


Jim Lurie and Gro Ulset

Child Protection Services and Child and Adolescent Psychiatry in Trøndelag

A study of families' experience with help from both services



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		Jim Lurie and Gro Ulset	
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<p>This report presents the results of a user study of 10 families from Nord- and Sør-Trøndelag, with young people between the ages of 15-19 that have received help from both child protection services (CPS) and child and adolescent psychiatry (CAP) within the past three years. The study focuses on the experiences of the young people and their parents or guardians with help they have received, their degree of satisfaction with this help, and their opinions about interaction and cooperation between these two agencies. Data was collected through in-depth qualitative interviews. The study shows that the families received a wide-range of services from both agencies including various preventive, supportive and outpatient services as well as placement in foster care, residential institutions and inpatient psychiatric facilities. Families had mixed experiences with help received, but some young people reported closer contact and greater satisfaction with CAP while the opposite was true for some parents and guardians who were most satisfied with help from CPS. Many informants, both young people and adults, talked about the importance of good relationships with individual helpers. Informants largely perceived CPS and CAP as two separate agencies with little or no interaction and cooperation. All the young people had experienced problems at school and some had not completed mandatory schooling.</p>			
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Preface

This report, *Child Protection Services and Child and Adolescent Psychiatry in Trøndelag – A study of families' experience with help from both services* presents users' experiences with help from these two services and their perceptions of cooperation between them. Data in the report is based on qualitative interviews with ten young people and their parents or guardians from eight municipalities in Trøndelag. The young people were between the ages of 15-19 years and had received help from child protection (CPS) and child and adolescent psychiatry (CAP) within the past three years.

We would like to thank our informants, young people, parents and guardians for their willingness to participate in this study, and for providing us with valuable information about some difficult issues. Without them this study would not have been possible. We would also like to thank the CPS agencies in Trøndelag who helped us to recruit the informants for this study. These agencies were willing to help us with this project despite the demands of a busy work schedule in order to support research on a topic, which they felt was important. We would also like to thank Stiftelsen Wøyen for funding this project.

The report was written by two researchers from The Regional Child Protection Research Unit (BUS), Jim Lurie and Gro Ulset. Jim Lurie led the project and was the main author. Gro Ulset wrote part of the report and interviewed the informants.

We hope that the information we have presented in the report is an accurate reflection of the views of the informants. We also hope that the report will be useful to workers at CPS and CAP in their efforts to provide needed and important services to the families that make use of both of their services.

Trondheim, March 2010
Barnevernets utviklingscenter i Midt-Norge (BUS)

Jim Lurie and Gro Ulset

Innhold

PREFACE	III
SAMMENDRAG	7
Bakgrunn	7
Metode og utvalg	8
Målsetting og forskningsspørsmål.....	8
Datainnsamling – kvalitative intervjuer	8
Utvalg og rekruttering	9
Resultater	9
Familieforhold.....	10
Hvilken hjelp har informantene fått fra barnevernet og BUP?.....	10
Hjelp fra barneverntjenesten	11
Hjelp fra BUP	11
Samarbeid mellom barnevernet og BUP?	12
Skolegang	13
Medvirkning	13
Konklusjon	14
Betydningen av gode relasjoner til enkelte hjelpere.....	14
Hvordan kan informantenes "taushet" om samarbeid mellom barnevernet og BUP tolkes?	15
Brukernes forhold til og tilfredshet med barnevernet og BUP.....	15
CHAPTER 1 INTRODUCTION	19
Background	19
The study	21
Organization of the report	21
CHAPTER 2 METHOD	23
Purpose of the study	23
Research questions	23
Data collection	23
Interview guides	23
Interviews	24

Selection of informants	25
Criteria	25
Procedure	25
Selection difficulties	26
The sample	26
CHAPTER 3 RESULTS.....	29
Introduction.....	29
Family background	29
Families experiences with help from child protection and child and adolescent psychiatry	31
Help from CPS	31
Help from CAP	35
Young people’s participation in the helping process	37
The importance of good relationships with individual helpers	38
Problems at school.....	38
CHAPTER 4 DISCUSSION AND CONCLUSION	43
Introduction.....	43
The importance of good relationships with individual helpers.....	43
Parents often had closer contact with CPS and young people with CAP..	45
Interpreting the limited response about inter-agency cooperation.....	47
REFERENCES.....	49

Sammendrag

Bakgrunn

Rapporten *Child Protection Services and Child and Adolescent Psychiatry in Trøndelag – A study of families' experience with help from both services* presenterer resultater fra en brukerundersøkelse blant ungdom og deres foreldre / foresatte som har mottatt hjelp fra barnevernet og barne- og ungdomspsykiatrien (BUP). Rapporten er den andre i rekken fra Barnevernets utviklingssenter i Midt-Norge (BUS) som fokuserer på tjenester fra barnevernet og BUP, og samarbeidet mellom disse. Det første prosjektet, som også ble rapportert (Lurie og Tjelflaat 2009), besto i en kunnskapsstatus om samordning og samarbeid mellom barnevern og barnepsykiatri. Begge prosjektene er gjennomført med økonomisk støtte fra Stiftelsen Wøyen. Et nytt prosjekt "Barnevernbarns tilgang til psykisk helsevern" også med støtte fra Stiftelsen Wøyen, er nettopp påbegynt. Disse tre prosjektene er en del av et større forskningsinitiativ "Child Welfare and Mental Health" innenfor et faglig samarbeid mellom BUS og Regionsenter for barn og unges psykiske helse i Midt-Norge (RBUP).

Brukerundersøkelsen ble utviklet i kjølvannet av prosjektet om kunnskapsstatus om samordning og samarbeid mellom barnevern og barne- og ungdomspsykiatri (Lurie og Tjelflaat 2009). Prosjektet viste at det fortsatt er behov for bedre samarbeid og samordning mellom disse to tjenestene til tross for flere tiår med satsing på dette. Det ble også synliggjort at det er gjort lite forskning i Norge om dette spørsmålet fra brukernes perspektiv. Den kunnskap som foreligger om samarbeid mellom tjenestene, baserer seg primært på informasjon fra ansatte i barnevernet og BUP og evaluering av ulike forsøk på bedre samarbeid (Kristofersen 2007, Haugland et al. 2006, Eidheim 2001, Nygren 2000, Falkum 1996, Harsheim og Østtveiten 1995).

Flere undersøkelser, som omhandler barn, unge og foreldres / foresattes kontakt- og erfaringer med barnevernet og BUP *hver for seg*, er blitt gjennomført i Norge og i andre land. Brukerundersøkelser av norsk barnevern er gjennomført av blant annet Bratterud og Storhaug (red.) 2008, Follesø et al. 2006, Sandbæk 2003, Ringheim og Thronsen 1997 Koch og Koch 1995. Undersøkelsene viser blant annet at barn og unges synspunkter på hjelp fra barnevernet er for sjelden innhentet eller vektlagt av barnevernere (Christiansen et al. 1998, Oppedal 1997, Butler og Williamson 1994).

Flere brukerundersøkelser av BUPs tjenester i Norge er også gjennomført (Bjertnæs et al. 2008, Andersson et al. 2005, Clifford 2004). Disse undersøkelsene viste at flertallet

av brukerne var fornøyde med behandlingen de hadde fått, og særlig med tilgang til tjenester og kontakt med ansatte. Brukerne var imidlertid mindre fornøyde med informasjonen og med egen deltagelse i hjelpeprosessen. Tilsvarende undersøkelser, som omhandler barn, unge og foreldres / foresattes erfaringer som brukere av *både* barnevernet og barne- og ungdomspsykiatrien, synes ikke å ha blitt gjennomført.

Metode og utvalg

Målsetting og forskningsspørsmål

Målsettingen med dette prosjektet har vært å få frem ny kunnskap om brukernes erfaringer knyttet til hjelp fra barnevernet og BUP, og om samarbeidet mellom disse tjenestene.

I den forbindelse var det formålstjenlig å innhente opplysninger blant annet om hvilken hjelp brukerne ønsket selv, hvilken hjelp de fikk, samt om de var fornøyde med den hjelpen de fikk fra tjenestene.

Prosjektet hadde disse to forskningsspørsmål:

- 1. Hvordan oppfatter ungdom og deres foreldre/foresatte kontakten med barnevernet og BUP, og hvilke erfaringer har de hatt som brukere av begge tjenester?**
- 2. Hva mener informantene om samarbeid og samordning mellom disse tjenester sett i forhold til familiens behov for hjelp?**

Datainnsamling – kvalitative intervjuer

Data ble innhentet gjennom kvalitative dybdeintervjuer med ti familier fra Nord- og Sør-Trøndelag fylker. Intervjuene var seminstruerte for å sikre at relevante tema ble tatt opp med alle informantene, samtidig som de var fleksible nok til å gi informantene mulighet til å vektlegge spørsmål som var viktigst for dem. Intervjuguidene hadde spørsmål om følgende temaer: bakgrunn om familien, behov for hjelp, henvendelser, hjelp fra begge tjenester, samarbeid og samordning mellom tjenester, skole og skoletilpasning og medvirkning.

Intervjuenes varighet varierte, men de fleste tok mellom 40 og 80 minutter. Fem intervjuer ble avviklet hjemme hos informanten(e), ett ble utført pr. telefon. De øvrige ble avholdt i møterom som vi fikk låne ved de respektive barnevernkontorene. En forsker

ved BUS gjennomførte intervjuene. Med ett unntak ble samtlige ungdommer og deres foreldre/foresatte intervjuet hver for seg. Det ble gjort opptak av intervjuene på mini-disk, og i etterkant ble det skrevet referater fra disse.

Utvalg og rekruttering

Prosjektets informanter ble rekruttert gjennom barneverntjenestene i Nord- og Sør-Trøndelag. Ved prosjektstart ble det sendt ut henvendelser til alle 31 barneverntjenester i begge trøndelagsfylkene; disse utfører tjenester for 49 kommuner. Det finnes færre barneverntjenester enn kommuner i Trøndelag fordi flere nabokommuner, spesielt i Nord-Trøndelag, har felles barneverntjenester.

