrawal of custody.

An analysis of child protection dossiers (N=164) drawn from guardianship authorities in German and French speaking regions of Switzerland (Voll, Jud, Mey, Häfeli, & Stettler, 2010) reveal as regards appointments of a child welfare advocate (art. 308 SCC) and removals of children from parental care (art. 310) that girls are clearly over-represented (56%). Confined to the removals girls even have a share of 62% (ibid.). It is assumed that this disparity might be a consequence of the fact that boys in

---

[53] Own calculations based on data published by KOKES (see footnote 49).

need of a measure more frequently get involved in delinquency and thus also more frequently receive a protective measure not by virtue of the Civil Code but by being sentenced according to juvenile criminal law (cf. Cottier, 2006). However it has to be pointed out that according to Voll et al. (2010) the main reason for initiating said measures are because of parental conflicts which involve the child. In about 70% of the analysed cases the measure aimed at keeping conflicts among adults away from the child.

Of special concern is art. 314 SCC as it corresponds to a demand of the UN Convention on the Rights of Child that "the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law" (art. 12 para. 2 UNCRC). Although in principle it is the competency of the Cantons to regulate procedures, art. 314 para. 1 SCC states in accordance with the UN Convention, that Cantons have to follow the provision that the child must be heard before a child protection measure is ordered.[54] Yet in the following paragraph this right is curtailed by the effect of an appeal against a child protection measure which "may be withdrawn by the instance that ordered the measure or by the appellate court" (art. 314 para. 2 SCC). The procedural requirements of unmediated child hearings and the corresponding role of the child's representative are essentially undetermined in Switzerland. According to experts however, it is obvious that in practice both ways of participation by the child still are not very common and, that there is a deficient supply of professionals with an adequate education in the special field of child hearings (Hanhart, Hauri, & Stiftung Kinderschutz Schweiz, 2009a).

The Swiss Civil Code is subject to a partial revision that essentially concerns the protection of vulnerable adult persons. But this revision also has consequences for the system of child protection. Although there will be no substantial changes as regards the articles discussed above, the legal amendment implies profound changes as regards the organization of the guardianship authorities. As decided by the Federal Council the new law will enter into force in 2013.[55] Until then the organisational features of the guardianship authorities in the Cantons have to correspond to some minimal standards determined by federal law. Though the Cantons still are free to choose whether the guardianship authority shall be a court or an administrative board, its interdisciplinary composition and a certain degree of professionalism has to be guaranteed (cf. Häfeli, 2010).

2.4.3   Penal law and the Federal Victims of Crime Act

In contrast to pre-modern times when punishment of the perpetrator and the claims of the victim formed an inseparable unity (cf. Berman, 1983), penal law in our days focuses on the perpetrator whereas claims of the victim are relegated to civil courts and accordingly have to be enforced by civil

---

[54] The child must be heard "in person in some appropriate manner, unless its age or other good cause renders this impractical" (ibid. SCC).

[55] As announced by the Federal Department of Justice and Police at January 12, 2011.

law.[56] As regards the legal means of child protection the civil and penal law can be considered as two sides of the same coin. Whereas civil law aims at guaranteeing children's rights, penal law shall deter people from ignoring, neglecting and violating these rights. Penal law focuses on potential and already convicted perpetrators by relying on the positive effects of general deterrence, and respectively, of particular deterrence based on sanctions that shall dissuade delinquent individuals from reoffending. Yet, the system of penal law not only shall protect children from crime but also, in case they nevertheless become victims, from stresses and strains caused by the criminal procedure itself. The recently introduced Swiss Criminal Procedure Code (CPC)[57] was not only made to standardize these procedures but also to ensure that some basic principles are respected in all Cantons.[58] It is of special concern here that this new federal law includes an article making provisions as regards the questioning of victims who are minors (art.154 CPC). Another recently revised law, the Federal Victims of Crime Act (FVCA),[59] though not exclusively concerning children, also has enhanced the situation of victimised children and even of children whose parents were victimised, especially as it entitles them to enforce claims to the state in cases when there is no perpetrator identified, but also in cases independent of the culpability, deliberateness, respectively negligence of the perpetrator's action (art. 1 FVCA).

In principle, children can be victims of most kind of offences. Yet there are some types of offences where victims are particularly often children or adolescents; with respect to some other offences the victims are *per definitionem* minors. Offences that can only be committed against minors are taken as a base for the diagrams shown below. However with one exception: the paragraphs belonging to the criminal offence of pornography (art. 197 SPC) partly refers to articles or representations that not only include the depiction of "sexual acts involving children" but also such acts that show "animals, human excrement, or acts of violence" (ibid.). Nevertheless, it can be assumed that the great majority of sentences according to this article comprise offences where minors were victimised.

The data presented below are drawn from the Swiss statistics of convictions (SUS) referring to adult persons (age 18 and older) which is provided and regularly updated by the FSO.[60] The offences shown in the two diagrams were collated according to the relative amount of sentences adopting the corresponding articles. Therefore, the more numerous sentences according to the articles 187 and

---

[56] Only recently however, the role of the victim in criminal procedures was considerably strengthened, as under certain conditions he or she can enforce civil claims also in criminal procedure, and is likewise entitled to appeal in respect of the civil claims (cf. art. 37 and 38 FVCA and since 2011: art. 122-126 CPC).
)

[57] Entered into force on January 1, 2011.

[58] Before 2011 the organisation of criminal procedures was totally in the Canton's competence.

[59] The Federal Victims of Crime Act law was first introduced 1993. After some years of evaluation it was decided for a total revision of the act. The new version entered into force January 1, 2009.

[60] The SUS (*Schweizerische Urteilsstatistik*) has some properties that have to be considered when interpreting the data. Because it is based on the Swiss central registry of criminal records there are implications as regards what offences appear in the SUS and when the data are captured by the statistics: the SUS data presented only include misdemeanours and felonies; as not all contraventions (acts that are only punishable by a fine, art. 103 SPC) are recorded, these are excluded in the data published by the FSO. In respect of the time the data enter the statistics it has to be pointed out that only valid convictions are captured. Appeals can last several years; consequently the corresponding offences may appear in the statistics long after they were committed.

197 SPC were allotted to Figure 18, and the less numerous ones to Figure 19 (art. 188, 136 and 219 SPC).

As can be seen in Figure 18, convictions according to art. 187 referring to sexual acts with children remained fairly constant during the period observed (1984-2009). By contrast, sentences concerning pornography have increased substantially since the second half of the 1990s. This development has to be considered in relation to the quickly growing significance of the World Wide Web which not only constituted a new crime site for this kind of delinquency but itself promoted the development of legislation trying to catch up with internet related criminality. The obvious bumps in the curve point at successful results of large scale investigations in the field of internet pornography that sporadically leads to the conviction of a great number of offenders.
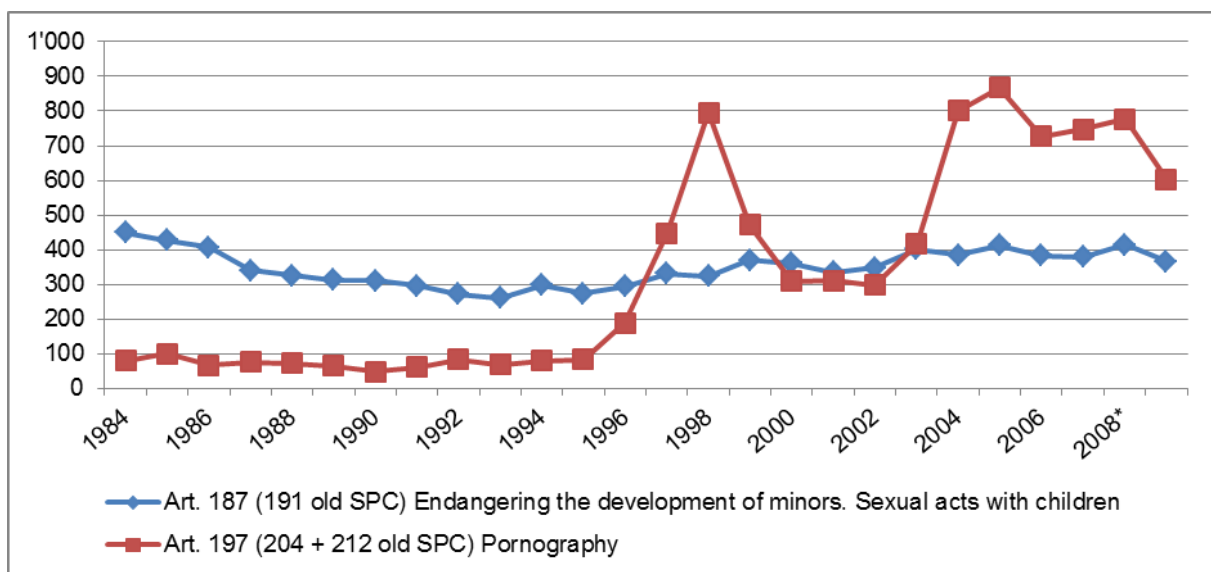
Figure 18: Criminal offences against children according to the articles 187 and 197 SPC[61]
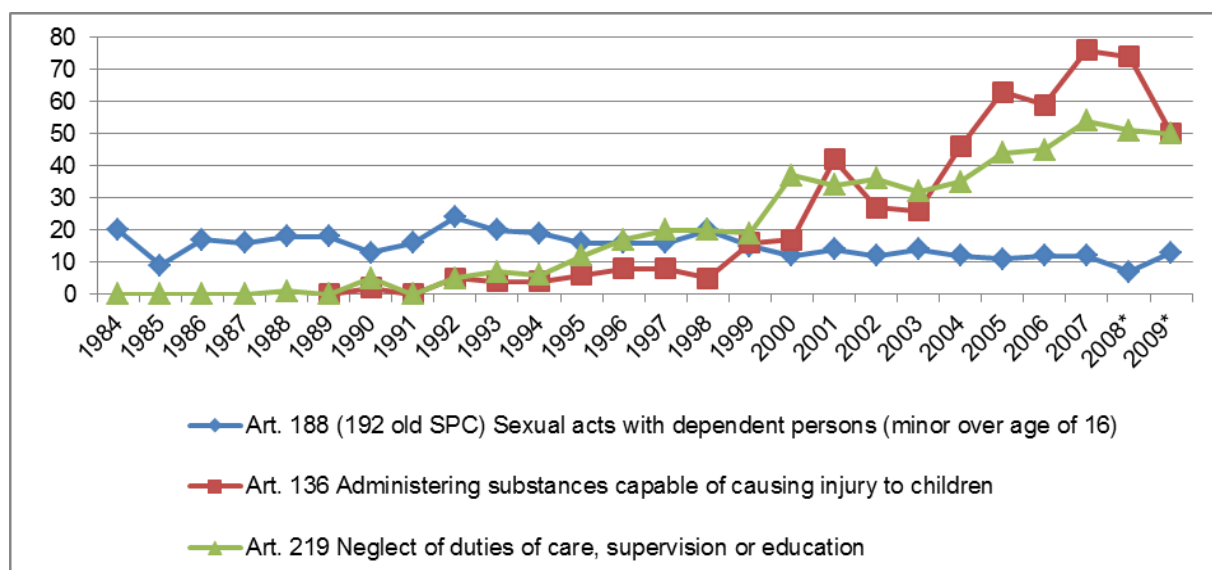
[61] Because only valid convictions are counted the interpretation of data referring to recent years is problematic (cf. footnote 60 above).

Figure 19: Criminal offences against children according to the articles 188, 136 and 219 SPC[62]

The trends of the particular sentences depicted in Figure 18 are partially related to different causes. As with art. 187 (sexual acts with children) in the preceding diagram, the adoption of art. 188 SPC remained constant during the same period, yet at a much lower level. The rise in convictions concerning the administration of "substances capable of causing injury to children" starts slowly with the introduction of the article 136 SPC in 1989; then the number of corresponding convictions jumps quickly to higher values at the beginning of this century. Presumably the development in the last couple of years has much to do with a growing societal concern of child protection as regards the consumption of alcohol, cigarettes and cannabis, resulting in an intensified prosecution of related delinquency.

Less obvious are the reasons for the increasing amount of records related to the neglect of duties of care, supervision or education which arguably by the majority concern parents as offenders. On the one hand this can be associated with social changes described earlier in this chapter: the increased number of single-parent and patchwork households as well as, at least partly interrelated with this social phenomena, the decline of parental control; on the other the development possibly only reflects a broader trend in society: the legal pervasion of private social relations (cf. Nett, 1999), particularly in the family, resulting in an increased readiness of state authorities to intervene.

Apart from crimes that exclusively can be committed against minors, statistics of convictions do not provide any information about the victims of the corresponding crimes. Moreover, a national statistic of civil court sentences which also could be used as a source for child victimisation is neither produced nor planned. Yet the Swiss Criminal Statistics of the Police (CSP), of which data regarding domestic crime have been presented above in section 2.3.5, actually provides such information; unfortunately the CSP was not introduced before 2009 and accordingly, at least for the moment, does not allow for an analysis over a longer period. But there is another source of data about victims: the FSO regularly publishes data going back as far as 2000 which provides information on services rendered by organisations engaged in victim aid. In the two diagrams below a selection of such data is presented. Both refer to counselling cases that relate to victimised minors.

As regards Figure 20 which depicts the annual number of counselling cases and the annual number of initiated child protection measures, it is eye-catching that for both there is an obvious rise only in the first year for the period 2000 to 2009. There is no doubt that this early rise is either caused by shortcomings with data acquisition or, by an extension of the counselling services supplied. Thus from the data shown in Figuure 20 it can be concluded that either there was a quantitative restriction with respect to the supply of counselling services resulting in annually constant case numbers, or the demand for such services actually did not change much. Besides, it can be stated that the number of those in need of child protection measures seemingly remained constant.

---

[62] Cf. footnote 61 above.
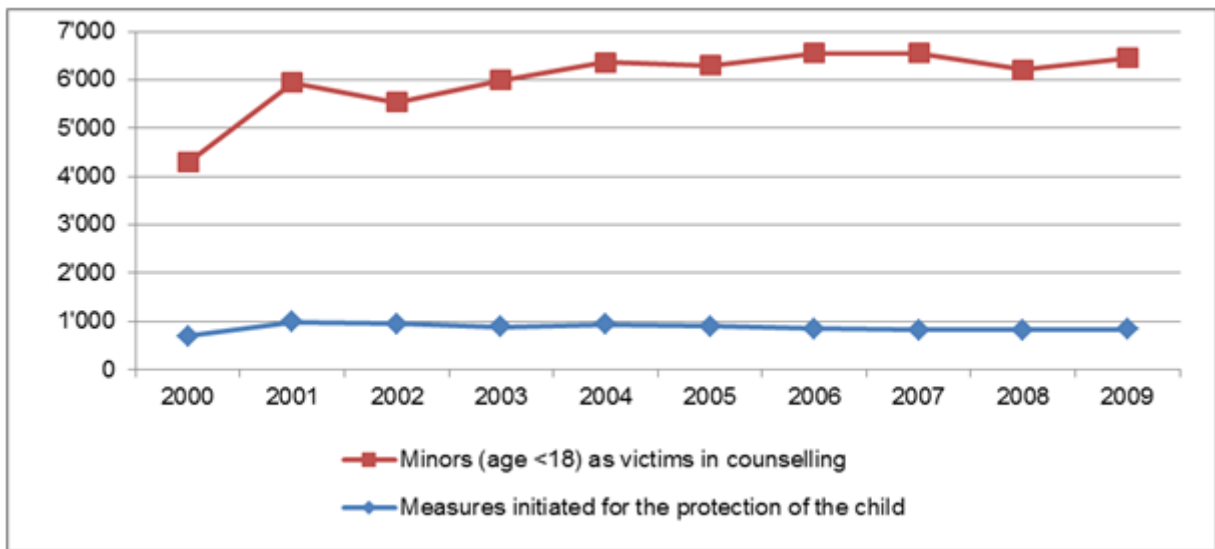
Figure 20: Minors as victims and initiation of child protection measures (counselling cases of victim aid)
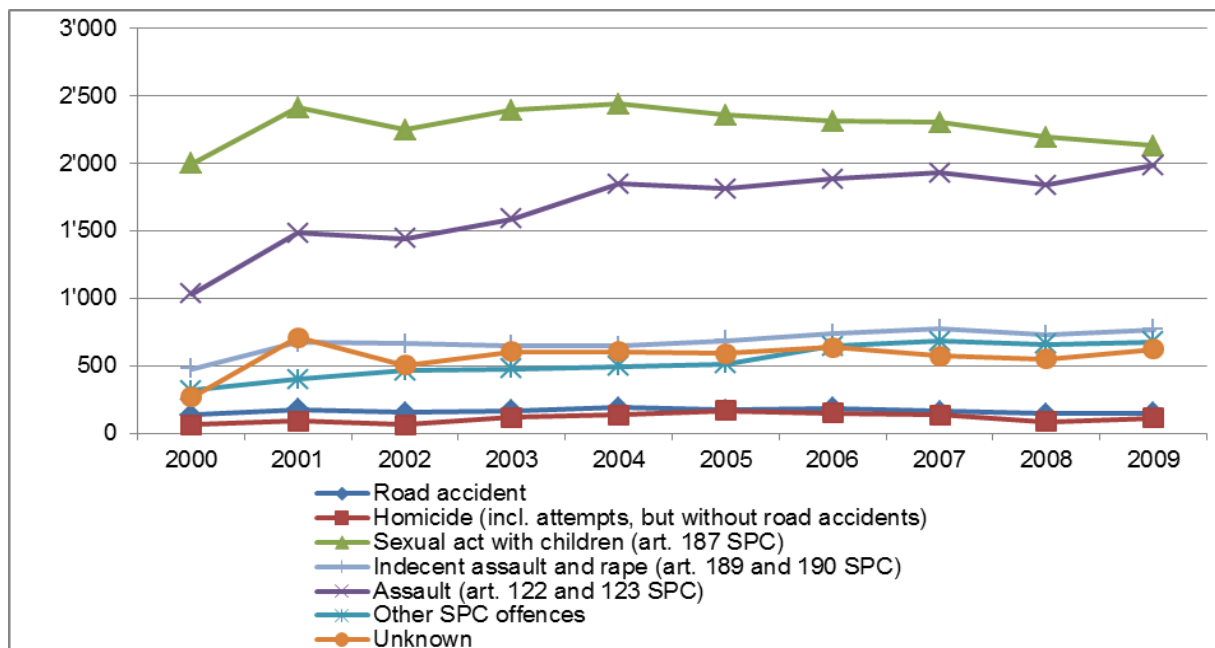
Figure 21: Minor victims according to offence (counselling cases of victim aid)

More interesting seem the developments traced in Figure 21 as they tell something about causes of victimisation and how they changed over the period. Accordingly, the share of cases referring to the offence "sexual act with children" (art. 187 SPC) dropped from 46.6% in 2000 to 33.0% in 2009. Inversely, during this period, assault (art. 122 and 123 SPC), as a cause of victimisation, grew from a share of 24.1% to 30.8%. Although in absolute terms the diagram somehow hides it, the share of indecent assault and rape (art. 189 and 190 SPC) was quite the same at the beginning and the end of the period (11.1% and 11.9% respectively).

2.4.4 Federal Juvenile Criminal Justice Act

Before 1st January 2007 the penal provisions referring to minors as offenders were an integral part of the Swiss Penal Code. Since then however, these are recombined in a separate federal code, the so-called Federal Juvenile Criminal Justice Act (JCJA).[63] The revision of the criminal law relating to juvenile offenders followed the "guiding idea" of "social integration by education" (FOJ, 2010; Swiss Federal Council, 1998). It explicitly also aimed at strengthening the rights of the offenders in criminal procedure and during enforcement of sentences by establishing some minimum standards (ibid.).[64] Some of the corresponding provisions, however, were soon vitiated by the introduction of the Swiss Juvenile Criminal Procedure Code (JCPC).[65]

The main changes made in the new law on juvenile criminal justice can be summarised as follows:

- The age of criminal responsibility was raised from seven to ten years (art. 4 JCJA).
- The measures that can be ordered by sentence are more oriented at those made available by civil law; accordingly these were renamed as "protective measures".
- The legally defined alternative between penalties and sentences ordering a measure was abandoned; as a result young offenders who are legally responsible for their actions are principally sentenced to a penalty even if they are in need of a protective measure (cf. art. 11 JCJA). Yet, if the custodial sentence as a penalty coincides with a residential measure the latter has priority, and, the enforcement of the custodial sentence is abandoned if the measure achieves it aims (cf. art. 32 JCJA). In fact in sentences it is always possible to desist from a penalty if it is expected that such a sanction would endanger a current or planned protective measure (art. 23 JCJA).
- For offenders older than 15 years, the maximum length of a custodial sentence was prolonged to four years (art. 25 JCJA).
- The maximum age for an offender retained in a protective measure was lowered from 25 to 22 years (art. 19 JCJA).
- The number of different type of penalties and in particular the possibilities to combine these, increased considerably.

All these amendments are designed to improve correspondence with the aims of prevention in particular as they allow for tailored sanctioning of juvenile offenders. This is a declared goal of the Swiss juvenile justice system. In contrast to adult criminal law, criminal law for minors does not focus on the offence, e.g. on its severity, but on the offender and the provisions that have to be made to prevent him or her from reoffending. Thus it can be said that the juvenile criminal laws in Switzerland are essentially rehabilitation-oriented.

---

[63] The introduction of the JCJA was part of a complete revision of the Swiss Penal Code.

[64] Currently various effects of the new law and their correspondence with these objectives are evaluated (Urwyler & Nett, forthcoming).

Nevertheless it should not be overlooked that the overwhelming number of convicted minors are sentenced with a penalty, i.e. with a reprimand, a fine, a personal duty, or a custodial sentence. According to the Swiss statistics of juvenile convictions (JUSUS), protective measures only make a tiny share (7.8%) of all convictions: in 2010 ambulant measures were sentenced only in 6.1% of all convictions, and residential ones make only a share of 1.5% (Urwyler & Nett, forthcoming). The annually amounts of protective measures sentenced are depicted in Figure 22 which gives an overview of the ambulant measures and in Figure 23 for those placed out-of-home.
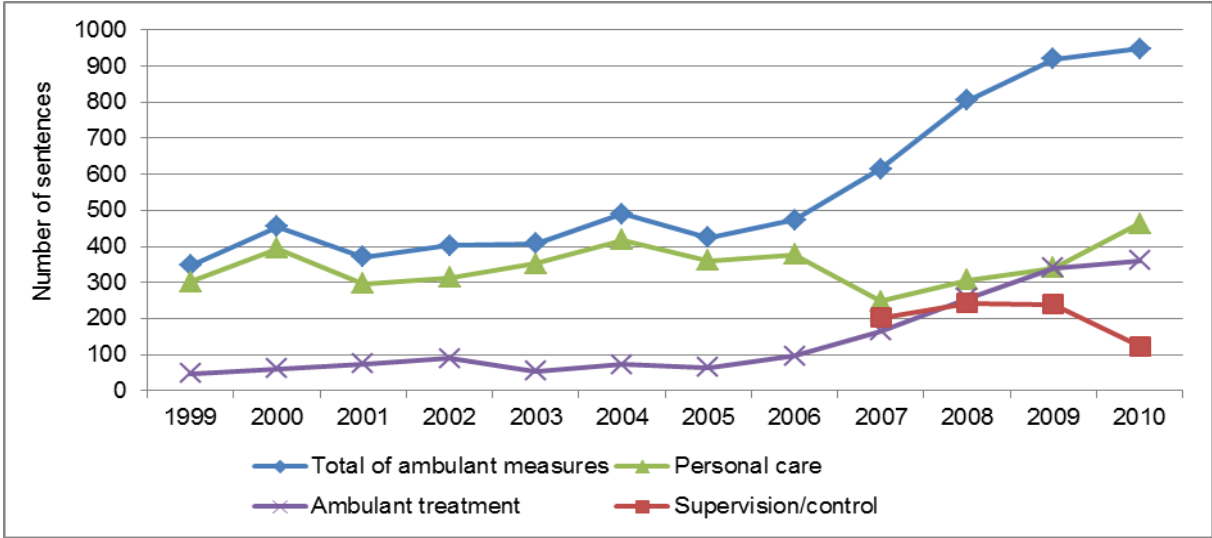
Figure 22: Number of ambulant protective measures appointed by JCJA-convictions[66]
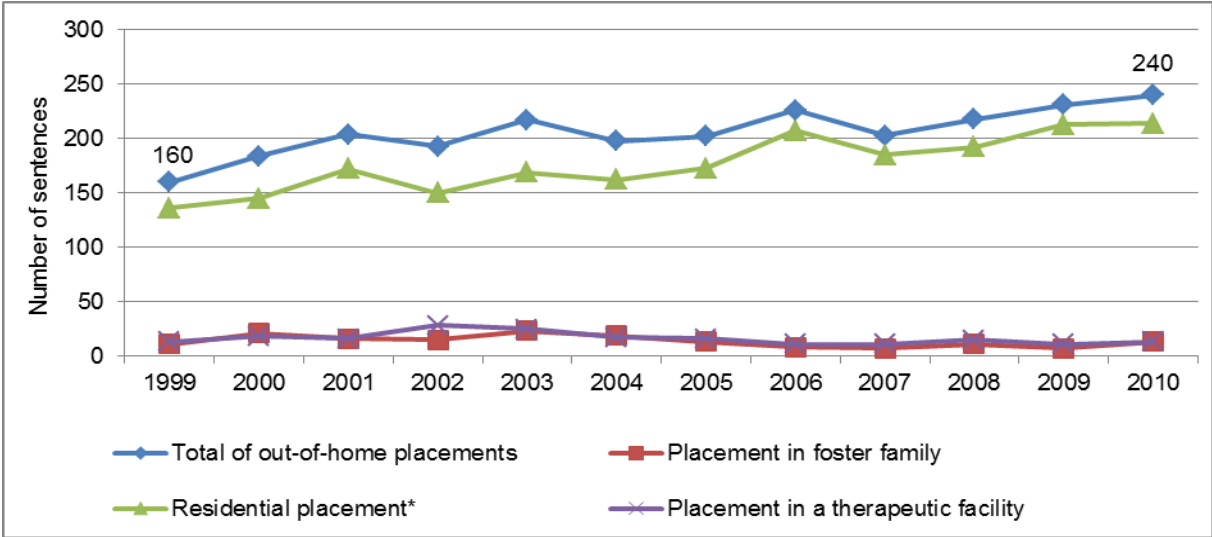
Figure 23: Number of out-of-home placements appointed by JCJA-convictions[67]

* Residential placement refers to institutions where a group of children are placed together.

[65] Entered into force January 1, 2011 together with Swiss Criminal Procedure Code (CPC).

[66] Cf. footnote 60 above.

[67] Cf. footnote 60 above.

Finally it has to be pointed out that, with respect to the UN Convention on the Rights of the Child, the new juvenile criminal justice law takes account of the Convention's article 37 lit. c which prescribes the separation of children and adults in penitentiaries;[68] demands that the Cantons provide corresponding facilities (art. 27 JCJA). However, article 48 of the code allows for a transition period until January 1, 2017 as regards the implementation of this article in the Cantons.[69]

2.5 Institutional perspectives on child protection

In the following sections a description is given of how the legal provisions with respect to child protection are implemented in the Swiss institutional setting at the level of Confederation, Canton and municipalities, and what regional differences can be identified. Moreover, an overview is provided of the corresponding distribution of responsibilities, tasks and also of the major agencies, associations and organisations active in the field of child protection. At the end of this section some consideration is given to the significance assigned to the field of child protection in the curricula of those institutions that provide for the professional education of social workers.

2.5.1 The role of Cantons and municipalities

It is important to begin the description with the role of the Cantons and municipalities. As derives from the explanations provided above in section 2.4.1, and more basically by the principle of subsidiarity (art. 5a FCSC) already mentioned in section 2.2.1, in Switzerland the Cantons and the municipalities are the crucial agencies responsible for modelling child and youth policy, and consequently also for implementing a child protection system that is consistent with federal legal provisions. This fact results in a situation characterised by considerable disparities with respect to the significance assigned to child and youth policy and consequently also, as regards the allocation of resources vested for services in this field of action. A broad and detailed analysis of the different child and youth policies in the Cantons was undertaken by the *Institut de hautes études en administration publique* in Lausanne about ten years ago. This study (Frossard, 2003) arrived at a situational description which assumedly for the most part is still relevant at the present time. Amongst other things the study points out that there are only a few Cantons adopting appropriate procedures to co-ordinate measures in child and youth policy; with comprehensiveness of child and youth policy depending largely on concentration of administrative resources and central decision-making but also on the introduction of a cantonal act that particularly addresses concerns of children and youth. Furthermore, it is pointed out that the existence of cantonal youth committees, as e.g. institutionalised in the Cantons Bern, Lucerne and

---

[68] See also footnote 42.

[69] Amongst others this quite a long transition period was actually objected by the "Second NGO Report" (2009) of Switzerland directed to theat UN-Committee on the Rights of the Child.

Schwyz, provide for a more pro-active child and youth policy. Finally, the study identifies huge differences between Cantons as regards the encouragement of youth welfare apart from institutional settings such as the school (cf. Wyttenbach, 2008).

Concerning the organisational features of child protection authorities, a regional difference is salient: whereas said agencies consist of elected laypersons in most German speaking parts of Switzerland, they are usually constituted as courts with professional lawyers in the French speaking region (cf. VBK, 2008b). Disparities, however, do not stop at region and Canton level; they are also apparent at the lower level of the municipalities. These enjoy relatively high independence in adapting their child and youth policies according to their local needs. Such independence, however, is not confined to the local provision of family and youth related supportive services but also has an effect on the management of child protection cases and the implementation of corresponding measures. Based on the dossier analyses of child protection cases already mentioned, Voll et al. (Voll et al., 2010) point out, that the organisational setting has a crucial influence on the decision-making of guardianship authorities. As, for example, small municipalities tend to more restrictive interventions resulting in curtailing parental rights more severely (cf. Schultheis et al., 2008).

According to art. 44 of the Federal Constitution (FCSF), the Confederation and the Cantons "support each other in the fulfilment of their duties and shall generally cooperate with each other" (1st paragraph). Furthermore, "they shall provide each other with administrative assistance and mutual judicial assistance" (2nd paragraph); and when conflicts arise, these "shall wherever possible be resolved by negotiation or mediation" (3rd paragraph). Accordingly, there are various concordats, inter-cantonal conferences of governments, office directors or functionaries established that are also concerned with child and youth issues. With respect to child protection policy there are in particular two such institutions to be mentioned: on the one hand the Conference of the Cantons for the Guardianship of Children and Adults (KOKES) and, on the other, the Conference of the Cantonal Officers in Charge of Child Protection and Youth Welfare (KKJS);[70] the latter has changed status since July 2011 as it is now a sectional conference of the Cantonal Conference of Ministers of Social Affairs (SODK)[71] which, since then, also incorporates the Conference of the Cantonal Officers in Charge of Child and Youth Promotion (KKJF)[72] as a sectional conference. By incorporating the KKJS and the KKJF as well as by establishing a special field of action for child and youth issues (Fachbereich Kinder- und Jugendfragen) the SODK has gained the status of a co-ordinating hub in this field of action, and also achieved the potential to provide for an institutional base whereon a "National Framework for Child Protection" could be developed (cf. recommendation 1 in chapter 3).

Besides KOKES, KKJS and KKJF, the Swiss Association of Child Welfare Advocates (SVBB[73]) should also be mentioned as it represents an association of functionaries whose influence on the national

---

[70] Own translation of „Schweizerische Konferenz der kantonalen Verantwortlichen für Kindesschutz und Jugendhilfe".

[71] Own translation of „Konferenz der kantonalen Sozialdirektorinnen und Sozialdirektoren".

[72] Own translation of „Konferenz der kantonalen Beauftragten für Kinder- und Jugendförderung".

[73] The abbreviation refers to „Schweizerische Vereinigung der Berufsbeiständinnen und Berufsbeistände."

practice in the realm of child protection should not be underestimated. As already indicated in section 2.4.2 above, a partial revision of the civil law was recently completed and has implications for the institutional organisation of the child protection authorities as compliance to certain professional standards have authoritative character. With respect to such standards the cantonal association KOKES developed and published detailed recommendations. According to these such agencies will have to comply amongst others with the following requirements (VBK, 2008a):

- Professional background of its members: the disciplines of law, social work and pedagogy shall be represented in the decision making body; other specified professional skills have to be available if needed. Additionally, highly qualified administrative personnel have to give support to the decision making body.

- The decision making body consists (at least) of a three-person-board with constant occupancy.

- The office has to be open 24 hours a day, to provide decision-making.

- In principle decisions have to be made collectively.

- The catchment area of a single agency covers at least 50,000 – 100,000 inhabitants, which is estimated to correspond to about 1,000 on-going measures.

Because small municipalities will not have enough resources to comply with these specifications they will be urged to organise their guardianship authorities conjointly. Hence if the recommendations of KOKES will, as expected, be followed, the process of professionalization in the field of child protection will progress considerably and, as a consequence, arbitrariness in decision-making, which as a matter of fact somehow characterises small-scale layperson boards, presumably will be diminished.

2.5.2   The role of federal institutions

As regards child and youth policy the Confederation, i.e. the Federal Council as the executive body, the departments dedicated to each of its seven members, but also the federal offices related to the corresponding departments, is legitimated by constitutional law only to take essentially auxiliary, sustentative and coordinating functions. Additionally, however, the Confederation is accountable for monitoring compliance with international agreements.[74] Last but not least the Federal Council is also obligated to answer parliamentary motions and postulates; as a result the Confederation, respectively the federal offices in charge, every now and then is urged to provide analyses of social problems and issues of national concern and to evaluate these in particular with respect to the legal instruments available to manage them.[75] As a result of such parliamentary initiatives[76] the Federal Council

---

[74] As e.g. the Confederation is periodically urged to provide reports to international organisations to document compliance to ratified agreements. A very recent report (published December 9, 2011) of this kind refers to the state of implementation of the UN Optional Protocol of 25th May 2000 on the sale of children, child prostitution and child pornography which was ratified by Switzerland in 2006.

[75] As e.g. in 2005 the Federal Social Insurance Office (FSIO) answered a postulate of the Parliamentary Law Committee (*Postulat Rechtskommission NR 96.3178*) with an expert report titled "Violence Against Children: Concept for a Comprehensive Prevention" (FSIO, 2005).

published in 2008 a report called "Strategy for a Swiss Child and Youth Policy" (Federal Council, 2008). As is common in such procedures this strategy is based on several scientific reports[77] and integrates expertise from various agencies, professional associations and interest groups. Therein, with reference to international and constitutional law, the role of the Confederation is reflected. It is pointed out that the responsibility for child and youth policy at Canton level is appropriate because this allows for actions which are well-adjusted to local circumstances, needs and available resources and informed by direct contact with local stakeholders. However, the report also identifies certain deficiencies as regards the implementation of children's rights in the Cantons which justify endeavours in improving the heterogeneous and complicated system by better co-ordination of activities and definition of tasks between federal agencies but also in collaboration with cantonal agencies (ibid., 19).

Based on the Federal Constitution[78] and the UN Convention on the Rights of the Child[79] the "strategy-report" arrives at three "core elements" which are of constitutive significance for the Swiss child and youth policy (ibid., 3 pp.). Those consist of a child and youth policy as policy for:

- Protection
- Encouragement of (individual) development and autonomy
- Co-determination and participation

From these three principles two meanings of youth policy are deduced: on the one hand a narrow definition that refers to a youth policy that makes well-directed contributions to protect children and adolescents, to support their development and encourage their participation. This is exemplified by endangerments caused by encroaching effects of certain media and problematic commercial products. In the strategy it is suggested to prevent such harmful effects by encouraging a stronger commitment of parents and adult reference persons to take responsibility, and by the empowerment of the children's resources.

On the other hand a broad understanding of child and youth policy is suggested. This takes as a starting point the fact that the life conditions of children and adolescents are influenced by various determinants. The corresponding challenges affect many different policy areas and also concern all age groups. Hence responsibility for a children and youth policy in the broad sense cannot be centralised but has to be considered as a cross-sectional issue that ranges over many fields of action and legislation e.g. school education, vocational training, labour legislation and labour market policy concerning children and adolescents, crime prevention in particular as regards juvenile delinquency.

---

[76] More precisely it concerns the three so-called "postulates" of the parliamentarians Janiak (00.3469) of 27th September 2000, Wyss (00.3400) of 23rd June 2000 and of Wyss (01.3350) of 21st June 2001.

[77] E.g. FSIO (2008).

[78] More concrete it is pointed at the children's "right to the special protection of their integrity and to the encouragement of their development" in art. 11 but also at art. 41 (social objectives) with special reference to the provisions *f* and *g* which specify the educational objectives regarding children (Federal Council, 2008).

[79] Cf. art. 2, 12 and 23 of the UN Convention on the Rights of the Child.

The division of labour in the organisational setting of the Confederation reflects the two perspectives on child and youth policy discussed above, though not completely. Responsibility for the policy in the narrow sense can be located predominantly at the Federal Social Insurance Office (FSIO) which belongs to Federal Department of Home Affairs. In the FSIO the Division Family, Generations and Society is concerned with questions in the realm of children's rights, child protection, the promotion of extracurricular youth welfare, but also with general issues of child and youth policy including some types of public benefits[80] rendered by the national social insurance which are transferred in the majority to families (so-called supplementary benefits).[81]

Other issues, which strictly speaking also belong to the child and youth policy in the narrow sense, are assigned to other federal offices which in some cases even belong to other national departments. Of that ilk are amongst others:

- The Federal Office for Public Health (FOPH) with its sections that are concerned with health promotion and addiction prevention (see section 2.4.3).

- The Federal Office of Sport, which is a subunit of the Federal Department of Defence, Civil Protection and Sport, administrates in collaboration with Cantons and sport associations an old and still very popular programme named Youth + Sports (Y+S). Originally it was designed as a voluntary pre-education programme designed to secure sportive fitness of Swiss boys and to prepare them for military service (cf. Gärtner & Vollmer, 2008).[82]

- The Federal Office of Justice and the Federal Office for Migration both belong to the Federal Department of Justice and Police. The former is responsible for the protection of minors within the frame of adult penal law, criminal juvenile justice and international civil law, whereas the latter is responsible for all matters relating to legislation on foreign nationals and asylum, and accordingly is also in particular concerned with ethnic minorities among the youth in Switzerland.

- The Cyber Crime Coordination Unit (*Koordinationsstelle zur Bekämpfung der Internetkriminalität KUBIK*) supports the Cantons by co-ordinating their investigations as regards internet related crime. It also provides a publicly accessibley online form that allows for a notification if websites of suspected criminal content are discovered. Though this unit is

---

[80] This kind of benefits is officially called "staatliche Ergänzungsleistungen".

[81] An overview of the organisation and the activities of this subunit of the FSIO is provided in English language on: http://www.bsv.admin.ch/themen/kinder_jugend_alter/index.html?lang=en.

[82] Gärtner & Vollmer (2008) point out that the origin of the programme Youth+Sports (cf. www.jugendundsport.ch) is strongly associated with the fact that the Swiss army is organised as a militia army, a feature that has to be considered a cultural particularity as it corresponds to "the core principle that all citizens are responsible for the community as a whole (Gärtner & Vollmer, 2008:4).

affiliated to the Federal Office of Police (fedpol),[83] it is directed strategically by a committee composed of members of several cantonal associations.[84]

Besides these federal authorities there are some other agencies at federal level which have a strong influence on Swiss child and youth policy. These are the Federal Commission for Child and Youth Affairs (FCCYA) and the Federal Coordinating Committee for Family Affairs (FCCFA). Although both are administratively attached to the Division Family, Generations and Society of the FSIO, they each represent an independent board of experts in the particular field of action. Apart from the different focus of their work the mandates of the two committees are actually very similar: the FCCYA on the one hand observes and interprets trends in the relationship of children and adolescents to the society. Its task is to identify and to anticipate concerns of the young generation and to derive corresponding recommendations; the FCCFA on the other hand is mandated to do the same job as regards family specific life conditions in Switzerland, yet it also has, as a consequence of its constitution in 1995, the function of an advisory board for the Federal Department of Home Affairs. As both committees are extra-parliamentary in character they evaluate and give recommendations to projects of the Confederation at an early stage. Another important function of these committees consists in the fact that they serve as a platform for the exchange of professional information between the federal administration, non-governmental organizations (NGO), private agencies and other kinds of institutions concerned with similar issues.

2.5.3 The role of the third and the private sector

As in other civil societies (cf. Sihls, 1991; Walzer, 1992) non-governmental organizations (NGO), usually referred to by the term "third sector", also play an important role in Switzerland at local as well as at regional and national levels. It can be assumed that in the realm of child and youth policy the significance of NGO-activities is even more pronounced than in other fields of social policy because youth problems gain comparably more attention as they are intrinsically tied to the society's future wellbeing. In the mission statement of the association "Marie Meierhofer-Institute for the Child" (*Verein Marie Meierhofer-Institut für das Kind* dated 1996), it is stated that "children do not have a lobby in our society" (Marie Meierhofer-Institut für das Kind, 1996). This was probably not the whole truth fifteen years ago, but today it hardly can be repeated as the number of private initiatives organised as associations, foundations, etc. that claim to be committed to the children's wellbeing has proliferated. The fact that there is quite a number of NGOs engaged in lobbying for child protection issues does not imply, however, that such endeavours are successful in that they have decisively determined the political agenda.

---

[83] The Federal Office of Police is also engaged in the investigation of paedo-crime committed abroad. It offers for example an online form that invites people to report any "conduct by tourists that might have threatened or violated a child's sexual integrity" (www.fedpol.admin.ch).

[84] I.e., the Conference of the Cantonal Directors of the Departments of Justice and Police (*Konferenz der Kantonalen Justiz- und Polizeidirektorinnen und –direktoren)*, the Conference of the Swiss Agencies of Criminal Prosecution (*Konferenz der Strafverfolgungsbehörden der Schweiz*) and the Conference of the Cantonal Police Commanders (*Konferenz der kantonalen Polizeikommandanten der Schweiz*).

NGOs involved in child and youth policy can be differentiated according to their objectives, type and range of their activities, but also as regards to their origin and constitution. Another point of interest concerns the financial independency of the NGOs. It is not possible here, and it does not make any sense either, to give for Switzerland a comprehensive picture of the landscape formed by NGOs active in the field of child protection. However, it seems purposeful to point at the spectrum of issues addressed by such NGOs and to give a short characterisation of some of the most important organisations which are dedicated either in part or exclusively to child protection issues.

As regards the origins of the NGOs engaged in children and youth policy it can be differentiated between those that already have a long tradition reaching back to the beginning of last century, those that originate in associations with a political or professional affiliation, and those founded upon ideals, often by persons with vision or concern for a particular issues.

The NGO's with a historical tradition mostly have their roots in philanthropic movements or have a confessional affiliation. Usually their objectives have changed corresponding to the development of social problems and the spirit of time. An interesting example of this kind of NGO is "Pro Juventute"; it has the legal status of a foundation and was established in 1912 under the patronage of the still existing "Swiss Charitable Society" (SCS) which was founded more than a hundred years earlier (1810).[85] The original objective of Pro Juventute was to combat tuberculosis. Later in 1927 it took over the administration of the Swiss Federation for Youth Hostels which had been founded three years previously. In 1926 an era, judged to be one of the darker chapters in recent Swiss history (cf. Meier, 2008), was introduced. Pro Juventute launched a public social aid scheme, the so-called "Relief Organisation for the Children of the Open Road" (*Hilfswerk für die Kinder der Landstrasse*). From 1927 until 1973 this organisation pursued the goal of educating children of gipsy families to become sedentary people, thus complying with the standards of a "good Swiss citizen". Thus, in agreement and with the support of authorities, this organisation systematically removed Yenish children from their parents and placed them in foster families or residential facilities. This practice which affected altogether 586 children was not stopped until protest arose in the society induced by media reports. As a consequence of this the Confederation mandated a team of historians to elucidate details of this programme in a study (cf. Leimgruber, Meier, & Sablonier, 1998). Today Pro Juventute is represented in all regions of Switzerland offering services for youth, families and teachers. With regard to the issue of child protection Pro Juventute supplies a free 24 hour telephone, SMS and internet service all over Switzerland for minors that seek anonymous counselling and support.

There are several NGOs in Switzerland that are mainly engaged in political lobbying for child protection issues. Probably the most influential one is the Foundation[86] "Child Protection Switzerland" (*Kinderschutz Schweiz*). It presents itself as a lobbying organisation that strives nationwide to change

---

[85] The SCS has to be considered as the most influential organisation in respect of social policy during the formation period of the modern Swiss Confederation. Its contribution for the introduction of free schools was decisive (Schumacher, 2010).

[86] This NGO was constituted as an association (1983) but was transformed in a foundation by 1988.

the institutional frame and social perception in ways that protect children from poverty, sexual, psychical or physical violence and neglect. Those objectives are pursued by political lobbying but also by nationwide prevention projects and targeted campaigns to sensitise adult people to the concerns of children.[87]

Other lobbying organisations in the realm of child protection have a narrower focus. So the "Mission Foster Children Switzerland" (*Pflegekinder-Aktion Schweiz*), in existence since 1950, is dedicated to the improvement of the life conditions of foster children, with efforts made to draw public attention to their situation; or, the "Association Marche Blanche,"[88] which was founded in 2001 by parents dismayed by reports about criminality committed by paedophiles, and confines itself to the objective to help children victimised or threatened by paedophiles thereby propagating a "zero-tolerance policy." Still other associations as the "Network Children's Rights Switzerland" (*Netzwerk Kinderrechte Schweiz*),[89] or the "Children's Lobby Switzerland" (*Kinderlobby Schweiz*)[90] focus on the guarantee of children's rights according to the UN-convention.

Again, other associations are characterised by the fact that their members share a common professional interest: thus the association "Integras" unites professionals from the practice of social and special pedagogy, or the "Swiss Association for Juvenile Criminal Justice" (*Schweizerische Vereinigung für Jugendstrafrechtspflege*) represents professionals from juvenile courts, social services, residential facilities, foster care, etc.

All the NGOs mentioned above have in common that their range of action is more or less nationwide. Such NGOs engage in lobbying, provide expertise and sometimes organise specialised education; accordingly their exponents are usually well tied into the networks of federal committees and inter-cantonal associations. There are, however, at the regional and Canton level many more non-public organisations that, partly profit-oriented and partly not, supply services which cover the different needs of a comprehensive child protection system. Private agencies frequently are active in the business segment, for example, mediating foster care or providing services in the field of experiential education. These service providers are sometimes also connected to larger lobby associations, but usually enjoy little financial independence as they are bound by target and performance agreements to local or cantonal authorities.

Finally, there are some private organisations concerned with the issue of child protection whose activities are mainly confined to grant-making to support charitable projects or not-for-profit organisations working in areas eligible for funding. Such organisations usually have the legal form of a

---

[87] An administrative part of the „Stiftung Kinderschutz Schweiz" is also the national agency of the international NGO "End Child Prostitution in Asian Tourism" (ECPAT), cf. www.kinderschutz.ch.

[88] Cf. http://www.marche-blanche.ch.

[89] Cf. http://www.netzwerk-kinderrechte.ch.

[90] Cf. http://www.kinderlobby.ch.

foundation, and sometimes operate globally, e.g. the OAK Foundation or the UBS Optimus Foundation.

Considering the various fields of action where organisations of the third and the private sector are involved in the work for and with children and their families, it seems obvious that there is a need for co-ordination as regards their supportive activities and services in order to avoid duplications, but also as a means to identify gaps in the provision of services. This not only holds true at Canton level but also for cases where the provision of certain services should take account of economies of scale to be efficient as possible in, for instance, the operation of specialised treatment facilities (cf. recommendation 2 in chapter 3).

2.5.4   Professional education of social workers in the field of child protection

The case studies presented in this report clearly show that social work has the status of a "lead profession in work with families and children at specialist levels where there are clear and immediate requirements for the most vulnerable of children to be protected" (see next chapter section 3.6.2, p. 83). Thus to complete the picture of the institutional setting developed in Switzerland to handle the issue of child protection it is also necessary to examine the professional education provided for those social workers who may eventually work the field of child protection.

In Switzerland the professional education of social workers did not have academic status until the late 90s. Before, there were a large number of relatively small schools of social work, usually sustained by Cantons or municipalities. These schools were founded and maintained to satisfy the demand of local administrations for educated personnel in their social services. In the following years all these schools merged into six newly established universities of applied sciences (UAS). These UAS have admission criteria that differ in many respects from those of ordinary universities and provide curricula that are strongly application-oriented and thus impart essentially professional knowledge. Although there are formal criteria that qualify for the admission to an UAS, it is actually up to the academy to decide individually about the admission of students irrespective of whether they do fulfil these criteria or not. Applicants whose formal education is not up to standard go through a special procedure of admission which is termed "sur-dossier". The Conference of the Social Work Sections of the Universities of Applied Sciences (SASSA)[91] offers a workshop to prepare for such applications and also provides for a selection process which, however, does not guarantee the admission to an UAS. Thus, there is no unconditional standard for the admission to an education in social work (cf. recommendation 6 in chapter 3).

Since the foundation of the UAS students of social work can achieve an internationally acknowledged Bachelor degree.[92] A Master of Arts or a Master of Sciences as a degree in social work is offered to

---

[91] Own translation of „Fachkonferenz der Fachbereiche Soziale Arbeit der Fachhochschulen der Schweiz."

[92] According to the European Credit Transfer System ECTS the BA-degree is worth of 180 credit points.

students of universities of applied sciences only recently (2008). Because it is expected that BA-certificates will continue to be the standard degree for social workers in the future, the Confederation decided to limit the supply of MA- and MSc-curricula in social work for financial reasons. Accordingly there are only two such certificates available in Switzerland: on the one hand a degree of Master of Sciences is awarded by a curriculum co-operatively provided by four UAS; in this network the Bern University of Applied Sciences, the Lucerne University of Applied Sciences and Arts, the University of Applied Sciences Eastern Switzerland, and the Zurich University of Applied Sciences are affiliated. On the other hand, a Master of Arts is offered by the University Applied Sciences and Arts Northwestern Switzerland.[93] The master programmes offered by all UAS do not allow for a successive doctorate programme, however. In Switzerland it is only possible to acquire a PhD in "Social Policy and Social Work" which is offered but by a single ordinary university (University of Fribourg) which accordingly is less application-oriented and does not prepare for professional practice of social work.

As regards the teaching of competencies for the handling of issues in the realm of child protection the various curricula for BA graduation in social work impart only basic knowledge. This still holds true - though to a lesser degree - if students choose major or minor subjects which seem of particular relevance for social work with children and families. Of course, such judgement may fall short if taken in absolute terms, i.e., it might be possible to find somewhere a curriculum which can be composed in a way to achieve sound skills for an engagement in child protection services. A screening of the study guides available online, however, suggests that teaching contents referring to child protection are not considered as integral part of social work programme at BA graduate level. Moreover, a closer look at the curricula offered in the two master programmes mentioned above makes evident that child protection is equally not provided as possible major subjects. Obviously, specialised knowledge and competencies for professional practice can only be acquired by making use of various sorts of further education offered. A corresponding investigation reveals that there are actually a couple of courses provided especially by UAS', which address particular aspects of the work with endangered children and their families. Some of these seem to have more or less the character of short intensive courses; other courses are qualified as DAS (Diploma of Advanced Studies) or CAS (Certificate of Advanced Studies) which guarantees for certain minimal standards. Today, all over Switzerland there is only one so-called MAS (Master of Advanced Studies)[94] offered that certifies in Youth Care.

As a consequence of the minor emphasis that is laid on the issue of child protection in social work education, professionals engaged in guardianship authorities cannot be selected according to some formal qualification for this particular field of work. Rather it seems that it is expected that professional skills are acquired mainly on the job, and by occasional attendance at courses of further education (cf. recommendation 5 in chapter 3).

---

[93] Both master curricula are endowed with 90 ECTS.

[94] In contrast to the DAS and CAS graduations, MAS are accredited by a Federal Office.

2.6 Recent developments in child protection policy

This last section of the chapter points at some legal amendments which are projected or introduced only recently. It also informs about the current political agenda in the realm of child protection in Switzerland. It closes with a short analysis of the public perception of the child protection issue as it is reflected in latest media contributions.

2.6.1 Most recent legal amendments and initiatives at national level

In June 2010 the Federal Council published an ordinance addressing on the one hand measures for the protection of children and for the strengthening of children's rights with respect to articles 13 and 19 of the UN Convention on the Rights of the Child.[95] On the other hand the ordinance is also directed at the prevention of violent behaviour committed by young offenders.[96]

This ordinance serves as a legal basis enabling the Confederation to take initiatives for supportive measures and government-funding in this field of action. Besides protecting children and adolescents from all forms of maltreatment the Ordinance explicitly also mentions several forms of endangerments which arise from the usage of electronic and interactive media as e.g. violent and pornographic content, and (cyber-)stalking or (cyber-)mobbing, harassment (also included is so-called "grooming"). Finally, the ordinance puts an emphasis on the point that the measures taken by the Confederation also shall result in improving interconnectedness and co-operation between the different actors (public as well as private) in the very fields addressed by the ordinance.

The ordinance mentioned above was in fact necessary as it provided the legal base for two national programs[97] that were launched on the same day as it was published. Both programs last five years; the "Prevention Program Youth and Violence" aims at providing a national overview of prevention activities and forms of intervention in the broad realm pointed at by the program's title, and identifying good practice as well innovative approaches. Further the programs are designed to support Cantons and municipalities in their preventive strategies by provision of counselling, promoting interconnection and specialized information and advanced training. Finally it also will improve the efficacy of the co-action between preventive, interventional and repressive measures. The other program "Youth Media Protection" focuses on the various problems related to children's usage of the new media which are also addressed by the ordinance. The main strategy it follows consists of activities that are directed at the promotion of capabilities to deal "creatively and responsibly" with the risks attached to the new media; it also aims at making people concerned, i.e. parents, teachers and others who take care of

---

[95] „Verordnung über Massnahmen zum Schutz von Kindern und Jugendlichen sowie zur Stärkung der Kinderrechte„ published on June 11, 2010 (entered into force 2010/08/01).

[96] The corresponding paragraph of art. 2 in the ordinance is legally based on the Swiss Penal Code (art. 386 SPC), where it is stated that the Confederation has the competency in criminal prevention to define content, objectives and type of preventive measures.

[97] These two programs were induced by a report of the Federal Council which in turn was initiated by three parliamentary postulates (Federal Council, 2009).

children, more sensitive to problems related to children's media use, and to support them in their educational function. Alongside this the program also promotes research, development and implementation of good practice and quality standards of educational programs that address media literacy. Finally, during the program it shall be observed whether there is need for regulatory intervention or corresponding legal development.

The "Strategy for a Swiss Child and Youth Policy", mentioned in section 2.5.2 above, has also promoted legislative change. It initiated a process which has now resulted in an endeavour to totally revise the "Federal Law on the Promotion of Extracurricular Youth Welfare"[98]. According to the Council's message to the parliament (Federal Council, 2010), which was based as is usual on a procedure that allowed all assumed stakeholders to give written comments on the planned amendments (*Vernehmlassungsverfahren*), the revised law shall introduce changes as regards the following aspects:

- Encouragement of open and innovative forms of extracurricular youth welfare: the preventive and integrative potential of such forms of youth work shall be utilised.

- Federal financial support of projects or organisation shall be made dependent on certain specifications concerning e.g. quality standards of the services. Additionally, the range of activities has to be national, or at least, it has to cover one language region.

- In contrast to today's law, supportive measures of the Confederation shall be extended also to children at a younger age (age of kindergarten).

- Political participation of the youth at the federal level shall be promoted by supporting non-public institutions active in this field.

- If required Cantons shall receive temporary financial support in establishing and developing their child and youth policy. Such support, however, shall be provided only by mutual agreement on strategies and planned measures.

- In accordance with the strategy-report the collaboration between the various personal and institutional actors in the public (Confederation, Cantons and municipalities), third and private sectors shall be improved by providing platforms of exchange of information and experience.

- Finally, coherence and efficacy of the measures introduced by the various federal agencies shall be improved by concentrating accountability more bindingly to the Federal Social Insurance Office (FSIO).

These propositions depicted above were subject to parliamentary review during 2011 and were all incorporated in the new "Federal Law on the Promotion of Extracurricular Children and Youth Welfare," adopted on September 30, 2011. This law, which now explicitly also refers to children as well

---

[98] *Bundesgesetz über die Förderung der ausserschulischen Jugendarbeit* of October 6, 1989.

as to youth, shall enter into force January 1, 2013. Another area of current legislation concerns a regulatory endeavour to create minimal standards with respect to child care (Zatti, 2005). The public discussion of these two draft laws shows that there are still fundamental conflicts to be resolved: to what degree may parents influence the decision with regard to who may care for their child out-of-home on the one hand, and what regulations are necessary to guarantee certain professional standards of out-of-home care on the other. Additionally it is necessary to establish, what educative capabilities have to be demanded from people known to the parents, before providing care for their children e.g. kinship or neighbours. As far as the political decision making process is concerned, it seems that there will be not an amendment at ordinance level[99], which was originally envisaged, but at the level of civil law.[100]

There are some other current developments in the field of legislation which are of particular concern for the issue of child protection; these include changes in penal law:

- A parliamentary initiative submitted in 2007[101] insists upon the introduction of constitutional amendments that shall serve as a base for a federal law on promotion and protection of children and youth. Such a federal law shall empower the Confederation to enact prescriptions in this policy field on its own. Currently a parliamentary sub commission is preparing a concept for further proceedings.

- A parliamentary motion submitted in 2008[102] calls for the introduction of mandatory reporting to guardianship authorities if violence and sexual abuse of children is suspected. One chamber of the Swiss parliament (State Council) accepted such legal amendment with the reservation that certain clearly defined exceptions are made.

- Just recently, the Swiss parliament decided upon the introduction of a new provision in the Swiss Penal Code (art. 124 SPC) that explicitly outlaws female genital mutilation: all forms of such acts are now subpoena in Switzerland, independent of the location where it took place (except for the legal limitation of liability in time).[103] Female genital mutilation is practised in some parts of North-Eastern Africa and is becoming an issue of public concern in Switzerland as a consequence of a rising number of immigrants stemming from countries of this region (cf. Dupont, 2008; Niggli & Berkemeier, 2006).[104]

---

[99] Originally only a "Federal Ordinance of Child Care" (*Kinderbetreuungsverordnung KiBeV*) was planned.

[100] Cf. press information by the Federal Department of Justice and Police, June 29, 2011 (*Kinderbetreuung: zuerst die gesetzliche Grundlage, dann die Verordnung/Bundesrat setzt Adoptionsverordnung auf den 1. Januar 2012 in Kraft*).

[101] Parliamentary initiative of Viola Amherd (07.402) dated 2007/03/12: "Constitutional base for a federal law on promotion and protection of children and youth" (*Verfassungsgrundlage für ein Bundesgesetz über die Kinder- und Jugendförderung sowie über den Kinder- und Jugendschutz*) Source: curia vista: www.parlament.ch.

[102] Motion of Josiane Aubert (08.3790) dated 2008/12/09: "Protection oft he Child from Physical and Sexual Abuse" (*Schutz des Kindes vor Misshandlung und sexuellem Missbrauch*). Source: curia vista: www.parlament.ch.

[103] This law was published on September 30, 2011 but has not entered into force yet. Until January 19, 2012 it is subject to a possible referendum (cf. www.admin.ch/ch/d/ff/2011/7409.pdf).

[104] Cf. www.humanrights.ch.

- In February 2011, the Federal Council published a message to the parliament (Federal Council, 2011) which presents a package of legal measures to fight the phenomenon of forced marriage and plans the development of a comprehensive concept for the corresponding prevention as well as for protection from it. Forced marriage is also a child protection issue as it, similar to the problem of female genital mutilation, affects usually minors of certain immigrant populations. The proposed legal amendments concern not only civil law (procedure and validity of marriages) and international private law (recognition of marriages of abroad), but also penal law, as it is proposed to introduce a provision that allows for higher penalties for cases of forced marriage than for common cases of coercion according to art. 181 SPC.[105] In addition, there will be liability to prosecution for those living in Switzerland and committing such a crime abroad (art. 181a para. 2 *newly proposed* SPC).

- Another current process of legislation concerns adult penal law (SPC) and juvenile criminal justice law as well as the provisions in the corresponding penal procedures (CPC and JCPC).[106] The proposed amendments, originating in a parliamentary motion[107] and supported by popular initiative of the association Marche Blanche (cf. section 2.5.3), focus on extending and tightening an already existing occupational ban for certain offenders. The extension essentially refers to the fact that the occupational ban also shall include voluntary activities in associations or organizations. A ban may be imposed even if an offence against a minor or other person in need of protection was not committed whilst performing the corresponding professional activity. Additionally, the occupational ban may be imposed cogently if the conviction concerns particular sexual offences against minors. Finally, these amendments shall be complemented by provisions that allow for reducing the geographically mobility of convicted offenders and curtailing their rights to meet particular persons or group of persons.

As is evident from the overview of the various on-going legislative processes and political initiatives given in this section, child and youth welfare and in particular child protection issues are an inherent − though not a central − part of the current Swiss political agenda. For, it has to be pointed out, the Swiss government owes to the UN-Committee on the Rights of the Child a second "State Report" which is overdue since 2007 (Child Rights Network Switzerland, 2009). The Child Networks Switzerland association claims in its second NGO-State Report to the UN-Committee that this delay is because of a lack of political will in Switzerland to provide for institutional requirements which allow for a harmonised implementation of the UN-Convention at Canton and federal levels (ibid.). Nevertheless, it is important to note that an attempt has been made on behalf of the Confederation to arrive at a

---

[105] According to the draft law for forced marriage a person can be liable to maximal custodial sentences of five years (art. 181a para.1 *newly proposed* SPC) in contrast to three years for simple coercion (art 181 SPC).

[106] The introduction of the legal amendments at question makes also necessary that the Federal Constitution includes a new clause which provides the Confederation with the authority to release prescriptions to protect minors and other people having an enhanced need for protection from offences.

[107] Motion of Carlo Sommaruga (08.3373) dated 2008/12/06: "Enhanced Prevention of Paedo Criminality and Other Felonies" (*Prévention pénale accrue en matière de pédocriminalité et autres infractions*). Source: curia vista: www.parlament.ch.

coherent and comprehensive child protection policy at national level; in June 2008 the Federal Social Insurance Office (FSIO) formed with the UBS Optimus Foundation and the OAK Foundation[108] an association based on a public private partnership with the objective to improve co-ordination, promotion and implementation of prevention projects at the national level. In the long term (2020) the association "PPP National Program for the Protection of Children" (*PPP Programme National pour la Protection de l'Enfant*) has the intention to arrive at a jointly defined national strategy for child protection, a process whereby the Cantons and all important interest groups are supposed to be included. In 2009 a proposal for a national child protection program and a corresponding implementation plan were presented (Hanhart et al., 2009a; Hanhart, Hauri, & Stiftung Kinderschutz Schweiz, 2009b). The undertaking, however, came to a halt after a process of public consultation showed that there was broad scepticism as far as the organisational structure of the funding body was concerned: because child protection is a task for which Cantons, municipalities and to a lesser degree the Confederation are responsible, the reviewer did not judge it appropriate to cede steering and strategic development in this field to a public-private partnership. There was also some criticism with regard to the contents of the proposed plan (PPP PN, 2010)[109]. The FSIO which represents the public part of the partnership decided thereafter to pursue the objective of enhancing national co-ordination between the child protection policies of the Cantons within the framework of another political project: currently a parliamentary postulate is pending which urges the Federal Council to present a plan of action that provides propositions about what measures can be taken to protect children better from violence experienced at home[110]. This postulate also demands that the action plan outlines how the tasks of the municipalities, the Cantons and the Confederation can be co-ordinated in order to make a more efficient use of available resources for the protection of children against violence at home.

2.6.2 Child protection in public perception

In the short description of the political system in the first section of this chapter it was pointed out that direct democracy is one of the main traits of the Swiss political system. This fact is reflected by various particularities of the institutional setting that are rooted in the comparatively long history of democracy in Switzerland. Moreover, it can be said that the idea of citizenship as the source of ultimate power in governing social issues is deeply engraved into the mentality of the Swiss people. Although citizenship till not too long ago was the preserve of men, e.g. women only received full political rights at the federal level in 1971, it has come to be considered as the core element of any participation or decision making in affairs of public interest. As a consequence parliamentary politicians, members of the Swiss army, and also members of the executive, judges and guardianship authorities at the local level,

---

[108] These are two potent foundations which are operating internationally by funding prevention projects in particular in the field of child protection.

[109] For more detailed information: www.ppp-protection-enfance.ch.

[110] Cf. Postulate of Jacqueline Fehr (07.3725) dated 2007/10/05: "Protection of Children and Youth from Violence in the Family" (*Schutz der Kinder und Jugendlichen vor Gewalt in der Familie*). Source: curia vista: www.parlament.ch.

especially in small municipalities, are not appointed as professionals but have to earn their living by following some professional activities. This militia system, as well as demonstrating the persistence of very effective instruments of direct democracy, reflects a strong reluctance to abandon rights to political or professional elites. It also explains a widespread unwillingness amongst the Swiss population to give up civilian political rights to courts, be they at constitutional or international level, although this sometimes conflicts with conceptions based on human rights. Another consequence of the emphasis put on citizenship as a buttress of social cohesion is reflected in the fact that the private sphere is upheld as a principle which opposes any kind of state interference. Thus, the way the child protection issue is institutionally embedded in Switzerland, as well as its position in the national agenda as outlined in the foregoing two sections, has to be considered against the background of such cultural particularities. This obviously also holds true for the public perception of the child protection issue which is highlighted below by the illustrative use of media reports from the German speaking regions of Switzerland. Such a cursory examination of reports and news published during the last couple of months reveals that themes which implicitly or explicitly refer to the issue of child protection can be assigned to two topics which will inform the final discussion in this chapter.

The first topic is historical in character and deals with the situation of the so-called "hired-out work-children" (*Verdingkinder*) in the last century. This term refers to a practice which was quite common in Switzerland's rural areas from 18th until the middle of the 20th century: children born into poor families were sometimes given away by their parents to work for another household where they were taken into foster care. In recent years many autobiographical details of people who themselves were victims of this practice have been published (e.g. Leuenberger & Seglias, 2008; Ramsauer, 2000). In 2011 an historical movie was presented in the cinemas that united in a fictive story the harsh experiences of such children.[111] Additionally, a mobile exposition dedicated to this topic was created which also informs us of the suffering of hired-out work-children in the past century.[112] Yet a perspective which only points to the negative aspects of the social phenomenon of hired-out work-children was recently challenged by two articles published in a weekly magazine (Gut, 2011a, 2011b). There, it was pointed out that the picture presented by the autobiographies and published personal statements is distorted because the incentive to report positive experiences is as a natural fact comparably low (cf. Hafner, 2011). In the second article, based on studies previously referred to, attention is drawn to the historical fact that in the first half of the last century the modern institutions of the welfare state were absent and harsh poverty was still endemic, particularly in rural areas. The practice of the paucity driven out-of-home placement was therefore for the children of poor families frequently a better solution as it provided them at least with food and sometimes even with education. Furthermore, the practice of out-of-home placement was actually promoted as a way to improve equity of opportunities in the 18th and 19th century by philanthropists, and in the 20th century also by proponents of Social Democracy.

---

[111] The movie bears the title «Der Verdingbub» and was directed by Markus Imboden.

[112] The exposition "Hired-out work-children speak" (*Verdingkinder reden*) was supported by the association "Stolen Childhood" (*Geraubte Kindheit*).

The second topic, which can be distilled out of the current public debate on child protection as reflected in the media, concerns a far more fundamental issue. It centres on the question of how far the constitutionally guaranteed freedom of religion and conscience (art. 15 FCSC) shall be interpreted, especially as it conflicts with the protection of children and young people which, as outlined in section 2.4.1, is also anchored in the Federal Constitution (art. 11). More specifically it concerns the provisions laid down in the Swiss Civil Code. Accordingly, parents are on the one hand "free to determine the child's religious upbringing" (art. 303 para. 1 SCC), and on the other, they are obliged to "raise and care for a child with his or her best interests in mind" (art. 301 para. 1 SCC) and to "encourage and safeguard the child's physical, mental and moral development" (art. 302 para. 1 SCC). The potential for conflict which is inherent in these provisions becomes manifest in the public debate in several ways. So a public discussion has arisen with respect to federal endeavours to implement in kindergarten and primary schools sexual education as part of an early prevention programme. Although opposition to such endeavours is not confined to social circles that represent fundamentalist religious ideas, it seems obvious that these dominate the debate. Another area of conflict concerns the cultural value systems of some immigrants which partly clash with attitudes shared by the majority of the autochthonous population. The political attention given to the phenomena of female genital mutilation and forced marriage reflect such potential conflicts. Other issues for debate concern for example, the evidence of a differential prevalence with regard to child maltreatment in autochthonous and immigrated families, or the dispensation of Muslim girls from swimming training in schools.

Lastly, a new issue has been highlighted in the media only recently (e.g. Rau, 2011), which possibly will be of growing concern for child protection authorities in the future. It refers to a widespread scepticism concerning the standard scientifically based medical treatment which today apparently results more frequently in parental neglect of the vital needs of their children. So parents who follow the rules of Veganism risk harming their children if they do not allow for medical compensation of vitamin B 12 which is absolutely necessary for the development of the child's nervous system; adherents of alternative medical treatment sometimes withhold their permission for their children to medical treatment of cancer, and members of Jehovah's Witnesses may refuse blood transfusions in cases of medical emergency. More comparable situations could be mentioned, where religious or other kinds of ideologies turn out to be unfavourable or even harmful to the development of children. Child protection authorities are challenged in such cases because they have to find a balance between the parents' right to bring up their children according to their beliefs and conceptions of the world, and the child's interest in particular as regards his or her physical and mental health.

Legal sources

CPC: Swiss Criminal Procedure Code (*Schweizer Strafprozessordnung, StPO*) entered into force January 1, 2011

FCSC: Federal Constitution of the Swiss Confederation (*Bundesverfassung der Schweizerischen Eidgenossenschaft*) entered into force the 18th April 1999

Federal Act of 21 December 2007 on International Child Abduction and the Hague Conventions on the Protection of Children and Adults (*Bundesgesetz über international Kindesentführung und die Haager Übereinkommen zum Schutz von Kindern und Erwachsenen, BG-KKE*)

Federal Law on the Promotion of Extracurricular Children and Youth Welfare adopted on September 30, 2011 (*Bundesgesetz über die Förderung der ausserschulischen Arbeit mit Kindern und Jugendlichen*)

FVCA: Federal Victims of Crime Act (*Opferhilfegesetz, OHG*) entered into force January 1, 2009

JCJA: Federal Juvenile Criminal Justice Act (*Jugendstrafgesetz, JSTG*) entered into force January 1, 2007

JCPC: Swiss Juvenile Criminal Procedure Code (*Schweizerische Jugendstrafprozessordnung, JStPO*) entered into force January 1, 2011

SCC: Swiss Civil Code (*Zivilgesetzbuch, ZGB*) entered into force January 1, 1912

SPC: Swiss Penal Code (*Schweizerisches Strafgesetzbuch, StGB*) entered into force January 1, 1942

Swiss Federal Act on Private International Law (*Bundesgesetz vom 18. Dezember 1987 über das Internationale Privatrecht, IPRG*)

Bibliographical References

ACOSS. (2010). *Poverty Report*. Strawberry Hills Australian Council of Social Service (ACOSS).

Aeberli, I., Amman, R., Knabenhans, M., Molinari, L., & Zimmermann, M. (2009). Decrease in the prevalence of paediatric adiposity in Switzerland from 2002 to 2007. *Public Health Nutrition*, 1-6.

Arbeitsgruppe Kindesmisshandlung. (1992). *Kindesmisshandlungen in der Schweiz. Schlussbericht zuhanden des Vorsteher des Eidgenössischen Departements des Innern* (No. 93.034, BBI 1995 IV 1). Bern.

Berman, H. J. (1983). *Law and Revolution. The Formation of the Western Legal Tradition*. Cambridge, Massachusetts: Harvard University Press.

Bonfadelli, H., & Bucher, P. (2006). Mediennutzung von Jugendlichen mit Migrationshintergrund: Inklusion oder Exklusion? In K. Imhof, R. Blum, H. Bonfadelli & O. Jaaren (Eds.), *Demokratie in der Mediengesellschaft* (pp. 319-340). Wiesbaden: VS Verlag für Sozialwissenschaften.

Bonfadelli, H., & Moser, H. (2007). *Medien und Migration. Europa als multikultureller Raum?* Wiesbaden: VS Verlag für Sozialwissenschaften.

Child Rights Network Switzerland. (2009). *Zweiter NGO-Bericht an den Ausschuss für die Rechte des Kindes*. Bern: Child Rights Network Switzerland - Netzwerk Kinderrechte Schweiz.

Committee on Child Abuse and Neglect. (2001). Distinguishing Sudden Infant Death Syndrome From Child Abuse Fatalities. *Pediatrics, 107*(2), 437-441.

Cottier, M. (2006). *Subjekt oder Objekt? Die Partizipation von Kindern in Jugendstraf- und zivilrechtlichen Kindesschutzverfahren. Eine Rechtsoziologische Untersuchung aus der Geschlechterperspektive*. Bern: Stämpfli Verlag.

Delgrande Jordan, M., & Messerli, J. (2003). Chronische Beschwerden und Suizid. *Standpunkte, 5*(11).

Dupont, T. (2008). *Verstümmelung der weiblichen Genitalien (FGM). Zusammenfassung der Untersuchungen und Empfehlungen*. Fribourg: Arbeitsgruppe der Kommission für die Integration der Migrantinnen und Migranten und gegen Rassismus (KMR). Direction de la sécurité et de la justice/Sicherheits- und Justizdirektion Canton de Fribourg/Kanton Freiburg.

Federal Chancellery. (2011). *The Swiss Confederation: A Brief Guide*. Bern: Swiss Confederation - Schweizer Eidgenossenschaft.

Federal Council. (2008). *Strategie für eine schweizerische Kinder- und Jugendpolitik. Bericht des Bundesrats in Erfüllung der Postulate Janiak (00.3469) vom 27. September 2000, Wyss (00.3400) vom 23. Juni 2000 und Wyss (01.3350) vom 21. Juni 2001*. Bern: Federal Social Insurance Office (FSIO) - Bundesamt für Sozialversicherungen (BSV).

Federal Council. (2009). *Jugend und Gewalt. Wirksame Prävention in den Bereichen Familie, Schule, Sozialraum und Medien. Bericht des Bundesrates in Erfüllung der Postulate Leuthard (03.3298) vom 17. Juni 2003, Amherd (06.3646) vom 6. Dezember 2006 und Galladé (07.3665) vom 4. Oktober 2007*. Bern: Swiss Federal Council - Schweizerischer Bundesrat.

Federal Council. (2010). *Botschaft zum Bundesgesetz über die Förderung der ausserschulischen Arbeit mit Kindern und Jugendlichen (Kinder- und Jugendförderungsgesetz, KJFG) verabschiedet am 17. September 2010*. Bern: Swiss Federal Council - Schweizerischer Bundesrat.

Federal Council. (2011). *Botschaft zum Bundesgesetz über Massnahmen gegen Zwangsheiraten vom 23. Februar 2011*. Bern: Swiss Federal Council - Schweizerischer Bundesrat.

FOJ. (2010). *Evaluation der Wirksamkeit des revidierten Allgemeinen Teils des Strafgesetzbuches und des Bundesgesetzes über das Jugendstrafrecht (call for proposals)*.

FOPH. (2005). *Suizid und Suizidprävention in der Schweiz. Bericht in Erfüllung des Postulates Widmer (02.3251)*. Bern: Federal Office of Public Health (FOPH) - Bundesamt für Gesundheit (BAG).

Frossard, S. (2003). *Emergence et développement des politiques cantonales de la jeunesse Cahier de l'IDHEAP*. Chavannes-près-Renens.

FSIO. (2005). *Gewalt gegen Kinder. Konzept für eine umfassende Prävention*. Bern: Federal Social Insurance Office (FSIO) - Bundesamt für Sozialversicherungen (BSV).

FSIO. (2008). *Expertenberichte in Erfüllung des Postulates Janiak (00.3469) vom 27. September 2000*. Bern: Federal Social Insurance Office (FSIO) - Bundesamt für Sozialversicherungen (BSV).

FSIO. (2010). *Gesamtschweizerisches Präventionsprogramm Jugend und Gewalt*. Bern: Federal Social Insurance Office (FSIO) - Bundesamt für Sozialversicherungen (BSV).

FSO. (2008). *Ausländerinnen und Ausländer in der Schweiz. Bericht 2008*. Neuchâtel: Federal Statistical Office (FSO) - Bundesamt für Statistik (BFS).

FSO. (2009). *Demografisches Porträt der Schweiz. Ausgabe 2009*. Neuchâtel: Federal Statistical Office (FSO) - Bundesamt für Statistik (BFS).