Arbeidet med å skaffe informanter ble til dels vanskelig og tidkrevende. Årsaken til det var flere. Mange barneverntjenester argumenterte med at de hadde svært mange arbeidsoppgaver, de var underbemannet og kunne derfor ikke prioritere arbeidet med å rekruttere informanter til prosjektet. Andre ga uttrykk for at de ikke hadde noen saker som ”matchet” undersøkelsens målgruppe. Atter andre hadde tatt kontakt med aktuelle informantkandidater, men hvor disse ikke ønsket å stille. Det viste seg også å være vanskelig å komme i kontakt med og få tilbakemelding fra barnevernledere i enkelte kommuner. Informantene ble rekruttert gjennom åtte forskjellige barneverntjenester; fire tjenester fra hvert fylke. Trondheim kommune, som har desidert størst befolkning og høyest antall barnevernsaker i Trøndelag, lyktes ikke i å rekruttere noen informanter til undersøkelsen.

Utvalgskriteria var ungdom mellom 16 og 22 år som hadde mottatt hjelp fra både barneverntjenesten og BUP i løpet av de siste tre årene. Ungdommene samt deres foreldre / foresatte var studiens informanter. I alt 19 intervjuer ble gjennomførte i ni familier med både ungdommen og hans/hennes foreldre/foresatte. Det ble foretatt ett intervju av en ungdom alene. Sju gutter og tre jenter mellom 15 og 19 år ble intervjuet. De fleste var i 16 til 17 års alder. Intervjuer med foreldre eller foresatte omfattet i fem saker kun mor, i en sak møtte både mor og far, i en sak mor og stefar, i en fostermor og fosterfar, og i den siste saken kun fostermor.

Resultater

Dataanalysen viste en del fellestrekk som kan relateres til informantenes bakgrunn, samt til deres erfaringer med og synspunkter på den hjelp de har mottatt fra hjelpetjenestene. Dataene viser at brukerne har noen felles problemområder eller utfordringer som ligger til grunn for deres kontakt med hjelpetjenestene.

Familieforhold

Ungdommene i undersøkelsen hadde familieforhold som skiller dem fra mange av deres jevnaldrende i Norge. Informantenes bakgrunn var ulike samtidig som mange hadde det til felles at de i oppveksten hadde opplevd brudd mellom biologiske foreldre, og/eller brudd med foreldre og fosterforeldre. For ungdommenes del medførte dette midlertidige eller permanente flyttinger og omplasseringer.

På intervju tidspunktet bodde halvparten av ungdommene sammen med en eller begge sine foreldre. Resten bodde i fosterhjem, i hybel tilknyttet skole eller i hybel med tilsyn fra barnevernet. Av de ti ungdommene, som deltok i undersøkelsen, var det kun to hvor biologisk mor og far bodde sammen, og hvor ungdommen hadde vokst opp hos foreldrene. Tre hadde vokst opp hos biologisk mor, og var lite i kontakt med biologisk far. To hadde bodd i fosterhjem siden de var små barn. Begge hadde flyttet mellom fosterhjem og institusjoner. En hadde hatt sin oppvekst delvis hos biologiske foreldre og i fosterhjem, en hadde vokst opp i ulike fosterhjem og institusjoner. Den siste opplevde å bo delvis sammen med begge foreldrene og delvis sammen med mor. Ungdommene hadde opplevd mye ustabilitet i oppveksten, noe som hadde skapt utfordringer for dem blant annet i forhold til skolegang.

Videre viste det seg at mange av ungdommene hadde hatt en felles utfordring i oppveksten ved at foreldrene strevde med ulike problemer i hverdagen og hadde gjort det over lengre tid. Det kunne være rusmisbruk, helserelevante problemer (psykiske og fysiske), manglende utdanning/arbeid og dårlig økonomi. Flere mødre hadde vært alene om den daglige omsorgen i ungdommens og hans/hennes søskens oppvekst, og de hadde hatt lite eller ingen støtte fra fedrene. De kan ha hatt dårlig økonomi og lite tid til å følge opp barna, slik at de har vært dårlig rustet til å håndtere vanskelige situasjoner som har oppstått i familien, eller i forbindelse med skolegang og fritid. Lignende forhold er dokumentert i tidligere prosjekter ved BUS, blant annet evaluering av VIT-programmet i Ålesund (Tjelflaat og Ulset 2008) og arbeid med omsorgsovertakelser i fylkesnemnda (Lurie 2000).

Hvilken hjelp har informantene fått fra barnevernet og BUP?

Samtlige informanter hadde hatt kontakt med og mottatt hjelp fra barneverntjenesten og barne- og ungdomspsykiatrien. Hvilken type hjelp ungdommene og deres foreldre/foresatte hadde fått, omfanget av hjelpen, og over hvor lang tid de hadde hatt kontakt med tjenestene, varierte. Noen hadde hatt kontakt med barneverntjenesten mer eller mindre kontinuerlig fra barnet/ungdommen var født, og hadde i mange år senere også fått hjelp fra BUP. Andre hadde hatt kontakt med barneverntjenesten og BUP over noen år. Noen få hadde kun vært i forbindelse med tjenestene over en kort perio-

de. De aller fleste familiene hadde først kommet i kontakt med barneverntjenesten, deretter barne- og ungdomspsykiatrien.

Hjelp fra barneverntjenesten

Familiene fikk både forebyggende hjelp fra barnevernet i hjemmet, og de fleste hadde også fått hjelp i form av plassering av ungdommen utenfor hjemmet i fosterhjem, barneverninstitusjon, eller hybel med tilsyn. Flere av ungdommene hadde opplevd to eller flere plasseringer med flytting og nyetablering. Disse ungdommene utgjør derfor en mer belastet gruppe enn gjennomsnittets barnevernsbarn i Norge. Dette fordi de ble plasserte utenfor hjemmet av barneverntjenesten i større grad enn de fleste ungdommene med tiltak fra barnevernet. De fleste barn og unge med hjelp fra barnevernet får kun forebyggende hjelp i hjemmet etter barnevernloven § 4-4. Det var tilfellet for litt over 2/3 av barn og ungdom med hjelp fra barneverntjenesten i Norge ved slutten av 2008. Resten fikk plassering utenfor hjemmet; som oftest i fosterhjem (SSB 2009).

Ungdommene var stort sett mest fornøyde med plassering i hybel (med tilsyn) eller i fosterhjem. Noen hadde opplevd plassering i institusjon mot sin vilje, som akutt-tiltak, og hadde dårlig erfaringer med dette. En ungdom og hans/hennes foreldre var på sin side veldig fornøyd med ungdommens opphold i institusjon. De beskrev dette som vellykket. Enkelte ungdommer formidlet også at de hadde hatt mislykkede og kortvarige plasseringer i fosterhjem.

Foreldre/foresatte var hovedsakelig mest fornøyde med den forebyggende hjelpen de hadde fått i hjemmet. Familiene hadde fått ulike støttetiltak, inkludert støttekontakt, hjemmekonsulent, avlastning, og ulike former for spesiell behandling/ foreldreveiledning som Multi Systemic Therapy (MST) eller Parent Management Training Oregon (PMTO). Flere familier fortalte også om bruk av familieråd (Family Group Conference) som verktøy for beslutningstaking med bistand fra ”storfamilien” inkludert slekt og andre personer med betydning for ungdommen og familien.

Hjelp fra BUP

Familiene fikk ulik hjelp fra BUP. Mest vanlig var utredning av ungdommen og påfølgende behandling med samtaleterapi og eventuelt medisiner. Noen foreldre/foresatte fikk veiledning/opplæring i oppdragelsesmetoder; for eksempel for ungdom med atferdsvansker. Noen ungdommer ble også innlagt i psykiatrisk døgninstitusjon. De fleste av familiene hadde først hatt kontakt med barnevernet, og ble deretter henvist til BUP, eventuelt i samråd med andre instanser som skole, PPT eller fastlege.

Flere av ungdommene hadde fått en diagnose, for eksempel Attention Deficit Hyperactivity Disorder (ADHD) eller sosial angst. Ungdommene med ADHD fikk medisiner for dette, men med noe blandet erfaring. Noen sa at de ble godt hjulpet av medisinen, mens andre sluttet på grunn av ubehagelige bivirkninger. En ungdom fikk flere diagnoser. Foreldrene var ofte glade for å få en diagnose for ungdommen som tydeliggjorde at det var en ”medisinsk” tilstand og ikke bare dårlig oppdragelse og inkompetente foreldre. En diagnose kunne også bidra til lettere tilgang til ekstra støttetiltak; for eksempel på skolen.

Flere av ungdommene var godt fornøyde med samtalerapien de hadde fått fra BUP. De var fornøyde med muligheten til å snakke med deres ”egen” behandler om barndommen og ulike problemer. Flere av ungdommene var veldig misfornøyde med innleggelse i BUPs døgninstitusjoner som de opplevde som nedverdiggende og restriktivt.

Samarbeid mellom barnevernet og BUP?

Ett av målene med prosjektet var å få kunnskap om hvordan brukerne opplever samhandling og samarbeid mellom barnevernet og BUP. De fleste brukerne hadde imidlertid forholdsvis lite å formidle om dette. Det ble derfor etter hvert et spørsmål om brukerne i det hele tatt oppfattet at tjenestene samhandlet og samarbeidet, ikke *hvordan* de gjorde det. I prosjektbeskrivelsen forutsatte vi at barnevernet og BUP samarbeidet om brukere som mottok hjelp fra begge tjenester, og at brukerne hadde erfaring og perspektiver i forhold til dette. Slik synes det i realiteten ikke å være.

Noen informanter fortalte om bruk av ulike formelle verktøy som har til hensikt å koordinere hjelp fra ulike tjenester. Flere familier hadde fått tiltaksplan eller omsorgsplan fra barneverntjenesten i forbindelse med tiltak som ble satt i verk. Disse skal blant annet beskrive hvem som har ansvaret for koordineringen mellom de ulike tjenester. En annen familie hadde selv måttet ta initiativ til å få en individuell plan for deres barn. Dette er en plan som er pålagt under Lov om pasientrettigheter (§ 2-5) for ungdom med behov for langsiktig hjelp fra flere helse- og sosialtjenester, som bør koordineres. Flere andre ungdommer hadde ansvarsgrupper hvor representanter fra ulike tjenester, som hadde kontakt med ungdommen, møttes for å koordinere hjelpen, deriblant barnevernet og BUP. Informantene ga få detaljer om bruk av disse verktøyene eller om hvor godt de eventuelt fungerte.

De fleste informantene oppfattet barnevernet og BUP som to atskilte tjenester, men noen gav uttrykk for at det ikke burde vært slik. De mente at tjenestene skulle ha samarbeidet mye tettere og at brukerne skulle vært informerte og inneforståtte med dette. En av familiene fortalt om manglende kommunikasjon og kunnskap til tjenestenes regler og prosedyrer, noe som forhindret arbeidet med å finne et egnet avlastningstilbud.

En annen familie fortalte om motstridende råd om barneoppdragelse som de fikk fra BUP og behandlere fra MST i barnevernet. Bare en av foreldrene sa det var veldig god kommunikasjon og samarbeid mellom barnevernet, BUP og familien.

Skolegang

Ungdommenes erfaringer med skolen var i utgangspunkt ikke et hovedtema for undersøkelsen. Det viste seg imidlertid at samtlige ungdommer hadde, om enn i ulik grad, dårlige erfaringer med skolen. Disse var av faglig og/eller sosial karakter. Noen hadde opplevd betydelige vanskeligheter og hadde ikke klart å fullføre grunnskolen. De manglet karakterer og vitnemål. Andre hadde mestret det faglige, men de hadde ikke funnet seg til rette rent sosialt. Flere fortalte om mobbing og sosial ekskludering, og en måtte bytte skole i den forbindelse. Enkelte av ungdommene hadde hatt store problemer både med det faglige og det sosiale. Disse funnene er i samsvar med tidligere forskning i Norge som viser at barn og unge, som har fått hjelp fra barnevernet, fullfører mindre utdanning enn andre barn og unge (Clausen og Kristofersen 2008).

Foreldre/foresatte fortalte at de var misfornøyde med skolens unnfalighet med hensyn til barnets situasjon på skolen. I de tilfellene hvor det til slutt "endte godt", og barnet/ungdommen klarte "å hente seg inn" rent faglig og/eller sosialt, var det gjerne én spesiell lærer eller assistent som ble berømmet og tilkjent denne endringen. Det var med andre ord ikke skolen som sådan, men derimot betydningen av en god personlig relasjon mellom eleven og den voksne ansatte, som i følge foreldre/foresatte, forklarte mye av det positive utfallet. Flere av informantene fortalte også om gode relasjoner til viktige personer i andre tjenester.

Medvirkning

Barnevernloven § 6-3 garanterer barn og unge som er fylt sju år rett til medvirkning i egen barnevernsak. De skal få informasjon om saken, rett til å gi uttrykk for sine meninger og til å ha disse vektlagt i samsvar med alder og modenhet. Ungdom som er fylt 15 år har også rett til å delta som part i saken. Til tross for disse formelle rettighetene, viser undersøkelsen at mange av ungdommene var misfornøyde med sin egen medvirkning. De følte ikke at de ble hørt og tatt på alvor i kontakt med hjelpetjenestene. Dette gjaldt spesielt i forhold til barnevernet, og hvordan saksbehandlere der møter de problemer og utfordringer som familien sto overfor. Flere ungdommer fortalte at de følte seg mer eller mindre utelatt når viktig informasjon ble gitt og/eller sentrale avgjørelser ble tatt som hadde betydning for dem og deres framtid. De fortalte om møter som ble avholdt uten at de var inviterte til å delta, eller de fortalte om møter hvor de var inviterte, men hvor voksenpersoner fra familie og etater snakket over hodene på dem. Enkelte ungdommer gav uttrykk for resignasjon. Barnevernet var mer opptatt av å høre på de voksne, enn på dem. Dette gjaldt ikke i samme grad i kontakten med

BUP; i samtale med hjelpeperson/behandler følte ungdommene at de ble hørt og sett på en annen måte enn tilfellet var i kontakten med saksbehandler i barneverntjenesten.

De fleste foreldre/foresatte ga uttrykk for at de ble hørt, var involverte og hadde innflytelse i forhold til de avgjørelser som ble tatt i kontakt med barneverntjenesten. Mange følte imidlertid at de var tilsidesatte og på langt nær like involverte som brukere i kontakten med BUP. Ungdommenes og foreldrenes ulike erfaringer med medvirkning påvirket hvilken tjeneste de mente de hadde hatt best kontakt med.

Konklusjon

Rapporten avsluttes med en kort drøfting av tre konklusjoner som vi vil fremheve fra undersøkelsen:

- Betydning av gode relasjoner til enkelte hjelpere.
- Hvordan informantenes ”taushet” om samarbeid mellom barnevernet og BUP kan tolkes.
- Informantenes forhold til og tilfredshet med barnevernet og BUP.

Betydningen av gode relasjoner til enkelte hjelpere

Flere informanter påpekte viktigheten av hjelpen de hadde fått fra bestemte personer. Det kunne være en lærer eller ansatte i barnevernet og BUP. De relasjoner som skapes og ivaretas mellom bruker og behandler/tjenesteansatt, synes å ha stor betydning i forhold til hvordan brukeren vurderer den hjelpen hun/han har fått. Når brukerne omtaler tjenestene og vurderer den hjelpen de har fått, baserer de gjerne sine oppfatninger på relasjoner de har erfart med enkeltpersoner, og ikke på generelle tolkninger av hva de to tjenestene representerer. For brukeren *er* saksbehandleren barneverntjenesten og behandleren *er* BUP.

Dette funnet er i samsvar med tidligere norsk og internasjonal forskning og teori om hvor viktig det er med gode relasjoner mellom sosialarbeidere og klienter samt terapeuter og pasienter. Biestek (1957) skrev om dette for over femti år siden i en kjent amerikansk bok med tittel *The Casework Relationship*. Her ble det presentert viktige prinsipper for gode og profesjonelle relasjoner mellom sosialarbeider og klient; som individualisering, bevisst uttrykk av følelser, akseptering, ikke dømmende holdninger, klientens selvbestemmelse og konfidensialitet. Tidligere forskning om ungdom og foreldres erfaringer med ulike hjelpetjenester har kommet frem til lignende resultater, når det gjelder å fremheve betydning av gode relasjoner til enkelte hjelpere (Sandbæk 2003, Hornemann 1996, Uggerhøj 1995, Tjelflaat og Ulset 2008).

Brukerne fortalte om forskjellige egenskaper hos de ”gode hjelpere” som var viktig for dem. Det handlet mye om gjensidig respekt, tillit, god kommunikasjon, medvirkning, å bli sett på som ressurs og ikke bare som problem, og å bli tatt på alvor. En ungdom var svært kritisk til mange av hjelperne som han hadde hatt kontakt med gjennom årene. Ungdommen uttrykte at disse snakket nedlatende til ham, og de trodde de forsto ham og problemene hans bedre enn han gjorde selv. En ”god hjelper” skulle, i følge ungdommen, vise respekt, lytte og skape rom for en fortrolig samtale om vanskelige temaer. En forelder satte pris på en hjelper som behandlet henne som en ressurs som kunne være med på å hjelpe ungdommen sin, istedenfor som en dårlig omsorgsgiver som ungdommen måtte beskyttes fra.

Hvordan kan informantenes ”taushet” om samarbeid mellom barnevernet og BUP tolkes?

Som sagt tidligere, hadde vi forventet mer utfyllende informasjon fra informantene om deres erfaringer med samhandling og samarbeid mellom barnevernet og BUP. Vi fikk noe informasjon om dette spørsmålet, men hovedkonklusjon var at de fleste informantene oppfattet barnevern og BUP som to atskilte og separate tjenester, og de visste egentlig ikke hvor mye de samarbeidet.

Det er vanskelig å trekke sikre slutninger fra dette, men det kan tolkes på flere måter. Det kan selvfølgelig bety at det ikke var så mye samhandling eller samarbeid mellom barnevernet og BUP i disse ti familiene. Det kan også bety at tjenestene samarbeidet seg i mellom, men uten å trekke informantene direkte inn i dette samarbeidet. En kan tenke seg at det har vært et samarbeid ”over hodene” eller ”bak ryggen” til ungdommene og foreldrene/foresatte. At tjenestene har hatt telefonsamtaler, møter og delt journaler og annen informasjon uten at familiene i særlig grad deltok i denne prosessen. I så fall er dette et problem, da det er en intensjon at brukerne skal være en synlig og bevisst del av samarbeidet mellom tjenestene. De skal gis anledning til å medvirke aktivt i egen behandling og delta i prosessen rundt dette.

Informantenes begrensede svar kan også ses i sammenheng med diskusjonen ovenfor om betydningen av relasjoner til enkelte hjelpere. Informantene så ut til å sette mest pris på å få god hjelp fra enkelte mennesker som de hadde et godt forhold til, og var mindre opptatte av hvorvidt det foregikk samhandling mellom disse hjelperne og andre, enten de arbeidet i samme tjeneste eller i andre signifikante instanser.

Brukernes forhold til og tilfredshet med barnevernet og BUP

Mange foreldre/foresatte gav uttrykk for at de kjente barnevernet bedre enn BUP, og at de hadde et bedre og tettere samarbeid med denne tjenesten. Det samme gjaldt ikke for ungdommene. De var mer ambivalente enn vokseninformantene, men enkelte beskrev

en motstand og avstandstaken til barnevernet, og syntes det var noe greiere å forholde seg til BUP.

Det er flere mulige forklaringer på foreldre/foresattes og ungdommenes ulike opplevelser av de to tjenestene. BUPs oppgave er først og fremst evaluering, utredning og behandling av barn og ungdom. Det er ungdommen som er primærbrukere og foreldrenes rolle er i utgangspunkt mer perifer; som pårørende og støttespiller. Det hender at BUP gir behandling til hele familien men dette er mindre vanlig. Barnevernets fokus er i mye større grad på hele familien. Selv om det er ”hensynet til barnets beste” som skal stå i fokus ved valg av tiltak (Bvl § 4-1), er det forebyggende hjelp til hele familien som skal prøves først, så langt som mulig, for å unngå at barnet må plasseres utenfor hjemmet (Bvl § 4-4).

Barnevernet har lenge vært kritisert for å fokusere for mye på foreldre og deres interesser, og for lite på barn/ungdom og deres interesser. En undersøkelse av barnevernets praksis i barnevernsaker (Christiansen et al. 1998) viste at foreldre og deres problemer og synspunkter stod i fokus i mye større grad enn barnets. Det var ikke alltid det ble snakket med barnet. Barnevernet var mindre villig til å sette inn tiltak i familier hvor foreldrene var lite samarbeidsvillige. Kari Killén (1991) har skrevet om lignende problemer for snart tjue år siden i hennes bok om omsorgssvikt i Norge. I boken kritiserer hun barnevernarbeidere og andre profesjonelle som ikke setter inn tiltak i familier tidlig nok i forhold til barn som mangler adekvat omsorg fra foreldrene.