FSO. (2011a). *Schülerinnen, Schüler und Studierende 2009/10*. Neuchâtel: Federal Statistical Office (FSO) - Bundesamt für Statistik (BFS).

FSO. (2011b). *Statistical Yearbook 2011 - Statistical Data in a Nutshell*. Neuchâtel: Swiss Federal Statistical Office (FSO) - Bundesamt für Statistik (BFS).

FSO, & EDK. (2002). *Für das Leben gerüstet? Die Grundkompetenzen der Jugendlichen - Nationaler Bericht der Erhebung PISA 2000*. Neuchâtel: Federal Statistical Office (FSO) - Bundesamt für Statistik (BFS).

Gärtner, L., & Vollmer, T. (2008). Child and Youth Policy in Switzerland. *European Journal on Child and Youth Policy, 12*(12).

Gut, P. (2011a). Rückwärtsgewandte Empörung. *Die Weltwoche.*

Gut, P. (2011b). Zum Wohl der Kinder. *Die Weltwoche.*

Häfeli, C. (2005). *Wegleitung für vormundschaftliche Organe*. Zürich: Kantonale Drucksachen- und Materialzentrale.

Häfeli, C. (2010). Professionalität, Selbstbestimmung und massgeschneiderte Massnahmen. Vom Vormundschaftsrecht zum modernen Kindes- und Erwachsenenschutz - die wichtigsten Neuerungen. *SozialAktuell, 4*, 14-18.

Hafner, U. (2011). *Heimkinder. Eine Geschichte des Aufwachsens in der Anstalt*. Baden: Hier+Jetzt Verlag.

Hanhart, J., Hauri, A., & Stiftung Kinderschutz Schweiz. (2009a). *Vorschlag für ein Nationales Kinderschutzprogramm NKP 2010 – 2020. Endbericht Teil IV: Materialien zum Kapitel "Zivilrechtlicher Kindesschutz" des Expertinnen- und Expertenberichts. Erstellt im Auftrag des Vereins PPP-Programme National pour la Protection de l'Enfant*. Bern: Stiftung Kinderschutz Schweiz.

Hanhart, J., Hauri, A., & Stiftung Kinderschutz Schweiz. (2009b). *Vorschlag für ein Nationales Kinderschutzprogramm NKP 2010 – 2020. Erstellt im Auftrag des Vereins PPP-Programme National pour la Protection de l'Enfant*. Bern: Stiftung Kinderschutz Schweiz.

Harris, J. R. (1995). Where is the child's environment? A group socialization theory of development. *Psychological Review, 102*(3), 458-489.

Hurrelmann, K. (2005). *Lebensphase Jugend. Eine Einführung in die sozialwissenschaftliche Jugendforschung, 8. Auflage*. Weinheim: Juventa.

ispa. (2009). *Habitudes alimentaires, activité physique et statut pondéral chez les élèves de 11 à 15 ans en Suisse. Situation en 2006 et évolution récente Résultats de l'Enquête internationale Health Behaviour in School-aged Children (HBSC)*. Lausanne: Institut suisse de prévention de l'alcolism et autres toxicomanies (ispa).

Leimgruber, W., Meier, T., & Sablonier, R. (1998). *Das Hilfswerk für die Kinder der Landstrasse. Historische Studie aufgrund der Akten der Stiftung Pro Juventute im Schweizerischen Bundesarchiv*. Bern: Schweizerisches Bundesarchiv.

Leuenberger, M., & Seglias, L. (2008). *Versorgt und vergessen. Ehemalige Verdingkinder erzählen*. Zürich: Rotpunktverlag.

Marie Meierhofer-Institut für das Kind. (1996). Leitbild und fachliche Positionierung. Marie Meierhofer-Institut für das Kind.

Meier, T. (2008). The fight against the Swiss Yenish and the 'Children of the open road' campaign. *Romani Studies, 18*(2), 101-121.

Moser, H. (2006). *Mediennutzung und kultureller Hintergrund: Medien im Alltag von Kindern und ihren Eltern. Schlussbericht NFP52.* Bern: Schweizer Nationalfonds.

Narring, F., Tschumper, A., Inderwildi Bonivento, L., Jeannin, A., Addor, V., Buetikofer, A., et al. (2003). *Santé et styles de vie des adolescents âgés de 16 à 20 ans en Suisse (2002). SMASH 2002: Swiss multicenter adolescent study on health 2002*. Lausanne/Bern/Bellinzona.

Nett, J. C. (1999). Kooperation, Reziprokation und institutioneller Wandel. In A. T. Paul (Ed.), *Ökonomie und Anthropologie* (pp. 65-87). Berlin: Arno Spitz.

Nett, J. C. (2010). Die kulturelle Dimension: Jugendliche Gewaltdelinquenten haben überproportional häufig einen Migrationshintergrund. *SozialAktuell*(9), 22-24.

Nidegger, C., Moser, U., Angelone, D., Brühwiler, C., Buccheri, G., Abt, N., et al. (2010). *PISA 2009. Schülerinnen und Schüler der Schweiz im internationalen Vergleich. Erste Ergebnisse*. Neuchâtel: Konsortium PISA.ch.

Niggli, M. A., & Berkemeier, B. (2006). *Zur Frage der Strafbarkeit weiblicher Genitalverstümmelung gemäss den Typen I und IV. Rechtsgutachten*. Zürich: Schweizerisches Komitee für UNICEF.

PPP PN. (2010). *Ergebnisbericht des Konsultationsverfahrens Nationales Kindesschutzprogramm 2010-2020*: PPP Programme national pour la protection de l'enfant.

Ramsauer, N. (2000). *Verwahrlost. Kindswegnahmen und die Entstehung der Jugendfürsorge im schweizerischen Sozialstaat 1900-1945*. Zürich: Cronos.

Rau, S. (2011, November 7). Wenn Eltern den Tod der Kinder in Kauf nehmen*. Der Bund,* p. 5.

Reece, R. M. (1993). Fatal Child Abuse and Sudden Infant Death Syndrome: A Critical Diagnostic Decision. *Pediatrics, 91*(2), 423-429.

Rey Gex, C., Narring, F., Ferron, C., & Michaud, P. A. (1998). Suicide attempts among adolescents in Switzerland: Prevalence, associated factors and comorbidity. *Acta Psychiatrica Scandinivica, 98*, 28-33.

Ribeaud, D., & Eisner, M. (2009). *Entwicklung von Gewalterfahrungen Jugendlicher im Kanton Zürich*. Oberentfelden: Sauerländer.

Robertson, A., Lobstein, T., & Knai, C. (2007). *Obesity and socio-economic groups in Europe: Evidence review and implications for action*: European Commission.

Sauter, D., & Hüttenmoser, M. (2006). *Integrationspotenziale im öffentlichen Raum urbaner Wohnquartiere. Zusammenfassung der Ergebnisse. Forschungsprojekt durchgeführt im Rahmen des Nationalen Forschungsprogramms „Integration und Ausschluss" (NFP51)*. Zürich: National Research Programme NRP 51 and Federal Office of Sports (FOSPO).

Schmid, H., Delgrande Jordan, M., Kuntsche, E., Kuendig, H., & Annaheim, B. (2008). *Der Konsum psychoaktiver Substanzen von Schülerinnen und Schülern in der Schweiz. Ausgewählte Ergebnisse einer Studie, durchgeführt unter der Schirmherrschaft der Weltgesundheitsorganisation (WHO)* (No. 42, Revidierte und aktualisierte Fassung). Lausanne: Schweizerische Fachstelle für Alkohol- und andere Drogenprobleme sfa/ispa.

Schultheis, F., Perrig-Chiello, P., & Egger, S. (2008). *Kindheit und Jugend in der Schweiz.* Weinheim/Basel: Beltz Verlag.

Schumacher, B. (2010). *Freiwillig verpflichtet. Gemeinnütziges Denken und Handeln in der Schweiz seit 1800.* Zürich: Neue Zürcher Zeitung AG.

Sihls, E. (1991). Was ist eine "Civil Society"? In M. Krzysztof (Ed.), *Europa und die Civil Society / Castelgandolfo Gespräche 1989, Institut für die Wissenschaften vom Menschen* (pp. 13-51). Stuttgard: Klett-Cotta.

SNSF. (no year). *Childhood, Youth and Intergenerational Relationships in a Changing Society. Portrait of the National Research Programme NRP 52*. Bern: Swiss National Science Foundation (SNSF) - Schweizerischer Nationalfonds zur Förderung der wissenschaftlichen Forschung (SNF).

Stamm, H., Ackermann, U., Frey, D., Lamprecht, M., Ledergerber, M., Steffen, T., et al. (2011). *Monitoring der Gewichtsdaten der schulärztlichen Dienste der Städte Basel, Bern und Zürich. Vergleichende Auswertung der Daten des Schuljahres 2009/2010.* Zürich: Lamprecht und Stamm Sozialforschung und Beratung AG.

Stamm, H., Wiegand, D., & Lamprecht, M. (2010). *Monitoring der Gewichtsdaten von Kindern und Jugendlichen in den Kantonen Graubünden, Wallis, Jura, Genf und Basel-Stadt sowie den Städten Freiburg, Bern und Zürich. Resultate aus einem von Gesundheitsförderung Schweiz unterstützten Projekt.* Zürich: Lamprecht und Stamm Sozialforschung und Beratung AG.

Stirling, J., & Committee on Child Abuse and Neglect. (2007). Beyond Munchausen Syndrome by Proxy: Identification and Treatment of Child Abuse in a Medical Setting. *Pediatrics, 119*(5), 1026-1030.

Swiss Federal Council. (1998). *Botschaft zur Änderung des Schweizerischen Strafgesetzbuches (Allgemeine Bestimmungen, Einführung und Anwendung des Gesetzes) und des Militärstrafgesetzes sowie zu einem Bundesgesetz über das Jugendstrafrecht vom 21. September 1998.* Bern: Swiss Federal Council - Schweizer Bundesrat.

Swiss Society of Paediatrics. (2011). Deutliche Zunahme von Kinderschutzfällen an Schweizer Kinderkliniken. *Schweizerische Ärztezeitung, 92*(25), 949.

Urwyler, C., & Nett, J. C. (forthcoming). *Evaluation der Wirksamkeit des Bundesgesetzes über das Jugendstrafrecht.* Bern: Berner Fachhochschule, Fachbereich Soziale Arbeit.

Urwyler, C., Nett, J. C., & Rondi, C. (2011). *Soziale Integration Jugendlicher. Eine komparativ-analytische Untersuchung in drei Berner Gemeinden, Schlussbericht, .* Bern: Berner Fachhochschule, Fachbereich Soziale Arbeit.

VBK, K. d. k. V. (2008a). Empfehlungen Kindes- und Erwachsenenschutzbehörde: die Kindes- und Erwachsenenschutzbehörde als Fachbehörde (Analyse und Modellvorschläge). *Zeitschrift für Vormundschaftswesen, 2*, 65-101.

VBK, K. d. k. V. (2008b). Stärken und Schwächen der aktuellen Behördenstrukturen: Beilage 1 zu den Empfehlungen der VBK «Kindes- und Erwachsenenschutzbehörde als Fachbehörde (Analyse und Modellvorschläge)» *Zeitschrift für Vormundschaftswesen, 2*(102-116).

Voll, P., Jud, A., Mey, E., Häfeli, C., & Stettler, M. (2010). *La protection de l'enfance: gestion de l'incertitude et du risque. Recherche empirique et regards de terrain*. Genève: Les éditions ies.

Walser, S., & Killias, M. (2009). *Jugenddelinquenz im Kanton St. Gallen. Bericht zuhanden des Bildungsdepartementes und des Sicherheits- und Justizdepartementes des Kantons St. Gallen.* Zürich: Kriminologisches Institut, Universität Zürich.

Walzer, M. (1992). *Zivile Gesellschaft und amerikanische Demokratie.* Berlin: Rotbuch Verlag.

WHO/Europe. (2006). *Addressing the socioeconomic determinants of healthy eating habits and physical activity levels among adolescents*: World Health Organisation/Regional Office for Europe.

WHO/Europe. (2012). Obesity. Facts and Figures.

Willemse, I., Waller, G., & Süss, D. (2010). *JAMES. Jugend, Aktivitäten, Medien - Erhebung Schweiz.* Zürich: Zürcher Hochschule für Angewandte Psychologie.

Wyttenbach, J. (2008). Rechtliche Rahmenbedingungen und Lücken im Bereich der Schweizer Kinder- und Jugendpolitik – Verfassungsrechtliche und internationalrechtliche Grundlagen. In E. D. d. Innern (Ed.), *Schweizerische Kinder- und Jugendpolitik: Ausgestaltung, Probleme und Lösungsansätze* (pp. 47-72). Bern.

Zatti, K. B. (2005). *Das Pflegekinderwesen in der Schweiz. Analyse, Qualitätsentwicklung und Professionalisierung* (Expertenbericht). Bern: Bundesamt für Justiz.

3 Cross National Analyses of Good Practice and derived Recommendations

Trevor Spratt

in collaboration with Jachen C. Nett, Leah Bromfield, Johanna Hietamäki, Heinz Kindler and Lina Ponnert

3.1 Introduction

In the original conceptualisation of this project we identified two primary aims; first to examine current evidence for the effective delivery of child protection services from countries whose levels of economic and social development is comparable to that of Switzerland; and second, to identify international comparisons of good practice to be evaluated with respect to the validity of their application in Switzerland. We have addressed these aims by comparing child protection practices across countries, providing analysis and making recommendations. The analyses and recommendations provided here are, in part, drawn from those provided in the five country case studies and from the collective secondary analyses carried out by the report authors at a workshop convened in Berne. These findings have been subject to further analysis and evaluation with respect to their application in a Swiss context by a panel comprising experts drawn from the legal, academic and practice fields in Switzerland. We are indebted to Andrea Hauri, Marco Zingaro, Christian Nanchen, Stefan Blülle, Peter Voll, Stefan Schnurr and Judith Wyttenbach for their work in this regard. The advice received by the expert panel has informed a number of changes within this, the final report, reflecting the feasibility of implementing the recommendations in the Swiss context. Our intention is to provide a principled and pragmatic account of what constitutes an effective, modern child protection system with recommendations for implementation in Switzerland. Our intention is not to set out exactly how such recommendations might be implemented; this later task, the implementation phase, being a matter for all those concerned with respect to legal, policy and practice dimensions of child protection in Switzerland.

The structure of this overview chapter, whilst not completely similar to the individual country reports, nevertheless draws on the information provided in each report and presents analysis and recommendations along the dimensions indicated in the original proposal. It will be evident, however, that some countries provide a greater weight of evidence in some dimensions than others. This is to be expected, as the development of each country's system creates differences which serve to highlight particular points of interest. It is worth noting from the outset that in determining what constitutes an effective child protection system the team relied upon evidence from failure, as well as the promising practices and conceptual and theoretical knowledge that underpins contemporary child

protection systems. It is important to note, however, that the evidence-base drawn from research to inform 'what works' in child protection is insufficiently developed to provide a definitive model applicable in any context. Consequently we also draw on the principles underpinning effective child protection systems in the specification of operational models.

3.2 Identifying the key stimuli for the development of child protection systems

In developing an understanding of why economically developed countries are paying attention to the renewal and development of their child protection systems it is important to identify the key external stimuli which have provided both a context and catalyst for such developments. This will not only help position the current initiative undertaken by Switzerland in this regard, but also provide a wider context for understanding the developing consensus internationally as to the principles upon which an effective system for the protection of children may be built – this consensus being a major theme of this report.

The key stimuli identified here are: the epidemiological evidence for the prevalence and effects of child maltreatment, the recognition of the need for investment in children, the importance of children's rights and the inter-country comparisons highlighting governmental responses to the rights and needs of children within a discourse of child protection. Such stimuli serve to create a number of imperatives which, when considered collectively, provide both an initial catalyst and continuing momentum for change within child protection systems.

3.2.1 Prevalence and effects of child maltreatment - The scientific imperative

Child maltreatment encompasses both the abuse and neglect of children. Effects are not only realised in childhood, but potentially over the life course, as individuals experience poor mental and physical health, addiction and problems in parenting their own children as a result of adversities experienced in childhood. The experience of such adversities and their effects has become a public health issue for economically developed countries. It is estimated in relation to prevalence that, '4-16% of children are physically abused and one in ten are neglected or psychologically abused. During childhood, between 5% and 10% of girls and up to 5% of boys are exposed to penetrative sexual abuse, ...however official rates [those children referred to child protection services] indicate less than a tenth of this' (Gilbert et al., 2008, p70). Such statistics, however, acquire greater significance when we consider that a very narrow definition of what impacts negatively on children is being used. Taking the broader view of the range of adversities from which children may need protection (as we do in this report) serves to greatly increase the numbers of children requiring extra help from society. The work carried out by epidemiologists with regard to prevalence and retrospective studies detailing the associations between adversities experienced in childhood and problems in adulthood create the scientific imperative for action to address such issues.

3.2.2   Investment in children - The economic imperative

The concept of the 'social investment state' wherein children are seen as important investment sites provides a persuasive influence in advanced economies where investment in citizens to enable them to avail of opportunities created by a globalised market economy, and in turn, to contribute to that economy through their participation, has become a priority. Such investment is usually concerned with enhancing educational prospects, with those children failing to avail of such opportunities targeted for extra investment. Research tells us that such children often experience a range of adversities in childhood which not only make the use of educational opportunities difficult for them, but further predicts a future of high costs to society in the number of remedial services required over a lifetime and low productivity in terms of reduced tax returns due to low level or non participation in the work market (Spratt, 2009). Such modeling has created an economic imperative to identify such children at an early stage and has largely fuelled the growth of early intervention and prevention initiatives that seek to protect children from a range of poor life outcomes.

3.2.3   Children's rights - The legal imperative

All the countries in this study are signatories to the United Nations Convention on the Rights of the Child (UNCRC). Whilst based on a moral code the essential power of the Convention is that it is a legal instrument which contains clear principles on the rights of children to be protected and to be provided with services. Article 19 is of particular importance, explicitly stating that children be protected from 'all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.' In reporting on progress made in conforming legislation and policy to such principles, governments responses are both visible to their own citizenry and to the international community. In this way the protection of children becomes a legal imperative enshrined in international treaty and subject to ongoing scrutiny.

3.2.4   Inter-country comparisons - The moral imperative

There is an increasing trend for international bodies to chart the progress of countries using comparable data against various criteria. The UNCRC provides one example of this in the field of child protection but there are others. The World Health Organisation (WHO) has published extensively on inter-country comparison of incidence and response in relation to child maltreatment (Butchart et al, 2006). UNICEF provides indexes of deaths from child maltreatment (2003) and the health and safety of children in rich countries (2007). There is also a growing interest amongst academics internationally in providing an analysis of the efficacy of child protection systems (Gilbert et al., 2011). Such interest has served to make governments sensitive to the effect of comparisons which may cast their own policies and practices under negative or positive light and create a continued sense of accountability to the international community. Such comparisons also serve to create a moral imperative which causes governments to improve policies and practices for children which in turn is reflected in positive performances on international league tables.

The collective weight provided by the key stimuli outlined above has led to a growing tendency for governments to seek to examine child protection systems in comparable countries as a basis for establishing best practice to inform the renewal and development of their own child protection systems. Such external stimuli have, of course, to be balanced alongside internal stimuli as countries respond to particular pressures from within their own jurisdiction, including system failures.

3.3   The purposes of modern child protection systems

Whilst the five countries represented in this study differ from one another, especially across certain historical dimensions, we may, nevertheless, observe similar trajectories in relation to how the needs of children have come to be understood in modern times. These chart the implementation of laws and policies necessary to identify and protect those most vulnerable children in society, the creation of services to meet their needs and the development of practice methods to secure best outcomes for children. Taken collectively, these developments represent the growing influence of a scientifically informed societal approach to the issue of the protection of children.

An analogy with medicine may prove helpful in illustrating how our thinking with respect to comparable social and health issues has progressed. In Belfast, Northern Ireland, in the 1960s, the first portable defibrillator was invented by a local Doctor, Frank Pantridge. He had the idea of placing defibrillators in ambulances and treating patients with heart attacks where they had suffered the attack, rather than requiring them to be brought into hospital. Within the first 15 months he recorded 10 successful resuscitations. His obituary ironically comments that it was only 'after the usual 10-15 years of skepticism', that a defibrillator was fitted into every UK ambulance and Pantridge was labeled the 'father of emergency medicine'. We look back on those times and see them as the beginning of a success story for medical intervention, with death rates from heart attacks having fallen by 40% in the UK since the early 1970s. However we need to take a deeper look to understand what has contributed to such a dramatic decline. In a study combining and analysing data on uptake and effectiveness of cardiac treatments and risk factor trends, the authors examined how much of the decline in coronary heart disease mortality in England and Wales between 1981 and 2000 could be attributed to medical and surgical treatments (such as the use of portable defibrillators) and how much to advances in understanding of cardiovascular risk factors. They concluded that 58% of the mortality decline was attributable to reductions in major risk factors, principally smoking (Unal et al., 2004).

In similar ways child protection systems may be viewed as trying to achieve two things; intervening in situations where a crisis has already occurred using a responsive emergency system, and identifying those populations most at risk and providing preventative services to them in order that such emergency responses will not be required. Both types of response are necessary and contribute to the protection of children. Our individual country studies, however, reveal a historical emphasis in Australia and in the United Kingdom on ensuring that the emergency system is well resourced and of

central importance in the protection of children (sometimes referred to in the literature as a 'child protection orientation'). By contrast, to varying degrees in Finland, Sweden and Germany the emphasis has been on working with families in order to achieve a reduction in risk factors associated with poor outcomes for children; sometimes referred to in the literature as a 'family service orientation'. Our analysis of the five country reports suggests that, despite such historical differences in orientation, there is a convergence discernable across the nations in the present time to ensure both preventative and emergency services are combined within child protection systems, sometimes referred to as a 'public health model'.

Whilst there is no perfect model for a modern child protection system, we demonstrate in this report that just as we require both the availability of defibrillators (they are now located in most public buildings) and the promotion of healthy lifestyle choices in the campaign to reduce the incidence of heart disease, there is a need for both robust immediate response systems and services to identify and reduce risk factors in order to fully protect children. This is as close as we may come to a first universal truth with respect to child protection systems. In the proceeding sections of this chapter we will seek to reflect this truth by balancing recommendations with regard to the imperative to build a strong intervention system for those children requiring immediate protection with the imperative to create an effective system for indentifying children who require services early, in order to prevent poor outcomes in their lives.

Our second universal truth is that BIG IDEAS (often driven by ideology rather than evidence) which are implemented quickly without rigorous testing, are usually unhelpful and may in fact be dangerous. Whilst innovation in many aspects of life may be viewed as positive, application of ideas that promise much in terms of protection to children require careful weighing. As we will observe when we come to consider the features of the child protection systems across the five countries, there exists an oscillation between attempts to ensure the protection of children by removing them from their families into the care of the state and seeking to promote the natural family as the best place to bring up children, with an associated reluctance to bring them into state care. At times such ideas may be presented as overarching principles which attract almost universal support within countries, but such principles may create dysfunctional consequences. For example, countries such as Sweden who hold strongly to the idea that services are best directed to children in the context of their own families, have low rates of young children being admitted to state care, with higher rates of admission in adolescence when family arrangements break down. Yet we know that young children are most vulnerable to the effects of abusive or inadequate parenting and that attempting to deliver services within the family home may have the effect of causing damage to children whose developmental needs might better be met by growing up in a more stable alternative care placement provided by the state. Conversely, the residual approach, most notable in Australia, wherein the state is less likely to intervene to provide home based services for families who require these but are quick to admit children to state care at a young age if parents are failing to meet their needs or are abusive, may create opposite effects. Here the lack of preventative services may serve to increase the numbers of children coming into state care

where service provision delivered to their families at an earlier stage may have prevented such admissions.

The lesson that we can draw from such analysis is that we must be careful to ensure that child protection systems are informed by principles, but that we also need to guard against the reification of such principles as they may cause distorting effects within the system and impact negatively on the lives of some children. The alternative approach is to develop a set of more nuanced principles which reflect the diversity of families and the needs of children. Such principles should be informed by research into what works best for children and reflect a balance between the rights of parents and those of children. Whilst such balances will inevitably reflect the inter-country differences we have detected both in our study and in the literature, there is an emerging consensus on what constitutes good outcomes for children and how these may be supported by child protection systems. These too are reflected in our analysis and recommendations.

3.4   Features of the Development of Child Protection Systems

In providing a coherent analysis of the child protection systems across the five countries we need to start with an account of how such systems developed. This account may be divided into three distinct periods, detailing early, later and recent developments. It is important to note that these periods do not equate to similar historical times across the five countries as certain historical differences, such as the timing of industrialisation or the early or late influence of international developments in child protection policy and practice, are important. However, these differences in timing appear to delay, not redirect, an observable linear journey to a destination featuring a high degree of consensual agreement on the necessary shape and form of an effective child protection system.

3.4.1   Early developments – Societal responses to children's needs

The early accounts of the development of child protection systems across the five countries reflect the social and economic upheavals created by industrialisation and urbanisation. These served to make children more vulnerable as their families moved from the protective shelter and continuity provided by rural economies to more exposed urban and industrial environments. These new communities served to make children more visible, leading to growing concerns in society for their moral and physical welfare. The earliest child protection laws reflect the ethos of the time that society should be protected against those children who were viewed as delinquent and that those children who were viewed as vulnerable should receive protection. The tendency to either develop separate services for each group, reflecting the view that the presenting problem (delinquent action or obvious need) was the important consideration, or alternatively integrate services (focusing on the common antecedents to the presenting problems), has continued to influence the development of services to this day.

Sweden Case Study 'The discourse in society as well as in the first Children Act was however to protect society from moral evil, and maltreated children were seen as a potential threat to the wellbeing of society (Lundström, 1993). The Children Act of 1902 was directed towards children up to 15 years old. The ideological perspective was dominated by a belief that a proper upbringing could prevent youth from criminal behaviour, which from these times gave the social services and the correctional system mixed responsibility for youth with a criminal behaviour in Sweden as in Norway, a dual responsibility that remains in Sweden even today (Dahl, 1978; Kumlien, 1994).'

Both groups were, in fact, similar in that they were usually homeless or abandoned children lacking parents able or willing to care for them. They were a visible social problem of a new type, the early causalities of industrial capitalism. It is evident within our country case studies that early legislation and services to protect children concentrated on these visible homeless children, a tendency supported by the general view of the time that grounds for state interference in family life should be narrowly prescribed. The most common service response was to set up residential homes for children. Such homes were often governed by churches or charities and were concerned with combining moral instruction with preparation of the young people for productive work. It is interesting to note that, prior to the formation of state laws and services, the main provisions for the protection of children were provided by the voluntary sector. These historical antecedents gave this sector an influence in the development of child protection systems.

3.4.2   Later developments – Governmental responses to children's needs

Later developments in child protection systems are represented by two features, a concern to protect children within the family home and the development of services designed to protect children. Such features are evident in two ways, the introduction of laws to protect children from abuse or neglect in their own home and the growth of voluntary societies concerned with the investigation of possible maltreatment of children within the family or the provision of services to needy families. Laws were also introduced to restrict children's working hours. Such developments represent the fundamental building blocks upon which modern child protection systems are built: firstly the acceptance that some families either willfully or by neglect, damage their children, that both civil laws (to protect the child) and criminal laws (as deterrent and punishment) are necessary, and that services may be effective in helping prevent harm to children. Secondly: that social conditions and family reactions to stressors may conspire to create adverse conditions for children, with parents unknowing or unable to protect children from the effects of these. Such conditions may also be alleviated by effective intervention to ameliorate such social conditions or reduce their effects.

In most countries these developments preceded the formation of the welfare state and its provision of social protection measures such as health, education and pension provisions. However, the ideologies underpinning the welfare state may be seen to have further influenced the development of child protection systems. Before the development of the welfare state the arrangements for child protection

might be best characterised as a series of interlinked laws, services and ideas, but not as a 'system'. The introduction of welfare states were to further reconstruct the role of the state in its relationship with the family, underpinned by the concept that the state had a responsibility to protect the welfare of its citizens and that this could be achieved by redistributing resources to offer access to a range of benefits. Included in such benefits were fiscal benefits and services to children and families, in the main designed to support families with the tasks involved in bringing up children, to include help for those most vulnerable children whose circumstances indicated they required extra services. It is in the provision of such extra services that we see most variation across the five countries. In most countries the state provided the majority of services with the voluntary sector in a supporting role, with Germany as an exception to this with the voluntary sector being the main provider.

Germany Case Study 'NGO's (*Freie Träger*) have a strong position within the German child and youth welfare system. Because of the principle of subsidiarity the child and youth welfare authority does not provide certain types of services on its own if there are NGO's willing and able to provide this type of service.'

However, it is important to note that in all countries the government has taken control of and remains responsible for, the investigation of suspected child abuse. This is not to say that this arrangement is inevitable, universal (e.g. child abuse investigations are carried out by the non-government sector in Canada) or demonstrably is more effective than any other arrangement for ensuring the protection of children – but simply that it was normative in the countries profiled.

There is, of course, considerable devolvement of powers and responsibilities for the protection of children to states within countries with federal governments, as is the case in Australia and Germany, and to nations, in the case of the United Kingdom. We may, nevertheless, discern considerable efforts to ensure that localised child protection arrangements conform to countrywide standards and norms. This is not surprising. As we have observed, one of the central functions of governments is to ensure the protection of its citizens. They require the necessary power and authority to do so. They could not sign international agreements, such as the United Nations Convention on the Rights of the Child, if they lacked authority in implementation of such agreements. Such developments are also detectable in the Swiss context, with the Federal government, in August 2008, adopting the report on the 'Strategy for Swiss Children and Youth Policy' to include the three core elements of *protection*, *support* and *participation*. The tension may be in the Swiss context to agree how such policies may be implemented in ways which attract consensus across the Cantons.

3.4.3   Recent developments – Child protection systems

Recent developments in child protection systems have concerned responses to the problem of child maltreatment. Since Henry Kempe and colleagues published their seminal work on the 'Battered Child

Syndrome' (Kempe et al., 1962), we have witnessed a phenomenal growth in the rise of child maltreatment as a public issue of concern across economically developed nations. Whilst such concerns where quickest to develop in Anglophone cultures such as the UK and Australia, it is evident from the country case studies that an awareness of the prevalence of child maltreatment has, rather more gradually, influenced the development of all child protection systems. The introduction of the idea that some parents maltreat their children and neglect their welfare is of course, as we have seen, not a new one. In some ways, however, the changes in the way we seek to explain maltreatment of children (outlined below), reflect not only modern theories of causation but are also attempts to deal with the scale of the phenomenon. It became clear that contrary to beliefs held in the 1960s, prevalence of physical abuse of children was not confined to a small group of parents with pathological characteristics but was a feature of 'ordinary' families. Similar trajectories are evident in how countries developed understanding of sexual abuse and more latterly, emotional abuse and neglect - with neglect being particularly influenced by developments in what is considered 'good parenting' as underpinned by modern theories of child development.

The emerging recognition of child maltreatment as not only a social problem with high prevalence but also as differentiated phenomena has, in turn, generated new explanatory theory models to inform the development of child protection systems. These models feature across the country case studies and we can identify their development across six phases:

Phase 1 – Children require protection from moral corruption, abandonment or because of their own anti-social behaviour. These ideas were particularly evident in the early history of the development of child protection systems. Such ideas continue to find expression in modern times, for example in the impulse to rescue children who are caught up in human trafficking. It is also a feature of developing nations that the beginnings of child protection systems are centred on concerns to help those children whose visible presence on the streets and obvious needs motivates response. Societal responses include the provision of residential care facilities where children may be protected from life on the streets and offered moral guidance and practical skills to enable their future participation in and contribution to society, primarily through employment.

Phase 2 – Children require protection from parents and other individuals who bear psychopathological features. Such explanatory ideas become prevalent when societies recognise that children are in danger inside the family home as well as outside of it. However, the population of children thought to be in danger is regarded as small because parents bearing psychopathological features are considered to be rare in the general population. This theory retains currency in the explanation of child sexual abuse, where the cause of the abuse is located in the psychopathology of the abuser. Interventions are seen as being built on risk assessments and focus on three aspects; treatment for perpetrators, therapeutic services for children and monitoring of families where the children remain in the care of their parents.

Phase 3 – Children and families require protection from the effects of structural inequalities in society. The physical abuse and neglect of children are associated with the experience of family poverty. Poverty is often a product of structural inequalities in society. At family level the experience of poverty may add external stressors to existing problems within the family to create conditions leading to the physical abuse or neglect of children. Such theories are embedded in the policies evident to greater or lesser degrees in modern welfare states, wherein the social protection of citizens is based on ideas of redistribution of resources. The links between the experience of poverty and child maltreatment creates an imperative for the development of more complex systems for child protection, which feature not only actions at professional level to help families cope with the impact of poverty but also at government level in the introduction of policies designed to address structural inequalities and therefore prevent children suffering as a consequence.

Phase 4 – Protecting children is understood within an ecological model. In many ways an ecological conceptualisation of what is harmful to children seeks to bring together previous understandings of the causes and locate them across a number of dimensions, including the wider society, local community and family and individual characteristics. The theory develops the idea of systemic causation and argues that we must seek understandings of child abuse in the complex interplay between the various dimensions. In doing so it helps locate risk factors and signify at what levels interventions are required to be targeted. The theory is currently popular because it presents a more nuanced and less ideological model which indicates a need for effective action to be taken across all dimensions to ensure children are protected.

Phase 5 – The protection of children understood within a framework of children's rights. Since the introduction of the United Nations Convention on the Rights of the Child there has been an increasing tendency for the interests of the child to be seen as separate and sometimes different from the rights of the parents. Consequently, how parents treat their child may constitute an infringement of the child's rights which may need to be considered separately from the rights of the parents in determining child protection strategies. However, the implementation of strategies to protect children at governmental level has served to pose tensions at policy level. Where formally such policies were directed towards families there is now a need to also separately consider the interests of the child, as these may be different from those of the family. This dilemma is also played out in the relationships between families and professionals, where the independent voice of the child is increasingly an important consideration in the decision making process.

Phase 6 – The protection of children by prevention through early intervention. It is important to note that only one explanatory model (phase 2) is concerned primarily with child maltreatment. The development in understanding of the aetiology of child maltreatment has grown rapidly to include

recognition that a much broader population of children experience poor outcomes as a result of being exposed to a range of adversities in childhood. In this understanding the idea of prevention includes those children who may go on to experience child maltreatment, but is not restricted to this group. Research has demonstrated that exposure to certain risk factors increases not only potential for maltreatment, but also may lead to a range of poor health and social outcomes regardless of the experience of maltreatment (Anda et al., 2010). Preventative interventions are consequently targeted across a much wider population, with those children considered at immediate risk of maltreatment, or having already been maltreated, the subject of specialist level interventions.

Whilst we have presented these phases as a developmental progression wherein one model may appear to supersede another, this is not an entirely accurate representation. The development of a new phase does not necessarily supersede the previous phase. Instead new ideas may be integrated with existing conceptualisations, such as the complimentary concepts of rights and prevention. We may observe, however, within our country studies some discontinuities and disparities. This may be most notable with reference to phase two where the influence of Anglo-American models of pathology and their effects on the development of child protection systems concerned with locating maltreatment and intervening in family life is much less marked in Germany, Sweden and Finland than it is in Australia and the UK. Nevertheless, the issue of child sexual abuse has served to provide a point of comparison with respect to this phenomenon across the countries.

Finland Case Study 'Social workers do not define child welfare problems through the lens of child abuse. If child abuse take place as a part of general violence in family or parents have problems such as substance abuse or mental health problems, these are more likely to be defined 'family conflicts' or 'parental drinking problems' than child abuse. Because of this the "child is rarely defined as the reason for child welfare interventions" (Pösö 1997, p. 151). Sexual abuse is, however, an exception; it is seen separately from the other forms of abuse and social problems.'

All the countries also exhibit key features of the welfare state wherein it is assumed that governments have a responsibility for the social protection of citizens (phase 3). And, despite variation in welfare traditions, we may observe a growing consensus with respect to phases 4, 5 and 6, with broad ecological models of causation informing the development of early intervention and prevention strategies to a broad population of those children requiring support to protect them from a range of poor outcomes; such support being a matter of right, rather than a matter of societal largesse. Having traced the historical developments of child protection systems across the five countries and delineated the phases of explanatory theory we now turn to consider the governance, interrelated and service delivery features of contemporary child protection systems.

3.5 Governance Features of Contemporary Child Protection Systems – Comparisons and Recommendations

In their recent book, *Child Protection Systems: International Trends and Orientations*, Gilbert et al. (2011), review contemporary child protection systems across a number of European and North American countries and identify an emerging 'child-focused orientation'. They argue that this 'is not restricted to narrow concerns about harm and abuse; rather, the object of concern is the child's overall development and wellbeing' (p. 252). Whilst we might observe that at phase 2 of the development of child protection systems across the countries, most notably in Australia and the UK, narrow views as to which children needed protection were restricted to those potentially suffering maltreatment, this is no longer the case. A central principle of modern child protection systems is that a much broader concept of child protection informs legislation, policies and practices.

> **Finland Case Study** 'The second Child Welfare Act 1983 came into force in 1984. As Pösö observes; "The period from 1970 to 1994 was a time of great changes in child protection, the landmark being the Child Welfare Act of 1983. This act not only redefined the categorization of the needs for child welfare interventions (…), but opened the whole approach to child welfare. A child is entitled to a secure and stimulating environment in which to grow and to a harmonious and well-balanced development. A child has a special right for protection" (Pösö, 1997, p. 154). The second Child Welfare Act gave priority to preventive measures and adopted a broader understanding of child welfare instead of the earlier more limited focus on child protection. Orientation and discursion in child welfare started to change from removing children from their home towards preventing problems and supporting families.'

3.5.1 What 'child protection' means

'Child protection' means protecting children (in most countries up to the age of 18) from a range of adversities which are considered to have detrimental effects upon their wellbeing. Such adversities include the experience of physical, sexual and emotional abuse and neglect, but may be broadened to include those children living in poverty, neighbourhoods of high deprivation and those families whose characteristics indicate that their children are at increased risk of experiencing poor health and social outcomes. Whilst precise definitions vary across countries a broad consensus with regard to which children need protecting does exist. What role do governments have in creating legislation and implementing policy utilising such broad definitions?

3.5.2 The role of central/federal/state governments – Legislation and policy

As we have already observed, a feature of contemporary child protection systems is that the state has a role in providing social protection for those most vulnerable citizens. In most countries the state

interprets this role in a dual way; first they view families as having the right to supportive services, ranging from universal through targeted to specialist depending on the nature of the particular need. Second, the nature of specialist services may feature coercive (sometimes referred to as mandatory) interventions, on the basis that a child's rights to protection supersede family rights to privacy in situations where the child is at immediate risk. In Australia, Germany and the UK, there exists considerable state and nation autonomy in establishing legislation to protect children and implementing policy; in countries with smaller populations such as Finland and Sweden this is not the case. It is imperative, however, that a national framework for the governance of the protection of children exists to create clear lines of accountability and ensure that developments within nations and states are in conformity with country-wide agreements, not least because of international obligations with respect to children's rights (see recommendation 1).

As will be evident from the country case studies (see appendices), comparison of legislation is complex because of the varying governance and legal structures pertaining in each country, reflecting different cultural traditions and histories. The fundamental requirements for legislators is to create thresholds for compulsory state intervention in family life, with clear delineation of family rights and children's rights and an outline of the responsibilities of the state to the family (usually in the form of service provision) and how these will be realised. It is difficult to argue that there is an ideal level at which such balances may be struck. Legislation offers guidance to courts and professionals alike in relation to thresholds, but it is up to professionals to interpret legislation with respect to which cases they see as important to bring to court and up to courts to establish case law with respect to how the law should be interpreted. The key requirement, in terms of fairness and natural justice, is to ensure consistency and avoid fragmentation. This means that a child in one part of a country should receive comparable levels of services and decisions with regard to their welfare as a child in another part of the county. The only way to begin to achieve this is to develop a national child protection system or at least a national approach to child protection issues with agreed principles and minimum standards, ensuring that local laws are in conformity with national laws and that service provision is comparable across localities.

We are aware that the Federal Commission for Child and Youth Affairs (FCCYA) and the Conference of Canton and Youth Service Officers in Switzerland have highlighted the lack of co-ordination and co-operation between Cantons and the Confederation with regard to services and that this is, in turn, associated with the lack an overarching strategy and governance structure. Gärtner and Vollmer, note that 'according to a 2003 study....only approximately half of all Cantons consider child and youth policy as encompassing both the protection and support of young people. Instead, a number of Cantons have developed independent and separate policies on child and youth protection versus child and youth support, and they focus on either one or the other area' (2008, p. 4). These differences replicate a wider phenomenon evident in our case studies, the tendency for child protection policies to either concentrate on those worst cases requiring mandatory and specialist intervention by the state in order to provide immediate protection for children (a child protection orientation), or alternatively provide a range of services at universal and targeted levels reflecting a family service orientation. We take the

view that such polarities of orientation are, in fact, unhelpful. Most children and families will benefit from universal and targeted services designed to improve child welfare outcomes and protect against the effects of adversities. However, a robust and effective specialist child protection service is also necessary to ensure that those most vulnerable children in society receive immediate and effective protection. A key function of central government is to create a balanced set of legislation and policies, which whilst subject to local variation, reflect informed and agreed principles and standards, with clear lines of governance and authority. Our recommendations therefore reflect such standards and ideals.

Australia Case Study 'The National Framework for Protecting Australia's Children 2009-2020 (Council of Australian Governments, 2009a) originated as a consequence of the advocacy efforts of non-government, not-for-profit agencies and academics. However, the governance model for its implementation marks a new chapter in the relationship between government and non-government agencies in Australia.

The 12-year National Framework sets out a shared agenda for change to enhance the safety and wellbeing of Australia's children under national leadership and with agreed common objectives. The National Framework came about, primarily due to the advocacy efforts of the non-government, not-for-profit sector in partnership with leading child welfare academics who argued over several years that child abuse and neglect was prevalent and a serious national problem, which was the responsibility of government and required national leadership and a coordinated response to achieve minimum national standards and overcome seemingly intractable problems.... The National Framework is directed by the National Framework Implementation Working Group, which comprises a representative from the Commonwealth Government, representatives from each of the eight state and territory governments, and eight representatives from the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children.

A central feature of contemporary child protection systems is that they require clear lines of governance and accountability. Otherwise, as demonstrated in the worst cases by Public Inquiries into the deaths of children, the lack of clear lines of responsibility at inter-professional levels replicate those at governance level. The case study for Germany outlines the relationship between the Federal Government and the German states. The Federal Government have a duty to ensure that living conditions in all parts of Germany are comparable; justifying national laws with respect to child protection. States (*Länder*), may supplement federal law with additional laws designed to protect children. We understand that in the Federal Constitution of the Swiss Confederation three principles exist: that competencies of the Federal state are restricted to tasks 'that the Cantons are unable to perform or which require uniform regulation by the Confederation' (art. 43a para.1 FCSC); that in relation to the allocation and fulfillment of state tasks 'universally provided services must be available to everyone in a comparable manner' (Article 43*a* para. 4); and in relation to the autonomy of the Cantons the Confederation 'shall respect the autonomy of the Cantons' (Article 47 para. 1) and 'shall leave the Cantons with sufficient tasks of their own and respect their organisational autonomy' (Article

47 para. 2). Such principles are not incompatible with good governance in child protection matters, but they do require a unifying force to generate agreement and ensure compliance to such agreement in the implementation of it.

3.5.3   Recommendation 1 – National Standing Committee

We recommend the establishment of a national standing committee, representing all Canton governments, to review Swiss Federal and Cantonal laws and policies with the objective of producing a National Framework for Child Protection (similar to the National Framework for Protecting Australia's Children where there are comparable state and confederation government arrangements). This would have the effect of creating a universally agreed set of principles to inform Canton law and service provision. To inform the work of the Standing Committee the governments of Cantons should review their current service provision from universal through to targeted levels (see recommendation 9) to ensure a planned continuum of services.

3.5.4   The respective roles and responsibilities of local governments and non-governmental and private providers

As will be evident from the country case studies, there is no 'right' way to conduct the relationship between local governments and noon-governmental and private providers. In all the countries in this study, however, irrespective of their governmental and legal structures, the protection of children at risk of maltreatment is the primary responsibility of the state. This is perhaps not surprising, as the responsibility for the protection of citizens tends to be located within the range of provisions of the welfare state. With the exception of Germany, the specialist child protection services concerned with child maltreatment in the other countries are mainly provided by the state. We have seen in most countries a shift in this balance over time, with non-governmental and private organisations instigating and providing most of the services to children and families in the early development of child protection systems. Whilst at the level of service provision there are a number of models which might be usefully adopted in the Swiss context (we comment further on these in later sections), in relation to the issue of governance it is important that clear lines of authority and accountability are established.

Reflecting principles anticipated as being established in a National Framework for the Protection of Children and in conformity with art. 5a of the Federal Constitution that 'the principle of subsidiarity must be observed in the allocation and performance of state tasks', Canton governments should normally be primarily responsible for child protection services for those children at risk of maltreatment with devolution of service provision to non-governmental and private organisations as appropriate. These arrangements could be consolidated by Child Welfare Boards within each Canton representing all these organisations. In this way Canton governments remain legally responsible for the provision of child protection services whilst non-governmental and private organisations may be responsible for the contracted delivery of services. This is not to undermine ideals of partnership but to allocate clear roles and functions within structures of authority and accountability. One model illustrating how the

requirements described above could be implemented is provided by the Safeguarding Boards in the UK where all state, non-governmental and private providers meet to identify the types of services required at area level and agree a strategy for the delivery of such services with respect to the needs of the local population.

United Kingdom Case Study 'Legislation and policies should ensure that service providers and professionals work together at all levels. From our review of the UK this is apparent at three levels. Firstly the necessity to join up and coordinate service at local levels between all those agencies (state, voluntary and private) involved in providing services to children. Local Safeguarding Boards help map the needs in the local area and maximize the potential to deliver service efficiently and effectively.'

3.5.5 Recommendation 2 – Child Welfare Boards

We recommend the establishment of a 'Child Welfare Board' in each Canton. The membership would comprise all organisations, non-governmental and private providers of services within the Canton. As well as implementing the policies to meet the aims of the anticipated National Framework for Child Protection, they would have a range of responsibilities concerned with developing communication protocols between agencies and auditing services within the Canton at universal, targeted and specialist levels to identify gaps in provision and make plans to meet these. We would anticipate that some provision of highly specialist services would be required which would require cross Canton support and commissioning arrangements, for example, the provision of specialised therapeutic services for children who have suffered sexual abuse. In these cases special arrangements would be required to create clear lines of governance and accountability which would involve the Child Welfare Boards and Canton governments in co-operative arrangements.

3.6 Interrelated Features of Contemporary Child Protection Systems – Comparisons and Recommendations

One of the central features of contemporary child protection systems, as evidenced in the country reports and in the literature, is the requirement that the system has clear vertical features of governance and lines of accountability, but that equal importance must be given to horizontal features. Such horizontal features may be best described as a series of relationships which are necessary to ensure the planning, provision and evaluation of services. An important point to note here is that formal agreements between partners at all levels of the child protection system are not enough, agreements on paper can appear impressive, but without the cultivation of relationships between partners with regard to common purposes and based on mutual respect such arrangements may

prove ineffective or even counter-productive. An observation of the inquiries into the deaths of children across a number of the country reports illustrates that poor interdisciplinary working relationships may undermine the most systematically designed child protection systems and lead to tragic results.

Germany Case Study '...neither the detection nor the safeguarding of maltreated children can be achieved by child and youth welfare authorities alone. Therefore cooperative relationships with other professionals (e.g. paediatricians) and with members of the child's family have to be built. Serious case reviews in Germany as well as in other countries have shown that a lack of cooperative relationships may have adverse consequences for children at risk (Fegert et al. 2010). Moreover practice projects have shown that professionals engaged in round tables feel they are helpful for their work with families (e.g. Kindler 2011).'

3.6.1 Relationships between central/federal government and state governments

We have already outlined the need for a formal relationship between Confederation and Canton governments with respect to setting up a Standing Committee on child protection with the goal of establishing a National Framework for Child Protection. Many, however, are the agreements and reports which lie on shelves and gather dust. We are of the view that the scientific, economic, legal and moral imperatives outlined above create an irresistible pressure for the creation and effective implementation of a renewed child protection system. It is usually best to resist the use of emotive argumentation in the context of a report such as this, but we will allow ourselves one such comment. The future wealth of nations is their children and there exists a special responsibility to protect the weakest and most vulnerable amongst them. It is important to make such a responsibility a priority and this must involve the removal of any barriers to effective partnerships at all levels to ensure such children are protected.

3.6.2 Relationships between federal and state governments and voluntary and private providers

We understand the exercise of responsibilities for development of a national child protection programme by the Confederation and the associated preparatory work has been devolved to the Public Private Partnership pour la protection de l'enfant. This introduces a unique aspect to the Swiss context which makes some comparisons with our country studies difficult. The main difference is this; across the five countries the relationships between state governments and voluntary and private providers are conducted within overarching laws and policies mandated by an elected government. Whilst such organisations seek to influence the shape of laws and policies through representations made via elected representatives they are required, once established, to work within such laws. The present arrangement, where within the PPP, those charged with developing a national child protection

programme may also be involved in the provision of services within such a programme, has the potential to create conflicts of interest.

We can declare as an international research team that we have no vested interests within the Swiss system. So any recommendations we make with respect to Switzerland we make as deriving from our experience and knowledge of child protection systems in other countries. As we have already observed, there is no universally applicable ideal child protection system, but our recommendations on governance arrangements are foundational for the development of relationships between federal and state governments and voluntary and private providers. In the countries we have knowledge of, the normative way to establish relationships between authorities and voluntary and private organisations, whether at national, state or local levels, is through contractual agreements where payment is made with respect to quantity and quality of services required, and outcomes achieved.

In most of the country studies the state provides the majority of specialist child protection services, with voluntary and private organisations providing a range of supplementary supportive and therapeutic services across all levels i.e. universal, targeted and specialist, of the child protection continuum. The exception to this is Germany where most services are contracted out to non-governmental and private providers. Both models may be seen to be effective provided they are planned and delivered within clear accountability and governance structures. The one exception to this may be a requirement for state employed social workers to work at the specialist level mandated to assess families where maltreatment is indicated and/or where there are pressing requirements for services, including out of home care. It is apparent from our case studies, and reflective of arrangements elsewhere in the world, that social workers have become the lead profession in work with families and children at specialist levels where there are clear and immediate requirements for the most vulnerable of children to be protected. Whilst it is not inevitable that social workers should be the lead profession in this regard, it is normative. The important point here is that there should be one profession clearly mandated to take the lead in this work, if only to establish clear lines of accountability and ensure public confidence. Such social workers represent the formal powers of the state in the most serious of circumstances and it is fitting that they are accountable to the state. Whilst we would not wish to be prescriptive as to how this is implemented at Canton level, any arrangement where those employed by external agencies are responsible for the investigation and assessment of child maltreatment needs to be within clear lines of governance responsibility.

3.6.3   Recommendation 3 – Social Work Teams

There should be teams of professionally qualified social workers employed in each Canton to carry out the functions with respect to child protection at specialist level and requirements as determined by the Swiss Civil Code, Articles 307 to 317. They should be primarily responsible for carrying out assessment of families where maltreatment is indicated and/or there are needs for therapeutic or preventative services and convening Case Planning Meetings with professionals in order to develop intervention and service plans (see recommendation 4).

3.6.4 Relationships between professionals

It is evident from the country reports that the cultivation of good working relationships between professionals is vital in the planning, delivery and monitoring of service effectiveness. One compelling feature of the inquiries into the deaths of children known to child protection professionals is that professionals often hold separate pieces of information which may not mean much individually, but when pieced together with information held by other professionals may help to provide a holistic picture of the risks pertaining to a child and their consequent requirement for protection. Yet professionals may not have the confidence to share such information if they do not know the other professionals involved.

The building of interprofesssional relationships requires two things; the presence of formal structures to allow professionals to meet to discuss their knowledge and share decision making with respect to a specific cases and professional competence on the part of participating professionals to ensure mutual respect and confidence. Developing a system of interdisciplinary case planning meetings would allow professionals to build effective and naturally occurring professional relationships in the interests of children and families.

United Kingdom Case Study 'Government inquiries into the deaths of children have continually highlighted the need for professionals who know the child to share information with regard to a child to enable a 'true picture' of the child's situation to be developed. The case conference allows the sharing of this information between professionals and permits decisions to be made on the best possible information. It is good practice for parents to also attend case conferences and hear the concerns of professionals and make response to these. The case conference must decide if the child in question is at continuing risk of significant harm, if so they must develop a child protection plan to ensure the child's future safety and reduce the risks. This normally involves the provision of a range of services to the child and their family. Once subject to a child protection plan the case is reviewed by the case conference at regular intervals until it is judged that the child is no longer at risk of significant harm.'

3.6.5 Recommendation 4 – Case Planning Meetings

A system of interdisciplinary Case Planning Meetings should be set up in each Canton. Reflecting some of the strengths of the child protection case conference system operational in the UK, these meetings should involve all those professionals working with families where there are considered to be child protection issues. In keeping with international best practice such child protection issues should be understood in the broad sense, encompassing situations where there are immediate risks to a child but also those where the range of adversities faced by the child are predictive of poor outcomes. In either case the objective should be the production of a multi-disciplinary service plan whose effectiveness in protecting children and enhancing their well-being may be assessed in subsequent

review meetings. It is important that the principle of sharing information in the best interests of the child is not hampered by considerations of client confidentiality.

3.6.6 Mandatory reporting

There is a debate internationally as to whether or not child protection systems should include elements of mandatory reporting (laws requiring professionals to report cases of suspected maltreatment of children to state social workers). A number of arrangements are apparent across the countries and it is important to note that there is no one preferred model. There is no mandatory reporting system in the UK. In Australia there are different levels of mandatory reporting evident in each state. In that system, where the point of entry to the child protection system is via an allegation of child maltreatment, those states with broad and inclusive mandatory reporting laws find their intake systems flooded with referrals from other professionals. Essentially this is because such professionals become risk averse – not wishing to retain any information which might possibly indicate potential maltreatment as this may cause difficulties for the professional if at later stage maltreatment were detected and they were found not to have passed on vital information. There exists mandatory reporting in Sweden and Finland. In both countries, however, a reluctance to refer to state social workers is evident amongst some professionals on the basis of not wanting to break client confidentiality and at times scepticism with regard to the effectiveness of child care social workers. However, the Finnish system does promote reporting with consent of the referred person, whilst services are continued to be provided by the professional concerned. Another way of addressing this issue is to introduce laws similar to those in Germany where professionals are given the 'right' to make referrals to state social workers but are not obligated to do so.

Perhaps there are deeper issues evident here which, if addressed, would negate any requirement for a mandatory reporting system. There is need for professionals to be educated in the signs and symptoms of child maltreatment and have a clear understanding that rights to family confidentiality are superseded by rights on the part of the child to protection. But they are also part of a professional network which lays the basis for everyone taking responsibility for child protection identification and referral which also provides a foundation upon which effective inter-professional relationships may be structured and built; ensuring that children are protected via co-operative work and reducing the need for mandatory reporting laws.

3.6.7 Recommendation 5 – Professional Education in Child Protection

There is an opportunity in Switzerland to build an effective interprofesssional child protection system. Whilst mandatory laws may help in some circumstances to achieve this, we would recommend that effort be placed on creating a system of professional education within universities wherein unidisciplinary training concerning child protection is a mandatory part of the curriculum at undergraduate level for all professionals working with children or families and that multidisciplinary training is made normative for the same professionals, at postgraduate level. In these ways all

professionals would have basic knowledge of child protection issues and see the effective protection of children as a collective responsibility. This would require the development of course material for undergraduate and postgraduate courses by universities.

3.6.8   The social work profession

To achieve the goal of a country wide professional social work service as set out in recommendation 3 and to ensure that professional credibility is established for social workers to achieve the confidence of other professionals necessary for the interdisciplinary working arrangements set out in recommendation 4, attention will need to be paid to the status of the social work profession. There is a particular issue internationally with regard to the training and status of social workers. It is evident that social work is a profession demanding, perhaps to degrees unknown in other professions, high levels of both IQ (Intelligence Quotient) and EQ (Emotional Quotient[113]) to undertake complex assessments and make decisions on some of the most contentious issues in society e.g. the point where the state intervenes to remove a child from the care of their parents.

There is a responsibility to ensure that the highest caliber students enter social work courses in universities and that they receive the best education available, as informed by international standards. There is also a requirement for a clear career structure for social workers, not just via pathways into management but also through recognition of development of particular practice expertise (as is the case in medicine) with appropriate financial rewards. This will help attract the very best applicants to social work courses. Some countries also require that social workers are registered to practice as professionals with a central council or professional body, who have the powers to remove their registration if they are considered by jury of peers as 'unfit to practice'. Whilst this is not part of our recommendations at this time, the natural development of a profession usually requires the setting up of a regulatory body and this may need consideration at some future time in the Swiss context. Where these arrangements are not in place, the international evidence would suggest that decision making with regard to children is inconsistent, that social workers lack the respect of other professionals, that citizens are not protected when poor practice is evident and that social workers do not stay in their career for long, leading to workforce instability. The following recommendation therefore is foundational for building capacity for social work as a profession to undertake child protection functions at specialist levels and build effective relationships with other professions and indeed families and children.

3.6.9   Recommendation 6 – Promotion of Social Work

Universities should ensure that selection procedures for social work students are robust; requiring high entry grades and interviews to ensure that the best possible candidates are selected. As part of the National Framework for Child Protection (see recommendation 2), they should be a strategy for the

---

[113] Cf. Golenman, 1995.

promotion of social work as a demanding, challenging and rewarding career. Canton governments should ensure that social workers in their employment are offered salaries and career structures reflective of the complex and socially important demands of their profession.

3.6.10   Relationships between professionals and families

As our country case studies illustrate, the relationship between professionals and families has varied both over time within countries and is also different between countries. These shifts in relationships between the state and the family are expressed in legislation and culture. For example, despite comparable welfare state traditions across all countries there exists a 'family service orientation' in Sweden, Finland and Germany. Both the UK and Australia exhibit features of child protection and family service orientations with the former creating a lasting legacy in the public mind inhibiting movement towards the latter. The family service orientation views difficulties experienced within the family as emerging from psychological or social difficulties amenable to help and support. Policies tend to promote services to the family and strenuous efforts are made to keep families together. By contrast a child protection orientation lays more stress on parental culpability or inadequacy in relation to the upbringing of children, is less likely to deliver preventative services and more likely to investigate on the basis of suspected child maltreatment.

Not surprisingly the patterns of state intervention generated by the differing orientations create different types of relationships, with those families living in Australia and the UK often apprehensive with regard to contact with social workers and those in the other countries somewhat less so. Although it is important to note that a degree of ambivalence is evident in the attitude of some families in family service orientated cultures to social workers. In Finland, where family service orientation is perhaps strongest, it is observed that 'contradictions and tensions between control and support' still exist. The evidence from Australia and the UK would suggest that, even where there are investigations of child maltreatment, treating families with genuineness and respect is effective in building relationships which are foundational for the future protection of the children. This comes with a warning from research however, that social workers on occasions mistake a cooperative relationship with a family as one which will be effective in protecting a child, a 'rule of optimism' not always borne out by reality. The challenge for social workers in family service orientated countries is to avoid similar optimism with families whose children are subject to maltreatment, understanding that the rights of the family should not supersede those of the child in question. As will be evident, working with families and negotiating care – control boundaries effectively requires high level skills and robust professional training and decisions need to be informed by multidisciplinary communication. There are also additional requirements for social workers to be supported in their decision making by senior colleagues.

Families require opportunities to influence professional perspectives on both risks and needs. Whilst children have a right to be protected, families also have a right to support where circumstances indicate that they require extra help from the state in order to meet the needs of their children. Such

rights need to be voiced and there is an imperative therefore to create mechanisms for the views of families to be heard.

3.6.11 Relationships between professionals and children

As will be evident from the country reports, a growing theme in contemporary debates concerning child protection is the issue of separating out, when necessary, the rights of children from the rights of parents. Consequently arrangements are required to be made to ensure that children's views are heard independently of parents in the course of assessments, at points of major decision making, especially where out of home care is being considered, and with regard to placement considerations where the child is in the care of the state. This challenges both traditional understandings of the expertise of professionals and the idea that parents always know best what is good for their children. Children's rights as realized in relationships with children, however, are not simply a matter of implementing protocols in assessments and at times of decision making but often also require cultural change to avoid tokenism.

> **Germany Case Study** 'Participation has a strong legal basis in the German child and youth welfare system including assessment procedures regarding child endangerment. The rationale behind the importance attributed to participation, lies with the idea that dangers within the family, can only be averted if parents can accept interventions and feel encouraged to cooperate. Even if there is an out of home placement it may be easier for the child to cope with this if the parents do not strongly oppose the placement (e.g. Strijker et al. 2009) or if the child does not feel overlooked. There are some correlational studies (although no study with a child protection sample) showing that participation predicts better case outcomes.'

3.6.12 Recommendation 7 – Family Participation

We recommend that Switzerland follow international best practice standards by having families attend and share in decision making processes at multidisciplinary Case Planning Meetings (see recommendation 4). Care should be taken to systematically involve parents and children (who may have a different perspective from their parents) in all assessment and decision making processes. This should be enshrined in all guidance and assessment tools developed for the use of social workers and other professionals (see recommendations 9 and 10). Where Guardianship is being considered with respect to a child then special rights of representation and appeal procedures should be standardised within the proposed Framework for Child Protection in Switzerland.

3.7 Service Delivery Features of Contemporary Child Protection Systems – Comparisons and Recommendations

Whilst laws and policies offer foundational structures on which the complex interrelationships which characterise contemporary child protection systems may be built, completing such systems requires a number of developments at service delivery level. These range from the conceptualisation of practices across a continuum of service delivery to reflect the different needs of families, to the practice tools required by social workers to include methods of assessment and intervention which may be evaluated in their effectiveness by outcome measures for children.

3.7.1 A continuum of service delivery

In keeping with the dual objectives of contemporary child protection systems in meeting the needs both of a narrow group of maltreated children and a broader group of those children likely to experience poor outcomes because of their exposure to a range of adversities, there is a need for systems to be 'joined up' to reflect different levels of service provision directed at different levels of need. Such systems are best described diagrammatically. Two of the service continuum 'triangles' from the Australian and UK reports are combined in figure 24 to illustrate both the increasing need for state intervention in situations where families cannot avail themselves of services, together with illustrations of the types of services provided at universal, targeted and specialist levels.
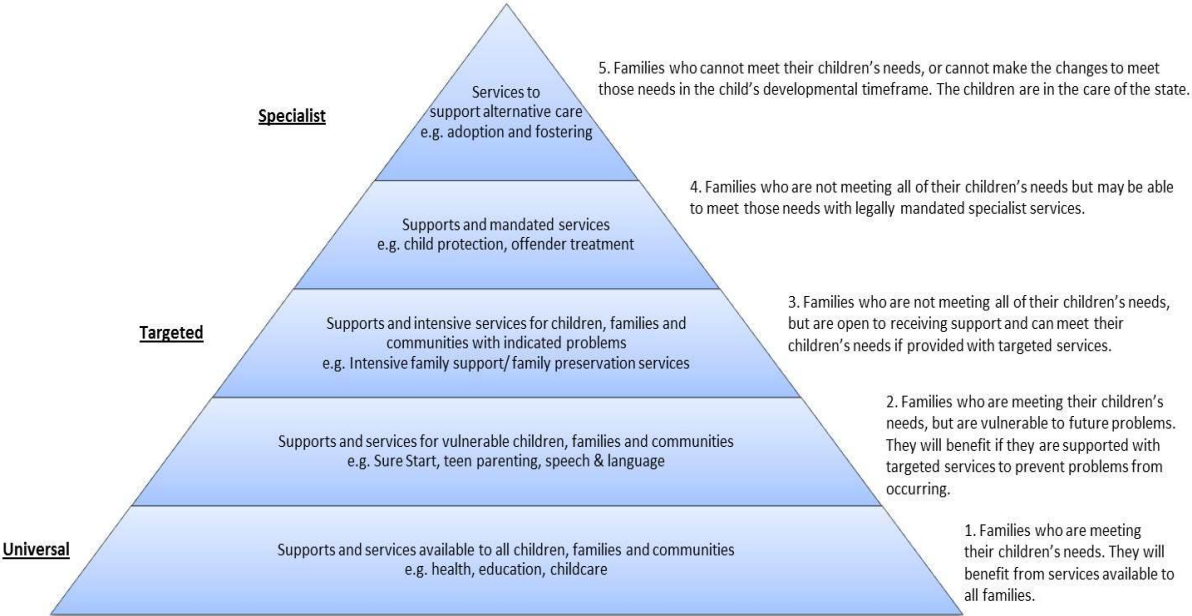
Figure 24: From Universal to Specialist Services: Requirement for State intervention (Bromfield, 2011)

The central idea underpinning this model is that the state should only compulsorily intervene in family life when risks of maltreatment become so great as to mandate this, and that most problems are prevented from escalating to this level by provision of a planned range of services delievered by both state and voluntary providers from universal through targeted to specialist levels. This, sometimes referred to as the 'Public Health Model', is to greater or lesser degrees operative across the five countries represented in our report. It is essentially informed by two interlocked sets of ideas represented in phases 5 and 6 in the development of contemporary child protection systems; namely, that the early provision of services is effective in meeting the needs of families and that such services should not be a matter of society's gift, but of children's rights. All countries now have or are trying to achieve a combination of services and supports tailored to varying levels of need. In developing such services the key is to start with assessed need and to use this as the basis for planned service provision.

Australia Case Study 'Public health approaches, originating from the field of preventable illness, strongly emphasize health promotion and prevention with increasingly intensive interventions targeting identified risks (Baum, 1998; Garrison, 2005). A public health approach is used when a preventable problem is prevalent and serious, and is associated with severe long-term effects on individuals and populations. Typically characterised as having three levels of intervention (primary, secondary and tertiary), public health approaches incorporate a range of strategies determined by the target of intervention efforts. Applied to the issue of child abuse and neglect, a public health approach might comprise:

Universal services and supports available to all children and families to enhance child wellbeing;

Targeted services and supports for vulnerable children and families (e.g. teenage parents), provided to prevent problems occurring;

Services and supports for families with indicated problems (e.g. parental substance addiction), in which children's needs are not being met, but parents voluntarily engage with needed services and supports;

Statutory child protection services for families in which children are experiencing serious abuse and neglect (e.g. sexual abuse, severe physical abuse, criminal neglect) or in which children's need are not being and parents are unwilling to engage with available services and supports; and Out-of-home care services for children who cannot safely remain in the care of their parents (Arney & Bromfield, under review).'

3.7.2   Recommendation 8 – Audit of Services

The development of a continuum of children's services requires an audit to provide a description of services and their locations already available across Switzerland at universal, targeted and specialist levels. This would provide the basis for an analysis of need at Canton level where gaps in service could be identified and steps taken to develop services against priorities informed by the work of Canton Child Welfare Boards (see recommendation 2). Such audits could be aggregated across the

country to inform the development of the National Framework for Child Protection (see recommendation 1).

3.7.3 The development of guidance

Whilst laws and policies, whether developed at Federal and/or Canton levels, provide the necessary framework within which social workers and other professionals may practice, it is important that social workers and other professionals receive supplementary practice guidance to help them in their work. There are examples of such guidance across the country reports. Lessons from the UK would suggest that when such guidance becomes too prescriptive and over elaborate then it has dysfunctional effects for social workers who spend more and more of their time servicing the bureaucratic demands generated by compliance to such guidance and procedures. Other European nations provide less prescriptive guidance, for example the German handbook on child protection (Kindler et al., 2011), which may be easier for social workers to use. The key points are that such guidance should be 'user friendly', reflect national goals for children as contained in legislation and policy, be informed by research evidence reflecting what promotes good outcomes for children and not be so long that it is beyond human cognitive capacity to recall. There is, however, a second cautionary note from the UK to be considered. The failure to follow such guidance may be used as a point of criticism of social workers and other professionals in the context of subsequent public inquiries or media investigations following cases where children are found to have suffered maltreatment which was not detected or adequately addressed by social workers in the course of their assessment or intervention. These concerns notwithstanding, the availability of such guidance is important in helping social workers and other professionals fulfill their societal mandate of protecting children.

3.7.4 Recommendation 9 – Child Protection Guidance

We recommend that guidance is commissioned by the national standing committee (see recommendation 1) to enable social workers and other professionals to effectively undertake their work in ways which are reflective of Federal and Canton laws and policies and are informed by international research evidence on what constitutes best practice in relation to work with families and children. The guidance should be 'user friendly' and not overly prescriptive.

3.7.5 The development of methods of assessment

Fundamental to effective interventions by professionals into family life are good quality assessments. At practice level this is the foundation stone upon which all subsequent service provisions are built. It is evident from the country reports that narrow assessments concerned solely with identifying risk factors have been replaced (the exception are assessments made with regard to child sexual abuse which remain essentially risk based) with more sophisticated assessment tools which seek to locate family difficulties across a range of domains within an ecological conceptualisation. The use of such assessment tools tends to lead away from questions of culpability and blame, wherein there is

concentration upon parental action and its effects upon the child. Instead, there is an effort to understand causation and effect in much broader terms. This in turn stimulates the provision of services seen as being supportive of the family and effective in intervening to break problematic patterns of cause and effect.

The Assessment Framework for Children in Need and their Families, originally developed in the UK, has been successfully used elsewhere, including Sweden, by social workers. It is based on a research informed ecological model addressing strengths and difficulties within three domains, the child's developmental needs, parenting capacity and wider family and environmental factors.   However, linkage needs also to be developed between the assessments of other professionals and those of social workers, this helps inform the critical decision as to when a referral from a professional to a social worker should be made as well as subsequent planning and intervention. This requires the development of common models of assessment such as the Common Assessment Framework currently used by other professionals working with families in the UK. It is important to note, however, that such tools are aids to practice and aid decision making, but do not provide answers.

United Kingdom Case Study 'To help in the process of encouraging the view that the protection of children should not be confined to social workers but be a concern of all professionals working with children, the government introduced a Common Assessment Framework (Department for Children, Schools and Families, 2006). This was primarily designed to help a wide range of professionals identify vulnerable children who had additional needs at an early stage. This might be, for example, a teacher or a health visitor or a nursery worker. At this point of recognition an assessment would take place which might indicate that the needs could be addressed by a single professional or require more integrated support involving a number of professionals, one of whom would be appointed the lead professional. If the assessment indicated the presence of more complex needs requiring more specialist services then a referral could be made to local authority social workers who would implement a more in depth assessment along the lines indicated by the Framework for the Assessment for Children in Need and their Families.'

Assessment processes, however, no matter how well conceived and executed, do not automatically lead to similar decisions being made with regard to children in similar circumstances. Other factors influence decision-making, not least the particular set of ideas influencing the relationship between the state and the family within countries. The big ideas or ideological positions we identified above, can serve to direct the outcomes of assessments in different directions. This is most marked perhaps when we consider the vulnerability of young children. For those countries with a strong family service tradition there is some reluctance to bring younger children into the care of the state, with patterns of admission to care low with regard to young children and high for adolescents – the opposite patterns are found in countries with child protection orientations. There are of course real risks associated with either orientation; that children can be left in situations where their developmental needs are not met

and they are at risk of maltreatment or, alternatively, that they are brought into state care at a vulnerable age where, if requirements for new attachments are not planned for, they may suffer further loss. The key point here is that assessment frameworks are not the whole answer, only part of the answer in developing an effective system for the protection of children.

3.7.6   Recommendation 10 – Common and Specialist Assessment

We recommend that a two-tier assessment framework should be commissioned by the national standing committee (see recommendation 1) and operationalised by Canton Child Welfare Boards (see recommendation 2): the first common tier for all professionals working with children and the second specialist tier for social workers. This assessment framework should reflect international best practice in being ecologically based and evidence informed.

3.7.7   The development of methods of intervention

The development of methods of intervention has been rapid over the past fifty years, but this pace of development has outstripped that of the underpinning evidence base. We can identify a range of methods currently in use which have become normative within child protection systems. The methods used by social workers tend to be delivered at individual or family level, although some are used with groups. The following are examples:

Parenting education has become increasingly popular in recent years; based on the idea that parenting is not an innate quality but a series of skills which require learning. Parenting courses, which have a good evidence base, may be delivered by social workers to individual parents or groups where assessment indicates particular need for this. Much of the activity of social workers, however, does not involve the direct delivery of services but rather case management where services are arranged and their effectiveness evaluated in terms of reduction or otherwise in relation to problems experienced by families. An example of this would be the reduction of stress upon a family by the provision of day care for children. However, often underlying problems are of a more complex nature and require specialist interventions. The country case studies illustrate that pervasive problems include family violence (sometimes referred to as 'domestic violence'), drug and alcohol misuse and parental mental illness. In case management it is more likely that such issues will be referred to specialist services (often provided by voluntary and private organisations). The evidence base for multi systemic family therapies and cognitive behavioural therapies is strong, it is usual that social workers employing these methods will have received additional training and qualifications at postgraduate level.

Other counselling approaches used with both parents and children are often strongly based on values, such as unconditional positive regard, and rather less so on research suggesting partnerships with families are indicative of good outcomes. These more general counselling approaches can be of limited value when addressing child maltreatment, especially when parents resist the interventions of social workers. There are a growing range of methodologies concerning direct work with children,

often based on the use of creative methods utilising art therapies, which have been shown to both help younger children offer information and express their wishes and feelings.

The key learning from the development of child protection systems is that the methodologies employed by social workers should reflect the needs of the population and, where possible, be validated by an evidence base. There is a particular risk in child protection orientated countries that parents are seen as personally responsible for their reactions to the range of adversities they face and the role of the social worker defaults to a kind of social policing wherein parents are required to change but not offered the help to do.

3.7.8   Recommendation 11 – Audit of Methods

The use of a range of methods by social workers has become normative in child protection systems. It is important that, where possible, evidence based methods reflecting client needs are used and should include both support services and therapeutic interventions. Current methods used in Switzerland should be audited against assessed levels of need at Canton level (see recommendation 8) with a view to identifying any gaps in provision. Such gaps, if found, should then inform the training and service implementation strategies of the proposed Child Welfare Boards (see recommendation 2).

3.7.9   Children in State care

The most serious decision to be made in child protection cases is whether or not a child should be admitted into the care of the state. There are clear patterns of difference in approach within our country reports; in the United Kingdom and Australia the pattern is to admit children into care at a young age as a consequence of poor parenting or maltreatment. If errors are made they are made on the side of safety. The plan for such young children is to reunify them with their family as soon as the risk factors have decreased. Research has, however, noted that the developmental needs of young children cannot be met in situations where there is delay in returning them to their natural parents or a pattern of going home and subsequently returning to care becomes established. In such cases there is an increasing tendency to seek more permanent solutions to meet children's needs, whether through adoption, placement with wider family or long term foster care. It might be argued that such arrangements privilege the rights of children over parental rights, with the opposite being true in Germany, Sweden and Finland where there is a strong orientation to keep children within their own families. The typical pattern in these countries is that services are made available to families to prevent breakdown, this leading to low numbers of young children being admitted to state care. It may be argued, however, that such efforts delay, but do not prevent admission to care as witnessed by the large numbers of adolescents being admitted to care in these countries. Interpretation of this data is complicated by the fact that juvenile justice and welfare sectors overlap in these countries, with some young people being admitted to care for reasons of anti social behaviour alongside those for welfare reasons.

We can, however, detect two important trends across the countries, the first is a rise in numbers of children in state care; and the second is an increasing preference for the use of wider family and foster care placements over placements in group homes (sometimes referred to as 'residential care'). There is no single explanation for the rise in numbers, however, whilst we have noted reasons for the rise in adolescents admitted to care in family service orientated countries, in child protection orientated countries public intolerance in the wake of child death inquires has also been seen to have inflationary effect on numbers of young children admitted to care. It is also likely that an increased public awareness of the need to intervene to protect children, as evidenced by a rise in referrals to child protection social workers, has also had an influence. The preference for family based care has largely been driven negatively, by scandals across most of the countries involving the abuse of children in residential care by staff, and positively, by research evidence suggesting better outcomes for children cared for within families than is the case in group homes. The following example from Sweden illustrates why it is both important to review state care to ensure its ongoing safety whilst also ensuring that information informs policy goals.

Sweden Case Study '...the private organisation called ‚Stolen Childhood‘, which started in 2005 when a documentary program on Swedish television, where middle-aged men reported that they had been subject of neglect and maltreatment within state care as children. This became the starting point for the establishing of a voluntary association of interest in 2006 by people who had been subject to maltreatment in state care, demanding justice and damages. In 2006, the Government in Sweden initiated an investigation of serious neglect and abuse within institutions and foster homes that had occurred in Sweden during the period of 1920-1995 (The Inquiry in Child Abuse and Neglect in Institutions and Foster Homes, S 2006:05). The investigation has been delayed several times due to the number of people contacting the commission who wanted to tell their story. When the final report is finished later this year (2011), about 1000 people who have been in state care between 1920-1999 should have been interviewed.

Research has shown that children in state care in Sweden usually experience several placements in different institutions or foster-homes during childhood (for example, Vinnerljung et al., 2001; Sundell et al., 2004). This might be interpreted as a conflict between social workers "[who] strive towards reunifying the child with his/her birth parents, and the child´s need for a stable placement out-of home" (Sinclair et al., 2005 a, 2005b; Thoburn et al., 2000).

Higher numbers of children being cared for within group homes in the family service orientated countries reflects the difficulties inherent in placing older children in kin or foster family placements. The lessons here are that state care must be ideologically balanced and provide a range of placements to suit children's needs. In terms of ideological balance there must be both respect for children's and parent's rights, but also an understanding that the striking of this balance must be informed by a child's developmental timeframe. There are real risks with keeping a child at home when maltreatment is indicated, especially when they are very young. Equally, there are real risks in

disrupting attachment by bringing a young child into care and proposing a timetable for rehabilitation not calibrated to developmental needs. Such children require permanent plans to meet their needs.

The preference for home based care with kin or foster families over group care is based on research indicating this produces better outcomes for most children but importantly, not for all. Group homes continue to be required for adolescences who often prefer such placements, or children who have suffered very serious maltreatment at the hands of parents and who may require a specialist therapeutic living environment.

The important elements of effective state care systems are a clear and consistent threshold for entry into state care, early intervention in the form of compulsory admission into care for those children who require it, placement choice assessed on the basis of children's needs and effective procedures to ensure that children's views are heard at all stages of the process.

3.7.10   Recommendation 12 – Review of State Care

We recommend that as part of the development of a Swiss National Framework for Child Protection (see recommendation 1) a review of state care is commissioned by the national standing committee and implemented through the Child Welfare Boards in their respective Cantons (see recommendation 2). For those children receiving group care, in addition to the systematic vetting of staff applicants against police records and barring those who are found to have offended against children, there are additional safeguards required, including children's complaints procedures, necessary to prevent institutional abuse. An example of the latter would be the introduction of a secure telephone helpline allowing children to make confidential complaints.

3.7.11   Recommendation 13 – Vetting and Barring System

In line with best practice across the countries we would reinforce the necessity to have good vetting and barring schemes in place to ensure that those working with children, whether in residential establishments or in the community, do not have a record of criminal offences against children. We would recommend that such information be collated at Federal level and be available to Cantons, as those seeking to work with children across Switzerland should be subject to the same regulatory framework.

3.7.12   System Output and Outcome measures

It is very difficult to compare measures of child protection data across countries. Different things are measured, different criteria are used to measure them and their meanings are subject to debate. There are, however, some tendencies which are observable across the countries. The first of these are that referrals to social workers concerning children and families have risen over the years. This is in keeping with Swiss patterns where child protection measures with respect to the Swiss Civil Code

have risen from 23,290 in 1996 to 43,613 in 2010[114]. Some countries differentiate such referrals in line with categories of maltreatment. We can see an observable fall in some countries (the UK and Australia) in the physical and sexual maltreatment categories and rise in emotional maltreatment and neglect categories; this is line with wider international trends. In other countries the ban on physical punishment of children serves to make any physical discipline potential maltreatment and so increases numbers in the physical maltreatment category. In line with the broad definition of child protection we have documented across the countries there is some evidence from the UK and Finland that the wider needs of children and families referred for preventative support services are being recorded; numbers of these are also rising.

Australia Case Study 'The limitation of these data is that they are aggregate rather than unit record data, and thus can be used for descriptive purposes, but cannot be manipulated. The data provides a good indication of activity within child protection services, but is a poor indicator for the incidence of maltreatment in the community (Holzer & Bromfield, 2008). There are also problems with the comparability of the data across states and territories (Holzer & Bromfield, 2008). Finally, the types of data items collected and the availability of aggregate data only means that we have a wealth of output data on child protection service activity, but that we do not have information about children's pathways through the service system or data on children's outcomes (e.g. health, education, re-abuse). In 2010, the first annual report was released reporting baseline data for a variety of indicators intended to be used to monitor the impact of the National Framework for Protection Australia's Children. This included the child protection activity data above, and additional indicators from administrative data. The report also includes qualitative case studies, information on state and territory government reform agendas, and progress reports on National Projects being undertaken as part of the National Framework for Protecting Australia's Children (Council of Australian Governments, 2011). State and territory government departments also release annual reports, however, information in these annual reports are not comparable. Individual non-government agencies (of which there are 100s) release annual reports, however none of the data from non-government agencies are in a comparable format and are not compiled and aggregated at the state or territory or national level.'

When taken together we have a picture of rising numbers of referrals, rising numbers of children considered to require social work services, some because of child maltreatment and others for more general welfare needs, and rising numbers of children in the state care system. Yet we know from retrospective research that incidence numbers captured in system output data represent only a small fraction of the prevalence within societies. It is nevertheless likely that the increase in numbers being referred to child protection systems by the public and professionals alike represent an increasing awareness of what may be harmful to children's well-being in an age when we are much more aware of the effects of such adversities upon the child.

---

[114] Source: www.kokes.ch, retrieved 2011/10/23 (cf. Schnurr, 2011).

It is important to note that contemporary child protection systems are not certain as to what they may achieve for children as they do not routinely measure outcomes for individual children, indeed they are usually not designed to do so and require the development of specific outcome measures to build upon the range of output measures currently provided. The Australian case study above notes these deficits, the influence of indicators introduced as part of a national framework and the continuing problems of making data comparable.

3.7.13   Recommendation 14 – Output and Outcome Measures

As part of a National Framework for Child Protection in Switzerland (see recommendation 1) it would be important to agree upon a range of output and outcome measures for the system. The latter should not only make quantitative data available but also include qualitative data (e.g. the recording of children's subjective experiences and their evaluation of services). The establishment of such national data requires that each child is given an individual signifier on receipt of services to permit tracking through the system over time to enable aggregation of data and discernment of trajectories and patterns to further inform service planning and development at Canton level (see recommendation 2) and interdisciplinary interventions at case level.

3.8   Conclusion

Child protection systems are necessary because we are now aware of the range of harms caused to children if they are subject to a number of adversities, including the experience of child maltreatment. In developing and renewing its child protection system Switzerland is uniquely placed to benefit from an analysis of contemporary child protection systems across five countries. The major finding of our work is that the lessons to be learnt from these countries, both positive and negative, are remarkably consistent and coherent. We considered at the start of this project that there would be great difficulty in deducing clear lessons because of problems in creating points of comparability. Whilst this has been true with regard to some specific dimensions, for example output data, generally speaking a remarkable degree of consensus has emerged with regard to what constitutes 'best practice' in contemporary child protection systems. The 14 recommendations we have made represent what any of the research team would wish for their own countries, yet none of our countries bear all these features.

In making our recommendations, as derived from best practice within other counties, we realise that much of what we have recommended is reflected in current developments within Switzerland. Our final comments reflect some of these developments, as derived from the chapter on the Swiss Context, in relation to our recommendations.

Perhaps the most important area for redress is reflected in Recommendations 1, 2 and 3, with our call for the establishment of a National Standing Committee, Canton Child Welfare Boards and Social Work Child Welfare Teams, reflecting a need to address the current situation in Switzerland, wherein differences in culture at regional level, Canton size and tradition and municipal capacity result in different kinds of decisions being made with respect to actions associated with child protection issues. Whilst local differences must be valued and respected they should not be operationalised in ways which may infringe the rights of children and parents to have fair and equitable responses under the law. In other words, the outcome of a particular child protection issue should not be determined by geographical location but by consistent response reflecting law, policy intentions and best professional practices. In this regard we welcome in particular the revision of the Swiss Civil Code and associated recommendations by the Conference of the Cantons for the Guardianship of Children and Adults (KOKES) with regard to the professionalization and organisation of services. It is of particular importance that the work of NGOs is reflected nationally in the development of a National Framework for Child Protection and locally, in membership of Canton Child Welfare Boards, reflecting their crucial role within the child protection system.

As is the case in the other countries in our report, Swiss authorities demonstrate a concern to address the economic and social conditions which may be seen to impact upon the health and wellbeing of children and young people. They are also concerned with identifying those populations most at risk of failing to achieve good standards of health and wellbeing and targeting these for special interventions of a preventative nature, whilst ensuring immediate protection of individuals where this is necessary. The audit of a continuum of services at Canton level (Recommendation 8), reflects a natural development at local level of such national strategies.

With regard to the need to ensure that best professional responses are available, the specialist university programmes for professionals and review of entry requirements for professional courses, referred to in Recommendations 5 and 6, development of a skills audit in Recommendation 11, call for development of practice guidance (Recommendation 9) and two tier assessment tool (Recommendation 10), reflect the growing requirement for specialist expertise. It is noted that such professionalization may create tensions within Cantons where different traditions with respect to carrying out welfare functions may apply.

With respect to Recommendation 13 concerning a national vetting and barring scheme, it is good to see current developments in adult penal law proposing measures to restrict occupational and voluntary role contact between offenders and children.

In relation to Recommendation 14 there is a growing interest in data collation, mostly concerned with establishing prevalence of child maltreatment, especially in relation to differential rates amongst immigrant groups. Valuable information in relation to child protection measures, as established by the Swiss Civil Code, has also been gathered by KOKES, demonstrating a rise in the use of such measures in recent years. These demonstrate trends in the development of responses to child

protection issues and provide a good basis upon which more sophisticated outcome measures for children may be developed.

We have sought to develop a series of recommendations which move from the foundational level, involving issues of governance, through intermediate level, representing interrelated features, to specialist level, identifying the key delivery of services. We have collated these recommendations in the table below and they are further expressed in the diagram following. Two things will be apparent, first the recommendations build one upon the other and they are interlocking. This is the nature of contemporary child protection systems. It is therefore difficult to unpick one without the rest falling down. Second, they collectively speak to a next phase; implementation across a number of work streams. That will be the next challenge.

3.8.1   Foundation Level – Governance Features of Contemporary Child Protection Systems
Recommendation 1 – A national standing committee at Federal level to produce a National Framework for Child Protection to inform development of Canton law and service planning. Recommendation 2 – Cantons retain legal responsibility for child protection services, but these are planned and delivered with voluntary and private providers in Child Welfare Boards.
3.8.2   Intermediate Level – Interrelated Features of Contemporary Child Protection Systems
Recommendation 3 – Teams of social workers employed in each Canton to discharge legal responsibilities associated with a child protection service at specialist level. Recommendation 4 – Interdisciplinary Case Planning Meeting set up in each Canton to ensure effective planning to meet needs and ensure protection at case level. Recommendation 5 – Universities to establish undergraduate and postgraduate training in child protection for professionals. Recommendation 6 – Universities to review standards for admission to social work degree programmes. Recommendation 7 – Promotion of partnership; parents to attend Case Planning Meetings and children's rights to representation and appeal in decisions involving them become standardised.
3.8.3   Advanced Level – Service Delivery Features of Contemporary Child Protection Systems
Recommendation 8 – Development of a continuum of children's services based on the Public Health Model to inform the development of the National Framework for Child Protection. Recommendation 9 – Development of practice guidance for social workers incorporating legislation and research informed 'best practice'. Recommendation 10 – Introduction of a two tier assessment framework at specialist level for social

workers and common level for other professionals.

Recommendation 11 – Audit of current intervention methods employed by social workers to inform the work of the Child Welfare Boards in developing training and implementation strategies.

Recommendation 12 – Audit of state care to inform development of National Framework for Child Protection and work of Child Welfare Boards.

Recommendation 13 – Establish a national vetting and barring scheme for those working with children.

Recommendation 14 – Set up a national data system to track both system outputs and child outcomes as part of National Framework for Child Protection and to inform the work of Child Welfare Boards.

R1 Establishment of National Standing Committee – National Framework for Child Protection

R5 Universities to establish under- and postgraduate child protection programmes for professionals

R2 Establishment of Canton Child Welfare Boards

R9 Commission guidance for professionals working with children and families

R12 Commission review of state care

R14 Agree and establish national output and outcome measures for the child protection system

R6 Universities to review standards for entry into social work programmes

R3 Establishment of Social Work Child Welfare Teams in Cantons to provide services at specialist level

R8 Audit of service provision at universal, targeted and specialist levels within Cantons to inform service development

R10 Commission development of a two-tier assessment tool for social workers and other professionals

R13 Establish and ensure compliance to national vetting and barring scheme for those working with children

R4 Establishment of Interdisciplinary Case Planning Meetings

R11 Audit of skills and methodologies used by social workers to inform training strategy

R7 Involvement of families and children in Case Planning Meetings and decision making processes

Bibliographical References

Anda, R., Butchart, A., Felitti, V. and Brown, D. (2010) 'Building a Framework for Global Surveillance of the Public Health Implications of Averse Childhood Experiences', *American Journal of Preventative Medicine*, 39(1), pp. 93-98.

Gärtner, L., & Vollmer, T. (2008). Child and Youth Policy in Switzerland. *European Journal on Child and Youth Policy*, 12(12).

Gilbert, R., Spatz Widom, C., Browne, K., Fergusson, D., Webb, E. & Janson, S. (2008) 'Burden and consequences of child maltreatment in high-income countries', *The Lancet,* 373, pp. 68-81.

Gilbert, N., Parton, N. and Skivenes, M. (2011) *Child Protection Systems: International Trends and Orientations*, New York, Oxford University Press.

Kempe, C.H., Silverman, F.N., Steele, B.F., Droegemueller, W. & Silver, H.K. (1962) 'The Battered Child Syndrome', *Journal of the American Medical Association*, 181, 17-24.

Kindler, H., Helming, E., Meysen, T. and Werner, A. (2011) *Handbuch Pflegekinderhilfe*, Munchen, DJI, available online at www.dji.de/pkh.

Schnurr, S. (2011) *Fact Sheet: Child Protection in Switzerland*, prepared for the Project 'Child Protection Systems: An International Comparison', Berne, May 30th – June 1st 2011.

Spratt, T. (2009) 'Identifying families with multiple problems: possible responses from child and family social work to current policy developments', *British Journal of Social Work*, 39(3), pp. 435-450.

Unal, B., Critchley, J. and Capewell, S. (2004) 'Explaining the Decline in Coronary Heart Mortality in England and Wales Between 1981 and 2000', available at http://www.circulationaha.org.

UNICEF (2007) *Child Poverty in perspective: An overview of child well-being in rich countries,* UNICEF Innocenti Report Card #7, Florence, UNICEF Innocenti Research Centre.

UNICEF (2003) *A League table of child maltreatment deaths in rich countries,* UNICEF Innocenti Report Card #5, Florence, UNICEF Innocenti Research Centre.

Appendix: Country Studies

Authors of the country studies

Trevor Spratt (Queen's University Belfast, Northern Ireland)

Leah Bromfield (University of South Australia, Australia)

Johanna Hietamäki (University of Jyväskylä, Finland)

Heinz Kindler (German Youth Institute DJI, Germany)

Lina Ponnert (Lund University, Sweden)

Content

Illustration index

Table index

1 Child protection in the United Kingdom by Trevor Spratt

1.1 Historical background

1.1.1 Child protection prior to WWII

The starting points for organised societal responses to children in need of protection in the UK may be traced back to the nineteenth century. During the period 1801 to 1861 there was a doubling of the population in the UK from 10 to 20 million, associated with an industrial revolution which resulted in a migration of large numbers of people from the countryside to the cities to work in the new industries (Corby, 2000). Prior to this time children requiring support because of parental incapacity received help from local communities or the church. However, the advent of industrialisation led to new social problems which required new solutions. Such solutions were initially directed towards children living outside their own homes; street children who had no parental care. This period consequently saw the rise of charitable voluntary organisations, such as Dr Barnardo's, who provided residential homes to meet the needs of such children. Eventually concerns to address problems visible outside the home were complimented by a public concern to reach children experiencing problems in their own home environments. This led to the formation of the National Society for the Prevention of Cruelty to Children (NSPCC); their concern was to seek the passing of civil legislation (concerned with protecting the victim) to complement the criminal law (concerned with convicting the perpetrator) in relation to child protection. The result was the 1889 Prevention of Cruelty to Children Act which specified what actions on the part of parents were harmful to children and provided powers to move such children to a 'place of safety' ; effectively into the care of the state, although much of the provision of such care was by the Church or newly formed charitable organisations. The NSPCC were given the lead role in the implementation of the legislation and it is instructive to note that 'their workers faced the dilemma that social agencies still face: how, following liberal traditions, to influence the family without undermining its independence' (Corby, 2000, p 27). From this period through to WWII rising living standards and better welfare provision served to limit the worst effects of industrialisation and reduce the visibility of problems evident outside the family home. There was a belief amongst the public that the issue of child abuse was being managed well by NSPCC officers, with some evidence for this being provided by a drop in convictions for child abuse. Some commentators, however, question the resulting public and political complacency seen as characteristic of this era, arguing for example, that in fact this represented a shift in thinking that had occurred with regard to how best to intervene in family life, with direct interventions favouring child removal into state care being replaced with more supportive approaches designed to prevent family break up (Dingwall *et al.,* 1984).

1.1.2 Child protection post WWII

Most commentators locate the commencement of the modern system for the protection of children as the period immediately following World War II. At that time the Welfare State was introduced in the United Kingdom; this involved the setting up of the National Health Service with services free at point of delivery, universal pension and social security benefits and free education for all children. Alongside these changes, legislation was passed to enable local authorities to provide a range of public services, including a 'welfare committee' to take responsibility for children's services. Such services had three aspects; family support services to prevent the need for children to enter state care, services to protect children from ill treatment and neglect and state care facilities to provide homes for children who could not be looked after by their own families. The apparatus for delivering protective services to children and families was now firmly in state control and whilst voluntary providers such as Barnardos and the NSPCC continued to provide a significant level of services, the state system of statutory bodies (now known as local authorities) employed social workers to deliver the majority of services to children and families. This was a time of considerable optimism in society as the economic austerity characteristic of the period immediately following WWII was replaced by economic growth in the 1950s and 1960s. This optimism extended to the philosophy underpinning social work with children and families, wherein families, given the right support, were seen as capable of change.

Such optimism, however, was to prove short-lived. In the United States, the publication by Henry Kempe and his colleagues of their seminal paper on *The Battered-Child Syndrome* (Kempe *et al.,* 1962) led down the foundations for the development of a much different way of thinking about the purposes of social work with families and children. Building on analyses of cases of children referred to hospital and utilising the new diagnostic possibilities provided by radiology, Kempe argued that some injuries to children were non accidental, caused indeed by their parents. Importantly he located the causes of child abuse within the psychopathology of some parents. During the following decade this work was to have great influence in the UK. The resulting shift in philosophy to a position where parents might be viewed as potentially dangerous to their children was accelerated as a result of public inquiries into the deaths of children at the hands of their parents or care givers. Such inquires are conducted when there has been a death of a child in these circumstances and there are matters of public interest involved; usually when there have been interventions by the state prior to the death. Of particular influence was the inquiry into the death of Maria Colwell aged 7, a child who had been in state care for five years prior to a return to her family home (against her wishes), and who was subsequently killed by her stepfather, 13 months later. The inquiry led to the establishment of the current child protection system within the United Kingdom (Parton, 1991). At that time much of the professional identity of child care social work became consolidated around child protection functions and it became difficult for social workers to develop supportive partnerships with families, given the atmosphere which encouraged them to view such families with suspicion.

1.1.3 The development of the child protection system

Whilst, following the work of Kempe, much of the focus in the 1970s was concentrated upon the physical abuse of children and how to prevent injury or death occurring, during the 1980s the focus was to shift to the issue of child sexual abuse. There are a number of reasons for this; Corby (2000) identifies the accounts of adult female survivors of sexual abuse and the work of pioneer family therapists such as Giaretto *et al.* (1978) as being of particular importance. As with physical abuse the pattern in development of understanding the phenomenon of child sexual abuse was that it came to be regarded as more prevalent than previously thought, with most perpetrators being known to the child (Macfarlane and Waterman, 1986). Unlike physical abuse however, where theories of psychological causation were challenged by structural understandings wherein deprivation and poverty came to be considered as influential factors in creating the conditions within which physical abuse might occur, explanations for sexual abuse were located in theories of psychopathology and family dysfunction.

Since the 1970s the issue of how best to protect children has become a major public issue in the UK as the public have become more aware of the nature of child abuse, including its prevalence (much greater than thought possible prior to this time) and impact upon children (both profound and long lasting). This period saw the growth of social work in the UK, both numerically and in terms of prestige, as it became the lead profession in tackling the issue of child abuse. However, this exposed social workers to criticisms with regard to their ability to recognise child abuse and intervene effectively to protect children. For example the judge at the trial of Morris Beckford into death of Jasmine Beckford (another child who had been in state care for six months and who was returned home and subsequently killed by her stepfather) described the attitude of the social worker in the case as being 'naive beyond belief' (Brent, 1985). As a response to such criticisms social workers began to prioritise in their practice the identification of those parents who had potential to abuse their children. 'It is unsurprising then, that the numbers of involuntary clients, as measured by families having their children taken into the care of the state, increased greatly through the 1970s and early 1980s, peaking at over 100,000 children in state care in 1982, with the use of statutory orders increasingly preferred over voluntary arrangements (Parton, 1985)' (Spratt, 2007, p 14).

Whilst the provision of state care was seen as a way of providing safety for children experiencing abuse in their own homes, doubts began to be raised in relation to the ability of the state to secure good outcomes for children; in effect the ability for the state to act as a 'good parent'. In what may be regarded as symbolic of how such issues are dealt with in the UK, such doubts were created by a number of media scandals and subsequent public inquiries which revealed that residential care itself could pose considerable dangers for children. The first such scandal concerned the Kincora Boys home in Belfast, Northern Ireland, where it was found that residents of the home had been systematically sexually abused by staff over a considerable number of years. The resulting public inquiry was to be followed by others which detailed the physical, sexual and emotional abuse of children whilst in state care in England, Scotland and Wales (Utting, 1991). As a result, social workers developed a tendency to view state care as 'last resort' and delayed the admission into care of some children whose circumstances required it. The

state also moved to ensure that children in state care might be made safe by introducing a comprehensive system of vetting and barring (checking that staff had not committed any offences and preventing those who had from working with children). Such rules now apply to anyone working with children in the UK. There was also a shift in state care placement provision away from residential care to foster family care and a move to balance the immediate issue of keeping a child safe with the more complex task of securing good outcomes for the child. Some of these changes reflected (the then) new concern, that changes in the systems for protection and care of children should be research informed as a counterbalance to the more familiar drivers for change, what Ayre has described as the unholy trinity of public, media and political pressures to 'do something to stop child abuse' (2001).

The great majority of families, however, experiencing state social work, did not have their children taken into the care of the state. During the 1980s the child protection system, introduced in the wake of the death of Maria Colwell, continued to be refined. The current system is described in detail in the section dealing with 'Legal and Policy Frameworks'. Suffice to say here that the system was comprised of Local Authority based Area Child Protection Committees who implemented child protection procedures (local versions based on national guidelines) which involved investigation of allegations of child abuse which, if validated, resulted in multi disciplinary case conferences to consider the risks to the child. One of the options for the case conference was to place the child's name on a database (accessible by other professionals) known as the 'Child Protection Register'. This is not to say that those families experiencing problems raising their children and who required support -from the state to do so were not offered services by the state, in fact such families did (and still do) make up the large majority of those referred to social workers. It was rather that during this period social work directed at meeting the supportive needs of children and families diminished in scope. As Corby observes 'the form and style of this intervention was, from the parents' viewpoint, punitive and severe. Parents suspected of abusing their children were at first treated with great suspicion' (2000, p 39). Even those families receiving supportive interventions remained suspicious that state social workers would perceive their circumstances or actions as potentially indicative of child abuse and remove their children into state care as a result (Spratt and Callan, 2004). A corrective to these punitive tendencies in practice was provided by the publication of the *Cleveland Inquiry Report* (Butler-Sloss, 1988) which, it has been argued, marked the zenith of compulsory state interference in family life (Myers, 1994). This report resulted in widespread public disquiet with regard to the actions of police, social workers and doctors who were involved in removing 121 children, for reasons of suspected sexual abuse, from their families over a six month period in the County of Cleveland. Social workers were now criticised for being overzealous in their attempts to diagnose abuse and 'rescue' children from their families. As a result social workers felt they were in an impossible situation, criticised for not intervening in families where abuse was later found to have occurred, often with tragic results, and criticised for responding too punitively in families where abuse was suspected but later found not to have occurred. Their dilemma is illustrated below.

SOCIAL WORKER
WHO TAKES CHILD
FROM FAMILY

SOCIAL WORKER
WHO LEAVES ABUSED CHILD
WITH FAMILY
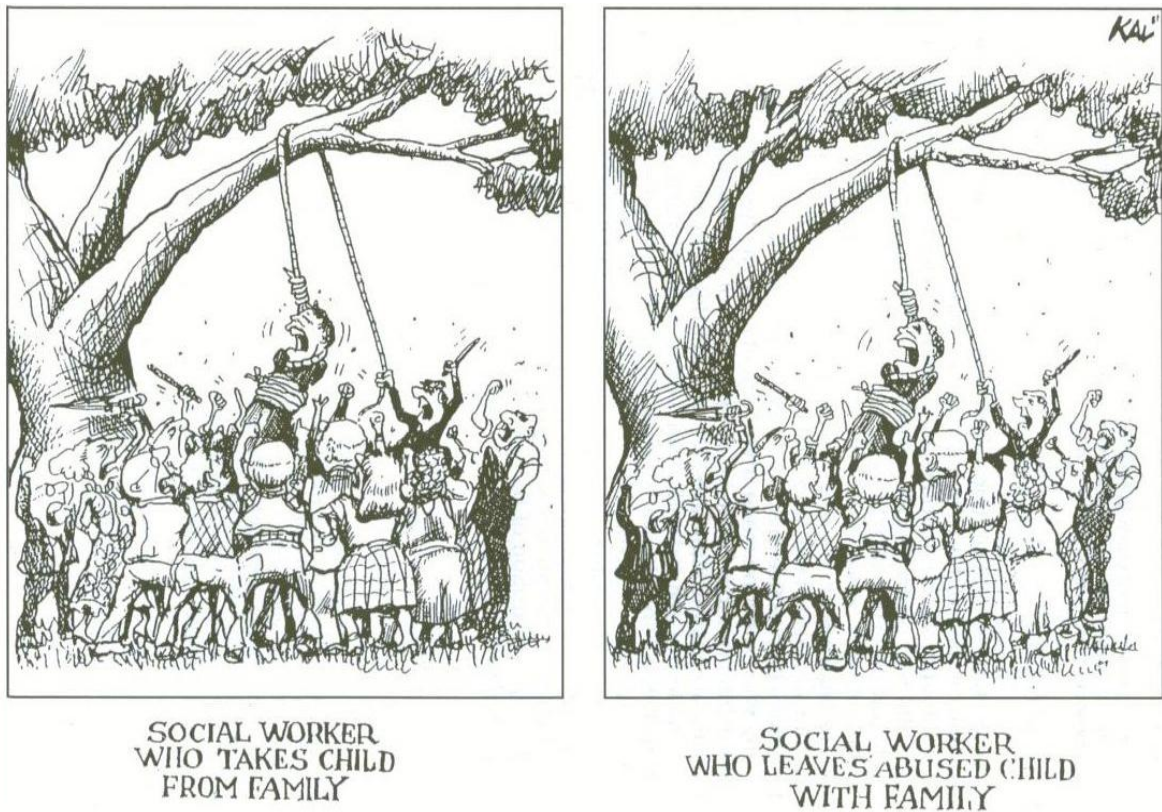
Figure 25: Damned if you do and damned if you don't! (source unknown)

1.2   An emerging consensus on child protection

As a result of such dilemmas a public, political and professional consensus emerged that while some children should be protected from abusive parents the state should also provide non stigmatising support for those families who required help. Coming 100 years after the 1889 Prevention of Cruelty to Children Act, the 1989 Children Act sought to strike new balances in the relationship between the state and the family (Parton, 1991). The parts of the Act dealing with both child protection and family support are described in the 'Legislation for Child Protection' section in greater detail, but it is important to note here that the central principle of the legislation is that there should be a new contract or 'partnership' between the state and the family. To achieve the new balance the threshold for state intervention in family life was raised to that of 'suspected or actual significant harm' (from the previous 'in need of care, protection or control'), alongside new duties directing provision of support to families by local authorities. It was anticipated that most responses to family situations by social workers would be of the later type. 'In fact this did not occur; at least to the degree it had been anticipated. The overview of government commissioned research, *Child Protection: Messages from Research* (Department of Health, 1995) portrayed a reactive social work system still preoccupied with the investigation of possible child abuse, with consequently little attention paid to the wider needs of children and families and restricted

115

development of family support services' (Spratt, 2008, p 14). In a bid to stimulate the further development of family support services to children and families in line with the legislative intent, the government, through its Social Services Inspectorate, stimulated a 'refocusing debate'. 'Such refocusing or rebalancing requires local authorities and their social workers to shift attention from procedurally narrow investigations under the child protection system to broader perspectives that embrace the priorities and sense of enquiry associated with family support' (Hearn *et al.*, 2004, p 35).

The way to achieve such changes was initially seen as the introduction of modern management techniques alongside the adoption of new work tools for social workers. An example of the former was the introduction of 'performance measures designed to track the response of local authorities against prescribed targets. For example, the reduction of numbers of children on the 'at risk' register; the use of the Social Services Inspectorate to reinforce good practice, often through public dissemination of exemplars of good practice such as local authorities who met or exceeded performance targets; and the award of stars to denote local authority performance standards' (Spratt, 2008, p 16). An example of the later was the *New Assessment Framework* (Department of Health, Department for Education and Employment, Home Office, 2000), introduced to help social workers balance their previous concentration on child protection risks with a new emphasis on the assessment of family needs and how these might be addressed. Much of the underpinning philosophy of the Framework was sited within ecological theories which located the risks posed to children across a range of systems (from family to society), challenging the ideas of pathological parenting promoted by Kempe as an explanation for child abuse, which had so influenced the development of the child protection system. As Léveillé and Chamberland observe, the 'careful and systematic assessment of the needs levels of children and their families referred to social services is at the heart of this initiative for refocusing children's services' (2010, p 931). The government's response to these findings was to 'ensure that referral and assessment processes discriminate effectively between different types and levels of need and produce a timely service response' (Department of Health, 1999, p 20). The Framework for the Assessment for Children in Need and their Families was created in response to this demand. It consists of a framework that aims to understand the complex situations in which children in need of services evolve within their own families' (Léveillé and Chamberland, 2010, p 931). Whilst assessments conducted under past guidance had been concerned to locate risks to children primarily in their caregivers, the philosophy underpinning the Framework were located in ecological approaches 'based on the premise that the development and behaviour of individuals can be fully understood only in the context of environments in which they live' (Horwath, 2001, p 54). These included the child's developmental needs, parenting capacity and family and environmental factors, with sub categories indicating areas for particular attention.
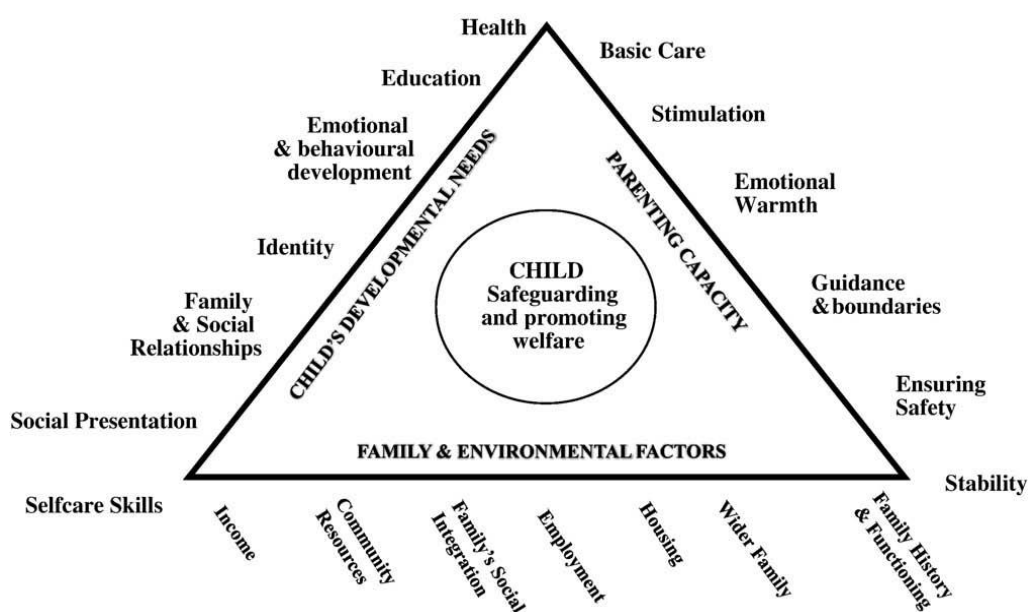
Figure 26: Framework for the Assessment of Children in Need and their Families (Department of Health, Department for Education and Employment, Home Office, 2000)

1.3 Difficulties in changing the child protection system: the influence of public inquiries

Did introduction of modern management techniques alongside the adoption of new work tools for social workers achieve the goals of the refocusing debate? Research by the author and colleague into the effects of the refocusing initiative have demonstrated that whilst overall rates of investigative child protection responses by social workers diminished, with an associated increase in family support responses, this did not necessarily lead to the development of a greater partnership with parents wherein service provision to meet needs became the normative response (Spratt, 2001; Spratt and Callan, 2004). Whilst the intention to move away from a narrow focus on child protection towards a broader response, recognising family problems and their needs for support, was generally welcomed by local authorities and social workers, it nevertheless remained difficult to move away from 'risk averse' practices. As the author and colleague have observed, 'it is politically and ethically unacceptable to route cases that appear to indicate lower risk through child protection processes; such lower risk cases are routed through child welfare processes; social workers must continue to manage risks inherent in child welfare cases; social workers achieve this by developing risk filtration practices; risk filtration practices inhibit the development of wider services to child welfare cases' (Hayes and Spratt, 2009, p 1593). Essentially such practices involve engaging with the family, establishing that there are indeed very low or no child protection risks, but then failing to more fully assess any needs the family might have as a basis for delivering services to them. In fact, very few families in this study received services.

To understand why social workers are reluctant to change their practices, even when mandated to do so by legislation and government policy, we need to reflect on the culture of blame that exists in the UK in relation to child protection issues. Social workers are very wary of being criticised in public if a child they are working with is abused or killed and this may cause them to focus on child protection issues rather than broader family support needs in their practice. Much of this fear has been created by public inquiries, where social workers have been blamed for not acting to protect children. Perhaps unlike other nations, the role of public inquiries into child deaths has also been pivotal in the continuing development of child protection policy and practice in the UK. Whilst the deaths of Maria Colwell and Jasmine Beckford were respectively, to provide stimulus for the creation of the child protection system in the UK, and then cause that system to become risk averse and interventionist in nature; the deaths of two children in recent years, Victoria Climbié and Peter Connolly, have resulted in public inquiries leading to wide ranging reviews of the child protection system.

Victoria Climbié

Victoria Climbié, a West African child, was murdered in 2000 in London by her great aunt and her partner with whom she was living at the time. Victoria had come into contact with a range of professionals, including social workers, who failed to interpret a number of signs, which indicated she required immediate protective intervention. At her post mortem, the pathologist noted 128 separate injuries on her body as a result of having been beaten. The political response was to commission Lord Lamming to examine the system for protecting children. Laming concluded that the system, underpinned by the legislative framework, was basically sound but that there needed be better structures to permit good communication between agencies and that these needed a basis in law; echoing a theme of previous inquires into child deaths which emphasised that professionals needed to work together to have a full understanding of what was happening in a child's life (Laming, 2003).

1.4   From protection to safeguarding: 'Every child matters'

We have witnessed changes in the language used to describe the difficulties children face in life, the early notion of 'child abuse' (in common with the more familiar term internationally – 'child maltreatment') focused on what is done to the child and the term 'child protection' focused on what can be done to protect children from abuse. The new term, emphasised in the government's response to the Laming Report, was 'safeguarding' The concept of safeguarding was derived from the 1989 Children Act which stated that local authorities had a duty 'to safeguard and promote the welfare of children in their area who are in need' (Section 17(1)). Whilst the 'refocusing debate' of the 1990s (referred to above) had concentrated on encouraging social workers to develop more supportive interventions for children in need in preference to investigative child protection responses, the shift to safeguarding envisaged state and voluntary services (including social workers, but also applying to all professionals involved in work with children) being

offered to a much broader range of children whose circumstances indicated that if services were not provided they would go on to suffer a range of poor outcomes. Such ideas were underpinned by the importance of prevention and early intervention.

The Green Paper, *Every Child Matters*, was published by the Government in 2003 (Chief Secretary to the Treasury). Whilst in part it was a response to the recommendations set out in Lord Laming's Report into the circumstances surrounding the death of Victoria Climbié, it also represented an attempt to connect an understanding of individual tragedies with the experiences of a much broader group of children, making it clear that child protection could not be separated from policies to improve children's lives as a whole. Parton has observed; 'the priority is not only that children are protected from significant harm but that the welfare of as many children as possible is safeguarded and promoted' (Parton, 2006, p 169). The concern was that there should be improved, measurable outcomes across a range of indicators, children's health, safety, enjoyment and achievement, ability to contribute to society and social and economic well-being. Parton has observed of the policy context, '[an] emphasis in early intervention, family support and a focus on vulnerable children was being developed. Concerns about children not fulfilling their potential and becoming social problems in the future were the driving force for change as much as children being at risk of parental abuse' (2006, p 166).

Whilst the *Every Child Matters* policies were closely aligned to the then Labour Governments intentions to tackle social exclusion in the UK, we may also identify three key underlying influences on policy development at that time which helped guard against a reactive policy response to the death of Victoria Climbié which might have resulted in a turning away from helping a broader group of children and concentrated resources on those who might be most likely to suffer abuse or death at the hands of their caregivers. First; a concern by government to invest in children as human capital has increasingly replaced investment in traditional industries, as western economies locate their future economic security in the knowledge economy requiring highly trained and mobile workers. Second; the influence of economists such as James Heckman who has calculated that universal provision of pre-school learning-enhancement programmes in the USA would generate cumulative benefits to society of over $400 billion (Heckman and Masterov, 2004). For those families in the UK presenting risk factors indicative of poor future outcomes, there is a strong economic case for early and high-cost investment to prevent the occurrence of predictable poor social and economic outcomes in the future. Third; the scientific claims that we can identify those families with multiple problems who are most likely to become high cost in the future, through reduced tax contribution due to unemployment and increased costs in terms of health and social support. For example, using findings from the UK Birth Cohort Study, Feinstein and Sabates found that: 'For higher levels of adult deprivation ...the probabilities of experiencing 10 or more of the 32 [negative] outcomes are 1% for the low risk group, 12% on average and 51% of the high risk group [the 5% most at risk]. This highlights the very strong relationship between high childhood risk and multiple adult deprivation' (2006, p ii). Such findings have caused policy makers in the UK to make it a priority to identify

high risk groups and target these for early interventions designed to prevent predicted poor outcomes, the motivations being to prevent human misery and reduce economic costs.

1.5   The 2004 Children Act

The question for local authorities and social workers posed by *Every Child Matters* was, could the core business of investigation of families where there had been accusations of child abuse be complemented by actions to help a broader range of children who could be identified as living with the type of risk factors (referred to above and mentioned in more detail in the Section dealing with Policies for Child Protection) which indicated they might either (a minority) suffer child abuse later in childhood or (a majority) experience a range of poor outcomes in later childhood and in adult life? To help create a positive answer to this question the initial focus on achieving the aims of the *Every Child Matters* policies was to create a statutory framework to better facilitate interagency working in meeting the twin objectives of improving the range of services to promote the welfare of as many children as possible, whilst ensuring a proper focus on safeguarding the most vulnerable of children; the result was the 2004 Children Act.

Key to achieving such objectives was the establishment of Local Safeguarding Boards in each Local Authority area, to provide an institutional structure to ensure the welfare of children. The core objectives, set out in *Working Together to Safeguard Children* (the interagency guidance issued by the government for professionals working to protect children), are as follows: 'to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and to ensure the effectiveness of what is done by each such person or body for that purpose. Safeguarding and promoting the welfare of children is defined ...as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully' (Department for Children, Schools and Families, 2010, p 87). The Board members include representatives from the local authority, national health service, and a range of national voluntary sector providers (e.g. the NSPCC), together with local providers of services who should include 'faith groups, children's centres, GPs, independent healthcare organisations, and voluntary and community sector organisations including bodies providing specialist care to children with severe disabilities and complex health needs' (2010, p 105). The objectives, as illustrated below, were to reach a much wider number of children, ranging from those children considered vulnerable in some way, to children in need and to those children requiring state care or at extreme risk.

```
                    Death from
                    abuse or
                    neglect
                    (50–100
                    per year)*

              On child protection
                  register**
                   (25,700)

            Children looked after**
                   (59,700)

              Children in need
               (300–400,000)

           Vulnerable children
              (3–4 million)

              All children
             (11 million)
```
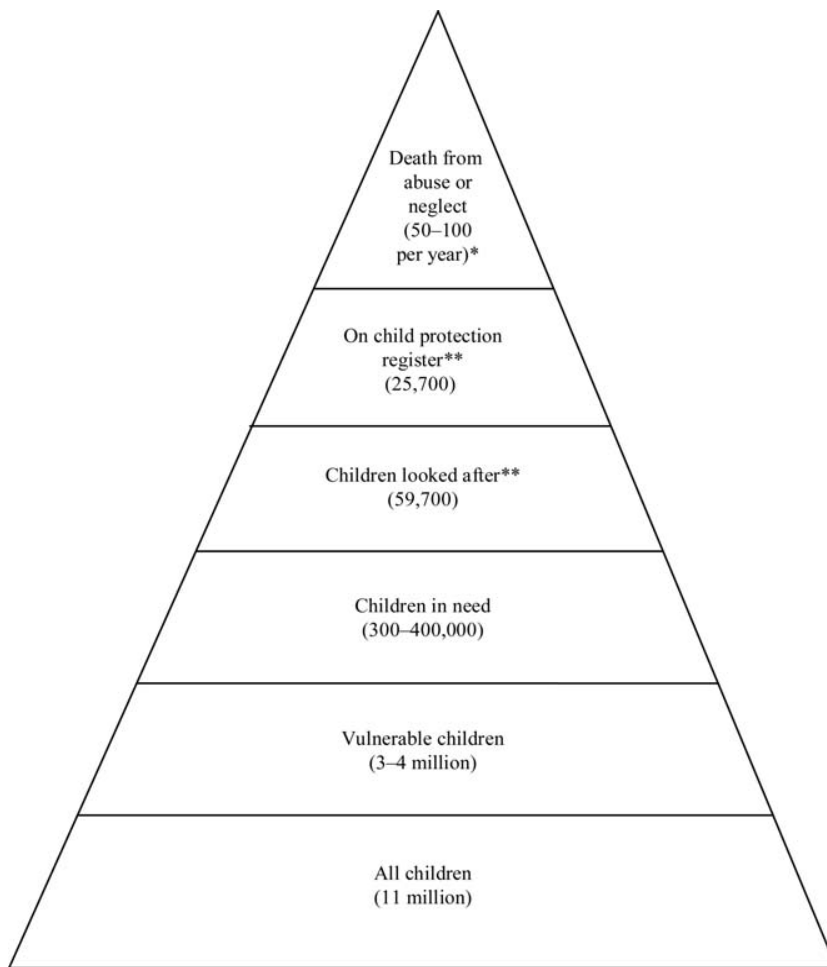
* These children may or may not be on the child protection register, nor looked after, nor vulnerable.

** These children are included in the children in need figure, and not all children on the child protection register are children looked after.

Figure 27: Every Child Matters (Department for Education and Skills, 2004)

1.5.1   The service delivery continuum

As will be evident from the illustration above, this shift in policy direction had the potential to greatly increase the number of children requiring help from local authorities. So whilst local authorities were (2004 statistics) responsible for some 25,700 children whose names were on the child protection register, looked after some 59, 700 children in the care of the state and provided services to between 300,000 - 400,000 children in need, it was estimated that there were 4 million vulnerable children (requiring extra help) in the total population of 11 million children in England. It is obvious that local authority social workers alone could not meet the needs of such numbers of children. Rather, it was envisaged that services to children should be delivered along a continuum from universal services to specialist services by a range of professionals, with services targeted at the specified level of need. And, reflecting the composition of local safeguarding boards, it was envisaged that all should be involved (including the voluntary sector) in delivering such services to children. The following figure illustrates these concepts.

```
                            /\
                           /  \
                          /    \
              Specialist  / Services \
                        /  for       \
                       / children at  \
                      /   high         \
                     /    risk          \
                    /  For example:      \
                   / Child protection     \
                  /  Adoption and          \
                 /    fostering             \
                /---------------------------  \
               / Services for families with    \
      Targeted/   complex problems              \
             / Children and Families' Social Services\
            /- - - - - - - - - - - - - - - - - - - - \
           / Services for children and families with   \
          /      identified needs                       \
         /        For example:                           \
        /          SEN and disability                     \
       /         Speech and language therapy               \
      /- - - - - - - - - - - - - - - - - - - - - - - - - - -\
```
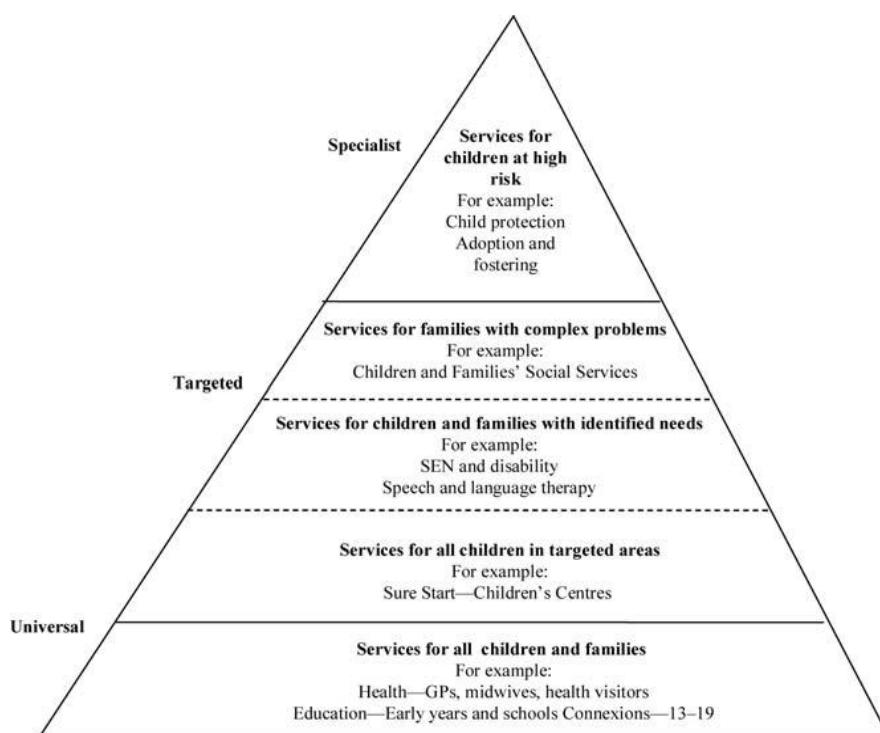
Figure 28: From Universal to Specialist Services (Department for Education and Skills, 2004)

1.5.2   The Common Assessment Framework

To help in the process of encouraging the view that the protection of children should not be confined to social workers but be a concern of all professionals working with children, the government introduced a *Common Assessment Framework* (Department for Children, Schools and Families, 2006). This was primarily designed to help a wide range of professionals identify vulnerable children who had additional needs at an early stage. This might be, for example, a teacher or a health visitor or a nursery worker. At this point of recognition an assessment would take place which might indicate that the needs could be addressed by a single professional or require more integrated support involving a number of professionals, one of whom would be appointed the *lead professional*. If the assessment indicated the presence of more complex needs requiring more specialist services then a referral could be made to local authority social workers who would implement a more in depth assessment along the lines indicated by the Framework for the Assessment for Children in Need and their Families referred to above. These processes, often referred to as the 'windscreen model', are illustrated below.
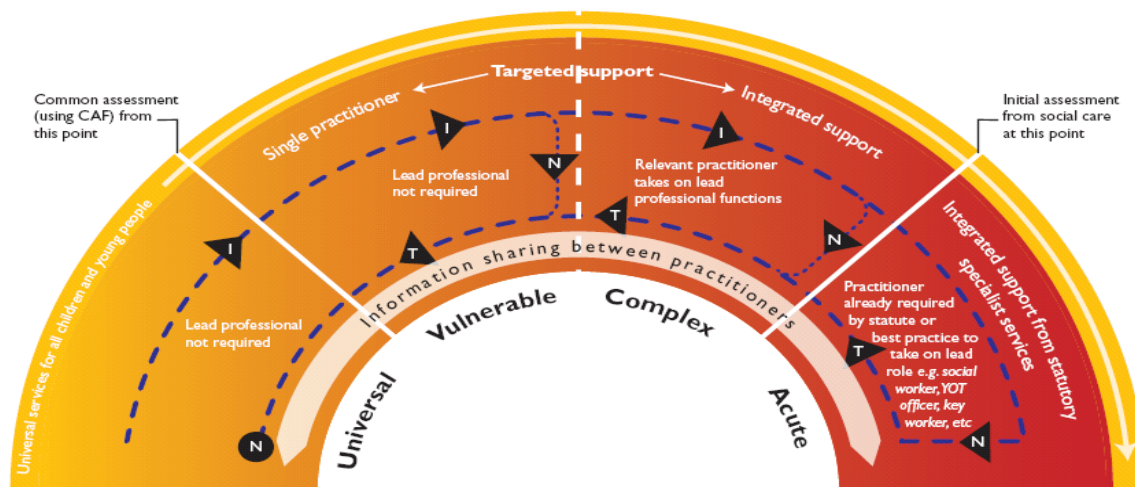
Figure 29: The Common Assessment Framework 'Windscreen Model' (DfCSF. 2006)

1.6   Recent developments in protecting children in the United Kingdom

We may trace two significant trends in child protection in the United Kingdom since the introduction of the 2004 Children Act. These are the further strengthening of the services delivered by state social workers to children at most risk of immediate harm, whilst taking forward policies based on the concepts of prevention and early intervention as informed by assessments identifying risk factors. The strengthening of services for those children most at risk was, as we have now come to expect, as a consequence of the death of a child.

Peter Connolly

Peter Connolly, a seventeen month old boy, died at the hands of his mother, step father and another man in London in 2007. 'During the trial, the court heard that Baby Peter was used as a 'punch bag' and that his mother had deceived and manipulated professionals with lies and on one occasion had smeared him with chocolate to hide his bruises. There had been over sixty contacts with the family from a variety of health and social care professionals' (Parton, 2010, p 12). Social workers were heavily criticised by a media who once again questioned their abilities to protect children when confronted with manipulative parents. As had been the case, following the death of Victoria Climbié in 2000, Lord Laming was once again commissioned by the government to report on the child protection system. His report was entitled *The Protection of Children in England* (Laming, 2009). Following this report, and also taking into account the report of the government commissioned Social Work Task Force (2009), a Social Work Reform Board was set up to overview the strengthening of social work as a profession, including the setting of new

professional standards for social work education with a drive to recruit the most able students. Since the election of the new Coalition Government in the UK in 2010, Professor Eileen Munro has been commissioned to review frontline child protection services. This recently published review contains recommendations for both how services are organised and how social work is practiced (Munro, 2011). The effect of the death of Peter Connolly, therefore, was to once again put children at immediate risk at centre stage and reinforce the role or social workers as the lead professionals in ensuring their protection.

1.6.1   Prevention and early intervention

In some ways the repositioning of social work in the wake of the death of Peter Connolly was to confirm the apprehensions of some commentators. 'The changing identity of social work in policy towards a primary association with intervention focused on social and public protection brings material consequences. Child and family social work runs the risk of becoming a residual service, synonymous with child protection, where there is a need for investigation and compulsion... There is a risk that prevention, so far as child and family social work is concerned, may come to be associated with a narrow interpretation, namely prevention of significant harm or admission to public care' (McGhee and Waterhouse, 2010, p 12). Such comments may, however, be reflective of a fear of a profession being over identified with children at most risk in our society, where wider policies aspire to meet the needs of families at earlier points, before problems escalate. It could be argued that state social workers are better positioned at the apex of the continuums of needs and of services noted above with other professionals and service providers concentrating their attentions on earlier parts of the continuums. The data presented in relation to those children designated as children in need, children on child protection registers and children in state care (later in this report) certainly point to a concentration on the part of state social workers on those children at greatest risk and with most complex needs. And, counterbalancing the public perception that social workers do not properly protect children, (based largely on the findings of Public Inquiries), the evidence suggests that social workers have been effective in protecting those children most at risk. Part of the difficulty for social workers in becoming more involved in the delivery of preventative services directed towards a wider range of children in need has been a tendency for other professionals to refer families to social workers at increasingly lower thresholds of concern. This has greatly inflated the numbers of children social workers have had to respond to, whilst there has not been a proportionate increase in resources. It may be that burdening state social workers with the more supportive responsibilities, (as outlined in the 1989 Children Act and reinforced by the 2004 Children Act), is not the best way to proceed and that these responsibilities would be better undertaken by others. Any such changes, however, would require a massive and costly expansion of the voluntary service sector in the UK.

1.6.2   Bureaucratisation and professionalization

There are two final developments in child protection social work in the UK which are worthy of note. The legislation, policies and procedures governing the present child protection system (described below) has greatly increased the bureaucracy involved in social work practice. As previously referred to, one of the first actions of the new Coalition Government in the UK on coming to power in 2010 was to commission a review of child protection in England. The report has recently been published, (Munro, 2011), with the author observing in an Interim Report that; 'The main criticism [of procedures] is that they have become too extensive and are so dominating practice that space to exercise professional expertise is being severely reduced' (Munro, 2010, p 61). Munro further points out that, 'it seems that rules and guidance have been issued because of a lack of confidence in workforce competence. This is potentially damaging for two reasons. First, too great a reliance on rules creates the illusion of certainty in a sector where uncertainty prevails. Secondly, it leads to an overdependence on process which diminishes professional judgement and creates a mindset which seeks pre-formulated solutions to complex and uncertain situations' (2010, p 63). Whilst part of the solution may be to make such rules and procedures less prescriptive and decrease the amount of bureaucracy there has also been an ongoing drive within the UK to strengthen the social work profession. Prior to the new millennium it had been possible to qualify as a social worker at diploma level; qualification is now at degree level with indication that 'improvement in child protection practice [is] crucially dependent on the rejuvenation of a well trained, respected social work profession' (Parton, 2010, p 14). It will be interesting to see if the profession remains wedded to the more high risk end of the child protection with its complex bureaucracy or adapts to meet the needs of a wider range of children whose present circumstances indicate future risks and so require early prevention services.

1.6.3   The role of the third sector

In reflecting upon the history of child protection in the UK it is evident that the part played by voluntary providers of services has changed considerably. Whilst the early history of child protection featured lead roles for charitable and church based providers of services, since the advent of the welfare state their roles have changed, still being providers of services but in ways that are usually locality based and supportive of state services. In the UK this has become known as the 'third sector'. 'The Government defines the third sector as non-governmental organisations that are value-driven and which principally reinvest their surpluses to further social, environmental or cultural objectives....It includes voluntary and community organisations, charities, social enterprises, co-operatives and mutual's' (Department for Children Schools and Families, 2007, p 4). It is recognised that state services cannot meet all needs, so the resources provided by the third sector are regarded as important in a number of ways:

1. They are often in a position to develop services to respond more quickly in response to local needs than is the case with the larger and more complex state services.

2. The services provided may be regarded as less stigmatising than state services by those who use them (because they are generally considered less directly associated with the statutory child protection services).

3. They may involve local communities in the running of services, being less remote and more accountable than are the more bureaucratic state led services.

The major funding for the third sector is derived from government, but some organisations within this sector, particularly the larger ones, such as the NSPCC and Barnardos, raise considerable revenues from individual donors as well as from large foundations and businesses. In the UK in 2010 the government provided funding of some £240 million to third sector organisations to support the *Every Child Matters* policy goals referred to above. Such support is delivered through a process of service commissioning. This may happen in a variety of ways; for example, a Local Safeguarding Board may identify the need for particular service in an area. For example, it may have been observed that there are a large number of cases of domestic violence in the area but there are no services to help men overcome their tendency to violence against women. The local authority, as members of the Board, could decide to commission a national organisation who operated in the area (for example, Barnardo's), or a smaller locally based organisation, to provide a service for such men. This arrangement is usually referred to as 'a service level agreement', wherein a contract is created stipulating that an agreed programme is delieverd to an agreed number of men over a certain timescale at a particular cost. Such arrangements are then evaluated by the commissioning local authority to ensure that they are both effective in meeting the aims and represent value for money. By way of illustration, Barnardo's in Northern Ireland currently provide a range of services (at the targeted and specialised levels identified in Figure 28) commissioned by local authorities under contract arrangements; these include, a Child Bereavement Service, a Domestic Violence Outreach Scheme, Family Group Conferencing (facilitating families to provide solutions to their own problems), a residential unit called Parents and Children Together, where high risk single parents and their children can be assessed and a scheme to help young people leaving state care (barnardos.org.uk). It is important, however, to note that whilst the state relies heavily on such organisations to provide these types of services, the services are located in particular localities and therefore are not accessible by all citizens within Northern Ireland. Essentially the state remains responsible for the provision of services to all citizens, in the majority of cases this is achieved by a comprehensive network of social workers employed by local authorities, with the third sector used to fill gaps in service provision and respond to new needs where they become apparent in communities.

1.7 The Relationships between the United Kingdom government and national governments in Wales, Scotland and Northern Ireland

We now turn to the political and legislative structures in the UK. The United Kingdom comprises four nations, England, Wales, Scotland and Northern Ireland. Traditionally power has been centralised in the UK parliament at Westminster in London. Whilst all countries continue to have elected representatives at Westminster, following referendums in Wales and Scotland in 1997 and in Northern Ireland in 1998, national parliaments (referred to as assemblies in Wales and Northern Ireland) were created and a range of powers were transferred to them. This has become known as the 'devolution of power'. Whilst central government in Westminster remains responsible for national security, social security, foreign policy, economic policy (including taxation) and trade, the range of powers devolved to national governments is extensive. These include, health, education, housing, home affairs (including some aspects of criminal and civil law), the environment and social work. Responsibilities for discharging these powers are further devolved to a range of local authorities who organise and deliver services to the public.

Child protection, whilst being a devolved responsibility at national government level in terms of laws, policy and control of local authorities, also remains an issue at the heart of central government in Westminster, where concern for children in England, reflects public concern that the welfare of children remains an important priority. As we have seen, the issue of child protection has, in modern times, been a central concern of government, leading to public debate on the issues. Consequently the system for protecting children in the United Kingdom has come under intense public, media and political scrutiny in ways perhaps not familiar to other European nations. In effect this has meant that nations within the UK are wary of developing policies out of line with mainstream thinking. So whilst policies are not identical, they nevertheless reflect 'cross-cutting concerns across the jurisdictions' (McGhee and Waterhouse, 2010, p 3). This is reflected in legislation, policies and procedures.

1.7.1 Legislation for child protection

At the level of legislation, the Children (Northern Ireland) Order 1995 is a close copy of the 1989 Children Act in England and Wales. Scotland has a different legal system, in existence since 1885, with the Children (Scotland) Act 1995 being the most up to date child protection legislation. Unlike the rest of the United Kingdom, where there are strict legal divisions between legislation concerned with dealing with children who commit offences and those who are in need of care and protection, these issues are dealt with within the same legal system in Scotland. As a result, however, of growing concern with regard to child protection issues, the Children's Hearing System (courts), whilst 'originally dominated by referrals on offence grounds is now primarily concerned with referrals on care and protection grounds' (McGhee and Waterhouse, 2010, p 6).

The central purposes of the 1989 Children Act were to provide a basis for partnership between the state and the family by providing a number of checks and balances within the legislation to promote the rights of

parents to bring up their children and the rights of children to be brought up in their own home, whilst ensuring those children requiring protection were safeguarded. Intentions to support families are reflected in statutes directing local authorities to provide a range of services to such families and are balanced by statutes giving powers to local authorities to intervene in family life in order to protect the children when situations become so severe or chronic as to pose considerable risks to children should they remain in the family home. Other parts of the legislation deal with Looked after Children (children in state care) emphasising, in so far as it is possible to do so, that such children are brought up in a partnership between the state and their natural parents, with the responsibilities shared, not replaced. It is important to note that these three parts of the legislation overlap in practice, for example, children who are abused meet the criteria for being children in need and such children may become looked after children. The articles of the legislation dealing with these three areas are described below.

1.8   Family support

The first two articles of the 1989 Children Act are of particular importance for clarifying the legislative intent in relation to family support. Article 18 sets out 'the general duty of every authority': (a) To safeguard and promote the welfare of children within its area who are in need; and (b) So far as is consistent with that duty to promote the upbringing of such children by their families; by providing a range and level of personal social services appropriate to those children's needs.

In Article 17 three criteria are established for determining which children are deemed to be 'in need'. A child is defined as "in need" if-

'(a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services;

(b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) He is disabled.'

1.9   Child protection

Section 47(1) of the 1989 Children Act gives Local Authorities the responsibility for investigating suspected child abuse on the basis of 'significant harm': 'Where a local authority – have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare'. If such enquiries confirm that a child is suffering or likely to suffer significant harm, then if is deemed necessary to

protect the child, the social worker may apply to the court for an Emergency Protection Order which permits the removal of the child into the care of the state for a period of up to eight days. After this time a further application must be made to the court for an interim Care Order if it is thought unsafe to return the child home and/or further time is required for assessment. If interim Orders are granted the Local Authority must decide, when all assessments are complete, whether or not to apply for a full Care Order. If the Care Order is granted by the court, the state shares parental responsibility with the natural parents until the child is 18 or the Order is revoked. In effect this usually means that they continue to reside in state care until such times.

1.9.1 Looked after children

The Children Act 1989 provides two routes through which children may become looked after. The first is through the granting of a Care Order (Section 31) which brings the child into state care on a compulsory basis. The court may only make a Care Order if satisfied that the child is suffering, or is likely to suffer, significant harm attributable to the care given, or to the child being beyond parental control. The second is via the provision of voluntary accommodation, which comes into effect with respect to any situation (with the exception of the child being at risk of suffering significant harm at the hands of their parents) where a parent is unable to provide care for a child. The parent may remove their child from this voluntary arrangement at any time.

1.9.2 Children's rights

In common with other countries, the UK is a signatory (in 1991) of the United Nations Convention on the Rights of the Child (UNCRC), and reports to the UN Committee on the Rights of the Child on progress made on implementing the rights of children. Children's' Commissioners have been appointed in each UK nation to ensure compliance with the Convention. A number of the Conventions Articles direct governments to protect children from exploitation or abuse and to promote their development and welfare. Whilst the 1989 Children Act was introduced before the signing of the Convention it does in many ways reflect an intention to both hear the concerns of children and act to protect their rights. For example, children in court proceedings have the right to independent legal representation and social workers must consult with them and consider their views on any matters which might affect their lives across a wide range of circumstances. A Guardian Ad Litem service has also been introduced in UK nations to ensure that independent social workers scrutinise all applications made to Courts under the Children Act by local authorities to ensure that child's best interests are protected, making representation directly to the court with regard to these matters. At a broader level, however, the idea of children having rights has entered the public consciousness and it has become a priority for all organisations working with children to ensure that their policies and procedures are compliant with the principles of the Convention. In child protection

work, this is most often expressed by a concern that the wishes and feelings of children should be heard and influence decisions at all levels in the child protection process.

1.10   Policies for child protection

Common approaches across the four nations to the protection of children at the level of legislation are also evident at policy level. In Northern Ireland *Our Children and Young People—Our Pledge, 2006–2016* (Office of the First Minister and Deputy First Minister, 2009), in Scotland, *Getting it Right for Every Child* (Scottish Executive, 2005) and in Wales, *Children and Young People: Rights to Action in Wales* (Welsh Assembly Government, 2004) all, with some variation, reflect the broad themes contained in the English policy paper (reviewed in detail previously) *Every Child Matters* (Chief Secretary to the Treasury, 2003), of improved measurable outcomes across a range of indicators, children's health, safety, enjoyment and achievement, ability to contribute to society and social and economic well-being. Much of the development of policy in England has been described in detail in an earlier section of this report. It is important to note here that the policy documents across the four nations all reflect a growing preoccupation with preventative services and early intervention in line with the concern to reduce the social and economic costs referred to above; targeting children and families where risk factors indicate the likelihood that problems will develop to require interventionist specialist services in the future if preventative services are not offered in the present. They advocate a whole of government approach; all government departments concerned with children should work cooperatively to achieve the policy outcomes for children. They also promote interagency working between the state and third sector in pursuit of the same goals (Social Exclusion Task Force, 2008).

1.10.1   The role of the third sector in the development of legislation and policy

It is important to note that the work of the third sector has not been restricted to the direct provision of services; it has also had significant roles to play in relation to the development of legislation and policy. In line with an international growth in concern for children's rights, organisations such as the NSPCC have developed significant interests in promoting such rights through campaigning strategies. They list a number of significant achievements in this regard over the last ten years, including an increase in the penalties delivered by courts to those convicted of sexually abusing children, the introduction of more 'child friendly' arrangements for those children giving evidence in child abuse trials, lobbying the government to pledge £13 million to help support victims of child abuse and launching national campaigns to heighten public awareness of the signs and symptoms of child abuse to enable improved early reporting and effective interventions (nspcc.org.uk). Much of this work is achieved by the astute use of the media to highlight issues and the direct lobbying of political representatives to ensure that the policy and law makers take into account the views and wishes of third sector organizations, who often have considerable

support from the public, in making new laws and policies. They also have an important role in calling such law and policy makers to account, ensuring that policies are implemented and measuring their effects in practice. In this way they have a vital role in influencing policy formation and implementation and critiquing its effectiveness. State social workers and local authorities are less free to critique such policies as they are employed directly by the state.

1.11 Guidance and procedures for child protection

The guidance and procedures for child protection in the England is, *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (Department for Children Schools and Families, 2010). The guides available in Wales (*Safeguarding Children: Working Together under the Children Act 2004,* Welsh Assembly Government, 2006) and Northern Ireland (*Co-operating to Safeguard Children,* Department of Health, Social Services and Public Safety, 2003) are very similar, with some variation in the Scottish guidance (*Protecting Children – a Shared Responsibility: Guidance on Inter-agency Co-operation,* Scottish Office, 1998) reflecting the differences in their legislation. The English guidance runs to a remarkable 393 pages in length and contains complex instructions for the procedures and protocols to be followed, including, roles and responsibilities of various professionals; arrangements for local safeguarding boards; training, development and supervision for interagency working; managing individual cases where there are concerns about a child's safety and welfare; child death review processes; serious case reviews; safeguarding and promoting the welfare of children who may be particularly vulnerable, and managing individuals who pose a risk of harm to children. It also provides the definitions of various forms of abuse which are of particular importance in deciding which children should receive an immediate response in line with the child protection requirements of the legislation. These are detailed in full below as they represent the official definitions upon which practice is based.

1.11.1   Neglect

The definition of neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs' (2010, p 39).

1.11.2 Physical abuse

The definition of 'physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child' (2010, p 38).

1.11.3 Sexual abuse

Defining 'sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children' (2010, p 38).

1.11.4 Emotional abuse

'Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone' (2010, p 38).

1.12 Risk factors

Whilst these definitions of abuse point to those situations where the various forms of abuse may be already seen to be occurring, the greater numbers of referrals to local authority social workers are more likely to involve vulnerable children where there may be concerns in relation to the risk factors evident

within the family environment. Knowing which families are most in need of early intervention has been informed by epidemiological studies which have demonstrated that the 'risk factors' for future poor outcomes may be identified and inform the targeted delivery of services to reduce the likelihood of poor outcomes occurring. Whilst such risk factors include the familiar indicators of child abuse upon which the traditional child protection system has been built, other factors such as adult offending behaviour, large family size, child rearing models which include poor supervision, poor discipline and emotional coldness on the part of parents (sometime termed 'low warmth and high criticism' families) experience of family disruption (such as divorce) are predictive of poor outcomes in adulthood (Farrington and Welsh, 2007). While there is no definitive list of such risk factors the World Health Organisation note that findings of international studies 'strongly suggest the universality of adverse childhood experiences effects and consequences' (World Health Organisation, 2009, p. 4).

The term Adverse Childhood Experiences (ACE) represents an empirically based attempt to link adverse experiences in childhood and health and social outcomes in later life and defines adversity in two ways; firstly the experience of childhood maltreatment, for example, physical abuse, and secondly, untoward familial circumstances such as the experience of having a parent who abuses drugs or alcohol, are imprisoned or have a mental illness. It also includes situations of family breakdown. An individual's ACE score is a simple count of such experiences with higher scores 'repeatedly showing a positive graded relationship to a wide variety of health and social problems' (Anda *et al.*, 2010, p 95). Such studies have demonstrated that those children facing multiple adversities (or risk factors) are more likely to suffer poor outcomes in adulthood than those experiencing singular adversities. Furthermore, it is the multiple effects of equally weighted adversities which influence poor outcomes rather than the particular influence of one type of adversity. This perhaps challenges our intuitive sense that the experience of a type of maltreatment would be likely to outweigh other factors. This type of research has now begun to inform the guidance offered to social workers and other professionals whose task it is to safeguard children. However, the five factors highlighted below in *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (Department for Children Schools and Families, 2010), also reflects the influence of social workers over the years who have repeatedly recognised such factors to be present in cases where children have been abused.

1.12.1   Domestic violence

The guidance defines 'Domestic violence is defined as any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.' In terms of incidence nearly 25% of adults (the great majority being women) are victims of domestic violence. The guidance further observes: 'domestic violence affects both adults and children within the family'. Some 200,000 children are estimated as being effected by prolonged or regular exposure to domestic violence which can have a

serious consequences for their safety and welfare, either because they are directly caught up in the violence or because they witness it and suffer emotional trauma as a result (2010, pp. 262-3).

1.12.2   Mental illness of a parent

In relation to the mental health of a parent or carer the guidance notes that 'a wide range of mental ill health can affect parents and their families. This includes depression and anxiety, and psychotic illnesses such as schizophrenia or bipolar disorder....Mental illness may also be associated with alcohol or drug use, personality disorder and significant physical illness. Approximately 30% of adults with mental ill health have dependent children'. Poor mental health, especially in mothers, may pose risks for children, particularly in relation to their development if they are very young. For example the guidance observes that 'children with mothers who have mental ill health are five times more likely to have mental health problems themselves.... in rare cases a child may sustain severe injury, profound neglect, or even die' (2010, p 266). Such observations must, however, be tempered by the fact that most parents suffering mental illness do not pose a risk to their children.

1.12.3   Parental problem drug use

In relation to parental drug use the guidance observes: 'Although as many as one in three adults have used illicit drugs at least once, problem drug users are less than one percent of the population in England.... In England and Wales it is estimated that one per cent of babies are born each year to women with problem drug use, and that two to three per cent of children under the age of 16 years have parents with problem drug use....Parental problem drug misuse is generally associated with some degree of child neglect and emotional abuse. It can result in parents or carers experiencing difficulty in organising their own and their children's lives, being unable to meet children's needs for safety and basic care, being emotionally unavailable and having difficulty in controlling and disciplining their children' (2010, p 270).

1.12.4   Parental problem alcohol use

Whilst alcohol use differs from other drug use in that is a legalised drug, nevertheless its use by parents may potentially be harmful to their children. The guidance defines harmful drinking as: 'Drinking at levels that lead to significant harm to physical and mental health and at levels that may be causing substantial harm to others... Women who regularly drink over 6 units a day (or over 35 units a week) and men who regularly drink over 8 units a day (or 50 units a week) are at highest risk of such alcohol-related harm. Findings from the *General Lifestyle Survey 2008* suggest that 7% of men and 4% of women regularly drink at higher-risk levels'. The estimated figure for children affected by parental use of alcohol at harmful levels is 1.3 million in England. As the guidance further points out, 'Parental problem drinking can be associated

with violence within the family and the physical abuse of children, ...Children are most at risk of suffering significant harm when alcohol misuse is associated with violence' (2010, p 274).

1.12.5   Parents with a learning disability

The definition of learning disability encompasses people with a broad range of disabilities: 'Learning disability includes the presence of: a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development'. Whilst the research provides an estimate of some '985,000 people in England with a learning disability; equivalent to an overall prevalence rate of 2% of the adult population....It is important not to generalise or make assumptions about the parenting capacity of parents with learning disabilities' (2010, p 279). The risks to children are seldom as a result of deliberate wilful acts against them but rather the result of neglect through parental omission in relation to necessary caring tasks.

As the guidance further points out, however, these risk factors of course rarely exist in isolation as 'many parents also misuse drugs or alcohol, experience poor physical and mental ill health and have a history of poor childhood experiences themselves. The co-morbidity of issues compounds the difficulties parents experience in meeting the needs of their children, and increases the likelihood that the child will experience abuse and/or neglect' (2010, p 164). This confirms the observations made above in relation to the ACE research, it the multiplicity of risk factors which may act together to produce a toxic cocktail of childhood adversity,

As is evident from this description of risk factors contained in the guidance available to social workers, only relatively small proportions of families featuring such risk factors may go on to abuse or neglect their children. However, looked at another way, children living in such families, especially where there are a number of risk factors present, have significantly greater chances of going on to experience poor outcomes in terms of health and development in later childhood and poor outcomes in terms of health and social circumstances in adulthood (Spratt, 2009). As we have seen, there is a tendency for social workers to prioritise the immediate child protection issues (those cases where the risk factors have resulted in abuse) over those cases where abuse has not occurred but where, nevertheless, the presence of multiple risk factors indicate poor long term outcomes for the child. Whilst the influence of possible criticism of social workers leading to risk averse practices has been cited as one explanation for these phenomena, there is another influence we need to bear in mind. Over the years the numbers of families referred to social workers has risen as the pubic and professionals alike have become more aware of the need both to protect children and offer families support. For example Munro notes that in 2009-10, '603,700 referrals were made to children's social care services, an increase of 56,700 (10%) from the 2008-9 figures' (2011, p. 25). As will be apparent in the later section dealing with National Data Bases local authorities do not have the capacity to meet the needs of this large referred population, in part explaining why there has been little national interest in implementing a mandatory reporting policy.

1.12.6   Mandatory reporting

Mandatory reporting is a legislative duty for professionals working with children to report cases of suspected child abuse to social workers. In a report on the issue of mandatory reporting laws. Wallace and Bunting note that: 'internationally, few countries appear to have mandatory reporting laws covering child abuse. The USA, Australia and Canada are the main countries that pursue this as an approach.... Full mandatory reporting may result in an increase in reporting rates but the international experience highlights the potential for overburdening already stretched child protection services and raises questions as to the quality of increased reports, many of which have been found to be unsubstantiated....A voluntary reporting system strengthened by interagency protocols emphasising the duty of care professionals have in relation to children can provide a similar but more flexible framework for reporting child abuse concerns' (2007, pp. 4-5.).

Essentially mandatory reporting creates a situation where professionals are reluctant not to report a case which *might* have features indicating that the child needs protection, and so refer cases to social workers because they are uncomfortable with dealing with even very low levels of risk as this may create risk to them if someone later accuses them of not referring a case where the child has been subsequently abused. The vast increase in referrals such a system creates, paradoxically, may increase risk for children as all the responsibility for the case is given to social workers who are only able to respond to the most serious cases because of the great increase in numbers of referrals. There has consequently been no great public or professional pressure for mandatory reporting in the UK.

How are these laws, policies and procedures implemented? We have examined the reasons why the child protection system was established and described how it developed; we will now detail its current form before examining how its activities are captured in national data measures.

1.13   The child protection system

Families are referred by other professionals or, on occasions, refer themselves to local authorities for a wide number of reasons. The first task for social workers is to screen referrals to ascertain if they meet the criteria for social work intervention; such criteria may vary between local authorities who operate thresholds in relation to what is deemed an appropriate referral but will usually reflect the targeted and specialist service levels illustrated in Figure 28. If help is not offered by the local authority advice may be given in relation to a more appropriate source of support, for example the telephone number of a local voluntary provider operating a service relevant to the need. This process is sometimes referred to as 'screening out'; it is evident from

Figure **30** that approximately one third of referrals do not make it to the next stage, the initial assessment. An initial assessment is a brief assessment in accordance with statutory guidance, the Framework for the

Assessment of Children in Need and their Families (Department of Health *et al*, 2000) of any child who meets the threshold criteria and should be completed within a maximum of seven working days and may lead to three types of outcome: 1. no further action; 2. the immediate provision of services; or 3. a more detailed type of assessment known as a 'core assessment'. This is a more in-depth assessment which, as with the initial assessment, seeks to ascertain and analyse information along the three domains of the Assessment Framework i.e. the child's developmental needs, the parents' or caregivers' capacity to respond appropriately to those needs; and the wider family and environmental factors. It should be completed within 35 days. Approximately one third of those receiving an initial assessment have a core assessment. It is evident from

Figure **30** that the majority of those receiving core assessments are also subject to child protection inquiries with half of this number becoming subject to 'child protection plans' (this term in England replacing the previous practice of recording the child's name on the 'at risk' register). This further emphasises the tendency for social workers to prioritise children in need of immediate protection within the 'children in need' definition outlined in the 1989 Children Act. This tendency is further illustrated in the National Data section.