Familienes ulike forhold til henholdsvis barnevernet og BUP kan også ha sammenheng med hvilken tjeneste som har vært med på å rekruttere informanter til vår undersøkelse. Familiene ble rekrutterte gjennom barneverntjenestene, og mange av foreldrene hadde mye kontakt med barnevernet. En kan anta at en del av de foreldrene/foresatte som ble kontaktet, og som sa seg villige til å delta i vår undersøkelse, hadde et solid og godt forhold til barnevernet i sin hjemstedskommune. Barneverntjenestene, som rekrutterte informantene, kan også ha funnet det vanskelig å kontakte familier som de opplevde å samarbeide dårlig med, eller var i konflikt med.

I en brukerundersøkelse av BUP og flere kommunale tjenester i Molde, ble informantene (foreldre) rekruttert gjennom BUP. Foreldrene i denne undersøkelsen hadde stort sett meget positive erfaringer i forhold til kontakten med BUP. Dette gjaldt både med hensyn til måten de ble mottatt på i klinikken og utbytte av behandlingen for sine barn. Foreldrene opplevde å bli hørt og tatt vare på, og de satte pris på personalets kompetanse og evne til å sette navn på barnas tilstand. Foreldrene var mindre fornøyde med hjelpen de fikk fra forskjellige kommunale tjenester, særlig fra skolen og barneverntjenesten. Flere foreldre opplevde barneverntjenesten mer som kontrollinstans, og som

kunne overta omsorgen for barnet fremfor å bidra med hjelp til familien, som for eksempel foreldreveiledning (Clifford 2004).

Foreldre/foresatte i vår undersøkelse opplevde som regel at de ble hørt, og at de hadde en tettere dialog og oppfølging fra saksbehandleren i barneverntjenesten enn det ungdommene erfarte. Når det gjaldt foreldre/foresattes forventninger til barneverntjenesten, og hva den burde bidra med for å løse problemer og utfordringer rundt ungdommen og familien, syntes disse ofte å være mer praktisk relaterte. For foreldre / foresatte framsto også den hjelp og de løsninger som barnevernet bidro med som mer synlige og ”konkrete” enn de som BUP kunne tilby.

Enkelte foreldre/foresatte i vår undersøkelse opplevde at de ble ”satt til side” av BUP, og at de ikke fikk tilstrekkelig informasjon i forhold til den hjelp/behandling ungdommen mottok. Mangelen på informasjon, og at de ikke ble trukket aktivt med inn i hjelpeprosessen, samt ikke opplevde å bli hørt på samme måte som ungdommen, utløste en usikkerhet og utrygghet som påvirket deres oppfatning av BUP i negativ retning. Flere foreldre/foresatte fortalte at de hadde hatt forventninger til den hjelp/behandling som BUP skulle gi ungdommen, og at disse forventningene ikke ble innfridd.

Ungdommenes tettere kontakt med BUP ble beskrevet som god kommunikasjon med egen terapeut. De hadde anledning til å ta opp personlige problemer og private temaer med en behandler som var der for å høre på dem alene. Flere fortalte at de følt at det var dem som var i fokus og fikk oppmerksomhet på BUP, og at de opplevde det motsatte med barneverntjenesten hvor det var foreldrene som fikk mest oppmerksomhet. Noen ungdommer var ikke fornøyde med hjelpen de fikk fra BUP, og dette gjaldt spesielt for de som ble innlagt på døgninstitusjon. Flere ungdommer fortalte om skremmende opplevelser i forbindelse med disse innleggelsene; fornemmelser av å være inestengt og av å ha kommet på feil plass, og at de ble plasserte sammen med andre ungdommer med langt mer alvorlige problemer.

Ungdommene hadde generelt et mer blandet forhold til barneverntjenesten enn sine foreldre/foresatte. Flere satte pris på ulike konkrete hjelpetiltak de hadde fått fra barnevernet, for eksempel vellykkete plasseringer i fosterhjem eller økonomisk støtte til å bo på hybel, eller til fritidsaktiviteter. De fleste ungdommene var imidlertid lite opptatte av sitt forhold til saksbehandlere i barneverntjenesten. De som hadde synspunkter på dette, var ofte svært kritiske og følte at de hadde fått for lite informasjon fra barnevernet, blitt fortalt løgner eller ført bak lyset. Flere fortalte om plasseringer i institusjon eller fosterhjem mot sin vilje, og hvor de hadde fått lite eller ingen informasjon om

hvor lenge de skulle være der eller om mulighetene for gjenforening med sine foreldre/foresatte.

Chapter 1 Introduction

Background

This report, entitled *Child Protection Services and Child and Adolescent Psychiatry in Trøndelag – A study of families' experience with help from both services* is the second report from The Regional Child Protection Research Unit (BUS) on the topic of combined services from child protection (CPS) and child and adolescent psychiatry (CAP), and coordination of services from these two agencies. These reports have been carried out by BUS with financial support from the foundation, Stiftelsen Wøyen. A new project, "Access to mental health services for child protection clients" which has also received funding from Stiftelsen Wøyen, will be starting in March 2010.

These projects are part of a broader research initiative at BUS on the topic of child welfare and mental health. BUS has collaborated for several years on this initiative with the Regional Centre for Child and Adolescent Mental Health, Mid-Norway (RBUP) at NTNU. As part of this initiative, BUS and RBUP have been awarded funding from the Norwegian Ministry of Children and Equality and the Ministry of Health to develop a larger research project on the mental health of children in residential institutions.

The first report on this topic was a review of current knowledge on the topic of cooperation and coordination between CPS and CAP based on research, public documents, cooperative agreements, and new interventions (Lurie and Tjelflaat 2009). The report showed that despite more than twenty years of efforts to improve cooperation and coordination between CPS and CAP at different levels of government, that there is still a need for improved efforts in this area. A recent white paper from the Norwegian Ministry of Children and Equality confirms the need for better coordination of services for vulnerable children and young people in Norway, including better coordination between child protection and mental health services (Barne- og likestillingsdepartementet 2009).

The report also revealed the need for more research in Norway on this topic from a user perspective. Previous information on coordination of services between CPS and CAP was based primarily on information from service providers or on evaluations of existing programs that did not include information from service users (Haugland et al. 2006, Eidheim 2001, Nygren 2000, Falkum 1996, Harsheim and Østtveiten 1995). One recent study found that leaders and staff from CPS and CAP reported improved

communication and cooperation between these two agencies from 2002 to 2005, but problems remained with regard to organizational issues and work pressures from limited resources. The researchers concluded that much improvement was needed before users could experience integrated and coordinated services from the two agencies (Kristofersen 2007).

Over 53.000 children and young people received help from CAP in Norway in 2008, while over 44.000 received help from CPS the same year. Many children and young people received help from both of these services, although the exact number of these is unknown. About one-sixth of the children and young people referred to CAP in 2008 had also been in contact with CPS through an investigation or had received some form of help. A much smaller number (600) had received CAP services as a formally approved CPS intervention (SSB 2009, Helsedirektoratet 2009).

Some research has been done in Norway on the experiences of young people and their parents with CPS and CAP services separately (Koch and Koch 1995, Bratterud and Storhaug (red.) 2008, Follesø et al. 2006, Sandbæk 2003, Ringheim and Throndsen 1997). Several studies in Norway and other countries have shown that children and young people's views and wishes about services from CPS are given too little attention by child protection workers (Christiansen et al. 1998, Oppedal 1997, Koch and Koch 1995, Butler and Williamson 1994).

Other studies have looked at user experiences with CAP services in Norway (Bjertnæs 2008, Andersson et al. 2005, Clifford 2004). One large study of 6000 users of polyclinic psychiatric services for children and young people measured young people's and parents' satisfaction with different aspects of care. Over 60 % of users reported that their problems were reduced as a result of treatment. Users were also largely satisfied with access to care and with the personnel, but less satisfied with information received and with participation in the helping process (Andersson et al. 2005). Similar results were reported in a national study of parents' experiences with CAP polyclinics in Norway. The parents reported positive experiences with polyclinic care and particularly with the personnel, but were least satisfied with information and with participation. This study did not investigate the young people's own experiences with care (Bjertnæs 2008).

As noted above, little is known about young persons' and parents' own experiences with combined help from CPS and CAP in Norway, or about their perceptions of cooperation between these two agencies. That is the goal of the present study, to find out more about users' own experiences and perceptions of combined help from these two

services, and about how the agencies have interacted and cooperated in providing this help.

The study

The study is based on qualitative interviews with ten young people aged 15-19 years from different communities in Nord- and Sør-Trøndelag counties. Interviews were also conducted with parents or guardians of nine of the young people. Families were recruited with the assistance of the CPS agencies in the two counties. The ten young people who agreed to participate in the study were recruited by 8 of the 31 CPS agencies in the two counties. The agencies had discretion to select the families they considered to be appropriate for the study, within the general sample criteria based on the age of the young people (16-22 years of age) who had received services from both agencies within the past three years.

The study had two main research questions focused on the young peoples' and parents' experiences with the help they had received from CPS and CAP, and their perceptions of cooperation and coordination between CPS and CAP. Findings on both these questions are discussed in the report, but informants generally had more to relate about help from the agencies individually, and less about cooperation between agencies.

Organization of the report

This report consists of four chapters.

Chapter 1 includes background information, a short presentation of the study, and the organization of the report.

Chapter 2 is a presentation of the study design and research methods including selection of the sample, data collection methods, and the research questions.

Chapter 3 is a presentation of the results of the study focused on the two main research questions.

Chapter 4 is a discussion of three main conclusions - the important role of individual helpers, which agency informants had closest contact with, and how to interpret the relatively limited response about coordination of services.

Chapter 2 Method

Purpose of the study

The purpose of this study has been to investigate the experiences of families with young people aged 16-22 years of age who have received help from both CPS and CAP within the past three years. The experiences, opinions and reflections of both young people and their parents or guardians are the focus of the study. How do they feel about the help they have received from both services and what are their views on cooperation and coordination of services between the two agencies?