The figure below illustrates the numbers of children entering the system in England in 2010 and what proportion ended up in receipt of a child protection plan. Approximately one in fourteen referred children becoming subject to a child protection plan. It is important to note that part of the referral and assessment process outlined above involves special procedures for those cases requiring actions to protect a child, either because they are judged to be at immediate risk of significant harm at initial referral or this becomes apparent during the assessment process. These procedures are described below.
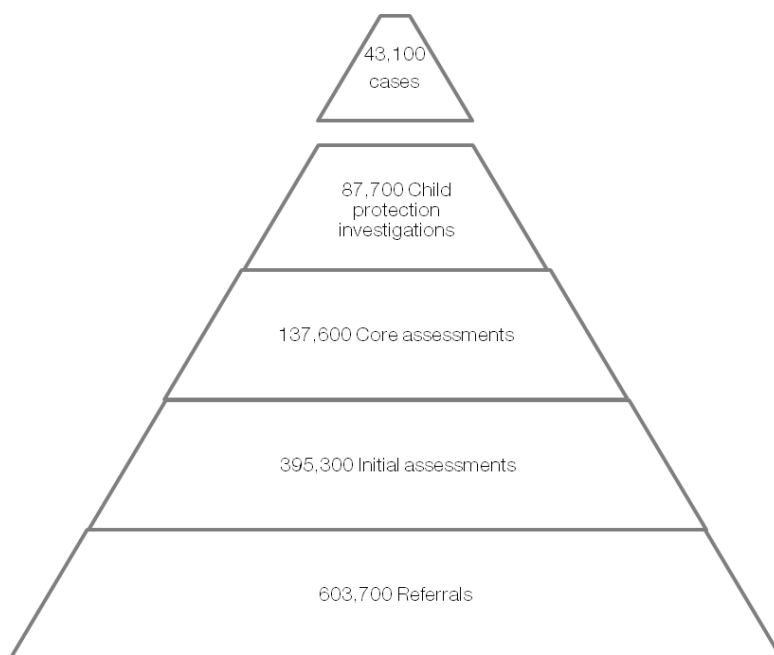
1.13.1   Child protection processes

If a referral is received that indicates that the child is suffering or likely to suffer significant harm, then an immediate child protection response may be initiated in compliance with Section 47 of the Children Act. In a minority of cases, application may be made directly to the courts for an Emergency Protection Order if is considered unsafe to leave a child in the care of their parents. The investigation will involve the social worker liaising with a designated police officer to agree a strategy under 'joint protocol' arrangements. These arrangements were first introduced following the Cleveland Inquiry, referred to previously, to ensure that children did not receive multiple interviews to cover both civil and criminal legal aspects, the new protocol allowing a joint interview to cover both evidential and welfare concerns. The process is illustrated in Figure 31.
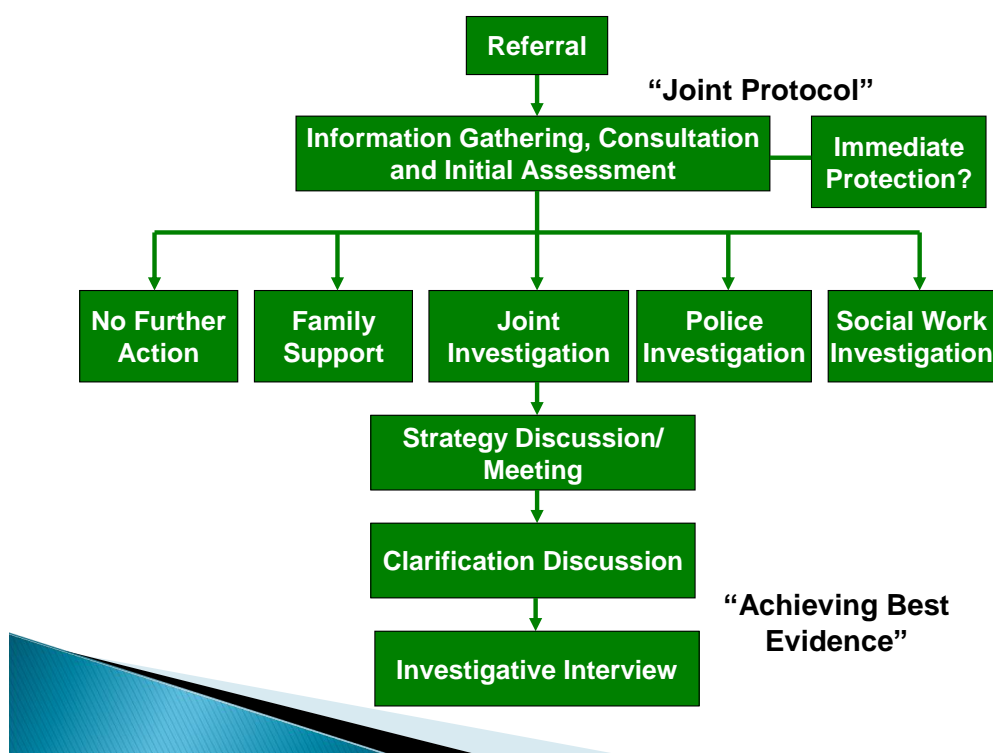
Figure 31: The child protection referral process

1.13.2   The case conference

If, after the joint protocol process is complete and an assessment has been made, any evidence supporting a criminal investigation is the responsibility of the police, if there remain concerns with regard to the child's welfare then this is dealt with at a case conference. This should be held within 15 days from

an investigation taking place. Government inquiries into the deaths of children have continually highlighted the need for professionals who know the child to share information with regard to a child to enable a 'true picture' of the child's situation to be developed. The case conference allows the sharing of this information between professionals and permits decisions to be made on the best possible information. It is good practice for parents to also attend case conferences and hear the concerns of professionals and make response to these. The case conference must decide if the child in question is at continuing risk of significant harm, if so they must develop a child protection plan to ensure the child's future safety and reduce the risks. This normally involves the provision of a range of services to the child and their family. Once subject to a child protection plan the case is reviewed by the case conference at regular intervals until it is judged that the child is no longer at risk of significant harm.

1.14   National data on child protection

All the nations in the UK collect data on those children referred to local authorities. The data covers a range of indicators covering numbers and categories of children in need; numbers of children in the child protection system and numbers of looked after children. It is important to note that these data reflect the various legal and procedural categories available. Essentially how the system defines and responds to the problems faced by children. They are therefore system output measures, a record of incidence, categorisation and journey through the system. They do not measure outcomes for children. In the majority of cases we will use data from England as the data sets are derived from a bigger population than the other countries, who collect similar data with comparable patterns evident.

1.15   Children in need

As detailed above, children in need are those children who, following assessment, meet the legal criteria, that is, their health and development are likely to be significantly impaired without the provision to them of services. As the figure 8 illustrates, in practice, the most frequent sub category of children are defined as having been abused or neglected. This demonstrates the historic tendency we noted above, that is that social workers prioritise child protection cases. There were 375,900 children in need in England in 2010, which was a rate of 341.3 per 10,000 children. The types of services Local Authorities are directed to deliver to children are set out in Schedule Two of the Children (N.I.) Order 1995, they include: the provision of day care, supervised activities after school and during holidays, advice, guidance and counselling, occupational, social, cultural or recreational activities, assistance to enable a child and family to have a holiday and the provision of a family centre (a centre to provide therapeutic facilities for children and their parents). Local Authorities provide such services directly or may commission these from voluntary providers of services.
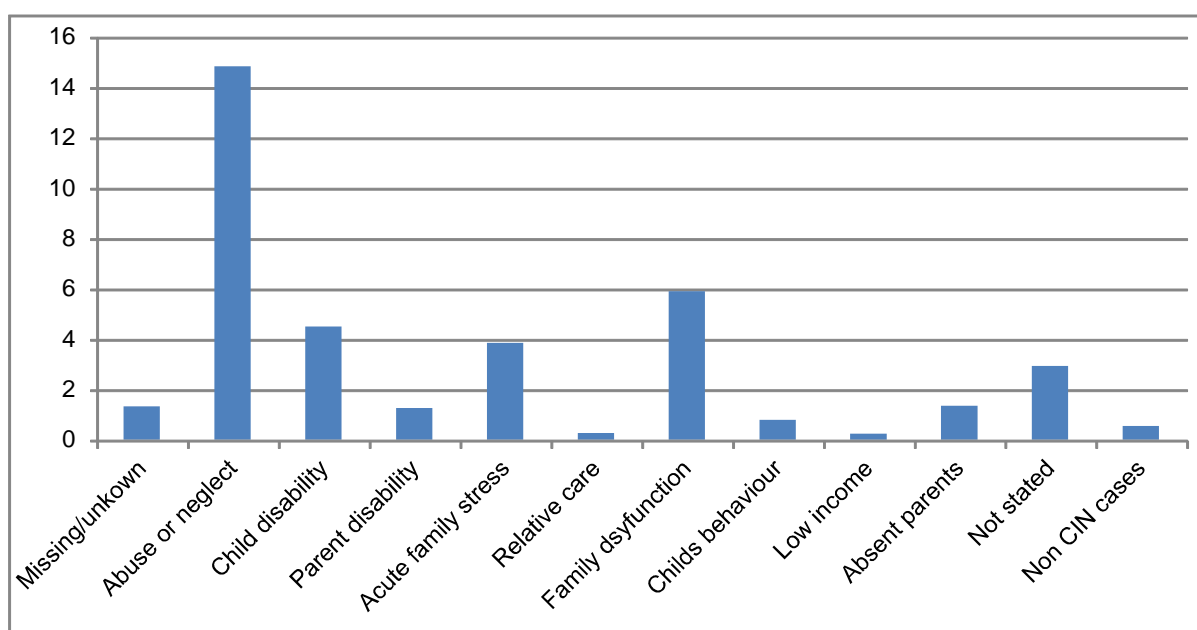
Figure 32: Children in Need: Open Case Status. Each number represents 10,000 children (DfE, 2010).

1.15.1 Child protection

The Table below illustrates trends in child protection registrations in England over the period 1994 to 2010 (alternate years). It represents the numbers of cases judged to meet the definitional criteria for child abuse and neglect set out above, by professionals meeting in case conferences, following an investigation into the circumstances of the case by social workers. It is important to note that these statistics capture the *incidence* of child abuse as reported to local authorities, not the *prevalence.*

Abuse Category	1994	1996	1998	2000	2002	2004	2006	2008	2010
Neglect	7,800	9,400	11,600	14,000	10,800	12,600	13,700	15,300	17,200
	(25%)	(31%)	(35%)	(41%)	(39%)	(41%)	(44%)	(44%)	(44%)
Physical Abuse	11,400	10,700	9,900	8,700	5,300	5,700	5,100	5,000	4,700
	(37%)	(35%)	(30%)	(26%)	(19%)	(18%)	(16%)	(15%)	(14%)
Sexual Abuse	7,500	6,200	6,100	5,600	2,800	2,800	2,600	2,300	2,200
	(24%)	(20%)	(18%)	(16%)	(10%)	(9%)	(8%)	(7%)	(5%)
Emotional Abuse	3,500	4,000	4,800	5,500	4,700	5,600	6,700	8,600	11,400
	(11%)	(13%)	(15%)	(16%)	(17%)	(18%)	(21%)	(25%)	(28%)
Multiple categories	500	400	700	310	4,100	4,300	3,300	2,900	3,400
	(2%)	(1%)	(2%)	(1%)	(15%)	(14%)	(11%)	(8%)	(9%)
Total	**30,700**	**30,700**	**33,100**	**34,110**	**27,700**	**31,000**	**31,400**	**34,100**	**39,100**

Table 1: Numbers and percentages of children with 'child protection plans' registered 1994 to 2010 by category of abuse in England (adapted from Stafford et al., 2010, p. 25)

It will be apparent that there have been considerable changes both with regard to overall numbers of children registered and in growth and decline within categories of abuse over the period. There are a number of explanations for this. The first is that official guidance has changed over the period to steer professionals away from registering children on the grounds of 'potential' abuse in favour of 'actual' (or confirmed) abuse. This has resulted in a decline in numbers of children registered in physical and sexual abuse categories and a growth in numbers of children registered in the neglect and emotional abuse categories. With regard to these later two categories, it could be argued that the standard of proof for meeting the definitional criteria is more subjective than the more objective criteria of the first two categories. However, we do need also to take into account a growing concern in the UK context that the emotional requirements of children, being now better understood, has cast a spotlight on standards of parenting to the extent that many more parents in this generation are judged not to meet their children's needs in this regard than would have been the case in the past.

1.15.2   Children in state care

In 2010 there were 64,400 children looked after by local authorities in England, with some 52% of the current care population being admitted to care because of abuse or neglect. Most of these children were placed with foster families. The number of children in care has fallen from a high-point of nearly 100,000 children in care in the 1980s; it reached a low-point in the mid 1990s and has levelled off at around 60,000 in recent years. This reflects the new balances struck in the 1989 Children Act since when there has been more concentration on trying to provide families with support to enable children to remain at home in the care of their parents. In recent years, however, there has been an increase in the use of compulsory court orders with less use of voluntary arrangements. This may be reflective of an increase in the numbers of the young people being subject to significant harm or may mirror an increase in risk averse practices by social workers. Such a hypothesis receives some support in statistics detailing applications to the courts for children to be taken into state care, which, following the death of Peter Connolly, increased by 33.7% in the year after his death.
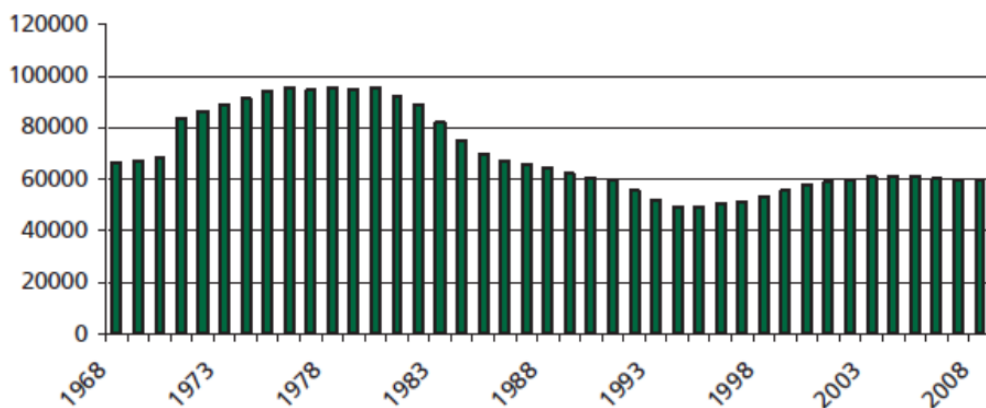
Figure 33: Numbers of children in state care from 1968 to 2008 (House of Commons Report)

With regard to where children in state care are placed, there has been a move over the past number of years to favour placements with either foster family (a family recruited by the local authority to provide a home for a child in state care) or with the child's relatives (often the child's grandparents, but may include other family members) over residential placements (institutions where a group of children are placed). In part this reflects a philosophy that regards children as being best raised in family environments, but it also reflects a reaction to the abuse of children which took place in residential homes in the 1980s. The following table illustrates placement patterns across the four nations. Not included in this table are those children who are adopted. Adoption of children who have been in state care and for whom a return home is unlikely has been encouraged in policy and practice in recent years. At present there are approximately 3.5 thousand children per year adopted from state care in the UK, representing some 6% of the population of children in state care.

Category	N. Ireland	England	Scotland	Wales
	%	%	%	%
Residential home	13	11	10	5
Foster family	57	75	30	75
With relatives	26	8	59	12
Other	5	3	1	9
Total	**100**	**100**	**100**	**100**

Table 2: Looked after Children by Placement Type across the four nations

1.15.3 Securing good outcomes for children

If we are to measure the effectiveness of the child protection system we cannot rely on the statistics which illustrate the outputs of the system. We must instead turn to research using other measures to judge the efficacy of the system in securing good outcomes for children. As we have observed previously, the child protection system does not reach all those children who experience abuse or indeed those who require help to ensure that their health and development is not significantly impaired. In a recent report on *Child Cruelty in the UK 2011* the NSPCC has reported on trends in child abuse and neglect in the UK over the past 30 years (nspcc.org.uk). There are some encouraging signs, they report that 'One in four of the young adults reported experiences of severe physical violence, sexual abuse or neglect in childhood. However, despite the high levels of maltreatment, the comparison with the earlier study [in 1998] reveals that many childhoods have changed for the better over the last 30 years. Overall, the young adults in 2009 reported less physical, sexual and verbal abuse during their childhoods than those interviewed previously' (2011, p. 4). A more sobering comment, however, concerns the ability of social services to reach such young people. 'The incidence of severe maltreatment in our study indicates that almost 1 million secondary school children have been seriously physically or sexually abused or neglected at some point during childhood. With around 46,000 children of all ages currently on a child protection plan or register,

the research raises concern that the vast majority of abused and neglected children are not getting the vital help and support they need' (2011, p.4). In practice it is difficult to attribute an accurate proportion to the effectiveness of the child protection system in bringing about the decline in young adult reports of abuse over the decades. As the NSPCC report observes, 'it is difficult to weigh the state's contribution to reducing child abuse and neglect against the actions taken by individuals and communities through long-term social change' (2011, p.5). As we have already observed, there is now much greater awareness amongst the public of what may constitute harm to children with a parallel concern to both protect them from such harm and support their rights.

We may, however, point to two indicators of worth in relation to the child protection system. Devaney's work on children suffering chronic child abuse illustrates the effectiveness of the child protection system in keeping those children who become known to social workers safe from the experience of repeated significant harm (2009). And, examining those most serious cases where there are concerns for a child's life, Pritchard observes that, 'looking at the overall results, most CPS [Child Protection Services] in the MDC [Major Developed Countries] have some cause for cautious satisfaction about the progress being made. Whilst, in every MDC, the medical and protection services for children overlap, in England and Wales and three other MDC, their CARD [Child Abuse-Related Deaths] mortality rate, the primary responsibility of CPS, fell significantly more than the ACD [All Causes of Death], the primary responsibility of medicine, whereas the reverse was true in Germany, Italy and the USA. Therefore, as the media readily blame social work for the high-profile tragedies, with all the cautions rehearsed above, they may begin to acknowledge something of social work's probable contribution to the achievements over the past thirty years' (2010, p. 1715). Some reasons, perhaps, for cautious optimism.

1.15.4   Analysis and recommendations

The child protection system in the UK has historically been heavily influenced and, arguably, heavily distorted, by inquiries into the deaths of children and the associated public disquiet, causing social workers to focus on the need to prevent such deaths in their practice. Such preoccupations have rendered social work practice vulnerable to a concentration on high risk cases with the consequent neglect of other families whose needs may be regarded as less immediately concerning: 'a classic instance of a low probability/high consequence risk that leads to risk-averse cultures and practices in all walks of life' (Cooper *et al.*, 2003, pp. 10–11). In one sense the system can only achieve what the public wish for it. In the UK the dominant debate in relation to child protection is fuelled by a media influenced public who see the primary responsibility of social work as preventing child deaths. The system, however, was never designed with this as the central goal. Whilst the legislators and policy makers encourage a consideration of a much wider range of preventative interventions with children in keeping with research informed analysis of risk factors, it is difficult to move in this direction wholeheartedly as regular inquiries into child deaths act as a restraining counterbalance. There is a general lesson here for all societies in now they

handle public debates around sensitive issues, with a responsibility on all to ensure that rationality prevails when emotive topics are being discussed.

Someone arriving from another country and looking at the legislation, policies and guidance concerning child protection in the UK might reasonably conclude that this was a great country for children to live in. In many ways it is, with childhood valued as never before. Nevertheless we know that there are many families whose children require help but do not receive it. A number of conditions are necessary for an effective child protection system; the successes and failures of the child protection system in the UK are instructive for those seeking to design effective systems in their own context. The following recommendations reflect an ecological understanding of child protection, situating recommendations from the societal through to the practice levels.

1.15.5   Societal level

1. It is important to ensure that a **consensus is reached** both in relation to which children need protected and how best they might be protected. This consensus on **which children need protected** took many years to achieve in the UK. The emerging belief is that the concept of child protection should not be restricted to those children who have suffered or who are at immediate risk of suffering child abuse. Systems concentrating on this group alone are sometimes referred to as *residualist systems*, where child abuse is treated as one would treat other crimes, only intervening at the very last stages. By contrast the science of child protection has created a general acceptance that children subject to certain risk factors are at increased risk of suffering poor developmental outcomes, including, for some, experience of child abuse. Interventions therefore need to be targeted at such children at earlier stages to prevent such outcomes occurring. A consensus, however, on **on how best such children might be protected** has been much more difficult to achieve because of public pressure to prevent child deaths as a priority for the system. It is therefore important to manage unrealistic expectations on the part of the public and avoid the development of a culture of blame. Creating information led debate which educates the public on both the purposes and limits of state intervention in relation to child protection is therefore vital. This should involve political representatives, the media and professionals presenting a consensual view.

2. As we have seen, restricting the responsibility for child protection to social workers makes them vulnerable to accusations of poor practice and limits the protection of children because other professionals and the community may see the issue as not belonging to them. The idea that **child protection is *everyone's business*** should be promoted. The public health model of educating people as to the signs and symptoms of child abuse creates a shared sense of responsibility for the issue and may have the general effect of decreasing the prevalence of abuse. The media has been used effectively in this regard in the UK and child protection concerns are now more likely to be reported to professionals by the public as society has become better educated with regard to the issues. There is also evidence that rates of physical and sexual abuse of children have diminished as there is a marked change in the

level of public tolerance for violence against children and people are better educated as to the phenomenon of child sexual abuse, making perpetration of this crime more difficult.

1.15.6   Legislation and policy levels

1. As we have seen from the legislation and policy contexts in the UK, a **balance must be struck between the state and the family.** The legislation and policy framework over the past 20 years in the UK has seen the development of the idea that this balance must be struck by forming a *partnership* between the state and the family. This partnership is based on the idea that children are best brought up in their family home, but that the state has a responsibility to help those families experiencing most difficulties, and for whom the outcomes for their children are predictably poor, by providing services to them. The state only has a right to take more affirmative action when there are clear and immediate risks to the child, signifying child abuse. Whilst every society may strike such balances differently, all societies must recognise that a range of supportive services is required for some families whilst a more interventionist approach is required for others.

2. Legislation and policies should ensure that **service providers and professionals work together at all levels**. From our review of the UK this is apparent at three levels. Firstly the necessity to join up and coordinate service at local levels between all those agencies (state, voluntary and private) involved in providing services to children. Local Safeguarding Boards help map the needs in the local area and maximise the potential to deliver service efficiently and effectively. Secondly, one of the big lessons from the UK is that children are best protected when professionals all take responsibility for child protection and do not leave this to social workers. Inter professional communication is vital to ensure that a full picture of the child's circumstances are available to aid decision making. Such arrangements should be codified in policies and procedures, for example, in *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (Department for Children Schools and Families, 2010). Thirdly, at case level, professionals are encouraged to *think family* in their approach, for example, a professional working with a mother suffering from depression would be encouraged to consider the effects of this on the children in the family. Such working together arrangements do, of course, require service providers and professionals alike to think beyond the narrow boundaries of organisational or personal interests and consider the greater good of the children and families as being their chief priority.

3. Over elaborate procedures for the assessment of child abuse are counterproductive. Simple but effective policies and procedures should be built on a set of core principles with clear steps for implementation, not being over bureaucratic but universally accepted and applied.

1.15.7   Practice level

1. There is need to provide **a range of good practice tools** for professionals. An integrated family support and child protection system which is non-stigmatising to families requires good assessment instruments. The assessment framework for social workers and the 'windscreen' model for all professionals working with children provide illustrations of such tools.

2. There is a need **to provide a range of services to meet the needs of children and families at universal, targeted and specialist levels**. Societies need to build universal services which act to prevent future problems by lessening stress on parents and building capacity in children, the provision of day care for example. At targeted level, for those families where risk factors have been identified, there needs to be the growth of services to address both the risks (therapy for a parent with an alcohol problem for example), and their impact (therapy for the child who is affected by parental alcohol abuse). Such services developed at universal and targeted levels will protect some, but not all, children. For those children requiring help at specialist levels interventions may need to address abuse that has already occurred. As we have seen the UK system has a sophisticated system for monitoring such children with the objective that therapeutic help and services should reduce impact of trauma, with admission of the child into state care only called for in the most serious of cases where family cooperation cannot be secured.

3. Finally, to operate effective services at specialist level requires a highly educated work force. The evidence from the UK is that social work should become a high status profession as it demands high levels of intellectual and emotional capabilities to work in the field of child protection.

Bibliographical References

Anda, R., Butchart, A., Felitti, V. and Brown, D. (2010) 'Building a Framework for Global Surveillance of the Public Health Implications of Adverse Childhood Experiences', *American Journal of Preventative Medicine*, 39(1), pp. 93-98.

Ayre, P. (2001) 'Child protection and the media: Lessons from the last three decades', *British Journal of Social Work*, 31(6), pp. 887-901.

Barnardos.org.uk/who_we_are/in_your_region/northernireland/northern_ireland_childrens_services.htm.

Butler-Sloss, Lord Justice E. (1988) *Report of the Inquiry into Child Abuse in Cleveland 1987*, Cmnd 412, London, HMSO.

Brent (London Borough of) (1985) *A Child in Trust: A Report of the Panel of Inquiry into the Circumstances Surrounding the Death of Jasmine Beckford*, London, London Borough of Brent.

Chief Secretary to the Treasury (2003) *Every Child Matters*, Cm 5860, London, Stationary Office.

Cooper, A., Hetherington, R. and Katz, I. (2003) *The Risk Factor – Making the Child Protection System Work for Children*, London, Demos.

Corby, B. (2000) *Child Abuse: towards a knowledge base*, Buckingham, Open University Press.

Devaney, J. (2009) 'Chronic Child Abuse: The Characteristics and Careers of Children Caught in the Child Protection System', *British Journal of Social Work* 39(1), pp. 24-45.

Department for Children, Schools and Families (2006) *Integrated children's system: The common assessment framework and contact point – An overview,* London, HMSO.

Department for Children, Schools and Families (2007) *Third sector strategy and action plan: intentions into action*, London, HMSO.

Department for Children, Schools and Families (2010) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, London, HMSO.

Department for Education and Skills (2004) *Every Child Matters: Next Steps*, London, Department for Education and Skills.

Department of Health (1995) *Child Protection: Messages from Research*, London, HMSO.

Department of Health (1999) *The Government's Objectives for Children's Social Services,* London, The Department of Health.

Department of Health, Department for Education and Employment and Home Office (2000) *Framework for the Assessment of Children in Need and Their Families*, London, The Stationery Office.

Department of Health, Social Services and Public Safety (2003) *Co-operating to Safeguard Children*, Belfast, Department of Health, Social Services and Public Safety.

Devaney, J. and Spratt, T. (2009) 'Child Welfare Interventions: Patterns of Social Work Practice', *British Journal of Social Work,* 39 (8), pp. 1575-1597.

Dingwall, R., Eekelaar, J. and Murray, T. (1984) 'Childhood as a social problem: a survey of the history of legal regulation, *Journal of Law and Society*, 11, pp. 207-232.

Farrington and Welsh (2007) *Saving Children from a Life of Crime*, Oxford, Oxford University Press.

Feinstein, L. and Sabates, R. (2006) *Predicting Adult Life Outcomes from Earlier Signals: Identifying those at Risk*, Report for the PMSU, Institute of Education, University of London.

Giaretto, H. (1978) 'Humanistic treatment of father-daughter incest', *Journal of Humanistic Psychology*, 18, pp. 59-76.

Hayes, D. and Spratt, T. (2009) 'Child Welfare Interventions: Patterns of Social Work Practice', *British Journal of Social Work*, 39, pp. 1575-1597.

Hearn J, Pösö T, Smith C, White S. and Korpinen J. (2004) 'What is child protection? Historical and methodological issues in comparative research on *lastensuojelu*/child protection', *International Journal of Social Welfare*, 13, pp. 28–41.

Heckman, J. and Masterov, D. (2004) The Productivity Argument for Investing in Young Children, Working Paper 5, Invest in Kids Working Group, Committee for Economic Development, available online at http://jenni.uchicago.edu/Invest/

Horwath, J. (2001) *The Child's World*, London, Jessica Kingsley.

House of Commons (2009) *The Care System in England,* Looked-after Children – Children Schools and Families Committee. http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/11106.htm

Kempe, C.H., Silverman, F.N., Steel, B.F., Droegemueller, W. and Silver, H.K. (1962) 'The Battered Child Syndrome', *Journal of the American Medical Association*, 181, 17-24.

Laming, Lord (2003) *The Victoria Climbie´ Inquiry: Report of an Inquiry by Lord Laming*, (Cm5730), London, Stationery Office.

Laming, Lord (2009) *The Protection of Children in England: A Progress Report*, London, Stationery Office.

Léveillé, S. and Chamberland, C. (2010) 'Toward a general model for child welfare and protection services: A meta-evaluation of international experiences regarding the adoption of the Framework for the Assessment of Children in Need and Their Families (FACNF)' *Children and Youth Services Review*, 32, pp. 929–944.

McGhee, J. and Waterhouse, L. (2010) 'Locked Out of Prevention? The Identity of Child and Family-Orientated Social Work in Scottish Post-Devolution Policy', *British Journal of Social Work*, pp. 1-17. Available on advance access.

Munro, E. (2011) *The Munro Review of Child Protection: Final Report: A child-centred system.*

https://www.education.gov.uk/publications/eOrderingDownload/Munro-Review.pdf

Munro, E. (2010) *The Munro Review of Child Protection, Interim Report: The Child's Journey*, http://www.education.gov.uk/munroreview/

Munro, E. and Calder, M. (2005) 'Where has child protection gone?, *The Political Quarterly*, 76(3), pp. 439-445.

Nspcc.org.uk/what-we-do/what-weve-achieved/campaign-achievements/campaign-successes_wda72323.html

Myers, J. (1994) *The Backlash: Child Protection under Fire*, Thousand Oaks, CA, Sage.

Office of the First Minister and Deputy First Minister (2009), Our Children and Young People—Our Pledge, 2006–2016, available online at www.allchildrenni.gov.uk/index/childrens-strategy.htm

Parton, N. (1985) *The Politics of Child Abuse*, Basingstoke, Macmillan.

Parton, N. (1991) *Governing the Family: Child Care, Child Protection and the State*, Basingstoke, Macmillan.

Parton, N. (2006) *Safeguarding Childhood: Early Intervention and Surveillance in a Late Modern Society*, Basingstoke, Palgrave Macmillan.

Parton, N. (2010) 'Child Protection and Safeguarding in England: Changing and Competing Conceptions of Risk and their Implications for Social Work', *British Journal of Social Work,* available on advance access, pp. 1-22.

Pritchard, C. and Williams, R. (2010) Comparing Possible 'Child-Abuse-Related-Deaths' in England and Wales with the Major Developed Countries 1974–2006: Signs of Progress? *British Journal of Social Work,* 40 (6), pp. 1700-1718.

Scottish Executive (2005) Getting It Right for Every Child: Proposals for Action: Consultation on Proposals for Changes to Children's Services Including the Children's Hearings System, available online at www.scotland.gov.uk/Publications/2005/06/20135608/56173

Scottish Office (1998) *Protecting Children – a Shared Responsibility: Guidance on Inter-agency Co-operation*, Edinburgh, The Stationery Office.

Social Exclusion Task Force (2008) Think Family: Improving the Life Chances of Families at Risk, London, Cabinet Office.

Social Work Task Force (2009) *Building a Safe, Confident Future: The Final Report of the Social Work Task Force*, London, Department of Children, Schools and Families.

Spratt, T. (2001) 'The Influence of Child Protection Orientation on Child Welfare Practice', *British Journal of Social Work*, 31(6), pp. 933-954.

Spratt, T. and Callan, J. (2004) 'Parents' views on social work interventions in child welfare cases', *British Journal of Social Work*, 34, pp. 199–224.

Spratt, T. (2008) 'The changing landscape of social care: implications for work with involuntary clients, in *The carrot or the stick: Towards effective practice with involuntary clients in safeguarding children work,* Russell House, pp. 12-36.

Spratt, T. (2009) 'Identifying families with multiple problems: possible responses from child and family social work to current policy developments', *British Journal of Social Work*, 39(3), pp. 435-450.

Stafford, A., Vincent, S. and Parton, N. (eds.) (2010) *Child Protection Reform Across The UK*, Edinburgh, Dunedin.

The Poverty Site (2011) Trends in Looked after Children, http://www.poverty.org.uk/29/index.shtml

Utting, W. (1991) *Children in the Public Care: A Review of Residential Child Care,* London, HMSW.

Wallace, I. and Bunting, L. (2007) *An examination of local, national and international arrangements for the mandatory reporting of child abuse: the implications for Northern Ireland*, Belfast, NSPCC Policy and Research Unit.

Welsh Assembly Government (2004) *Children and Young People: Rights to Action*, Cardiff, Welsh Assembly Government.

Welsh Assembly Government (2006) *Safeguarding Children: Working Together under the Children Act 2004,* Cardiff, Welsh Assembly Government.

World Health Organisation (2009) Addressing adverse childhood experiences to improve public health, Expert consultation, 4-5 May 2009 [Meeting Report], Geneva, Switzerland, WHO.

2 Child protection in Australia by Leah Bromfield

2.1 Prolog

Australia is a federation of eight states and territories. The population of Australia is 22,617,927 (Australian Bureau of Statistics, 2011). The country comprises a geographic area of 7,617,930 km2 and is the world's sixth largest country in terms of land area. The majority of Australians living in cities along the East Coast of Australia (Australian Bureau of Statistics, 2007) (see Figure 34).
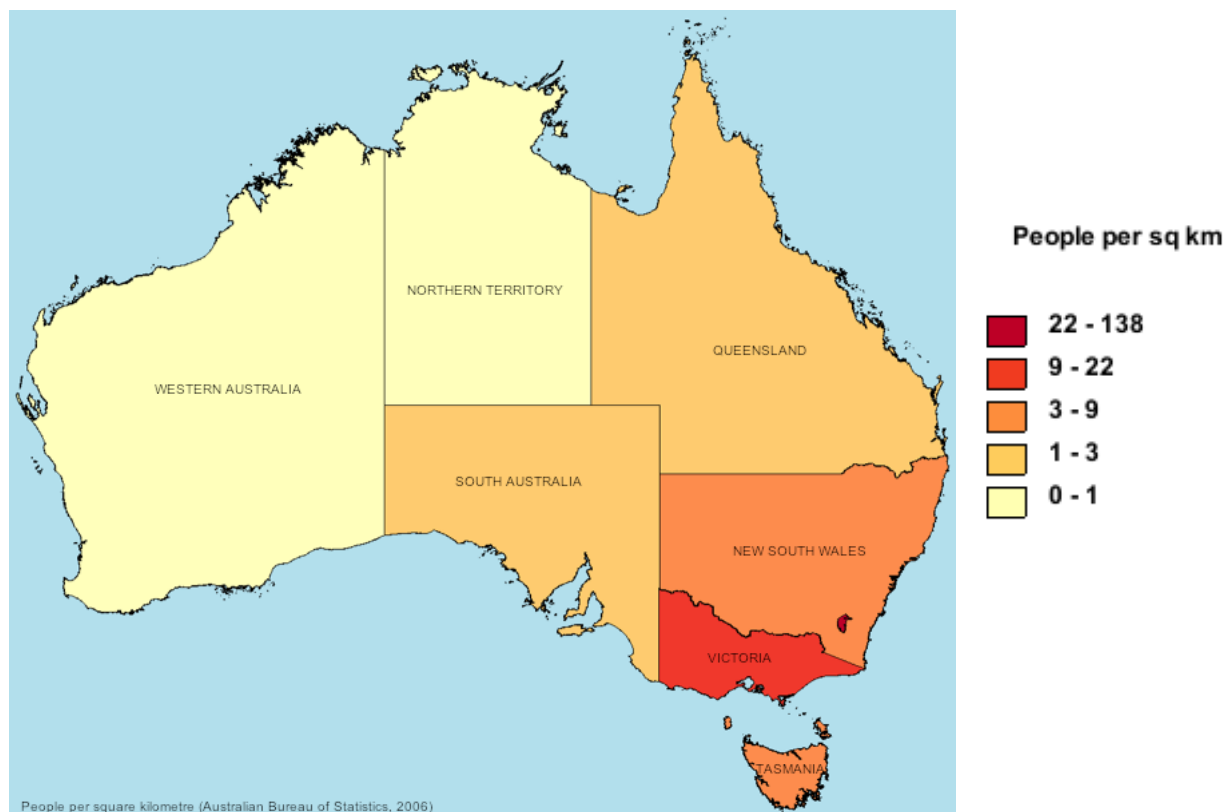
Figure 34: Australian population density

As a federation of eight states and territories or jurisdictions, which are each accountable for their own health and welfare services there is not one unified child protection system within Australia. However, there is a high degree of similarity in the broad approach to child protection across jurisdictions within Australia (Bromfield & Higgins, 2005). The approach to child protection in Australia is largely modeled upon the systems and approaches to child welfare in the United Kingdom (UK) and the United States (US). Child protection data collected by the eight states and territories has been collated and published

annually from 1990 (Australian Institute of Health and Welfare, 2010). The specific elements that comprise child protection services and systems across Australia's eight jurisdictions are relatively well documented since the mid-2000s through the National Child Protection Clearinghouse's "National Comparisons" research publications (National Child Protection Clearinghouse, 2011). There is also an extensive evidence-base about failure in the form of public inquiries investigating negative case examples such as child deaths or abuse in care (Bromfield, 2010). However, there is not an evidence-base on "what works" in child protection and rigorous outcome evaluations comparing different elements of child protection system designs are very rare. This is a significant international evidence-gap. It means that conclusions about best practice in child protection are necessarily developed through analysis of evidence of failure, combined with sound theory and inductive reasoning.

2.2   Historical background

2.2.1   Child protection 19th century to 1960s

Australia's history since European settlement in 1788 is a relatively brief one compared to other nations. However, there have been some (albeit limited) provisions for the protection of children from the early days of colonisation. In the 19th Century, protections for children primarily took the form of orphanages and boarding out to approved families of children who were abandoned or whose parents were seen as morally or socially inadequate (e.g. such as sole mothers) (Lamont & Bromfield, 2010). However, there were no legal protections for children from cruelty perpetrated by their caregivers. In New York in 1874, the carer of Mary Ellen McCormack was successfully prosecuted for a charge of animal cruelty on the basis that Mary Ellen was a "human animal" and the New York Society for the Prevention of Cruelty to Children was founded (NSPCC, 2000; NYSPCC, 2000). Subsequently the British National Society for the Prevention of Cruelty to Children (NSPCC) was founded. In England there was considerable resistance to the introduction of laws to protect children from their parents. This was seen as an interfering into the private sphere of the family, in which women and children were the property of their husbands and fathers who could treat them in any way they saw fit, barring murder (Lamont & Bromfield, 2010). Despite such opposition, in 1889 the Prevention of Cruelty to Children Act was passed in England giving the NSPCC a legal mandate to intervene to protect children from cruelty or neglect by parents. These events paved the way for Australia, which established its own Societies for the Prevention of Cruelty to Children between 1890 and 1906 (Lamont & Bromfield, 2010). Throughout the 19th Century provisions for the protection of children in Australia were largely modelled upon and developed apace with those in the United Kingdom (see Historical Timeline in Table 3).

1875	New York Society for the Prevention of Cruelty to Children (NYSPCC) founded
1884	British National Society for the Prevention of Cruelty to Children founded
1889	England passed the Prevention of Cruelty to Children Act giving the NSPCC a legal mandate to intervene to protect children from cruelty or neglect by parents
1890-1906	Societies for the Prevention of Cruelty to Children founded in Australian colonies. These societies were responsible for investigating child abuse and neglect
1940s	Social Work degrees introduced into Australian Universities
	This marked the beginning of professionalism in child welfare. It also marked the start of the debate as to whether parents who maltreated their children were "mad" (i.e. a result of parental psychopathology) or "bad" (i.e. perpetrated by morally corrupt individuals).
1962	Kempe and colleagues (1962) discovered the "Battered Child Syndrome"
	The discovery of the battered child syndrome pushed child abuse into the realm of professionals and resulted in a medical model being applied to the problem of child maltreatment with a focus on the psychopathology of perpetrators and lead to massive growth in government run child protections services.
1960s	Establishment of government-run statutory child protection services and introduction of mandatory reporting laws in the US
1960s	Australian states and territories (with the exception of Victoria) replicated the US approach and introduced government-run statutory child protection services*
1970s	Mandatory reporting laws were introduced in Tasmania (1974), South Australia (1975), NSW (1977) and Queensland (1980)**
1972	Federal Labor Government reformed health, welfare and education in Australia
1980s	Managerialism applied to child welfare
1989	United Nations Convention on the Rights of the Child first ratified
1990	Australia ratified the Convention on the Rights of the Child

* In 1985, mandate to respond to investigate and respond to child abuse allegations in Victoria was transferred from the non-government Children's Protection Society (established 1884 as the Victorian Society for the Prevention of Cruelty to Children) to a government-run child welfare service

** Following high profile failures of care, and public inquiries accompanied by substantial media coverage, mandatory reporting was reluctantly introduced by governments in Victoria in 1994 and in Western Australia in 2009.

Table 3: Historical timeline of key events in the development of child protection in Australia

2.2.2 Historical background: Child protection 1960s - 21st century

The 1960s and 1970s were a period of rapid social change within Australia; the progressive Whitlam government introduced a raft of provisions to reduce social inequity, including for example free tertiary education, welfare payments for single mothers, and a national healthcare scheme. Changes such as the women's liberation movement and the introduction of no fault divorces, saw changes to family structures with increased numbers of sole mothers and blended families. Against this backdrop, and heavily influenced by events within the US, the 1960s and 70s were also a significant period of change in the approach to child protection within Australia. In 1962, Kempe, Silverman, Steele, Droegemueller, and

Silver (Kempe, et al., 1962) published their seminal paper in which they coined the term „Battered Child Syndrome" to describe children who had experienced multiple non-accidental bone fractures as a result of physical mistreatment by a caregiver. The discovery of the battered child syndrome and the subsequent media coverage of the issue was a catalyst for change in the provision of child welfare starting in the US, and replicated across Australia. Child abuse was pushed into the realm of professionals and a medical model adopted which focused on the psychopathology of perpetrators. Laws mandating professionals to report suspected child abuse were introduced. The responsibility for responding to cruelty to children shifted from the philanthropic and non-government sector to government-run statutory child protection services[115] responsible for receiving and investigating reports of alleged child maltreatment (Lamont & Bromfield, 2010). The approach implemented in Australia, as in the US, in the wake of Kempe and colleagues' discovery of the battered child syndrome is a „residual" approach to protecting children. In a residual approach, social welfare is provided only after family and community systems have failed. Thus welfare is required only by the (presumably small) proportion of the community who are in crisis. In comparison, an institutional approach to social welfare presumes universal social services are available to everyone, not just those in crisis (Wileauxsky & Lebeaux (1958) in Ife & Fiske, 2003). Applied to child abuse and neglect, an institutional approach prioritises services and supports to prevent abuse and neglect rather than responding after abuse and neglect has occurred.

During the 1980's, managerialism was highly influential across many spheres of work in the United States and the United Kingdom – an approach also adopted within Australia. This period saw business models applied to the provision of social welfare – experts in management rather than child welfare were appointed to lead child welfare agencies, competitive tendering increasingly pitted non-government providers of services to vulnerable families against each other, in child protection practice teams were created for individual functions (e.g., intake, investigation, response) and case workers became case managers. Managerialism and the discourse of the risk society in tandem changed the nature of practice within child protection services during the 1980s and 1990s. While the influence of managerialism has declined, some of the the impacts of this period on the nature of child protection practice remain (eg practitioners continue to be referred to as case managers, data collected relates to service outputs rather than client outcomes, business models are applied to funding decisions).

2.2.2.1   Factors contributing to a long-term pattern of increasing demand

Since the establishment of statutory child protection services in Australia in the 1970s, demand on these services has increased substantially. Bromfield and Holzer (2008a, 2008b) argued that increases in demand could be largely attributed to three broad issues impacting Anglophone child protection services internationally: (a) an increase in the nature and scope of what constitutes child abuse and neglect; (b) unintended consequences of the professionalisation of child welfare; and (c) the impact of risk assessment and risk aversion on thresholds for child protection activity.

---

[115] Note: the „child protection" and "statutory child protection" are used interchangeable to describe those services mandated by legislation to receive and investigate reports about suspected abuse and neglect.

Broadening of what constitutes abuse and neglect. Since the 1960s, the recognised types of child maltreatment expanded from child physical abuse to also include sexual abuse, neglect, emotional maltreatment and exposure to domestic violence (see Table 4). Over the same period, social values changed and evidence about the impact of maltreatment on children's development and emotional wellbeing increased. As a consequence, the threshold for what constituted maltreatment decreased substantially from bone fractures and abandonment in the 1960s to bruising, developmental delay and psychological harm (Bromfield & Holzer, 2008b; Holzer & Bromfield, 2008). The changes that expanded the nature and scope of what constitutes child maltreatment were based on sound evidence. However, these changes had the consequence that child maltreatment is now highly prevalent (Price-Robertson, Bromfield, & Vassallo, 2010) and demand on statutory child protection services has increased significantly as a result.

19th Century	Abandonment, moral corruption
1962	Physical abuse
1980s-1990s	Physical, supervisory, medical, educational and emotional neglect
Mid-1980s	Sexual abuse
Early 1990s	Emotional maltreatment
Early 21st Century	Exposure to domestic violence

Table 4: Historical timeline for the formal recognition of different types of child maltreatment

Professionalisation of child welfare. Since the shift in the 1960s from child welfare as a charitable to a professional endeavour, the provision of child protection services has become increasingly specialised. The minimum entry-level requirement for a child protection practitioner within Australia is a relevant under-graduate degree (e.g. Bachelor of Social Work or Psychology) followed by additional vocational training upon appointment. Vocational training includes training in the use of technologies such as risk assessment instruments (Bromfield & Ryan, 2007). Bromfield and Holzer (2008b) argue that an unintended consequence of the increasing specialisation of child protection practitioners has been a privileging of expert knowledge and action over other types of knowledge and action in responding to family needs (for example, the work of other health and welfare professionals and the role of community members). They argue further that the privileging of expert knowledge and action can lead other professionals and community members to feel disempowered or reluctant to intervene to assist a family (as this is thought to be the role of specialists), and to feel that they have discharged their responsibility for a child and family's welfare by notifying child protection authorities of their concerns. A perception that has been reinforced by the mandatory reporting laws requiring suspicions of abuse and neglect to be reported to child protection services for assessment. They conclude that an unintended consequence of

professionalising child welfare, in conjunction with mandatory reporting requirements, has been a perception that protecting children is the responsibility of "the child protection department" rather than a broader community responsibility.

Risk assessment and risk aversion. As the nature and scope of what constitutes maltreatment has changed, the threshold at which the state is expected to intervene to protect the child has also changed. There are two types of thresholds, which have changed over time: Changes to the threshold at which members of the public choose to contact child protection services; and Changes to thresholds at critical decision-making points within child protection services (i.e., decisions to investigate, substantiate or forcibly remove children) (Bromfield, 2009). Changing social values regarding acceptable child rearing practices, children's rights, child maltreatment and the role of child protection services have decreased the threshold at which members of the public choose to contact child protection services (Bromfield, 2004; Holzer, 2008}. Changes to thresholds at critical decision-making points within child protection services reflect a combination of changing social values and factors internal to the service system (such as, capacity to respond, and the introduction of technical aids such as computer assisted case files and risk assessment tools) (Bromfield, 2009).

Researchers in the UK have argued that risk assessment, as a practice tool in child protection, has its roots in what Beck termed the "risk society" (Dingwall, 1999; Joffe, 1999; Kemshall, 2002; Lupton, 1999). In the "risk society", "the term "risk", rather than being a neutral term to describe statistical probability, is value-laden and implies heightened risk (for example., groups are referred to as "at risk" when what we mean is that they are at high-risk)" (Bromfield & Holzer, 2008b). Within this discourse, risk to children is considered to be measurable and manageable. The implication of this is that harm to children both can and should be prevented—and if it is not, that someone is to blame (Gillingham & Bromfield, 2008). This perception is evident in community reactions to adverse events in child protection in countries with a child protection orientation (e.g. Australia, the UK, US, Canada and New Zealand). For example, media reports of child death typically present retrospective analyses of events, which imply that outcomes were predictable and only occurred because "someone got it wrong". The application of technologies in social work practice such as "risk assessment tools" have contributed to the perception that social work decision-making is based on rigorous scientific models and have contributed to expectations of infallible decision-making by child protection practitioners (Gillingham, 2006). Child protection practitioners, aware of the expectations that their decisions are infallible, have become more pre-occupied with minimising risk to themselves to the extent that Spratt (2001) argued that risk assessment in child protection, which is purportedly about risk to the child, comprised the unstated dimension of risk to the individual or organisation of making the "wrong" decision. This is referred to as „risk-averse" or „procedural" practice. Risk-averse practitioners are pre-occupied with procedures and complying with the prescriptive requirements rather than the intent of their role. For example, it might comprise contacting other professionals involved with a family so that a file note can be recorded stating that consultation has occurred without really listening to what other professionals have to say about the family. Risk-averse

practice also means that practitioners are inclined to err on the side of caution, which results in a high number of "false positives" (see Figure 35) and therefore has contributed to increased demand on child protection services (Bromfield & Holzer, 2008b).

	Observed	
	-	+
-	True Negative	False Negative (e.g. child death)
+	False Positive (e.g. false substantiation)	True Positive

Figure 35: Assessment outcomes

These issues in conjunction with other local issues impacting capacity and throughput have seen a national rise in the number of reports to child protection services in Australia of 250% over the last 10-years. The increased demand on child protection services has impacted practice, and in some instances (e.g. Report of the Board of Inquiry into the Child Protection System in the Northern Territory, 2010; Wood, 2009) overwhelmed statutory child protection services in Australia.

2.2.3   The repositioning of child protection in the 21st century

In contemporary child protection services, the most common factors associated with involvement with child protection services are domestic violence, parental substance misuse, and parental mental illness. These problems are often inter-related and occur within a wider context of exclusion and disadvantage (e.g. poverty, social isolation, homelessness) (Bromfield, Lamont, Parker, & Horsfall, 2010). Aboriginal and Torres Strait Islander children continue to be significantly over-represented in child protection services, a circumstance complicated by a historical legacy of colonisation, marginalisation, dispossession, and racism, including the continuing effects of the 'Stolen Generation', in which Aboriginal children were forcibly removed from their parents between 1869 and 1969 for no cause other than that they were of mixed race (Berlyn, Bromfield, & Lamont, 2011; Human Rights and Equal Opportunity Commission, 2010). Members of the Stolen Generation were placed in Institutional care or with families. An Inquiry into the forced removal of Aboriginal children in which many adult survivors of the Stolent generation provided accounts of their experienced found that many membes of the Stolen Generation were exploited as child labour, experienced harsh discipline, rigid routines, and a lack of warmth, and they were not permitted to express their culture, Many also experienced physical abuse, sexual abuse, neglect and psychological abuse while in care (Human Rights and Equal Opportunity Commission, 2010).

The number of children in care is on a constant upward trajectory and there are insufficient placements to meet demand and provide children with stable and nurturing care environments matched to their needs (Bromfield & Osborn, 2007). A series of adverse events, including preventable child deaths and abuse in care, have resulted in child protection services and the practitioners within them being subjected to severe criticism, such that morale of practitioners is low and it is difficult to attract new staff to the profession (e.g. Report of the Board of Inquiry into the Child Protection System in the Northern Territory, 2010; Wood, 2009). By the middle of the 20th century Government departments responsible for statutory child protection services across Australia were willing to acknowledge that they were beset by multiple inter-connected and mutually reinforcing problems that had proved intractable, the most critical of which included:

- Demand pressures at the entry to child protection services
- A lack of services for families in which children were at high risk of abuse and neglect, which if in place, could serve to decrease demand on child protection services.
- The quality of practice in statutory child protection services
- Insufficient qualified skilled staff to fill vacancies
- The over-representation of Aboriginal and Torres Strait Islander children in child protection services, and the need for culturally appropriate responses
- The growing population of children in out-of-home care, and the difficulty in finding them appropriate placements and providing them a safe and nurturing environment in which to heal and to thrive.
- The growing number of families with multiple and complex needs, particularly the co-occurrence of domestic violence, alcohol and other drug misuse and mental illness; and the need to determine an effective response for families with these problems.
- The difficulties of government departments, service agencies and practitioners within services responding only to a narrow presenting problem, and not working collaboratively or holistically to the multiple needs of clients.
- Determining what were the tools that staff needed to effectively perform their roles and implementing these (e.g. information systems, risk assessment tools) amid a growing concern that some of the tools that had been implemented had unintended negative consequences on practice.
- Challenging the perception within the community and wider service system that child protection services, which were designed to respond only to the most serious cases of abuse and neglect after it had already occurred, held the primary responsibility for the prevention of harm to children.
- Various strategies and solutions had been or were being trialled to address these challenges, which itself created the additional challenge of determining an effective means to implement and sustain changes in practice (Bromfield & Holzer, 2008a).

At this time, statutory child protection services became advocates for earlier intervention as a means of reducing the overwhelming demand on child protection services. Directors of child protection services

believed that, if demand on child protection services were reduced, their resources could be re-directed from intake and assessment towards managing other challenges.

The reform agenda in the state of Victoria, which for a period was perceived as a leader in child welfare reform in Australia, provides an illustration of the approach towards child protection service reform in the early 2000s (see Box 1).

Box 1: Reforming child protection in Victoria

In 1989, toddler Daniel Valerio was murdered by his step-father Paul Aitken. Photographs of Daniel with bruising to his face and eyes were taken by a Police Surgeon only days prior to Daniel's death. The heart-wrenching photographs presenting evidence that Daniel was a victim of serious physical abuse prior to his death angered the community who were outraged by the failure of the system to protect Daniel. In 1993, during the trial of Paul Aitken, an intense media campaign was mounted advocating for the introduction of mandatory reporting in Victoria (Goddard & Liddel, 1995). It is ironic that the campaign for mandatory reporting used the death of Daniel Valerio as Daniel's case was known to both police and child protection services prior to his death. In fact, a parliamentary inquiry into his death found his death was preventable and was a result of a failure to respond rather than any failures in detection (Fogarty & Sargeant, 1989). Nevertheless, Daniel's death was used to mobilise the community. Eventually the Victorian government succumbed to media and community pressure, and mandatory reporting was introduced in 1994. The government attempted to mitigate the impact of increased demand caused by mandatory reporting by only prescribing a small group of professionals (e.g. teachers, doctors, police) who were legally required to make reports and only applying mandatory reporting to child physical and sexual abuse (Goddard & Liddel, 1995). However, the substantial press coverage surrounding the introduction of mandatory reporting raised community awareness and resulted in misperceptions that all people were mandated to report any suspicion that a child might be experiencing any form of maltreatment. Undoubtedly this led to the discovery of previously undetected cases of maltreatment. However, it also resulted in many reports of incidents that did not constitute a statutory child protection concern. In the year following the introduction of mandatory reporting, notifications to Victorian child protection services increased 75% from 15,000 in 1992-93 to 26,000 in 1993-93 (The Allen Consulting Group, 2003). In 1999-2000, Victoria had the highest number of reports to child protection services of any Australian jurisdiction and were struggling to meet demand (Bromfield, 2009).

In 2002 the Victorian government undertook extensive data mining of their internal data systems and developed projections based on current trajectories (Victorian Government Community Care Division, 2002). These data trajectories predicted that, if nothing were done to reduce demand on Victorian child protection services, within 5-years one in five Victorian children would be reported to child protection services at some stage in their childhood. This statistic was incredibly powerful, and was communicated to Treasury, the Premier and cabinet and other government departments to successfully argue that the approach to child protection at that time was unsustainable (Humphreys et al., 2010). An alternative approach was endorsed, the key tenets of which were to intervene early – in the life of the child and in the life of the problem (Bromfield & Holzer, 2008b; Humphreys, et al., 2010). The reform agenda adopted a prevention approach to abuse and neglect (see Box X.2), which posited that there be services and supports available to all families (primary or universal services), more intensive targeted services and supports for vulnerable children and families (secondary services), and statutory child protection services (tertiary) for the relatively few families in which involuntary intervention was required to keep children safe. It was recognized that prior to the reform there was a dearth of secondary services for vulnerable children and families. A critical component of the reform was substantive investment in intensive family support services (secondary services) and the establishment of an alternative non-statutory entry-point into services for vulnerable families – ChildFIRST. The rationale for the alternative entry point was that people

concerned about a child should contact ChildFIRST who could refer the family to voluntary services and support. If the family could not make the necessary changes or would not accept the support of voluntary services it was expected that these voluntary services would refer the family to statutory child protection services (Bromfield & Holzer, 2008b). Following the implementation of this reform agenda, the upward trajectory of reports to child protection services in Victoria was halted for several years compared with a significant increases in the number of reports in other Australian jurisdictions (Holzer & Bromfield, 2008). The reforms to child protection in Victoria embodied a shift from seeing child protection services as having the primary responsibility for the safety of children from abuse and neglect to a whole of government responsibility for the protection of children. This approach has since strongly influenced the reform agendas in other Australian states and territories; and the approach adopted within the National Framework for Protecting Australia's Children (Council of Australian Governments, 2009a).

The reforms to child protection in Victoria halted the increase of reports to child protection services. However, the reforms did not result in sufficient changes to the quality of practice within child protection services. Problems in the quality of child protection practice within child protection services were highlighted in a report released by the Victorian Ombudsmen in late 2009 (Ombudsman Victoria, 2009). Challenges such an inability to attract and retain skilled child protection practitioners, a continuing over-representation of Indigenous children in child protection services, rising numbers of children remaining in out-of-home care and problems in the quality of care provided to those children who were living in state care. Inquiries into failures in child protection services in other states and territories show that these problems are common to child protection services across Australia (Report of the Board of Inquiry into the Child Protection System in the Northern Territory, 2010; Wood, 2009). At the time of writing a parliamentary inquiry was in process investigating failures in practice in Victorian child protection services (Victorian Government, 2011). In a keynote address to the leadership of the Victorian child welfare sector at their annual strategic planning retreat in late 2009, the current author argued that the problems with the quality of practice did not signal a failure of the preventive approach to child protection trialled in Victoria. This author argued that instead it showed preventive services alone were not enough. Although the restructuring of the service system and investment in additional services and supports to prevent families from being referred to child protection had been successful in halting an increase in demand, the necessary changes to increase quality of practice within child protection services had not been achieved (Bromfield, 2009). The parliamentary inquiry and practice issues within statutory child protection services in Victoria do not, at the time of writing, appear to have flowed through to a rejection of prevention-based reform agendas being implemented across Australia. However, Australians are now looking internationally once more for possible solutions to effectively change the nature of child protection practice and enhance outcomes for clients. These new avenues for reform are focused more on the quality of services provided to families rather than the broad structure of the service system. For example, Alexander (2010) reports the findings of an international study tour identifying and profiling innovative approaches to the provision of child protection services, including the "Reclaim Social Work" trial in Hackney in the United Kingdom and Olmsted Country Child Protection Services approach in Minnesota in the United States; and Ryan (2010) profiles the ChildStat approach to case review in New York. Common to these innovative approaches is a concerted attempt to overcome the risk-averse and proceduralised practice that have characterized child protection services in Australia, the United Kingdom, the US and New Zealand since the 1980s.

At a national level, the concern with overwhelmed child protection services, and the need to invest in effective prevention and early intervention is described in *Protecting Children is Everyone's Responsibility: The National Framework for Protecting Australia's Children 2009-2020*. The National Framework was endorsed by the Council of Australian Governments in April of 2009 and explicitly adopts a "public health" approach to child protection (see

Box 2). A "public-health" approach is a theory to inform service system design, which originates from the area of health promotion but which can be applied to any preventable social problem. The approach has a high degree of support among Australian governments, non-government agencies and academics within the Australian child welfare sector (Council of Australian Governments, 2009a).

Box 2: A public health approach

Public health approaches, originating from the field of preventable illness, strongly emphasize health promotion and prevention with increasingly intensive interventions targeting identified risks (Baum, 1998; Garrison, 2005). A public health approach is used when a preventable problem is prevalent and serious, and is associated with severe long-term effects on individuals and populations. Typically characterised as having three levels of intervention (primary, secondary and tertiary), public health approaches incorporate a range of strategies determined by the target of intervention efforts. Applied to the issue of child abuse and neglect, a public health approach might comprise:

- Universal services and supports available to all children and families to enhance child wellbeing;

- Targeted services and supports for vulnerable children and families (e.g. teenage parents), provided to prevent problems occurring;

- Services and supports for families with indicated problems (e.g. parental substance addiction), in which children's needs are not being met, but parents voluntarily engage with needed services and supports;

- Statutory child protection services for families in which children are experiencing serious abuse and neglect (e.g. sexual abuse, severe physical abuse, criminal neglect) or in which children's need are not being and parents are unwilling to engage with available services and supports; and

- Out-of-home care services for children who cannot safely remain in the care of their parents (Arney & Bromfield, under review).

2.2.4 Legal and policy frameworks

2.2.4.1 What does the term "child protection" describe

In a national study investigating approaches to child protection services in Australia, Bromfield and Holzer (2008a) asked representatives of government departments what the term child protection was used to describe in their jurisdiction. "Child Protection" was universally used to describe those services mandated by a legal statute outlined within a state or territory Act of parliament that prescribes the legal functions for responding to allegations that a child is at risk of serious harm, typically as a result of abuse or neglect. These are government-run services, typically described as "statutory child protection services". However, there was a concern that this definition was too narrow, and had resulted in a community perception that the primary responsibility for the protection of children, and the prevention of child abuse and neglect rested with statutory child protection services. The National Approach for Child Protection Project reported that government departments believed that the protection of children needed to include:

(1) the wider community (such that child protection is not seen as simply the responsibility of government); (2) wider areas and departments of government (that is, not just strictly the department traditionally responsible for child protection); and (3) non-government and community organisations that specialise in the provision of social and family welfare services (Bromfield & Holzer, 2008a, p. 19).

The phrase "protecting children" is typically used to refer broad concepts of child welfare, while "child protection" continues to be used to describe the statutory child protection services, which respond to allegations of abuse and neglect.

2.2.4.2 The legal basis for child protection

Australia is a federation of eight states and territories and has three levels of government: the Commonwealth or federal Government; state and territory governments; and local governments. The Commonwealth government collects taxes, administration of income support programs, and is a significant funder of non-government services designed to enhance the wellbeing of the population (e.g., parenting supports). Goods and service tax (GST) revenue collected by the Commonwealth is distributed to state and territory governments who have primary responsibility for health (e.g hospitals), safety (e.g. police), community welfare (e.g. child protection and disability services) and education services (e.g. state schools). State governments are both significant service funders and service providers. Local governments collect rates from home owners and have responsibility for municipal services such as rubbish collection, establishing and monitoring council by-laws such as parking restrictions, approving building planning applications and the provision of facilities such as public lending libraries.

Jurisdiction	Principal Legislation	Government Department
Australian Capital Territory	**Children and Young People Act 2008** (ACT)	Office for Children, Youth and Family Support, Department of Disability, Housing and Community Services
Northern Territory	**Care and Protection of Children Act 2007** (NT)	Children, Youth and Families, Department of Health and Families
New South Wales	**Children and Young Persons (Care and Protection) Act 1998** (NSW)	Community Services, Department of Human Services
Queensland	**Care and Protection of Children Act 2007** (NT)	Child Safety, Department of Communities
South Australia	**Children's Protection Act 1993** (SA)	Families SA; Department for Families and Communities
Tasmania	**Children, Young Persons and their Families Act 1997** (Tas)	Child Protection Services, Department of Health and Human Services
Victoria	**Children, Youth and Families Act 2005** (Vic)	Children Protection and Juvenile Justice Branch; Department of Human Services
Western Australia	**Children and Community Services Act 2004** (WA)	Department for Child Protection

Table 5: Child protection services: Principal Acts and departments responsible (Holzer & Lamont, 2009)

Child protection is a state-run service provided by public servants employed by the Government Department charged with responsibility for providing child protection services. Child protection practitioners within Australia are predominantly (but not exclusively) social workers (Bromfield & Ryan, 2007). The core elements of what comprises statutory child protection functions are set out in a legislative Act passed by the Parliament (see Table 5), and includes the core functions of: intake, investigation and case management.

A common feature of all eight of the principal Acts prescribing the role and functions of statutory child protection services are the inclusion of principles that can be directly linked to the United Nations Convention on the Rights of the Child. Ratification in 1989 of the United Nations Convention on the Rights of the Child to which Australia became a signatory in 1990 was highly influential on practice in Australian child welfare services. Since the 1990s, as the Acts of Parliament prescribing the role and functions of statutory child protection services were revised, the principles outlined in the Convention underpinned many of the new legislative provisions, such as:

- A prioritisation of children's rights over parent's rights in matters of safety with the best interests of the child stipulated as the primary consideration in decision-making;

- Requirement that parents be provided the widest possible assistance to care for their children or make changes to have their children returned to their care, reflecting children's rights to grow up in their families of origin;

- Specific provisions for children from Aboriginal and other culturally and linguistically diverse backgrounds to support culturally-informed decision-making and maintain children's connection to their culture; and

- Provisions, particularly in relation to children in out-of-home care, for children and young people to have an opportunity to participate in decisions that affect them (Bromfield & Holzer, 2008a).

A child is need of protection. Each of the principal Acts prescribing the operation and functions of child protection services contains a definition of "a child in need of protection". Within these Acts "a child" is defined as a person 0-17 years of age. This is the legal definition of the circumstances in which the state (through statutory child protection services) has a legal mandate to intervene to protect children from harm caused by abuse and neglect. The definitions seek to define the threshold at which sub-optimal caregiving becomes abuse and neglect under law. Definitions of a child in need of protection vary across states and territories, however the threshold for statutory intervention is broadly consistent and the definitions typically: restrict potential perpetrators to parents or persons acting in the place of parents; restricts the definition to children who do not have a parent "able or willing" to protect them; defines physical abuse, sexual abuse, emotional abuse and neglect; and prescribes a threshold at which harm caused by abuse and neglect warrants statutory intervention - typically where abuse or neglect has or is likely to cause a child 'significant' or 'serious' harm. Some jurisdictions also nominate a child who has no caregiver as (e.g. a result of abandonment, parental death, incarceration or admission to a health facility) as being in need of

protection. There is a trend towards the inclusion of a child being exposed to domestic violence as sufficient cause to warrant statutory intervention (Holzer & Bromfield, 2010).

For example, in the Australian Capital Territory, according to section 156 of the Children and Young People Act 1999 (ACT) a child aged 0-17 years is in need of care and protection if:

(1) *(a) the child or young person:*

      i.   *has been abused or neglected; or*

      ii.   *is being abused or neglected; or*

      iii.   *is at risk of abuse or neglect; and*

    (b) no-one with parental responsibility for the child or young person is willing and able to protect the child or young person from suffering the abuse or neglect.

Abuse in the Australian Capital Territory, according to section 151 of the Act, is defined as:

(a) physical abuse; or

(b) sexual abuse; or

(c) emotional abuse (including psychological abuse) if the child or young person has suffered or is suffering in a way that has caused or is causing significant harm to his or her wellbeing or development; or

(d) emotional abuse (including psychological abuse) if

      i.   *the child or young person has been or is being exposed to conduct that is domestic violence under the Domestic Violence and Protection Orders Act 2001 (ACT); and*

      ii.   *the exposure has caused or is causing significant harm to the wellbeing or development of the child or young person.*

Neglect in the Australian Capital Territory, according to section 151A of the Act, is defined as:

 A failure to provide the child or young person with a necessity of life that has caused or is causing significant harm to the wellbeing or development of the child or young person. Examples of necessities of life:

    1) food

    2) shelter

    3) clothing

    4) medical care

For the definition of what constitutes a child in need of protection in each state and territory see (Holzer & Bromfield, 2010).

Other relevant legislation. Table 5 outlines the principal Acts, which prescribe the provision of child protection services. However, child protection laws and services were established to protect children from maltreatment perpetrated by a caregiver, or from maltreatment perpetrated by a non-caregiver in circumstances in which the caregiver is unable or unwilling to protect the child. There are a range of other

relevant Commonwealth and state or territory Acts that are relevant to the safety and wellbeing of children (see Holzer & Lamont, 2009). Particularly pertinent to abuse outside the family are the laws contained within the criminal codes of each state and territory which pertains to any person who has reached the age of criminal responsibility (i.e. 10-years of age). The crimes Acts of each state and territory include a variety of crimes which constitute 'serious' child maltreatment, such, physical assault (unless it is deemed lawful correction, i.e. corporal punishment), sexual abuse or exploitation and criminally neglectful acts such as abandonment, starvation, and deprivation of liberty. Investigation of alleged crimes under the criminal act is the responsibility of police. In the case of criminal maltreatment perpetrated by a parent, child protection practitioners and police often work in partnership. In other cases, such as sexual abuse by an extra-familial perpetrator, abuse of children within institutions such as schools, detention centres, or health care facilities, police are solely responsible. In most states and territories legal provisions also exist to prevent known perpetrators of child abuse and neglect from being employed in a capacity in which they would have routine contact with children through pre-employment screening, these are commonly referred to as "Working with Children Check and Police Checks". For a complete description of the working with children check provisions within each state and territory see (Berlyn, Holzer, & Higgins, 2011). In Australia, the age of legal majority when an individual becomes an adult is 18-years of age. Individuals aged between 10-years and 17-years of age who commit a crime as defined in law by a Crimes Act are referred to as "juvenile offenders". Crimes committed by juvenile offenders are heard before the Children's Court instead of the adult courts. Children who are found guilty and sentenced to incarceration are send to juvenile remand centres. Juvenile Justice services have responsibility for this group of children. Juvenile Justice services are operated independently from child protection services.

Core components of statutory child protection services in Australia:

Reports may be made by anyone within the community (e.g., neighbour, family member, police officer, teacher, doctor) who knows or suspects that a child is being maltreated. In all circumstances, the identity of the reporter or "notifier" is protected. Some members of the community are required by law to report their suspicions of abuse and neglect, this is referred to as "mandatory reporting". There are substantial differences in the mandatory reporting requirements in each state and territory of Australia (see Higgins, Bromfield, Richardson, Holzer, & Berlyn, 2010 for the specific provisions within each Australian jurisdiction). The provisions range from very broad requirements, such as the Northern Territory where all adults have a legal duty to report suspicions of abuse or neglect, to very narrow requirements, for example in Western Australia where a small number of specified professionals are only required to make a report if they know that a child is being sexually abused (Higgins, et al., 2010).

Intake is an office-based response in which reports are received, typically by telephone, and a practitioner must make an assessment based on the information provided as to whether the allegation is consistent with the definition of "a child in need of protection" as defined by the state or territory legislation. On the basis of the information provided by the notifier and information recorded about the child in any existing client files the practitioner makes an initial assessment of whether the case warrants further investigation.

Cases assessed as warranting further investigation are assigned a priority rating based on the severity of the allegation (e.g. Priority 1 requires an investigation to commence within 24-hours). The practitioner uses an assessment instrument, commonly described as a risk assessment tool or an initial screening tool, to guide their decision-making. Cases assessed as requiring further investigation are transferred to another team to conduct that investigation. Cases assessed as not requiring further investigation by statutory child protection services may be closed without any further action, or families may be assessed to be in need of support and provided with a referral to another service, such as a family support service. These services are typically provided by non-government agencies, and are described as "voluntary" services as families have the freedom to choose whether they will or will not access the offered service. In comparison, statutory child protection services are an "involuntary" service and parents have no choice but to comply with statutory requirements or risk the forced removal of their child(ren) (Bromfield & Higgins, 2005).

Investigation describes the process in which practitioners make direct contact with the child, their parents, and typically make a visit to the child's home to determine the veracity of the allegations received in the report and gather the information necessary to make an assessment of the continuing risk to the child, and the needs of the child and their family. Those cases in which child protection practitioners find , on the balance of probability, that the allegations are true and/or the child is at continuing risk of being abused or neglected are "substantiated". Substantiated cases remain open for ongoing statutory intervention or "case management". Those cases that are not substantiated may either be closed without any further action, or families may be provided with a referral to other voluntary services and supports (Bromfield & Higgins, 2005).

Case- management is provided for those cases in which ongoing statutory involvement is required to secure the safety of the child. For a case to be in receipt of ongoing statutory intervention, there may or may not be a court order in place. A court order is a legal direction made by the Court and may require parents to either behave or stop behaving in a certain way, which was assessed as harmful/abusive to the child (e.g. that parents send children to school or prevent their children from having contact with a known sex offender), or that parents comply with a specific form of monitoring (e.g. undergoing weekly drug screens). A court order may also direct that a child be removed from the care of their parents either for a fixed period or permanently and placed in state approved care. If there is no court order, families are aware that if they fail to comply with child protection practitioners, an order can be sought. Typically children in out-of-home care are placed in home-based care with another relative, in home-based care with a pre-registered foster parent who is unknown to the child, or placed in a group home with other children removed from their families and which are staffed around the clock by paid carers. Out-of-home care services may be provided by the state, or by non-government not-for-profit agencies or private for-profit organisations. In the majority of cases, the initial goal of the intervention with parents of children placed in out-of-home care is to support parents to change the conditions within the family (e.g. addiction, domestic violence) that made the home an unsafe place for the child and "reunify" the child with their families. Underpinned by a recognition of the importance of stability for children, in some states and

165

territories there are time limits applied to length of time parents are provided to make the necessary changes for their child to be returned to their care. These time limits may vary depending on the age of the child. For example, in the Child Youth and Family Act 2005 (Victoria) S.170(3) stipulates that a stability plan is required: for children under 2-years of age, once that child has been in out-of-home care for one or more periods totalling 12 months; for 2-6 year olds, once the child has been in out-of-home care for one or more periods totalling 18-months; and for children over 7-years, once the child has been in out-of-home care for one or more periods totalling 2-years. Long-term and stable placements are sought (but frequently not achieved) for children unable to be safely returned to the care of their parents (Bromfield & Higgins, 2005; Bromfield & Holzer, 2008a).

2.2.5   The role of the third sector

The non-government, not-for-profit sector (i.e. faith-based and charitable organisations) are known, in relation to the public and private sectors, as the 'third sector'. The degree to which the third sector have been involved in child protection has expanded and contracted over time, but the non-government, not-for-profit sector have always had a role in relation to child protection in Australia. For example, long-standing established non-government, not-for-profit organisations such as The Benevolent Society (est. 1813) in New South Wales, and Berry Street (est. 1877) and the Children's Protection Society (est. 1896) in Victoria have since their inception provided support and care for children in need and their families. In comparison, the public sector involvement in child welfare service provision is more recent commencing in the 1970s. Traditionally, the role of the private sector was restricted to making charitable contributions rather than providing services. In contemporary Australia, a small number of private for-profit organisations provide out-of-home services (e.g. Life Without Barriers). However, this is a relatively recent phenomena.

The initial inception of child protection in Australia in the early 19th Century was solely a charitable endeavour, primarily carried out by ladies' societies and charitable groups (Scott & Swain, 2002). Government involvement in the provision of child protection services is relatively recent, with the first government operated child protection services established in the 1970s. At that time the third sector became an essential partner in the provision of child protection services, providing out-of-home placements to children removed from the care of their parents. The third sector have also had a continuing role in the provision of services and supports to individuals, parents and families suffering hardship, and thus have had an ongoing preventative role in addressing the social determinants and risk factors associated with child maltreatment. The investment in preventative services and supports for families relative to statutory child protection and out-of-home care service investments has historically been quite low (e.g. Bromfield, Holzer, & Lamont, 2010). However in the decade 2000-2010, prevention has become a government priority. There were significant new investments by state and territory and Commonwealth governments in services and supports for families, with the third sector contracted by government to provide the majority of these services and supports.

The nature of the funded child and family services and the profile of clients attending family support services also changed over this period. With increasing demands on government-provided statutory child protection services, differential response models were implemented enabling child protection services to refer families that did not meet the threshold for statutory intervention to non-government services and supports. Intensive family support services were funded by governments and provided by third sector organisations to respond to clients with multiple and complex needs, children who had been repeatedly referred to child protection services, and families in which children were at high risk of abuse and neglect. These services were purpose-designed to provide a direct pathway from child protection services into appropriate voluntary services and supports. As a result the distinction between child protection and non-government intensive family support services is eroding.