Research questions

The project had the following two research questions:

- 1. How do young people and their parents/guardians perceive their encounter with child protection services and child and adolescent psychiatry, and which experiences have they had as users of both services?**
- 2. What are the families' experiences with cooperation and coordination between these two agencies?**

Data collection

Interview guides

Data for this study was collected through in-depth qualitative interviews with young people and their parents or guardians. These were semi-structured interviews, which used interview guides to ensure that all interviews covered the same basic topics. At the same time, the interviews were designed to be flexible enough to allow the individual informants to discuss and emphasize the issues with which they were most concerned. Separate interview guides were developed for the interviews with young people and with adults, which covered the same basic topics:

- **Background information** on the family, their living situation, the parents' work, and the young people's school and recreation activities

- **Need for help** – as defined by the family, earlier and at the time of the interview
- **The referral process and initial help** – how was the problem first discovered, and which of the agencies was in contact with the family first
- **Actual help from both services** – from the family’s perspective and satisfaction with this help
- **Cooperation and coordination between services** – how have the agencies cooperated, and how has this affected the family
- **School** – what schooling has the young person completed and how have they and the parents experienced school
- **Participation** – how has the young person and his or her parents participated in the helping process, what information have they received, have they been given the chance to express their views, have their opinions influenced the help received

Interviews

Data for this study was collected through in-depth qualitative interviews with ten families. This method was chosen because the goal of the project was to find out about the experiences and opinions of the informants about the help received by the young people and their parents or guardians and about coordination of services. A qualitative interview study is the best method for gathering information about service users’ perceptions and opinions about the services they have received in some detail.

The interviews were conducted by a researcher employed at BUS. Interviews with young people and parents were conducted separately (with one exception) in order to give the young people a chance to freely express their views without their parents present. Young people were not present during the parent interviews either. This resulted in 19 separate interviews, two per family, with the exception of one family where a young person who lived in his own apartment was interviewed without an adult interview.

All but one of the interviews was conducted face-to-face, with the exception of a telephone interview with one young person. The interviews varied in length, generally lasting about 40 to 80 minutes. The interviews were taped, with the consent of the informants, and written accounts were provided afterwards by the interviewer. Informants (both young people and parents) received gift certificates worth 300 NOK each as thanks for their participation.

Selection of informants

Criteria

Data for this study was collected through qualitative interviews with young people and their parents or guardians. The original target group for this study was young people 16-18 years of age who had received help from both child protection services (CPS) and child and adolescent psychiatry (CAP) within the past three years. The age limit was later increased to 22 years because several municipalities were unable to find suitable informants with the original age limit. The plan was to conduct interviews with 10-12 young people and their parents/guardians residing in two counties in central Norway (Nord- and Sør-Trøndelag). Variation in the sample was sought with respect to the age, gender and town of residence of the young people.

Procedure

Informants for the study were selected with the assistance of child protection services agencies in the two counties. This method was chosen because researchers are not permitted to contact users of CPS and CAP directly without special approval by data authorities in order to protect the anonymity of service users.

Information about the project was sent to all CPS agencies in Nord- and Sør-Trøndelag. There are 31 CPS agencies serving the 49 municipalities in these two counties. Some towns have established inter-municipal agencies serving several neighboring towns. This practice is especially widespread in Nord-Trøndelag. The agencies were asked to help us to make contact with young people and parents who met the selection criteria. The agencies contacted families whom they believed to be appropriate for the study, and provided them with written information about the project and consent forms to be signed by young people and parents/guardians. BUS received the names, addresses and consent forms for the families which had agreed to participate and scheduled interviews with them directly.

The idea of using both CPS and CAP agencies to recruit informants to the project was initially considered in order to increase the chances of recruiting enough families as quickly as possible. It was decided, however, to limit recruitment to the CPS agencies because BUS has had more contact with CPS agencies on various research and development projects, and already had updated lists of all CPS agency heads with contact information for both counties. Recruiting families through the CPS agencies alone may have had unanticipated consequences. CPS agencies themselves decided which families they would contact and some agencies may have contacted mainly families with whom they had good cooperation.

It also proved difficult to recruit enough families to the project within the desired time frame, which meant that we had to accept most families recruited by the CPS agencies who met the primary selection criteria, with regard to the young person's age (16-22 years) and having received help from both CPS and CAP within the past three years. This may have resulted in some degree of selection bias, with an overrepresentation of families with positive contact with CPS being included. We will return to this issue in next chapter's presentation of research findings.

Selection difficulties

Recruitment of informants to the project proved to be much more difficult and time-consuming than anticipated. Interviewing was, therefore, not completed until December, a delay of several months. We contacted all CPS agency leaders in the two counties at the beginning of the project and provided them with written information about the project. This was followed up at regular intervals by email and telephone contact with leaders who had not yet recruited any families.

The recruitment process was difficult for a number of reasons. Many CPS agency leaders were difficult to reach both by telephone and email. Some agencies told us that they could not help to find informants because they were overworked and understaffed and needed to prioritize other more pressing tasks. Others were unable to find families meeting the selection criteria who were willing to be interviewed for the project.

The sample

The goal was to interview 10-12 families, with interviews with the young person and at least one parent or guardian. Interviews were conducted with ten young people and nine sets of parents/guardians.

Young people

Interviews were conducted with seven boys and three girls ranging in age from 15-19 years of age. Most were 16 or 17 years of age at the time of the interview. Despite expanding the upper age limit to 22 years, only one of the young people interviewed was over 18. The young people's age and gender is shown in Table 1 below.

Table 1 Young people’s gender and age

Gender	Number	Average Age
Girls	3	17.0
Boys	7	16.4
Total	10	16.6

Our sample does include variation in the young people’s age and gender, but there is an overrepresentation of boys. Boys do receive help from CPS and CAP services in Norway in greater proportions than girls, but not as large a proportion as in our sample. National statistics indicate that boys made up 57 % of users of CAP services, and 54 % of users of CPS (Helsedirektoratet 2009, SSB 2009).

Parents and guardians

Most of the adult interviews (seven) were conducted with one or both of the biological parents, usually the mother. The mother was interviewed in all of these, either alone (5 families), or with the father or a new partner (twice). The other two adult interviews were conducted with foster parents, both foster parents in one case, and the foster mother alone in the other. Mothers and foster mothers were, therefore, the main adult informants. Only one biological father was interviewed. Fathers played a marginal role in a number of these families. Table 2 below displays the adults interviewed.

Table 2 Parents and Guardians

Relationship	Number
Mother alone	5
Mother and father	1
Mother and stepfather	1
Both foster parents	1
Foster mother alone	1
Total	9

Participating municipalities

The sample was geographically diverse, with families being recruited by eight CPS agencies from Nord- and Sør-Trøndelag. Six agencies were from medium to medium-large size municipalities ranging in size from 5.000 – 20.000 inhabitants. Two of the recruiting CPS agencies were of the “inter-municipal” type and included a total of eight separate municipalities ranging in population size from under 1.000 to over 10.000 inhabitants. Three of the young people were living in other municipalities than the CPS agency which had recruited them, for instance in foster care. We had hoped to

have representation in the study from Trondheim, which is by far the largest city in the Trøndelag region, with a population of over 170.000. Trondheim was unable to recruit any informants in the desired target group, but one of the young people interviewed was living in Trondheim at the time of the interview.

Chapter 3 Results

Introduction

Chapter 3 contains a presentation of the results of the interviews with our informants from Nord- and Sør-Trøndelag counties. Findings are presented on the following six topics:

- Family background
- Families' experiences with help received from CPS and CAP
- Young people's participation in the helping process
- Good relationships with individual helpers
- Problems at school
- Interaction and cooperation between CPS and CAP

Family background

The ten families interviewed for this study have several characteristics in common which distinguish them from many other Norwegian families with teenage children. The families were selected for the study because they have young people who have received help from both CPS and CAP within the past three years. They also share several other attributes, which can help to explain, at least to some degree, the young people's development and their parents' capacity to deal with problems in the family. These are that many of the young people no longer lived with their parents, that mothers played a much more active role as caregivers than fathers, and that many of the parents had personal problems of their own which affected their ability to provide adequate care for their children.

Over half of the young people no longer lived with either of their parents

Most Norwegian young people 15-19 years of age live at home with their parents until they have completed secondary school. This was not the case for many of our informants. At the time of the interview, half of the young people were not living with either of their parents, and another of the young people lived in a school dormitory during the week and with his parents only during weekends and holidays. As shown in table 3 below, only one of the young people lived with both parents, three others lived with the mother or the mother and a new partner, while half were living in foster homes or in independent living with supervision from CPS. Many of the young people living with parents and/or foster parents when interviewed had also experienced mul-

tiple placements previously in various CPS institutions and foster homes. Many of these young people had experienced periods of instability during their childhood and adolescence related to their parents' separation or divorce and multiple placements in foster care or institutions.

Table 3 Young people's residence

Place of residence	Number
Both parents	1
Mother	2
Mother & stepfather	2
Foster parents	2
Independent	3
Total	10

Care giving mothers and absent fathers

A clear pattern in many of these families was the active role of mothers as the parent with primary responsibility for bringing up and caring for the children. Many of the biological fathers played marginal roles financially, and as caregivers, or were absent altogether. Many of the parents were separated and divorced, with the children living with the mother. The fathers were often far away, in one case in another country. Some of the young people had little or no contact with their fathers during all or part of their childhoods. This was also reflected in the small number of fathers participating in our interviews, which included one biological father, one stepfather and one foster father.

Parents' own problems

Another clear pattern for many (but not all) of these families was that one or both parents were struggling with various problems of their own. These included low income, limited education, unemployment, alcohol and drug abuse, and various mental and physical illnesses. Some of the parents received or had received treatment or other help for these problems, including one mother who had been under the care of CPS authorities as a child. Such problems were most common among fathers in the study, but some of the mothers also struggled with similar personal problems.

The combination of parents' personal problems and "incomplete" families without an active father made it difficult for many of these parents (often single mothers) to give their children adequate care and supervision. This was particularly challenging when the young people started developing problems of their own at preschool, school, in the family or in other settings, which demanded extra effort and follow-up from already vulnerable and beleaguered parents. As a result, many of the young people in this

study had been placed in foster homes and institutions for various periods during their childhood.