Throughout history, the third sector has always defined itself as both service provider and advocate for those in the community experiencing hardship and disadvantage. The role of the non-government sector as independent advocates can at times put the third sector and the government of the day on opposing sides of a political issue (e.g., government proposed conditions imposed on recipients of income support). Although the third sector originated as charitable endeavours, and continue to operate as charities, the majority of revenue for most agencies now comes from government contracts. This adds an additional dimension to the relationship between non-government organisations and governments on whom they depend for survival. A further issue that adds pressure to government-non-government provider relationships is the application of economic rationalism to government contracts. Non-government agencies are frequently required to take part in competitive tenders to secure government funding. Competitive tendering creates competition between non-government providers and forces non-government agencies to continually reduce costs. At the same time governments are requiring increasing service output data demonstrating that contractual obligations have been met straining the capacity of non-government providers. Non-government agencies must continually balance their roles as partners in service provision, as advocates and as government contractors.

2.2.6 The National Framework for Protecting Australia's Children 2009-2020: A partnership between government and non-government agencies

The National Framework for Protecting Australia's Children 2009-2020 (Council of Australian Governments, 2009a) originated as a consequence of the advocacy efforts of non-government, not-for-profit agencies and academics. However, the governance model for its implementation marks a new chapter in the relationship between government and non-government agencies in Australia.

The 12-year National Framework sets out a shared agenda for change to enhance the safety and wellbeing of Australia's children under national leadership and with agreed common objectives. The National Framework came about, primarily due to the advocacy efforts of the non-government, not-for-profit sector in partnership with leading child welfare academics who argued over several years that child abuse and neglect was prevalent and a serious national problem, which was the responsibility of

government and required national leadership and a coordinated response to achieve minimum national standards and overcome seemingly intractable problems. An election promise was secured in the lead-up to the 2007 Commonwealth election from then Opposition Leader The Honourable Kevin Rudd, MP who committed, if elected, to developing and leading a national approach to respond to the problem of child abuse and neglect. In November 2007, the Labour Party led by Kevin Rudd won the federal election. The Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children – a representative group comprising non-government agencies and academics – and sought to work in partnership with Commonwealth, state and territory governments to develop the national framework.

The Framework was endorsed in April 2009 by the Council of Australia Governments. The Council of Australian Governments comprises the leaders of Commonwealth, state and territory governments (i.e. Prime Minister and Premiers) and is the highest form of national government agreement in Australia. The framework states that its long-term objective is for "Australia's children and young people to be safe and well", and sets a target for "a substantial and sustained reduction in child abuse and neglect in Australia over time". The framework is underpinned by six supporting outcomes:

- Children live in safe and supportive families and communities;
- Children and families access adequate support to provide safety and intervene early;
- Risk factors for child abuse and neglect are addressed;
- Children who have been abused and neglected receive the support and care they need for their safety and wellbeing;
- Indigenous children are supported and safe in their families and communities; and
- Child sexual abuse and exploitation is prevented and survivors receive adequate support.

The first 3-year implementation plan was released in mid-2009, which included a governance structure in which the non-government and academic Coalition group were explicitly named – not as advocates or advisors – but as partners with Governments in the ongoing monitoring, implementation and priority setting under the National Framework (Council of Australian Governments, 2009b). The National Framework is directed by the National Framework Implementation Working Group, which comprises a representative from the Commonwealth Government, representatives from each of the eight state and territory governments, and eight representatives from the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children. The Implementation Working Group is informed by a National Advisory Council, and several sub-groups comprising technical specialists and experts in key areas of activity (e.g. performance and data). The Implementation Working Group reports to the Community and Disability Ministers' Advisory Council, and through this to the Community and Disability Ministers' Conference who are ultimately accountable to the Council of Australian Governments (Council of Australian Governments, 2009b).

The National Framework sets out an ambitious long-term shared vision to which all parties (Commonwealth, state and territory and the non-government and academic Coalition) have committed. In

addition, its initial implementation plan sets out several national projects to be undertaken as part of the framework in the first 3-years under the direction of the National Framework Implementation Working Group. The priorities in the first three-year implementation plan are:

- "Joining up service delivery" by implementing programs and strategies designed to increase integration and cooperation between services, particularly those for vulnerable and at-risk children and their families.
- "Closing the gap" between Indigenous and non-Indigenous Australians by reducing the over-representation of Indigenous children and their families who are involved with child protection services.
- "Seeing early warning signs, taking early action" is the development and trial of a common assessment tool designed to assist all health and human service professionals who come into contact with children and their families to identify children in need of additional services and supports and provide them with an appropriate referral.
- "Improving support for carers" by identifying their financial and non-financial needs and working across agencies to implement services and supports to address support gaps.
- "National standards for children in care" was the first of the national priorities to be concluded. There are now a framework of minimum standards in the provision of services to and conditions for children in out-of-home care.
- "Building capacity and expertise" is the priority area focused on the development, attraction and retention of a skilled workforce equipped to provide high quality services.
- "Enhancing the evidence-base" is the priority area relating to the program of work to strengthen the quality and expand the scope of national child protection data.
- "Filling the research gaps" refers to the development of a national research agenda articulating the priority areas in which research is needed to inform critical policy and practice decisions.
- "Transitioning to independence" is the priority area relating to improving the supports for young people who are make the transition from state care to independent living.
- "Responding to sexual abuse" was identified as a priority area as the other priorities were primarily related to the prevention of neglect, emotional abuse and physical abuse occurring within families and a recognition that a different response was required for child sexual abuse.
- "Advocating nationally for children and young people" is about exploring the potential to establish an Australian Commissioner for Children and Young People who could advocate nationally for children's rights.
- "Sharing information" refers to the changes being made to privacy and confidentiality laws in legislation that have been identified as a barrier to cooperative practice across agencies.
(Council of Australian Governments, 2009b)

2.2.7   National databases

2.2.7.1   Administrative data and data monitoring the provision of services protecting children

Australia has data on the activities and key decision-making points or child protection services aggregated at state, territory and national levels, which are compiled and published annually by the Australian Institute of Health and Welfare. National data on child protection and out-of-home care is published annually in a report titled *Child Protection Australia*, which was published for the first time in 1998 with data relating to the 12-month period July 1996 to June 1997. *Child Protection Australia* publication superseded an earlier annual publication, which was first published with data for the period July 1990 to June 1991 and described only out-of-home care data (Australian Institute of Health and Welfare, 2010). *Child Protection Australia* includes:

- Total number of reports (notifications) to child protection services per annum
- Total number of children in reports to child protection services per annum (a child may be subject to multiple reports in a 12-month period)
- Total number of investigations commenced, in process, unable to be finalised and finalised
- Total number of substantiations by child protection services per annum
- Total number of children in substantiations by child protection services per annum
- Total number of substantiated maltreatment types (emotional abuse, neglect, physical abuse and sexual abuse)
- Source of notifications
- Family type
- Total number of children subject of a court order at a specified data (the court order could be removing the child into care, or it could direct parents to behave in a particular way).
- Number of court orders issued, and number of children admitted on and discharged from a court order per annum
- Lengths and types of court orders
- Total number of children in out-of-home care at a specified data
- Number of children admitted and discharged from out-of-home care per annum
- The living arrangements of children in out-of-home care (e.g. Kinship, foster or residential care) and length of placements
- The proportion of Aboriginal children placed with an Aboriginal carer

The data collected is also published by age group, gender and Aboriginal or Torres Strait Islander status of the child. There are some data on a very narrowly defined group of intensive family preservation services which aim to prevent children from entering out-of-home care where there is a high risk of this occurring or to reunify children in care (e.g. Australian Institute of Health and Welfare, 2011). The limitations of these data is that they are aggregate rather than unit record data, and thus can be used for

descriptive purposes, but cannot be manipulated. The data provides a good indication of activity within child protection services, but is a poor indicator for the incidence of maltreatment in the community (Holzer & Bromfield, 2008). There are also problems with the comparability of the data across states and territories (Holzer & Bromfield, 2008). Finally, the types of data items collected and the availability of aggregate data only means that we have a wealth of output data on child protection service activity, but that we do not have information about children's pathways through the service system or data on children's outcomes (e.g. health, education, re-abuse).

In 2010, the first annual report was released reporting baseline data for a variety of indicators intended to be used to monitor the impact of the National Framework for Protection Australia's Children. This included the child protection activity data above, and additional indicators from administrative data. The report also includes qualitative case studies, information on state and territory government reform agendas, and progress reports on National Projects being undertaken as part of the National Framework for Protecting Australia's Children (Council of Australian Governments, 2011). State and territory government departments also release annual reports, however, information in these annual reports are not comparable. Individual non-government agencies (of which there are 100s) release annual reports, however none of the data from non-government agencies are in a comparable format and are not compiled and aggregated at the state or territory or national level. States and territories also have independent monitoring bodies such as Ombudsmen, Children's Commission or Guardians of Children in Care and Child Death Review Teams. These bodies release annual reports, including data on child deaths, however this data is also not in a comparable form (Lamont, 2010; Lamont & Holzer, 2011). There are no data reported on abuse in organisational or institutional contexts (e.g. faith-based organisations, schools, detention centres, out-of-home care). As part of the National Framework for Protecting Australia's Children priority to "enhance the evidence-base" there is a significant program of work underway to improve the breadth and quality of data on protecting children. This includes replacing the aggregate data with unit record data, linking child protection with education and health data and developing new national data items. However the timelines for these projects means that new data are not scheduled to be available for several years (Council of Australian Governments, 2009b, 2011).

2.2.7.2 Trends in child protection activity 1998-2011

Figure 36 - Figure 40 demonstrate the trends in child protection activity in Australia since the commencement of national data reporting. Note in Figure 36 the quadrupling of reports to child protection services, which have so overwhelmed child protection services in Australia. A similar upward trajectory can be observed for both substantiations (verified cases of maltreatment) and the total number of children in state care on the annual census date (see Figure 37).
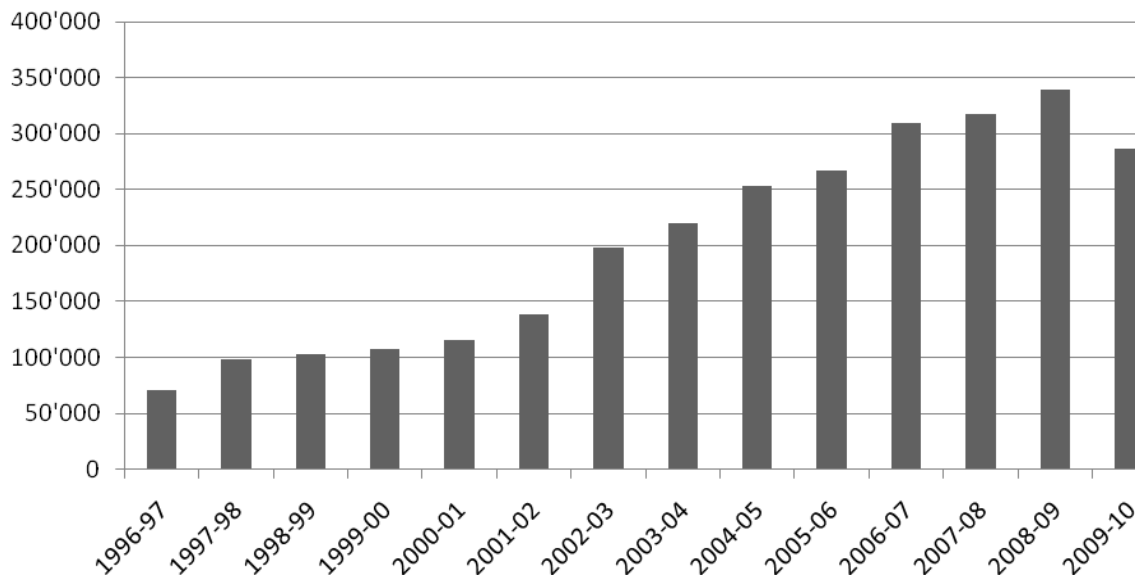
Figure 36: Trends in number of reports to child protection services per annum
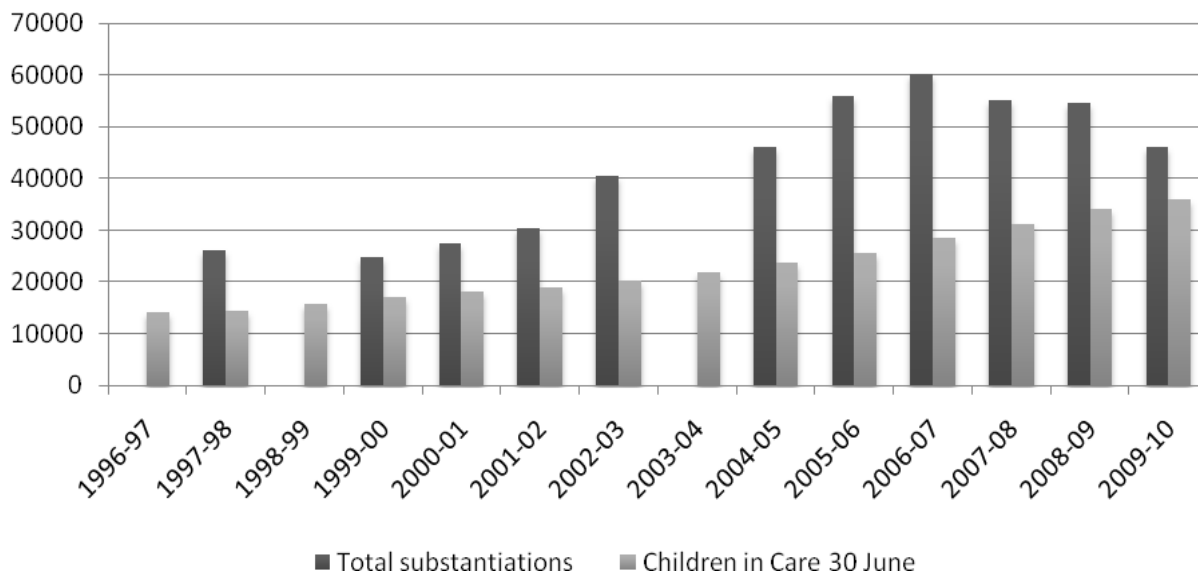
Figure 37: Trends in number of verified cases of maltreatment and children in care

The most recent data released for the period July 2009 to June 2010 show that the most common type of maltreatment verified by child protection services is emotional abuse, which includes exposure to domestic violence (see Figure 38). It is worth noting that sexual abuse, while always the maltreatment type most sensationalised by the media, was the least common matlratment type substantiated. The rank order for maltreatment types does vary in different countries.
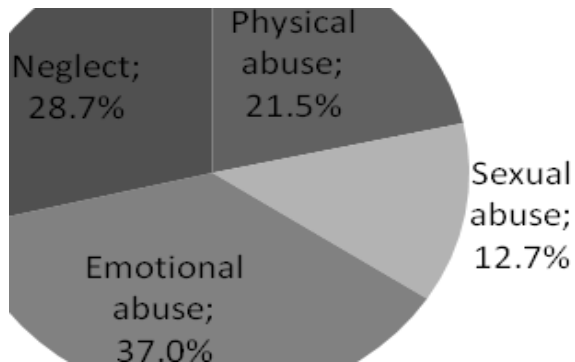
Figure 38: Verified maltreatment types by per cent

While the number of children in care has risen substantially over the past decade, this has been caused by children remaining in care for longer not because more children were removed each year. This is evident in the data presented in Figure 39, which shows that there has been minimal change year on year in total number of admissions and discharges. However, the number of children admitted into care consistently exceeds that number of children discharged from care each year resulting in the increased cumulative total number of children in care at the annual census date shown in Figure 37 (above).
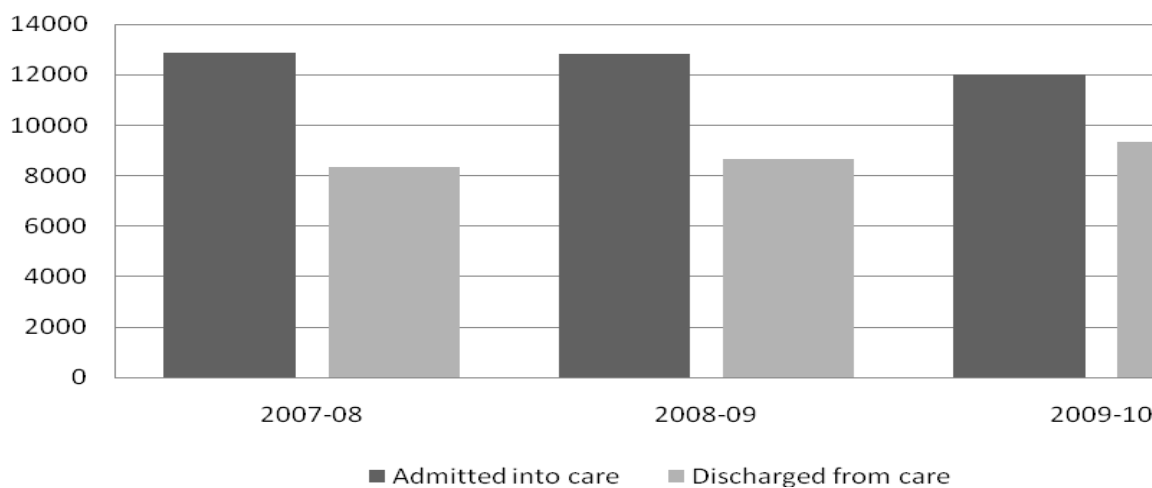
Figure 39: Number of children admitted into and discharged from care, 2007-09 to 2009-10

Within Australia, infants and younger children are more likely to be removed into care than older children and adolescents (see Figure 40) as young children are seen as the group at greatest risk of harm, including fatal abuse. Jordan and Sketchley (2009) write "the particular vulnerability of infants arises from their almost complete dependence on others for survival, their physical fragility, under-developed verbal communication, and their social invisibility" (p. 4).
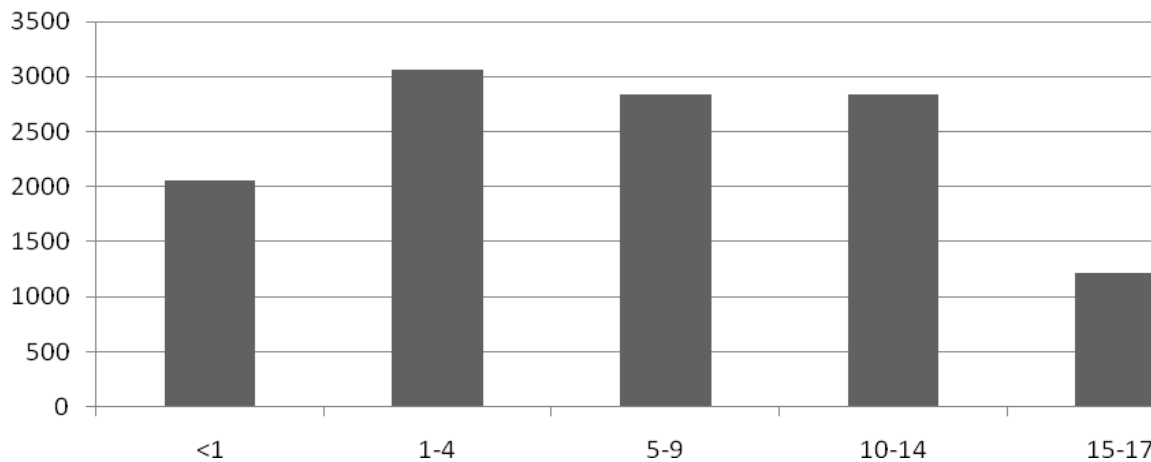
Figure 40: Children admitted into care by age group (2009-10)

2.2.7.3 Prevalence and incidence data

The best available indicator of child maltreatment incidence is child protection activity data (described above). However, child protection activity data has been found to be a poor indicator of the number of children who experience abuse and neglect in the community as:

- child protection data reflects only those cases identified and reported to the child protection services, reports from adult survivors of maltreatment suggest only a fraction of children who are maltreated come to the attention of authorities;

- child protection data only includes abuse and neglect cases in which a parent either perpetrated the abuse or failed to protect their child from abuse;

- child protection data include some children who were not abused or neglected, for example if a parent is incarcerated and there is no one to care for the child;

- finally, child protection data fluctuates considerably based on changing community attitudes and values – for example, the four-fold increase in reports to child protection services over the last 15-years is a reflecting of changing perceptions regarding the role of child protection not an indication of a four-fold increase in child maltreatment (Bromfield & Horsfall, 2011; Holzer & Bromfield, 2008).

Other countries, such as the UK, US and Canada have undertaken national prevalence or incidence studies to provide estimates of the number of children who experience abuse and neglect in the community (Bromfield & Horsfall, 2011). Australia has no national study of the incidence or prevalence of child maltreatment in the community, however, a review conducted by Price-Robertson, Bromfield and Vassallo (2010) of community-sample prevalence studies of child maltreatment with large samples, concluded that the best available estimates suggest:

- 5-10% of Australian children experience physical abuse

- 11% of Australian children experience emotional abuse

- 12-23% of children are exposed to domestic violence

- 7-12% of females and 4-8% of males experience penetrative child sexual abuse; and 23-36% of females and 12-16% of males experience non-penetrative child sexual abuse.

The authors concluded that there was insufficient evidence to provide an estimate for the number of children in the community who experienced neglect (Price-Robertson, et al., 2010).

2.2.7.4 Research evidence on effective child protection service provision

Child protection services in Australia, their current challenges and reform agendas are well documented. Areas of child protection and out-of-home care service provision which have received the most attention in academic research, writing and debate, include:

- Differential response and models of intake

- Problems in a residual approach to child protection and benefits of the investment in prevention

- Debate over risk assessment

- Addressing the determinants of abuse and neglect – geographic, cultural, and parental problems

- Mandatory reporting

- Issues preventing children in care from having equality of opportunity in terms of life opportunities and outcomes.

However, this evidence-base is drawn largely from analysis of failures within child welfare and not effectiveness studies. This means that conclusions about best practice in child protection are drawn from a critical analysis of the known and theoretical strengths and limitations of proposed reforms rather than robust and generalizable evaluation data.

In 2009, a national workshop of over 100 leaders within the Australian child welfare sector from a range of government and non-government organisations and research institutions reflecting the views of service providers, policy makers and researchers met for a national forum. The purpose of this forum was to undertake a broad consultation about the priorities for future child protection research within Australia (Department of Families Housing Community Services and Indigenous Affairs, 2009). At this forum it was concluded that there was a priority for Australian evidence into "what works" in service provision, and for large-scale robust quantitative research with findings that could be generalised. These priorities were reflected in the recently published *National Research Agenda for Protecting Children 2011-2014* (Department of Families Housing Community Services and Indigenous Affairs together with the National Framework Implementation Working Group, 2011). The National Research Agenda outlines a broad range of priority research areas to inform policy and practice, such as:

- What are effective ways to influence attitudes, behaviours and cognitions around the safety and wellbeing of children in communities?
- What prevention strategies are effective, and for what risk factors?
- What are the elements of cost-effective service models for families with multiple and complex needs?
- What models are effective in working with Aboriginal and Torres Strait Islander families – statutory and non-statutory, in Australia and internationally?
- What are vulnerable families' perceptions, experiences and preferences for services?
- What factors should guide decision-making about the frequency and nature of family contact for children and young people in out-of-home care?
- For which children is reunification appropriate, under which circumstances?
- What aspects of organisational environments and culture support effective practice?
- What is the incidence and prevalence of child abuse and neglect?
- What strategies are effective in addressing neglect?

2.3   Conclusion

The systems, services and supports designed to protection children in Australia are expanding and changing. The focus of reform within Australia over recent years has been to invest in more preventative services and reduce some of the unnecessarily adversarial aspects of service provision that are characteristic of the child protection orientation. European child welfare systems, which reflect a family support orientation, have been informed these reform approaches within Australia. It is important to acknowledge the differences in orientation to child welfare between Australia and Europe in considering how Australian child welfare successes and failures might inform the Swiss context.

An optimal system for protecting children comprises services and supports that increase in intensity in line with family needs, and which only impose mandated services upon families who are unable or unwilling to meet the needs of their children without statutory intervention (see Figure 41).
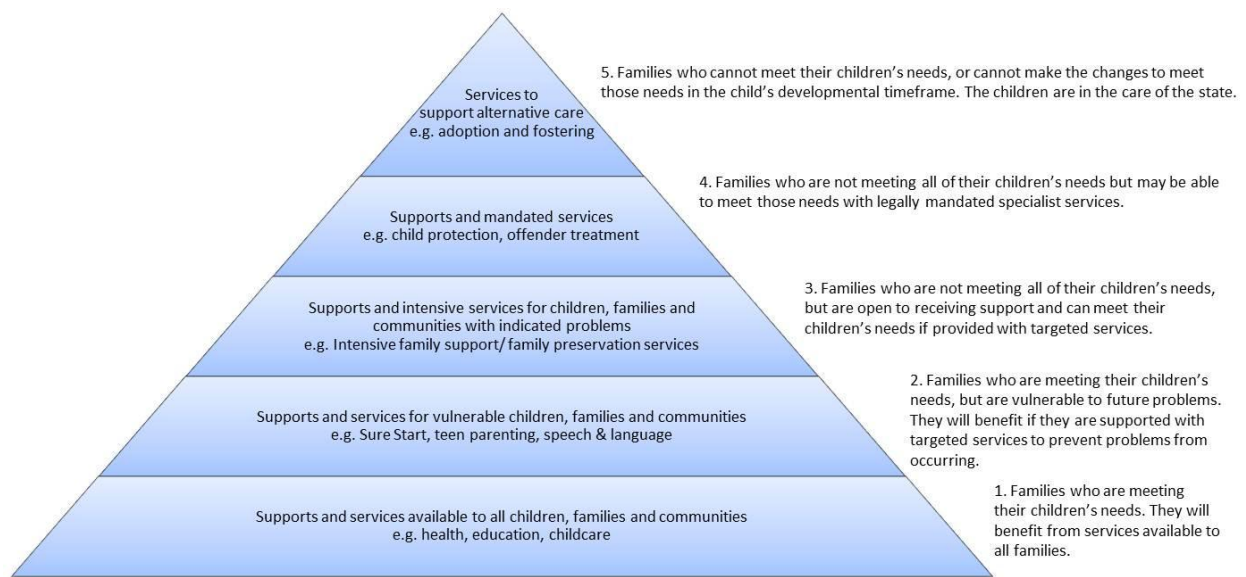
Figure 41: A public health approach augmented by the theory of responsive regulation (Arney & Bromfield, 2010)[116]

The failure of the residual approach to child protection, which was initially implemented within Australia, provides support for the social welfare orientation common across Europe. Child welfare predicated on a social welfare orientation provides high levels of universal supports for children and families. Such an approach is likely to better meet the majority of the population of parents who are able to meet their children's needs, but whom would still benefit from services and supports to reduce the burden of parenting obligations. However, from an Australian perspective, there are potential limitations of European family support orientations to child welfare. These relate to the minority of families in which children are victims of serious abuse and neglect. For example, a view of abuse and neglect as a symptom of family dysfunction may result in victims of abuse and family violence being held accountable for their perpetrators' actions. A family support orientation may result in serious abuse going undetected for longer than would be the case in a child protection orientation. Finally, the desire to work in cooperation with families may result in a decisions to remove children into state care being made much later in the course of a child's development. In terms of governance, the partnership between state, territory and Commonwealth governments, and the third sector through a coalition of non-government and academic institutions offers a potential model for Switzerland to consider in implementing national standards within local models.

---

[116] (Arney & Bromfield, 2010, under review; Department of Families Housing Community Services and Indigenous Affairs together with the National Framework Implementation Working Group, 2011)

Bibliographical References

Alexander, K. (2010). Child protection systems in England, Norway and the USA with a focus on supporting and inspiring frontline practice *The Winston Churchill Memorial Trust of Australia Report by Kate Alexander, 2009 Churchill Fellow*. Canberra: Churchill Trust.

Arney, F., & Bromfield, L. (2010). *Frameworks for integrated strategies and services supporting vulnerable families* Paper presented at the The Effective Integration of Services for Children and Families Symposium, Darwin, NT.

Arney, F., & Bromfield, L. (under review). An integrated framework for the safety and wellbeing of children in Australia"s Northern Territory.

Australian Bureau of Statistics. (2007, 25 Oct). 2006 Census MapStats: Australia Population Density Retrieved 25 May, 2011, from http://www.censusdata.abs.gov.au/ABSNavigation/prenav/SelectSubArea?subarea=State&MapStats=View+MapStats+%3E&collection=Census&period=2006&areacode=0&geography=&method=Place+of+Usual+Residence&productlabel=Population+Density&producttype=MapStats&topic=Age+%26+Population+Distribution&navmapdisplayed=true&javascript=true&breadcrumb=LPTS&topholder=0&leftholder=0&currentaction=501&action=401&textversion=false&subaction=-1

Australian Bureau of Statistics. (2011, 25 May). Population Clock Retrieved 25 May, 2011, from http://www.abs.gov.au/ausstats/abs%40.nsf/94713ad445ff1425ca25682000192af2/1647509ef7e25faaca2568a900154b63?OpenDocument

Australian Institute of Health and Welfare. (2010). Child protection publications Retrieved 13 April, 2011, from http://www.aihw.gov.au/child-protection-publications/

Australian Institute of Health and Welfare. (2011). Child Protection Australia 2009-10. Canberra: Australian Institute of Health and Welfare.

Baum, F. (1998). *The New Public Health: An Australian Perspective*. Melbourne: Oxford University Press.

Berlyn, C., Bromfield, L., & Lamont, A. (2011). Child protection and Aboriginal and Torres Strait Islander childrenNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs10/index.html.

Berlyn, C., Holzer, P., & Higgins, D. (2011). Pre-employment screening: Working With Children Checks and Police ChecksNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs13/rs13.html.

Bromfield, L. (2009). *Challenges and opportunities for Victoria's children and family services: Insights from a national perspective*. Paper presented at the Every Child Every Chance: OUR JOURNEY CONTINUES Lorne Forum 2009.

Bromfield, L. (2010). *The Role of Child Death Reviews in an Integrated System for Enhancing Child Protection Practice*. Paper presented at the 2nd Australasian Conference on Child Death Inquiries and Reviews Brisbane, 19-20 August.

Bromfield, L., & Higgins, D. (2005). National comparison of child protection systemsChild Abuse Prevention Issues, 22. Melbourne: Australian Institute of Family Studies.

Bromfield, L., & Holzer, P. (2008a). A National Approach to Child Protection: Project Report. Melbourne: Australian Institute of Family Studies.

Bromfield, L., & Holzer, P. (2008b). Submission to the Special Commission of Inquiry into Child Protection Services in NSW. Melbourne: Australian Institute of Family Studies.

Bromfield, L., Holzer, P., & Lamont, A. (2010). The economic costs of child abuse and neglectNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies.

Bromfield, L., & Horsfall, B. (2011). Child abuse and neglect statisticsNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs1/rs1.html.

Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems NCPC Issues, 33. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/issues/issues33/index.html.

Bromfield, L., & Osborn, A. (2007). 'Getting the big picture': A synopsis and critique of Australian out-of-home care researchChild Abuse Prevention Issues, 26. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/issues/issues26/issues26.html.

Bromfield, L., & Ryan, R. (2007). A national comparison and statutory child protection training in Australia. *Communities, Children and Families Australia, 2*(1), 59-72.

Council of Australian Governments. (2009a). Protecting Children is Everyone's Business - National Framework for Protecting Australia's Children 2009-2020. Canberra: Commonwealth of Australia.

Council of Australian Governments. (2009b). Protecting Children is Everyone's Business - National Framework for Protecting Australia's Children: Implementing the First Three-Year Action Plan. Canberra: Commonwealth of Australia.

Council of Australian Governments. (2011). Protecting Children in Everyone's Business: National Framework for Protecting Australia's Children 2009-2020 Annual Report to the Council of Australian Governments 2009-10. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.

Department of Families Housing Community Services and Indigenous Affairs. (2009). Towards a national research agenda: Protecting Australia's Children Research Forum. Canberra: Department of Families, Housing Community Services and Indigenous Affairs.

Department of Families Housing Community Services and Indigenous Affairs together with the National Framework Implementation Working Group. (2011). National Research Agenda for Protecting Children: 2011-2014. Canberra: Community and Disability Services Ministers' Conference.

Dingwall, R. (1999). "Risk Society": The Cult of Theory and the Millenium. *Social Policy and Administration, 33*(4), 474-491.

Fogarty, J., & Sargeant, D. (1989). Protective Services for Children in Victoria: An Interim Report. Melbourne: . Melbourne: Community Services Victoria.

Garrison, M. (2005). Reforming child protection: A public health perspective. *Virginia Journal of Social Policy and the Law, 12*(3), 590-637.

Gillingham, P. (2006). Risk assessment in child protection: Problem rather than solution? *Australian Social Work, 59*(1), 86-98.

Gillingham, P., & Bromfield, L. (2008). Child protection, risk assessment and blame ideology. *Children Australia, 33*(1), 18-24.

Goddard, C., & Liddel, M. (1995). Child Abuse Fatalities and the Media: Lessons from a Case Study. *Child Abuse Review, 4*, 356-364.

Higgins, D., Bromfield, L., Richardson, N., Holzer, P., & Berlyn, C. (2010). Mandatory reporting of abuse and neglectNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies.

Holzer, P., & Bromfield, L. (2008). NCPASS Comparability of Child Protection Data: Project Report. Melbourne: Australian Institute of Family Studies.

Holzer, P., & Bromfield, L. (2010). Australian legal definitions: When is a child in need of protection?NCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs12/rs12.html.

Holzer, P., & Lamont, A. (2009). Australian child protection legislationNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs14/rs14.html.

House of Commons. (2009). Chlildren, Schools and Families Committee - Third Report. Retrieved from http://www.parliament.uk/pa/cm200809/cmselect/cmchisch/111/11102.htm

Human Rights and Equal Opportunity Commission. (2010). Bringing them home: Timeline, from http://www.humanrights.gov.au/education/bringing_them_home/5track_poster.html

Humphreys, C., Holzer, P., Scott, D., Arney, F., Bromfield, L., Higgins, D., & Lewig, K. (2010). The planets aligned: Is child protection policy reform good luck or good management? *Australian Social Work, 63*(2), 145-163.

Ife, J., & Fiske, L. (2003). *Institutional and residual conceptions of human rights*. Paper presented at the Activating Human Rights and Diversity Conference, Byron Bay, NSW.

Joffe, H. (1999). *Risk and 'the other'*. Cambridge: Cambridge University Press.

Jordan, B., & Sketchley, R. (2009). A stitch in time saves nine: Preventing and responding to the abuse and neglect of infantsNCPC Issues, 30. Melbourne: Australian Institute of Family Studies.

Kempe, C., Silverman, F., Steele, B., Droegmueller, W., & Silver, H. (1962). The Battered-Child Syndrome. *Journal of American Medical Association, 181*.

Kemshall, H. (2002). *Risk, social policy and welfare*. Buckingham: Open University Press.

Lamont, A. (2010). Child deaths from abuse and neglect in AustraliaNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs4/rs4.html.

Lamont, A., & Bromfield, L. (2010). History of child protection servicesNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs22/index.html.

Lamont, A., & Holzer, P. (2011). Children's commissioners and guardiansNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs15/index.html.

Lupton, D. (1999). Introduction: risk and sociocultural theory. In D. Lupton (Ed.), *Risk and sociocultural theory: New directions and perspectives* (pp. 1-11). Cambridge: Cambridge University Press.

National Child Protection Clearinghouse. (2011, 2011). National Comparisons Retrieved 14 April, 2011, from http://www.aifs.gov.au/nch/resources/comparisons.html

NSPCC. (2000). A history of the NSPCC: Protecting Children from Cruelty since 1884. London: NSPCC.

NYSPCC. (2000). The New York Society for the Prevention of Cruelty to Children: 125th Anniversary (1875 - 2000). New York: NYSPCC.

Ombudsman Victoria. (2009). Own motion investigation into the Department of Human Services Child Protection Program. Melbourne: Ombudsman Victoria.

Price-Robertson, R., Bromfield, L., & Vassallo, S. (2010). The prevalence of child abuse and neglectNCPC Resource Sheet. Melbourne: Australian Institute of Family Studies.

Report of the Board of Inquiry into the Child Protection System in the Northern Territory. (2010). Growing them strong, together. Darwin: Northern Territory Government.

Ryan, R. (2010). "Whoever you are": An exploration of learning and development models for professional staff in statutory child protection across the United Kingdom, Canada and the USA *The Winston Churchill Memorial Trust of Australia Report by Robert Ryan, 2009 Churchill Fellow* Canberra: Churchill Trust.

Scott, D., & Swain, S. (2002). *Confronting Cruelty: Historical Perspectives On Child Protection in Australia*. Melbourne: Melbourne University Press.

Spratt, T. (2001). The influence of child protection orientation on child welfare practice. *British Journal of Social Work, 31*, 933-954.

The Allen Consulting Group. (2003). Protecting Children: The Child Protection Outcomes Project. Melbourne: Department of Human Services.

Victorian Government. (2011). Protecting Victoria's Vulnerable Children Inquiry Retrieved May 25, 2011, from http://www.childprotectioninquiry.vic.gov.au/.

Victorian Government Community Care Division. (2002). An integrated strategy for child protection and placement services. Melbourne: Victorian Government Community Care Division.

Wood, J. (2009). Report on the Special Commission of Inquiry into Child Protection Services in New South Wales. Sydney: New South Wales Government.

Author

Associate Professor Leah Bromfield is the Deputy Director of the Australian Centre for Child Protection at the University of South Australia. The Australian Centre for Child Protection is funded by the Department of Innovation, Industry, Science and Research.

Acknowledgments

3   Child protection in Finland by Johanna Hietamäki

3.1   Historical background

3.1.1   Child protection prior to WWII

Finland was a part of Sweden from about 1200 till 1809 (Mäntysaari, 2000). Although Finland became an autonomous area of the Russian Empire in 1809 the Swedish social order and Law continued (Hearn et al 2004, 31). Finland declared independence 1917 and a civil war ensued in 1918, followed by wars with the Soviet Union in 1939 and 1941-1944 (WWII) (Mäntysaari, 2000).

In early times the extended families took care of children if their parents could not take care of them. Up untill 1868 the church was responsible for care of persons who could not support themselves. The essential social problems were poverty, infant mortality (Pulma 1987, p 15), begging and children born out of wedlock. Poverty remained the major social problem related to the children in the 1800s. In 1866-1868 there was a big famine in Finland. Other problems were orphanhood, the use of the alcoholand an increase in poverty in the countryside and towns. The growing industry was able to employ only small part of the people (Lindgren, 2000, pp 77, 84).

The development of the medical service, the establishment of children's homes and supporting children's own homes were seen as solutions to infant mortality problems. The children were transferred from the children's homes to the farmers and the craftsmen as soon as the children were able to work (Pulma, 1987, pp 14-18). The other central forms to arrange care for vulnerable children were to leave the child to be taken care of by the lowest-bidding parish-member or house group. The latter refers to houses formed into a group and in each group there were some poor who shifted from house to house. These practices continued till 1910s, and then were replaced by foster care (Lindgren, 2000 pp 80-81).

In the 1850s there were a shift in thinking and children in need were no longer seen as just labour solutions. They were divided into two goups: the vulnerable children and the bad-mannered children. Furthermore, the state and the municipalities started to take care of children in need. The state (and later the big cities and private associations too) founded reform schools for bad-mannered children (Lindgren, 2000 p 84). The municipalities were responsible for the care of vulnerable children based on poor relief (Pulma, 1987 p 25). Actual child welfare policy began to emerge in the 1850s (Hämäläinen, 2007, p 30).

The Civil War in 1918 was significantfor the welfare of children. There was a division between the Whites and Reds (the names of the two groups involved in the conflict) and this was reflected in social policy

(Satka, 2003, pp 76-79). The children of the Reds and Whites were treated differently. The Reds' orphans were given only poor relief while the Whites' orphans received state pension. All children received preventive child welfare but the Red families were subject to moral surveillance by the child inspector (Satka, 2003, pp 76-79; Pulma 1987, p 128). More than 14,000 children lost one or two parents and furthermore around 6,000 children's carers were in prisons. About 90 % of these children were Reds' children (Satka, 2003, p 76; Lindgren 2000, p 79.) After the Civil War lots of children were begging and therefore municipalities had to found a number of children's homes (Lindgren, 2000, p 83). Economic and social problems came to a head during and after the civil war (Pulma 1987, pp 123-124).

The ideological bloom of the child welfare began in the 1920s (Pulma, 1987, pp 123-124) and child protection began to to be understood in terms of preventive social policy. The public school appeared as an integral part of preventive child welfare and aim was to give all children a uniform upbringing (Pulma 1987, pp 144-145; Satka 2003, p 79). The assumption was that childhood is "the best possibility to prevent the growth and development of future criminals". The public school became compulsory 1921. The other preventive measures in child welfare were mainly in provision of leisure-time activities and day-care for children in need (Satka, 2003, pp 74, 79).

The first Finnish Child Welfare Act was developed over a 20-year period. A significant factor influencing Finland's first Child Weldare Act was the world's first Child Welfare Act enacted in Norway in 1896, which prompted intensive debate and later reform efforts in Finnish child welfare (Satka, 2003, p 74). The first Finnish Child Welfare Act came into force in 1936 between the civil war and the Second World War. During this time employed workers, elected officials and volunteers worked with vulnerable people in the municipalities. At the end of 1800s and at the beginning of 1900s the first education courses for social workers and staff who worked in the children' home were instigated. Formalization of social work began when the laws were introduced to regulate their actions (Matthies, 1993 and Satka, 1994 in Vuorikoski, 1999; Opetusministeriö, 2007).

Charity work

The gentry began to undertake charity work from the 1700s, but in the 1840s charity work increased and became common among both the gentry and the middle class. They established children's homes, schools, work houses, child-care centres, shelters, summer settlements for poor children and gave financial support to poor families. Well-to-do people gave advice and counselling to women and children. The objective was to eliminate threats caused by poverty, like crime and moral degeneracy (Hämäläinen, 2007, p 58; Pulma 1987, pp 37-93; Lindgren, 2000, p 86). In addition to private charities, many ideological and religious associations also arranged services to help children (Lindgren, 2000 p 86). Towns provided economic support to private charities, an alternative on occasions to founding children' homes and providing day care themselves (Pulma, 1987, p 89). Private and public child welfare services developed side by side. During that time the municipalities arranged the child welfare as a part of the poor relief

(Hämäläinen 2007, pp 66-67). In the beginning of 1900s child welfare started to develop slowly towards a rational expert activity and charitable work was regarded as traditional, idealistic and religious-minded work lacking a model for effective and individualized treatment for children (Satka, 2003, pp 74-75).

3.1.2 Child protection post WWII

"After the Second World War a new, discursively much more internationally informed understanding of children and youth began to emerge" (Satka, 2003, p 79). The division of children into vulnerable and bad-mannered groups began do disappear in the 1950s when pedagogical, psychological and sociological orientations strengthened (Lindgren, 2000, p 84). People started to emphasise that all children are equally important to the state. The idea was that investment in children is an investment in the citizens of the future. After the war people felt insecurity and it opened space for expert advice. Related to the child, the leading discourse and method was professional casework for families with children. In the 1940s the state began to provide normalising state benefits to families with children, like child allowance, free school meals and maternity benefits. Furthermore, social benefits and services for needy families, like subsidies for families with numerous children (1943), state subsidies for single-mother homes (1949), and municipal home aids for overburdened mothers caring for many small children (1950) (Satka, 2003, pp 80-80, 84). The first degree in social work commenced in the University of Tampere in 1942 and the level of education required for social work practice was raised to master's level in 1980's (Vuorikoski, 1999).

In the 1950s the majority of the new services were geared towards families with children, like day care to children in need, social case work and family counselling clinics. "Individually tailored social services provided by highly skilled, university trained professionals or multi-professional teams, expanded rapidly" (Satka, 2003, pp 84-85.) Some services founded by private associations transferred to the ownership of municipalities, such as family counseling clinics (Lindgren, 2000, pp 84-85). These clinics had spread throughout the whole country by the end of 1950s (Satka, 2003, p 85), signifying an important change in child welfare. Previously young who behaved problematically were taken out of the family and now children and young people were helped within their families. This represented a transition from the provision of substitute care to support in community care and began in the 1950s (Lindgren, 2000, pp 84-85).

A major structural change took place in Finnish society in the 1960s (Tuori, 2004, p 75) Finland had a very rapid transformation from an agricultural to a modern service society (Hearn et al 2004, p 31; Satka, 2003, p 73). Economic growth quickened structural change and a crisis in values created preconditions for expansion of social policy (Pulma, 1987, p 237). Finland's agrarian society transformed quickly into an industry and service society. A lot of people moved to the towns and to Sweden. In the 1960s women started to work the outside home (mostly full-time jobs) and this considerable changed the lives of women and children. At the same time municipalities organised day care for children and services for older people (Tuomisto & Vuori-Karvia, 1997, p 84). Individual freedom strengthened radically and traditional values

started to weaken. The mothers who gave birth to children out of wedlock were not regarded as deviant any more (Pulma, 1987, p 229). There were transitions from poor relief to social services offered to all who need them (Alila, 2008).

Child welfare orientation began to emphasise service orientation and familism (family-centred practice). Child welfare work concentrated on working with families, with this philosophy extending to work in family clinics, child health clinics, school social worker action, and improving the possibilities of families to attend holiday and recreation services, and provision of accommodation and day care. Foster care was regarded as rehabilitation. These orientations gave bases for the developing of the second Child Welfare Act, which came into force in 1984 (Pulma, 1987, pp 240-242).

The welfare state was born in the 1950s but only developed to its full extent in the 1980s. In 1992 Finland met a hard economic recession; "unemployment grew suddenly from 5-7 % to near 20 % of the labour force" (Tuomisto & VUori-Karvia, 1997, p 77). Basic social services for families with children were diminished in all areas of social welfare, from maternity clinics to home-help services and youth work (Sinko, 2008; Pösö, 1997, p 160). These services and benefits have not been restored. Related to the deep economic recession in Finland in the early 1990s, there has been growing concern regarding an increase in the number of families experiencing problems and the complexity of problems within families. The most common concerns are connected to neglect in the care and upbringing children; an increasing number of children being taken into care; high and long-term unemployment and its consequences for children; increasing rates of poverty among children and families with young children; and violence, alcohol and mental health problems in families. Furthermore, it has been noted that the demanding conditions of contemporary society in Finland have life more difficult for parents raising children, for example, for example, problems in the reconciliation of work and family life, loosening social networks, and cutbacks in financial support and services for families (Kuronen & Lahtinen, 2010, p 65).

Child welfare changed in scope in the 2000s. Child welfare social work has encountered criticisms that it concentrates on working with mothers and pays little attention to children and that its working methods are too vague from the viewpoint of service users. Furthermore, social workers have not taken relatives and their potential to provide care for children into consideration. This criticism has influenced the development of new working methods. One of the most significant changes is the development of comprehensive assessment in child welfare. This method has also influenced the newest Child Welfare Act 13.4.2007. However, at least as big a change is in the work orientation towards more child-centered practice. Social workers meet children individually more often than before. This change has been made possible by the development of relevant working methods, the social workers have regarded the adoption of such methods as good practice. The other essential change is that more attention is paid to family networks. The network should be assessed as a part of any decision to take a child into state care, as regulated in the newest Child Welfare Act.

3.1.3   History of the Child Welfare Act up to today

The Hospital and Children's Home statute/Act 1763 was the first law regulating the care of vulnerable children in Sweden and in Finland. The first *Finnish Child Welfare Act* came into force in 1936. This act established regulations with regard to taking children into state care. The spirit of the Act was concerned with discovering poor conditions and 'bad' parents. Furthermore, the intention was to divide children into those who need support and care, and those who need discipline and punishment (Tuomisto & Vuori-Karvia, 1997, p 85). The Act supported children's upbringing in their own homes and it regarded day care as a form of child protection to compensate for poor domestic conditions (Satka, 2003, p 84). "The state assumed the right to intervene in the family and to suspend parental rights if children were neglected or their asocial behaviour caused harm to society or themselves" (Pösö, 1997, p 145). The Act listed the grounds for taking a child into custody. One of the categories was child abuse. The Act, however, "did not define the rights and duties of child welfare intervention with great precision" (Rauhala 1978, in Pösö, 1997, p 145). Interventions included four stages: caution/complaint, counselling, surveillance and institutional care (Tuori, 2004, p 84).

The second *Child Welfare Act1983* came into force in 1984. As Pösö observes; "The period from 1970 to 1994 was a time of great changes in child protection, the landmark being the Child Welfare Act of 1983. This act not only redefined the categorization of the needs for child welfare interventions (…), but opened the whole approach to child welfare. A child is entitled to a secure and stimulating environment in which to grow and to a harmonious and well-balanced development. A child has a special right for protection" (Pösö, 1997, p 154). The second Child Welfare Act gave priority to preventive measures and adopted a broader understanding of child welfare instead of the earlier more limited focus on child protection. Orientation and discursion in child welfare started to change from removing children from their home towards preventing problems and supporting families. This aroused a need to find new forms of support for families and children at home instead of placing children into institutional care. Residential institutions 'opened their doors' and instead of institutional care began to direct their work more towards helping children and their parents in their own homes. Whilst the orientation was supportive of families, in practice this often meant working with adults (usually mothers) rather than children. As a consequence of this critique comprehensive assessment of the whole family has been developed within the newest Child Welfare Act (see Kuronen & Lahtinen, 2010, pp 72-73).

Two essential viewpoints of the Act are that child need protection from society and an emphasis on the child's best interests being paramount in any decision made with regard to the child, with a priority that their voice is heard. "For the first time children's rights to care and protection were to be principle for interventions" (Pösö, 1997, p 146). The Child Welfare Act is consequently divided into two main areas: preventive measures related to the children's living conditions and general welfare services to all families, and family-oriented and individual child welfare interventions. "The former deals broadly with children's interests and the latter deals with assistance to individual children in their natural living surroundings (…), taking the child into care and substitute care (…), and after care (…)." The act emphasised community

care services. "Supportive measures have been emphasized, with prevention and open care highly valued. At the same time, care orders and out-of-home placements are avoided as far as possible and, if necessary, made on a short term basis" (Pösö, 1997, p 154). Preventive and support for community care as a part of child welfare intervention ideas came into operation in the Child Welfare Act; these ideas have been developed further within the latest Child Welfare Act.

Criticism of the second Child Welfare Act led to the introduction of the newest (third) *Child Welfare Act.* It came into force in 2008. According to Sinko, the second Child Welfare Act was more or less a skeleton law. It gave no precise instructions when or how to intervene. There was a strong and publicly expressed wish to have a law that would tell how to engineer child welfare services, how to carry out child protection and tell the clients and the officials more precisely what their respective rights and duties are on child protection issues. The new Act is much more exact and detailed than its predecessor. The third act includes several new obligations for the authorities, new statutory duties, measures and practices for child protection work (Sinko, 2008; HE, 2006). The other changes include an emphasises on more and earlier children's participation, child-centred working, child welfare social worker qualifications, preventive measures, cooperation within all services for children and families and mandatory reporting (HE, 2006).

One big change in the Child Welfare Act 2008 relates to decision-making. The previous Act did not guarantee the legal protection of a child and parent. The new law changed this at two levels. First, involuntary admission to care decision-making shifted from elected officials on the social welfare board to the administrative court. The reason for this was that the social welfare boards (consisting of elected officials) in municipalities were not generally considered expert enough to make balanced decisions. In Finland, there were big differences in such decision-making if the social welfare boards had a child welfare expert or not. Second, voluntary admissions to care decisions were shifted from the social worker to the head social worker. The courts do not make voluntary care decisions (STM, 2006, pp 57-59).

Other changes in the new Child Welfare Act are that it regulates assessment in detail, services for adults have to assess if a child in the family also needs assistance from child welfare services, regulation of multiprofessional teams for child welfare, guardianship to the child in certain situations. Furthermore, a new issue is that a child's social network has to be exploreed when a social worker is preparing an admission to care decision, all children have a named responsible social worker, and if parents refuse assessment a social worker can apply for permission to undertake an assessment from the administrative court. There is also more regulation related to the institutional care, for example, the numbers of staff required. c (HE, 2006). The co-operation of all the municipal authorities in child welfare and protection issues is consequently, strongly emphasised with responsibilities clarified. Furthermore, improving the rights of the child as well as the parents, particularly in the decision-making processes, is an important principle.

3.2   Legal and policy frameworks

3.2.1   Definitions of child welfare and child abuse

Child and family welfare system in Finland can be best described with the terms 'child welfare' or 'family service system' rather than 'child protection' (Cameron & Freymond, 2006; Gilbert, 1997; Hetherington, 2002, pp 28-29[117]). The problems of the family and the services and supports to the family are seen from a wide point of view. There has been strong criticism against taking too narrow a view of social problems. Social problems are seen from wide a multi-problem perspective. "Physical violence or child abuse in the family is seen as too narrow a category that emphasizes the symptoms of the problem more than the basic causes and stigmatizes or blames the perpetrator too easily. These problems, it is argued, should be seen in the context of 'family conflicts' instead. "As a consequence child welfare is "focused on the child's healthy development rather than the risks of mistreatment". The main focus of the family service system is providing support for parent-child relationships and the care of children (Pösö, 1997, pp 153, 146).

The social problems in the background of child welfare are various e.g. criminality, crises, violence, mental health and substance abuse problems. The problems are seen holistically and there can be a big variation between the seriousness of the problems. In some cases the problems can be quite mild. For example the parents can be exhausted and need practical help in home. In this kind of a situation the family can receive light support from child welfare or from other professionals. The more serious the problem the more strongly family need help from child welfare. The problems often accumulate and it is not always easy to know what problems are the causes and what problems are the consequences. For example if a young person does not obey their parents, uses alcohol and is away from home without the permission are these the actual problems or are they symptoms of problems in the background such as domestic violence?

The basic definition of child abuse in Finland is similar to that in the UK (see UK case study). Child abuse is not defined in the Child Welfare Act but it is defined inthe literature. All forms of child abuse can be defined also from the viewpoint of active and passive abuse (see Pösö, 1997, pp 147-148) and can take different forms: physical, chemical, psychological, economical and sexual abuse. Active physical abuse means for, example, physical violence and passive abuse can take the form of neglect. Active chemical abuse refers to the misuse of the medicines and intoxicants and passive refers to neglect of medical treatment. Psychological abuse is neglect, humbling, threatening and mocking in active form, and passive forms are invalidation and ignoring. Sexual abuse can too have active forms like touching and intercourse,

---

[117] Hetherington (2002, 26-29). *Dualistic system with 'child protection' orientation*: "Child welfare systems characterised by a focus on child protection, distrust of state intervention, and a legalistic approach. These systems were crisis orientated, with an emphasis on rights and individual responsibility. Their systems treated family support and child protection as discrete processes." *Holistic system with 'family service' orientation*: "Holistic child welfare systems that treated prevention, support and the protective responses to child abuse as parts of a whole". Inside the holistic system there is difference between deliveries of the services. In some countries is the principle of subsidiarity (like Germany) and the other countries state delivery services (Sweden, Finland).

and passive abuse can include exposing a child to a sexual atmosphere (Taskinen 2003, in Ellonen et al 2007, p 15).

Social workers do not define child welfare problems through the lens of child abuse. If child abuse take place as a part of general violence in family or parents have problems such as substance abuse or mental health problems, these are more likely to be defined 'family conflicts' or 'parental drinking problems' than child abuse. Because of this the "child is rarely defined as the reason for child welfare interventions" (Pösö, 1997, p 151). Sexual abuse is, however, an exception; it is seen separately from the other forms of abuse and social problems.. Aside form sexual abuse there is no strict definition and categorisation of the problems for child welfare interventions. The Child Welfare Act is essentially a skeleton law, only defining the general framework for child welfare (Pösö, 2011 forthcoming).

Pösö argues that; "In Finland, and in the other Nordic countries, extensive support for families and children is prioritised against more controlling measures, and state intervention is seen more as service and support than control and surveillance." "The strong critique of many British researchers towards the state control differs from most Finnish discussions on family support or child welfare. A reason for this might be different ideologies and models of child welfare/ child protection (Hearn et al 2004 and Pösö 2007, in Kuronen & Lahtinen, 2010), different family policy and welfare systems (Eydal & Kröger, 2010), and different situations of families with young children". In countries which have family service systems, like Finland, "demonstrating risks of harming children is not a necessary precursor for families or children to receive assistance". Child and family welfare services are the same services to the general population. If child abuse or neglect is suspected, the social worker makes an investigation request to the police. However, despite such clear lines of responsibility there are: "Still, contradictions and tensions between control and support is one of the basic questions is social work and child welfare also in Finland (Pösö 2007, in Kuronen & Lahtinen, 2010)" (Kuronen & Lahtinen, 2010, p 69).

3.2.2 Legal framework to protect children

The central law is the Child Welfare Act (CWA) 2007/417. Furthermore, there is an Act to safeguard children in institutions, concerning checking the criminal background of persons working with children. The Child Welfare Act also contains regulation concerning child welfare institutions. Juvenile justice is based on both criminal law system and child welfare system. The basic principle is that the child welfare system is primary. The age of criminal responsibility is 15. The majority of the juvenile offenders are in child welfare placement and there are about ten young people in the prison (Marttunen, 2008).

3.2.2.1 Child Welfare Act – General principles and other professionals

The most important guide to child welfare social work is the Child Welfare Act. There are many guidelines accompanying the Act especially concerning the assessment of abused children. The present Child Welfare Act came into force 2008. The act emphasizes preventive child welfare in the normal services to

the families. As indicated above, all public professionals who work with children and families are responsible to support parents and custodians in their child's upbringing and provide necessary assistance at a sufficiently early stage. Professionals are responsible to support the parents and give services that parents can take care of children, parents retain the primarily responsibility for the child's upbringing and well-being (Räty, 2007). Such repsonsiblities are guided by the cental principle of the *smallest sufficient measure*. The objective is to intervene as little as possible in the family's and the child's autonomy. Assistance offered should be such which best corresponds to the individual needs of a child and family. The economic resources of the municipality should not affect the determination of measures (Räty, 2007, p 19).

The Child Welfare Act consists of two parts: child and family specific child welfare and preventive child welfare. Child and family specific child welfare consists of five sections: assessment and service user plans, support in community care, emergency placement, taking the child into care and after-care. The objectives of the child and family specific child welfare are to promote child's favourable wellbeing and development, prevent problems, promote early intervention and take into account the child's best interest. When institutional care is needed it has to be arranged without delay. The child's best interest is the most important issue when authors are assessing the family situation and what measures are needed (Räty, 2007, 20-22; CWA, 2007, section 4). A child is defined as less than 18 years of age and a young person as 18–20 years of age (CWA, 2007, section 6). Preventive child welfare is used to promote and safeguard the growth, development and wellbeing of children and to support parenting. Preventive child welfare is assistance and special assistance when a child is not a child welfare service user. For example schools, youth work, day care, maternity and child health clinic and other social and health care offer preventive child welfare services (Räty, 2007, pp 19-20; CWA, 2007, section 3; Act for changing Child Welfare Act, 2010).

The Child Welfare Act also comprises obligations to other social and health care authorities, stipulating that when adults are being provided with social and health-care services (substance abuse, mental health or some other social and health care services or parent is imprisoned) and a parent's capacity to take care of their children is deteriorated, children's need for care and support must be assessed (Räty, 2007, 39-41; CWA, 2007, section 10). Furthermore, the social and health-care authorities must arrange essential services for the special protection of pregnant women and unborn children where necessary (CWA, 2007, section 10). Health-care has special obligations to children who are child welfare service users with provision of expert assistance and provision of health care and theraputic services for the child. Services needed by children in connection with the investigation of suspected sexual abuse or abuse must be arranged without delay (CWA, 2007, section 15; Räty, 2007, pp 73-74).

3.2.2.2 Child Welfare Act – Children's rights

In provision of child welfare, the child's wishes and views must be taken into account in a way that is appropriate for the child's age and level of development. This includes small children having an

opportunity to express their views related to the child welfare issues concerning them. In all child welfare measures the child's opinions and wishes should be ascertained. Workers have to be sensitive that a court hearing does not cause unnecessary harm to the relationship between child and carers. The more important the child welfare measure the more weighting should be given to the child's opinion. Furthermore, children of twelve years or more have an opportunity to express their views before decisions about taking a child into care, ending care placements and placements outside home (HE, 2006; Räty, 2007, 117-118; CWA, 2007, section 20, 43). Children of twelve years or more can independently apply for amendment to decisions or deny authorities the right to give information to the parents for special reasons (CWA, 2007, section 21; Räty, 2007, 126-127; Status and Rights of Social Welfare Clients, section 11). All children in child welfare have a named qualified social worker who is responsible for the child's affairs Professional qualification for social work can be achieved by completing the degree of Master of Social Sciences (majoring in social work).

All children in child welfare have a named qualified social worker who is responsible for the child's affairs Professional qualification for social work can be achieved by completing the degree of Master of Social Sciences (majoring in social work). The responsible child welfare social worker has to oversee the child's best interest, provide assistance for children or young people in exercising their right to be heard and, where necessary, must direct the child or young person to seek legal aid or ensure that an application is made for a child's guardian (CWA, 2007, section 24; Räty, 2007, pp 132-133). The child can have a guardian[118] to deputise for their custodian if there is good cause to assume that the custodian is unable to represent the child's best interests in the case without prejudice; and a guardian is necessary in order to investigate a case or otherwise to safeguard the best interests of the child. A Guardian can be needed if a parent has abused the child[119] (CWA, 2007, section 22; Räty, 2007, pp 129-130). Furthermore, Finland has established the post of Ombudsman for Children to support the rights of the child and the Ministry for Foreign Affairs reports on progress made in relation to children's rights regularly to the UN (Ministry for Foreign Affairs, 2008).

3.2.2.3 Child Welfare Act – Mandatory reporting

Mandatory reporting became compulsory in 1984 but this did not mean that all authorities began to make child welfare notifications in all cases. This requirements were apparently neither well known nor widely complied with by the authorities. As Pösö explains; "The lack of compliance is sometimes excused by referring to legal norms. The concern about breaching confidentiality in professional relations with clients is often noted as a reason for the reluctance of authorities to report incidents of abuse to child welfare services". Besides, the standards of evidence for reporting are often misunderstood. "Although many workers think that there ought to be definite proof of child abuse before the municipal child welfare

---

[118] A guardian in Finland means different thing than quardian in Switzerland.

[119] More information from Guardianship in Child Protection website in English: http://www.sosiaaliportti.fi/en-GB/guardianship_in_child_protection/

organization is informed, the law requires that a report be filed when the worker suspects the likelihood of child abuse, even if there is no firm proof at the moment" (Pösö, 1997, pp 149-150). Mandatory reporting practice has been extended to the new professional groups and the threshold for report/notification has reduced by the Child Welfare Act 2008.

There are various designated groups who are responsible for child welfare notification (mandatory reporting) for child welfare social services: 1) social- and health care, 2) education, 3) youth services, 4) police service, 5) criminal sanctions agency, 6) fire- and rescue services, 7) social service or health service provider; 8) organizer of teaching or education, 9) parish or other religious community, 10) asylum seekers reception unit or other residential unit, 11) emergency response centre, 12) unit arranging morning and afternoon activities for school children[120]. These authorities and elected officials (person elected to a position of trust), self-employed persons and all who are working in health care have a duty to notify the municipal body responsible for social services without delay and notwithstanding confidentiality regulations if, in the course of their work, they discover that there is a child for whom it is necessary to assess the need for child welfare on account of the child's need for care, circumstances endangering the child's development, or the child's behaviour (CWA, 2007, section 25; Räty, 2007, pp 143–144).

There are provisions for persons responsible for child welfare notifications (referred to as the "author") to make these notifications cooperatively with the service user. Instead of a mandatory report, the author can make ´a request to assess the need for child welfare´. The provision is designed for situations in which one of the family members is a client of the author of the child welfare notification (STM, 2010).This requiremnent came into force in 2010 as a supplementary part of the Child Welfare Act. Child welfare notification can be proactive if there is reasonable ground to suspect that a child needs help immediately after birth. Other people can notificatify anonymously, like neighbours, grandparents and a child (CWA, 2007, section 25; Räty, 2007, pp 143–144).

Child welfare normally receive the notification and the social worker has in turn a responsibility to give information to the police, notwithstanding confidentiality regulations, if there are reasonable grounds to suspect that the environment within which a child is being brought up is harmful, the child has been the subject of sexual abuse or abuse that has caused injuries to the child (CWA, 2007, section 25d; STM, 2003). Social worker can use discretion when informing the police. It is possible to inform less serious situations, when child is young (Räty, 2007, p 164).

3.2.2.4   Child Welfare Act - Interventions

Child welfare social workers must assess immediately a child's possible urgent need for child welfare services. Social workers have to decide during seven days after receipt of the notification or after other contact whether a worker will begin an assessment or the situation is clearly of a kind that does not

---

[120] The list has been specified more later in CWA 12.2.2010/88.

require measures to be taken (CWA, 2007, section 26). An assessment must be made whether there was a child welfare notification or the service user themselves sought help. The assessment should be completed within three months and include a comprehensive assessment of the circumstances in which the child is being brought up and of the prospects of the carer to care for the child, and any need for child welfare measures. The extent of the assessment will be as required by the circumstances of the case in question. After completion of the assessment, the career/ custodian and the child must be informed of the continuation of the child welfare service user relationship (CWA, 2007, section 27; HE, 2006, 143-144; Räty, 2007, pp 169-170), this gives social workers opportunity to decide to extend the assessment individually if necessary. If the parents forbid the assessment the social worker can apply for the permission from the administrative court to the assessment if there is a heavy reason for it (CWA, 2007, section 28; Räty, 2007, pp 171-172). After the assessment, the social worker undertakes a service user plan (e.g. objectives, services to the child and careers, and time schedule) with the child and family both in community care and taking into care cases. The service user plan must be reviewed where necessary, and at least once a year (CWA, 2007, section 29).

The core of the child and family specific child welfare is a division between the community-based child welfare interventions and taking into care decisions. The municipal body responsible for social services (in practice the child welfare social work office) must provide community care measures if one condition is realised: 1) the circumstances in which the children are being brought up are endangering or failing to safeguard their health or development; or 2) the children's behaviour is endangering their health or development. The objectives of community care are to promote and support the child's development and to support and enhance the parenting skills and opportunities of the carers. This assistance is voluntary and of a preventative nature and is provided in cooperation with the child and carers (CWA, 2007, section 34).

The community-based child welfare interventions comprise the biggest part of the child welfare services. The Child Welfare Act list these services: 1) support for assessing a problem situation involving the child and family; 2) financial and other support for the child's schooling and in acquiring an occupational qualification, obtaining accommodation, finding work, in free-time pursuits, maintaining close human relationships and satisfying other personal needs; 3) support person or support family; 4) care and therapy services supporting the child's rehabilitation; 5) family work; 6) placement of the whole family in family or institutional care; 7) peer group activities; 8) holiday and recreational activities; and 9) other services and supportive measures to support the child and family (CWA, 2007, section 36). Furthermore a child can be in placement as support in community care. This is the voluntary placement and there are regulations in connection with the child's age, duration of the placement and in what kind of situations can it be used (CWA, 2007, section 37).

State care must be provided if three conditions are realized. 1a) a child's health or development is seriously endangered by lack of care or other circumstances in which they are being brought up; or 1b) a

child seriously endangers their own health or development by abuse of intoxicants, by committing an illegal act other than a minor offence or by any other comparable behaviour. 2) Community care support measures would not be suitable or possible for providing care in the interests of the child concerned or if the measures have proved to be insufficient. 3) Taking into care is estimated to be in the child's best interests. Before a child is placed outside the home social worker has to assess what opportunities there are for the child to live with the parent with whom the child does not primarily reside, with the relatives or with other persons close to the child, or for these parties otherwise participating in supporting the child. This process may be omitted if it is not required on account of the urgency of the case or for some other justified reason (CWA, 2007, section 32). At this stage is possible to use family group conference (Heino, 2009).

Decisions concerning taking a child into care, placement outside home and terminating care are made by a head social worker with specified qualifications (an appointed officeholder with specified qualifications and skills) or the administrative court. The head of the social worker makes the decisions if a child 12-years or older and the child's carer accept the decision. When the child is 12 or older or their carer resists the decision the municipal officeholder makes the application to the administrative court, which makes the decision (CWA, 2007, sections 14, 43, 44; Räty, 2007, pp 276-277). Taking into care is valid indefinitely but it has to be terminated if the need for care and placement outside home no longer exists and is against the best interests of a child or when the child reaches the age of 18 (CWA, 2007, section 47). A young person is entitled to have after-care after placement outside home and after-care terminates when young person is 21 years of age. After-care is voluntaryand the objective is to support a young person to independent life (CWA, 2007, sections 75-77).

3.2.2.5 Violence in the family

Violence in family is punishable and has been regulated in the many laws. The Constitution of Finland states that everyone has the right to life, personal liberty, integrity and security. The Constitution emphasizes especially children's equality and their need for special protection (The Constitution of Finland, 1999, sections 6, 7; Paunio, 2006, p 9). Corporal punishment has been prohibited in the Child Custody and Right of Access Act 1984. Assault and sexual abuse have been defined separately and they are punishable actions according to the Criminal Code. Domestic violence and severe harassment inside family can be preventing by Act on the Restraining Order in 1998.

Corporal punishment of children has been forbidden explicitly by the Child Custody and Right of Access Act (1984). Finland was the second country in the world to forbid all kinds of bodily disciplining of the children (Ulkoasiainministeriö, 2003, p 15). The Child Custody and Right of Access Act prohibited corporal punishment and any treatment that would hurt or oppress children. "The act did not however specify the criteria for the definition of maltreatment of a child, and neither did the Child Welfare Act". Corporal punishment has diminished in Finland but it is still appears. Because of this the Ministry of Social Affairs

and Health have set up a program called "Don't hit the child - National action programme to reduce corporal punishment of children 2010-2015" (Ministry of Social Affairs and Health, 2010).

Assault and sexual abuse are criminal actions. Assault has been divided into three groups in the Criminal Code: petty assault, assault, aggravated assault (Criminal Code, chapter 21, sections 5-7). Sexual assault includes for example sexual act, rape, sexual abuse and sexual abuse of a child (Criminal Code, chapter 20, sections 1-7). With regard to domestic violence a significant change was made to the Criminal Code at the beginning of 2011. Now *the public prosecutor* bring charges for petty assault, if the victim is less than 18 years old, spouse, co-habiting partner, sibling, relative in direct descent or ascend, or someone comparable person (The Criminal Code, chapter 21, section 16). In these cases the police are responsible to do a preliminary investigation and the public prosecutor brings charges even if the victim would not want it. Objectives of the Act are that it facilitate a break in the spiral of the assault and improves the position of the victimIt is especially harmful to the child to experience assault in near human relationships. Even a slight assault may cause a child difficult conflicts and possibly long time damage. The situation is made worse by the fact that the child cannot apply for the support from the person whom the child should be able to trust (HE, 78/2010).

3.2.3   Child welfare methods and other services

There are many organisations that organise services to the children and their families. Child welfare social workers are the essential professionals in child welfare cases. They should assess the situation and cooperate and organise needed measures with normal services like school, day care and health nurse and with specialised services like substance abuse and mental health treatment professionals, family counselling offices and many organisations.

Child welfare interventions are based usually on the expert knowledge. Furthermore research based information has been utilised when intervention methods have been developed such as the comprehensive assessment. Family group conference and PRIDE foster parent training are probably methods which have been studied most internationally. However, service user's opportunities to participate, worker's genuineness and openness working with service users are essential factors in all social work, especially with the involuntary service users (Hiitola & Heinonen, 2009, p 30). In the following section we will introduce some of the most important practices and measures which are used in social work the comprehensive assessment, family work, and community care measures. We will then examining developments in child welfare organisations before reflecting on the role of the social welfare ombudsman, and highlighting centres of excellence in social work and information technology innovations.

3.2.3.1 Comprehensive assessment

Comprehensive assessment in child welfare forms the starting point for the working process. The social worker has to assess all new families, even if the urgent services would also already have been begun. The objective of the Finnish 'comprehensive assessment' is to undertake a holistic assessment of a child's situation and whether the parents are able to take care of the child and assess if she needs support. Even though the Child Welfare Act gives flexibility to undertake an assessment it nevertheless comprehensive assessment model forms an essential part of the child welfare program of the Ministry of Social Affairs and Health (Oranen, 2006). Furthermore, the Ministry has funded extensive national training program for trainers who induct employees in using the model.

First contact with parents (children)	→	First meeting with parents and children	→	Individudal meetings: children 1-3 times parents 1-3 times	→	Conclusion meeting: shared assessment with children and parents	→	Case close
							→	Service plan
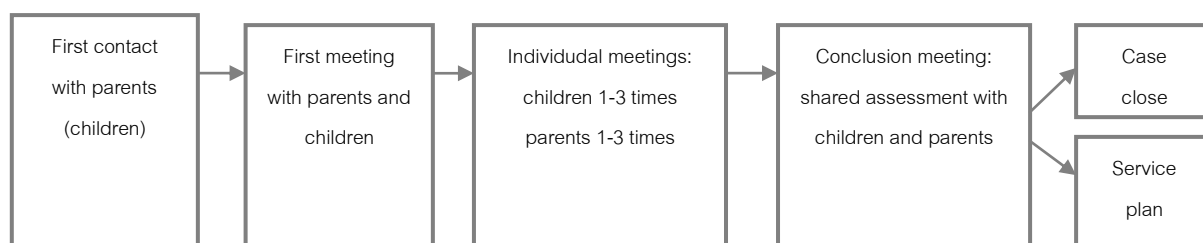
Figure 42: Comprehensive Assessment Process in Finland

To provide an overview, the assessment model consists firstly of contact with the family by phone, letter or preparing meeting (Figure 42). Sometimes the working process finishes at this phase, if it is apparent that there is no need to continue working with the family. In ideal case comprehensive assessment begins at the opening meeting with the parents and children. The objective is to discuss a notification or application of the family, introduce assessment process and goals, motivate family members to participate into the assessment, and do a schedule for the rest of the assessment process. After that, it is direct work with the child and the parents, and individual meetings deals with themes: home and important relationships, child and everyday life of the family, needs of the child, and parent's resources to support child and parent's readiness to do cooperation. Social workers use various functional working methods during the individual meetings. Functional methods can be a network map, timeline, role maps, time circle/ my day, variety cards (e.g. strength cards, reflexion cards, bear cards, feeling cards, the most important issues in my life[121]) and games. These methods are found to be useful and facilitate working with children and parents. Functional methods are used also working with children in placements and with children whose parents are divorced and social worker is hearing child's opinion concerning living and meeting with parents. The assessment ends in the conclusion meeting with the family. In that phase strengths and needs for chance

---

[121] Many of these cards are from Australia and translated into Finnish http://www.innovativeresources.org/.

of the child's life are discussed. Social worker also informs service user concerning will the case close or will continue they and do a service plan.

3.2.3.2 Family work

Family work is concrete professional help to families in their own home given by family worker. It is provided to the families and children who are assessed to be in need of corrective and more intensive intervention in their everyday life. (Kuronen & Lahtinen, 2010, pp 66-67). Family work can be preventive and corrective intervention. One of the objectives can be to prevent taking a child into care (Heino, 2008, p 24). Family work can consists of discussion help and support in everyday life. Family worker can support parents as educator, assess parenthood and provide support for children. (HE, 2006, p 155.) In practice, family work can be for example counselling of the parents in the doing of housework, using of money or parents can need help and counselling to find day-rhythm to a child and child's upbringing (Heino, 2008). Above presented family work applies so-called common child welfare family work. There also are the other variations of family work, like intensive family work, family work of the child health clinic, baby family work and family peer-groups for different target groups (Lastensuojelun käsikirja).

3.2.3.3 Family group conference

"The Family Group Conference (FGC) model of practice has emerged as a significant innovation, a process that brings together the family, including the extended family, and the professional network systems in a family-led decision-making forum." (Connolly, 2007, p 3). In Finland, an own application was created from the family group conference (FGC) created in the New Zealand. Related to the newest Child Welfare Act it has been discussed should the family group conference be compulsory in some cases. Use of the family group conference is optional and social workers can use when they regard it relevant. Finland and other Nordic countries have developed FGC more towards child centred and diverge from other countries in this way. One essential point is that the worker creates a personal and genuine relationship with the child and knows child's concerns, opinions and wishes. Child-centred orientation is essential also on concern to questions to the adults. Dialogical, service user's resources and all views observing orientation promote relationship between workers, service users and their networks. (Reinikainen, 2007; Heino, 2009.) The use of the FGC-method is not too widespread and there is variation between social work offices how much FGC is used (Vuorio et al 2008). FGC is suggested to be one possible way to charting out the child's family network before the child is placed outside the home (HE, 2006, p 150).

3.2.3.4 Family counselling office

Family counselling office (FCO) gives both preventive child welfare services and child welfare community care services. Services users can ask for help directly from the FCO or for example a child welfare social worker can refer service users to FCO. The majority of the workers of the FCO are social workers and psychologies. Furthermore, doctors, speech therapists are working in some of the FCO (Stakes, 2008). The FCO helps children and families if they need special help concerning the child's development and

upbringing, problematic family situations and child or family crises. Furthermore, FCO gives the couple and family therapy and arrange various groups, such as: post-divorce group coaching program[122] to parents, post-divorce groups for children, parenthood and child rearing groups, fathers group for fathers of infants, family program for overactive children and their parents, grief group for parents who have lost their child, music therapy group for children, rehabilitation group for children who have learning difficulties, group for women who have suffered domestic violence and a corresponding group for children[123], relationship group for parents, ´käsikynkkä´ –g roup to support interaction between a parent and a child.

In child welfare, therecan be special situations when child welfare social workers cooperate with FCO. For example, if a social worker is assessing the appropriateness of reunification when a child is in care, the social worker may ask the FCO to assess the interaction between the child and the parents and the child and foster parents.

3.2.3.5 Foster parent training

Foster parents are educated using PRIDE (Parent Resources for Information, Development, and Education) foster parent training program. This program has imported from the USA (Männikkö, 2010). PRIDE is a program for recruiting, preparing, assessing, and selecting prospective foster and adoptive parents. It consists of 14-step process and contain five competency categories for foster parents and adoptive parents: "1) protecting and nurturing children; 2) meeting children's developmental needs, and addressing developmental delays; 3) supporting relationships between children and their families; 4) connecting children to safe, nurturing relationships intended to last a lifetime; and 5) working as a member of a professional team." (CWLA, www-page) Pesäpuu ry have developed multicultural additional package to the PRIDE –program.

3.2.3.6 Child welfare organisations

In Finland, there are around 25 child welfare organisations. I will introduce two central child welfare organisations which develop child welfare practices. The other organisations arrange for example camps for children, weekend activities for families, to have effect in the decision-making concerning children, foster homes, reforms schools, after-care services, peer-groups, help-line, support in internet. In addition to the previous organisations there is *Save the Children Finland* organisation which is developing a model to work *with abused children their foster families, biological parents and close relatives.*

Centre of Expertise in Child Welfare (Pesäpuu ry) is a national centre for expertise in child welfare and protection with the aim of maintaining and developing the quality of child protection and its family care (Kittilä 2005). Pesäpuu is an essential trainer to social workers to use the comprehensive assessment method. Pesäpuu develops and imports methods from other countries for working with children, and

---

[122] designed by Dr. Bruce Fisher, in the USA.

[123] Furthermore The Mobile Crisis Centre arrange groups for violent adults, and for adults who have suffered domestic violence.

educate social workers and other professionals in child welfare in these methods. They have a variety of different kind of cards like strength cards, reflexion cards, bear cards, feeling cards, the most important issues in my life[124]. The other functional methods are feeling circle and TEJPING. The last mentioned method[125] has been imported from Norway. Besides, Pesäpuu have developed many guides, peer-group and training programs for foster parents', children and young in foster care, multicultural foster care and kinship foster care.

The Federation of Mother and Child Homes and Shelters is a central organisation for the member associations assisting families by means of institutional and community services and projects. The Federation is an expert in the work with families of infants and in domestic violence (Kittilä 2005). They have mother and children homes and shelters, and they arrange peer-groups, family work at homes, controlled or supported meetings between a child and a parent. Furthermore, the federation has the mother and children homes which give substance abuse treatment for pregnant women and families with babies (Hyytinen et al 2008, 11). They have created a new model to the child centred substance abuse treatment at families own homes (Veijalainen & Paasikannas, 2008). They have established the first crisis centre for men in 2003, and that followed 'Jussi-work' which is directed to the men and the objective is to prevent or stop domestic violence and do crisis work (Törmä & Tuokkola, 2010, pp 5, 9-11).

3.2.3.7 Organisations and internet support concerning to the child abuse and domestic violence

Tukinainen - rape crisis centre[126] provides support and guidance for people (especially for women) who have been sexually assaulted/ or abused, as well as providing guidance for their families. They have various peer-groups, free legal consultation, help-line and they educate professionals and give consultation, and give support via e-mail/internet to the victims.

Lyömätön Linja[127] services is aimed and offered to men who have used or are frightened they will use violence within the family. They have developed a cut-off violence program for men. The objective is that men can develop readiness and tools to live without violence. The program consists of individual work, group work and follow-up meetings. They do also multicultural work and they have a telephone-service. *Women's line*[128] offer free helpline and net aid for women. *Maria-Akatemia Demeter*[129] offer help to violent women by help-line, individual meetings and peer-group.

---

[124] http://www.innovativeresources.org/, http://www.pesapuu.org/

[125] http://www.bof-tejping.com/English/index-uk.htm

[126] http://174.132.188.98/~tnainen/in_english/

[127] http://www.lyomatonlinja.fi/Sivusto%209/Welcome.html

[128] https://www.naistenlinja.fi/en/public/how+can+we+help+you/

[129] http://www.maria-akatemia.fi/html/tehtavamme/demeter/demeter-toiminta.html

Net aid is given by: *Family counselling office* (FCO) gives counselling concerning children's upbringing and human relationships by e-mail. *Finnish Online Family Shelter*[130] help in family abuse - security in intimate relationships. Furthermore, there is exploring/searching young work in Facebook and IRC-gallery[131]. A new work model is net-group for mothers who have substance abuse problems, organised by The Federation of Mother and Child Homes and Shelters[132].

3.2.3.8 Social welfare ombudsman

The social ombudsman action is based on the Act on the Status and Rights of Social Welfare Clients, which came into force in 2001. Social welfare ombudsmans are appointed professionals. The aim of the Act is to foster a client-oriented approach, support the client's right to good social welfare, and further client and welfare personnel commitment to jointly agreed matters. All municipalities have to arrange the social ombudsman action. The ombudsman act as an arbitrator, give advice and help to file complaints, if client is dissatisfied with the treatment or service. Ombudsmans monitors aspects of client rights and reports annually to the municipal executive board (Ministry of Social Affairs and Health, www-page). Social welfare ombudsmen consider the best way arrange social welfare ombudsman is that municipalities themselves do not produce social welfare ombudsman action but burchase it from non-municipal organisation. Child welfare service users have contacted to the the social welfare ombudsman when service users have experienced insufficient attention being paid to their views and social workers writing negative matters and one-sided accounts of situations in the documents. Furthermore, service users wanted to get information concerning child welfare in generally (Hiekka & Metsäranta, 2011).

3.2.3.9 Ombudsman for children

Finland has established one post of Ombudsman for Children by the UN Convention on the Rights of the Child. The law concerning the Ombudsman for Children came into force in 2005. (Ombudsman for children in Finland, www-page). The Ombudsman for Children have the following duties: "1) Monitor the welfare of children and youth and the implementation of their rights; 2) Influence decision-makers from the viewpoint of children; 3) Maintain contacts with children and youth and convey information received from them to decision-makers; 4) Convey information concerning children to professionals working with children, decision makers and the public; 4) Develop cooperation between actors concerned with child policy; 5) Promote the UN Convention on the Rights of the Child." The Ombudsman for Children reports annually to the government on the welfare of children and youth and the implementation of children rights. The Ombudsman carry out lobbying work assessesing pending government projects from the perspective of the UN Convention. An important task to convey the opinions of young people to decision-makers." (Ombudsman for children in Finland, www-page).

---

[130] http://www.turvakoti.net/en/home

[131] http://www.etsivanettityo.fi/index.php?pageName=etusivu&pid=3&cols=1&cont=true

3.2.3.10 Centres of excellence on social welfare

Centres of excellence on social welfare are essential for the developing of social work and they can also produce child welfare services. These centres were established all over Finland in 2002. Their tasks include safeguarding access to expertise on social welfare, basic and special services, and training as well as maintaining a link between the work in practice and the research, testing, and development activities. The nine centres of excellence on social welfare is based on the collaboration between municipalities and universities, polytechnics and other educational institutions, provincial associations, and non-governmental organisations in the field of social welfare (Heikkilä et al, 2009). "The centres of excellence are network organisations whose actions are based on the development needs and resources of each area". In practice the centres have succeeded in networking the regional social actors in their area (STM, 2003b). These centres have done many professional development projects with child welfare social workers who are working in municipalities (e.g. child welfare practical training, child welfare methods and interventions). Furthermore some of these centres have organised social welfare ombudsman services, multi-professional child welfare groups and specialised child welfare social worker services to the small municipalities.

3.2.3.11 Information technology for social workers

"The eHandbook for Child Welfare is a public, national-level and free-of-charge online service that is updated on a regular basis". It is a quick access practical tool for professionals in child welfare to topical, user-friendly and reliable information on a wide variety of topics in the area of child welfare. The aim is make child welfare practices more uniform at the national level. "The eHandbook for Child Welfare describes the different stages of the child welfare process, from preventive child welfare through to after-care". It helps individual child welfare professionals in applying the new legislation and provides tools for high-quality child welfare. The eHandbook for Child Welfare include a variety of work methods, forms and checklists (e-Handbook, www-page).

Information technology project 'Tikesos' is a national development project the objective of which is to standardise the service user data of the social welfare. They are going to develop electronic service user documents and they will be used nationally in the future. Therefore, child welfare documents will be standardised form hereafter. The project is governed by the Ministry of Social Affairs and Health (Sosiaaliportti, www-page).

---

[132] http://www.ensijaturvakotienliitto.fi/tyomuodot/pidakiinni/paihteita_kayttavien_aitien_nett/

3.3　State, local authority and nongovernmental provider relationships

"One of the duties of the public sector is to take care of the health and wellbeing of the population. This is done in part by arranging social and health services. The responsibility for organising such services lies with local government (commonly described as the municipalities). The Ministry of Social Affairs and Health is in charge of the overall functioning of social and health services." It determines the development of these services, drafts legislation and steers reform processes and monitors the implementation and quality of services (Ministry of Social Affairs and Health). Under the Finnish Ministry of Social Affairs and Health is a research and development institute 'The National Institute for Health and Welfare (THL)'. The aim of the THL is to promote health and welfare in Finland. It seeks to serve the broader society in addition to the scientific community, actors in the field and decision-makers in central government and municipalities. The functions are: 1) promote the welfare and health of the population, 2) prevent diseases and social problems and 3) develop social and health services. (THL, www-page)

The municipalities must ensure that preventive child welfare, and child and family specific child welfare are arranged in such a way that the content, extent and quality of such services accord with the prevailing need within the municipality (CWA, 2008, section 11; Räty, 2007, p 41). The State Provincial Office steers and monitors municipal and private social services to ensure they comply with legal requirements for the provision of child welfare and grants licences to the private sector. The State Provincial Office has for example imposed a conditional fine on some municipalities when child welfare assessments had not been completed within the prescribed lime limit (e.g. HE 2006, p 36).

The municipalities are the primary provider of child welfare social work, either alone or in collaboration with other municipalities: a) an organisation model based on so-called host municipalities, where partner municipalities transfer the responsibility to a chosen host, which then runs the actual services; or b) joint municipal boards, a traditional administrative format for co-operation and democratic control between municipalities (Kokko et al, 2009). Community care interventions are also primarily provided by municipalities (Vetteenranta et al, 2008, p 8). Whereas organisations and enterprises are important child welfare service producers in residential care, professional family home, shelter, and mother and children's home services from organizations and enterprises. In addition, municipalities buy some home help services and after-care from organizations and enterprises. Support family and support person are in most case based on voluntary work.

Municipalities buy quite a lot placement services from enterprises and organisations. In the 2000's municipalities have began require enterprises and organizations to tender to provide residential care and professional family home services in child welfare (Heino et al 2006). Vettenranta, Holma and Rousu (2008) asked enterprises and organisations their experiences concerning tendering in child welfare. Many respondents considered the tendering process to be too laborious in proportion to the advantages. The definite quality is difficult to bring forth to the documents. Participants had mixed views about the effect of

tendering on prices, some of the respondents said that tendering had decreased prices and others that it had increased prices.

There is debate about the right number of municipalities. Many hold that the number of municipalities must decrease and/or that municipalities must arrange services together. The number of municipalities is now 336 and the population in Finland is around 5 380 000 people. In 2001, there were 448 municipalities and population was 5 195 000 inhabitants and in 1991 460 municipalities. A fourth of the municipalities have interconnected during last ten years. There are only a few big municipalities. Eight municipalities have more than 100,000 inhabitants and the biggest city Helsinki had 589 000 inhabitants in 2010. The median size of the municipalities was 5 850 citizens in 2010 (Kunnat.net).

The Ministry of Social Affairs and Health have recently published a report in which they claim that the social and health services should be produced in bigger areas. They describe three possible models. A) A two-level municipality and region model in which big municipalities alone and small municipalities together will constitute 20 to 50 regions, which have responsibility to arrange basic and special social and health care services. Furthermore, there is need for 5 regions which produce special services. B) A two-level municipality model in which all together 30-50 municipalities are responsible to arrange basic services and some special services. Five regions would be responsible to arrange other special services. C) A one-level municipality model in which there are all together less than 20 municipalities and they arrange all basic and special social services (STM, 2011).

The organisation of social services will evidently change in future. Some changes have already happened, especially in health care and this has had consequences for social work in some areas. These changes are based on the Finnish Act on Restructuring Local Government and Services (169/2007), which came into force in 2007 and will be in the force until 2012. The act aims at increasing efficiency in municipal services and structures. In the field of health care services and closely related social services the minimum population base is set at 20 000 residents. To achieve this minimum, those municipalities with less than 20 000 residents must either merge with neighbouring municipalities or form collaborative areas that will organise services. In addition, the Act also aims to create and strengthen regional co-operation over services and to promote co-operation between social and health services (Kokko et al 2009).

3.4   National data

The National Institute for Health and Welfare (THL) annually receives statistical data from municipalities on children and young people in support interventions in community care and children and young people placed outside the home. Furthermore, the data include personal identifiers concerning the children and young people placed outside the home (THL) In addition to the national data the results of child welfare

studies are presented to create a more comprehensive view. National data gathering in child welfare is being developed currently by a national information technology project entitled 'Tikesos'.

3.4.1   Child welfare notification

In the 1980's, reports to child welfare services were made in equal numbers by parents and professionals. Reports initiated by parents usually expressed their concerns about family conflicts, problems in bringing up children, and their own psychiatric problems. The reports made by social welfare, health care, education, and police professionals tended to involve cases of child neglect, cases in which the parents had psychiatric and family problems, and cases in which children had difficulties at school or crimes were being committed by young people. Child abuse was rarely mentioned as a motive for a contact (Pösö, 1997, pp 149).

There were 79 651 child welfare notifications in 2009. These notifications concerned 53,318 children (average 1.5 notifications per a child). Child welfare notifications predominantly concerned children aged between 13 and 17 years (7.1% of the population 13 years) than children 0-12 years (3.1-4.1% of the population 0-12 years) (Kuoppala & Säkkinen, 2010). The number of child welfare notifications increased after the newest Child Welfare Act. For example, in the six biggest municipalities where more exact information is available the number of notifications increased on average 28% between the years 2007 and 2008 (Kuusikko, 2008; Kuusikko, 2009). The possible reasons for the increase in the number of child welfare notifications are: extension in the Child Welfare Act to the groups who have an obligation to make a child welfare notification to include emergency social services, increased awareness, cooperation with the other agencies, and many police stations having their own social workers.

Person who made a notification	Number of notifications	%
Private total	**7638**	**26 %**
Family member	3648	12 %
Relative, friend, neighbour, another private person	3990	14 %
Professionals total	**20596**	**71 %**
Social professionals	3017	10 %
Health care	3705	13 %
Police	8360	29 %
School	2628	9 %
Other authority	2886	10 %
Unknown person	**890**	**3 %**
Total	**29124**	**100%**

* These results apply to Finland's six biggest municipalities in 2009 (population between 139.000 and 583.000 in 2009).

Table 6: Child welfare notifications according to the notifier* (Kuusikko, 2009)

Professionals made nearly three-quarters and private persons a quarter of the child welfare notifications in Finland's six biggest municipalities (Table 6). The biggest reason for the notifications was conditions which endangered the child's development (49 %). The other reasons were the child's own behaviour (35 %) and the child needed care (12 %) (Kuusikko, 2009). Katajamäki (2010) have studied child welfare notifications in one of the biggest cities (Vantaa) in Finland in the years 2008 and 2009. She found that two of the biggest reasons for notifications were a child's criminal behaviour (17%) and parental substance abuse (16 %). The other essential reasons were a child's violent behaviour, domestic violence, child's substance abuse, parent's mental health problems, parent's exhaustion and crisis in the family. Around 8 % of the notifications were related to a child's neglect, abuse and sexual abuse (Katajamäki 2010). There is no exact information on how many of these children became a service user in child welfare. In South-Finland, children became service users in around 62 % of the notifications (Kuoppa et al 2009).

3.4.2 Child welfare

In Finland, the total number of children who had been the subject of community-based child welfare interventions was 62 886 in 2009 (5.8% of the population 0-17 years). The number of the children in community care is substantially bigger than number of children who had been taken into out-of-home care (9,357 in 2009, equating to 1% of the population of 0-17 year olds) (Kuoppala & Säkkinen, 2010).
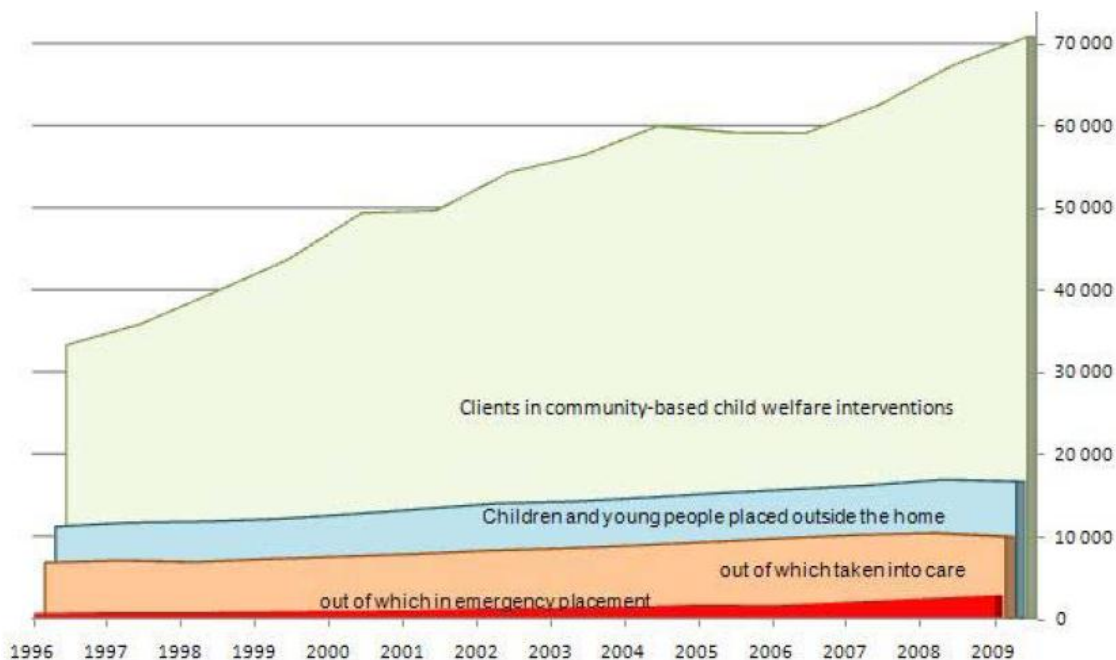
*In addition to register data on children and young people placed outside the home, including personal identity codes, statistics are also kept of clients in community-based child welfare interventions. Some of the children and young people recorded as clients in community-based child welfare interventions are also included in those placed outside the home.

Figure 43: Clients in community-based child welfare interventions and children and young people placed outside the home in 1996–2009* (Kuoppala & Säkkinen, 2010, p 43)

"The number of children and young people who had been the subject of child welfare interventions in community care continued to grow in 2009" (Kuoppala & Säkkinen, 2010, p 29). The total number of children and young people subject to community based-child welfare interventions was 70,753 (Figure 43). This figure consists of 62,886 (82 %) children under 18 and 7,867 (11 %) young people aged 18-20. Furthermore, these numbers include 3,315 children and young people who are placed outside the home as community-based child welfare intervention. The total number of service users continued to rise, and was up 5.1% on 2008 figures. The increase in the number of service users has been bigger in cities and rural areas than in semi-urban areas. "The growth in the number of clients in community-based child welfare interventions is partly explained by the 2008 Child Welfare Act" (Kuoppala & Säkkinen, 2010).

The total number of the children and young people placed outside the home had been 16 643 in 2009. Of these children, 82 % (n=13 680) were aged 0-17 years and 18 % (n=2 963) were aged 18-20 years and were in after-care placements (Figure 43). Of these 16,643 children and young people (aged 0-20): 9,357 had been taken into care; 1,627 were in emergency placement; 3,315 were subject to community-based intervention; and 2,344 were in after care. Of these children, 17 % (1,872 children) were taken into care involuntarily. The number of the children placed outside the home increased until 2008 and fell by 4% for the first time in 2009 (Figure 43). The number of children in emergency placement has increased the fastest. (Kuoppala & Säkkinen, 2010).

| | Children and young people placed outside the home* | | | | Children taken into care** | |
| | 2000 | | 2009 | | 31.12.2009 | |
Placement***	N	%	N	%	N	%
Foster care	5 595	44	5 462	33	4 042	49
Professional family home	1 535	12	2 971	18	1 730	21
Residential care	3 431	27	5 916	35	2 150	26
Other care	2 109	17	2 294	14	337	4
Total	**12 670**	**100**	**16 643**	**100**	**8 280**	**100**

* According to the latest reason for the placement. Ages 0-20. Include: children taken into care, emergency placement, community care intervention, after-care.
** Children in emergency not included. Ages 0-17.
*** Foster care: With relatives or other kin, or a foster family. Professional family home: A professional foster family home licensed as a family home or child welfare institution. Residential care: Child welfare institution, family rehabilitation unit, reform school, institution for substance abusers, institution for people with intellectual disabilities. Other care: Placements in the child's or young person's own home (with the parent/s), independently supported accommodation and other forms of care not classified above.

Table 7: Children and young people placed outside the home in 2000 and 2009, and children taken into care 31.12.2009 (Kuoppala & Säkkinen, 2010, p 38)

In 2009, around one third of children were in foster care and a further one third were in residential care. The number of children in foster care has decreased, with a corresponding increase in residential care and professional family home care between the years 2000 and 2009. When we look at children who have been taken into care on 31 December 2009 we can see that nearly half of the children are placed in

families. Out of these children, 244 (6%) were placed with relatives or other kin (Kuoppala & Säkkinen, 2010, pp 37-38.) One challenge in child welfare in Finland is to increase placements in foster care and kinship families.

Owner of the placement	N	%
Public (municipality, federation of municipalities, state)	113	19
Private (enterprise, association, organization)	490	81
Total	**603**	**100**

Table 8: Owner of the placement (Heino, 2008, 56)

The Public sector owns one fifth of the residential care placements in Finland (Table 8). The private sector of enterprises, associations and organizations, owns the largest part of residential care placements. Furthermore, they own professional family homes. Professional family homes are more home-like than residential care facilitities. They are homes in which at least two adults who are responsible to take care of the children live. One of these adults has to have bachelor degree of social services in the University of Applied Sciences. Furthermore, they can have another member of staff which does not live in the home (Länsi-Suomen lääninhallitus). The Public sector owns fewer placements but more children live in each placement (Table 8, Table 9). Private enterprises produce the majority of placement services.

Owner of the placement	%
Public (municipality, federation of municipalities, state)	32
Private association	23
Private enterprise	45
Total	**100**

Table 9: Number of the days/nights in the placements (Heino 2008, 56)

The children in child welfare are most typically 16-17 years old both in community-based child welfare (Figure 44) and those taken into care (Figure 45) when compared to the percentage of the population of the same age. The second biggest group is chilren aged between 13 and 15 years. More boys (53 %) than girls (47 %) (N=16 643) were placed outside of the home. As a proportion of the total population of 0-17 year olds, 1.3% of children aged 0-17 are placed outside the home (Kuoppala & Säkkinen, 2010).
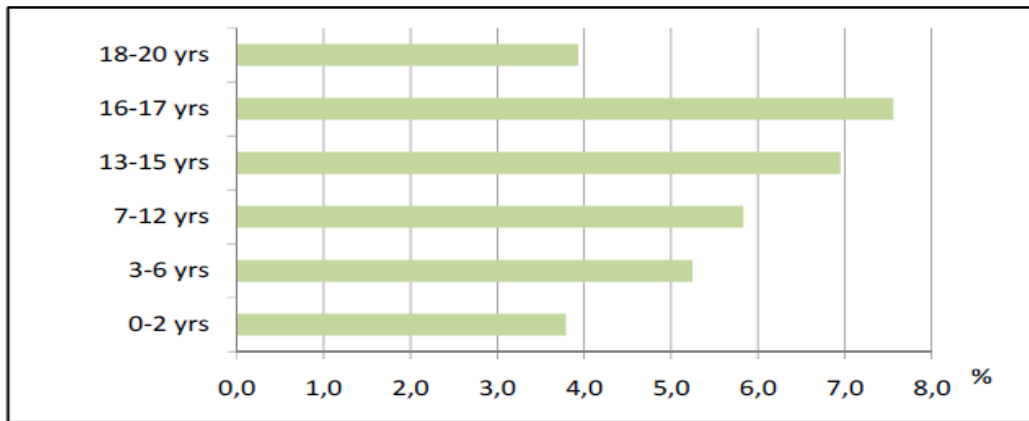
Figure 44: Children and young people in community-based child welfare interventions as a percentage of the total population of the same age in 2009, % (Kuoppala & Säkkinen 2010, 44)
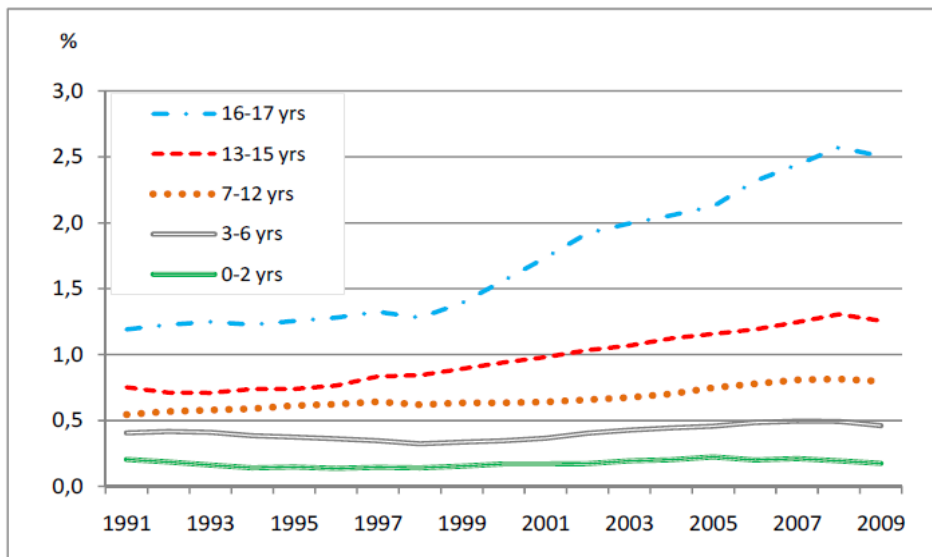
* Children in emergency placement not included.

Figure 45: Children taken into care as a percentage of the population of the same age in 1991–2009, %* (Kuoppala & Säkkinen, 2010, 39)

There has been discussion about why the number of child welfare services users has increased. One proposition is that the families and children have more problems than before. The research results suggests that more and more young people are doing well but children' and young people' situations are polarised in relation to health, mental health, crime, welfare and family economics (Konsensuskokous 2010; Myllyniemi 2008; Elonheimo 2010). Therefore the situations of the children and families who are child welfare service users can be more difficult than earlier. This may be one reason that need for emergency placements have increased. On the other hand new professional activities have increased, like social workers in police offices and the whole country covering emergency social work. Child welfare

social workers are striving to increase their cooperation with other professionals. Furthermore, traditional low-threshold home help (which is not a child welfare intervention) is now not usually available to families because the number of elderly who need home help have increased. In many cases traditional home help has been replaced with child welfare family work and the threshold to receive family work has increased. Now if a family need family work they have to become a child welfare service user. There is also discussion as to whether there is too much of an orientation towards early intervention in Finland (Harrikari & Hoikkala 2008). There is no certainty about the reasons that led to the addition of customer numbers.

There is no data available for the number of social workers who are doing child welfare social work in the municipalities. Ristimäki and colleagues (2008) reviewed the number of child welfare service users in child welfare social work. They found that social workers have approximately 33 families and 53 children as service users. The national quality recommendations have been given to child protection. It defines that a suitable service user number is 20 children per child welfare social worker and 35 children per child welfare social worker if she/he has a social counsellor working as a working partner (Lastensuojelun kansallinen laatusuositus, 2011).

3.4.3   Social problems on background of child welfare

There is no congruent data concerning social problems in the background of child welfare interventions. It is distinct, that social problems are seen from a multi-problem perspective. This is visible in the studies which are examining reasons for child welfare services. There is no research that divides the reasons between different forms of child abuse and neglect like in England. The situation in Finland has both strengths and weaknesses. The strength is a broad understanding about family problems and the weakness is that too little attention is paid to child abuse.

Reasons for contacts to the child welfare social emergency were: substance abuse (24%), child's neglect stemming example from parents' substance abuse and mental health problems (24 %), domestic violence (15 %), mental health problems (14 %), child custody and right of access problems (12 %) and other (10 %). These results are related to the child welfare emergency service in eight municipalities in 2006 (N=242) (Soine-Rajanummi, Kuosmanen & Hornborg, 2006, p 16). It seems that social problems are quite similar between service users in child welfare social emergency service and in community care (Table 10). Social problems service users subjects to community-based child welfare interventions were studied in 2006 when social worker assessments of the social problems of new child welfare families (N= 330 children) (Heino, 2007).

Social problem	%*
Related to the parent	
Parent's exhaustion /tiredness	37
Family contradictions	29
Inadequate parenthood	28
Parent's helplessness	22
Parent's mental health problems	20
Parent's substance abuse	20
Domestic violence or threat	14
Child's neglect	13
Child's abuse or suspicion	8
Criminal	4
Child's sexual abuse or suspicion	3
Related to the child	
Contradictions between child and parent	22
Difficulties attend to school	20
Child's mental health problems	17
Child's ill health	10
Delayed development	10
Victim of the violence	8
Criminal	4
Substance abuse	4

* In this statistics one family can have problems and therefore per cents are more than 100%

Table 10: The essential social problems of the new child welfare service user families (N=330 children, 9 municipalities) (Heino, 2007)

The results in Table 10 show that there were more many social problems connected to parents than to children. It is alson worth noting that a single family can have multiple problems which are related to parents and children simultaneously. The most common parental problems were related to incapacity, contradictions between parents and their mental health and substance abuse problems. The most central problems related to the children are contradictions with parents; difficulties attending school and mental health problems. Violence in different forms did not come forth as a strong category (Heino, 2007). There is also comparative research in which are compared conditions for notifications in four Nordic countries: Finland, Sweden, Norway and Denmark (Blomberg et al 2010). Comparing Finland and Sweden, the research showed there were more reports in Sweden for child abuse and neglect, and young people's behaviour problems and criminal behaviour. Respectively in Finland, there were more reports for parental problems and deficiencies in children's care, and young people's harmful domestic conditions and other problems (e.g. deficiency in care and domestic violence) (Blomberg et al 2010, pp 38-39).

There is no extensive data on what are the social problems behind the decision to take children into care. The data concerning voluntary take into care decisions is missing. There are few studies which review involuntary decisions which have been made in Administrative justice. Hiitola and Heinonen (2009) have studied involuntary take into care decisions in Administrative court in 2008. There were altogether 500 decisions in 2008 and the researchers analysed 300 of them in more detail. In this data the three biggest social problems that were in the background of take into care decisions were violence, substance abuse and mental health problems (N=303 decisions). The children's criminal behaviour was one of the reasons for the take into care decision in 25 % of the cases for children aged between 10-18 years (Hiitola & Heinonen, 2009).

Violence is a central problem in the background of take into care decisions. It has been mentioned in the documents for 63% of decisions. The offender of the violence was more often the father (39%) or a boy (40%) than the mother (21%) or a girl (15%). The victim of the violence was more often the mother (23 %) or a girl (20 %) than a boy (10 %) or the father (3%). Furthermore, 40% of the documents included vague information concerning domestic violence. The general view of the violence was inaccurate in the documents. For example in some documents it had been written that a child was a victim of domestic violence but there was no information regarding who had treated the child violently (Hiitola & Heinonen, 2009). This is one weakness in child welfare in Finland that child welfare social workers do not examine domestic violence explicitly enough.

The substance abuse problem was mentioned in the 63% of the cases. It was more often related to mothers (27%) and children (24%) than to fathers (18%). Substance abuse was most frequently a problem for single mother families. One explanation for this is that single mothers were the most common family type in the data. The third common problem was mental health problems, which was mentioned in the 57% of the cases. Mental health problems were more often related to the children (37%) and mothers (24%) than to fathers (4%) (N=303). The mental health problems of children were often suicidality (Hiitola & Heinonen, 2009).

The comparison of social problems between families who receive community based child welfare interventions and those whose child is in care is difficult because there is no comparative data and research. Based on the results that have been presented above one can probably say that mild social problems are emphasized more in the cases who receive community based child welfare interventions than take a child into care cases. This is not a surprising conclusion.

Comparisons of the children and young people in care for example between Finland and England are complicated by the youth crime system (Kuula et al 2006). In Finland, the youth crime system is based on idea that child welfare measures are the first line of interventions. Kuula and Marttunen (2009) have studied children aged 10-17 (N=264) who have been taken into care involuntarily and decision concerning taken into care have been done in Administrative court. Results illustrate that crime was mentioned in documents concerning 44% of the girls and 68% of the boys (Kuula & Marttunen, 2009). There were three

boy aged between 15-17 years that went to the prison in 2009. Furthermore, 31 boys and one girl were remand prisoners waiting for court proceedings (Rikosseuraamusalan vuosikertomus, 2009).

3.4.4 Community care measures

There is not extensive data available concerning community care measures. However, Hiitola and Heinonen (2009) have studied involuntary take into care decisions which have been made in the Administrative Court and from this research we receive some illustrations. In this research they examined how much and what kind of community care measures these children received before the take into care decision.

Amount of community care measures	%
Not offered	4
A few measures	55
Plenty of measures	33
Offered plenty of measures but the family had refused from them	2
Total	**100**

Table 11: Amount of the community care measures before take into care decision (N=468, Missing N=32) (Hiitola & Heinonen, 2009, 26)

Table 11 shows the majority of families received "a few measures", this signifies that a family received individual community care measures like intoxicant laboratory testing of parents, day care for the child, one placement as a community care measure, referring a parent or child to the psychiatrist or substance abuse treatment, or a meeting time with a social worker (Table 12). A third of the families had been offered "plenty" of community care measures. Usually these families had received family work, home help, children had visited support family for several years (around once per month), children had support person, children had received financial support for their interests and camps. Furthermore, many children had been in regular therapy or psychiatric care contact. Many children received support from the school welfare officer and peer-groups and many children had been in day care as a community care measure. Also many parents had several care contacts mostly for mental health treatment and substance abuse treatment. In addition to these, the family, of course, met the child welfare social worker. Families who had received a considerable number of community care measurements had been a service user for longer time (four years on average) than those who had received only a few measures (a little over a year) (Hiitola & Heinonen, 2009).

Violent fathers received help from 'Jussi-työ' which offer crisis help, individual therapy and group work for men who use violence. It was easy for men to get support for the control of violent behaviour. Men who had suffered violence had not received support. Women who had suffered violence or violated the others

did not receive help. Furthermore, children who had suffered violence had not received individual therapy. On the other hand children and mothers can receive support when they are in shelters (Hiitola & Heinonen, 2009). It is important to remember that there is variation in what kind of special services are available. Some areas have more support than others for women and children who suffer violence.

Huuskonen and Korpinen (2009, 39) have done a follow-up study of the new families who are service users of the community care measures. This study had a different finding than Hiitola & Heinonen (2009). The families had received more kinds of measures although they had been only a short time as service users (Table 12). It was reasoned that this finding reflected that social workers did not organize many measures if there was an obvious need for the take into care decision (Huuskonen & Korpinen, 2009).

Community care measure	%***
Family work	48
Financial support to the child's interests	31
Financial support to the families housing	28
Support family	28
Day care to a child	20
Emergency placement to a child**	18
Family had met social worker max 5 times	30
Family had met social worker 6-10 times	31
Family had met social worker more than 10 times	39
Home visit	43

* They followed up 203 children. 110 of them continued service users in community care. 93 children no in community care: 15 children had been taken into care, 38 children did not need child welfare service any more. 33 children had moved. 7 children no named reason.
** Usually they were young between 13-17 years old.
*** In this statistics one family can have measures and therefore per cents are more than 100%

Table 12: Community care measures and meetings with social worker during two years (2006-2008) (N=110 child*) (Huuskonen & Korpinen, 2009)

Based on Hiitola and Heinonen's (2009) and Huuskonen and Korpinen's (2009) studies it can be said that child welfare family work is the most popular child welfare measure for families in community care. The other frequently used measures in community care are financial support and support to child's interests (see Heino, 2007). It is not evident whether child welfare service users receive all needed measures. Huuskonen and Korpinen (2009) write that social workers assessed that 31% of the service users had not received enough supportive measures. Reasons for this were resource shortages and long queues in half of the cases or that the service users had refused the measures.

3.4.5   Child abuse

The definition of child abuse is complicated because children are exposed to the abuse in many different ways. Often the violence experiences are connected to the violence experienced in the children's family and made by the adults. The children's experiences of the violence at home refer either to the seeing and hearing of the violence between parents or where child themself is subject to the violence. In addition to the fact that the children can experience abuse at home, the abuse can take place also in peer-groups and institutions like at school or institutional care. In practice the violence is present in the children's everyday life. For example, child can be exposed to bullying at school or on the street, or hear violent stories through their hobbies. Furthermore children hear and see extremely hard violence in the afternoon papers and in the news (Ellonen et al 2007).

The definition of child abuse is strict in Finland and all Nordic Countries. An attempt is made to secure the same rights to protection for children are there are for adults. According to the Criminal Code of Finland all violence (including physical punishment) and sexual abuse is criminal (Ellonen et al 2007, 13). Child abuse is seen in a different way in Finland than many other countries. In Finland, the interpretation of child abuse is strongly oriented toward social and psychological aspects of family relations. The consequence of that is that child abuse is most often reported and addressed as family conflicts (except for sexual abuse) (Gilbert, 1997, p 234).

It is not easy to know, how many children are the victims of abuse as not all instances of child abuses come to the knowledge of the social worker and the police. There is one extensive research study of with students in comprehensive school as respondents of the study, which opens the conception of the situation (reference, year)[133]. Psychological abuse was the most general, a little over 40% of young people had experienced psychological abuse sometimes or often before they were 14 years old (Figure 46). Pulling children's hair was also quite usual. Serious physical abuse was rare. Young people's experiences of the symbolic abuse and physical abuse had diminished considerably over the past twenty years (Figure 46). Mild /slight abuse had diminished the most, such as pulling hair, pushing, slapping and whipping. Symbolic abuse, such as sulked or refused to talk, berated, taunted, threw objects, threatened with abuse, has diminished too but not as much as mild abuse. Serious physical abuse had also diminished, although the earlier levels were already low.

Children reported that mothers used more symbolic abuse and mild abuse than fathers. Furthermore, children in nine-class had experienced more symbolic and mild abuse than children in six-class in primary school. Sexual abuse had diminished between the years 1988 and 2008. In 2008, eight percent of nine-class students responded that an adult person had abused them sexually (sexual suggestion, petting, adult have touched or showed genitalia, child have touched or showed genitalia, imitate sexual intercourse, sexual intercourse) (13% in 1988). The adult who perpetrated sexual abuse was usually a

---

[133] Total 13 415 students: 7653 stidents in six-class (around 12-year-old) and 5762 students in nine-class (around 15-year-old).

friend, acquaintance or unknown person. In only a few cases the adult was a father/stepfather (9 child) or sibling (2 child) (N=5762) (Ellonen et al 2008).
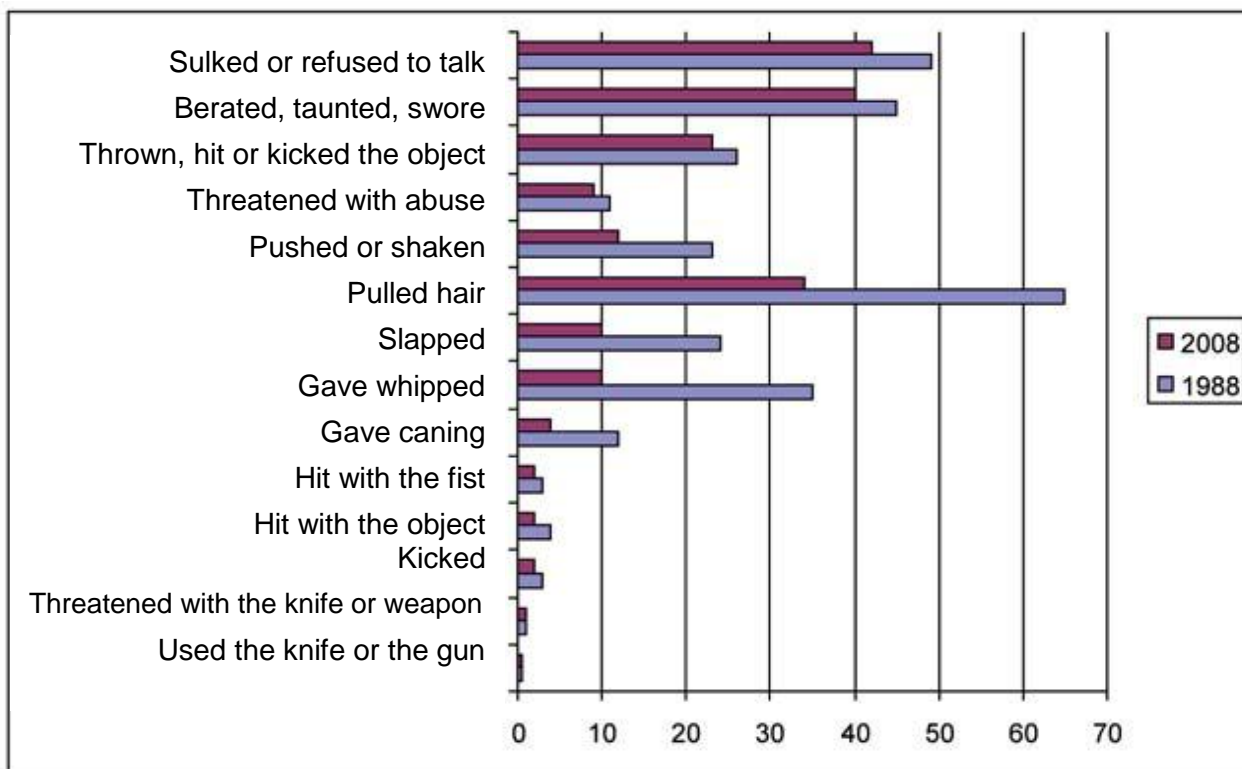
Figure 46: Experiences of nine-class students of the abuse used by a mother and/or father before they were 14 years old during years 1988 and 2008, % portion of the ones which had answered (N= 5 762) (Ellonen et al 2008)

Children experienced more often physical abuse from siblings and peers than from parents. The same reasearch shows that a few percent of children experienced physical abuse in foster family or residential care. Furthermore a few children had experienced physical abuse from teachers. Internet and mobile phones were also used for teasing (Ellonen et al, 2008). "In 2007, six children under the age of 14 died due to homicide or other violent criminal acts. The number of violent child deaths had been between four and eight during the period of 2003–2007, with more than half the deaths having been caused by mothers" (Lehti & Kivivuori 2008 in Pösö, 2011).

The number of cases of domestic violence recorded by police has increased. This is to be expected as the threshold to contact police in domestic violence situations has decreased and police now pay more attention to domestic violence issues. About 12% of the violence which come to the attention of the police is domestic violence. In particular, the reports of crimes which are directed toward children have increased. In 2007, 461 children had been the subject of petty assault/assault which has happened inside family and had come to the knowledge of police; 17 children had been the subject of aggravated assault; and 3 children had been the subject of homicide. However, violence between children is more common than violence directed towards children by adults (Salmi et al 2009).

In 2007 police recorded 2 024 assaults against under 15-year-old children". Aassault mostly concerned physical violence (75%). Sexual violence was 20% of cases and 5% was recognised as neglect. Boys were the majoirty of victims of physical violence (70%) and girls were the most common victims of sexual violence (87%). Almost half of physical violence occurs in peer-relationships and most often the victims of peer-violence were boys (80%). Physical violence among children happens most commonly on public places. "Family violence constitutes less than one third of all physical violence towards children". Only young children are recorded as victims of indirect family violence. "A child's father is more commonly suspected than a child's mother". Also indirect violence by seeing or hearing violence between parents in a family is seen as violence experienced by children (Humppi, 2008).

3.5   Analysis and recommendations

The child welfare legislation forms another foundation to protect children and families. It is the most important part of the foundation from the view point of social work in protecting children. However, other laws also are important to protect children and other members of the family. The child welfare legislation is based on the rights of the child, human rights and civil rights, service user's participation and consideration of kinship. The fundamental part of the legislation is provide the basis for assessment, community care measurements to intervene at an early stage and care regulations governing state care. Procedures concerning decision making are also regulated. It is important that different actors are sufficiently informed of law and they want to observe the law. Clear instructions and methods that have been accepted at the workplace help it. This affects for example how well workers follow the Child Welfare Act concerning child welfare notifications. It is preferable for the person who is responsible for making a child welfare notifications to make a request to assess the need for the child welfare together with the service user instead of a mandatory report. If the service user does not agree to it, it is important to be as open as possible with the service user. Laws do not guarantee good realisation. The supervision of the achievement of the law also is important.

The orientation in child welfare creates the foundation for how issues are approached. It apparently has a role for confrontation between social worker and service user. Confrontation is a ´self-evident´ part of child welfare work due to the control in the child welfare social work. Comprehensive approach of the family situation, child-centred working, measures of low threshold and aspiring to support the family can probably reduce confrontation. Therefore, the orientation is a matter to which attention is worth paying. For example, child-centred working orientation can be achieved in child welfare social work when social workers are provided with good methods and education. It is also important that social workers and others who work with children have high education.

The assessment is the essential starting point for the whole process in child welfare. The first contact has a big significance for what kind of view the service user forms of child welfare social work. There is no research concerning the effectiveness of the comprehensive assessment method in Finland but social workers have good experiences of the method. The description of the whole assessment process to services users (children and parents) has progressed because the process is clear (what do they assess and how). It is easier to encourage also involuntary service users to participate. In the best case, a good assessment can prevent a child being taken into care. In addition to it is important that social workers have realistic chances to carrying out the assessment, and different and reasonable supportive measures are available. What kinds of individual, group and network work forms are needed? The functional methods and child-centred orientation make all the people's participation possible in many kinds of situations in child welfare (e.g. comprehensive assessment, and with children taken into care and their families).

Many kind of practical development have been made and imported from other countries in child welfare in Finland. The child welfare workers in Switzerland could be interested in functional working methods and their versatile use in the different situations. Furthermore, various peer-groups to children in care, abused children, mothers and fathers which suffer from domestic violence, and the mother and children homes which give substance abuse treatment for pregnant women and families with babies, could be interesting.

The municipalities are responsible for the arranging the child protection. They buy services from organisations and enterprises. The voluntary sector is part of the holistic service system. On the one hand, there could be a need to increase voluntary work and peer-group activity in Finland. The Finnish system operates well in Finland but it is difficult to form a position on whether this system would be appropriate for Switzerland. One challenge is to make child welfare practices more uniform at the national level, perhaps by the promotion of a Child Welfare Act, regulating qualifications of the social workers, supervision arrangements, etc and informed by practice guidance materials such as the eHandbook for Child Welfare in Finland.

Bibliographical References

Alila, A. (2008) Sosiaalimenojen kehitys Suomessa. In Sosiaaliturvan uudistamiskomitean (SATA) ehdotus sosiaaliturvan kokonaisuudistuksen keskeisistä linjauksista. Liite 8. Sosiaali- ja terveysministeriön selvityksiä 2009: 1. Helsinki: Ministry of Social Affairs and Health. [Proposal of the Committee for reforming social protection (SATA Committee) for the main policy lines in the total reform of social protection] http://pre20090115.stm.fi/Resource.phx/vastt/sostu/sosiaaliturvauudistus/index.htx (15.4.2011)

Autti, L. (2010) Eikö kurjuutta kummempaa? XVII Valtakunnalliset Päihdepäivät 15.–16.9.2010. Työryhmäesitys/ Abstrakti. [XVII National conference about substance abuse 15.-16.9.2010] www.health.fi/content/files/Paihdepaivat_2010.pdf (5.5.2011)

Blomberg, H., Corander C. K., Meeuwisse, A., Roberto, S. & Swärd, H. (2010) A Nordic model in child welfare? In Hannele Forsberg & Teppo Kröger (edit.) Social work and child welfare politics. Through Nordic lenses. Great Britain: The Policy press, 29-45.

Cameron, G. & Feymond, N. (2006) Understanding International Comparisons of Child Protection, Family Service, and Community Caring Systems of Child and Family Welfare. In Nancy Freymond & Gary Cameron (edit.) Towards Positive Systems of Child Protection, Family Service and Community Caring Systems. Toronto, Buffalo, London: University of Toronto Press, 3-26.

Child Welfare Act (2007) Ministry of Social Affairs and Health.

Connolly, M. (2007) Foreword. In Heino, Tarja (2009) Family Group Conference from a Child Perspective. Nordic Research Report. National Institute for Health and Welfare, Report 13/2009. Helsinki: National Institute for Health and Welfare, 3-4. http://www.thl.fi/thl-client/pdfs/da905b95-70f6-4db8-9d82-91b74fe55ed0 (20.4.2011)

Ellonen, N., Kääriäinen, J., Salmi, V. & Sariola, H. (2008) Lasten ja nuorten väkivaltakokemukset. Tutkimus peruskoulun 6. ja 9. luokan oppilaiden kokemasta väkivallasta. OPTL:n tutkimustiedonantoja 87 / Poliisiammattikorkeakoulun raportteja 71/2008. [Children and young people's experiences of violence] http://www.optula.om.fi/1224166673193 (5.5.2011) (Summary in English)

Ellonen, N., Kivivuori, J. & Kääriäinen, J. (2007) Lapset ja nuoret väkivallan uhreina. OPTL:n tutkimustiedonantoja 80 / Poliisiammattikorkeakoulun tiedotteita 6. [Children and young people as victims of violence] http://www.optula.om.fi/1210772813646 (5.5.2011)

Elonheimo, H.ik (2010) Nuorisorikollisuuden esiintyvyys, taustatekijät ja sovittelu. Turun yliopiston julkaisuja 299.Turku: Turun yliopisto. [Youth Crime. Prevalence, Predictors, Correlates, and Restorative Justice] http://urn.fi/URN:ISBN:978-951-29-4242-8 (1.5.2010)

Gilbert, N. (1997) Conclusion: A Comparative Perspective. In Gilbert Neil (edit.) Combatting Child Abuse: International Perspectives and Trends. New York, Oxford: Oxford University Press, 232-240. (http://site.ebrary.com, http://site.ebrary.com/lib/jyvaskyla/docDetail.action?docID=10142238)

Harrikari, T. & Hoikkala, S. (2008) Nuorten hyvinvointipolitiikka – pahoinvointiin puuttumista ja riskien hallinnointia? In Minna Autio, Kirsi Eräranta & Sami Mylyniemi (edit.)Polarisoituva nuoruus? Nuorten elinolot -vuosikirja 2008. [Welfare politics of young people - intervening illfare and managing risks?] Nuorisotutkimusverkosto/Nuorisotutkimusseura, julkaisuja 84. Nuorisoasiain neuvottelukunta, julkaisuja 38. Sosiaali- ja terveysalan tutkimus- ja kehittämiskeskus (Stakes). Helsinki, 150-160. [Finnish Youth Research Society, publication 84] http://www.nuorisotutkimusseura.fi/node/503 (1.5.2010)

HE (2006) Hallituksen esitys Eduskunnalle uudeksi lastensuojelulaiksi. [The Government proposal to the Parliament for the new Child Welfare Act] http://www.edilex.fi/content/virallistieto/he/20060252/ (5.5.2011)

HE (2002) HE 3/2002. Hallituksen esitys Eduskunnalle laeiksi lasten kanssa työskentelevien rikostaustan selvittämisestä. [The Government proposal to the Parliament for the Act on checking the criminal

background of persons working with children] http://www.edilex.fi/virallistieto/he/20020003 (28.4.2011)

Hearn, J., Pösö, T., Smith, C., White, S. & Korpinen, J. (2004) What is child protection? Historical and methodological issues in comparative research on lastensuojelu/child protection. International Journal for Social Welfare 13, (?), 28-41.

Heikkilä, M., Koivuranta, E., Lähteinen, M. & Heinämäki, L. (2009) Vakiintumisen vuodet. Sosiaalialan osaamiskeskustoiminnan neuvottelukunnan toimintakausi 2006–2009. Sosiaali- ja terveysministeriön selvityksiä 2009: 6. Helsinki: Sosiaali- ja terveysministeriö. [Years of establishment. The 2006–2009 term of the Advisory Board on Centres of Excellence on Social Welfare] http://www.stm.fi/julkaisut/nayta/_julkaisu/1480481 (29.4.2011)

Heino, P., Hyrske, T., Mäkeläinen, P. & Salmi, M. (2006) Lastensuojelun sijaishuollon palvelujen kilpailutus ja hankinta Hiiden seudulla. Järvenpää: Sosiaalitaito Oy. [The putting out to tender and delivery of child welfare's foster care services in the area of Hiisi] http://www.sosiaalitaito.fi/julkaisut.asp (28.4.2011)

Heino, T. (2009) Family Group Conference from a Child Perspective. Nordic Research Report. National Institute for Health and Welfare, Report 13/2009. Helsinki: National Institute for Health and Welfare. http://www.thl.fi/thl-client/pdfs/da905b95-70f6-4db8-9d82-91b74fe55ed0 (20.4.2011)

Heino, T. (2008) Lastensuojelun avohuolto ja perhetyö: kehitys, nykytila, haasteet ja kehittämisehdotukset. Stakesin työpapereita 9/2008. Helsinki: Stakes. [Child welfare and Family work: development, the state of art, challenges and suggestions] http://www.stakes.fi/verkkojulkaisut/tyopaperit/T9-2008-VERKKO.pdf (28.4.2011)

Heino T. (2007) Keitä ovat uudet lastensuojelun asiakkaat. Työpapereita 30/2007. Helsinki: Stakes. [Who are the new clients of child welfare]

Hetherington, R. (2002) Partnership for Children and Families Project. Learning from Difference: Comparing Child Welfare Systems. Wilfrid Laurier University. Canada. http://www.wlu.ca/docsnpubs_detail.php?grp_id=1288&doc_id=7203

Hiekka, E. & Metsäranta, H. (2010) Sosiaaliasiamiehen selvitys vuodelta 2010. Jyväskylä: Keski-Suomen sosiaalialan osaamiskeskus. [The Social ombudsman's report 2010] http://www.koskeverkko.fi/public/default.aspx?nodeid=32097 (5.5.2011)

Hiitola, J. (2011) Vanhempien tekemä väkivalta huostaanottoasiakirjoissa. Janus 19 (1), 4-19. [Violence committed by parents in the documentation of taking in care]

Hiitola, J. (2008) Selvitys vuonna 2006 huostaaotetuista ja sijaishuoltoon sijoitetuista lapsista. Stakesin työpapereita 21/2008. Helsinki: Stakes. [A Report about children who had been taken in care and been in care in 2006] http://www.stakes.fi/FI/Julkaisut/verkkojulkaisut/tyopapereita08/VT21_2008.htm (2.5.2011)

Hiitola, J. & Heinonen, H. (2009) *Huostaanotto ja oikeudellinen päätöksenteko: Hallinto-oikeuksien ratkaisut huostaanottoasioissa 2008.* Terveyden ja hyvinvoinnin laitos, Raportti 46/2009. Helsinki: terveyden ja hyvinvoinnin laitos. [Taking in care and judicial decision-making: judgements of the administrative Court in matters concerning taking in care in 2008] http://lib.thl.fi:2345/lib4/src?PBFORMTYPE=01002&TITLEID=50982&SQS=1:FI:1::10:50::HTML&PL=0 (29.4.2011)

Humppi, S-M. (2008) Poliisin tietoon tullut lapsiin ja nuoriin kohdistuva väkivalta, Poliisiammattikorkeakoulun raportteja 75. Tampere: Poliisiammattikorkeakoulu. [Violence directed towards children and young people that has come into awareness of the police] http://www.intermin.fi/poliisi/poliisioppilaitos/home.nsf/pages/FB151CE2FACA3EFCC225770B00341E8F (3.5.2011)

Huuskonen, S. & Korpinen, J. (2009) Runsas vuosi lastensuojelun avohuollon asiakkuuden alkamisesta: mitä lapsille kuuluu nyt? Lastensuojelun tieto-hankkeen loppuraportti. Pikasos Oy. [About one year since being registered in open care in child welfare: how are the children now?] http://www.sosiaaliportti.fi/fi-FI/lastensuojelunkasikirja/tuke/lastensuojeluntutkimus/

Hyytinen, R., Andersson, M. & Kuorelahti, M. (2008) Johdanto. In Maarit Andersson, Riitta Hyytinen & Marianne Kuorelahti (edit.) Vauvan parhaaksi. Kuntoutuminen päihteistä odotus- ja vauva-aikana. Pidä kiinni –hoitojärjestelmä. Helsinki: Ensi- ja turvakotien liitto, 11-16. [Introduction. In "For the best of the baby. Rehabiliting from substance abuse during pregnancy and babyhood"] http://www.ensijaturvakotienliitto.fi/liitto/julkaisut/vauvan_parhaaksi_2008/ (26.4.2011)

Hämäläinen, J. (2007) Lastensuojelun kehityslinjoja. Snellman-instituutin A-sarja 22/2007. Kuopio: Snellman-instituutti. [The Directions of development of Child welfare]

Katajamäki, R. (2010) Onko viimesijaisesta tulossa ensisijaista? Huoli, riski ja puuttuminen lastensuojeluilmoituksissa. Sosiaalityön Progradu-tutkielma. Jyväskylän yliopisto: Kokkolan yliopistokeskus Chydenius. [Is the last resort service becoming as a primary service? Concern, risk and intervention in child welfare notifications]

Kittilä, R. (edit) (2005) Social Welfare and Health Care Organisations in Finland. Helsinki: The Association of Voluntary Health,Social and Welfare Organisations (YTY). http://www.sosteryty.fi/fi/julkaisut/ (25.4.2011)

Kokko, S., Heinämäki, L., Tynkkynen, L-K., Haverinen, R., Kaskisaari, M., Muuri, A., Pekurinen, M. & Tammelin, M. (2009) Kunta- ja palvelurakenneuudistuksen toteutuminen. Kuntakysely sosiaali- ja terveyspalvelujen järjestämisen ja tuottamisen ratkaisuista 2009–2013. Helsiki: Terveyden ja hyvinvoinnin laitos. [Implementing the Finnish Act on Restructuring Local Government and Services. Survey of municipal solutions in organising and providing social and health services in 2009–2013.] http://www.thl.fi/thl-client/pdfs/eaf43d23-6dd0-4e42-b4f6-5b8243c3386e (29.4.2011)

Konsensuskokous (2010) Nuorten hyvin- ja pahoinvointi, 1.-3.2.2010, Espoo. [The wellfare and illfare of young people] http://www.duodecim.fi/konsensus (1.5.2011)

Kuoppa, M., Hehku, K. & Stenroos, M-L. (2009) Suojeleeko laki lasta II. Selvitys lastensuojelulain toimeenpanosta Etelä-Suomen läänin kunnissa. Sosiaali- ja terveysosaston julkaisuja 04/2009. Hämeenlinna: Etelä-Suomen lääninhallitus. [Does the law protect the child, part II. Report about conducting the Child Welfare Act in the province of Southern Finland] http://www.intermin.fi/lh/biblio.nsf/vwbytypefinlh/71168B46FBD6829FC225768D0031B931?Open Document&lh=etela (5.5.2011)

Kuoppala, T. & Säkkinen S. (2010) Lastensuojelu 2009. Barnskydd 2009. Child welfare 2009. Tilastoraportti 29/2010. Statistikrapport 29/2010. Statistical report 29/2010. Offical Statistics of Finland. Helsinki: Terveyden ja hyvinvoinnin laitos (THL). Institutet for hälsa och välfärd. The National Institute for Health and Welfare. http://www.stakes.fi/EN/tilastot/statisticsbytopic/childhoodandfamily/childwelfare.htm (12.4.2011)

Kuronen, M. & Lahtinen, P. (2010) Supporting families: the role of family work in child welfare. In Hannele Forsberg & Teppo Kröger (edit.) Social work and child welfare politics. Through Nordic lenses. Great Britain: The Policy press, 65-81.

Kuula, T., Pitts, J. & Marttunen, M. (2006) Nuoret laitoksissa Suomessa ja Englannissa. In Päivi Honkatukia & Janne Kivivuori (edit.) Nuorisorikollisuus: Määrä, syyt ja kontrolli. OPTL:n julkaisuja 221 Nuorisotutkimusverkosto / Nuorisotutkimusseura, julkaisuja 66 / Nuorisoasiain neuvottelukunta, julkaisuja 33. Helsinki, 315–340. [Young people in residential care in Finland and England] http://www.optula.om.fi/37148.htm (1.5.2010)

Kuula, T. & Marttunen, M. (2009) Laitoksessa rikosten vuoksi. Selvitys alaikäisenä vastentahtoisesti huostaan otetuista. Oikeuspoliittisen tutkimuslaitoksen tutkimustiedonantoja 89. Humanistisen ammattikorkeakoulun julkaisusarja B12. Helsinki: Oikeuspoliittinen tutkimuslaitos, Humanistinen ammattikorkeakoulu. [In residential care for the sake of crime] http://www.optula.om.fi/Etusivu/Julkaisut/Kriminologisentutkimusyksikonjulkaisut/1247666992727 (1.5.2010)

Kuusikko 2009. Lastensuojelun liitteet 2009. [Appendixes of child welfare 2009] http://www.kuusikkokunnat.fi/?id=CE9D03AC-EACC4A78904A-036B60905F47 (29.4.2011)

Kuusikko 2008. Lastensuojeluraportin liitteet 2008. [Appendixes of child welfare report 2008] http://www.kuusikkokunnat.fi/?id=CE9D03AC-EACC4A78904A-036B60905F47 (29.4.2011)

Lastensuojelun kansallinen laatusuositus (2011) [National quality recommendation of the child welfare] http://www.sosiaaliportti.fi/fi-FI/lastensuojelunkasikirja/ajankohtaista/lueuutinen/?groupId=26a1a50c-87c1-4c04-8175-e9a197ec60bd&announcementId=edb14c57-9a57-4b62-b58c-c86bff00caa4 (6.5.2011)

Lastensuojeun käsikirja. Sosiaaliportti. [eHandbook for Child Welfare]. http://www.sosiaaliportti.fi/fi-FI/Lastensuojelu/ (21.4.2011)

Lindgren, K. (2000) Lapsikronikka. Helsinki: Mannerheimin lastensuojeluliitto. [Child chronicle]

Länsi-Suomen lääninhallitus. Ohjeita ammatillisen perhekotitoiminnan suunnitteluun ja toimiluvan hakumenettelyyn. [Instructions for planning professional family home activity and for getting a licence] http://www.intermin.fi/lh%5Clansi%5Csto%5Chome.nsf/Pages/748275B12B1555C2C2256C4B002ECB5A (3.5.2011)

Marttunen, M. (2008) Nuorisorikosoikeus: Alaikäisten rikosten seuraamukset kriminaalipoliittisesta ja vertailevasta näkökulmasta. Oikeuspoliittisen tutkimuslaitoksen tutkimuksia 236. Helsinki: Oikeuspoliittinen tutkimuslaitos. [Juvenile Criminal Justice: Comparative and Criminal Policy Perspective on Sanctioning Juvenile]

Ministry for Foreign Affairs (2008) Fourth periodic report of the government of Finland on the implementation of the UN convention on the rights of the child. Helsinki: Ministry for Foreign Affairs. http://formin.finland.fi/public/default.aspx?contentid=68142 (4.5.2011)

Ministry of Social Affairs and Health (2010) Älä lyö lasta! Kansallinen lapsiin kohdistuvan kuritusväkivallan vähentämisen toimintaohjelma 2010-2015. Sosiaali- ja terveysministeriön julkaisuja 2010:7 http://www.stm.fi/julkaisut/nayta/_julkaisu/1537947 (21.4.2011). Press release 315/2010 in English: Corporal punishment to be reduced by supporting parents. http://www.stm.fi/en/pressreleases/pressrelease/view/1538377#en

Männikkö, P. (2010) PRIDE-valmennuksen kouluttajakoulutusta Suomessa 15 vuotta. Peäspuun lehti 1/2010, 4-6. [The Training of PRIDE trainers has been carried out in Finland for 15 years] http://www.pesapuu.fi/evaskori/lehti/

Mäntysaari, M. (2000) Social Work Management in Finland. In Elizabeth Harlow and John Lawler (edit.) Management, Social Work and Change. Adershot, Burlington USA, Singapore, Sydney: Ashgate, 151-165.

Myllyniemi, S. (2008) Tilasto-osio. In Minna Autio, Kirsi Eräranta & Sami Mylyniemi (edit.)Polarisoituva nuoruus? Nuorten elinolot -vuosikirja 2008. Nuorisotutkimusverkosto/Nuorisotutkimusseura, julkaisuja 84. Nuorisoasiain neuvottelukunta, julkaisuja 38. Sosiaali- ja terveysalan tutkimus- ja kehittämiskeskus (Stakes). Helsinki, 18-81. [Statistics. In "Polarizing youth? A yearbook on the living conditions of young people in 2008"] http://www.nuorisotutkimusseura.fi/node/503 (1.5.2010)

NGO Report (2010) Supplementary Report to Finland's Fourth Periodic Report on the Implementation of UN Convention on the Rights of the Child for the UN Committee on the Rights of the Child complied by the Central Union for Child Welfare in Finland. Helsinki: The Central Union for Child Welfare in Finland. http://www.lskl.fi/files/468/Final_NGO_Report_october_2010.pdf (22.4.2011)

Opetusministeriö (2007) Sosiaalialan korkeakoulutuksen suunta. Opetusministeriön työryhmämuistioita ja selvityksiä 2007:4. [Direction of the higher education of the social work]

Oranen, M. (2006) Tutkimista ja tunnustelua - Lastensuojelun alkuarvioinnin käytäntöjä, malleja ja kehittämissuuntia. Alkuarviointi ja avohuolto-työryhmän loppuraportti 22.3.2006 Lastensuojelun kehittämisohjelma. [Examining and exploring. The Models, practices and directions for child protection assessment] http://www.sosiaaliportti.fi/fi-FI/lastensuojelunkasikirja/tyoprosessi/lastensuojelutarpeenselvitys/ (23.4.2011)

Pulma, P. (1987) Kerjuuluvasta perhekuntoutukseen. In Panu Pulma, Oiva Turpeinen (edit.) Suomen lastensuojelun historia. Helsinki: Lastensuojelun keskusliitto, 7-266. [From begging licence to family rehabilitation. History of child welfare in Finland]

Paunio, R-L. (2006) Lapsi, perheväkivalta ja viranomaisen vastuu. Oikeusasiamiehen erilliskertomus eduskunnalle. [Child, domestic violence and the responsibility of authorities] http://www.oikeusasiamies.fi/Resource.phx/pubman/templates/2.htx?id=190 (22.4.2011)

Pösö, T. (2011, forthcoming) Combatting child abuse in Finland: from family to child centered orientation.

Pösö, T. (1997) Finland. Child Abuse as a Family Problem. In Gilbert Neil (edit.) Combatting Child Abuse: International Perspectives and Trends. New York, Oxford: Oxford University Press, 143-163. (http://site.ebrary.com, http://site.ebrary.com/lib/jyvaskyla/docDetail.action?docID=10142238)

Reinikainen, S. (2007) Läheisneuvonpito lapsinäkökulmasta. Raportteja 7/2007. Helsinki: Stakes. [Family group conference from the point of view of child]

Restraining Order. Brochure. Police. http://www2.poliisi.fi/poliisi/home.nsf/pages/8A1C2863FC0354CCC2256F6D003D0F62?OpenDocument (22.4.2011)

Rikosseuraamusalan vuosikertomus (2009) Yhdistymisen aika. Rikosseuraamusalan vuosikertomus 2009. Rikosseuraamuslaitos. [Criminal Sanctions Agency: Annual repot 2009 'Time of Unification'] http://www.rikosseuraamus.fi/15157.htm (1.5.2010)

Ristimäki, T., Sariola, H., Seppälä, J. & Varsa, M. (2008) Lastensuojelulain toteutuminen. Helsinki: Lastensuojelun keskusliitto, Talentia. [Implementation of Child Welfare Act] http://www.talentia.fi/index.php?&id=488 (5.5.2011)

Räty, T. (2007) Uusi lastensuojelulaki. Helsinki: Edita. [The New Child Welfare Act] http://www.edilex.fi/lakikirjasto/asiantuntijakirjoitukset/5487?archive=1&type=kirjat (5.5.2011)

Salmi, V., Lehti, M., Sirén, R., Kivivuori, J. & Aaltonen M. (2009) Perheväkivalta Suomessa. Oikeuspoliittinen tutkimuslaitos. Verkkokatsauksia 12/2009. Helsinki: Oikeuspoliittinen tutkimuslaitos. (ks engl lyhennelmä) [Domestic violence in Finland] (Abstract in English)

Satka, M. (2003) Finnish conceptions of children and the history of child welfare. In Christine Hallett, Alan Prout (edit.) Hearing the Voices of Children. Loondon, New York: Routledge, 73-88.

Sinko, P. (2008) The New Child Welfare Act in Finland. http://www.childrenwebmag.com/articles/child-care-articles/the-new-child-welfare-act-in-finland (13.4.2011)

Soine-Rajanummi, S., Kuosmanen, P. & Hornborg, J. (2006) Yhä akuutimpaa palvelua. Itä-Uudenmaan ylikunnallisen lastensuojelupäivystyksen arviointi. Verson raportteja 5/2006. [More and more acute service. Evaluation of overmunicipal child welfare emergency duty in Itä-Uusimaa] http://verso.palmenia.helsinki.fi/kirjasto/raportit.asp (5.5.2011)

Stakes (2008) Kasvatus- ja perheneuvonta 2007. Tilastotiedote 26/2008. [Parenting and family guidance 2007] http://www.stakes.fi/FI/tilastot/aiheittain/Lapsuusjaperhe/kasvatuperhetiivistelma.htm

STM (2011) Sosiaali- ja terveydenhuollon järjestämistä, kehittämistä ja valvontaa koskevan lainsäädännön uudistaminen. Sosiaali- ja terveysministeriön raportteja ja muistioita 2011:7. Helsinki: Sosiaali- ja terveysministeriö. [Renewing the legislation concerning arrangement, development and monitoring of social and health services] http://www.stm.fi/julkaisut/nayta/_julkaisu/view/1559496 (27.4.2011)

STM (2010) Lapsen ja vanhempien oikeusturvaa vahvistetaan nopeuttamalla asioiden käsittelyä lastensuojelussa. Kuntainfo 1/2010. Helsinki: Sosiaali- ja terveysministeriö. [Affirming the legal protection of child and parents by quicken the proceedings in child welfare] http://www.stm.fi/tiedotteet/kuntainfot/kuntainfo/view/1484674 (5.5.2011)

STM (2008) Sosiaaliasiamiestoiminnan kehittäminen. Sosiaali- ja terveysministeriön selvityksiä 2008:17. Helsinki: Sosiaali- ja terveysministeriö. Ministry of Social Affairs and Health, Finland. [Development of Social Ombudsman Service] Abstract in English. http://www.stm.fi/julkaisut/nayta/_julkaisu/1065741 (23.4.2008)

STM (2006) Lastensuojelulain kokonaisuudistustyöryhmän muistio. Sosiaali- ja terveysministeriön selvityksiä 2006:25. Helsinki: Sosiaali- ja terveysministeriö. Memorandum of the Working Group preparing the total reform of the Child Welfare Act. Ministry of Social Affairs and Health. http://www.stm.fi/julkaisut/nayta/_julkaisu/1066455 (19.4.2011)

STM (2003) Lapsen pahoinpitelyn ja seksuaalisen hyväksikäytön epäilyyn liittyvien selvitysten ohjeet ovat muuttuneet. Kuntainfo 9/2003. [Instructions about how to assess child abuse and sexual abuse have changed] http://www.stm.fi/tiedotteet/kuntainfot/kuntainfo/view/1208987 (20.4.2011)

STM (2003b) Sosiaalialan osaamiskeskukset. Sosiaali- ja terveysministeriön esitteitä 2003:4. Helsinki: Sosiaali- ja terveysministriö. [Centres of excellence on social welfare] http://www.stm.fi/julkaisut/nayta/_julkaisu/1386727 (29.4.2011)

Tuomisto, R. & Vuori-Karvia, E. (1997) Child Protection in Finland. In Margit, Harder & Keith, Pringle (edit.) Protecting Children in Europe: Towards a New Millenium. Denmark: Aalborg University Press, 77-100.

Tuori, K. (2004) Sosiaalioikeus. Helsinki: Wsoy. [Social justice]

Törmä, S. & Tuokkola, K. (2010) Jussi-työ. Miesten perhe- ja lähisuhdeväkivaltatyön ulkoinen arviointi. Hämeenlinna: Sosiaalikehitys Oy. [Jussi-work. External evaluation of men's domestic violence work] http://www.ensijaturvakotienliitto.fi/tyomuodot/jussi-tyo/ (26.4.2011)

Ulkoasiainministeriö (2003) Suomen kolmas määräaikaisraportti lapsen oikeuksia koskevan yleissopimuksen täytäntöönpanosta. Helsinki: Ulkoasiainministeriö. http://formin.finland.fi/public/default.aspx?contentid=68142 (5.5.2011) [Committee on the rights of the child. Consideration of reports submitted by states parties under article 44 of the convention. Third periodic reports of states parties due in 2003]

Veijalainen, E-K. & Paasikannas, L. (2008) Alkusanat. In Veijalainen, E-K., Heino, T., Kalland, M., Kammonen, H., Paasikannas, L. & Salo S. (edit.) Päihdeongelmaisten vauvaperheiden auttaminen kotona. Mallin ja osaamisen kehittäminen Tosi-projektissa. Helsinki: Ensi- ja turvakotien liitto, 5. [Foreword. In "Helping substance abusing families with babies at their home. Developing model and skills in Tosi-project"]

Vetteenranta, V., Holma, T. & Rousu, S. (2008) Lastensuojelupalvelujen hankkimisen ja tuottamisen näköaloja. Lastensuojelupalvelujen LapsiARVI-hanke. 2008. Helsinki: Suomen Kuntaliitto. [Some prospects of providing and generating child welfare services] http://hosted.kuntaliitto.fi/intra/julkaisut/pdf/p080303082435A.pdf (28.4.2011)

Vuorikoski, M. (1999) Sosiaalityön professionaalistuminen ja koulutus. Acta Universitas Tamperensis 687. Tampere: Tampereen ylöiopisto. [Social Work Education and Professionalization]

Vuorio, J-P., Saurama, E. & Hänninen, S. (edit.) (2008) Verkostojen voimaa vai seittien satimia - kokemuksia läheisneuvonpidosta. Soccan ja heikki Waris –instituutin julkaisusarja nro 18. Helsinki: Heikki Waris –instituutti. [Experiences on Family group conference] (Summary in English) method]http://www.socca.fi/julkaisut/julkaisusarja/verkostojen_voimaa_vai_seittien_satimia_-_kokemuksia_laheisneuvonpidosta.381.shtml (23.4.2011)

Legislation

Act for changing Child Welfare Act (88/2010)

Act on checking the criminal background of persons working with children (504/2002)
http://www.finlex.fi/fi/laki/kaannokset/2002/en20020504.pdf

Act on Restructuring Local Government and Services (169/2007)

Act on the Restraining Order 1998/898

Child Welfare Act (2007/417) http://www.finlex.fi/fi/laki/kaannokset/2007/en20070417.pdf

Child Welfare Act (1983/683) http://www.finlex.fi/en/laki/kaannokset/1983/en19830683.pdf

Criminal Code (1889/39) http://www.finlex.fi/fi/laki/kaannokset/1889/en18890039.pdf

Social Welfare Act (2006/125) http://www.finlex.fi/fi/laki/kaannokset/1982/en19820710.pdf

Status and Rights of Social Welfare Clients (2000/812)

The Child Custody and Right of Access Act (361/1983)

The constitution of Finland 1999 http://www.finlex.fi/fi/laki/kaannokset/1999/en19990731.pdf

Webpages

Centre of Expertise in Child Welfare (Pesäpuu ry) http://www.pesapuu.org/

Centres of excellence on social welfare http://www.socca.fi/in_english/ ,
http://www.socca.fi/in_english/materials_in_english

Children's rights http://www.lastensivut.fi/index.php/oikeudet

CWLA, Child Welfare League of America. www.cwla.org

eHandbook for Child Welfare. http://www.sosiaaliportti.fi/en-GB/handbookforchildwelfare/

Exploring/searching young work in web.
http://www.etsivanettityo.fi/index.php?pageName=etusivu&pid=3&cols=1&cont=true

The Federation of Mother and Child Homes and Shelters http://www.ensijaturvakotienliitto.fi/in_english/

The Federation of Mother and Child Homes and Shelter: a net-group for mothers

http://www.ensijaturvakotienliitto.fi/tyomuodot/pidakiinni/paihteita_kayttavien_aitien_nett/

Finnish Online Family Shelter http://www.turvakoti.net/en/home

Guardianship in Child Protection http://www.sosiaaliportti.fi/en-GB/guardianship_in_child_protection/

Innovative Resources http://www.innovativeresources.org/

Kunnat.net http://hankinnat.fi/k_perussivu.asp?path=1;29;374;36984;31661;165983

Lyömätön Linja http://www.lyomatonlinja.fi/Sivusto%209/Welcome.html

Maria-Akatemia Demeter http://www.maria-akatemia.fi/html/tehtavamme/demeter/demeter-toiminta.html

Ministry of Social Affairs and Health http://www.stm.fi/en/social_and_health_services/ , http://www.stm.fi/en/social_and_health_services/client_rights/social_welfare

Ombudsman for children in Finland http://www.lapsiasia.fi/en/frontpage

Perhehoitokumppanit http://www.perhehoitokumppanit.fi/Historia, http://www.thefca.co.uk/

Sosiaaliportti http://www.sosiaaliportti.fi/

TEJPING –method http://www.bof-tejping.com/English/index-uk.htm

THL The National Institute for Health and Welfare http://www.thl.fi/en_US/web/en/aboutus, http://www.stakes.fi/EN/tilastot/statisticsbytopic/childhoodandfamily/childwelfare.htm

Tukinainen – rape crisis centre http://174.132.188.98/~tnainen/in_english/

Women's line https://www.naistenlinja.fi/en/public/how+can+we+help+you/

4   Child protection in Sweden by Lina Ponnert

4.1   Historical background

4.1.1   Child protection prior to WWII

The twin objects of the child welfare system in Sweden have been interventions for maltreated children and for children displaying antisocial behaviour. Sweden, as many other European countries, has a long history of using institutions and foster homes as an intervention for children. For example the use of correctional institutions became a common intervention during the 19th century in Sweden (Bramstång, 1964). The legal framework regulating child welfare was however not developed in a structured way until the beginning of the 20th century.