Researchers at BUS have found similar family backgrounds with divorced parents, single mothers and parents struggling with various personal problems including mental illness and substance abuse in several previous studies of child protection interventions (Tjelflaat and Ulset 2008, Lurie 2000).

Families experiences with help from child protection and child and adolescent psychiatry

One of the main goals of this study was to find out what help young people and their parents/guardians had received from CPS and CAP, and how they experienced this help. Were they satisfied with the help they received? If not, why? Were there other services they had wanted instead? We will examine this question for the two services separately, starting with CPS.

Help from CPS

The young people and their families received a variety of different kinds of services from CPS. This included both preventive and supportive services to the young person while living with his/her family, such as support/contact persons, financial assistance and home counselors, and out-of-home placements in various settings, including foster homes and residential care institutions.

Preventive and supportive services

Most Norwegian children and young people who receive help from CPS receive preventive/supportive services in the family. These services are intended to reduce the need for placement outside the family. Slightly more than two-thirds of the 34.000 Norwegian children who received help from CPS at the end of 2008 received preventive and supportive services.

All the families in this study had received some type of preventive and supportive services. These included adult support persons for the young people, home counselors, temporary “relief” placements during weekends and holidays, treatments designed to improve parenting skills and improve interaction between parents (or foster parents) and young people, family group conferences, and support for various alternative treatments.

Young people were generally most positive to adult support persons and to temporary weekend/vacation placements. Adult support persons provided practical assistance and

contact for several of the young people in different settings including home, school, and free time. One young person who had difficulty waking up in the morning and getting to school on time received help from a support person. Another young person with difficulties at school received help there with schoolwork and with social interaction with classmates and teachers. Other support persons participated with the young people in activities and social arrangements after school, or with practical assistance to those living on their own.

Temporary weekend/vacation placements in institutions and private homes were also popular with several young people and their parents. These placements gave them time away from each other, and provided parents with time off from parenting responsibilities. Young people appreciated the change of scene and the opportunity to participate in recreational activities not available at home including motorcycles and hunting.

Parents and foster parents were generally most satisfied with two types of support services, home counselors and programs designed to improve the parenting skills of parents with a difficult child. Several of the mothers appreciated the help they received from home counselors. Home counselors gave practical assistance in the home with different household chores while serving as a role model for parents. This was especially useful for single mothers who struggled with the responsibility of raising a difficult child alone, while holding down a job and sometimes caring for other children in the family.

Several of the parents and foster parents interviewed had requested help in parenting a difficult child. The Norwegian Directorate for Children, Youth and Family Affairs (Bufetat) offers several programs of this kind, including Multisystemic Therapy (MST) and Parent Management Training Oregon (PMTO) (www.bufetat.no). Three of the families in our study participated in these programs. Two received Multisystemic Therapy (MST), an intensive short-term program targeted at young people aged 12-18 and their families. This program aims to improve the parenting skills of parents and to improve the young person's skills and functioning in different settings including home, school and the neighborhood.

One family was particularly pleased with the help they received from the MST team including help with setting limits for the child. The family received intensive help over a six month period from MST team members who worked with the family at home, at school and through contact with other members of their network including relatives and neighbors. Another family was less positive to the help they received from MST, which was focused on their child's problems at school and at home in interaction with

the parents. This family received conflicting advice from the MST team and from the rapists at CAP about how to interact with the child. This was confusing for the family.

A third family had participated in the PMTO program, which targets younger children aged 3 to 12 years with serious behavior problems. PMTO attempts to reestablish a positive relationship between parents and children by teaching parents positive parenting skills that can replace negative interaction patterns in the family. The mother in this family was particularly satisfied with learning useful skills that she was able to utilize later with their child.

Several families in the study talked about the use of another method, which is sometimes employed by CPS, Family Group Conference (FGC). FGC is a decision-making model, which was developed in New Zealand in the 1980's, which is now used by CPS in many Norwegian communities. FGC consists of a family meeting, which is attended by family members, sometimes including extended family and other people who are important in the young person's life, as well as by CPS representatives and sometimes members of other helping agencies. During these meetings the family suggests a plan for improving the child's situation, which is then presented to CPS officials for a decision (www.bufetat.no). One of the families told about the use of FGC to reach a positive solution to their problems. This young person struggled with various psychological problems and serious problems at school, including considerable absenteeism. CPS wanted to place him in a residential care institution, against the wishes of both the young person and the parents. The FGC was able to mobilize the resources of the extended family, resulting in alternative placement on a part-time basis with one of the relatives. Another family decided at their FGC to support their child's wishes to move to their own apartment, with supervision from CPS.

Out-of-home placements

Nearly 11.000 Norwegian children and young people were placed outside the home by CPS in 2008. Most of them (73 %) were placed in foster homes, 13 % in residential care institutions, and 10 % in independent living (rooms and apartments) with supervision from CPS (SSB 2009). The children placed outside the home include children and young people placed voluntarily by their families (Bvl § 4-4, fifth article), those removed from the care of their parents (§ 4-12), and young people with serious behavior problems (§ 4-24, 4-26).

Most of the young people in this study had been placed outside the home by CPS at some time during their childhoods. At the time of the interviews, half of the young people were placed outside of the home, either in foster homes or independent living with supervision from CPS. Three were placed in foster homes, including one current-

ly living in his own apartment under the continued support of the foster parents. Two others were placed in their own apartments with supervision from CPS. Only three of the young people had never been placed in a CPS institution or foster home. CPS had recommended placing one of these three in an institution as well, but went along with the family's wishes to leave him at home, with temporary placement in a weekend home instead. Another of these three had been placed in a CAP institution.

Three of the young people had chosen placement in independent living in an apartment with financial assistance and supervision from CPS. Two were particularly satisfied with this arrangement, including a boy who had experienced many unsuccessful placements in foster care and institutions previously. The third was pleased to have his own apartment but had wanted to move further away from his foster parents to attend school in a larger city.

A number of the young people who had been placed in foster homes and/or CPS institutions had gone through multiple placements of shorter or longer duration. Some had moved many times during their relatively short lives. One of the young people, for instance, had been placed in several institutions and foster homes before ending up in his/her own apartment with supervision from CPS.

Multiple placements with the need to start over again in a new environment with a home, new school, and new friends etc. were problems for several of these young people. One of the young people reacted very negatively to his parents' separation and the move to a new community.

Some of these out-of-home placements were more successful than others, particularly several long-term foster home placements. One young person who had multiple placements in institutions and foster homes starting at a very young age was eventually placed in a successful foster home. Several other young people were critical of CPS for waiting too long to remove them from parents who were unable to care for them adequately, before placing them in foster homes where they thrived better. Other young people had more negative experiences with foster homes and several had asked to be moved, sometimes after only a brief stay.

The young people were generally less satisfied with placement in CPS institutions. This was particularly the case for those who were placed there without their consent. One young person was especially bitter about being forcibly placed in an institution in a crisis situation with police intervention, against the wishes of himself and his parents. Complaints about institutions discussed by these young people included lack of freedom, arbitrary use of "phases" for all residents regardless of their individual needs,

poor treatment from some staff members, and a negative environment where young people with serious personal problems including alcohol and drug abuse were living together in close quarters. One of the young people felt that his own problems were much less serious than those of his fellow residents and felt that he didn't belong there.

Not all of the young people and parents shared these negative views of institutional care. One boy received help in dealing with anger and aggression and was able to return home, and to function more positively at school and at home. Another appreciated the chance to participate in various sports activities and outdoor life.

Help from CAP

The families in this study received different kinds of help from CAP including medical evaluation, sometimes resulting in a diagnosis, outpatient treatment with medication and/or individual or group therapy, guidance and training for parents, and inpatient treatment in a psychiatric institution.

Referrals

The families in this study were generally referred to CAP by CPS or by their family physician. Formal referrals to CAP must be signed by either a physician or by a CPS administrator, though sometimes other agencies including Pedagogical Psychological Services (PPS), schools and school health services have been involved in the case. Most of the families had been in contact with CPS before the child was referred to CAP for help with mental health problems. There were, however, several of the families who were referred by CAP to CPS.

Several families took initiative themselves to contact CAP, often because the parents were worried about their child's health or behavior and wanted help to identify the problem. One mother with experience from several older children was worried about the youngest child's health because she felt that his development was not normal when compared to his siblings. Another family had previously received help from CAP for an older sibling and felt that the younger child might be in need of similar help.

Evaluation, diagnosis and medication

Most of the young people were evaluated by CAP to determine their mental health status and the nature of their problems. Some but not all received one or more medical diagnoses. A specific diagnosis was positively received by several of the families, particularly by parents, because it provided greater clarity about the young person's condition and at the same time defined it as being a "medical" condition. This was especially important for the parents in one family who felt that they had been blamed for being inadequate parents and held responsible for their child's behavior problems. Af-

ter receiving a diagnosis they felt that they received greater respect and support from CPS and other agencies. A diagnosis from CAP also helped one family to receive special help for the young person at school.

Several of the young people in this study were diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). This is a condition, which is often treated with medication in addition to other forms of therapy, including individual therapy sessions with the young person. Several of the young people told about good results with medication for ADHD, which helped them to function better at home and at school. This was not the case for all of the young people, however, as some experienced little benefit and/or unpleasant side-effects and either switched to alternative medications or stopped taking the medication altogether. One family told about a disagreement, which occurred when their child stopped taking medication and was refused other help by CPS and CAP until they agreed to resume taking the medication.

Outpatient therapy

Outpatient therapy is by far the most common form of treatment from CAP. 96 % of children and young people who received treatment from CAP in Norway in 2008 received treatment in outpatient clinics (Helsedirektoratet 2009). This was also the most common form of help from CAP for the young people in this study. Most had received outpatient therapy in CAP clinics for varying lengths of time. Individual therapy sessions were most common, though some had also participated in groups.

Several of the informants spoke positively about individual therapy, and appreciated the chance to talk to a professional therapist about their problems and about other issues. One boy told us that he appreciated the chance to talk to his therapist at CAP about personal issues with confidence that this information would remain confidential. He said that this had not been the case at a CPS residential institution where he had lived previously. At this institution, information from private conversations was recorded in journals, which were available to different staff members.

One girl was positive about the help she had received including participation in a special program for young people with social anxiety. She had also participated in individual therapy sessions on and off for a number of years. She was especially satisfied with her current therapist with whom she had very good contact. She had more negative experience with previous therapists with whom she had not been able to establish as close contact, resulting in less useful meetings. She stressed the importance of the therapist's individual characteristics as being critical for achieving a good working relationship based on trust. This issue will be discussed further in the next chapter.