In 1902 the first laws regulating the child welfare system and foster care were formed in Sweden. Municipalities were now obligated to more strictly control foster homes providing care for children up to seven years. However, the discourse in society as well as in the first Children Act was to protect society from moral evil, and maltreated children were seen as a potential threat to the wellbeing of society (Lundström, 1993). The Children Act of 1902 regulated state interventions in family life and compulsory care for children up to 15 years old. The ideological perspective was dominated by a belief that a proper upbringing could prevent youth from criminal behaviour, which from these times gave the social services and the correctional system mixed responsibility for youth with a criminal behaviour in Sweden as in Norway, a dual responsibility that remains in Sweden even today (Dahl, 1978; Kumlien 1994). The second Children Act of 1924 finally made it possible for society to intervene in families to protect children (16 years or younger) from child abuse and neglect, and a more modern form of child protection system emerged (Lundström, 1993). The possibility, however, to use compulsory care for young delinquents or children with what we today refer to as "antisocial behaviour" remained, now for children aged 17 years old or younger. The Children Act of 1924 also contributed to a more common organization of child welfare in Sweden since it became necessary for each municipality to have a specific Child Custody Board. The protestantic clerics in Swedish society had, prior to this time, a main role in the child welfare work, and the cleric in each municipality became an obligatory member of the Child Custody Board, but it was now also regarded as necessary to have a teacher, a doctor and at least one woman in the Child Custody Board (a.a.). A lot of other social issues were also discussed during this period in Sweden by socio-political associations and with a growing working-class movement demanding reforms and increased democracy in society. The central association for Social Work (CSA) in Sweden, established in 1903, also played an important role in the area concerning social policy during this period. A number of laws were revised during 1913-1918 concerning substance abusers, social allowance and pension insurance. Sweden also introduced a universal right to vote in 1921.

The Swedish welfare state has historically been highly influenced by the Social Democratic Party that was in power during the period of 1932-1976. The political concept "The People´s Home" was used by Per Albin Hansson to describe the visions and the democratic changes that would reduce class differences in society. Per Albin Hansson was the leader of the Social Democratic Party and an important person for social reforms during the 1930s. He was later followed by Tage Erlander (1940s-1960s) and by Olof Palme (1960s-1970s).The importance of good education and good living conditions were emphasized during this period, and led to reforms which came to affect the social conditions for children and their families in Sweden. For instance, child allowance became a right for all children in 1948 in Sweden, regardless of the parent's income (Elmér et al., 2000, p 93). Sweden also became one of the first countries in the world to offer free education. Since 1943 the Swedish state has helped finance daycare centers for children with working parents, and Swedish parents today have a legal right to daycare centers within the municipality at a subsidized price. The Swedish welfare state is also characterized by a Universal Health Care system.

In the development of the Welfare State the concept "social engineering" played an important role during the 1930s. When describing this period it is often referred to Alva and Jan Myrdal, since they put forward many radical ideas, later to the subject of much criticism, with regard to how society should handle the decreasing population in Sweden and promote family life.

One strategy for preventing illness and disease in the population during this period was the use of compulsory sterilization, which came to affect over 60 000 people in Sweden (from 1935 to 1975) until it became forbidden in 1976 (SOU 2000:20, pp 15-16). This scandal later led to state damages being paid to people that had been subject to compulsory sterilization. However, the concept of social engineering also led to a modernization of Swedish houses during the 1940s and 1950s and a lot of working-class suburbs were constructed during the period of 1960s-1970s, a national investment for the growing population called the "Million Program" (Elmér et al., 2000).

4.1.2   The development of a family support system

The first Children Acts were specialized and dominated by coercive measures and social control. A new Children Act was introduced in 1960 which more actively emphasized preventive measures. During this period there had also developed a shift from moral and individual explanations concerning deviant behaviour towards a more medical-psychological practice (Lundström, 1993). The assessment of cases coming to the attention of child welfare agencies also became more bureaucratic and professional during this period (a.a.). The Children Act from 1960 had many similarities to the former Children Act concerning the target group for interventions, but it now became possible to intervene in families until the child was 18 years old in cases of neglect, and until 21 years old in cases of antisocial behaviour (a.a). The focus on coercive care and social control were however still dominant in the legislation and in practice and this

became subject to professional criticism, especially since the democratic reforms in society were not manifested in the legislation concerning social work.

A national commission was from 1967 given the mission to look into the legal framework guiding the social services in Sweden, and a reorganization of the social services took place when the new Social Service Act (Swedish abbreviation: SoL) became operative in 1982 (SOU, 1977:40). The Social Service Act is a goal-oriented enabling Act which displaced the former Children Act and the laws regulating social support to adult substance abusers and social allowance. The massive reform work and ideological debates that had preceded this social reform marks an important shift in Sweden, from specialized, coercive legislation and a practice based on social control towards a practice that should mainly be based on preventive, voluntary and supportive measures. A motive for replacing the former laws with a general Social Service Act was to encourage a broader perspective on social problems and to emphasize voluntary support and the service aspect of social work (prop. 1979/80:1). The basic aims for the social services in Sweden has, since then, been founded on democracy and solidarity, with the aim of achieving equality and safety for people, with respect to their integrity and their freedom to decide for themselves (SoL, 1:1). The Social Service Act doesn't include any compulsory measures, but compulsive out- of-home care of children is still possible according to the supplemental Care of Young Persons Act (which became operative the same year as the Social Service Act). The Social Service Act remains the legal framework for the social services in Sweden today, although it was slightly modified in 2002.

It is important to mention that in the early 1980s Sweden was in the international media described as a country using unnecessarily hard measures for families with social problems and for having an extremely high percentage of children taken into custody by compulsory care (Hort, 1997 pp 105-106; Gould 1988, p 55). Such concerns came to affect policy makers and social workers and the new law became a way to reduce the number of children in Sweden taken into state care without the consent of their parents. In fact the number of children in compulsory care dropped considerably after the introduction of the Social Service Act, from less than 4 to 2 children per 1000 below age 18 years (Hort, 1997, pp 116-117). However, the death of a German immigrant boy in the late 1980s, killed by his mother and step-father in Sweden, led to criticism being directed towards the responsible local authority, and also raised the question if social workers in the municipalities had become too unwillingly to intervene in families (a.a.). This question of how to achieve a legitimate balance between a supportive service approach and a social control approach towards families has remained a challenge for the social services in Sweden.

Theoretically the Social Service Act is based on an integrated and holistic perspective on social problems, but the trend in how municipalities organize their social services has moved in an opposite direction during the last decade (Bergmark & Lundström, 2008). In practice social services organisations have a high level of specialization, and families with different kinds of social problems usually have contact with social workers from different organisations or divisions, representing such specializations (a.a.). This specialization can both be vertical with one division responsible for investigations and another for interventions and follow-ups ,and horizontal where different divisions handle different target groups and

social problems (for example children/adults, maltreated children/teenagers with antisocial behaviour). This trend has been interpreted as being as a result of the increased professionalization and bureaucratization of social work. Yet the assessment work undertaken by social workers is still guided by a holistic perspective, which requires time for cooperation between different divisions within the social services, and the consent of the family involved. There is as yet little research on how this increased specialization has affected social work from a client perspective in Sweden. It is argued that specialized social workers can offer better knowledge and provide better care for children and their families, but from a critical point of view specialized social services can be difficult to understand from a client perspective and social workers may develop a distanced and narrow approach to clients and social problems.

During the period from 1990, the social services and the child protection system in Sweden were heavily criticized for lacking systems and methods for investigation of children in need, and for using interventions with poor or lacking scientific evidence. The National Board of Health and Welfare was in 1999 given a mission by the Government to design programs and develop the knowledge base within the social services in Sweden. This has, for example, resulted in some changes in the legislation to clarify the rules during the investigation process and the obligations from the social services to give information to the family involved. But more important, it has resulted in the introduction of a Framework for the Assessment of Children in Need and their Families developed in United Kingdom (described in more detail in the Case study concerning United Kingdom). In Sweden this framework is called "Children's Need in Focus" (Swedish abbreviation: BBIC) and started as a project in seven municipalities in 1999 on the initiative of the National Board of Health and Welfare, but has now been implemented in most municipalities in Sweden and is recommended by the National Board of Health and Service (Rasmusson, 2004; Socialstyrelsen, 2006c). This has resulted in a similar and more structured procedure for investigating children within the social services, even if assessment work remains a complicated task within child welfare (Rasmusson, 2009).

4.2 Legal and policy frameworks

4.2.1 What is meant by the term child protection

Early interventions and voluntary family support interventions are regarded as the best way to protect children in Sweden. Since the introduction of the Social Service Act in 1982 Sweden has a strong *family service orientation* that emphasizes preventive and voluntary support to children and families in collaboration with parents (Gilbert, 1997). But the Swedish system can also be characterized as a mixed system, since it is oriented towards family support but also has a mandatory reporting system (Cocozza, 2007, p 32). Child protection based on control is also possible according to the Care of Young Persons Act. Although the service aspect of child welfare is strongly emphasized in the legal system, the authority social workers have to suggest compulsive care to the administrative court makes people aware of the

underlying control aspect in the system, which means that even supportive and voluntary interventions may be perceived as control or coercion. Voluntary family support measures can also, therefore, involve elements of control (Wiklund, 2006).

This two-fold perspective in the Swedish system can be problematic, since there is no evident or clear distinction between child protection and family support (Lagerberg, 2009). Maltreated children can be placed in state care both as a voluntary family support service and as a compulsory measure, dependent on whether the parents *consent* to care or not. The question of *consent* is central in the Swedish legal system and is usually crucial when social workers assess whether care can be carried out as a family support intervention or if compulsive care is necessary. Regardless of whether the care outside home is voluntary or compulsive, the principle of *reunification of families* is central in the Swedish system. Even when children have been maltreated by parents there is no time limit for parent's rehabilitation, and termination of parental rights is very unusual. The Swedish legal system for protecting children is guided by a strong *relational perspective,* since the child's prior carers (usually its parents) are regarded as important for the child's future development (Mattsson, 2006, pp 110-111). When children are placed away from home, the institution or foster home should, if possible, be as near their parents as possible to *preserve and facilitate contact with their biological family* (prop. 1979/80:1 Del A, SOU 2009:68 pp 453-454). The social services are according to the law since 1999 obliged to consider if relatives are suitable as foster carers (SoL 6:5, prop. 1997/98:182). Swedish social workers in general have a positive attitude towards relatives as foster families, even if they are not always considered in practice (Linderot, 2006).

According to the law the social services shall, for example, strive for children to grow up under good and stable circumstances, and pay special attainment to children at risk of developing in an unfavorable manner (SoL 5:1). But there does not exist any generic term for children in need of support or protection in the Swedish law, since the social services are obligated to investigate every information that "might cause an intervention", which include reports as well as applications for services (SoL 11:1). This unclear definition widens the target group as well as the responsibility for initiating investigations for children in Sweden. Since the Social Service Act has a general service approach, the target group is not only children that are being maltreated or neglected, but also adults, children and families in need of social support or social allowance, and support to and protection of young persons under the age of 21 displaying antisocial behaviours.

Since Sweden has a family service orientation rather than a child protection orientation, I will in the following text primary use the term "family support system" when discussing Swedish child welfare. Child welfare is the term associated with child protection in some countries; it has been argued that the term "child and family welfare" is more appropriate for Swedish conditions (Andersson, 2006 p 172).

4.2.2 Legal framework for protecting children

The legal framework for protecting children is mainly regulated by the *Social Service Act* 2001:453 (Swedish abbreviation: *SoL*) and the *Care of Young Persons Act,* 1990:52 (Swedish abbreviation: *LVU*). Of relevance is also the *Children and Parents Code*, 1949:391 (Swedish abbreviation: *FB)* which regulates the rights and responsibilities of parents. The Social Service Act contains regulations and recommendations for assessment work and voluntary support (social allowance as well as treatment support) to families, children and single adults. The Care of Young Persons Act consists of compulsory care measures when voluntary support is not possible or sufficient, and regulates compulsive care for abused or neglected children (until eighteen years old), as well as to young persons under the age of twenty-one with an antisocial behaviour. In a report made on the mission by the Government,   it is however suggested that the Social Service Act and the Care of Young Persons Act should be united in a specific Children Act, which is now under consideration (SOU 2009:68). A motive for this suggestion is that a specific Children Act would emphasize the importance of child welfare and strengthen a children's rights perspective, it would also enable families to more clearly appreciate the obligations and interventions from social services concerning children (a.a.).

4.2.2.1 The Social Service Act

The Social Service Act is an outline law, which means that it regulates rules of competence and procedure, rather than rules of action (Hydén, 2001). This means that very few interventions are mentioned in the law, and it gives little guidance as to how social workers should act and what measures that should be taken in response to different kinds of social problems. Instead the Social Service Act focuses on the rules of the assessment and the decision making process, and offers guidance on how to support families. Investigation of children in need of protection or support is restricted to four months and it is also possible for social services to require information about the family from other authorities and persons without the consent of the family (SoL 11:2).The individual need of each person should determine what kind of supportive measures should be taken, which means that social workers in Sweden have a high degree of discretion to assess suitable interventions, according to available resources in the municipalities (SoL 4:1).

Sweden ratified the UN Convention on the Rights of Children in 1990, but has not incorporated the convention into Swedish law, instead the UN Convention has been transformed into Swedish law   in different steps, where the need for changes in the legal system has systematically been evaluated, and changes in the Swedish legislation and in the Social Service Act is accordingly an ongoing process (for example SOU 1997: 116, prop. 1997/98:182, prop. 2006/07:129, prop. 2009/10:192, prop. 2009/10:232). Articles 3 and 12 of the Convention have been represented in the Social Service Act and the Care of Young Persons Act. The best interests of the child should be considered in the decision-making process according to the legislation, and in compulsory care cases the best interests of the child should be paramount (SoL 1:2, LVU 1 §, SOU 1997:116). The child also has a legal right to relevant information from

social services during an investigation (SoL 3:5, LVU 1 §). Children who have reached the age of 15 years have the right to plead to court in social services cases and have the right to speak for themselves and to apply for help according to the law (SoL 11:10, LVU 1 and 36 §§§). The possibility for children (15-18 years) to actually receive voluntary services without their parents consent is although limited to the provision of a contact- person at the present time, limited by parents decision-rights according to the Children and Parents Code (FB 6:11, SoL 3:6). It is now being considered whether children should get increased legal rights to voluntary support measures (in non-institutional care) without the parents consent (SOU 2009:68, p 342-352). Children under the age of 15 should be heard during an investigation if they are not assessed to be harmed by this procedure (SoL 11:10, LVU 36 §). However, it is only recently (August 2010) that social services have been granted the legal right to talk to children during an investigation without the consent and presence of their parents (SoL 11:10, prop. 2009/10:192).

4.2.2.2 Mandatory reporting

The Social Service Act includes rules of mandatory reporting regulation, which means that some public authorities and social service agencies have to report to the social services any suspicion that a child (under 18 years old) is in need of protection, whether this is due to maltreatment or antisocial behaviour (SoL 14:1). All personnel working in authorities concerning children (for example schools and daycare centers) are obliged to report, and so are personnel at medical services, forensic psychiatry, the social services and the correctional system. Private and professional work within these areas also applies under the rules of mandatory reporting (for example private schools, private health care, private institutions offering treatment to adults or children). The Social Service Act also encourages the public to report suspicion of children in need of protection, but the public have no legal responsibility to do so**.** Unfortunately there are no statistics in Sweden regarding mandatory reports on a national level, but research can give some guidance as to the function and reliability of the mandatory reporting process in Sweden. Research has shown that professionals with legal responsibility to report child maltreatment do not always report. One study of 341 child care institutions in three suburbs of Stockholm showed that the institutions only reported 37 % of suspected cases of child maltreatment, and that mandatory reporting was often delayed because professionals estimated the consequences of a report before deciding if a report should be made or not (Sundell, 2007). Negative experiences from earlier reports to the social services could also affect professional's decision to report or not (a.a.). A study of medical records shows that medical staff in a Children's University hospital in Sweden only reported 55 % of 137 children who had been diagnosed as victims of child abuse during a period of four years, and a report was made to the police in only 27 % of these cases (Tingberg, 2010; Tingberg et al. submitted). Another research study showed that nurses at children's clinics only reported 11 % of all children they suspected might be in need of social support (Lagerberg, 1998). To increase professionals' ability to report children in need of protection, it is suggested that the social services should be able to give information if whether the case is assessed to need further investigation or not (SOU 2009:68).

Teenagers between the ages of 13-17 are overrepresented in mandatory reporting in Sweden, and few young children are reported (Wiklund, 2006; Sundell et al., 2007). A national representative research study concerning municipalities of middle size, showed that approximately 30,5 children are reported out of 1000, but 63,5 out of 1000 children in the age 13-17 are reported compared to 17,7 out of 1000 children in the age 0- 12 (Wiklund, 2006). This can partly be explained by the fact that youth delinquency is also a responsibility for the social services in Sweden. According to research the most common problem to be reported in Sweden is conflicts within families and youth delinquency, and most reports come from the police and the school (Cocozza, 2007; Wiklund, 2006; Sundell et al., 2004; Vinnerljung et al., 2001; Sundell & Karlsson, 1999; Östberg, 2010). However, many crime reports from police do not indicate child maltreatment and researchers have stressed that a national register of mandatory reports in Sweden might become deceptive due to automatically police reports (Cocozza et al., 2007).

As in other countries, many reports do not lead to further investigation in Sweden. Local studies indicate that approximately one third of reports are sorted out without investigation (Kaunitz et al., 2004, Sundell & Karlsson, 1999). Other studies show that if application for help is also included as much as 50-60 % of all reports and applications are sorted out without investigation (Cocozza, 2007; Östberg, 2010). Approximately 30-50 % of mandatory reports do not result in a decision to investigate the child's need for support or protection in Sweden (Sundell & Egelund, 2007). This can imply that some children in need do not get the help they require, even when maltreatment is reported, especially since some children are reported several times before an investigation is made (Cocozza et al., 2007). How municipalities handle reports and how many reports lead to investigation also differs between municipalities (Gegner, 2009). In average about 50 % of all children that are investigated by the social services also get some kind of intervention, but this can vary immensely between different municipalities (Sundell & Egelund, 2007; Sundell & Karlsson, 1999). Research has shown that these children usually get two or three different interventions and stay in interventions on average for five years (Sundell et al., 2004, p 8). Today there is a trend in Swedish municipalities to offer family support as a service without previous investigation, for example different parental training programs (Socialstyrelsen, 2006).

4.2.3   The Care of Young Persons Act

Compulsory care according to the Care of Young Persons Act (LVU) is only possible when social services assess that the child is in need of care outside home due to specific risk factors, and the parents with custody do not give their consent to such care. Children that have reached the age of 15 years also have to give their consent to voluntary care (SoL 11:10, LVU 1 and 36 §§§). In Sweden compulsory care according to the Care of Young Persons Act is decided by the administrative court, and is based on the written assessment made by the social services and an oral negotiation in court. The circumstances that may lead to placement without parental consent for children below 18 years due to home conditions in Sweden are:

1. Physical and mental abuse. This includes even minor physical abuse, terror, and systematically degrading behaviour.

2. Inadequate care/neglect. This includes lack of emotional or/and physical nurturing and inadequate supervision, and may be circumstances where parents due to substance abuse or mental disease neglect their children

3. Exploitation. This usually refers to sexual abuse, but also situations where children are forced to do heavy work or to take on a great responsibility at home.

4. Other condition at home. This primarily refers to situations when the child is maltreated or exposed to dangerous situations by someone else than the parent itself (for example a partner to one of the parents). It may also refer to situations when the child and parent have a disturbed relation (Socialstyrelsen 1997).

The home conditions presumed consequences must also be included in the assessment, since the law regulating compulsory care states that home conditions (or the child´s behaviour) must constitute "an apparent risk to the child`s development or health" (LVU, 2- 3 §§). The circumstances that may lead to placement without consent for children and youth's below 20 years displaying an antisocial behaviour in Sweden are:

> *1. Substance abuse*

> *2. Crime*

> *3. Other socially destructive behaviour.* This refers to other situations when a child or youth is at risk, for example prostitution, or when children are seen in inappropriate environments (for example with adult substance abusers).This can also refer to situations when the child, from a holistic perspective, is at risk due to a combination of causes such as many minor offences (Socialstyrelsen 1997).

In this text all three circumstances concerning youth are referred to as "antisocial behaviour". When a young person under the age of 20 has been taken into compulsory state care due to antisocial behaviour, state care can last until the age of 21 (LVU 21 §). Whenever a child is placed outside home, the social services has to review care every six months, which usually involves visiting the child, and reporting the circumstances to the local social welfare board (LVU 13 §). This is also done when the care is a voluntary family support intervention (SoL 6:8). In a new Bill it is suggested that each child in care should have a legal right to visits from a particularly social welfare secretary of their own at least four times a year (SOU 2009:68, pp 483-486).

Compulsory care according to the Care of Young Persons Act always begins in either residential care or in foster care, but it is possible to have state care "at home" later on, which is often used when the compulsory care is assessed to be terminated soon. For young persons under the age of 21 displaying an antisocial behaviour it is possible for social services to decide that the young person should have a contact- person or participate in supportive (non-institutional) interventions, even without the consent of

the child or their parents (22 § LVU). This possibility for compulsory measures in non-institutional care is however very seldom used in Sweden municipalities, and there is no equal legal opportunity for compulsory care measures in non-institutional care in cases of neglect.

National adoption is not possible without the consent of the child's parents (custodians) and is thus not an intervention in the family support system in Sweden. However, to promote continuity and safety in foster care, the social services are since 2003 legally obligated to review if foster parents should achieve legal custody of the foster child, provided that a child has been in the same foster home for three years (prop. 2002/03:53; SoL 6:8, LVU 13 §). The final decision is made by the district court. Although this has led to an increase in the number of foster parents that receive custody of their foster children, this is still an unusual intervention that only concerned 125 children in 2005, and the children had at that time been in the same foster homes for an average of more than seven years (Socialstyrelsen, 2006b). However, if foster parents get full custody of the child they can apply for and consent to adoption, but the adoption must be assessed to be an advantage for the child (FB 4:5a). Approximately 16-18 children are adopted each year by their foster parents in Sweden, mainly children under six years old (Socialstyrelsen, 2008, 2009, 2010 p 69). Although international studies have shown that adoption can promote stability in care, a Swedish qualitative study has proven that foster children can experience a strong family connection to both their foster parents and their biological parents (Andersson, 1998). Andersson (2009, pp 216-220) points out that when adoption is discussed as a possible intervention within the social services, it is usually based on the assumption that most foster parents *want* to adopt their foster children and that foster children in general have a poor contact with their relatives, although this may not always be the case. Adoption as an intervention within the child welfare system can also decrease stability in care, since children are moved from their foster parents to new adoptive parents when they are freed for adoption (a.a.).

4.2.4   Youth delinquency

The age of criminal responsibility is fifteen in Sweden, which means that all police reports concerning even minor offences committed by children below fifteen years are reported to and handled by the social services. When a young person between fifteen and seventeen years old is charged with an offence, the social services has a duty to assist the prosecutor with a written report, wherein the social services assess the teenagers need for support, what measures have been taken, and what measures are planned (LuL 11 §). Children and young persons under the age of 21 can according to this also be sentenced to care within the social services, if social support is regarded as most suitable (BrB 32:1). Prison sentences are avoided for young person's between the ages of 18 and 21, and are only given when there are specific reasons for doing so in addition to committing a serious crime (BrB 30:5). When young person's between the age of 15 and 17 commit very serious crimes they should be sentenced to state institutional care instead of prison if possible, for no less that 14 days and no more than 4 years (BrB 30:5). This means that the state institutional care for young persons (usually referred to as "Homes for special supervision")

are institutions which offer means-tested treatment to young person's according to the Care of Young Persons Act, as well as fixed-term punishments according to the Penal Code (Palm 2003). This dual responsibility between the state (Penal Code) and local social authorities providing social services in the municipalities (according to the Social Services Act and the Care of Young Persons Act) concerning children who commit crimes has an arbitrary affect, since a child can either be detained or be taken into immediate custody by the Social Services after a serious crime (Svensson, 2006). The question as to what extent young delinquents should receive "punishment" or "treatment", and the relationship between these concepts, has been an ongoing debate the last century in Sweden (Svensson,1998). The role of the social services in Sweden towards delinquents today is in a way characterized by two opposite logics. The main role is to be caring and to assess the needs and the best interests of the child (offender), but the role in the court-process and the assessment of whether interventions is possible within the social service system, also involves assessment concerning the seriousness of the crime which may result in interventions based on more punitive principles (Tärnfalk, 2007).

4.2.5   National policies and strategies for protecting children

4.2.5.1 Prohibition of corporal punishment as a way to discipline children

At the beginning of the 20th century corporal punishment as a way to discipline children was used in homes and in schools in Sweden, but attitudes towards this practice changed in the middle of the century. In 1979 Sweden became the first country in the world to legally forbid parents to use corporal punishment towards their children (prop. 1978/79:67, FB 6:1). This prohibition means that even minor corporal punishments are defined as physical abuse of children in Sweden. This prohibition has reduced the use of corporal punishment as a discipline method significantly in Sweden, with the prohibition having strong support amongst Swedish parents (Jansson et al., 2007, SOU 2001:18). But Sweden, as with many other countries, also has examples of tragic death of children caused by maltreatment by their parents or close relatives, which usually result in heavy media debates concerning the social services, with criticism concerning the assessment work, the education of social workers or the legal framework for protecting children. In 2006 the media reported on the case of a ten-year old boy named Bobby who was killed by his mother and step-father, which resulted in massive media debate and fund raising for maltreated children. Since the case was not known to the social services it was also debated how society could have failed to recognize the serious abuse of Bobby. This tragic event has recently (in 2008) resulted in a new law in Sweden ("Lex Bobby") that makes The National Board of Health and Welfare responsible for investigating cases where children have been victims of deadly violence, with the purpose to discover defects in the system and prevent similar events (prop. 2006/07:108, SFS 2007:606). A similar suggestion had only a few years earlier been suggested by the Government to the Parliament, which at that time rejected the Bill (SOU 2001:72; prop 2002/03:53).

4.2.5.2 Early and preventive support to families

In general the national policies and strategies for protecting children in Sweden are based on the assumption that early and preventive services and support to families is the best way to protect children in time. This approach is based on the ideological ideas described earlier and manifested by the Social Service Act, but has also been strengthened by research and criticism concerning the ability of the state to provide good care and outcomes for children in foster homes and in institutional care (for example Vinnerljung, 1996; Levin, 1998; Vinnerljung et al., 2001).

The municipalities have during the last 15-20 years developed more locally available support, both as a result of the scepticism concerning state care, but also as a result of the economic crisis that occurred during the 1990s which led to an ambition to reduce the costs for out-of home placements in the municipalities and to create alternatives on a service delivery whilst the child remained at home- basis (Forkby, 2005; Socialstyrelsen, 2006). A study of 106 municipalities/districts (out of a total of 336) showed, that two third of the municipalities/districts stated that they have political restrictions on the use of local interventions on a home-basis prior to out-of-home care (Socialstyrelsen, 2006). On average the municipalities/districts claimed to offer eight available interventions in day-care for children (0-12 years old) and ten for teenagers (13-20 years old) (a.a.). The Government has recently presented a giant national strategy for introducing general parental support in Swedish municipalities and financial support to research and evaluate the effects of different parent training programs (SOU 2008:131; prop. 2007/08:110). Many municipalities in Sweden can today offer these kind of training programs as a service support to parents (without previous investigation), or as an intervention for families where a child (or teenager) is assessed to be at risk. The expansion of home-based alternatives to state care can also been explained by an increased professionalization of social work (Forby, 2005). In Sweden most professionals titled "social workers" have a tree and a half year professional education from University (Bachelor's degree), and this education is usually demanded by local authorities for workers undertaking assessments concerning family support.

4.2.5.3 The rights of parents versus the rights of the child at risk, shifting perspectives in cases of domestic violence and in joint custody decisions

In1993 a Commission was given the mission to investigate the legal system regulating violence against women and to prevent men's abuse of women (SOU 1995:60). This Commission was the first official commission given the mission to work from a women's' perspective, to regard domestic violence as a problem that mainly identifying men as committers of violence and women as victims; it subsequently influenced law reforms in Sweden. As a whole the report made by the commission solely focuses on women and men when discussing domestic violence and little is mentioned concerning the fact that many battered women are "mothers" as well, and many violent men are "fathers" (Eriksson, 2003, p 79). Even social workers working with family law have been guided by a logic that separates men guilty of women battering from their role as a father since they were not regarded as a potential threat to the children

(Eriksson, 2003). In the report by the Commission it is, however, mentioned that if a father in the presence of his children physically abuses a mother, it should be interpreted as a sign of neglect (SOU 1995:60, p 364).

Family law in Sweden, and many other western societies, has been guided by a principle where joint custody has been interpreted as being in the best interests of the child in recent times (Kurki-Suonio, 2000). In Sweden this resulted in a legal change in 1998 that made it possible for courts to judge parents as having joint custody without their consent (prop. 1997/98:7). An investigation made a few years later showed that district courts used the right to grant parents joint custody to a very high extent even when parents had serious difficulties cooperating (SOU 2005:43). A legal revision was made and it is today also legally emphasized in family law that children might have a need to be protected from one parent (prop. 2005/06:99). Since 2006 children are, according to the Social Service Act, also defined as victims of crime if they have witnessed physical abuse (SoL 5:11). These changes illustrate some difficulties in interpreting the meaning of a "child perspective" in a Swedish context where the maintenance of biological relations is regarded to be of great importance for children. A child's legal right to its natural parents has, for example, been criticized for being used for safeguarding the interest of parents in practice. The rights of parents are, however, suggested to be slightly diminished in cases where children in need of social support require help; in a new legal proposal it is suggested that children should be able to get non-institutional support within the social services even if only one parent with custody consents (DS 2011:5).

4.2.5.4 Child Poverty – how class differences in society affects children

Other issues that have recently come to be discussed by researchers, media and politicians concerning the family support system, are that many children live under unsecure accommodation conditions or in families with economic difficulties and at risk of poverty (on social allowance or with an discretionary income below 60 % of the median) (Andersson & Swärd, 2007, Ds 2004:41, SOU 2005:88). Even if people in Sweden in general have a high standard of living, it was at the beginning of the 1990s discussed how accommodation problems and economic difficulties in families affected children. It was estimated that 1500-2000 children were exposed to an eviction from their home together with their parents during 2001 in Sweden (SOU 2005:88, p 16). Save the Children Sweden (www.rb.se) is an international organisation working for the rights of children according to the UN Convention. Save the Children has eleven regional offices in Sweden and helps to produce reports concerning the living condition in Sweden, for example the organisation since 2002 has produced annual reports concerning poverty amongst children in Sweden. The latest report showed that the risk for children growing up under financial difficulties increases five times for children who have a foreign background in Sweden (Rädda Barnen, 2010a). One out of four children in Sweden has a foreign background. One third of all children with a foreign background live in families that receive financial welfare support from the social services, or have a low standard of income (a.a.). The largest and most segregated cities in Sweden are characterized by a high levels of children living under poor economic circumstances, specifically Malmoe in the south of Sweden, where as many as one third of all children live under financial difficulties (a.a.). The Social

Democratic Party in Sweden has recently declared that one of the political goals should be to "extinguish" child poverty in Sweden.

4.2.6 What role do voluntary and private organisations play in the development of legal and policy frameworks

Voluntary and private organisations do not serve as an alternative to the social services in Sweden; the municipalities have by the government the primary legal responsibility to protect children (SoL 2:1). Yet there are examples of voluntary organisations and private organisations and initiatives having an important role in the debate concerning child welfare, and some voluntary organisations offer important resources for children and families.

One example of a private initiative that have come to affect the legal system is the so called "grandmother riot" in the mid of 1990s. This originated in the case of a grandmother who wanted to take care of her grandchild but was denied doing so by the social services due to her age. The grandmother collected no less than a thousand signatures from people who like her, demanded better rights for relatives wishing to take care of children when parents lacked the ability to do so, and handed these to the minister of Health and Social Affairs. This led to a legal obligation in 1999 for the social services to at least consider relatives as foster cares when state care is necessary (SoL 6:5).

Another example is the private organisation called "Stolen Childhood", which started in 2005 when a documentary program on Swedish television, where middle-aged men reported that they had been subject of neglect and maltreatment within state care as children. This became the starting point for the establishing of a voluntary association of interest in 2006 by people who had been subject to maltreatment in state care, demanding justice and damages. In 2006, the Government in Sweden initiated an investigation of serious neglect and abuse within institutions and foster homes that had occurred in Sweden during the period of 1920-1995 (*The Inquiry in Child Abuse and Neglect in Institutions and Foster Homes* , S 2006:05). The investigation has been delayed several times due to the number of people contacting the commission who wanted to tell their story. When the final report is finished later this year (2011), about 1000 people who have been in state care between 1920- 1999 should have been interviewed. This massive response led to the starting of a parallel investigation concerning the question of how to handle the question of damages to these people (Upprättelseutredningen, S 2010:02). This investigation has recently come to the conclusion that people that had experienced serious maltreatment or neglect within state care between 1920-1980 in Sweden should be awarded compensatory damages worth 250 000sek each (SOU 2011:9). The Government should also acknowledge the maltreatment and give these people an official apology. It is also suggested that it needs to be further investigated if municipalities should be legally obliged to pay damages to children and young persons who have experienced serious maltreatment in state care (a.a.).

In July 2011 personnel within the social services will also have an increased legal obligation to report to their management any inconveniences (or risk of inconveniences) in state care (Prop. 2009/10:131, SoL

14:3). This can be interpreted as part of the previously mentioned debate on maltreatment in state care, but is suggested to mainly be viewed as a way to maintain quality in care and to make reports less dramatic for personnel, so that mistakes in care can be corrected before leading to maltreatment (Prop. 2009/10:131).

*The National Association for the Protection of Children's Right in Society (*Swedish abbreviation *BRIS*) is a voluntary organisation of adults in Sweden that was formed in 1971. BRIS acts as a representative for children and provides unofficial support to children in need through an anonymous call-in-service called the Children's Help Telephone and the BRIS-chat (www.bris.se). Approximately 600 people work as voluntary helpers in BRIS and today and today it also provides a call- in-service for adults (a.a.) For many years BRIS promoted the establishment of an Office of the Child Ombudsman , a national authority, which was established in Sweden in 1993 (Hort, 1997, p 107). The Child Ombudsman has a mission to preserve the rights and interests of children according to the UN Convention on the Rights of Children in Sweden, and can suggest changes in the legislation according to the Convention, and also writes annual reports to the government concerning the work (SOU 1991:70, www.barnombudsmannen.se).

4.3   State, local authority and nongovernmental provider relationships

4.3.1   The responsibility of family support

Sweden is divided into 290 municipalities, and it is the local social services in each municipality that have the "uttermost responsibility" that people in the municipality receive "the help and support that they need" (SoL 2:1). The municipalities in Sweden are legally and financially responsible for providing social services, but are free to decide how such social services should be organized and to plan what kind of local family support measures should be offered, according to the specific needs in the municipality. However, the social services in all municipalities are governed by the same laws regulating the family support system. According to the Social Service Act each municipality has a responsibility for offering children and adults in need of treatment outside home a place in foster care or in residential care (SoL 6:1). Children and young person's should, according to the law, also be able to receive a contact person or a contact family, but only if the social services assess that they are in need of this kind of support (SoL 3:6). A contact person/family consists of ordinary people (laypersons) with no special training, yet they must be officially approved and they are paid and supervised by the social services. Statistically a contact person or a contact family is regarded as the same kind of intervention, but in practice the interventions are quite different from one another. A contact family is a voluntary support which usually means that a child stays over night regularly in a family, for example one or two weekends each month. A contact family is mainly used to support parents with social difficulties and their young children (Andersson & Bangura Arvidsson, 2001, 2008). The contact-family may be a resource for a child during many years of childhood,

and provides temporary accommodation on a regular basis and when the child's home environment is difficult. A contact person is primarily used as a support intervention for young persons with behavioural problems and the contact person should connect with the child/teenager on a daily basis (a.a.). A contact-person can for example support the teenager with school-work, do leisure time activities together with the teenager, or support him/her in independent living. For many years a contact person or a contact family was the most used statutory support service for children and families, and this statutory service is still one of the most frequently used in-home supportive services in Sweden[134].

The local authorities in the municipalities are solely responsible for investigating children in need and providing services to include, if necessary, state care. But when compulsory care is assessed to be necessary, the final decision is made by the administrative court. The National Board of Health and Welfare is a government agency in Sweden under the Ministry of Health and Social Affairs. The National Board of Health and Welfare is responsible for supervising the social services in the municipalities, as well as institutional care (SoL 13:1). The agency also collects and analyzes information, provides statistical data and work to ensure good health and welfare for the population. Another state agency under the Ministry of Health and Social Affairs was founded in 1992 and is called The National Institute of Public Health (Swedish abbreviation: FHI). This agency has the Governments mission to investigate health issues in Sweden and to be a center of knowledge, methods and strategies within this area (www.fhi.se).

Since the municipalities have the primary responsibility for the inhabitants need for social support, the non-governmental influence in the Swedish family support system is limited but may, as mentioned earlier, be an important complement to state interventions. In many municipalities in Sweden there exist voluntary organisations for offering support to women and their children when there is a violent or abusive husband (women's shelters). These organisations started in 1978 and expanded nationally during the 1980s, and today there are approximately 115 local organisations in different cities in Sweden (www.kvinnojour.com). These women's shelters can usually offer a woman and her children temporary accommodation and protection, but the primary responsibility for their support is even so the social services in the municipality. The shelters usually cooperate with the social services and have become an important resource for the social services in domestic violence cases. Another important organisation is the Red Cross, which provides a wide range of activities and services in Sweden, such as different meeting places and support for unaccompanied children and youth that migrate to Sweden without relatives (www.redcross.se). The church in Sweden can also be a resource for supporting families with social or economic difficulties.

For understanding the different responsibilities between the state and the municipalities, it is necessary to describe the existing institutions providing out-of home care in Sweden. In a previous overview of Child Welfare in Sweden, the care for children and youth in Swedenwere divided in three main categories: *foster care*, *residential care* and *homes for special supervision* (Hessle & Vinnerljung, 1999, p 27). Since foster

---

[134] For more information about contact person/contact family, see Andersson, 2006 pp 176, 180-183).

care is a well-known concept, we will focus here on describing the institutions within the Swedish child welfare system.

4.3.1.1 Residential care

With the Social Service Act traditional concepts in the legislation for children´s homes were replaced with the word "HVB- home" (Homes for Care or Accommodation) which has blurred the dividing line between institutions and foster homes in Sweden (Sallnäs, 2000). In this text we will however refer to these homes as *residential care units*. Sweden has a large number of residential care units, which can be owned publically (by the municipality or the county council) or by private persons or companies. Most residential care units are run privately in on small-scale, which have been described as somewhere in between foster homes and institutions, and as a new kind of "hybrid-home" (a.a.).

Residential care units that are privately run need to apply for permission from The National Board of Health and Welfare. The National Board of Health and Welfare is responsible for supervising residential care units and the social services in the municipalities (SoL 13:1). A national survey of 363 residential care (50 publically run) units for children and youth in 2006-2008 showed that most of these homes (219) were deficient in some aspect; in 112 units the short-comings were assessed as serious (Länsstyrelserna & Socialstyrelsen, 2009). Publically run residential care units in particular have found it hard to reach the standard goals, which may be explained by the fact that these units do not need permission from The National Board of Health (a.a.). Research has resulted in criticism that many residential care units apply rules and routines that may not be beneficial to young people and have no actual legal support (Eneroth 2008). One example are the use of "contracts" were young persons are forced to give their consent to drug tests, and examination of their clothes or rooms. It is argued in the national report that the responsibility for children in voluntary out-of-home care in these homes need to be clarified concerning the parents, social services and residential care units (Länsstyrelserna & Socialstyrelsen, 2009).

4.3.1.2 Homes for special supervision

In Sweden it is possible for young people to receive state residential care in one of the approximately twenty five *homes for special supervision*[135]. The homes for special supervision are run by a state authority called "The National Board of Institutional Care" and the state finance one third of the costs. The homes for special supervision have special authority and legal support to, for example, have locked units and to isolate violent persons for a maximum of 24 hours (LVU 15- 20 §§). The homes for special supervision are mainly used as a compulsory care intervention for young persons (12-21 years) with serious psychological problems, often with elements of criminal behaviour and substance abuse. These institutions vary in size but offer a total of approximately 600 care places. Different treatment methods are

---

[135] These institutions are sometimes called "Special approved homes" (www.stat-inst.se).

used and many institutions can also offer an initial assessment of the young person. Some homes for special supervision offer treatment to young persons who have been sentenced to care by the Criminal Act at special closed units. A study concerning the use of isolation in homes for special supervision has shown that this sanction was not always used as intended, but used as a punishment, which has led to criticism from the United Nations (BO 2010). The Child Ombudsman in Sweden has since argued that the use of isolation in state institutional care should be abolished, and demanded legal changes that emphasizes and secures the rights of children in out-of-home care (BO 2010, BO 2111).

The use of homes for special supervision in Sweden has received a lot of criticism over the last decade. Research has for example stressed the lack of effectual treatment and the poor or even impaired results of state institutional care (Levin, 1998; Andreassen, 2003; Hill, 2005). This has led to the development of new and more evaluated methods within the homes for special supervision during recent years. Long term care in these institutions is also avoided if possible. But still these state institutions remain a common intervention for young persons with serious behavioural problems, and approximately 1000 young people receives care in these institutions each year (www.stat-inst.se). In fact, even if the ambition has been to decrease the number of children in institutional care in Sweden and despite the fact that locally non-institutional services have increased over the last two decades, this has surprisingly not resulted in a decrease in the number of children in institutional care (Socialstyrelsen, 2006).

4.4   National data bases

The National Board of Health and Welfare publishes annual statistics concerning some of the *interventions* that social services offer to children and their families. Unfortunately there is as yet no statistics concerning the number or content of mandatory reports or concerning investigations on a national level, but local authorities register this information and research have given some information about this process, as presented earlier.

4.4.1   Interventions

The most common service for families in Sweden is personal support, which usually means supportive meetings/conversation with a social worker. Approximately 25,300 children had *personal support* at some point during 2009 (Socialstyrelsen, 2010, pp 29-30). Approximately 21,000 children received support by a *contact person/family d*uring 2009, and 9800 children received more structured support through a *treatment program* during 2009 (a.a.). There is a trend in Sweden to offer support to families as a service without previous investigation and registration (Socialstyrelsen, 2006). This is in many ways a good development since being registered and handled as a "social service case" may decrease the willingness

to seek help. On the other hand this trend makes it difficult to survey the supportive interventions in day-care on a national level.

Approximately 17,900 children received out-of home care during 2009 as a voluntary support according to the Social Service Act, and a total of 8,300 children were placed outside their home by compulsory care the same year (Socialstyrelsen, 2010, p 22). The majority of children who enter state care in Sweden are teenagers between 13-21 years old.

On November 1st 2009, approximately 16,000 children/young people received out-of-home care, and only one third (5,055 children) were age 0-12 years (Socialstyrelsen, 2010, p 62). A majority of these placements were made according to the Social Service Act with the consent of clients, only one third of the placements were a result of a compulsory care decision (a.a.). A majority of the children were placed in foster homes (p. 63).

4.4.2   Abused children

The definitions concerning maltreated and abused children differ between countries. Since physical punishment is prohibited in Sweden, this means that even minor offences in this area can be reported as a case of child abuse.

The Swedish National Council for Crime Prevention (BRÅ) is an organisation that works on the commission of the government to produce data and knowledge concerning crimes and crime prevention (www.bra.se). The reports from BRÅ have shown that police reports concerning physical child abuse increased during the 1990s, especially concerning small children (0-6 years) (BRÅ 2000). Police reports concerning child abuse where the offender was familiar to the child increased from 330 reported crimes in 1990 to 709 reported crimes in 1998 (a.a.).As a result of this, an official commission "The Committee against Child Abuse" investigated the issue of child abuse and related issues. The commission presented a report concerning child abuse in 2001 and a legal Bill was presented in 2002 with the purpose to legally strengthen the protection of children (SOU 2001:72, prop 2002/03:53). This has resulted in some legal changes, for example more authorities have also become legally obliged to report suspicion of maltreatment to the social services, and the best interests of the child are regarded as the paramount consideration when assessing the need for compulsory care. The Social Welfare Board is now also obligated to review if foster parents should receive to receive legal custody of the child, if the child has lived in the same foster home for three years (a.a.). The National Board of Health and Welfare is (as mentioned earlier) since 2008 responsible for investigating cases where children in need of protection have been victims of deadly violence, and for producing a report every other year. The first report from the National Board of Health and Welfare regarding child deaths reviews report that ten cases of child death were reported between 2008 - 2010 in Sweden, and five of these were investigated (Socialstyrelsen, 2010b). Two cases of child deaths from 2006 and 2007 were also included in the report. The conclusions from this report mostly states well known facts, for example the importance of authorities to actually report

any suspicious of maltreatment of children to the social services, and that these are investigated properly. But the report also stresses the importance of transferring information between municipalities when a family moves from one municipality to another, when the child is assessed as being at risk of maltreatment (a.a.) The total number of children exposed to deadly violence in Sweden have however decreased since 1970s, in the beginning of the 1990s ten children between 0-15 years were killed each year due to violence, compared to five children each in the 2000s (Socialstyrelsen 2010b, BRÅ 2008, p 26, BRÅ 2011).

A report made by BRÅ shows that in 2010 a total of 11,530 cases of suspected physical child abuse were reported in Sweden concerning children 0-15 years (BRÅ 2010). Reports concerning the rape of children have also increased, but in Sweden a changed definition of "rape" was introduced in 2005, which can explain the increasing number of children being statistically reported as being victims of rape. All sexual acts with children below 15 years are categorized as rape in Sweden, even if there has been no element of threat of violence (BrB 6:4). Sexual acts with children 15-17 years are also defined as rape if the offender is the child's parent, or if the child is being brought up by this person (BrB 6:4).

	2000		2002		2004		2006		2008		2010	
	N	/100 000	N	/100 000	N	/100 000	N	/100 000	N	/100 000	N	/100 000
Abuse of Children 0-6 years	938	11	1 021	11	1 147	13	1 351	15	1 906	21	2 550	27
Rape of child below 15 years	300	3	387	4	479	5	1 134	12	1 421	15	1 826	19

Table 13: Reported Crimes concerning physical abuse of children (0-6 years) and rape of children below 15 years (BRÅ)

Between 2009-2010 police reports concerning physical abuse of children age 0-6 years increased by 17 % and concerned a total of 2,540 crime reports (BRÅ 2010 p. 7). Former analyses have interpreted this phenomenon as an increased tendency amongst the public to report child abuse, since the increase primarily concerns the less serious cases and parents who are reported are more often socially well established (SOU 2001:18, BRÅ 2000 p 46-47). It has been estimated that 1 % of children and adolescents are subjected to very severe and unusual forms of punishments (SOU 2001:72, p 48). Unfortunately the court processes have difficulty in managing reports concerning physical child abuse in decent time (Rädda Barnen 2010b, SOU 2000:42).

In 2005 six municipalities started "Children's Advocacy Centres "on the initiative of the Government. These centres provide a place where the police, prosecutor, attorney, social worker and medical staff can cooperate in one location in helping abused children. The purpose has been to reduce the number of

meetings for children in a vulnerable situation, and to offer a place where it is possible to investigate the crime and the child's need for protection, increase the quality of investigations, and also offer treatment and support. An evaluation of the first cities that started these centers showed that whilst they may strengthen a child's rights perspective, the court-process and the legal authorities remain the central focus; the centres were also primarily directed to children below 15 years old (Åström & Rejmer,2008). At least 22 Children´s Advocacy centres now exist in different cities in Sweden, and an evaluation of these centres have shown that collaboration between authorities is improved and that children had positive experiences of the treatment they received in the centres, although the crime investigations may not improve (Kaldal et al., 2010).

4.4.3   Securing good outcomes for children

Sweden, as a traditional example of a welfare state, in many aspects has a well-functioning and highly developed family support system, even if there are areas of the system that have been criticized by research. In this case study we have focused on describing the part of the family support system that is directly focused on children at risk and the authority of the social services, but it would have been possible to present and include other authorities more in detail as importing actors in securing good outcomes for children in Sweden, for example the Health Care System and the School system and the day-care centers for small children. In Sweden early parental support for all parents is promoted on a national level (SOU 2008: 131). Different parental training programs have also become a common service for parents with small children or teenagers as a way to prevent future social problems in families. These programs are based on a manual and are examples of early preventative interventions that have proven many good results in international studies. However,   such programs have yet to be proven to be evidence-based in a Swedish context (SBU 2010), with researchers currently evaluating some of these programs and their outcomes in Sweden.

When discussing "good outcomes" it is necessary to discuss what this means and how it can be interpreted. If we, for example, look at the long-term effects of state care, research has shown that long-term foster care does not improve outcomes in adult age when compared to growing up in an insufficient family environment (Vinerljung, 1996). Their social positions and educational level in adult age, compared to the general population, are also below average (Vinnerljung, 1996, 2006; Vinnerljung et al.; 2005). Growing up in state care can according to such research be regarded as a risk factor, which is important to remember, since these children often need further support during their childhood by other authorities as the School and Health Care system. It is also a reminder of the importance of early and preventative support. As a result of this knowledge, and the awareness of the fact that poor school results are a major risk factor, a project called "Skolfam" started in 2005 in Helsingborg in Sweden in collaboration with researchers. "Skolfam" is an abbreviation for School and Family (Foster) Care and provides a model for testing and strengthening the school results of children in foster care, since they usually have missed

important time in education. The model has shown very positive results and is hopefully going to be introduced in other municipalities in Sweden.

A longitudinal qualitative study of 26 children in foster care, however, also shows that state care can result in pretty good outcomes for children, taking into account their difficult experiences prior to coming into state care and their opportunities compared to the general population (Andersson, 2005, 2008). When defined in three categories, ten persons were described having a *good* social adjustment in adult age, nine persons had a *moderate* social adjustment and seven persons had a *bad* social adjustment (Andersson, 2005). Concerning the outcomes and quality while in foster care, research has shown that an inclusive attitude from foster families toward the child's parents promote a sense of security for children in foster care and helps them cope with their situation even in periods of re-placement or reunion (Andersson ,2009). Children in foster can also achieve a safe sense of belonging to the foster family, or to both the foster family and their biological family, even without any changes being made in custody (Andersson, 1998).

When discussing social support and state care it is also necessary to achieve safe and stable support and care for children and youth. Unfortunately this is not always the case, former research has shown that children in contact with social services usually have many different interventions and reoccur for investigation and interventions several times during childhood (Sundell et al., 2004). This can partly be explained by the fact that voluntary services are the core of the child support system in Sweden until compulsory care is regarded absolutely necessary and consent to state care is not possible. A large Swedish research study has also shown that approximately 30-37 % of teenage-placements in Sweden are prematurely terminated and antisocial behaviour and a mental health problems increase this risk (Vinnerljung et al., 2001, Sallnäs et al., 2004). However, kinship care reduces the risk of breakdown in care and indicates that the use of relatives as foster cares might improve stability in state care (a.a).

4.5   Analysis and recommendations

The family support system marks the dividing between the state and parents legal responsibility for children, it also makes people aware of the existence of maltreated children in society , and consequently the system will always be debated and revised. In this analysis and recommendations I will focus on areas that may be identified as examples of good practice in Sweden, as well as problem areas that have been debated and discussed by researchers.

4.5.1   Example of good practice in Sweden

*The preventive and non-stigmatizing service orientation model

It is important to provide early support to children and parents in a broad sense, which may involve general and specific services from different authorities in society, such as Health Care and Schools. The possibility for parents to receive preventative support as a service without previous investigation may also increase help-seeking in time.

*Keeping children and youth out of prisons

A child perspective is necessary even when children commit serious crimes in a society. Usually children who commit serious crimes have social or psychological difficulties, and should be perceived as children at risk. This means that treatment provided by the social services is usually more adequate than prison sentences.

*Focus on maintaining relative relationships in out-of-home care

The discussion of how to achieve continuity in care has developed differently in different countries. In Sweden the relation orientation perspective is manifested, since it is argued that this helps the well-being of children in a long perspective.

However, if long-term foster care is considered a possibility, it is now a legal obligation for the social services to review if foster parents should receive custody of the child. This is a good development since it can promote stability in care when needed, and at the same time the child can keep in contact with their parents. The promotion of kinship foster homes (when possible and regarded as the best interest of the child) may also be a way to promote stability in care and maintain relative relationships.

4.5.2   Problem areas

These problem areas are not to be seen as "bad examples", in fact theyare connected to the structure that also provides the good examples mentioned above, which means that these complex areas are recurrently discussed from different perspectives.

*The blurry dividing line between support and control

This is perhaps mainly a problem in the most serious cases of child abuse and neglect. The focus on consent in the Swedish legal system means that many voluntary out-of-home placements can be as serious as compulsory care cases, but yet they are defined as voluntary since parents have given their consent to state care. In doing so, compulsory care can usually be avoided. This *can* be problematic, since the different interests of the child and their parents are visualized in compulsory care cases, since they are represented by different lawyers serving their interests in the court process that follows. Since children have no legal right to plead to court until 15 years old, all children below 15 children in voluntary

out-of-home care are represented by the voice and the will of their parents (Mattsson, 2006).). The ability and legal obligation for social workers to predict and assess the "apparent risk" in compulsory care cases concerning children have also been debated (Claezon, 1987). There is also a tendency amongst social workers in Sweden to avoid compulsory care since they have difficulties in discerning when voluntary support is not sufficient and since compulsory care is regarded as a "risk" process, partly since the administrative court makes the final decision (Ponnert, 2007). The focus on achieving parents "consent" to state care during the assessment work might decrease a child perspective (a.a) as well as the idea that all parents can be rehabilitated.

Earlier research has also shown that social workers tend to assess cases were parents cooperate with the social services as less serious (for example: Dingwall et al., 1983;Verner Fruin, 1986; Andersson, 1991; Egelund & Thomsen 2002; Grinde, 2004: De Roma et al., 2006). This has been described as a "rule of optimism" guiding the assessment work concerning children and their families (Dingwall et al.; 1983, pp 79-102).

*The focus on teenagers in the child welfare system.

Since youth delinquency (0-18 years) is also a task for the social services in Sweden, investigations concerning teenagers are major tasks within the social services in Sweden, even in cases when there is no sign of maltreatment. Interventions for criminal teenagers due to the cooperation with the district court might give the social services (and the interventions provided for criminal teenagers) a punitive character.

*The use of homes for special supervision

Sweden still provides many state institutions for youth with behavioural problems, even if the treatment effects and the methods have been debated and criticized. These institutions have special statutory powers and usually provide secure/locked divisions. Since criminal youth are a responsibility for the social services, these institutions remain as an intervention within the child welfare system in Sweden, for better and for worse.

*Continuity in care.

Research has shown that children in state care in Sweden usually experience several placements in different institutions or foster-homes during childhood (for example, Vinnerljung et al., 2001; Sundell et al. 2004). This might be interpreted as a conflict between social workers strives towards reunifying the child with his/her birth parents, and the child´s need for a stable placement out-of home (Sinclair et al. 2005 a, 2005b, Thoburn et al., 2000).

4.6   Conclusion

When discussing and analyzing systems providing child welfare in different countries, two major questions are of central interest for understanding the differences that emerge. One question concerns the *intake aspect:* what children and what social problems should be the target group of social services? Should the social services focus on maltreated children only, or should teenagers displaying an antisocial behaviour also be considered to be children at risk? What should be the legal threshold for investigation and for voluntary and compulsory interventions? The second question concerns how to best promote *continuity in state care* for children in need of long-term foster care. In Sweden, being an example of a family support system, the social services emphasize on maintaining parental contact and reunion with birth parents (Fanshel & Shinn, 1978). In other countries, for example UK and USA being examples of child protection systems, foster parents are regarded as the psychological parents of children when children are in need of long-term foster care (Goldstein et al., 1983). These perspectives are based on different assumptions concerning children's needs for a healthy development, yet both perspectives aim at promoting stability in care for children.

How these questions are addressed and legally structured is based on the history of child welfare and the development and structure of social policy in each country, and different perspectives involves different advantages and different risks. By discussing some of the problem areas and good examples of the Swedish family support system, I hope to create some understanding and debate concerning the advantages as well as the challenges with a family support system.

Biobliographical References

Andersson, G.(1991). *Socialt arbete med små barn.* Lund: Studentlitteratur.

Andersson, G. (1998). Föräldrakontakt och familjetillhörighet ur fosterbarns perspektiv. *Socialvetenskaplig tidskrift,* vol 5, pp. 3-23 .

Andersson, G. & Bangura Arvidsson, M. (2001). *Vad vet vi om insatsen kontaktperson/familj? En kunskapsöversikt.* Meddelanden från Socialhögskolan. Lunds universitet, Socialhögskolan.

Andersson, G. (2005). Family relations, adjustment and well-being in a longitudinal study of children in care. *Child and Family Social Work*, vol 10, pp. 43-56.

Andersson, G. (2006). "Child and Family Welfare in Sweden" pp. 171-190 in Freymond, N. & Cameron, G.(2006). *Towards a Positive Systems of Child and Family Welfare: International comparisons of Child Protection, Family Service, and Community Caring Systems*. Toronto, Buffalo, London: University of TorontoPress.

Andersson, G. & Swärd, H. (2007). *Barn utan hem. Olika perspektiv.* Lund:Studentlitteratur.

Andersson, G. & Bangura Arvidsson, M. (2008). Contact person as a court-ordered solution in child visitation disputes in Sweden. *Child and Family Social Work*, vol 13, pp. 197-206.

Andersson, G. (2008). *Utsatt barndom- olika vuxenliv. Ett longitudinellt forskningsprojekt om barn i samhällsvård*. Stiftelsen Allmänna barnhuset.

Andersson, G. (2009). "Adoption som barnavårdsinsats" p. 189-225, in: *Bilaga till betänkandet Lag om stöd och skydd för barn och unga (LBU)*, *SOU 2009: 68.*

Andreassen, T. (2003). *Institutionsbehandling av ungdomar. Vad säger forskningen?* Stockholm: Gothia, Centrum för utvärdering av socialt arbete (CUS), Statens institutionsstyrelse (SiS).

Bergmark, Å.& Lundström, T. (2008) "Det socialtjänstbaserade sociala arbetets organisering" p. 35-64 in Bergmark Åke, Lundström Tommy, Minas Renate & Wiklund Stefan (2008). *Socialtjänsten i blickfånget. Organisationer, resurser och insatser. Exempel från arbete med barn och ungdom, försörjningsstöd, missbruk*. Natur och Kultur: Stockholm.

BO (2010) (The Child Ombudsman). *Röster från särskilda ungdomshem.* Stockholm: Barnombudsmannen.

Bo (2011) (The Child Ombudsman). *Bakom fasaden. Barn och ungdomar i den sociala vården berättar.* Stockholm: Barnombudsmannen.

Bramstång, G. (1964). *Förutsättningar för barnavårds ingripande mot antisocial ungdom*. Lund: Gleerup.

BRÅ (2000). *Barnmisshandel. En kartläggning av polisanmäld misshandel av små barn.* Stockholm: BRÅ-rapport 2000:15. Författare: Lotta Nilsson.

BRÅ(2008). *Brottsutvecklingen i Sverige fram till år 2007.* Stockholm: BRÅ-rapport 2008:23.

BRÅ (2010). *Anmälda Brott. Preliminär statistik för 2010.* Stockholm. BRÅ, Sveriges officiella statistik.

BRÅ (2011). *Det dödliga våldets utveckling. Fullbordat och försök till dödligt våld i Sverige på 1990- och 00-talet.* Stockholm: BRÅ, Sven Granath, Rapport 2011:5

Claezon, I. (1987). *Bättre beslut. En studie av socialsekreterarnas handläggning av omhändertagande av barn.* Stockholm: Liber Förlag.

Cocozza, M., Gustafsson, P. A & Sydsjö, G. (2007). Who suspects and reports child maltreatment to Social Services in Sweden? Is there a reliable mandatory reporting process? *European Journals of Social Work*, vol 10, Nr 2, pp. 209-223.

Cocozza, M. (2007). *The parenting of society. A study of Child Protection in Sweden- From Report to Support.* Doktorsavhandling, Linköpings universitet, Medicinska fakulteten, Avdelningen för barn och ungdomspsykiatri.

Dahl Stang, T. (1978). *Barnevern og samfunnsvern: om stat, vitenskap og profesjoner under barnevernets uokomst I Norge.* Oslo:Pax.

De Roma, V. M, Kessler, M.L., Mc Daniel, R. & Soto, M.C. (2006). Important risk factors in Home-Removal Decisions: Social Caseworkers perceptions*. Child and Adolescent Social Work Journal,*vol 23, nr 3, pp. 263-277.

Dingwall, R., Eeklaar, M.J. & Murray,T. (1983). *The protection of children: State invervention in family life.* London: Blackwell.

Ds 2004:41 *Ekonomiskt utsatta barn.* Socialdepartementet, Regeringskansliet. Stockholm: Fritzes.

Ds 2011:5 *Barns rätt till vård och sociala insatser stärks.* Regeringskansliet, Justitiedepartementet.

Egelund, T. & Thomsen, S.A. (2002). *Tærskler for anbringelse. En vignettundersøgelse om socialforvaltningernes vurdering i børnesager.* Rapport 02:13. Köpenhamn: Socialforskningsinstitutet.

Elmer, Å., Blomberg, S., Harrysson, L. & Petersson, J. (2000). *Svensk socialpolitik.* 20:e upplagan. Lund: Studentlitteratur.

Eneroth, E. (2008). *Rättssäkerhet för unga på hem för vård eller boende. Fyra principer vid beslutsfattandet.* Lund: Juridiska fakulteten, Lunds universitet.

Eriksson, M. (2003). *I skuggan av pappa. Familjerätten och hanteringen av fäders våld.* Stehag: Förlags AB Gondolin.

Fanshel, D. & Shinn, E.B. (1978). *Children in foster care: A longitudinal investigation. New* York: Columbia University Press.

Forkby, T. (2005)*. Ungdomsvård på hemmaplan. Idéerna, framväxten, praktiken.* Göteborg: Institutionen för socialt arbete, Göteborgs universitet.

Gegner, H. (2009). *Förhandsbedömningar i barnavårdsärenden. Tre kvantitativa studier med fördjupning.* Lund: FOU Skåne, skriftserie 2009:5.

Gilbert, R.N. (1997) (Ed.) *Combatting child abuse: International perspectives and trends.* Oxford: Oxford University Press.

Golstein, J., Freud, A. & Solnit, A. (1973). *Beyond the best interests of the child.* London: Macmillan.

Gould, A. (1988). *Control and conflict in welfare policy – The Swedish experience.* London: Longman.

Grinde, T. V. (2004). *Nordisk barnevern. Terskelen for barneverntiltal og beslutningsprocessen ved bruk av tvang.* NOVA rapport 18/04. Oslo: NOVA.

Hessle, B. & Vinnerljung, B. (1999). *Child Welfare in Sweden – an overview.* Stockholm: Stockholm University, Department of Social Work.

Hydén, H. (2001). *Rättsregler. En introduktion till juridiken.* Lund: Studentlitteratur.

Hill,T. (2005). *Allians under tvång. Behandlingssamarbete mellan elever och personal på särskilda ungdomshem.* Linköping: Institutionen för beteendevetenskap, Linköpings universitet.

Hort, S. E (1997). "Sweden. Towards a Deresidualization of Swedish Child Welfare Policy and Practice?" p 105-124 in Gilbert,N. (1997). *Combatting Child Abuse. International perspectives and Trends.* New York/Oxford: Oxford University Press.

Jansson, S., Långberg, B., Svensson, B. (2007). *Våld mot barn 2006-2007. En nationell kartläggning.* Allmänna barnhuset och Karlstad universitet.

Kaldal, A., Diesen, C., Beije J & Diesen, E. (2010). *Barnahusutredningen 2010.* Stockholm:Juridiska institutionen, Stockholms universitet.

Kaunitz, C., Andrée Löfholm, C.& Sundell, K. (2004). *Social barnavård i Stockholms stadsdelar.* FOU-rapport, 2004:5, Stockholms socialtjänstförvaltning: Forsknings- och Utvecklingsenheten.

Kumlien, M. (1994*). Uppfostran och straff. Studier kring 1902 års lagstiftning om reaktioner mot ungdomsbrott. Uppsala:* Uppsala universitet.

Kurki-Suonio, K. (2000). Joint Custody as an interpretation of the best interests of the child in critical and comparative perspective, *International Journal of Law, Policy and Family*. vol 14, nr 3, pp. 183-205.

Lagerberg, D. (1998). *Barn som far illa- ett dilemma för barnhälsovården?* Landstinget i Uppsala Län: Akademiska sjukhuset.

Lagerberg, D. (2009)"Skydd och stöd i social barnavård" p 79-188 in *Bilaga till betänkande lag om stöd och skydd till barn och unga (LBU),* SOU 2009:68.

Levin, C. (1998). *Uppfostringsanstalten. Om tvång i föräldrars ställe.* Lund: Arkiv.

Linderot, S. (2006). *Att placera eller inte placera i släktinghem, det är frågan. En studie kring familjehemsplaceringar- lagstiftning, attityder och handläggning inom socialtjänsten*. Lund: Meddelanden från Socialhögskolan 2006:1, Lunds universitet.

Lundström, T. (1993). *Tvångsomhändertagande av barn. En studie av lagarna, professionerna och praktiken under 1900-talet.* Stockholm: Institutionen för socialt arbete, Stockholms universitet.

Länsstyrelserna & Socialstyrelsen (2009). *Hem för vård eller boende för barn och unga. Slutrapport från en nationell tillsyn 2006-2008.* Stockholm: Länsstyrelserna, Socialstyrelsen.

Mattsson, T. (2006). *Barnet som subjekt och aktör. En rättslig studie om barn i familjehem.* Uppsala:Iustus förlag.

Palm, J. (2003). *Ungdomarnas upplevelser av sluten ungdomsvård: en jämförelse med LVU-placeringar och fängelse.* Forskningsrapport 2003:2. Statens institutionsstyrelse, FOU-enheten: Stockholm.

Ponnert, L. (2007). *Mellan klient och rättssystem. Tvångsvård av barn och unga ur socialsekreterares perspektiv.* Lund: Socialhögskolan, Lunds universitet.

prop. 1978/79:67 *Om förbud mot aga.*

prop. 1979/80:1 *Om Socialtjänsten.*

prop. 1997/98:7 *Vårdnad, boende och umgänge.*

prop.1997/98:182 *Strategi för att förverkliga FN:s konvention om barnets rättigheter i Sverige m.m.*

prop. 2000/01:80 *Ny Socialtjänstlag m.m.*

prop. 2002/03:53 *Stärkt skydd till barn i utsatta situationer .*

prop. 2005/06:99 *Nya Vårdnadsregler.*

prop. 2006/07:129 *Utveckling av den sociala barn- och ungdomsvården.*

prop. 2006/07:108 *Utredningar avseende barn som har avlidit i anledning av brott mm.*

prop. 2007/08:110 *En förnyad folkhälsopolitik.*

prop. 2009/10: 131 *Lex Sarah och Socialtjänsten.*

prop. 2009/10:192 *Umgängesstöd och socialtjänstens förutsättningar att tala med barn.*

prop. 2009/10:232 *Strategi för att stärka barnets rättigheter i Sverige.*

Rasmusson,B. (2004). *Barnavårdsutredningar på nya grunder.* Lund: Socialhögskolan, Lunds universitet.

Rasmusson, B. (2009). *Analys, bedömning och beslut i utredningar enligt BBIC.* Stockholm: Socialstyrelsen.

Rädda Barnen (2010a). Thornblad, H. *Barnfattigdomen i Sverige. Årsrapport 2010.* Stockholm: Rädda barnen.

Rädda Barnen (2010b). Brott mot vuxna går före – En uppföljning. Polis- och åklagares handläggningstider vid misstänkt barnmisshandel 2010. Stockholm: Rädda barnen.

Sallnäs, M. (2000). *Barnavårdens institutioner. Framväxt, ideologi och struktur. Rapport i socialt arbete.* Stockholm: Institutionen för socialt arbete, Stockholms universitet.

Sallnäs, M., Vinnerljung. B., & Kyhle Westermark, P. (2004). "Breakdown of teenage placements in Swedish foster and residential care". *Child & Family Social Work,* vol 2, issue 2, p 141-152.

SBU (2010). Program *för att förebygga psykisk ohälsa hos barn. En systematisk litteraturöversikt.* SBU-Statens beredning för medicinsk utvärdering ("Swedish Council on Health Technology Assessment"). Stockholm.

Sinclair, I., Wilson, K. & Gibbs, I. (2005a). Foster placements. Why They Succeed and Why They Fail. London & Philadelphia: Jessica King-sley Publishers.

Sinclair, I. Baker, C., Wilson, K. & Gibbs, I. (2005b). *Foster children. Where They Go and How They Get On.* London & Philadelphia: Jessica Kingsley Publishers.

Socialstyrelsen (1997). *Tillämpningen av lagen (1990:52) med särskilda bestämmelser om vård av unga.* Socialstyrelsens allmänna råd, SOSFT 1997:15. Stockholm: Socialstyrelsen.

Socialstyrelsen (2006). *Öppenvårdens former. En nationell kartläggning av öppna insatser i socialtjänstens barn- och ungdomsvård.*

Socialstyrelsen (2006b). *Vårdnadsöverflyttningar för barn placerade i familjehem. En uppföljning av lagändringen* enligt proposition 2002/03:53 Stärkt skydd till barn i utsatta situationer

Socialstyrelsen (2006c). *Barn och unga i socialtjänsten. Utreda, planera och följa upp beslutade insatser.*

Socialstyrelsen (2008). *Statistik Barn och unga- insatser år 2007.*

Socialstyrelsen (2009). *Statistik Barn och unga- insatser år 2008.*

Socialstyrelsen (2010). *Statistik Barn och unga - insatser år 2009.*

Socialstyrelsen (2010b) *När det som inte får hända ändå inträffar. Den första rapporten om barn som har avlidit i anledning av brott.* Stockholm. Socialstyrelsen.

SFS 2007:606 *Lag (2007:606) om utredningar avseende barn som har avlidit i anledning av brott mm*

SOU 1977:40 *Socialtjänst och socialförsäkringstillägg.* Socialutredningens slutbetänkande.

SOU 1991:70 *Ombudsman för barn och ungdomar.*

SOU 1995:60 *Kvinnofrid.* Kvinnovåldskommissionens huvudbetänkande.

SOU 1997: 116 *Barnets bästa i främsta* rummet. FN:s konvention om barnets rättigheter i Sverige. Huvudbetänkande från Barnkommittén. Stockholm: Socialdepartementet.

SOU 2000:20. *Steriliseringsfrågan i Sverige 1935-1975. Historisk belysning, kartläggning, intervjuer. Slutbetänkande från 1997 års steriliseringsutredning.* Stockholm: Socialdepartementet.

SOU 2000:42 *Barnmisshandel. Polisens och åklagarnas handläggningstider och arbetsmetoder. Delbetänkande av kommittén mot barnmisshandel.* Stockholm: Socialdepartementet.

SOU 2001:18 *Barn och misshandel. En rapport om kroppslig bestraffning och annan misshandel i Sverige vid slutet av 1900-talet.* Stockholm: Socialdepartementet.

SOU 2001:72 Barnmisshandel – Att förebygga och åtgärda. *Slutbetänkande av Kommittén mot barnmisshandel.* Stockholm: Socialdepartementet.

SOU 2005:43 *Vårdnad, boende, umgänge. Barnets bästa, föräldrars ansvar.* Betänkande av 2002 års vårdnadskommitté.Stockholm: Justitiedepartementet.

SOU 2005:88 *Vräkning och hemlöshet – drabbar också barn. Utredningen om vräkning och hemlöshet bland barnfamiljer.* Stockholm: Socialdepartementet.

SOU 2008:131 *Föräldrastöd –en- vinst för alla. Nationell strategi för samhällets stöd och hjälp till föräldrar i deras föräldraskap.* Föräldrastödsutredningen. Stockholm: Socialdepartementet.

SOU 2009:68 *Lag om stöd och skydd för barn och unga. Barnskyddsutredningen. Stockholm: Socialdepartementet.*

SOU 2009:99 *Vanvård i social barnavård under 1900-talet. Delbetänkande av Utredningen om vanvård i den sociala barnavården* ("Child abuse and neglect in institutions and foster homes in the 20th century"). Stockholm: Socialdepartementet.

SOU 2011:9 *Barnen som samhället svek - åtgärder med anledning av övergrepp och allvarliga försummelser i samhällsvården.* Betänkande av Upprättelseutredningen. Stockholm: Socialdepartementet.

Sundell ,K. (2007). Child-care personnel's failure to report child maltreatment: some Swedish evidence. *Child Abuse & Neglect,* vol 21, Nr 1, p. 93-105.

Sundell, K., Vinnerljung, B., Andrée Löfholm, C. & Humlesjö, E. (2004). *Socialtjänstens barn. Hur många är de, vilka är insatserna, hur ofta återaktualiseras de och vad händer dem i vuxen ålder?* FOU-rapport 2004:4, Stockholms socialtjänstförvaltning: Forsknings- och Utvecklingsenheten.

Sundell, K. & Karlsson, U. (1999). *Social barnavård i tio svenska kommuner – Vilka barn berörs, hur utreds de och vad händer sedan?* FOU- rapport 1999:26. Stockholms socialtjänstförvaltning: Forsknings- och Utvecklingsenheten.

Sundell, K., Egelund, T., Andrée Löfholm, C. & Kaunitz, C. (2007). *Barnavårdsutredningar. En kunskapsöversikt.* (2 rev. Uppl.) Stockholm: Centrum för Utvärdering av Socialt arbete, CUS/Gothia.