Inpatient treatment

Inpatient treatment in psychiatric institutions is relatively uncommon for children and young people in Norway. Only 4 % or about 2400 children and young people received this kind of treatment in 2008 (Helsedirektoratet 2009). At least four of the young people in this study had spent some time in inpatient psychiatric institutions. These stays were generally of rather short duration. One of the boys was admitted to an institution on an emergency basis following an acute episode with alcohol abuse and violence.

Several of the young people had very negative experiences with their stays in this type of institution. They were very critical of the treatment there. One said the institution was terrible and felt like a prison. They were treated like small children by the staff and he hated the staff and the institution. Another was admitted to a psychiatric facility for several weeks for observation and evaluation. This was a very negative experience for him and he did not understand what he was doing there. He also described it as a prison, and reacted with anger and confusion, and felt that he did not belong there.

Parent training

As noted earlier, CAP treatment was primarily focused on the young people with parents more in the background. A few of the parents did, however, receive more direct assistance from CAP. One couple asked for training in parenting methods for raising a young person with behavior problems. They received such training from a team at CAP, and found this to be very helpful.

Young people's participation in the helping process

Children and young people seven years and older in Norway have the legal right to participate in child protection cases in various ways. They have the right to information about the case, to express an opinion before a decision is made, and to have their opinion taken seriously in accordance with their age and maturity. Young people fifteen years of age and older have the right to full legal participation, including representation by an attorney in cases decided by the regional administrative panel (Bvl § 6-3). Despite these formal rights, many of the young people in this study expressed their dissatisfaction with their participation in the helping process, especially in relation to CPS.

Several of the young people complained that they had received too little information, and been ignored when important decisions were being made. They told about important meetings that had been held without them being invited to participate, and of other meetings where they were present but not taken seriously by the adults. Some of these

young people expressed resignation, and felt that CPS in particular was more interested in listening to their parents and other adults.

One of the young people complained about conversations with caseworkers who treated him like a child and believed they knew all about him and his problems better than he did himself. Several complained about not receiving honest information from CPS particularly with regard to placement away from their parents. One boy no longer trusted CPS because he felt that they had hidden things from him, and made decisions about him behind his back.

This did not apply to the young people's contact with CAP, at least not to the same extent. Several of the young people were more satisfied with their contact with therapists at BUP, who they felt had seen them and listened to them in a way that the caseworkers at CPS had not managed. One girl was very satisfied with her contact with CAP because she felt that he was the one in focus there, as opposed to CPS which listened more to her parents.

The importance of good relationships with individual helpers

A good relationship with individual helpers was important to many of the families in this study, particularly for parents, but also for some of the young people. For many of these families, positive contact with individual helpers was a key factor in the helping process. One of the mothers spoke clearly about the importance of individual helpers for her family. She stated that it was these individuals rather than the schools or service agencies in themselves, which were the real sources of help for the family. A new caseworker at CPS also helped to bring about meaningful change for her child. Before this she had perceived CPS as passive, and had been disappointed with their failure to provide the family with the help they needed. In addition to achieving better communication with the family, she was able to find new solutions including a successful intervention with the MST program and better medication for the son. This mother, who had previously felt very alone in her efforts to help her son, felt for the first time that they were taken seriously by CPS, and that they had finally been heard.

A number of the informants expressed similar views on this issue and we will discuss this further in the next chapter.

Problems at school

The young people's schooling and problems at school was not originally a main focus of this study, but this topic was a concern to all the families. Informants were asked to describe the young people's experiences at school, currently and in the past. We dis-

covered that all of the young people, to varying degrees, talked about problems and negative experiences related to their schooling and education. This finding is in agreement with previous research in Norway on the lower school achievement of children and young people who have received help from CPS as compared to the general population. The researchers found that only one-third of previous CPS clients (during the period 1990-2005) had completed more than one year of secondary schooling (eleventh grade), as compared to four-fifths of a comparison group from the general population. Children and young people who had been placed in residential care institutions had even less success at school; less than one-fourth of this group had completed more than one year of secondary school (Clausen and Kristofersen 2008).

Some of the young people had serious problems in this area and had failed to complete ten years of compulsory schooling. One of the informants, for instance, dropped out of school in seventh grade, and despite later attempts with home studies, and an opportunity to attend a special secondary school, had pretty much given up on completing school. Some of the young people struggled with school performance academically, while others had more trouble with social interaction with classmates and teachers. Some encountered both types of problems. Social problems were sometimes related to bullying and social exclusion, and several of the families talked about problems of this kind. One of the young people chose to move to a new school after years of struggling to be accepted. His mother was very critical of the teacher who was aware of her son's problems but failed to intervene or to alert others about the problem.

Some schools did try to help these young people with their problems, sometimes in cooperation with PPS. Several of the young people, for instance, were given assistants who could work with them individually or in small groups. Some of the informants found this helpful, but not all. One young person had an assistant for several years, but did not appreciate this help or understand why the assistant was there. Several young people who had failed to complete tenth grade, were given the opportunity to attend special secondary school programs for students with educational and social problems. These programs place more emphasis on practical and work-related training and were a good solution for several of the informants.

Several families talked about the importance of individual teachers in helping their child adapt to a difficult school situation. A positive relationship between the young person and the special teacher made a critical difference for several of the informants. One young person who was attending secondary school, talked about a very good teacher he had in his previous school who he credited with making a real difference in his school career. This informant had struggled with poor concentration, and had previously received other support at school that had not helped including an assistant and

counseling from PPS. Nothing helped until he started in the class of this special teacher.

Another mother talked about the importance of a new teacher who had taken over her son's class several years earlier. Before this, the boy had struggled with school for many years. He was restless and disappeared often from school, which the school had failed to deal with effectively. He received no extra help until the new teacher came. This teacher arranged for extra help for the boy and established a positive relationship with the mother, calling her on the telephone each week to discuss her son's progress. With this teacher's help the boy was able to complete compulsory schooling and started a special secondary school with a practice-oriented program that suited him well. This mother stated clearly that individual helpers, like this teacher, had been critical for helping their family and not institutions or agencies such as schools, PPS or CPS. Similar points of view were expressed by many of the informants, both parents and young people.

Cooperation between CPS and CAP

Young people's and parents' experience of interaction and cooperation between CPS and CAP was one important research question in this study. The informants were asked if there had been interaction and cooperation between these two services in their case, and if so to describe how this interaction took place. Specific questions on this topic included which agency the family came into contact with first, how contact was established with the second agency, if specific methods or tools were used for this purpose, and if the informants were satisfied with the interaction/cooperation between the two agencies. These questions were posed to all of the families in this study, but we received much less response from the informants than we had expected on this topic. This was particularly the case for the young people we interviewed, but parents and guardians also had relatively little to say about this topic.

Which agency did the family have contact with first and how was the second agency contacted?

Most of the families were in contact with CPS before receiving help from CAP. This was the case for seven of the ten families. Contact with CPS began for several of these families while the child was young, sometimes because of the need to find new caregivers for the young person when his parents were not able to manage this responsibility. CPS later took contact with CAP in a number of these families in order to have the young persons' mental health evaluated or to find suitable treatment for their mental health problems. CPS took contact with CAP in one case when they were considering placement for a young person in a CPS residential institution for young people with severe behavior problems, a so-called MultifunC institution.

Two of the families which had initial contact with CAP had themselves taken the initiative to this contact because the parents were concerned about the mental health of the child and wanted help in identifying the problem, preferably with a diagnosis. In another case, CAP was contacted first by the school and PPS because of serious problems that young person was having at school.

Did the agencies interact and cooperate?

Many of the parents and young people described CPS and CAP as being two separate and distinct agencies, and they were often uncertain about whether or not there had been any interaction or cooperation between them in their case. Several of the young people stated that they were not sure about the difference between the two agencies and did not always know which agency the workers came from. Other informants stated that CPS and CAP did have some interaction concerning the problems of their family, but they provided few specifics of how this interaction had taken place. Others were more uncertain, stating that they were not too sure if CPS and CAP had had much interaction or cooperation. Several believed that there must have been some interaction between the agencies, but they couldn't really provide details about how this took place.

Use of plans and responsibility groups

Several of the families did have a bit more specific information about methods and tools, which the two agencies had used in their interaction. These included written plans, such as individual plans and intervention plans and responsibility groups. CPS is required by law to formulate a specific plan for the child and his family in connection with various kinds of help, including both preventive help in the family and with out-of-home placements in foster homes and institutions (BLD 2006, Bvl §§ 4-5, 4-15, and 4-28). Several of the families did mention that CPS had adopted an intervention plan for their family that included cooperation with CAP and other agencies.

One young person had another type of plan, an individual plan (IP). Children and young people in Norway with a need for long-term help requiring coordination from different social and health agencies have the right to an IP to assure that necessary coordination is carried out (Law on Patient Rights § 2-5). The young person had received this plan at the initiative of his parents, one of whom had been working as a health care provider.

Another type of tool mentioned by several of the families was a responsibility group. This group includes the client and various helping agencies e such as schools, PPS, CPS, health clinics etc.,. which has the responsibility for coordinating help to the young person and his family. The informants mentioned these coordinating tools in

response to questioning by the interviewer, but did not provide much details about the use of these tools or how successful they were.

Satisfaction with interaction and cooperation

As noted above, the informants had relatively few opinions about interaction and cooperation between CPS and CAP. Some were uncertain about whether there had been interaction and cooperation at all, and others described some forms of interaction but did not seem particularly engaged in this topic. Several parents/guardians did, nonetheless, express their views on this issue. One mother stated that there was excellent cooperation between CPS and CAP and with their family. She said that there was agreement about how to help her child, and good communication between all parties. This mother had CPS as her main contact in the case.

Several other parents were more critical of insufficient coordination between the two agencies. One parent was very critical of CPS generally, but also of cooperation between CPS and CAP. She felt that it was unclear which agency had responsibility for different aspects of the case and that the parents were forced to take too much responsibility themselves. Another family was critical of cooperation between CAP and CPS with regard to how to handle interaction between the parents and the young person who had serious behavior problems. The parents felt that they had received conflicting advice about parenting from the two agencies, which left them confused and frustrated.

Chapter 4 Discussion and conclusion

Introduction

In the final chapter of this report we will present three conclusions from this study. These are:

- The importance of good relationships with individual helpers
- Parents often had closer contact with CPS and young people had closer contact with CAP
- Interpreting the limited response about inter-agency cooperation

The importance of good relationships with individual helpers

An important finding from this study is that many of the informants, particularly parents, emphasized the importance of good relationships to individual helpers. They wanted relationships based on trust, mutual respect and the chance to participate in the helping process. These relationships were often more important to the informants than their contact with CPS and CAP organizations as such.

This is not a new discovery, as the importance of a good working relationship between social worker and client, and between therapist and patient has been written about in Norway and internationally for many years. *The Social Work Dictionary* published by the National Association of Social Workers in the U.S. defines a relationship in social work as:

“the mutual emotional exchange; dynamic interaction; and affective, cognitive, and behavioral connection that exists between the social worker and the client to create the working and helping atmosphere” (Barker 1991, p. 199).

The Dictionary cites a well-known text on this subject, *The Casework Relationship*, in which the author describes the casework relationship as follows:

“The relationship is the soul of casework. It is a spirit, which vivifies the interviews and the processes of study, diagnosis and treatment, making them a constructive, warmly human experience. It makes casework a practical living out of a true democracy’s philosophy of

the dignity and worth of the individual person. It makes casework a truly professional service because it attunes the caseworker to the whole person and the totality of the client's needs" (Biestek 1957, p. 134-5).

The author presents seven principles, which are essential for a successful relationship between social worker and client. These are: individualization, purposeful expression of feelings, controlled emotional involvement, acceptance, nonjudgmental attitude, client self-determination and confidentiality.

A Danish study of communication and collaboration between families at risk and social workers in agency settings in Denmark arrived at similar conclusions. The author found that families prefer a personal/human relationship and a more equal collaboration with the social worker and the system. The families wanted a relationship where social workers treated them with respect, human decency, sincerity and engagement. They wanted collaboration, where families are involved in the whole process concerning their needs, their problems and the actions taken towards them. The study found that agencies have little systematic and professional approach when it comes to understanding families' needs and problems, and that good collaboration was very dependent on the ability and action of individual social workers (Uggerhøj 1995).

Several Norwegian studies have reached similar conclusions about the important role played by individual helping professionals who are able to establish a positive working relationship with both parents and young people in contact with child protection and other agencies. Characteristics which informants appreciated include empathy, good communication skills, availability, and taking the family members seriously (Tjelflaat and Ulset 2008, Sandbæk 2003, Hornemann 1996).

These findings are very much in keeping with the views expressed by many of the families in our study. Good communication and a positive relationship with a special teacher and a special child protection worker made a major difference to one of the families discussed in the previous chapter. These two individuals helped the family to turn around a situation, which had appeared hopeless. The mother stressed the important role played by individual helpers; the organizations themselves were of less consequence for this family.

Other families expressed similar views on this issue. One boy expressed frustration and resignation about many of the professionals he had encountered at CPS and CAP. He complained that they talked down to him and acted like they understood him and his problems better than he did himself. He valued his relationship with a special therapist who showed him respect and understanding.

One girl talked about her therapist at CAP, whom she liked and trusted and who enabled her to open up about her problems. She talked about the importance of “good personal chemistry” with this therapist, something she had not experienced with many of her previous therapists.

Several of the parents and foster parents talked about their close relationships with individual caseworkers at CPS. One mother talked about her positive relationship with an individual caseworker at CPS. She felt that this individual had been good at listening to what she had to say, had taken her seriously, and that they were able to find a solution together to her son’s problems. A foster mother praised the help she and her foster child had received from a “good helper” at CPS who was willing to support the family’s suggestion to make use of an untraditional form of therapy. With the support of this worker, the family received financial assistance from CPS for the desired method.

Parents often had closer contact with CPS and young people with CAP

Many of our informants talked about the importance of close contact with individual helpers, but where the helper worked seems also to be of significance because parents (and foster parents) often had closest contact with individuals at CPS, while young people tended to have closer contact with therapists at CAP. There were exceptions to this general picture, but this was the case in many of the families. One young person summed up this trend in this way: “At CAP they listen mainly to me. I’m the one who gets the attention and not my mother like at CPS”.

Several of the young people were most satisfied with their contact with therapists at CAP. They valued the opportunity to talk about their backgrounds and problems with someone who was focused on them as individuals. One boy talked about the importance of being able to speak confidentially to the therapist about private matters without having to fear that this information would be shared with others. He contrasted this with a negative experience in a CPS institution where his personal information was written in journals that were accessible to many staff members.

Several parents and foster parents complained that they received little information from CAP about their child’s treatment and progress. They felt that they were excluded from the helping process, which focused mainly on their child. Other parents had high expectations about CAP’s expertise, and were disappointed when these ex-

pectations were not fulfilled. Some had expected that CAP would be able to provide a clear diagnosis of the young person's problems, and medication or other treatment that would lead to a quick improvement. When this did not happen, they were critical of CAP's failure to provide the desired help.

Some of the parents and foster parents talked about positive contact with individual workers at CPS, usually the child protection worker in charge of the case, but sometimes other employees such as a home consultant. One mother was especially pleased with the help and support she received from the worker at CPS who was in charge of their case. She praised the communication and collaboration they achieved and they decided together what help the young person would receive. The parents generally seemed to be more satisfied with the information they received from CPS than with information from CAP.

There are several possible explanations for young people's closer contact with CAP and parents and foster parents closer contact with CPS. This almost certainly has to do with the way in which these services are organized, and who they consider to be the principle "user" of their services. CAP is primarily focused on treatment of the young person. It is the young person's mental health and mental health problems that are in focus. The young person is evaluated and thereafter receives individual treatment, often in the form of medication and individual therapy sessions. CAP normally does have some contact with parents, but they are not a major focus. CAP does sometimes offer evaluation and treatment of whole families, but this is less common. Only one of the families in this study talked about receiving this type of family therapy from CAP.

It is more complicated determining who the principle user of CPS services is. According to the Norwegian Child Protection Services Act, "the best interests of the child" shall guide the choice of help to the child and his family (§ 4-1). The help itself, however, may be directed at both the child and the family (§ 4-4), as long as CPS feels that placement outside of the family is not required. Both the child and the parents are, therefore, principle users of CPS services.

CPS has sometimes been criticized, however, for being too much focused on the needs of parents and too little on the needs of the child. One study examined CPS decision making in child protection investigations. It was found that parents were often the main focus of CPS investigations, sometimes at the expense of sufficient attention to the child. Investigators paid more attention to parents' problems and to parents' understanding of the situation. CPS workers spent more time talking to parents, and sometimes did not meet or speak to the child at all. CPS was often reluctant to intervene in families if the parents did not welcome help (Christiansen et al. 1998). This is not a

new problem in Norwegian child protection. Kari Killén in her classic book on child neglect in Norway wrote nearly twenty years ago about child protection workers who are reluctant to intervene in parents' private life in order to save a child who is suffering from severe neglect in the home (Killén 1991).

Parents' closer contact with CPS may also be related to the way in which families were recruited for this study, by CPS agencies from Trøndelag. The agencies were free to decide which young people and parents to invite to participate in the study, as long as they fit the basic selection criteria. It is not unreasonable to assume, therefore, that some of the CPS agencies may have selected primarily families with whom they had a positive working relationship, particularly with the parents. It is easier to contact and recruit families with whom a positive cooperation is already established, and such families are more likely to provide a positive response about the help that they have received from CPS. It is interesting to compare the findings of our study with a user study of parents in Molde who had children that had received help from CAP, where the parents were recruited for the study by CAP. The parents in that study had mainly very positive experiences with CAP services. They felt that they had been well received by the clinic and that the benefits of treatment for their children and for themselves were good. Parents appreciated CAP's expertise and their ability to diagnose and explain their children's problems. Parents had more mixed experiences with help from the municipal agencies. They were most satisfied with the help they received from PPS, health services and preschool. Parents had mixed experiences with help from CPS and the schools. Some parents had negative experience with CPS which they perceived as mainly a control agency, rather than as help and support to the parents in their efforts to raise a child with mental health problems (Clifford 2004).

Interpreting the limited response about inter-agency cooperation

Problems with inadequate interaction and cooperation between CPS and CAP have been a focus of public interest and concern in Norway for many years. One of the goals of this study, therefore, was to provide more comprehensive information on this topic from the perspective of users of these services, both young people and parents. As discussed in the previous chapter, most informants had relatively little to say on this subject. This was not a question that engaged most of the informants to any significant degree, and we received less information on this topic than we had hoped and expected. This raises the question of what this relative silence says about cooperation between the two agencies.

One possible conclusion is that many informants had little to say about this issue because there was little interaction or cooperation that had actually taken place between the two agencies. This may very well be correct, at least in some of the families, but it is not necessarily the only explanation.

Another explanation is that the two agencies do communicate and coordinate with each other about the users they have in common, but that this coordination is not visible for the users themselves. The agencies may, for instance have meetings and telephone conversations to discuss these joint clients where the young people and parents are neither present nor informed about these exchanges. This is one of the purposes of tools like individual plans and responsibility groups, to make the users an active part of the interagency cooperation.

Most of the informants in the project perceived CPS and CAP as two separate agencies, though some stated that it should not be this way. They wanted more cooperation between these agencies and better information to the users about such cooperation. They also wanted more participation by the young people and parents in decisions that were made. Whatever the reason, it is worth noting that many of the informants did not find this issue to be that engaging that they chose to say much about it during the interview.

Further study of school problems among young people in contact with CPS and CAP

A final conclusion, which was presented in the previous chapter, was the fact that all of the young people in this study had problems at school academically, socially or both. The problems were of varying severity, including several young people who had dropped out of school without completing ten years of compulsory schooling. Others were still in school, in a number of cases in specially adapted programs with practical rather than theoretical focus. Some of the families, particularly parents, were dissatisfied with the unwillingness and inability of school administrators and teachers to deal with their children's school problems earlier and more effectively.

Because this topic was not a focus of this study, we do not have much detailed information about the nature of this problem. Our findings suggest, however, that this was a serious problem for many of our informants, and there is clearly a need for more research on this topic. Young people with combined social and mental health problems are a group that is at risk in the schools. Schools and teachers need better ways of helping this vulnerable group.

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