Svensson, L. (2006). *Häktad eller omedelbart omhändertagen? En studie om akuta frihetsberövanden av unga lagöverträdare.* Doktorsavhandling, Stockholms universitet, Institutionen för socialt arbete.

Svensson, K. (1998). *Straff eller behandling – om statens strategier mot gränsöverträdande ungdom under 1900-talet.* Lund: Socialhögskolan, Lunds universitet.

Tingberg, B. (2010). *Child Abuse. Clinical Investigation Management and Nursing Approach.* Doktorsavhandling, Department of women's and children's health, Karolinska Institutet: Stockholm.

Tingberg, B., Martin, H. & Ygge, B-M. (Submitted). Children diagnosed as abused - A retrospective study of reporting to the social services and the police.

Thoburn, J., Wilding, J. & JWatson, J. (2000). *Family support in cases of emotional maltreatment and neglect.* London: The Stationery Office.

Tärnfalk, M. (2007). *Barn och brott - En studie om socialtjänstens yttranden i straffprocessen för unga lagöverträdare*. Stockholm: Institutionen för socialt arbete, Stockholms universitet.

Vernon, J. & Fruin, D. (1986). *In care. A study of social work decision making. London*: National Children`s bureau.

Vinnerljung, B. (1996). *Fosterbarn som vuxna.* Lund: Arkiv.

Vinnerljung, B. (2006)*. Fosterbarn som unga vuxna – en översikt av resultat från några nationella registerstudier.* Socialmedicinsk Tidskrift, 2006:1, 23-35.

Vinnerljung, B., Sallnäs, M., Kyhle Westermark, P. (2001). *Sammanbrott vid tonårsplaceringar – om ungdomar I fosterhem och på institution.* Stockholm: Centrum för Utvärdering av Socialt arbete, CUS/Socialstyrelsen.

Vinnerljung, B., Öman, M. & Gunnarsson, T. (2005). Educational attainments of former child welfare clients – a Swedish national cohort study. *International Journal of Social Welfare,* vol 14, pp. 265-276.

Wiklund, S. (2006). *Den kommunala barnavården – om anmälningar, organisation och utfall.* Stockholm:Institutionen för socialt arbete, Stockholms universitet.

Åström, C. & Rejmer, A. (2008). *Det blir nog bättre för barnen. Slutrapport i utvärderingen av nationell försöksverksamhet med barnahus 2006-2007.* Lund: Sociology of Law, Lunds universitet.

Östberg, F. (2010*). Bedömningar och beslut. Från anmälan till insats i den sociala barnavården.* Stockholm: Institutionen för socialt arbete, Stockholms universitet.

Legal Framework

(Swedish abbreviation for the law within brackets)

Act with special provisions for young offenders (LUL 1964:167)

Care of Young Persons Act (LVU 1990:52)

Care of Young Offenders Act (LBU 1964:167)

Children and Parents Code (*FB* 1949:391)

Penal Code (BrB 1962:700)

Social Services Act (SoL 2001: 453)

Webpages

www.barnombudsmannen.se

www.bra.se

www.bris.se

www.kvinnojour.com

www.rb.se

www.redcross.se

www.stat-inst.se

5   Child protection in Germany by Heinz Kindler

5.1   Prolog

After WWII Germany has created a democratic society and achieved considerable wealth. As a consequence international comparisons on child well-being indicators normally place Germany in the upper half or even the upper third of industrialized countries (e.g. Bradshaw & Richardson 2009). Data on subjective well-being are not so positive but still place Germany in the middle region of comparable countries (e.g. Bradshaw et al. 2011). Sociologists, political scientists and economists from Germany have also contributed to international comparisons regarding policy approaches to combat child poverty and enhance child well-being (e.g. Olk 2010; Bäckman & Ferrarini 2010, for an overview see Kamerman et al., 2010). Participation in international comparisons and discussions can be seen as common for political scientists and economists in Germany and is growing in German sociology of childhood (Zeiher 2010).

An orientation towards international debates however still is not very prevalent among social work researchers in Germany. Despite some contributions from medical scholars (Thyen 2010; Herrmann & Eydam 2010), developmental psychologists (Kindler 2009) and legal professionals (Meysen et al. 2009) to child protection debates, social work research is of central importance for this area of research in Germany. As a result there are few descriptions of the German protection system in non-German languages (for exceptions see Kindler 2008; Hagemann-White & Meysen 2010) and most of the comparative literature on child protection systems does not include Germany (e.g. Van Nijnatten 2000; Benbenishty et al. 2003; Khoo 2004; Tchengang 2006; McAuley et al. 2006; European Network on National Observatories on Childhood 2007; Brunnberg & Pećnik 2007; Healy & Oltedal 2010). If Germany is included, it is sometimes solely on the basis of programmatic statements with weak connections to child protection reality (e.g. Baistow & Wilford 2000; Freymond & Cameron 2006). Among data driven exceptions are European reports on legal structures in child protection (Hageman-White et al. 2010), maltreatment related child deaths (UNICEF 2003) and out-of home placements of children (Thoburn 2007).

There are probably several reasons for this lack of data and contributions from Germany to the international debate on child protection. First, and most important even within Germany, there is not much empirical research on child protection (Kindler 2008). Academics doing social work education are the most interested group regarding child protection research. They are however predominantly located at so called applied universities often with little scientific training and until recently with little access to research grants. Moreover empirical research aimed to improve the child protection system in Germany has become a federal policy priority only within the last years and only within prescribed areas, especially early intervention/prevention, institutional abuse and serious case reviews.

Second, the language barrier combined with the size of Germany, which is large enough to create its own national discourses on child protection, has prevented the majority of social work academics in Germany from learning about progress made in international child protection research. In some areas however seminal international research has become influential (e.g. the "nurse – family partnership" evaluations: Olds 2006 in the field of early prevention or the Social Care Institute of Excellence (SCIE) approach: Fish et al. 2008 in developing a method for serious case reviews in Germany) and has stimulated research in Germany. In addition, the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) has financed the creation of two evidence oriented handbooks on child protection practice and foster care services (Kindler et al. 2006; Kindler et al. 2011) with the aim of making international research available to front-line workers.

Finally, there is a deep-rooted tradition of idealistic philosophical thought in Germany. The influence of this tradition has vanished in most university departments but it is definitely alive in some schools for social work located at applied universities. Idealistic philosophy in social work, ranging from Phenomenology (for an introduction see Anderson, 2003) to so called "Critical Theory" (for an introduction see Rush, 2004), exhibits a wide variety of positions, but generally the empowerment of professionals by helping them to understand and reflect upon important ideas, aims, experiences, societal developments and their clients position within these processes are considered as central. Idealistic philosophy has nourished a lot of mistrust against instrumental reason and methodologies that should help to approach objective knowledge because a critical reflection on the aims, uses and underlying basic categories is not automatically included in this research. But more important time consuming and cost intensive empirical study of narrow concrete problems (e.g. work with neglectful families) is not valued very much within this line of thought because in effect practitioners are seen as able to reflect upon their experience on their own even in the absence of reference points in empirical research.

Media attention to and creation of child protection scandals (e.g. the "Kevin" case in the city of Bremen or the "Jessica" case in the city of Hamburg), in addition to of a lot of negative effects, has also had the positive effect in Germany of eroding the belief that practice can create a strong knowledge base on its own. In addition, several empirical studies have shed light on more systematic problems within the German child protection system. These include:

- Low reliability in case worker and team decisions regarding maltreatment risk and an intervention strategy (e.g. Pothman & Wilk 2009);
- High numbers of overburdened case workers (Seckinger et al. 2008);
- High numbers of children in out-of home placements combined with quick case worker decisions regarding long-term placement and weak efforts to restore parents parenting capacity (Thoburn 2007; Kindler et al. 2011);
- High numbers of under-served children with mental health problems and of children with problematic educational trajectories in out of home placement (Kindler et al. 2011)

- High numbers of families with recurrent maltreatment even after a child protection intervention (Kindler et al. 2008a, b).

There is however not only evidence regarding problems within the German child protection system that has to be reported in this nation report but also some evidence regarding progress. This is especially true for the early intervention/prevention field (e.g. Sann 2010) and the legal rights of parents and children to receive preventive and supportive child welfare services (Hagemann-White et al. 2010). Moreover some progress has been made in the areas of risk assessment (Kindler et al. 2008a) and in the prevention of institutional abuse (Helming et al. 2011).

5.2 Historical background

Defined as organized activity to help children at risk of significant harm, child protection has many histories because it started at a local level. Especially in Germany with its weak or even non-existent central state for a long period of time, states (Länder) had an important role before 1900. The first national child protection law was created in 1900 in Wilhemine German. After WWII, and until reunification in 1989, two German states existed with very different approaches to child protection. As an authoritative history of child protection in Germany has yet to be written this description of the historical background is sketchy and incomplete.

5.2.1 History of the recognition of different forms of child maltreatment

As a form of child neglect the abandonment of children by their parents seem to have been the first child protection problem that led to organized responses in Germany (Meumann 1995; Niederberger 1997) as well as in other European countries. First in the realm of religious charity organisations: in the second half of the eighteenth century several orphanages and foster care agencies organized by city councils are documented. Death rates for children, especially very young children, in orphanages or foster families were high and there were several reform attempts that aimed to guarantee proper care for these children. There are also documented cases of children who were taken back by their birth parents after they regained the resources to care for them (Frie 2010) and of foster children who were adopted by their foster parents and became respected members of society.

From the end of the eighteenth century onwards there was a steady debate in Germany on the fate of children who were not abandoned by their poor parents but left uncared for in the family or who had to do hard and dangerous work. This discourse should not solely be seen as a sign of the progressive recognition of children's rights because in part it was a reaction to a decline in living conditions in Germany at that time shown by anthromometric data (Ewert 2006; Cinnirella 2008; Coppola 2010). The

mainstream response in Germany shortly after 1900 was the introduction of social policy especially social security systems that should protect male breadwinners (and secondary their families including children) against life risks (Wehler 1995). This approach was accompanied by legislation regulating but not completely banning child labour. As however some vulnerable families still had difficulties to care for their children an additional social work discourse emerged. This discourse was about supporting and controlling families especially mothers to combat physical child neglect. A reading of the writings of central proponents of this mostly private charity movement (e.g. Frieda Duensing: Duensing 1903) shows the balance between an emphasis on support and an emphasis on control was constantly shifting and mixed with moral discussions regarding whether these families, or which of them, deserved help.

Around 1870 new voices were to be heard in the German child protection discourse emphasising not so much physical neglect but a neglectful socialisation and inadequate monitoring of minors. A special German term "Verwahrlosung" with a heavy moral connotation was introduced as a label for under-socialised children and adolescents with especially rigid norms being applied to the sexual behaviour of girls and young women. It is not clear why this new focus emerged as criminal statistics do not show a significant rise in youth crime during that time (Oberwittler 1997; Wegs 1999). One opportunity seems to be that mainstream society more and more felt threatened by social movements in the working and under class and wanted to tighten control. During that time the number of out of home placements was on a sharp rise (Ross Dickinson 2002) and concepts for the education of children and adolescents seen as under-socialised emphasised obedience to authority as a core basis for character development. Therefore rigid and violent systems of authority and control were installed in residential care facilities.

On the road leading to the Third Reich parts of German society developed a set of values (e.g. obedience) nowadays discussed under the headings of "authoritarian personality" (Adorno et al. 1950) or "Nazi conscience" (Koonz 2003) that contributed to a further radicalisation of inhuman educational practices in institutional settings (Berger & Rieger 2007). In addition, a child psychiatry claiming genetic roots of "Verwahrlosung" gained influence (e.g. Gregor & Voigtländer 1918) and was used as a further argument to separate and exclude these children and adolescents from society. While the child protection discourse in a radical way turned against children seen as "verwahrlost" or antisocial ("asozial") it is important to remember colleagues resisting that turn (e.g. Aichhorn 1925, Wilker 1925). Moreover for a complete history it is also necessary to note that racist and eugenic thoughts transformed child welfare services but the Nazi state kept investing large amounts of money to "rescue" children (e.g. through adoption services: Mouton 2005) seen as worth it.

After WWII, criteria for the placement of children and ways of treating them in residential care did not change very much at first. Again, the focus of the child protection discourse was on child neglect or children and adolescents behaving in a way seen as "verwahrlost" with some of the books written on this topic between WWI and WWII going into press again and again. Examining educational practices especially violence against children and adolescents in residential homes, Kuhlman (2010) concluded that

there was only slow progress until the end of the sixties. At that time however things started to change in important ways.

First, child physical abuse and a little later child sexual abuse gained importance as forms of child maltreatment implicating not only criminal prosecution but child protection action. Before that time archive data suggest that criminal prosecution was the dominant response if a child was seriously injured by its parents (e.g. Richter 2011). Although less clear, the same may be true for intra-familial sexual abuse (Ross Dickinson 2007). After the 1970s and 80s, at least for child physical abuse, prosecution was seen as less helpful and a slogan "Hilfe statt Strafe" (help instead of punishment) was introduced into the child protection discourse.

Second, in the 1970s and 80s new ideas on how to respond to neglecting families and how to place and treat children started to emerge emphasising not authority and obedience but positive relationships, shared goals and practical support. There was a sharp increase in numbers of social workers and placement patterns changed to a pattern preferring foster care placements (Hansbauer 2002). However, despite a more cooperative approach to families, the total numbers of children in out of home care kept increasing from 83 per 10.000 under the age of 18 in 1970 to 93 per 10.000 in 1980 (with a slight decrease thereafter).

As a detailed and comprehensive historical analysis of German child protection discourses during that turning point is missing not all the contributing factors are clear. But a greater acceptance of democratic values as well as a rush towards social reform optimism in German society may have been important. Also studies from sociology and psychology, some of them (e.g. Wahl et al. 1980) from the German Youth Institute (current author's institutional affiliation), were published describing positive attachments even between children and neglectful or violent parents, who due to their life circumstances and life histories were not able to take good care of their children. These studies worked to undermine perceptions of neglecting or violent parents as morally bad or insane. Regarding the recognition of physical child maltreatment as important for child protection, the first translations of the work of Kempe & Kempe (1980) was also influential.

In the German Democratic Republic, the socialist second German state from 1949 to 1989, not only a democratic turn, but any child protection discourse was missing because child maltreatment was seen as a problem confined to non-socialist societies. If child maltreatment was acknowledged as a social problem it tended to be explained as psychopathology of individual parents (Gries 2002). Focusing on re-education of children seen as problematic and without a legal obligation to respect parental autonomy, the placement of children and adolescents in residential care was a common form of intervention. In these institutions rigid, harsh and sometimes cruel forms of treating children and adolescents seem to have been common (e.g. Zimmermann 2004; Sachse 2010).

Even after the reunification, the child protection discourse in Germany until now has not paid much attention to psychological abuse and emotional neglect as forms of child maltreatment. Although both forms are listed in introductory publications, there are very few publications or training courses focusing on psychological maltreatment and/or emotional neglect (Kindler et al. 2006). This is astonishing because attachment theory which can be seen as a guiding theory in understanding the detrimental effects of both forms of maltreatment in early childhood has become influential not only in developmental psychology in Germany, but also in the child and youth welfare services area. Currently, however most publications inspired by attachment research deal with the situation of foster children while suggestions regarding the assessment of emotional neglect and psychological abuse are missing.

5.2.2   History of child protection legislation in Germany

In 1896 a civil code (Bürgerliches Gesetzbuch - BGB) for the German Reich was passed including a section (§ 1666) regulating state interference with parental rights. Before that time there had been some laws in some German states (Länder) regulating state interference. For example, there was a law in the state of Hessen listing criminal behaviour of the child or the adolescent, physical neglect, repeated and heavy physical maltreatment and a present danger of moral corruption of the child serious enough that positive parental and school influence alone seem inadequate as reasons to place a child even without parental consent. Moreover in some states (Länder), there were also other relevant regulations regarding child labour, special ways of handling criminal charges against minors and the control of institutions or foster families where children were placed. The penal code books analyzed in the literature did not include special sections on the physical maltreatment of children. If prosecuted at all physical maltreatment of children probably was seen as bodily injury. There were however some special regulations regarding infanticide which, as a phenomena, captured the attention and imagination of contemporaries (e.g. Peters 2001). Within the state penal codes there were also some laws against immoral behaviour including sexual violence against children but sometimes in the way laws were formulated or applied there seemed to have been some confusion about who was to blame if sexual violence happened (Künzel 2003).

Section 1666 of the civil code of 1896 introduced the term "Kindeswohlgefährdung" (child endangerment) as a threshold for state interference with paternal rights. Section 1666 focused solely on fathers who were traditionally seen as family heads. If a situation was seen as child endangerment the court had to act and protect the child. Doing this the court could place the child outside the family. Child endangerment was defined as severe misuse of parental powers (e.g. severe physical maltreatment, inciting a child to steal or modeling other criminal behaviors), child neglect or parental behaviour without honour or morality (e.g. alcoholism, adultery). During the nazi dictatorship there were several quite bizarre published court decisions which expanded the term child endangerment even further to include situations where a non-jewish, german father wanted a child to live with a jewish family or where a father denied the child membership in the "Hitlerjugend" (Hitler youth). After WWII and the formulation of the German constitution, the so-called German basic or fundamental law (Grundgesetz – GG), courts developed a much more

restricted understanding of the term child endangerment. In a famous definition formulated by the Bundesgerichtshof, the highest civil court in Germany, child endangerment was restricted to situations where it can be foreseen with a high degree of certainty that there will be considerable harm to the child or adolescent. Therefore the decision whether there is child endangerment or not still is a prognostic one, but the mere possibility of future harm is not enough. Also immoral parental behaviour does not constitute child endangerment if it cannot be shown that there are important negative consequences for the child. In general considerable harm is defined as danger for the children's life or health or as a way of rearing the child that prevents him or her from developing the competencies necessary for an independent life within society. But there was not only a restriction in the definition of child endangerment there was an expansion as well. Based on a central section of the constitution on the protection of human dignity excessive physical punishment of children was seen much more critically and therefore more often classified as child endangerment (Parr 2005). Since WWII there have been several changes to section 1666 BGB. In 1958 mothers were included. In 1980 there were several changes in section 1666 BGB. First the reasons for state interference were reconceptualised. Misuse of parental power and child neglect remained unchanged but parental behaviour without honour or morality was omitted. Two other possible reasons for child endangerment were added: Parenting breakdown without fault of the parents (e.g. due to mental illness or addiction) and failure of the parents to protect the child from dangerous other persons. Moreover a second requirement for state interference was formulated. It had to be shown that the parents were unwilling or unable to take action (with or without parenting support) against present dangers for their child's best interest. This of course had the consequence that such help had to be offered and tried before - as a possible next step - there was an involuntary child protection intervention by the state. Third the law explicitly stated that dangers to the mental health and emotional well-being of the child should also be considered not only dangers to physical health or cognitive development. The most recent changes to section 1666 BGB were made in 2008 in response to the suggestions of a commission (including the author of this report). The list of possible reasons for child endangerment was dropped altogether from the law because the courts should focus on the situation of the child as a whole. Instead a list of possible court measures (e.g. court orders, removal of some or all parental rights) if state intervention is needed was included because courts wanted to get involved in child protection cases earlier to avoid complete removal of parental rights more often.

"Child protection in Germany is not only regulated through family law and – indirectly – through criminal law; many of its central statutes are to be found in social law". This statement of Thomas Meysen one of Germany's leading juridical experts on child protection is included in another country report on the German child protection system (Hageman-White et al. 2010, p. 45). A national youth welfare act passed in 1922 may be seen as a starting point for the development of this social law although there were some earlier regulations in several states (Länder) and even at a local level. The first national law formulated a obligation for all cities and counties to create a child and youth welfare authority (Jugendamt) responsible for interventions in families whose children might be in danger but also for the supervision of foster parents and the care for abandoned, orphaned and poor children (for a more detailed description see

Uhlendorff 2003 p. 308ff). Collaborating with the police and the court, the main focus was on control and intervention but there was also the idea of prevention and support for families and children in need. Especially regarding prevention and support but also in the area of care for children in out of home placement the child and youth welfare authority had an obligation to collaborate with non-governmental organizations (NGO's) ("Freie Träger", e.g. a residential home run by a church) and to stand back if a service could be delivered by one of them (principle of subsidiarity). The national youth welfare act was also important because it made some kind of training mandatory for the workforce in child and youth welfare authorities.

After WWII, a new law on child and youth welfare services was introduced in 1962. But it changed and modernised only some outdated terms and regulations. A big change did not happen until 1990 when the Act on Child and Youth Welfare Services (Kinder- und Jugendhilfegesetz – KJHG) was passed. Thereby the Social Code Book VIII (Sozialgesetzbuch VIII – SGB VIII) was created. In that law an additional and new threshold for child and youth welfare services was created and linked to a right of parents to receive child and youth welfare services. The threshold (parents cannot guarantee the child's best interest) was set below the child endangerment threshold to make sure that services can be received before problems escalate to a point where an involuntary child protection intervention will be inevitable. Moreover an array of different child and youth services became listed in the law and local child and youth welfare authorities were obliged to hold these services available (e.g. family counselling, social pedagogical family help, foster care, residential care). Finally an obligatory service planning procedure (Hilfeplan) incorporating parents and children was introduced. The Act on Child and Youth Welfare Services had a clear focus on prevention and collaboration with families. Therefore it created a break with older more authoritarian traditions.

Although in general the law received very positive feedback there was some critique that it had little to say about how to handle cases where child endangerment is suspected. The issue first was raised in scholarly debates but soon afterwards there were also some "child protection scandals" reported in the mass media. In reaction, a new law was made in 2005 (Law on the Further Development of the Child and Youth Welfare System: Kinder- und Jugendhilfeweiterentwicklungsgesetz – KICK). In this law it was emphasised that all child and youth welfare workers, whether their workplace is at a child and youth welfare authority or at a NGO active in that field, have a duty to protect children from endangerment. Moreover a section of the law formulated an obligation to perform an assessment if there were concrete hints for any form of endangerment (mandatory assessment). Children and parents should be given the opportunity to participate during the assessment. Co-workers or experts have to be consulted during the assessment. If as a result of the assessment it is concluded that there is child endangerment and if there is a need for child and youth welfare services these have to be offered. If due to lack of cooperation of the parents the assessment cannot be completed or if child endangerment cannot be eliminated the case has to be taken to court. With the Law on the Further Development of the Child and Youth Welfare System for the first time quality standards for the handling of child maltreatment cases were introduced in the German child and youth welfare system. This on the one hand created a big challenge for workers and organisations in

the field. On the other hand it was accepted as a necessary step towards improving quality in the German child protection system.

Even more recently, there were additional laws at the federal as well as the state level aiming to improve the way other institutions (e.g. the family court, pediatric clinics and schools) handle cases in which child endangerment may be suspected. In a law reforming family court procedures (Gesetz über das Verfahren in Familiensachen – FamFG), a section regulates that some cases including cases of possible child endangerment have to be handled with priority. More than half of the states in Germany have also passed laws to make clear under which preconditions medical and school personnel reporting the child and youth welfare authorities about a suspicion. Only in two states are there obligations to do so (mandatory reporting). A national law on this issue is in preparation. Most of the states also passed laws that made baby-well visits (regular pediatric examinations) mandatory including a notification to the local child and youth welfare authority if - despite reminders - parents did not bring their child to the baby-well visit. With respect to child protection however this turned out to be ineffective because only very few cases of child endangerment (probably at a rate not significantly above the base rate) were detected (Kindler 2010).

As a last element in the history of child protection legislation in Germany a law banning the corporal punishment of children by parents passed in 2000 should be mentioned. Because a violation of this law does not implicate any sanctions for parents the main purpose is to give parents guidance. In contrast to most other laws in the child protection field this law has been evaluated (although with a weak correlational design) showing an association between the new law and a further decrease in the acceptance and use of corporal punishment by parents (Bussmann 2004).

5.3   Legal and policy Frameworks

Although policy analysis can be seen as a field of political science with well developed methods (e.g. Fischer et al. 2007; Weimar 2010) I am not aware of any study who has tried to do a methodological sound analysis of German child protection policies. Even in the more restricted field of legal framework analysis one has to say that there are hardly any publications that include family law, social law and criminal law. This may suggest that child protection in Germany is rarely perceived and analyzed under a systems perspective. There is however an unfolding debate on quality criteria on a systems level for the German child protection system (e.g. Amt für Soziale Dienste & Kronberger Kreis für Qualitätsentwicklung 2010; Kindler in prep.).

5.3.1 What is meant by the term child protection?

There is a narrow, a broad and an extended meaning of the term child protection in Germany. In the narrow view child protection is about organized activities to detect and handle cases of child endangerment, which as a legal term includes cases where maltreatment has already happened and there is a risk of recurrence as well as urgent cases where there is a danger that maltreatment will happen. The handling of the case has four aims:

- protect the child,

- rehabilitate parent's parenting capacity if possible,

- help the child to stabilize or regain a positive developmental path, and

- protect the rights of parents and children during any child protection procedure.

Organized activity may refer to the way a case worker is acting (including reflection and documentation) using the resources of his or her organisation and taking into consideration the regulations relevant for the case or it may refer to the activities of an organisation or several organisations together (e.g. family court and child and youth authority together). Most of the time the term "child protection" in a narrow sense is used with clear reference to real cases, but can sometimes include activities to plan the way in which services will be provided (e.g. a talk on cooperation between a pediatric clinic and a child and youth welfare activity on the handling of suspicious cases).

It is important to note that even in a narrow sense child protection both voluntary and involuntary interventions. For example, child protection interventions can include placement of the child against the will of the parents. However, if there is joint understanding between parents and the child and youth welfare authority on what is needed to prevent future maltreatment (e.g. social pedagogical family help) this can be done without any involuntary act or withdrawal of some or all parental rights.

There are some quality standards in law for the way in which narrowly defined child protection intervention provided by child and youth welfare services must be performed (e.g. section 8a of social code book VIII). For example, assessment of the situation of the child, participation of parents and child, and reflection with experienced co-workers. There are some additional regulations in other fields applying to professional activities in this narrow sense of child protection (e.g. permission to break confidentiality for medical personnel, priority that has to be given to child protection cases at the family court).

In a broad view all forms of psychosocial support for families with parenting difficulties or at risk for parenting difficulties are included in the term child protection. Although it is clear that most of these families would never maltreat a child even in the absence of any support it is equally evident that in some families psychosocial support may help to prevent child endangerment. In effect research outside Germany has shown exactly such effects (e.g. Reynolds et al. 2009; Prinz et al. 2009) but for most of the

professionals within the German child and youth welfare system this is practice wisdom. It is important to note that in Germany families with parenting difficulties "who cannot ensure the child's best interest" (section 27 social code book VIII) have a right to receive child and youth welfare services. They also have some procedural rights, such as the right to participation, and the right to choose between different providers and/or different forms of support if they are equally adequate and not too different in costs. Regarding families at risk for parenting difficulties (e.g. poorly educated families with a newborn) early support services (e.g. home visiting) are available in an increasing number of areas within the country (Sann 2010), but families do not have a right to receive such services. The inclusion of preventive services in the concept of child protection is not uncontested. For example, Schone (2010) argues that a narrow focus on the prevention of child maltreatment is inappropriate for case workers and managers and may work to make such services less attractive for families who may fear they wil be seen as potential child abusers.

Sometimes but not regularly the term child protection is also used in an extended way covering the protection of children from pornography and extreme violence in the media, fighting child poverty or preventing child sexual abuse outside the family (e.g. through stricter control of convicted sexual offenders) and institutional abuse. For example in the moment the German Bundestag (our federal parliament) is debating a Federal Child Protection Law (Bundeskinderschutzgesetz) which will include an obligation of all institutions providing child care to check the penal clearance certificate for their workforce and prevent persons with a conviction for a sexual offense from working with children. An obligation for residential care facilities and comparable institutions to develop procedures to prevent and handle institutional abuse will also be included.

Differing from at least some European countries, cases which require interventions after criminal or rule breaking behaviour of adolescents often are not considered to be child protection cases although child protection laws are applicable until the age of 18. Instead, at least at a case worker level, these cases are often seen as ordinary child and youth service cases (without any possibility of involuntary actions) or as cases for a special service called juvenile court assistance (if there are any criminal proceedings). For example, last year the society for communal studies (Verein für Kommunalwissenschaften 2011), the scientific organisation of the cities and counties in Germany, organized a symposium under the heading "Child protection also for adolescents?" which makes clear that it cannot be taken for granted that adolescents whose antisocial behaviour puts their own future at risk, can be the focus of a child protection intervention.

The meaning of the term child protection is also a state of flux in relation to which cases should be included as the scientific understanding of factors that can cause significant harm is changing. This may be illustrated regarding cases of high conflict divorce and cases of partnership violence. Regarding both case groups it has been demonstrated that at least some children show long-term and substantial

detrimental effects (e.g. Fichtner et al. 2010; Kindler 2006). As a result there have been several statements and court decisions about child protection interventions in contemporary cases of this nature.

It is clear that a narrow, a broad and a extended understanding of child protection are not mutually exclusive and can coexist, especially if used in different contexts. There may however also be tensions and conflicts. For example the recent emphasis on how to handle cases where child maltreatment has to be suspected (e.g. section 8a now included in the social code book VIII) has been understood as a critique and correction of a broad understanding of child protection that in practice lead to an attitude that was not attentive enough to cases where maltreatment was ongoing despite the provision of some kind of supportive service (Hensen & Schone 2010). On the other hand, there is also the critique that an over-emphasis on a narrow understanding of child protection may lead to shortage of resources for preventive interventions, may change the public image of child and youth welfare services and may discourage parents to ask for support which in turn may lead to even more cases of child endangerment. Therefore in effect a balanced view of child protection is needed.

5.3.2 Legal framework to protect children

Based on social law (section 27 social law code book VIII – SGB VIII) all parents who cannot ensure their child's best interest have a right to receive child and youth welfare services. This is a lower threshold than the child endangerment threshold, which justifies involuntary child protection interventions if the parents are unable or unwilling to avert the danger. Therefore the right to receive services is important under both a broader and a more narrow understanding of the term child protection because in both case groups parents have the right to receive child and youth welfare services which may help to prevent or avert child endangerment. Whether the threshold of section 27 is exceeded has to be judged by the local child and youth welfare authority. In cases of conflict an administrative court has to make a decision. If the local child and youth welfare authority agrees that parents have the right to receive child and youth welfare services or if the authority does proactively offers services parents and children have some procedural rights regarding the selection and enactment of services. For example the parents have the right right to choose between different providers and/or different forms of support if equally adequate and not too different in costs. By law there is also an obligation for most services (excluding family counselling) to make a plan, which has to be evaluated periodically. This plan should encompass the views of all relevant family members including children and should contain information about family needs and services to be provided.

If a child and youth welfare professional has strong suspicions that any form of child endangerment is occurring in a family he or she works with (child and youth welfare provider) or in a family he or she is responsible for (child and youth welfare authority) an assessment has to be made regarding whether there is child endangerment. If the assessment finds there is child endangerment, then the assessment must

also indicate what has to be done to avert the danger. Section 8a of the social law code book VIII outlines the rules for this kind of assessment:

First, the assessment has to be completed. If this is not possible due to parental non-cooperation a provider of child and youth welfare services has to inform the child and youth welfare authority. If a child and youth welfare authority cannot complete such an assessment the family court must be informed.

Second, a provider of child and youth welfare services doing such an assessment does not have an obligation to inform the child and youth welfare authority immediately. If there is no emergency but more support is needed the parents may first be encouraged to talk to the child and youth welfare authority on their own.

Third, children (if old enough) and parents have the right to participate during the assessment if this does not pose an additional significant risk. If professionals conclude that there is child endangerment parents however do not have to agree.

Fourth, co-workers or experts have to be consulted during each assessment.

Fifth, if as a result of the assessment it is concluded that there is child endangerment and that there is a need for child and youth welfare services, these have to be offered (child and youth welfare authority) or parents have to be encouraged to ask for additional services (child and youth welfare service provider).

If pediatricians, day care or school personnel have a strong suspicion of any form of child endangerment they have special rights or duties in some of the states (Länder). However, a duty to report (mandatory reporting) only exists in a small minority of states (e.g. Bavaria for medical personnel). In most state pediatricians, day care or school personnel have a right but no obligation to inform the child and youth welfare authority if there is no other way to make sure that the child is protected. Until now there is no comparative evaluation of different regulations regarding reporting. A draft-law that probably will be passed by the German Bundestag soon will make clear that professionals working with parents or children will have no obligation but the right to inform the child and youth welfare authority if they have a strong suspicion of any form of child endangerment ("a weighty ground to assume child endangerment") and there is no no other way to make sure that the child is protected. Professionals will have a right to receive anonymous counseling if they are insecure about what to do.

If a child protection case is taken to the family court or if the court initiates a proceeding on its own the court has to clarify two things (section 1666 civil code): whether or not there is child endangerment and whether or not the parents are unable or unwilling to avert present dangers. Child endangerment has been defined by the highest German civil court as a situation where it can be foreseen with a high degree of certainty that there will be considerable harm to the child or adolescent. It is easy to see that this definition is future oriented. If there has been maltreatment in the past it has to be considered whether there is a risk of recurrent maltreatment. Considerable harm has been defined as danger for the children's life or health or as such an inadequate way of rearing the child that he or she cannot develop the competencies necessary to be independent within society. If the court does find the presence of child endangerment and

of parental inability or unwillingness to avert present dangers the court has to act to protect the child. Possible court actions include court orders (e.g. to use services offered by the child and youth welfare authority or by health care institutions or to ensure that the child attends school), restraining orders, or the removal of some or all parental rights and the appointment of a guardian who then for example can make a decision that the child has to live in a residential home. The court has an obligation to act in accordance with the principle of proportionality. There are of course some regulations regarding the court proceeding (e.g. that if the child is above the age of three, there must be a hearing with the child), that the parents and also the child and youth welfare authority have to be heard or that the court has to the possibility to appoint a court expert to answer some questions relating to evidence.

The family court is the only institution legally entitled to interfere with parental rights. There is however an exception for cases of emergency. In such cases the child and youth welfare authority has the right to take a child into care (section 42 social code book VIII). The parents have to be informed (e.g. if the child is at the school when taken into care) and if they oppose the child must be returned to their care or the case has to be taken to the court without delay.

Social and civil law on child protection in Germany do not differentiate between physical abuse, neglect and sexual abuse. Psychological abuse and emotional neglect, in principle, are also included in the definition of child endangerment. However, in reality psychological abuse and emotional neglect are unlikely to be responded to under child endangerment laws. Regarding criminal law there are some differentiations and restrictions between different forms of maltreatment. For example regarding sexual abuse any sexual activity with children (persons below the age of 14) is punishable. The same is true under the age of 18 for biological or adopted children. The corporal punishment of children is punishable only if it trespasses the threshold of bodily injury (section 223 of the penal code). As the child's best interest is not in the focus of criminal proceedings there is no criminal complaint in most child protection cases. This may be seen as an important aspect of the German child protection system. For example Thomas Meysen states: "The separation between child protection and prosecution is central to the German approach to child maltreatment" (Hagemann et al. 2010, p. 45) and goes on to say: "Child protection is based on the view that for effective protection and assistance, it is vital to win the trust and cooperation of the families whenever possible. Criminal prosecution may impair this relationship, especially if the abuse occurred within the family" (Hagemann et al. 2010, p. 45). Therefore neither the child and youth welfare authority nor the family court have an obligation to make a criminal complaint even if a punishable act of abuse or neglect is suspected. The child and youth welfare authority however has the right to make a criminal complaint if this seems to be necessary to protect the child and does not interfere with or reduce the chance of child and youth welfare services being provided (section 64 social code book VIII).

None of the laws cited in this section of the case study does make an explicit reference to the UN convention on the rights of children. The same is true for the definitions of all the legal terms with central importance to the German child protection system (e.g. child endangerment). There is however a

fundamental concordance between the German legal framework and the values of the UN convention on the rights of children which of course does not preclude violations in some cases (e.g. AGJ 2010).

5.3.3   National policies and strategies for the protection of children

Because of the importance of local actors and the principle of subsidiarity in the German child protection system there is no organisation or authority with the power to formulate national policies or strategies for the protection of children. Moreover child protection and child and youth welfare services often are not very distinctive topics in professional debates. Principles seen as important for successful child and youth welfare services are in general also seen as important for successful child protection. An orientation towards a broad understanding of the term child protection (see above) may be one of characteristics of a German approach to child protection (this general orientation is of course not without exceptions).

In an attempt to describe ideas for child protection capable of winning a majority of professionals in the field I have searched a German literature database on child and youth welfare services (Literaturdatenbank der Arbeitsgruppe "Fachtagungen Jugendhilfe" im Deutschen Institut für Urbanistik: www.fachtagungen-jugendhilfe.de/literaturdatenbank/ldb/index.phtm) using several combinations of work principles with the term "Kinderschutz" (child protection) and counting the number of hits. I have also discussed the question with several colleagues at the German Youth Institute.

By far the most prevalent combinations were "child protection and networking" and "child protection and participation". This was in accordance with colleagues views. Reading the literature the appreciation for "networking" as a principle in child protections seems to be based on the assumption that neither the detection nor the safeguarding of maltreated children can be achieved by child and youth welfare authorities alone. Therefore cooperative relationships with other professionals (e.g. pediatricians) and with members of the child's family have to be built. Serious case reviews in Germany as well as in other countries have shown that a lack of cooperative relationships may have adverse consequences for children at risk (Fegert et al. 2010). Moreover practice projects have shown that professionals engaged in round tables feel they are helpful for their work with families (e.g. Kindler 2011). However, to date in Germany there have been no quasi-experimental or experimental studies showing that networking projects do have any effect on case detection, case flow and case outcome.

Participation has a strong legal basis in the German child and youth welfare system including assessment procedures regarding child endangerment. The rational behind the importance attributed to participation lies with the idea that dangers within the family can only be averted if parents can accept interventions and feel encouraged to cooperate. Even if there is an out of home placement it may be easier for the child to cope with this if the parents do not strongly oppose the placement (e.g. Strijker et al. 2009) or if the child does not feel overlooked. There are some correlational studies (although no study with a child protection sample) showing that participation predicts better case outcomes. It is however unclear whether this reflects a selection effect or a causal effect. Therefore experimental studies in this area are needed (e.g.

training case workers to encourage participation). Intervention studies would be possible because critical reviews of service as usual show that the theoretical importance attributed to participation often is not reflected in practice (e.g. Ackerman et al. 2010).

5.4   State, local authority and nongovernmental provider relationships

Germany is a federal state. The federal government has to ensure comparable living conditions in all parts of Germany. This in the past has been the justification for federal laws in the area of child protection. The leading ministry for laws addressing the child and youth welfare services system (e.g. the National Child Protection Law – Bundeskinderschutzgesetz) has been the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend – BMFSFJ) while the leading ministry for laws addressing the court system (e.g. Law on Family Court Interventions in Cases of Child Endangerment – Gesetz zur Erleichterung familiengerichtlicher Maßnahmen bei Gefährdung des Kindeswohls) has been the Federal Ministry of Justice (Bundesjustizministerium – BMJ). The Federal Ministry of Education and Research has been active during the last two years as one of the organizing ministries of a round table discussing measures of support for victims of institutional abuse in the past and measures against the institutional abuse of children now. Neither the Federal Ministry of Health nor the Federal Ministry of the Interior have been active in the area of child protection to date. The leading role is with the Chancellor who has had two talks with the governors of all German states on child protection.

Beside a role in initiating laws especially the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth has influenced child protection policies in Germany through the funding of research or practice projects. Relevant projects in the last years include a project "child protection and high conflict divorce", two randomized control trials on the effects of early prevention programs and a project on the effects of quality development workshops on local child protection networks. The Federal Ministry of Education and Research recently has joined funding activities and is funding two research programs: A basic research program on causes and effects of child maltreatment and a applied research program on the prevention of child sexual abuse, particularly in institutions.

The states (Länder) have competencies to regulate on their own some areas relevant to child protection (e.g. public health care) and they have the competence to supplement federal law. Nearly all of the states have passed some laws with relevance for child protection (for an overview see Nothhafft 2009). For example, in most states well-baby examinations (regular pediatric examinations) have been made mandatory including a notification to the local child and youth welfare authority if - despite reminders - parents do not bring their child to the well-baby visit. The local child and youth welfare authority then visits the child and its parents at least once to check whether the child and the family are in need of support.

273

Moreover all of the states have an obligation to organize one or several providers ("überörtlicher Träger") responsible for counselling local child and youth welfare authorities. These providers also have an oversight function for residential care facilities. The states are responsible for the court system, e.g. the number and training of family judges. However, because judges and courts are independent, state jurisdictions have limited power to influence the judges and courts understanding of child protection issues. Even judiciary participation in training is voluntary. Some states have been able to fund demonstration projects. One example is an e-learning project on child protection for home visitors funded by the state of Baden-Württemberg. In Bavaria the state has co-funded professionals for networking in early prevention in every county and city.

Cities and counties in Germany are responsible for the translation of the regulations of the social code book VIII in practice. That means they have to organize a child and youth welfare authority with responsibility for ensuring that a range of services as listed in the social code book VIII are available (although the authority does not have to provide these services on its own if NGO's are willing to do this). Moreover on a single case basis the child and youth welfare authority case workers have to plan child and youth welfare services together with parents and children and have to decide whether a family has the right to receive certain child and youth welfare services. They have to do assessments regarding the presence of child endangerment if there are strong suspicions that any form of maltreatment is occurring and they have to take the case to court if they cannot work out a plan together with the parents on how to avert present dangers. Finally, in cases of emergency they have to take children or adolescents into care ("Inobhutnahme"). In some cities and counties there is also a public health department that is active in the area of child protection most often providing some kind of early prevention (Sann 2010). In some cities and counties there are child protection round tables discussing ways to collaborate between different authorities, departments and providers. Some states have even made such round tables and networks mandatory. Regardless whether they are mandatory or not, these networks are most often organized by the local child and youth welfare authority. Although the financial situation of most cities and counties is not good, some have invested in practice projects. For example the first validation of a German risk assessment tool for child and youth welfare services was financed by the cities Stuttgart and Düsseldorf (Reich et al. 2009).

NGO's ("Freie Träger") have a strong position within the German child and youth welfare system. Because of the principle of subsidiarity the child and youth welfare authority does not provide certain types of services on its own if there are NGO's willing and able to provide this type of service. Moreover parents should have a right to choose between different service providers (section 5 social code book VIII). However the activities of NGO's are not unregulated. They have to enter into contracts with the child and youth welfare authority on the quality of services provided and the money they receive. There also has to be a contract on the quality of assessment procedures in cases of possible child endangerment. Finally (excluding family counselling) on a single case basis aims and services provided are agreed upon in a case conference with the child and youth welfare authority, the provider, the parents and (if possible) the child participating.

In summary the states and the federal state have legislative powers and an enabling or guiding role (e.g. through demonstration projects). There is nothing like the UK inspectorate system. States and the federal state do not control (except for residential care facilities) the provision and quality of local child and youth welfare services. To date there has been little comparability between cities and counties regarding the quality of the local child protection and child and youth welfare system, although some cities and counties have organized discussion groups and some measurable quality criteria are in discussion. The most important actors for child protection are on a local level: The child and youth welfare authority, the family court and the NGO providers of child and family welfare services. Although most often there is some kind of collaboration it is important to note that the health care system, the educational system and the police have no strong institutional position within the German child protection system. The child and youth welfare authority and the NGO providers of child and family welfare services have an obligation to cooperate (section 4 social code book VIII). In the end however the responsibility for the functioning of the child protection and the child and youth welfare system lies with the child and youth welfare authority. In single child protection cases with conflicting views the final decision regarding whether there must be an involuntary child protection intervention lies with the family court. The family court however has no right to advise the child and youth welfare authority to pay for certain services. Therefore the court and the child and youth welfare authority need to work together otherwise cases can become paralyzed (e.g. if the court does not want to place a child but thinks, ambulant family support is needed whereas the child and youth welfare authority does not want to pay for ambulant family support because from their point of view it is not enough to protect the child). One effect of the strong role of local actors are substantial differences in nearly all aspects of the child and youth welfare system ever measured (e.g. staffing, number of children in out-of home placement, number of children taken into care, number of children reunified with their parents after placement: Seckinger et al., 2008; Kindler et al. 2011). Studies have shown that these differences cannot be explained using indicators of the social situation of the population served (e.g. Van Santen et al. 2000). Therefore it is likely that teams or whole child and youth welfare authorities develop "traditions" regarding specific aspects of their work (e.g. their attitude towards out-of-home placement). This variation however has not been used as a kind of natural experiment for effects on children's well-being.

5.5 National data bases

In the social code book VIII there are some regulations regarding statistical data that have to be collected in the same way in all child and youth welfare authorities. These data therefore can be aggregated at different levels (e.g. the federal level). Most of these data however focus on services provided (e.g. foster care placement).

For several reasons it is not possible to estimate the number of child maltreatment cases that become known to child and youth welfare authorities based on these service data. First, the same services may be provided for different reasons. Second, children and families may receive more than one service at a time and several services in sequence. As there are no identification numbers in these data sets we cannot reconstruct case trajectories. Third, the number of cases where a service is provided and the number of children per case may vary. Fourth, child maltreatment reports and substantiations are not counted. Fifth, the German child protection system mixes cases where maltreatment has happened with cases where maltreatment is likely to happen.

For all this reasons we do not know how many maltreated children or how many endangered children become known to child and youth service authorities every year. Recently a question was added to the data collection sheet asking whether the reason the current services were provided was due to child endangerment. Initial data show that in about 15% of all child and youth welfare services, child endangerment was named as a reason for granting this service (Fendrich & Pothman 2010). As this is a new statistic it may be especially error prone at the moment. If it is assumed that there is only one child per service and that there are no children with two or more services per year 64 per 10.000 children in Germany take part in a child and youth welfare service because of maltreatment or a recent danger of maltreatment. Compared to international data this figure lies in a middle range (e.g. around 30 for England, 75 for Australia, 120 for the US, 211 for Canada) (Fluke et al., 2008).

A perhaps more trustworthy statistical system counting maltreatment reports and the results of child endangerment assessments according to section 8a social code book VIII on a national level is being developed.

There are some official data from the child and youth welfare statistic on the number of children taken into care in an emergency situation and the number of children with a court intervention due to child endangerment. These figures, respectively, are 10.6 and 11.6 per 10.000 children in 2007 (Fendrich & Pothman 2010). Both figures have risen during recent years (an increase of 82% between 2005 and 2008 for children taken into care in an emergency situation and 48% for children with a court intervention due to child endangerment). It is clear however that both statistics only capture a small part of all cases of child endangerment because chronic forms of endangerment (e.g. neglect) or cases where parents and child and youth welfare authority agree on a plan regarding how to avert present dangers are not included.

There are also official data on the number of child in out-of home placement. The rate is about 74 per 10.000 children under 18 with about the half of these children living in foster families (Kindler et al., 2011). Compared to international data the rate of children in out of home placement is quite high in Germany (Thoburn 2007), which in part seems to be an effect of high numbers of long-term placements resulting from very low numbers of adoptions and low numbers of reunifications (Kindler et al. 2011) (See Figure 47).
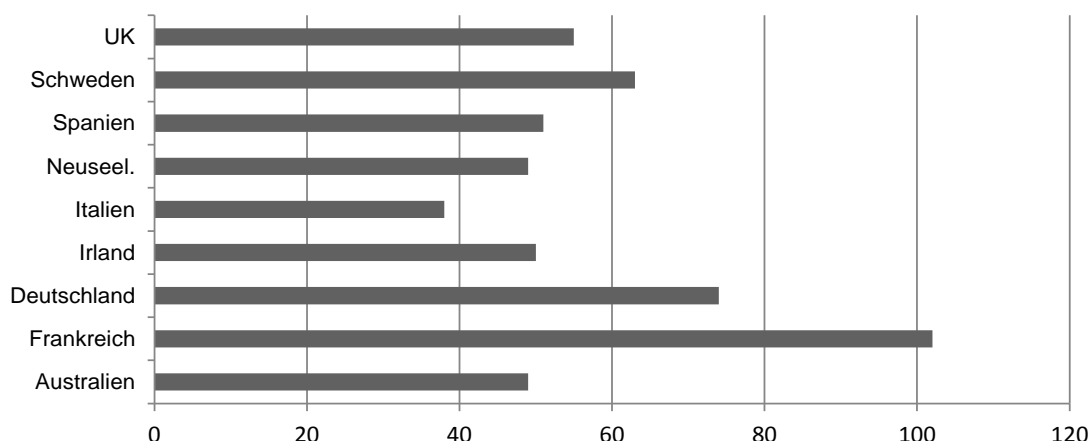
Figure 47: Rates of children (below 18) in out-of home placement during a year (Thoburn 2007)

The high rate of children in out-of home placement is astonishing because Germany has had high investments in ambulant services (e.g. social pedagogical family help). There are also official data on maltreatment related child deaths including international comparisons (Unicef 2003) placing Germany in the middle range of developed nations.

Regarding population rates of maltreatment there are two representative studies with adults (Häuser et al. 2011, Wetzels 1997) but no representative studies with children and/or adolescents, although such a study is in preparation. Representative published studies using standardised measures of child maltreatment risk are also missing, but unpublished data screening more than 90% of all births in county and more than 80% of all children attending kindergarten in another county found three to five percent of cases with multiple risks (Project risk epidemiology: Künster, Kindler, Thurn et al.). One representative study has looked at the number of sexual abuse cases that become known in schools and residential care facilities (Helming et al. 2011). According to that data more than half of all residential homes and about a third of all schools had to deal with at least one case of possible child sexual abuse during the last three years. Most cases were only detected because a child had disclosed the abuse to an adult person working in the school or the residential home. This was true regardless of type of sexual abuse (sexual abuse by a professional, by another child or adolescent inside the institution or outside the institution).

As already mentioned child maltreatment reports as well as endangerment assessments and their results have not been counted and therefore cannot be monitored on a state or federal level. Some counties and cities however have started to collect such data and have installed monitoring systems (Wohlgemuth 2009). Because the number of years and communities with available data is small, stable trends cannot be described and rising figures should not be over-interpreted. Together with rising figures of children taken into care in emergency situations and rising figures of court interventions due to child endangerment it may be speculated that the child and youth welfare system has to handle more and more child protection cases. It is however unclear whether population rates of maltreatment are rising in Germany for

example because adults with mental problems more often become parents. It is however quite clear that attention processes and fear of professionals also are important factors. For example the number of children going into out of home care had its highest growth rate in the state of Bremen after a child abuse scandal happened there.

Some studies have looked at the ratio of different forms of maltreatment (sexual abuse, physical abuse, neglect and psychological abuse) within German samples of cases taken to the family court (Münder et al. 2000) and within samples of children in out-of-home care due to child endangerment (e.g. Kindler et al. 2011). Consistent with the international literature, child neglect was much more common than physical abuse and sexual abuse with psychological maltreatment being a common co-factor but rarely the sole reason for a significant child protection intervention. In most child protection cases there was more than one form of child maltreatment. Given this data one might wonder why few professionals see themselves as specialists for child neglect or try to do research on this form of child maltreatment (Behl et al. 2003).

In Germany research on the effects of child and youth welfare interventions is still rare. Existing studies (e.g. Schmidt et al. 2002) do not differentiate between cases with or without one or more forms of child maltreatment and do not use child maltreatment recurrence as one of the outcome criteria. Focusing on behaviour problems these studies find weak to medium sized positive effects. This is in accordance with comparable other European studies on service as usual (e.g. see the meta-analyses of van Yperen et al. 2010). Focusing on child protection cases and service as usual Kindler et al (2008a, b) found child maltreatment recurrences within three years (average) in more than two thirds of the cases and out of home placements in more than half of the cases. Examining children who were placed in foster families after child maltreatment in the birth family more than a third of the children showed signs of psychopathology and more than half of the children showed educational problems (Kindler et al. 2011). More than half of the children with mental health problems turned out to be untreated.

Based on these data it is hard to avoid the impression that there is room for improvement in the German child protection system. Several strategies for improvement seem to be promising. One strategy to reduce maltreatment recurrence may be to introduce short but validated risk assessment tools combined with more emphasis on child safety in cases at higher risk. There are at lot of risk assessment tools in Germany but few of them are easy to handle and only one tool has been validated (Kindler et al. 2008a). A second strategy may be to invest more in case analysis and the fit between detectable risk mechanisms working in the family and intervention strategy. For example based on literature review more than seven mechanisms that may work towards physical abuse and or neglect have been proposed (e.g. inadequate internal working models based on parents life history guiding their perception of the child's signals and needs, conflict between caregiving and other developmental tasks of the parent, overlearned antisocial behaviour pattern of a parent, emotional dysregulation) requiring different forms of intervention (Kindler et al. 2008c). Third, intensified cooperation with mental health professionals may be necessary to provide better services to children. As one of the first controlled intervention studies within the field of child

protection in Germany has shown (Goldbeck et al. 2007) the inclusion of mental health professionals is helpful for the development of supportive strategies for children. Finally, case workers need resources. Below a certain level high quality child protection work will be impossible or case workers will start to avoid working in the child protection field. Unfortunately there are no studies in Germany at present that have looked at the relationship building processes in child protection cases although this may turn out as another important factor for improving the child protection system.

5.6   Analysis and recommendations

The following recommendations for consideration in the Swiss context are drawn from the experience of child protection service provision in Germany. It is important to note that, due to a lack of rigorous scientific evidence on effective child protection service provision; these recommendations are based on the available scientific evidence and my experiences as researcher, trainer and court expert in the child protection field in Germany. The relevance of these recommendations for the Swiss context will need to be further assessed by the Swiss expert reference group. Not withstanding these limitations, I have made the following six recommendations.

1. **Start a discussion on quality criteria for child protection and try to use intra-country variability as a chance to detect and foster good practice**: Without quality criteria on a systems level there is a serious risk that secondary but available criteria (e.g. costs) or rare but impressive events (e.g. child maltreatment deaths) drive the discussion and lead to a system development path oscillating between more and less control or more and less investment in the system. Adequate quality criteria however might not be easy to find, because there are some tensions and complexities between possible criteria. Moreover some necessary criteria (e.g. the development of children after a child protection intervention) cannot be assessed in an easy and quick way. Instead time and cooperation with science are needed. On the other hand quality criteria on a system level are a very powerful tool for system development. Moreover Switzerland could learn from international experiences and could join Germany in the discussion we want to launch there.

2. **Emphasize the need for a multi-stage approach to child protection**: As there are continuums of need, risk and danger the flexibility of a child protection system to deal with different families may be a key to successful services. A preventive and cooperative approach to families is needed as a basic approach because prevention of child maltreatment is preferable under a child and family well being perspective. As prevention and cooperation may fail strategies to deal with more dangerous situations have to exist too. At a given point in time it may be necessary for quality development processes to focus on a broader or on a more narrow understanding of child protection. There should be however a deeper integrative understanding of child protection. In Germany for example we initially focused on procedures to handle

strong suspicions of child maltreatment (narrow understanding). Subsequently, we focused on the development of early prevention services (broad understanding of child protection).

3. **Advocate strong rights for children and parents to receive services and to participate during decisions regarding service delivery**: Within child protection conflicts of interest between parents and children and between parents and the state do emerge but not as a rule. In most cases a consensus regarding what needs to be done to prevent (recurrent) maltreatment can be reached. This however has not only the precondition that parents have to understand that they must change, it has also the precondition that the state has an obligation to adjust to the demand and to respect parents and children as clients.

 4. **Invest in the development of easy to handle, valid tools and in the availability of case oriented training**: Working with child protection cases raises intensive emotions and includes dealing with a lot of situations with incomplete, concealed, conflicting or ambiguous information. Therefore cases workers need all the help and support they can get. Although not without risks (e.g. over-bureaucratization) the development of assessment tools can be a supportive strategy if there is an extensive testing of the tools using validity, reliability and user-friendliness as quality criteria. Tools may cover different areas e.g. the assessment of child and family needs, maltreatment recurrence risk and case progress. In Germany, front-line workers report positive experiences with at least some tools. Case oriented trainings with experienced and successful case workers may be another approach to support front-line workers.

5. **Look at case trajectories**: Number of referrals, the time families have to wait, cases lost between systems and the number of cases with adverse events or escalating problems tell you a lot about the strengths and the weaknesses of the child protection system in Switzerland. Therefore these kinds of analyses are very informative. In Germany, for example, a study on the trajectories of cases of possible sexual abuse (Fegert et al. 2001) has had this function. Do not invest to much time in debates on structures if this in not complemented with research on case trajectories because there is a high risk that such debates are just about cloud-castles.

6. **Emphasize the need for solid scientific evidence**: In a country like Germany with big intra-country differences in service delivery it is not uncommon that everybody appeals to his or her case experience. Even former authors describing inhumane practices with children and adolescents seen as "verwahrlost" justified their deeds with their clear case experience. Therefore controlled forms of experience = that is scientific evidence – is needed. There are several proposals for hierarchies of evidence appropriate for social work (e.g. Veerman & van Yperen 2007). Moreover from my point of view not only "what works" is important but also "what works for whom" because there are very different mechanisms underlying child maltreatment. It would also be helpful if Switzerland could join comparative international studies on the effects of child protection interventions because this form of research is not only cost intensive but needs varied replications to produce robust findings.

Bibliographical References

Ackerman T., Robin P. & Wolff R. (2010). „Kinder im Kinderschutz – Zur Partizipation von Kindern und Jugendlichen im Hilfeprozess. Berlin: ASFH und Kronberger Kreis.

Adorno T., Frenkel-Brunswick E., Levinson D. & Stanford N. (1950). The authoritarian personality. New York: Harper.

Arbeitsgemeinschaft Kinder- und Jugendhilfe (2010). Erster Kinder- und Jugendreport zur UN-Berichterstattung über die Umsetzung der UN-Kinderrechtskonvention in Deutschland. Berlin: AGJ (www.kinder-jugendreport.de/documents/UN-KinderJugendreport_2010.pdf)

Aichhorn A. (1925). Verwahrloste Jugend. Leipzig: Thieme.

Amt für Soziale Dienste Bremen und Kronberger Kreis für Qualitätsentwicklung (2010). Qualitätssicherung und Risikomanagement in der Kinderschutzarbeit. Bremen: ASDB.

Anderson, R. L. (2003), The debate over the Geisteswissenschaften in German philosophy. In T. Baldwin (Ed.), The Cambridge History of Philosophy 1870-1945, Cambridge: Cambridge University Press, 221-235.

Bäckman O. & Ferrarini T. (2010). Combating Child Poverty? A Multilevel Assessment of Family Policy Institutions and Child Poverty in 21 Old and New Welfare States. Journal of Social Policy, 39, 275-296.

Baistow, K. & Wilford, G. (2000). Helping parents, protecting children: ideas from Germany. Children & Society, 14, 343-354.

Behl L., Conyngham H. & May P. (2003). Trends in Child Maltreatment Literature. Child Abuse & Neglect, 27, 215–229.

Benbenishty R., Osmo R. & Gold N. (2003). Rationales Provided for Risk Assessments and for Recommended Interventions in Child Protection: A Comparison between Canadian and Israeli Professionals. British Journal of Social Work, 33, 137-155.

Berger E. & Rieger E. (2007). Verfolgte Kindheit: Kinder und Jugendliche als Opfer der NS-Sozialverwaltung. Wien: Böhlau.

Bradshaw J., Keung A., Rees G. & Goswami H. (2011). Children's subjective well-being: international comparative perspectives, Children and Youth Services Review, 33, 548-556

Bradshaw J. & Richardson D. (2009). An Index of Child Well-Being in Europe. Child Indicators Research, 2, 319-351.

Brunnberg E. & Pećnik N. (2007). Assessment processes in social work with children at risk in Sweden and Croatia. International Journal of Social Welfare, 16, 231-241.

Bussmann K.-D. (2004). Evaluating the subtle impact of a ban on corporal punishment of children in Germany. Child Abuse Review, 13, 292–311.

Cinnirella F. (2008). On the road to industrialization: nutritional status in Saxony, 1690–1850. Cliometrica, 2, 229-257

Coppola M. (2010). The biological standard of living in Germany before the Kaiserreich. European Review of Economic History, 14, 71-109.

Duensing F. (1903). Verletzung der Fürsorgepflicht gegenüber Minderjährigen. München: Schweitzer.

European Network on National Observatories on Childhood (2007). Review on national systems of statistics and registration on child abuse. Firenze: Instituto degli Innocenti.

Ewert U.C. (2006). The biological standard of living on the decline: Episodes from Germany during early industrialisation. European Review of Economic History, 10, 51-88.

Fegert J., Berger C., Klopfer U., Lehmkuhl U. & Lehmkuhl G. (2001). Umgang mit sexuellem Missbrauch. Institutionelle und individuelle Reaktionen. Forschungsbericht. Münster: Votum.

Fegert J., Ziegenhain U. & Fangerau H. (2010). Problematische Kinderschutzverläufe. Mediale Skandalisierung, fachliche Fehleranalyse und Strategien zur Verbesserung des Kinderschutzes. Weinheim: Juventa.

Fendrich S. & Pothmann J. (2010). Einblicke in die Datenlage zur Kindesvernachlässigung und Kindesmisshandlung in Deutschland. Bundesgesundheitsblatt, 53, 1002-1010.

Fichtner J., Dietrich P., Halatcheva M., Hermann U. &Sandner E. (2010). Kinderschutz bei hochstrittiger Elternschaft. Wissenschaftlicher Abschlussbericht. München: Dji.

Fischer F., Miller G. & Sidney M. (2007). Handbook of Public Policy Analysis: Theory, Politics, and Methods. Boca Raton: Taylor & Francis.

Fish S., Munro E. & Bairstow S. (2008) Learning together to safeguard children: Developing an inter-agency systems approach for case reviews, London: SCIE.

Fluke J., Tonmyr L., Bianchi D., Gray J., Halifax J. & Kim C. (2008). Frameworks for international comparison of child maltreatment data. In International Society for Prevention of Child Abuse and Neglect (Ed.), World Perspectives on Child Abuse. Chicago: IPSCAN, 48-66 (www.ispcan.org/resource/resmgr/world_perspectives/world_persp_2008_-_final.pdf).

Freymond N. & Cameron G. (2006). Towards Positive Systems of Child and Family Welfare. Toronto: University of Toronto Press.

Frie E. (2010). Armut und Armenpolitik im langen 19. Jahrhundert. Ein europäischer Vergleich. Forschungen zur Brandenburgischen und Preußischen Geschichte, 20, 55-71.

Goldbeck L, Laib-Koenemund A & Fegert J. (2007). A randomized controlled trial of consensus-based child abuse case-management. Child Abuse and Neglect, 31, 919–33.

Gregor A. & Voigtländer E. (1918). Die Verwahrlosung: Ihre klinisch-psychologische Bewertung und ihre Bekämpfung. Für Pädagogen, Ärzte, Richter. Berlin: Karger.

Gries S. (2002). Kindesmisshandlung in der DDR. Kinder unter dem Einfluß traditionell-autoritärer und totalitärer Erziehungsleitbilder. Münster: Lit Verlag.

Häuser W., Schmutzer G., Brähler E. & Glaesmer H. (2011). Maltreatment in childhood and adolescence: Results from a survey of a representative sample of the German population [Misshandlungen in Kindheit und Jugend]. Deutsches Ärzteblatt, 108, 287-294.

Hagemann-White C., Kelly L. & Römkens R. (2010). Feasibility study to assess the possibilities, opportunities and needs to standardise national legislation on violence against women, violence against children and sexual orientation violence (ec.europa.eu/justice/funding/daphne3/daphne_feasibility_study_2010_en.pdf).

Hagemann-White C. & Meysen T. (2010). Report on Germany. Report prepared for the EU Commission project "Feasibility study to assess the possibilities, opportunities and needs to standardise national legislation on gender violence and violence against children". Utrecht: Human European Consultancy.

Hansbauer P. (2002). Large-scale Changes in the German Residential Care System during the 1980s. European Journal of Social Work, 5, 21-29.

Healy K. & Oltedal S. (2010). An institutional Comparison of Child protection Systems in Australia and Norway Focused on Workforce Retention. Journal of Social Policy, 39, 255-274.

Helming E., Kindler H., Langmeyer A., Mayer M., Entleitner C., Mosser P. & Wolff M. (2011). Sexuelle Gewalt gegen Mädchen und Jungen in Institutionen. Rohdatenbericht. München: DJI.

Hensen G. & Schone R. (2010). Kinderschutz und Frühe Hilfen für Familien als Planungsthema. In Maykus S. & Schone R. (Hrsg.), Handbuch Jugendhilfeplanung. Grundlagen, Anforderungen und Perspektiven. Wiesbaden: VS Verlag, 329-347.

Herrmann B. & Eydam A. (2010). Guidelines and evidence. Recent developments in medical child protection [Leitlinien und Evidenz: Neue Entwicklungen im Medizinischen Kinderschutz]. Bundesgesundheitsblatt, 53, 1173-1179.

Kamerman S., Phipps S. & Ben-Arieh A. (2010). From Child Welfare to Child Well-Being. An International Perspective on Knowledge in the Service of Policy Making. Children's Well-Being: Indicators and Research Series Vol. 1. Dordrecht: Springer.

Kempe R. & Kempe H. (1980). Kindesmißhandlung. Stuttgart: Klett-Cotta.

Khoo E. (2004). Protecting Our Children: A Comparative Study of the Dynamics of Structure, Intervention and Their Interplay in Swedish Child Welfare and Canadian Child Protection. Dissertation, Umeå University.

Kindler H. (in Vorb.). Qualitätsindikatoren für die Kinderschutzarbeit. Expertise für das Nationale Zentrum Frühe Hilfen. München.

Kindler H. (2011). Wissenschaftliche Evaluation des Modellprojektes „Frühe Hilfen im Rems-Murr-Kreis". München.

Kindler H. (2010). Risikoeinschätzung und Diagnostik im Rahmen Früher Hilfen. IzKK-Nachrichten Heft 1/2010, 53-56.

Kindler H. (2009). Child endangerment: A research update regarding etiology, consequences, diagnostics, and intervention [Kindeswohlgefährdung: Ein Forschungsupdate zu Ätiologie, Folgen, Diagnostik und Intervention]. Praxis der Kinderpsychologie und Kinderpsychiatrie, 58, 764-785.

Kindler H. (2008). Developing Evidence Based Child Protection Practice: A View from Germany. Research in Social Work Practice, 18, 319-324.

Kindler H. (2006). Partnergewalt und Beeinträchtigungen kindlicher Entwicklung: Ein Forschungsüberblick. In B. Kavemann & U. Kreyssig (Hrsg.). Handbuch Kinder und häusliche Gewalt. Wiesbaden: VS Verlag für Sozialwissenschaften, 36-53.

Kindler H., Helming E., Meysen T. & Jurczyk K. (2011). Handbuch Pflegekinderhilfe. München: DJI (online avaliable at www.dji.de/pkh).

Kindler H., Lillig S., Blüml H., Meysen T. & Werner A. (2006). Handbuch Kindeswohlgefährdung nach § 1666 BGB und Allgemeiner Sozialer Dienst (ASD). München: DJI (online available at www.dji.de/asd).

Kindler H., Lukasczyk P. & Reich W. (2008a). Validierung und Evaluation eines Diagnoseinstrumentes zur Gefährdungseinschätzung bei Verdacht auf Kindeswohlgefährdung (Kinderschutzbogen). ZKJ - Zeitschrift für Kindschaftsrecht und Jugendhilfe, 94, 500-505.

Kindler H., Pluto L. & Strobel B. (2008b). Kinderschutz im Jugendamt der Hansestadt Lüneburg. Abläufe, Kommunikationswege und Handlungskriterien. München: DJI.

Kindler H., Ziesel B., König C., Schöllhorn A., Ziegenhain U. & Fegert J. (2008). Unterstützungsbogen für die Jugendhilfe: Bogen zur Unterstützung der Hilfeplanung im frühen Kindesalter. Das Jugendamt, 81, 467-470.

Koonz C. (2003). The Nazi conscience. Harvard: Harvard University Press.

Kuhlmann C. (2010). Erziehungsvorstellungen in der Heimerziehung der 50er und 60er Jahre. Maßstäbe für angemessenes Erziehungsverhalten und für Grenzen ausgeübter Erziehungs- und Anstaltsgewalt. Expertise für den Runden Tisch „Heimerziehung in den 50er und 60er Jahren". Bochum.

Künzel C. (2003), Unzucht – Notzucht – Vergewaltigung: Definitionen und Deutungen sexueller Gewalt von der Aufklärung bis heute. Frankfurt a. Main: Campus.

McAuley C., Pecora P. & Rose W. (2006). Enhancing the Well-Being of Children and Families through Effective Intervention. London: Jessica Kingsley.

Meumann M. (1995). Findelkinder, Waisenkinder, Kindsmord. Unversorgte Kinder in der frühen Neuzeit. München: Oldenbourg.

Meysen T., Schönecker L. & Kindler H. (2008). Frühe Hilfen im Kinderschutz. Weinheim und München: Juventa.

Mouton M. (2005). Rescuing Children and Policing Families: Adoption Policy in Weimar and Nazi Germany. Central European History, 38, 545-571.

Münder J., Mutke B. & Schone R. (2000). Kindeswohl zwischen Jugendhilfe und Justiz. Professionelles Handeln in Kindeswohlverfahren. Münster: Votum.

Niederberger J.M. (1997). Kinder in Heimen und Pflegefamilien: Fremdplazierung in Geschichte und Gesellschaft. Bielefeld: Kleine Verlag.

Nothhafft S. (2009). Landesgesetzliche Regelungen im Bereich des Kinderschutzes bzw. der Gesundheitsfürsorge. München: DJI.

Oberwittler D. (1997). Jugendkriminalstatistiken und ihre Interpretation. Zur Entwicklung der Jugendkriminalität in Deutschland und England in der zweiten Hälfte des 19. und im frühen 20. Jahrhundert. Historical Social Research, 22, 198-227.

Olds D. (2006). The Nurse–Family Partnership: An evidence-based preventive intervention. Infant Mental Health Journal, 27, 5–25.

Olk T. (2010). Investing in Children? Changes in Policies Concerning Children and Families in European Countries. In Ajzenstadt M. & Gal J. (Eds.), Children, Gender and Families in Mediterranean Welfare States. Children's Well-Being: Indicators and Research Series Vol. 2. Dordrecht: Springer, 3-33.

Parr K. (2005). Das Kindeswohl in 100 Jahren BGB. Dissertation. Würzburg: Ludwigs-Maximiliansunversität Würzburg.

Peters K. (2001). Der Kindsmord als schöne Kunst betrachtet. Eine motivgeschichtliche Untersuchung der Literatur des 18. Jahrhunderts. Würzburg: Verlag Königshausen und Neumann.

Pothmann J. & Wilk A. (2009). Wie entscheiden Teams im ASD über Hilfebedarf? Untersuchung zur Gegenüberstellung von Strukturen, Prozessen und Ergebnissen des Fallmanagements kommunaler sozialer Dienste und sich daraus ergebende Konsequenzen für Praxisentwicklung. Abschlussbericht für die Stiftung Jugendmarke. Dortmund: Forschungsverbund Deutsches Jugendinstitut/Technische Universität Dortmund.

Prinz R., Sanders M., Shapiro C., Whitaker D. & Lutzker J. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. Prevention Science, 10, 1-12.

Reich W., Lukasczyk P. & Kindler H. (2009). Evaluation eines Diagnoseinstrumentes zur Gefährdungseinschätzung des Kindeswohls. NDV - Nachrichtendienst des Deutschen Vereins für öffentliche und private Fürsorge e.V., 89, 63-68.

Reynolds A., Mathieson L. & Topitzes J. (2009). Do Early Childhood Interventions Prevent Child Maltreatment? Child Maltreatment, 14, 182–206.

Richter J. (2011). Gute Kinder schlechter Eltern?: Familienleben, Jugendfürsorge und Sorgerechtsentzug in Hamburg 1884-1914. Wiesbaden: VS Verlag.

Ross Dickinson E. (2007). Policing Sex in Germany 1882-1982: A Preliminary Statistical Analysis. Journal of the History of Sexuality, 16, 204-250.

Ross Dickinson E. (2002). 'Until the subborn will is broken'. Crisis and Reform in Prussian Reformatory Education 1900-1934. European History Quarterly, 32, 161-206.

Rush, F.L. (2004). The Cambridge Compagnion to Critical Theory. Cambridge: Cambridge University Press.

Sachse C. (2010). Der letzte Schliff. Jugendhilfe in der DDR im Dienst der Disziplinierung von Kindern und Jugendlichen (1945-1989). Rostock: Die Landesbeauftragte für Mecklenburg-Vorpommern für die Unterlagen des Staatssicherheitsdienstes der ehemaligen DDR.

Sann A. (2010). Kommunale Praxis früher Hilfen in Deutschland. Teiluntersuchung 1: Kooperationsformen. Materialien zu Frühen Hilfen, Band 2. Köln: Nationales Zentrum Frühe Hilfen.

Schmidt M., Schneider K., Hohm E., Pickartz A., Macsenaere M., Petermann F., Flosdorf P., Hölzl H. & Knab E. (2002). Effekte erzieherischer Hilfen und ihre Hintergründe. Schriftenreihe des BMFSFJ, Band 219. Stuttgart: Kohlhammer.

Schone R. (2010). Kinderschutz – zwischen FrühenHilfen und gefährdungsabwehr. In IzKK-Nachrichten, Heft 1/2010, 4-7.

Seckinger M., Gragert N., Peuker C. & Pluto L. (2008). Arbeitssituation und Personalbemessung im ASD. Ergebnisse einer bundesweiten Online-Befragung. München: DJI.

Strijker J. & Knorth E. (2009). Factors Associated With the Adjustment of Foster Children in the Netherlands. American Journal of Orthopsychiatry, 79, 421-429.

Tchengang C. (2004). Protecting Children From Abuse in their Families: Detection, Reporting and Initial Assessment. A critical comparative analysis of the French and English systems of child protection. Dissertation. Maastricht: Hogeschool Maastricht.

Thoburn J. (2007). Globalisation and Child Welfare: Some Lessons from a Cross- National Study of Children in Out-Of-Home Care. Norwich: School of Social Work and Psychosocial Sciences, University of East Anglia.

Thyen U. (2010). Child protection from the perspective of child and adolescent medicine [Kinderschutz und Frühe Hilfen aus Sicht der Kinder- und Jugendmedizin]. Bundesgesundheitsblatt, 53, 992-1001.

Uhlendorff U. (2003). Geschichte des Jugendamtes. Entwicklungslinien der öffentlichen Jugendhilfe 1871-1929. Weinheim und München: Beltz.

UNICEF (2003). A league table of child maltreatment deaths in rich nations. Innocenti Report Card No. 5. Firenze: Instituto degli Innocenti.

Van Nijnatten C. (2000). Authority relations in families and child welfare in the Netherlands and England. International Journal of Law, Policy and the Family, 14, 107-130.

Van Santen E., Seckinger M., Pluto L. & Pothmann J. (2000). Sozialindikatoren, Fremdunterbringung und Sozialraumbudgetierung – ein Bermudadreieck der Fachlichkeit. In: Archiv für Wissenschaft und Praxis der sozialen Arbeit, 31, 101-134.

Van Yperen T., van der Steege M., Addink A. & Boendermaker L. (2010). Algemeen en specifiek werkzame factoren in de jeugdzorg. Stand van de discussie. Utrecht: NJI.

Verein für Kommunalwissenschaft (2011). Frühe Hilfen auch für Jugendliche? Gilt der Schutzauftrag § 8a SGB VIII bis zur Volljährigkeit? Conference documentation. Berlin: VfK.

Veerman J. & van Yperen T. (2007). Degrees of freedom and degrees of certainty: A developmental model for the establishment of evidence-based youth care. Evaluation and Program Planing, 30, 212-221.

Wahl K., Tüllmann G., Honig M.-S. & Gravenhorst L. (1980). Familien sind anders! Wie sie sich selbst sehen. Anstösse für eine neue Familienpolitik. Reinbek: Rowohlt.

Wegs R. (1999). Youth delinquency & crime: The perception and the reality. Journal of Social History, 32, 603-621.

Wehler H.-U. (1995). Deutsche Gesellschaftsgeschichte. Band 3: 1849-1914. München: C.H. Beck.

Weimar D. (2010). Policy Analysis: Concepts and Practice (5th Ed.). London: Longman.

Wetzels P. (1997). Gewalterfahrungen in der Kindheit. Sexueller Mißbrauch, körperliche Mißhandlung und deren langfristige Konsequenzen. Baden-Baden: Nomos.

Wilker K. (1925). Fürsorgeerziehung als Lebensschulung. Berlin: Schewetschke.

Wohlgemuth K. (2009). Kommunale Strategien des Umgangs mit Mitteilungen zu möglichen Kindeswohlgefährdungen. Expertise. München: DJI.

Zeiher H. (2010). Childhood in German Sociology and Society. Current Sociology, 58, 292-308.

Zimmermann V. (2004). Den neuen Menschen schaffen: Die Umerziehung von schwererziehbaren und straffälligen Jugendlichen in der DDR. Köln: Böhlau.